Bureau for Humanitarian Assistance Indicator Handbook

Part I: Indicators for Baseline and Endline Surveys for Resilience Food Security Activities

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Abbreviations and Acronyms

ANC	Antenatal care
ARR	Annual Results Report
BMI	Body mass index
CNA	Child no Adults
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Surveys
F&M	Female and Male
BHA	USAID's Bureau for Humanitarian Assistance
FNM	Adult Female no Adult Male
GDP	Gross domestic product
HAZ	Height-for-age z-score
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
HIP	USAID Hygiene Improvement Project
IPTT	Indicator Performance Tracking Table
JMP	Joint Monitoring Programme
kg	Kilogram(s)
LSMS	Living Standards Measurement Study
m^2	Meter(s) squared
MAD	Minimum acceptable diet (indicator)
MCHN	maternal and child health and nutrition
MDD-C	Minimum Dietary Diversity - Children
MDD-W	Minimum Dietary Diversity - Women
MDG	Millennium Development Goal
MDPP	Mean depth of poverty of the poor
MNF	Adult Male no Adult Female
NGO	Non-governmental organization
NRM	Natural resources management
ORS	Oral rehydration solution
ORT	Oral Rehydration Therapy
PG	Poverty gap
PGI	Poverty gap index
PoP	Prevalence of poverty
PPP	Purchasing Power Parity
PIRS	Performance indicator reference sheet
R	Required
RiA	Required if Applicable
RHF	Recommended Home Fluids
SPS	Standardized program structure
USAID	U.S. Agency for International Development
WASH	Water, sanitation, and hygiene
WAZ	Weight-for-age z-score
WHO	World Health Organization

USAID/BHA Indicator Handbook: *Part I: Indicators for Baseline and Endline Surveys for Resilience Food Security Activities* Record of Change

The following changes have been made to *Indicator Handbook: Part I: Indicators for Baseline and Endline Surveys for Resilience Food Security Activities* since May 2020. The most recent changes are listed first.

Date of Change	Section	Change
5/7/2021	Entire document	Replacement of references to "FFP" and "Food for Peace" with "BHA" and "Bureau for Humanitarian Assistance"
5/7/2021	Entire document	Replacement of references to "DFSA" and "development food security activities" with "RFSA" and "resilience food security activities"
5/7/2021	Entire document	"Annex I. New/Archived FFP Indicators" section removed, as no new indicators have been added, and archived legacy FFP indicators are no longer relevant
5/7/2021	Pages 47, 48	"In the past 12 months" added to the indicator tile of BL37; "Spouse" disaggregate removed
5/7/2021	Page 53	"31+ minute R/T" disaggregate removed
5/7/2021	Page 22	BL03 updated to reflect weight-for-height, replacing weight-for-age
5/7/2021	Pages 97, 100, 102	Expanded and made consistent age disaggregates for women and men for BL41, BL42 and BL43
5/7/2021	Entire document	Hyperlinks in Table 1 to the actual PIRS

Introduction

The *Bureau for Humanitarian Assistance Indicator Handbook* (*Handbook*) provides details and guidance on the U.S. Agency for International Development's Bureau for Humanitarian Assistance (USAID/BHA) indicators for resilience food security activities (RFSA) indicators. Indicators in this list (1) were selected to measure progress in goal, purposes, anticipated outcomes, and resilience capacities of BHA investments (2) align with the Feed the Future (FtF) indicator handbook as determined by the Global Food Security Strategy; and (3) derived from the Department of State. The *Handbook* is divided into two parts: *Part I: Indicators for Baseline and Endline Surveys for Resilience Food Security Activities* and *Part II: Monitoring Indicators for Resilience Food Security Activities*.

Part I: Indicators for Baseline and Endline Surveys for Resilience Food Security Activities, covered in this document, provides performance indicator reference sheets (PIRS) for BHA indicators collected during baseline and endline surveys. PIRSs provide the indicator title, definition of the indicator, and explain the various data points that are needed to construct the indicator and to report the results. For simplicity, the *Handbook* uses the second person (you) to refer to the reader. Also note that this document replaces the May 2020 FFP Development Food Security Activities produced by the legacy USAID/Office of Food for Peace.

Accompanying *Part I* is *Supplement to Part I: Baseline/Endline Questionnaire and Indicator Tabulations for Resilience Food Security Activities (Supplement).* The *Supplement* provides the model questionnaire and the tabulation instructions for each indicator.

Part II: Monitoring Indicators for Resilience Food Security Activities, covered in a separate document, is designed to provide BHA resilience food security activities with the information necessary to collect and tabulate data on BHA monitoring indicators.

Additional information on indicators relevant to programming development food security activities is available in the *BHA Policy and Guidance for Monitoring, Evaluation, and Reporting for Resilience Food Security Activities*.

BHA INDICATORS			
Monitoring		**Baseline/Endline**	
38		42	
Required	Required if applicable	Required	Required if Applicable
3	35	21	21

BHA INDICATORS BY SOURCE		
F	**FTF**	**BHA only**
8*	38*	34

**Indicator 33 is a joint FtF-State indicator, and included under the State count*

Organization of Part I

Part I covers 42 indicators organized in 12 modules.

- Module A. Household Identification and Informed Consent
- Module B. Household Roster
- Module C. Household Food Access
- Module D. Children's Nutritional Status and Feeding Practices
- Module E. Women's Health, Nutritional Status, Dietary Diversity and Family Planning
- Module F. Water, Sanitation and Hygiene (WASH)
- Module G. Agriculture
- Module H. Poverty Measurement
- Module J. Gender (Cash)
- Module K. Gender Access to Credit and Group Participation
- Module R. Resilience
- Module P. Activity Participation (endline only)

Each indicator described in *Part I* is supported by a PIRS. The PIRSs summarize the indicator definition and methods for data collection, including the required disaggregation level and a link to the source document when applicable and available. The PIRSs reference the questionnaire and tabulation instructions, which can be accessed in the *Supplement* and in limited cases, other existing external sources. Modules A, B and P pertain to respondent bio-data, household composition, and activity participation, and do not have any indicators associated with them. Anthropometric measurements are required to calculate select indicators in Modules D and E.

How to Use Part I

BHA developed *Part I* to support the efforts of two audiences: the research/evaluation partner leading the baseline/endline survey data collection, and the implementing partners who report data on baseline/endline indicators to BHA via the indicator performance tracking table (IPTT). In addition to providing indicator definitions, disaggregates, etc., each PIRS includes a section titled "Reporting Notes" which offers guidance to implementing partners on the specific data points that must be incorporated into the IPTT.

BHA baseline/endline surveys collect data on 42 indicators that are either *required* (required for all BHA RFSAs) or *Required if Applicable* (required for all RFSAs that have *relevant* interventions). Before reviewing the content of this handbook, the research/evaluation partner is encouraged to first identify all BHA baseline/endline indicators that BHA activities are required to report on based on the applicability criteria. Table 1 presents the indicators and their applicability (R or RiA). They are presented according to the structure of the questionnaire.[1]

Note: The research/evaluation partner will provide indicator estimates, including all data points and confidence intervals for baseline and final evaluation reports.

[1] Based on the Living Standards Measurement Survey (LSMS) questionnaire seven-module structure.

Table 1. BHA Indicators for Baseline and Final Evaluation Surveys[2]

No.	SPS location and ID No.	INDICATOR TITLE PER CATEGORY	Required (R), Required if Applicable (RiA)	APPLICABILITY CRITERIA
	Module A. Household Identification and Informed Consent			
	Please refer to the Supplement to view the form for Module A.			
	Module B. Household Roster			
	Please refer to the Supplement to view the form for Module B.			
	Module C. Household Food Access			
BL06	EG-e	Prevalence of moderate and severe food insecurity in the household, based on the Food Insecurity Experience Scale (FIES)	R	All activities
BL10	n/a	Percent of households with poor, borderline, and acceptable food consumption score (FCS)	R	All activities
	Module D. Children's Nutritional Status and Feeding Practices			
BL12	HL.9.1-a	Percent of children 6–23 months receiving a minimum acceptable diet	RiA	Activities promoting feeding children minimum acceptable diet
BL39	n/a	Prevalence of children 6–23 months consuming a diet of minimum diversity (MDD-C)	RiA	Activities promoting children's dietary diversity
BL13	HL.9.1-b	Prevalence of exclusive breastfeeding of children under six months	RiA	Activities promoting exclusive breastfeeding
BL14	n/a	Percent of children under five (0-59 months) who had diarrhea in the prior two weeks	RiA	Activities promoting social and behavior change related to WASH
BL15	n/a	Percent of children under five (0-59 months) with diarrhea treated with Oral Rehydration Therapy (ORT)	RiA	Activities promoting social and behavior change related to WASH
BL03	HL.9-b	Prevalence of wasted (WHZ < -2) children under five (0-59 months)	R	All activities

[2] Modules A and B relate to identification and household roster, which are applicable to all indicators.

BL04	HL.9-a	Prevalence of stunted (HAZ < -2) children under five (0-59 months)	R	All activities
BL05	HL.9-i	Prevalence of healthy weight (WHZ ≤ 2 and ≥ -2) among children under five (0-59 months)	R	All activities
BL11	HL.9.1-d	Prevalence of women of reproductive age consuming a diet of minimum diversity (MDD-W)	RiA	Activities promoting increased dietary diversity among women
BL26	n/a	Percent of births receiving at least four antenatal care (ANC) visits during pregnancy	RiA	Activities promoting health, nutrition and/or family planning activities targeting women of reproductive age and/or children 6 months and under
BL36	n/a	Percent of women in a union who have knowledge of modern family planning methods that can be used to delay or avoid pregnancy	R	All activities
BL37	N/A	Percent of women in a union who made decisions about modern family planning methods in the past 12 months	R	All activities
BL20	n/a	Contraceptive Prevalence Rate (CPR)	RiA	Activities promoting birth spacing/family planning
BL07	HL.9-d	Prevalence of underweight (BMI < 18.5) women of reproductive age	RiA	Activities promoting women's health and/or nutrition interventions
BL16	n/a	Percent of households using basic drinking water services	RiA	Activities promoting infrastructure-related WASH interventions
BL18	HL.8.2-6	Percent of households in target areas practicing correct use of recommended household water treatment technologies	RiA	Activities promoting behaviors related to water treatment
BL27	HL.8.2-a	Percent of households with access to a basic sanitation service	RiA	Activities promoting infrastructure-related WASH interventions
BL19	n/a	Percent of households in target areas practicing open defecation	RiA	Activities promoting safe sanitation behaviors

BL17	HL.8.2-5	Percent of households with soap and water at a handwashing station on premises	RiA	Activities promoting social and behavior change related to WASH
BL29	n/a	Percent of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months	RiA	Activities promoting increased use of financial services
BL30	n/a	Percent of farmers who practiced the value chain interventions promoted by the activity in the past 12 months	RiA	Activities promoting value chain interventions for selected commodities
BL21	EG.3.2-a	Percent of producers who have applied targeted improved management practices or technologies	RiA	Activities aiming to improve agricultural productivity
BL22	EG.3-h	Yield of targeted agricultural commodities within target areas	RiA	Activities promoting interventions to increase agricultural productivity
BL40	EG.3-a	Daily per capita expenditures (as a proxy for income) in USG-assisted areas	R	All activities
BL01	EG-c	Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP	R	All activities
BL02	EG-h	Depth of Poverty of the Poor: Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line	R	All activities
BL32	n/a	Percent of women and men in a union who earned cash in the past 12 months	R	All activities
BL33	n/a	Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash	R	All activities
BL34	n/a	Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash	R	All activities

BL35	n/a	Percent of men in a union and earning cash who report spouse/partner participation in decisions about the use of self-earned cash	R	All activities
BL42	n/a	Percent of women/men in a union with access to credit	RiA	Activities facilitating gender access to credit
BL43	n/a	Percent of women/men in a union who make decisions about credit	RiA	Activities facilitating gender access to credit
BL41	n/a	Percent of women/men in a union who are members of a community group	R	All activities
BL08	n/a	Adaptive Capacity Index	R	All activities
BL09	n/a	Absorptive Capacity Index	R	All activities
BL25	n/a	Transformative Capacity Index	R	All activities
BL23	RESIL-a	Ability to recover from shocks and stresses index	R	All activities
BL24	RESIL-c	Percent of households that believe local government will respond effectively to future shocks and stresses	R	All activities
BL31	EG.4.2-a	Percent of households participating in group-based savings, micro-finance or lending programs	RiA	Activities promoting savings and lending
BL38	RESIL-b	Index of social capital at the household level	R	All activities
	Module E. Women's Health, Nutritional Status, Dietary Diversity, and Family Planning			
BL07	HL.9-d	Prevalence of underweight (BMI <18.5) women of reproductive age	RiA	Activities promoting women's health and/or nutrition interventions
BL11	HL.9.1-d	Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)	RiA	Activities promoting increased dietary diversity among women
BL26	n/a	Percent of births receiving at least four antenatal care (ANC) visits during pregnancy	RiA	Activities promoting health, nutrition, and/or family planning activities targeting women of

				reproductive age and/or children 6 months and under
BL36	n/a	Percent of women in a union who have knowledge of modern family planning methods that can be used to delay or avoid pregnancy	R	All activities
BL37	n/a	Percent of women in a union who made decisions about modern family planning methods in the past 12 months	R	All activities
BL20	n/a	Contraceptive Prevalence Rate (CPR)	RiA	Activities promoting birth spacing/family planning
	Module F. Water, Sanitation and Hygiene (WASH)			
BL16	n/a	Percent of households using basic drinking water services	RiA	Activities promoting infrastructure-related WASH interventions
BL18	HL.8.2-6	Percent of households in target areas practicing correct use of recommended household water treatment technologies	RiA	Activities promoting behaviors related to water treatment
BL27	HL.8.2-a	Percent of households with access to a basic sanitation service	RiA	Activities for promoting infrastructure-related WASH interventions
BL19	45	Percent of population in target areas practicing open defecation	RiA	Activities promoting safe sanitation behaviors
BL17	HL.8.2-5	Percent of households with soap and water at a handwashing station on premises	RiA	Activities promoting social and behavior change related to WASH
	Module G. Agriculture			
BL29	n/a	Percent of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months	RiA	Activities promoting increased use of financial services
BL30	n/a	Percent of farmers who practiced the value chain interventions promoted by the activity in the past 12 months	RiA	Activities promoting value chain activities for selected commodities
BL21	EG.3.2-a	Percent of producers who have applied targeted improved management practices or technologies	RiA	Activities aiming to improve agricultural productivity
BL22	EG.3-h	Yield of targeted agricultural commodities within target areas	RiA	Activities implementing interventions to increase agricultural productivity
	Module H. Poverty Measurement			
BL01	EG-c	Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP	R	All activities

BL02	EG-h	Depth of Poverty of the Poor: Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line	R	All activities
BL40	EG.3-a	Daily per capita expenditures (as a proxy for income) in USG-assisted areas	R	All activities
	Module J. Gender (Cash)			
BL32	n/a	Percent of women and men in a union who earned cash in the past 12 months	R	All activities
BL33	n/a	Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash	R	All activities
BL34	n/a	Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash	R	All activities
BL35	n/a	Percent of men in a union and earning cash who report spouse/partner participation in decisions about the use of self-earned cash	R	All activities
	Module K. Gender Access to Credit and Group Participation			
BL41	n/a	Percent of women/men in a union who are members of a community group	R	All activities
BL42	n/a	Percent of women/men in a union with access to credit	RiA	Activities promoting gender access to credit
BL43	n/a	Percent of women/men in a union who make decisions about credit	RiA	Activities promoting gender access to credit
	Module R. Resilience			
BL08	n/a	Adaptive Capacity Index	R	All activities
BL09	n/a	Absorptive Capacity Index	R	All activities
BL25	n/a	Transformative Capacity Index	R	All activities
BL23	n/a	Ability to recover from shocks and stresses index	R	All activities
BL24	n/a	Proportion of households that believe local government will respond effectively to future shocks and stresses	R	All activities
BL38	n/a	Index of social capital at the household level	R	All activities
BL31	TBD-21	Percent of households participating in group-based savings, micro-finance or lending programs	RiA	Activities promoting savings and lending

	Module P. Activity Participation
	Please refer to the Supplement to view the form for Module P.

Once implementing partners determine which indicators to report on, the research/evaluation partner can use the modules that pertain to those indicators, in addition to Modules A and B which apply to all activities.

For the endline survey, the research/evaluation partner should use the baseline questionnaire and incorporate Module P (Activity Participation) in order to understand respondents' exposure to interventions (refer to the *Supplement*). Module P must be adapted in accordance with implementing partner interventions, and as needed to answer evaluation questions.

Module A. Household Identification and Informed Consent

Please refer to the *Supplement* to view the form for Module A.

Module B. Household Roster

Please refer to the *Supplement* to view the form for Module B.

Module C. Household Food Access (FCS and FIES)

BL06 (EG-e). Prevalence of moderate and severe food insecurity in the household based on the Food Insecurity Experience Scale (FIES)
BL 10. Percent of households with poor, borderline, and acceptable food consumption score (FCS)

Performance Indicator Reference Sheets

BL06 (EG-e). INDICATOR: Prevalence of moderate and severe food insecurity in the household, based on the Food Insecurity Experience Scale (FIES) (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

The indicator measures the percent of households that experienced food insecurity at moderate and severe levels during the 12 months prior to data collection. The severity of the experience of food insecurity is considered a measurable latent trait (a characteristic that is not directly observable, but can be measured indirectly, for example, by taking into account behavioral and psychological experiences). It is measured through the Food Insecurity Experience Scale (FIES), a measurement scale established by the Food and Agriculture Organization (FAO) of the United Nations. The indicator is based on an estimation of the probability that each household belongs to a specific category of food insecurity severity (moderate or severe), as determined by the household's position on the scale.[1]

The inability to access food results in a series of experiences and conditions that are common across cultures and socio-economic contexts. These experiences range from being concerned about the possibility of obtaining enough food, to the need to compromise on the quality or the diversity of food consumed, to being forced to reduce the intake of food by reducing portion sizes or skipping meals, to the extreme condition of feeling hungry and not having the means (money or other resources) to access food. FIES comprises eight questions that explore a household's difficulty accessing food due to a **lack of money or other resources**, and reflect the food-related behaviors and experiences of the household[2] . The questions are as follows:

1. During the past 12 months, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?
2. During the past 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?
3. During the past 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?
4. During the past 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?
5. During the past 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?
6. During the past 12 months, was there a time when your household did not have food because of a lack of money or other resources?
7. During the past 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?
8. During the past 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?

The response categories for each of the questions include 'Yes (1),' 'No (0),' and 'Refused.' Cases with 'Refused' are excluded from the analysis.

The prevalence of food insecurity is calculated using the one-parameter logistic model, also known as the Rasch model, which is the simplest formulation for an Item Response Theory-based model.[3] The Rasch model assumes that households' responses to each of the eight binary questions (0/1) are conditionally independent (meaning that the only statistical link between them is the fact that all of them contribute to measure only one and the same food insecurity latent trait), and that each question has the same discrimination power with respect to food insecurity severity. Based on these assumptions, the model uses conditional maximum likelihood procedures to generate estimates of both the questions' and households' severity parameters.[4] Provided the data are consistent with the Rasch model assumption, the estimated household severity parameters are defined on a continuous, interval-level scale of the severity of food insecurity (latent trait). An interval scale is one where the difference between points on the scale is measurable and consistent.

Households are assigned to categories of severity after statistically determining appropriate thresholds that define the categories. Based on the application of the FIES in more than 140 countries in 2014-2016, FAO has suggested cross-nationally comparable thresholds that correspond to the severity level of the 5th question "Ate less than should" (to separate "mild" from "moderate" levels of severity) and of the 8th question "Did not eat for a whole day" (to separate "moderate" from "severe" levels) for global monitoring purposes. Adopting these thresholds (after adjusting the country's metric to make the country-specific scale's severity parameters comparable to the global standard scale and thus to other Feed the Future target countries as well), households with a sample-weighted sum of the probabilities of being between the severity level of the 5th item on the FIES global reference scale (adjusted on the country's metric) and the 7th item, are assigned to the "moderate" category of food insecurity, while households with a sample-weighted sum of the probabilities of being greater than or equal to the severity level of the 8th item on the FIES global reference scale (adjusted on the country's metric) are assigned to the "severe" food insecurity category.[5]

The numerator for this indicator is the sample-weighted number of households with moderate and severe food insecurity based on the FIES. The denominator is the sample-weighted number of households.

[1] Technical resources, including the datasets and the FIES statistical program, are available at the FAO's Voices of the Hungry website. An e-learning course that provides guidance on the collection and analysis of data, and on how the information provided by the FIES can be used to inform and guide policy, is also available: http://www.fao.org/elearning/#/elc/en/course/SDG212.

[2] For detailed definition and background, refer to FAO's Voices of the Hungry paper, Methods for Estimating Comparable Prevalence Rates of Food Insecurity Experienced by Adults throughout the World.

[3]For details about item response theory in the context of food security measurement, refer to Introduction to Item Response Theory Applied to Food Security Measurement.

[4] For details on assumptions and technical computations, refer to Introduction to Item Response Theory Applied to Food Security Measurement.

[5] The 5th item refers to the question, "In the past 12 months, did you eat less than you thought you should?", and the 8th item refers to the question "In the past 12 months, did you go a whole day without eating?" on the global reference scale developed by FAO's Voices of the Hungry project. Note: The severity threshold for moderate to severe food insecurity has been recently updated from the 4th to the 5th item by FAO. The key resource document from the FAO, titled "The Food Insecurity Experience Scale-Development of a Global Standard for Monitoring Hunger Worldwide", has not been revised yet.

RATIONALE:

Most existing food insecurity indicators focus on potential consequences of food insecurity (e.g., nutrition outcomes), adequacy of diet (food consumption scores, dietary diversity), or physical experience and behavior (e.g., household hunger scale). The food insecurity prevalence based on FIES measures the *access* dimension of food security based on households' psychological and behavioral experience with accessing food in the desired quantity,

quality, and continuity. The FIES was developed to complement existing food and nutrition indicators; hence, when used in combination with other existing indicators, it will offer a more comprehensive understanding of causes and consequences of food insecurity. The analytic treatment of the data through the Rasch model based on sound statistical methods allows for testing the quality of the data with respect to their validity and reliability and ensures that the indicator estimates are comparable across cultural and socio-economic contexts. Disaggregating into moderate and severe levels of food insecurity experience provides additional information. This indicator helps to measure the Global Food Security Strategy goal to "Sustainably reduce global hunger, malnutrition, and poverty", and aligns with the SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

UNIT: Percent	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA) Level of Severity: Moderate, Severe
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (-)

DATA SOURCE: Population-based survey (see "Measurement Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG-e

MEASUREMENT NOTES

This indicator should always be measured at the same time each year, ideally right before harvest and during the dry season.

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type and level of severity.

Overall:

1. Percent of households with moderate and severe food insecurity
2. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of F&M households with moderate and severe food insecurity
4. Total number of F&M households in the BHA resilience implementation area
5. Percent of FNM households with moderate and severe food insecurity
6. Total number of FNM households in the BHA resilience implementation area
7. Percent of MNF households with moderate and severe food insecurity

8. Total number of MNF households in the BHA resilience implementation area
9. Percent of CNA households with moderate and severe food insecurity
10. Total number of CNA households in the BHA resilience implementation area

By Level of Severity:

11. Percent of households with moderate food insecurity
12. Total number households with moderate food insecurity in the BHA resilience implementation area
13. Percent of households with severe food insecurity
14. Total number of households with severe food insecurity in the BHA resilience implementation area

FURTHER GUIDANCE

- FAO, 2013. *The Food Insecurity Experience Scale: Development of a Global Standard for Monitoring Hunger Worldwide.* Available at: http://www.fao.org/fileadmin/templates/ess/voh/FIES_Technical_Paper_v1.1.pdf

BL10. INDICATOR: Percent of households with poor, borderline, and acceptable food consumption score (FCS)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups. It is a proxy indicator for food intake. The FCS is calculated using the frequency of consumption of different food groups consumed by a household during the seven days before the survey. Scores are clustered into three groups; the results of the analysis categorize each household as having either poor, borderline, or acceptable food consumption.

A questionnaire is used to ask respondents about the frequency of their households' consumption of nine food groups over the previous seven days. To calculate the FCS, the consumption frequencies are summed and multiplied by the standardized food group weight (see below). Households can then be classified into three groups based on their weighted scores--poor, borderline, or acceptable--using the World Food Program's (WFP) recommended cutoff points.

The FCS is calculated using nine standard food groups and weights (below).

No.	Food Group	Food Items (examples)	Weight
1	Main staples	Maize, maize porridge, rice, sorghum, millet, bread, cassava, plantains, potatoes, sweet potatoes, other tubers	2
2	Pulses	Beans, peas, groundnuts, cashew nuts	3
3	Vegetables	Vegetables, leafy greens	1
4	Fruit	Fresh and dried fruits	1
5	Meat and fish	Beef, goat, pork, chicken, duck, fish, eggs	4
6	Milk and dairy	Milk, yogurt, kefir, and other dairy	4
7	Sugar	Sugar, honey, candy, other products with sugar	0.5
8	Oil	Oil, butter, ghee, other fats	0.5
9	Condiments	Spices, coffee, tea, salt, small amounts of milk or fish powder	0

The numerator for this indicator is the sample-weighted number of households with a poor, borderline or acceptable food consumption score. The denominator is the sample-weighted number of households.

Country Adaptation Note: The FCS questionnaire module should be adapted for each unique setting so that common, local foods are included in each food category in the questionnaire. **Research/Evaluation partners should refer to the WFP guidance (above) to get ideas on how to adapt the questionnaire to the local context.** The food groups, however, cannot be changed. Research/Evaluation partners should coordinate any country-specific adaptations of the FCS with other implementing partners in the country and/or region. The thresholds for poor, borderline, and acceptable can be adjusted in populations where, for example, the consumption of sugar and/or oil is frequent among nearly all households surveyed –even when the consumption of other food groups is rare and the food score is otherwise low. In these cases, if this base diet of oil and sugar is combined only with frequent consumption (seven days' worth) of a starch base, the score already arrives at 21. However, this clearly cannot be classified as even a borderline diet. For this reason, the thresholds can be raised from 21and 35 to 28 and 42 (by adding seven to each threshold, this accounts for the daily consumption of oil and sugar, which gives seven points to the FCS).

Household Food Consumption Inclusion/Exclusion Note: The respondent should be instructed to include foods consumed by household members in the home or foods prepared in the home but consumed away from home (e.g. lunch prepared at home but consumed in the fields or at the place of employment). In rare cases, however, food purchased and consumed away from home may be included in the FCS questionnaire; this may be appropriate in country contexts where all or the majority of meals are consumed away from home by some or all household members.

RATIONALE:

This indicator has been validated for the purposes of categorizing and tracking households' food security across time, specifically as a proxy for the quantity dimension (i.e. caloric sufficiency) of food security. The FCS captures information about *usual* household diet, since it asks respondents to recall what they consumed over the past seven days. The FCS can be used in a range of ways, including for program monitoring and evaluation, and population-level targeting. Since it is a standardized measure, it can also be useful in comparing households in different locations, as well as tracking cyclical changes in household diet if collected repeatedly across seasons or years. The WFP uses the FCS as part of its Comprehensive Food Security & Vulnerability Analysis (CFSVA) tool to assess food security and vulnerability in crisis-prone populations.

FCS and Household Diet Diversity Score (HDDS) reflect a similar underlying concept, i.e. the diet diversity of a household. The FCS is a composite index that reflects the average diversity and frequency of food groups consumed over a seven-day period, which is also weighted by the relative nutritional value of consumed food groups. The HDDS, by contrast, reflects only the number of food groups (out of 12) consumed by the household in the 24-hour period prior to the survey. The FCS and HDDS are highly correlated and can be used interchangeably as a measure of household-level diet diversity and as a validated proxy for energy sufficiency in most contexts (Maxwell et al., 2013); however, neither of these indicators has been validated as a proxy for micronutrient adequacy. Therefore, before they are used to proxy nutrient adequacy they require further validation (Leroy et al., 2015).

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Descriptive statistics: Mean, Standard deviation, Confidence Interval (95%), Median SECOND LEVEL Gendered household type: Female and Male Adults (M&F), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** Percent of households in poor category: lower is better; Percent of households in acceptable category: higher is better.
DATA SOURCE: Population-based survey (see "Measurement Notes").	

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:

1. Percent of households with food consumption score of 0-21 = Poor
2. Percent of households with food consumption score of 21.5-35 = Borderline
3. Percent of households with food consumption score of > 35 = Acceptable
4. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

5a. Mean FCS score of F&M households in the survey
5b. Standard deviation of FCS for F&M households in the survey
5c. Confidence interval (95%) for F&M households in the survey
5d. Median FCS score for F&M households in the survey
5e. Total number of F&M households in the BHA resilience implementation area

6a. Mean FCS score of FNM households in the survey
6b. Standard deviation of FCS for FNM households in the survey
6c. Confidence interval (95%) for FNM households in the survey
6d. Median FCS score for FNM households in the survey
6e. Total number of FNM households in the BHA resilience implementation area

7a. Mean FCS score of MNF households in the survey
7b. Standard deviation of FCS for MNF households in the survey
7c. Confidence interval (95%) for MNF households in the survey
7d. Median FCS score for MNF households in the survey
7e. Total number of MNF households in the BHA resilience implementation area

8a. Mean FCS score of CNA households in the survey
8b. Standard deviation of FCS for CNA households in the survey
8c. Confidence interval (95%) for CNA households in the survey
8d. Median FCS score for CNA households in the survey
8e. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- World Food Program Vulnerability Analysis and Mapping (VAM) Unit. *Food Consumption Analysis: Calculation and use of the food consumption score in food security analysis.* 2008. Rome, Italy.
- The FCS tool and tool summaries are available on the USAID SPRING website: https://www.spring-nutrition.org/publications/tool-summaries/food-consumption-analysis
- Maxwell, Daniel, Jennifer Coates, and Bapu Vaitla (2013). How Do Different Indicators of Household Food Security Compare? Empirical Evidence from Tigray. Feinstein International Center, Tufts University: Medford, USA. http://fic.tufts.edu/assets/Different-Indicators-of-HFS.pdf
- Leroy, J. L., Ruel, M., Frongillo, E. A., Harris, J., & Ballard, T. J. (2015). Measuring the Food Access Dimension of Food Security: A Critical Review and Mapping of Indicators. Food and Nutrition Bulletin, 36(2), 167–195. https://doi.org/10.1177/0379572115587274

Module D. Children's Nutritional Status and Feeding Practices

BL03 (HL.9-b). Prevalence of wasted children (WHZ < -2) under five (0-59 months)
BL04 (HL.9-a). Prevalence of stunted children (HAZ < -2) under five (0-59 months)
BL05 (HL.9-i). Prevalence of healthy weight (WHZ ≤ 2 and ≥ -2) among children under five (0-59 months)
BL 13 (HL.9.1-b). Prevalence of exclusive breastfeeding of children under six months
BL 12 (HL.9.1-a). Percent of children 6-23 months receiving a minimum acceptable diet (MAD)
BL 14. Percent of children under five (0-59 months) who had diarrhea in the prior two weeks
BL 15. Percent of children under five (0-59 months) with diarrhea treated with Oral Rehydration Therapy (ORT)
BL 39. Prevalence of children 6-23 months consuming a diet of a minimum diversity (MDD-C)

Performance Indicator Reference Sheets

BL03 (HL.9-b). INDICATOR: Prevalence of wasted (WHZ < -2) children under five (0-59 months) (R)	
REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES	
DEFINITION: Although different levels of severity of wasting can be measured, this indicator measures the prevalence of all wasting, i.e. both severe and acute wasting combined. This indicator measures the percent of children under five (0–59 months) who are wasted, as defined by weight-for-height z-score (WHZ) < −2. The numerator for this indicator is the sample-weighted number of children under five (0-59 months) with a weight-for-height z-score < -2. The denominator is the sample-weighted number of children under five (0-59 months) with weight-for-height z-score data.	
RATIONALE: Stunted, wasted, and underweight children under five are the three major nutritional indicators. Children who are wasted are too thin for their height, and have a much greater risk of dying than children who are not wasted. This indicator is linked to Objective 2: Strengthened resilience among people and systems of the Global Food Security Strategy results framework.	
UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female Age: 0-23 months, 24-59 months
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (-)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9-b	
MEASUREMENT NOTES	

LEVEL OF COLLECTION:	Children under five (0-59 months) in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex and age.

Overall:

1. Percent of children 0-59 months that are wasted
2. Total number of children 0-59 months in the BHA resilience implementation area

By Sex:

3. Percent of male children 0-59 months that are wasted
4. Total number of male children 0-59 months in the BHA resilience implementation area
5. Percent of female children 0-59 months that are wasted
6. Total number of female children 0-59 months in the BHA resilience implementation area

By Age:

7. Percent of children 0-23 months that are wasted
8. Total number of children 0-23 months in the BHA resilience implementation area
9. Percent of children 24-59 months that are wasted
10. Total number of children 24-59 months in the BHA resilience implementation area

FURTHER GUIDANCE

- Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at: https://www.fsnnetwork.org/anthropometric-indicators-measurement-guide
- Kristen Cashin and Lesley Oot. 2018. *Guide to Anthropometry: A Practical Tool for Program Planners, Managers, and Implementers*. Available at: https://www.fantaproject.org/tools/anthropometry-guide

BL04 (HL.9-a). INDICATOR: Prevalence of stunted (HAZ <-2) children under five (0-59 months) (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

Stunting is a height-for-age measurement that is a reflection of chronic undernutrition. This indicator measures the percent of children under five (0-59 months) who are stunted, as defined by a height-for-age z-score < -2. Although different levels of severity of stunting can be measured, this indicator measures the prevalence of all stunting, i.e. both moderate and severe stunting combined. While stunting is difficult to measure in children 0-6 months and most stunting occurs in the range of -9-23 months (1,000 days), this indicator reports on all children under 59 months to capture the impact of interventions over time and to align with Demographic and Health Surveys (DHS) data.

The numerator for this indicator is the sample-weighted number of children under five (0-59 months) with a height-for-age z-score < -2. The denominator is the sample-weighted number of children under five (0-59 months) with height-for-age z-score data.

RATIONALE:

Stunted, wasted, and underweight children under five are the three major nutritional indicators. Stunting is an indicator of linear growth retardation, most often due to prolonged exposure to an inadequate diet and poor health. Reducing the prevalence of stunting among children, particularly those 0-23 months, is important because linear growth deficits accrued early in life are associated with cognitive impairments, poor educational performance, and decreased work productivity among adults. Better nutrition leads to increased cognitive and physical abilities, thus improving individual productivity in general (e.g. agricultural productivity). This indicator is linked to the Global Food Security Strategy results framework goal: Sustainably Reduce Global Hunger, Malnutrition and Poverty.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female Age: 0-23 months, 24-59 months
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (-)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9-a	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children under five (0-59 months) in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES
For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex and age. **Overall:** 1. Percent of children 0-59 months that are stunted 2. Total number of children 0-59 months in the BHA resilience implementation area **By Sex:** 3. Percent of male children 0-59 months that are stunted 4. Total number of male children 0-59 months in the BHA resilience implementation area 5. Percent of female children 0-59 months that are stunted 6. Total number of female children 0-59 months in the BHA resilience implementation area **By Age:** 7. Percent of children 0-23 months that are stunted 8. Total number of children 0-23 months in the BHA resilience implementation area 9. Percent of children 24-59 months that are stunted 10. Total number of children 24-59 months in the BHA resilience implementation area
FURTHER GUIDANCE
● Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at: https://www.fsnnetwork.org/anthropometric-indicators-measurement-guide ● Kristen Cashin and Lesley Oot. 2018. *Guide to Anthropometry: A Practical Tool for Program Planners, Managers, and Implementers*. Available at: https://www.fantaproject.org/tools/anthropometry-guide

BL05 (HL.9-i). INDICATOR: Prevalence of healthy weight (WHZ ≤ 2 and ≥ -2) among children under five (0-59 months) (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

The indicator measures the percent of children under five (0-59 months) who are neither wasted nor overweight as measured by their weight-for-length z-score (WLZ, for children 0-23 months, who are measured lying down) or weight-for-height z-score (WHZ, for children 24-59 months, who are measured standing up). The z-score indicates how many standard deviations the child is from the median weight-for-length or weight-for-height for a child of the same sex and age using the 2006 WHO Child Growth Standards. [1]

The numerator for this indicator is the sample-weighted number of children 0-23 months with WLZ ≤ 2 and ≥ -2 *plus* the sample-weighted number of children 24-59 months with WHZ ≤ 2 and ≥ -2. The denominator is the sample-weighted number of children 0-59 months with WLZ and WHZ data.

[1] http://www.who.int/childgrowth/en/

RATIONALE:

Percent of children with a healthy weight is a measure of a well-nourished population, which is essential to enhance human potential, health, and productivity. The indicator is complementary to SDG indicator 2.2.2, which measures prevalence of malnutrition (WHZ >2 or <-2) among children under five.

In addition to the USG's clear commitment to reducing wasting (and stunting) among children (two World Health Assembly targets), the USG has also committed to supporting the World Health Assembly target of No Increase in Childhood Overweight under the U.S. Government Nutrition Coordination Plan and USAID's Multisectoral Nutrition Strategy. The GFSS is a key initiative contributing to both.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female Age: 0-23 months, 24-59 months
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** **(+)**
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9-i	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children under five (0-59 months) in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES
For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex and age. **Overall:** 1. Percent of children 0-59 months that have a healthy weight 2. Total number of children 0-59 months in the BHA resilience implementation area **By Sex:** 3. Percent of male children 0-59 months that have a healthy weight 4. Total number of male children 0-59 months in the BHA resilience implementation area 5. Percent of female children 0-59 months that have a healthy weight 6. Total number of female children 0-59 months in the BHA resilience implementation area **By Age:** 7. Percent of children 0-23 months that have a healthy weight 8. Total number of children 0-23 months in the BHA resilience implementation area 9. Percent of children 24-59 months that have a healthy weight 10. Total number of female children 24-59 months in the BHA resilience implementation area
FURTHER GUIDANCE
• Feed the Future Indicator Handbook Updated 2019. Available at: https://www.agrilinks.org/sites/default/files/revised_ftf_indicator_handbook_clean_version_20190926.pdf

BL13 (HL.9.1-b). INDICATOR: Prevalence of exclusive breastfeeding of children under six months (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING EXCLUSIVE BREASTFEEDING

DEFINITION:

This indicator measures the percent of children 0-5 months (i.e. under six months), who were exclusively breastfed during the day preceding the survey. Exclusive breastfeeding means that the infant received breast milk (including milk expressed or from a wet nurse) and might have received oral rehydration solution (ORS), vitamins, minerals, and/or medicines, but did not receive any other food or liquid, including water.

The numerator for this indicator is the sample-weighted number of children 0-5 months exclusively breastfed on the day and night preceding the survey. The denominator is the sample-weighted number of children 0-5 months with exclusive breastfeeding data.

For detailed guidance on how to collect and tabulate this indicator, refer to the WHO document: Indicators for assessing infant and young child feeding practices, Part 2, Measurement, available at http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf .

RATIONALE:

Exclusive breastfeeding for six months provides children with significant health and nutrition benefits, including protection from gastrointestinal infections and reduced risk of mortality due to infectious disease. This indicator is linked to IR.7: Increased consumption of nutritious and safe diets under the Global Food Security Strategy results framework.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9.1-b

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children under six months in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of children 0-5 months who are exclusively breastfed
2. Total number of children 0-5 months in the BHA resilience implementation area

By Sex:

3. Percent of male children 0-5 months who are exclusively breastfed
4. Total number of male children 0-5 months in the BHA resilience implementation area
5. Percent of female children 0-5 months who are exclusively breastfed
6. Total number of female children 0-5 months in the BHA resilience implementation area

FURTHER GUIDANCE

- WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part 1: Definitions*. Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html
- WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html

BL12 (HL.9.1-a). INDICATOR: Percent of children 6–23 months receiving a minimum acceptable diet (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING FEEDING CHILDREN MINIMUM ACCEPTABLE DIET

DEFINITION:

This indicator measures the percent of children 6–23 months who receive a minimum acceptable diet (MAD), apart from breast milk. The MAD indicator measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for his or her age group and breastfeeding status, then the child is considered to be receiving a minimum acceptable diet.

Tabulation of the indicator requires that data on breastfeeding status, dietary diversity, number of semi-solid/solid feeds, and number of milk feeds be collected for children 6-23 months for the day and night preceding the survey.

The numerator for this indicator is the sample-weighted number of breastfed children 6-23 months who had at least the minimum dietary diversity *and* the minimum meal frequency during the previous day/night AND the sample-weighted number of non-breastfed children 6-23 months who received at least two milk feedings *and* had at least the minimum dietary diversity (not including milk feeds) *and* the minimum meal frequency during the previous day/night. The denominator is the sample-weighted number of breastfed AND non-breastfed children 6-23 months with MAD component data.

MAD for *breastfed* children 6-23 months

Minimum dietary diversity for breastfed children 6-23 months is defined as consuming four or more foods out of the following seven food groups:

1. Grains, roots, and tubers
2. Legumes and nuts
3. Dairy products (milk, yogurt, cheese)
4. Flesh foods (meat, fish, poultry, and liver/organ meats)
5. Eggs
6. Vitamin A-rich fruits and vegetables
7. Other fruits and vegetables

Minimum meal frequency for breastfed children is defined as two or more feedings of solid, semi-solid, or soft food for children 6–8 months and three or more feedings of solid, semi-solid, or soft food for children 9–23 months.

MAD for *non-breastfed* children 6-23 months

Minimum dietary diversity for non-breastfed children is defined as consuming milk *in addition to* four or more foods out of the following six food groups:

1. Grains, roots, and tubers
2. Legumes and nuts
3. Flesh foods (meat, fish, poultry, and liver/organ meats)
4. Eggs
5. Vitamin A-rich fruits and vegetables
6. Other fruits and vegetables

Minimum meal frequency for **non-breastfed** children 6-23 months is defined as four or more feedings of solid, semi-solid, or soft foods ***and*** two or more milk feeds.

For detailed guidance on how to collect and tabulate this indicator, refer to the WHO document: Indicators for assessing infant and young child feeding practices, Part 2, Measurement, available at http://whqlibdoc.who.int/publications/2010/9789241599290_eng.pdf.

Note: BHA Indicator BL 39 (MDD-C) is part of the Global Nutrition Monitoring Framework. It uses eight food groups to calculate minimum dietary diversity for children instead of the seven used in the MAD indicator.

RATIONALE:

The IYCF indicator was developed for assessment at the population level in order to make comparisons across and within countries, to describe trends over time, to target/identify populations at risk, target interventions, make policy decisions about resource allocation, and serve as an impact measure when monitoring and evaluating IYCF programs. Because the MAD indicator captures multiple dimensions of feeding, it can be used for comparisons across populations with different rates of continued breastfeeding or be presented by breastfed and non-breastfed children (WHO, 2008).

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9.1-a	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children 6-23 months in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in *The Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of children 6-23 months receiving a minimum acceptable diet
2. Total number of children 6-23 months in the BHA resilience implementation area.

By Sex:

3. Percent of male children 6-23 months receiving a minimum acceptable diet
4. Total number of male children 6-23 months in the BHA resilience implementation area.
5. Percent of female children 6-23 months receiving a minimum acceptable diet
6. Total number of female children 6-23 months in the BHA resilience implementation area.

FURTHER GUIDANCE
• WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part 1: Definitions*. Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html • WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html

BL14. INDICATOR: Percent of children under five (0-59 months) who had diarrhea in the prior two weeks (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING SOCIAL AND BEHAVIOR CHANGE RELATED TO WASH

DEFINITION:

This indicator is a prevalence measure of the percent of children under five (0-59 months) in a particular target population that have experienced an episode of diarrhea in the two weeks before data were collected.

The numerator for this indicator is the sample-weighted number of children under five (0-59 months) experiencing an episode of diarrhea (as defined by a survey respondent, usually the child's mother or other primary caregiver) at any time during the two weeks preceding data collection. The denominator is the sample-weighted number of children under five (0-59 months).

RATIONALE:

Diarrhea remains a leading killer of young children - accounting for approximately 8 percent of all deaths among children under age 5 worldwide in 2017 (UNICEF) - despite the availability of a simple treatment solution. Most deaths from diarrhea occur among children under two living in South Asia and sub-Saharan Africa.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (-)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children under five (0-59 months) in the BHA resilience implementation area
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in *The Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall value, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of children 0-59 months who had diarrhea in the prior two weeks
2. Total number of children 0-59 months in the BHA resilience implementation area

By Sex:

3. Percent of male children 0-59 months who had diarrhea in the prior two weeks
4. Total number of male children 0-59 months in the BHA resilience implementation area
5. Percent of female children 0-59 months who had diarrhea in the prior two weeks
6. Total number of female children 0-59 months in the BHA resilience implementation area

FURTHER GUIDANCE
• Demographic Household Survey (DHS). Phase 6 (2008–2013). Available at: http://www.measuredhs.com/. • F Indicator Handbook Updated 2011. Investing in People Indicators and Definitions. Available at: http://www.state.gov/documents/organization/101764.pdf.

BL15. INDICATOR: Percent of children under five (0-59 months) with diarrhea treated with Oral Rehydration Therapy (ORT) (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING SOCIAL AND BEHAVIOR CHANGE RELATED TO WASH

DEFINITION:

Diarrhea is a leading cause of death among children under five (0-59 months). Despite the availability of effective, low-cost prevention and management interventions such as ORT, diarrhea causes hundreds of thousands of child deaths each year, and is also a substantial contributor to child malnutrition.

The numerator for this indicator is the sample-weighted number of children under five (0-59 months) with diarrhea, who received oral rehydration therapy (ORT), defined as receiving oral rehydration solution (ORS), recommended home fluids (RHF), or increased fluids. The denominator is the sample-weighted number of children under five (0-59 months) who were ill with diarrhea in the two weeks preceding the survey.

RATIONALE:

Diarrhea remains a leading killer of young children - accounting for approximately 8 per cent of all deaths among children under age 5 worldwide in 2017 (UNICEF) - despite the availability of a simple treatment solution. Most deaths from diarrhea occur among children under two living in South Asia and sub-Saharan Africa.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Children under five (0-59 months) in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in *The Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of children 0-59 months with diarrhea treated with Oral Rehydration Therapy (ORT)
2. Total number of children 0-59 months with diarrhea in the past two weeks in the BHA resilience implementation area

By Sex:

3. Percent of male children 0-59 months with diarrhea treated with Oral Rehydration Therapy (ORT)

4. Total number of male children 0-59 months with diarrhea in the past two weeks in the BHA resilience implementation area
5. Percent of female children 0-59 months with diarrhea treated with Oral Rehydration Therapy (ORT)
6. Total number of female children 0-59 months with diarrhea in the past two weeks in the BHA resilience implementation area

FURTHER GUIDANCE

- Demographic Household Survey (DHS). Phase 6 (2008–2013). Available at: http://www.measuredhs.com/.
- F Indicator Handbook Updated 2011. Investing in People Indicators and Definitions. Available at: http://www.state.gov/documents/organization/101764.pdf.

BL39. INDICATOR: Prevalence of children 6–23 months consuming a diet of a minimum diversity (MDD-C) (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING FEEDING CHILDREN MINIMUM ACCEPTABLE DIET

DEFINITION:

The minimum dietary diversity score for children 6-23 months (MDD-C) indicator is designed by the World Health Organization (WHO) to assess diet diversity as part of infant and young child feeding (IYCF) practices among children 6-23 months. The MDD-C measures the percent of children 6-23 months who consume a diet of five or more food groups in the previous day and night.

Tabulation of the indicator requires that data on breastfeeding status be collected for children 6-23 months for the day and night preceding the survey. MDD-C measures the dietary diversity of *both* breastfed and non-breastfed children 6-23 months.

Food Groups
1. Breastmilk
2. Grains, roots, and tubers
3. Legumes and nuts
4. Dairy products (milk, yogurt, cheese)
5. Flesh foods (meat, fish, poultry, and liver/organ meats)
6. Eggs
7. Vitamin A-rich fruits and vegetables
8. Other fruits and vegetables

The numerator for this indicator is the sample-weighted number of children 6-23 months who consumed foods from five or more of the eight food groups during the previous day and night. The denominator is the sample-weighted number of children 6-23 months from whom data on breastfeeding and diet were collected.

For detailed guidance on how to collect and tabulate this indicator, refer to the WHO document: WHO. 2017. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Available at https://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/

RATIONALE:

Child dietary diversity has been shown to be positively associated with mean micronutrient adequacy of the diet (FANTA, 2006). Thus, the MDD-C can be useful in capturing a population-level picture of infant and young child diet quality and appropriate complementary feeding practices (FANTA, 2014). It is simple to collect, tabulate, and interpret, and is applicable across sociocultural contexts. It is also appropriate for population-level targeting, monitoring and assessment, and target setting. Note that the MDD-C *only* reflects the complementary feeding diet, *not* breastfeeding status; the MAD indicator (which retains the seven-food group model) should be used if the objective is to measure both breastfeeding status and complementary feeding (WHO, 2008).

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	

MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Children 6-23 months in the BHA resilience activity implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience activity areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of children 6-23 months consuming a diet of a minimum diversity
2. Total number of children 6-23 months in the BHA resilience implementation area

By Sex

3. Percent of male children 6-23 months consuming a diet of a minimum diversity
4. Total number of male children 6-23 months in the BHA resilience implementation area
5. Percent of female children 6-23 months consuming a diet of a minimum diversity
6. Total number of female children 6-23 months in the BHA resilience implementation area

FURTHER GUIDANCE

- WHO. 2017. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Available at https://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/
- International Dietary Data Expansion Project, "Minimum Dietary Diversity for Children 6-23 months". https://inddex.nutrition.tufts.edu/data4diets/indicator/minimum-dietary-diversity-mdd

Module E. Women's Health, Nutritional Status, Dietary Diversity and Family Planning

BL07 (HL.9-d). Prevalence of underweight (BMI < 18.5) women of reproductive age
BL11 (HL.9.1-d). Prevalence of women of reproductive age consuming a diet of minimum diversity (MDD-W)
BL26. Percent of births receiving at least four antenatal care (ANC) visits during pregnancy
BL36. Percent of women in a union who have knowledge of modern family planning methods that can be used to delay or avoid a pregnancy
BL37. Percent of women in a union who made decisions about modern family planning methods in the past 12 months
BL20. Contraceptive Prevalence Rate (CPR)

Performance Indicator Reference Sheets

BL07 (HL.9-d). INDICATOR: Prevalence of underweight (BMI < 18.5) women of reproductive age (RiA)	
APPLICABLE FOR ACTIVITIES PROMOTING WOMEN'S HEALTH AND/OR NUTRITION INTERVENTIONS	
DEFINITION: This indicator measures the percent of non-pregnant women of reproductive age (15-49 years) who are underweight, as defined by a body mass index (BMI) < 18.5. To calculate an individual's BMI, weight and height data are needed: BMI = weight (in kg) ÷ height (in meters) squared. The numerator for this indicator is the sample-weighted number of non-pregnant women 15-49 years with a BMI < 18.5. The denominator for this indicator is the sample-weighted number of non-pregnant women 15-49 years with BMI data.	
RATIONALE: This indicator provides information about the extent to which women's diets meet their caloric requirements. Adequate energy in the diet is necessary to support the continuing growth of adolescent girls and women's ability to provide optimal care for their children and participate fully in income generation activities. Undernutrition among women of reproductive age is associated with increased morbidity, poor food security, and can result in adverse birth outcomes in future pregnancies. Improvements in women's nutritional status are expected to improve women's work productivity, which may also have benefits for agricultural production, linking the two strategic objectives of Feed the Future. In the Global Food Security Strategy, this indicator contributes to Objective 3: A well-nourished population, especially among women and children.	
UNIT: Percent	**DISAGGREGATE BY:** Age: <19, 19+ years
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (-)
DATA SOURCE: Population-based survey (see "Measurement Notes").	

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9-d	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Women of reproductive age (15-49 years) in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data from baseline/endline population-based representative sample survey in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points below must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For **IPTT**, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age.

Overall:

1. Percent of non-pregnant women of reproductive age that is underweight
2. Total number of women of reproductive age in the BHA resilience implementation area

By Age:

3. Percent of non-pregnant women of reproductive age less than 19 years of age that are underweight
4. Total number of women of reproductive age less than 19 years of age in the BHA resilience implementation area
5. Percent of non-pregnant women of reproductive age 19 years of age and older that are underweight
6. Total number of women of reproductive age 19 years of age and older in the BHA resilience implementation area

FURTHER GUIDANCE

- N/A

BL11 (HL.9.1-d). INDICATOR: Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W) (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING INCREASED DIETARY DIVERSITY AMONG WOMEN

DEFINITION:

This indicator captures the percent of women of reproductive age (15-49 years) in the population who are consuming a diet of minimum diversity (MDD-W). A woman of reproductive age is considered to consume a minimum dietary diversity if she consumed at least five of 10 specific food groups during the previous day and night.

MDD-W 10 food groups
1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas and lentils)
3. Nuts and seeds[1] (including groundnut)
4. Dairy
5. Meat, poultry and fish
6. Eggs
7. Dark green leafy vegetables
8. Other vitamin A-rich fruits and vegetables
9. Other vegetables
10. Other fruits

The numerator for this indicator is the sample-weighted number of women ages 15-49 who consumed foods from at least five of the 10 food groups during the previous day and night. The denominator is the sample-weighted number of women ages 15-49 with food group data.

MDD-W is a new version of the Women's Dietary Diversity Score (WDDS) indicator (number *HL.9.1-c*). There are two main differences between the MDD-W and the WDDS. First, the MDD-W is a prevalence indicator, whereas the WDDS is a quasi-continuous score. Prevalence indicators, which reflect the percent of a population of interest that is above or below a defined threshold (in this case, women who are consuming a diet of minimum diversity), are more intuitive and understandable to a broad audience of stakeholders. MDD-W will be more useful for reporting and describing progress toward improved nutrition for women than the WDDS, which reports the mean number of food groups consumed by women. Second, the food groups used to calculate MDD-W are slightly different from those used to calculate WDDS. MDD-W uses 10 food groups, while WDDS uses nine.

[1] "Seeds" in the botanical sense includes a very broad range of items, including grains and pulses. However, seeds are used here in a culinary sense to refer to a limited number of seeds, excluding grains or pulses, which are typically high in fat content and are consumed as a substantial ingredient in local dishes or eaten as a substantial snack or side dish. Examples include squash/melon/gourd seeds used as a main ingredient in West African stews and sesame seed paste (tahini) in some dishes in Middle Eastern cuisines.

RATIONALE:

Dietary diversity is a key characteristic of a high quality diet with adequate micronutrient content and is thus important to ensuring the health and nutrition of both women and their children. Research has validated that women of reproductive age consuming foods from five or more of the 10 food groups in the MDD-W indicator are more likely to consume a diet higher in micronutrient adequacy than women consuming foods from fewer than five of these food groups. This indicator is linked to IR.7: Increased consumption of nutritious and safe diets under the Global Food Security Strategy results framework.

UNIT: Percent	**DISAGGREGATE BY:** Age: <19, 19+ years
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9.1-d	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Women of reproductive age (15-49 years) in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	

For **IPTT**, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age.

Overall:

1. Percent of women of reproductive age consuming a diet of minimum diversity (at least five of 10 specific food groups) in the previous 24 hours
2. Total number of women of reproductive age in the BHA resilience implementation area

By Age:

3. Percent of women of reproductive age less than 19 years of age consuming a diet of minimum diversity
4. Total number of women of reproductive age less than 19 years of age in the BHA resilience implementation area
5. Percent of women of reproductive age 19 years of age and older consuming a diet of minimum diversity
6. Total number of women of reproductive age 19 years of age and older in the BHA resilience implementation area

FURTHER GUIDANCE

- Minimum Dietary Diversity for Women: A Guide for Measurement.

BL26. INDICATOR: Percent of births receiving at least four antenatal care (ANC) visits during pregnancy (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING HEALTH, NUTRITION AND/OR FAMILY PLANNING ACTIVITIES TARGETING WOMEN OF REPRODUCTIVE AGE AND/OR CHILDREN 6 MONTHS AND UNDER

DEFINITION:

This indicator measures the percent of women of reproductive age (15-49 years) with a live birth who attended antenatal care (ANC) four or more times during their most recent pregnancy, as a result of BHA assistance.

The ANC should be provided by skilled health personnel. "Skilled health personnel" refer to doctors, nurses, midwives, skilled birth attendants or clinical officers. Visits to either trained or untrained traditional birth attendants (TBA) are excluded.

A live birth is the birth of a fetus after 22 weeks gestation or weighing 500 g or more that shows signs of life—breathing, cord pulsation, or with audible heartbeat.

This indicator does not measure the quality of the ANC visit and does not require that a minimum number of services are received during ANC. The following are the four main categories of care with examples of services for each category that may be provided during ANC: identification of pre-existing health conditions (e.g. check for weight and nutrition status, anemia, hypertension, syphilis, HIV status); early detection of complications arising during pregnancy (e.g. check for pre-eclampsia, gestational diabetes); health promotion and disease prevention (e.g. tetanus, vaccination, prevention and treatment of malaria, nutrition counseling, micronutrient supplementation, family planning counseling); and birth preparedness and complication planning (e.g. birth and emergency planning, breastfeeding counseling, antiretroviral for HIV positive women and reducing mother to child transmission of HIV).

If a woman delivered more than one live birth in the past five years, only consider the most recent live birth. If a woman delivered more than one child from a single pregnancy, it counts as a single live birth.

When counting the number of ANC visits per pregnancy, count all that happened throughout the period of gestation, even if some of the ANC visits occurred during the year prior to the year of delivery. Visits by pregnant women to skilled health personnel for reasons other than ANC (e.g. illness in the family) should not be counted as an ANC visit.

The numerator for this indicator is the sample-weighted number of women (15-49 years) who attended at least four ANC visits with a skilled health professional during the most recent pregnancy that resulted in a live birth in the last five years. The denominator is the sample-weighted number of women (15-49 years) who had a live birth during the last five years in the BHA resilience implementation area.

RATIONALE:

This indicator is based on evidence from a WHO systematic review of randomized trials that resulted in a recommendation of four ANC visits to women for basic antenatal care. ANC reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labour and delivery, thus ensuring referral to an appropriate level of care. In addition, as indirect causes of maternal morbidity and mortality, such as HIV and malaria infections, contribute to approximately 25% of maternal deaths and near-misses, ANC also provides an important opportunity to prevent and manage concurrent diseases through integrated service delivery.

UNIT: Percent	**DISAGGREGATE BY:** None.
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Women of reproductive age (15-49 years) in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	
For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. **Overall** 1. Percent of births receiving at least four antenatal care (ANC) visits during most recent pregnancy that resulted in a live birth 2. Total number of women who had a live birth during the last five years in the BHA resilience implementation area	
FURTHER GUIDANCE	
• WHO Recommendations on Antenatal Care for a Positive Pregnancy: https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1	

BL36. Percent of women in a union who have knowledge of modern family planning methods that can be used to delay or avoid pregnancy (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator measures knowledge of modern family planning methods among women ages 15-49 in a union. "In a union" means currently married or living together with a man. This indicator considers knowledge of family planning methods as a resource—a form of human capital—and measures the extent to which women have access to this resource.

The numerator for this indicator is the sample-weighted number of women ages 15-49 in a union who have knowledge of modern family planning method. A woman is counted as having knowledge of modern family planning methods if she can identify at least three modern methods of family planning. The denominator is the sample-weighted number of women ages 15-49 in a union.

The following family planning methods are considered modern methods:

- Female sterilization
- Male sterilization
- Intrauterine device (IUD)
- Injectables (Depo-Provera)
- Implants
- Contraceptive pill
- Male condom
- Female condom
- Diaphragm with spermicide (cream, foam or gel)
- Emergency contraception
- Fertility Awareness Methods: Standard Days Method, Lactation Amenorrhea Method (LAM)

RATIONALE:

BHA RFSAs provide education and training to improve knowledge and skills around specific behaviors and practices, including those related to family planning methods. Adolescent pregnancy and short birth spacing [1] are among the causes of childhood stunting. BHA activities are expected to raise awareness of family planning methods. Knowledge of family planning methods is a precondition to accessing and using family planning methods.

The indicator measures the extent to which women in a union have knowledge of family planning methods. A low proportion of women in a union reporting knowledge of family planning methods suggests that few women in a union have access to family planning resources, and in turn would be less likely to use a modern family planning method.

[1] World Health Organization. *Childhood Stunting: Context, Causes and Consequences: WHO Conceptual framework*, September 2013.

UNIT: Percent	**DISAGGREGATE BY:** Age: 15-19, 20-29, 30-49
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	

MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Women in a union ages 15-49 in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age.

Overall:

1. Percent of women in a union ages 15-49 who identify at least three modern family planning methods
2. Total number of women in a union ages 15-49 in the BHA resilience implementation area

By Age:

3. Percent of women in a union ages 15-19 who identify at least three modern family planning methods
4. Total number of women in a union ages 15-19 in the BHA resilience implementation area
5. Percent of women in a union ages 20-29 who identify at least three modern family planning methods
6. Total number of women in a union ages 20-29 in the BHA resilience implementation area
7. Percent of women in a union ages 30-49 who identify at least three modern family planning methods
8. Total number of women in a union ages 30-49 in the BHA resilience implementation area

FURTHER GUIDANCE

- This indicator has been adapted from: Demographic Household Survey (DHS). Phase 7 (2013–2018) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

BL37. Percent of women in a union who made decisions about modern family planning methods in the past 12 months (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator assesses family planning decision-making of women ages 15-49 that are in a union, and whether the woman makes the decision to use a family planning method on her own or jointly with her spouse/partner "In a union" means currently married or living together with a man.

The numerator for this indicator is the sample-weighted number of women ages 15-49 in a union who used a modern family planning method in the past 12 months and who report participating in making decisions about using a modern family planning method in the past 12 months. The denominator is the sample-weighted number of women ages 15-49 in a union who used a modern family planning method in the past 12 months.

The following family planning methods are considered modern methods:

- Female sterilization
- Male sterilization
- Intrauterine device (IUD)
- Implants
- Injectables (Depo-Provera)
- Contraceptive pill
- Male condom
- Female condom
- Diaphragm with spermicide (cream, foam or gel)
- Emergency contraception
- Fertility Awareness Methods: Standard Days Method, Lactational Amenorrhea Method (LAM)

RATIONALE:

The ability to make informed, voluntary and autonomous choices about childbearing is an issue that affects women in rich and poor countries alike. This ability was crucial for women's empowerment in the US and other countries as it enables women and their partners to plan for the lives they want. As well, the use of modern contraception can reduce adolescent pregnancy and reduce short-birth intervals, both of which are associated with higher levels of child stunting. At an aggregate level, in many BHA countries, high fertility rates are outpacing a country's ability to meet its food security needs, and this adversely impacts food security of households.

As a result of pervasive gender inequality, women are usually unable to decide whether to use modern contraception. As such this measure is a good indicator of the degree to which women can make autonomous decisions about their health or at a more basic level, participate in decisions about their own health. BHA programs are thus expected to empower women to make their decision of family planning methods.

The indicator measures the extent to which women in a union make decisions about the use of family planning methods. A low proportion of both women and men in a union who jointly make family planning decisions, or a low proportion of women making the decision alone, indicate that there is no gender equity in family planning decision-making. The desired direction of change for this indicator is an increase in joint decision-making or women alone making the decision. As gender equity increases and women become more empowered, it is expected that the percent of women making the decision to use a modern method of contraception on their own, or jointly with their male partners, will increase.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Age: 15-19, 20-29, 30-49 SECOND LEVEL

	Decision actors: alone, jointly
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** Higher is better for alone; higher is better for jointly; lower is better for spouse/partner
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Women in a union ages 15-49 in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age nested by decision actors.

Overall:

1. Percent of women in a union ages 15-49 who make decisions about modern family planning methods jointly with her partner or on her own
2. Percent of women in a union ages 15-49 who make decisions about modern family planning methods alone
3. Percent of women in a union ages 15-49 who make decisions about modern family planning methods jointly with her partner
4. Total number of women in a union ages 15-49 who report using a modern family planning method in the BHA resilience implementation area

FIRST LEVEL NESTED BY SECOND LEVEL - By Age and Decision Actors:

5. Percent of women in a union ages 15-19 who make decisions about modern family planning methods alone
6. Percent of women in a union ages 15-19 who make decisions about modern family planning methods jointly with her partner
7. Percent of women in a union ages 15-19 whose partner makes decisions about modern family planning methods alone
8. Total number of women in a union ages 15-19 who report using a modern family planning method in the BHA resilience implementation area

9. Percent of women in a union ages 20-29 who make decisions about modern family planning methods alone
10. Percent of women in a union ages 20-29 who make decisions about modern family planning methods jointly with her partner
11. Total number of women in a union ages 20-29 who report using a modern family planning method in the BHA resilience implementation area

12. Percent of women in a union ages 30-49 who make decisions about modern family planning methods alone
13. Percent of women in a union ages 30-49 who make decisions about modern family planning methods jointly with her partner

14. Total number of women in a union ages 30-49 who report using a modern family planning method in the BHA resilience implementation area
FURTHER GUIDANCE
• This indicator has been adapted from: Demographic Household Survey (DHS). Phase 7 (2013–2018) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

BL20. INDICATOR: Contraceptive Prevalence Rate (CPR) (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING BIRTH SPACING/FAMILY PLANNING

DEFINITION:

The percent of non-pregnant women of reproductive age (15-49 years) who are currently using, or whose partner is currently using, at least one contraceptive method. This measurement is further disaggregated by the use of traditional methods and modern methods. It is reported for non-pregnant women ages 15-49 who are in a union. "In a union" means currently married or living together with a man.

Traditional methods include rhythm and withdrawal. Modern methods include female and male sterilization, injectables (Depo-Provera), intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, diaphragm with spermicide (cream, foam or gel) the standard days method, the lactation amenorrhea method, and emergency contraception.

The numerator for this indicator is the sample-weighted number of non-pregnant women ages 15-49 who are in a union and who currently practice a method of contraception. The denominator is the sample-weighted number of non-pregnant women ages 15-49 who are in a union.

RATIONALE:

The contraceptive prevalence rate (CPR) serves as a proxy measure of access to reproductive health services, is useful for tracking progress towards the target of achieving access to reproductive health and the quality of family planning services. The CPR provides a measure of population coverage of contraceptive use, taking into account all sources of supply and all contraceptive methods. It is the most widely reported measure of outcome for family planning programs at the population level. The measure indicates the extent of people's conscious efforts and capabilities to control their fertility. It does not capture all actions taken to control fertility, since induced abortion is common in many countries.

For a given year, contraceptive prevalence measures the percent of women of childbearing age in a union who use a form of contraception. To obtain a true contraceptive use rate, the denominator should reflect the population at risk (of pregnancy), i.e., sexually active women who are not infecund, pregnant, or amenorrheic. The numerator should reflect the number of contraceptive users by method from that population. The international population community uses the term "contraceptive prevalence rate" as defined above.

UNIT: Percent	**DISAGGREGATE BY:** Method: Traditional, Modern
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Non-pregnant women of reproductive age (15-49 years) and in a union in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by method.

Overall:

1. Percent of women of reproductive age (15-49 years) who are married or in a union and who practice a method of contraception
2. Total number of women aged 15-49 who are married or in a union in the BHA resilience implementation area

By Method:

3. Percent of women of reproductive age who are married or in a union and who practice a modern method of contraception
4. Total number of women aged 15-49 who are married or in a union and who practice modern method of contraception in the BHA resilience implementation area
5. Percent of women of reproductive age who are married or in a union and who practice a traditional method of contraception
6. Total number of women aged 15-49 who are married or in a union and who practice a traditional method of contraception in the BHA resilience implementation area

FURTHER GUIDANCE

- Measure Evaluation Family Planning and Reproductive Health Indicators Database. Available at: http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cpr
- Demographic Household Surveys (DHS). Phase 7 (2013 – 2018). Available at: https://dhsprogram.com/

Module F. Water, Sanitation and Hygiene (WASH)

BL16. Percent of households using basic drinking water services
BL18 (HL.8.2-6). Percent of households in target areas practicing correct use of recommended household water treatment technologies
BL27 (HL.8.2-a). Percent of households with access to a basic sanitation service
BL19 (45). Percent of population in target areas practicing open defecation
BL17 (HL.8.2-5). Percent of households with soap and water at a handwashing station on premises

Performance Indicator Reference Sheets

BL16. INDICATOR: Percent of households using basic drinking water services (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING INFRASTRUCTURE-RELATED WASH INTERVENTIONS (For other interventions, data will be collected but no targets are required.)

DEFINITION:

Basic drinking water services are defined as improved sources or delivery points that meet three technical criteria: (1) are protected from outside contamination by nature of their construction or through active intervention, in particular from outside contamination with fecal matter, (2) where collection time is no more than 30 minutes for a round-trip including queuing, *and* (3) that consistently produce (i.e., year-round) basic drinking water.

Drinking water sources meeting the criteria (1) above include the following:

- drinking water supply piped into dwelling/onto premises;
- public tap or stand pipe;
- tube well or borehole;
- protected dug well;
- protected spring;
- tanker truck/small cart with drum;
- rainwater; and/or
- bottled water (when another basic service is used for handwashing, cooking or other basic personal hygiene purposes).

Other drinking water sources considered to be not protected from outside contamination and thus are "unimproved" include: unprotected dug well, unprotected spring, and surface water (river, dam, lake, pond, stream, canal, irrigation channel).

The research/evaluation partner managing data collection must ensure enumerators understand the possible vessels used to collect water and the average volume potential of those vessels. One way to do this would be to take photos of local vessels and present them and their volumes during training. If possible, enumerators are encouraged to visit the drinking water sources identified by households to confirm the source type and functionality.

The following technical criteria must be met for persons counted as using basic drinking water services:

1. *The total collection time must be 30 minutes or less for a round trip (including wait time).* Given this definition, the number of people using a basic service will be limited by the physical distance to the service from participants'

dwellings, the amount of time typically spent queuing at the service, and the production capacity of the service. To assess these criteria, enumerators should ask households about time to collect as well as distance to the drinking water source. As a general rule, the distance to the drinking water source should be less than 1km across relatively flat terrain, or less than 500m across steep or rocky terrain.

2. *The service must be able to consistently (i.e. year-round) produce 20 liters per day for each person counted using a basic service.* This amount is considered the daily minimum required to effectively meet a person's drinking, sanitation, and hygiene needs. To help with assessment of these criteria, pictures of commonly used drinking water collection containers are included in the 'BHA Interviewer Manual.' Enumerators should ask the household to identify the type of container they use, and then ask how many containers are collected each day to provide domestic water for their family (for drinking, food preparation, and hygiene purposes).

The numerator for this indicator is the sample-weighted number of household representatives answering the question "What is the main source of drinking water for members of your household?" with (1) one of the above listed improved sources, (2) when collection time is no more than 30 minutes round-trip including queueing, *and* (3) where the source consistently produces basic drinking water. The denominator for this indicator is the sample-weighted number of households.

Note: Per the WHO/UNICEF Joint Monitoring Programme (JMP), in addition to water collected from unimproved sources (as described above), drinking water sources that meet condition1 *but are seasonal* (e.g., a protected spring or shallow well that only supplies water during the rainy season) *are classified as unimproved.* Drinking water sources that meet condition 2 *but exceed the 30-minute threshold for roundtrip collection are classified as a limited service.*

RATIONALE:
Use of a "basic" drinking water service, as defined, is strongly linked to decreases in the incidence of waterborne disease especially among children under age five. Diarrhea remains the second leading cause of child deaths worldwide. While not guaranteeing "use" of the basic drinking water service, this indicator measures progress in making drinking water available in a manner that typically leads to use of the service.

UNIT: Percent	**DISAGGREGATE BY:** Distance/Time from Service: On premise Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. If an activity does not promote infrastructure-related WASH interventions, the indicator will be considered as a contextual indicator and no targets are required.

Overall:

1. Percent of households using a basic drinking water service
2. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of F&M households using a basic drinking water service
4. Total number of F&M households in the BHA resilience implementation area
5. Percent of FNM households using a basic drinking water service
6. Total number of FNM households in the BHA resilience implementation area
7. Percent of MNF households using a basic drinking water service
8. Total number of MNF households in the BHA resilience implementation area
9. Percent of CNA households using a basic drinking water service
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Demographic Household Survey (DHS). Phase 7 (2013–2017). Available at: http://www.measuredhs.com/.
- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: http://www.wssinfo.org/.

BL18 (HL.8.2-6). INDICATOR. Percent of households in target areas practicing correct use of recommended household water treatment technologies (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING BEHAVIORS RELATED TO WATER TREATMENT

DEFINITION:

This indicator is focused on improving the quality of existing drinking water. Households will be counted for this indicator if they are correctly practicing at least one form of evidence-based household water treatment (HWT). HWT is also known as point of use, or POU, treatment, and comprises all methods with a peer-reviewed evidence base shown to improve the microbiological quality of the water to WHO standards of <1 CFU fecal coliforms/100 ml sample. Specific HWT technologies that are considered for this indicator include one of the following technologies (alone or in combination to reach <1 CFU/100 ml):

- Chlorination (chemical disinfection)
- Flocculant/Disinfectant (physio-chemical disinfection)
- Filtration (physical removal)
- Solar disinfection (UV/heat disinfection)
- Boiling (disinfection via heat)

Specific monitoring methods to assess 'correct use' of HWT are objective and rely on household-level observations of the reported technology/ies and water storage container and are based on 'WHO's Toolkit for Monitoring and Evaluating Household Water Treatment and Safe Storage' (http://www.who.int/household_water/resources/toolkit_monitoring_evaluating/en/). Households are considered to be correctly practicing water treatment technologies if the following conditions are met for at least one of the following treatment options:

Chlorination or Flocculant/Disinfectant using chlorine: the enumerator observes the presence of chlorine bottle/tablets or flocculant sachets in the home, as well as the presence of a safe storage container. Alternatively, the enumerator may test for free chlorine residual and must obtain positive results (i.e., free residual chlorine > 0 ppm (CT+)).

Filtration: the enumerator observes an intact filter and is able to verify that either water is in the upper compartment to be filtered, or that water has been through the filter and can be dispensed from the filter's tap. If water is collected from the filter after treatment, the enumerator must also observe a safe water storage container (Filter +);

Solar disinfection: the enumerator observes intact and sealable bottles, either in the home or where they are exposed to the sunlight; survey participants must self-report that bottles are exposed to the sun for at least six hours per day on sunny days and up to two days on cloudy days. If treated water is collected separately, the enumerator must also observe a safe water storage container (SODIS+);

Boiling: the enumerator observes the presence of boiled water, a fuel source, and a safe water storage container; survey participants must also report that boiling occurred until water comes to a rolling boil (BOIL+).

The numerator for this indicator is the sample-weighted number of households correctly practicing CT+ or SODIS+ or Filter+ or BOIL +. The denominator is the sample-weighted number of households.

Limitations: HWT is not universally effective against all classes of waterborne pathogens (e.g. free chlorination is ineffective against Cryptosporidium), and requires substantial education and behavior change to ensure correct and consistent use.

RATIONALE:

The World Health Organization (WHO) argues that household water treatment (HWT) "may play an important role in protecting public health where existing water sources are untreated, are not treated properly or become contaminated during distribution or storage" (UNICEF & WHO, 2009). The organization estimates that "low cost interventions for household-based treatment of drinking water and safe storage can significantly reduce the pathogen load in drinking water and reduce the risk of diarrheal disease." In 2009, UNICEF and WHO adopted a comprehensive strategy for effective diarrhea control that includes household water treatment and safe storage as proven interventions to reduce child mortality.

UNIT: Percent	**DISAGGREGATE BY:** By technology type: chlorination, flocculant/disinfectant, filtration, solar disinfection, boiling
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.8.2-6	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Data should be collected via observation as indicated above. Please discuss with BHA when this is not possible. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by technology type.

Overall:

1. Percent of households practicing correct use of recommended household water treatment technologies
2. Total number of households in the BHA resilience implementation area

By Technology type:

3. Percent of households practicing correct use of recommended chlorination water treatment technology
4. Percent of households practicing correct use of recommended flocculant/disinfectant water treatment technology
5. Percent of households practicing correct use of recommended filtration water treatment technology
6. Percent of households practicing correct use of recommended solar disinfection water treatment technology
7. Percent of households practicing correct use of recommended boiling water treatment technology

FURTHER GUIDANCE

- Demographic Household Survey (DHS). Phase 7 (2013–2017). Available at: http://www.measuredhs.com/.
- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: http://www.wssinfo.org/.

BL27 (HL.8.2-a). INDICATOR: Percent of households with access to a basic sanitation service (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING INFRASTRUCTURE-RELATED WASH INTERVENTIONS (For other interventions, data will be collected but no targets required.)

DEFINITION:

A basic sanitation service, defined according to the Joint Monitoring Programme (JMP), consists of a sanitation facility that hygienically separates human excreta from human contact (i.e. an improved sanitation facility), and that is not shared with other households.

Improved sanitation facilities include the following types:

- flush or pour-flush facility connected to a piped sewer system, septic system or pit latrines;
- composting toilet;
- pit latrine with slab or ventilated improved pit latrine with slab.

All other sanitation facilities do not meet this definition and are considered "unimproved." Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines.

A household is defined as a person or group of persons that usually live and eat together. Households that 1) have an unimproved sanitation facility, and/or 2) have an improved sanitation facility that is shared with other households, are not counted as having access to a basic sanitation service.

Limitations: It is important to note that having "access" to a basic sanitation service does not necessarily guarantee "use" of a basic sanitation service and thus potential health benefits are not certain to be realized from simply having "access." Not all household members may regularly use the basic sanitation service. In particular, in many cultures young children are often left to defecate in the open and create health risks for all household members including themselves. The measurement of this indicator does not capture such detrimental, uneven sanitation behavior within a household.

Additional limitations of this indicator are that it does not fully measure the quality of services, i.e. accessibility, quantity, and affordability, or the issue of facilities for adequate menstrual hygiene management.

RATIONALE:

Use of an improved sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. Diarrhea remains the second leading cause of child deaths worldwide. This indicator falls under IR.9: More hygienic household and community environments of the Global Food Security Strategy results framework.

UNIT: Percent	*Note: Only disaggregates that are most relevant to BHA activities have been adopted from Feed the Future Handbook.* **DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.8.2-a

MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:

1. Percent of households with access to a basic sanitation service
2. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of F&M households with access to a basic sanitation service
4. Total number of F&M households in the BHA resilience implementation area
5. Percent of FNM households with access to a basic sanitation service
6. Total number of FNM households in the BHA resilience implementation area
7. Percent of MNF households with access to a basic sanitation service
8. Total number of MNF households in the BHA resilience implementation area
9. Percent of CNA households with access to a basic sanitation service
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Indicator Handbook Updated 2019. Available at: https://www.agrilinks.org/sites/default/files/revised_ftf_indicator_handbook_clean_version_20190926.pdf
- Demographic Household Survey (DHS). Phase 7 (2013–2017). Available at: http://www.measuredhs.com/.
- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: http://www.wssinfo.org/.

BL19. INDICATOR: Percent of households in target areas practicing open defecation (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING SAFE SANITATION BEHAVIORS

DEFINITION:

Open defecation refers to the practice of defecating in fields, forests, bushes, bodies of water or other open spaces.

The numerator for this indicator is the sample-weighted number of households that do not use sanitation facilities or share anybody else's facilities (they report that they defecate in the bush, in open fields, or other open spaces). The denominator is the sample-weighted number of households.

RATIONALE:

For sanitation coverage purposes, the water, sanitation, and hygiene (WASH) sector divides households into five service level categories: open defecation (no service), unimproved sanitation, shared sanitation, basic sanitation (improved facility not shared), and safely managed. These categories are used to define a sanitation ladder. The WASH sector seeks to have households move up the sanitation ladder and eventually arrive at safely managed sanitation in order to meet sanitation-related Sustainable Development Goals (SDGs). An increase in the percent of households that abandon open defecation is an indication that there is movement toward reaching the sanitation-related SDGs in the expected direction.

UNIT: Percent	**DISAGGREGATE BY:** Gendered Household Type: Female & Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (-)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in *The Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates.

1. Percent of households practicing open defecation
2. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of F&M households practicing open defecation
4. Total number of F&M households in the BHA resilience implementation area

5. Percent of FNM households practicing open defecation
6. Total number of FNM households in the BHA resilience implementation area
7. Percent of MNF households practicing open defecation
8. Total number of MNF households in the BHA resilience implementation area
9. Percent of CNA households practicing open defecation
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Demographic Household Survey (DHS). Phase 7 (2013–2017). Available at: http://www.measuredhs.com/.
- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: http://www.wssinfo.org/.

BL17 (HL.8.2-5). INDICATOR: Percent of households with soap and water at a handwashing station on premises (RiA)

APPLICABLE TO ALL PROJECTS PROMOTING SOCIAL AND BEHAVIOR CHANGE RELATED TO WASH

DEFINITION:

A handwashing station is a location where household members go to wash their hands. In some instances, these are fixed locations where handwashing devices are built in and are permanently placed. But they may also be movable devices that may be placed in a convenient spot for family members to use. The measurement takes place via observation by an enumerator during the household visit. The enumerator must see the soap or ash and water at this station. The soap may be in bar, powder, or liquid form. Shampoo is considered liquid soap. The cleansing product (eg. soap and ash) must be at the handwashing station or reachable by hand when standing in front of it.

A handwashing station on premises, including water and soap or ash, is one that can be readily observed by the enumerator during the household visit, and where survey respondents indicate that family members generally wash their hands

The numerator for this indicator is the sample-weighted number of households where both water and soap or ash are found at the handwashing station on premises. The denominator is the sample-weighted number of households.

Limitations: The measurement of handwashing is difficult and should preferably be conducted by objective measures that do not rely on self-reporting. The presence of a handwashing station does not guarantee use. However, this indicator has been shown to be linked with actual handwashing behavior and as such, is a useful proxy.

RATIONALE:

A clear link can be made between handwashing with soap or ash among child caretakers at critical junctures and the reduction of diarrheal disease among children under five, one of the two major causes of child morbidity and mortality in developing countries. The critical junctures in question include handwashing with soap or ash after the risk of fecal contact (after defecation and after cleaning a child's bottom) and before handling food (before preparing food, eating, or feeding a child).

UNIT: Percent	**DISAGGREGATE BY:** *Note: Only disaggregates that are most relevant to BHA activities have been adopted from Feed the Future Handbook.* Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.8.2-b	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.

METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:

1. Percent of households with soap and water at a handwashing station on premises
2. Total number of households in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of F&M households with soap and water at a handwashing station on premises
4. Total number of F&M households in the BHA resilience implementation area
5. Percent of FNM households with soap and water at a handwashing station on premises
6. Total number of FNM households in the BHA resilience implementation area
7. Percent of MNF households with soap and water at a handwashing station on premises
8. Total number of MNF households in the BHA resilience implementation area
9. Percent of CNA households with soap and water at a handwashing station on premises
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.
- Demographic Household Survey (DHS). Phase 7 (2013–2017). Available at: http://www.measuredhs.com/.
- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: http://www.wssinfo.org/.

Module G. Agriculture

BL29. Percent of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months
BL30. Percent of farmers who practiced the value chain interventions promoted by the activity in the past 12 months
BL21 (EG.3.2-a). Percent of producers who have applied targeted improved management practices or technologies
BL22 (EG.3-h). Yield of targeted agricultural commodities within target areas

Performance Indicator Reference Sheets

BL29. INDICATOR: Percent of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING INCREASED USE OF FINANCIAL SERVICES

DEFINITION:

Farmers: Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land regardless whether they own the land (even if very small) about which they *make decisions* about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have *decision-making power.* Farmers produce food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps.

For the purpose of this indicator, an adult member of the household who does farm work but does *not* have decision-making responsibility over the plot OR animals would *not* be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.

Based on the definition above, ALL farmers per household should be interviewed. For example, if there are two farmers in a household that have access and/or control over two separate plots of land (or two sets of animals), *both* farmers should be interviewed.

If there is joint decision-making power over <u>one single plot</u> of land (or set of animals) among several farmers, all farmers that are involved in making decisions on how to use that land should be interviewed. For example, if farmer A and farmer B live in the same household and have joint decision-making power on plot X (e.g., they decide all steps from land preparation to harvest/storage together), both farmers should be interviewed. Similarly, if farmer A and farmer B live in the same household and each has his/her own specialty—farmer A is in charge of the land preparation/sowing and farmer B maintenance, harvest, and storage—both farmers should be interviewed.

The numerator for this indicator is the sample-weighted number of famers who report using financial services in the past 12 months. The denominator is the sample-weighted number of farmers with financial services data.

Financial services: This refers to services provided by formal or non-formal groups for the management of money. This includes credit (loans), savings, and insurance plans run by for-profit, non-profit, and governmental organizations. Examples of financial services for farmers include, but are not limited to, loans, savings schemes, and insurance plans obtained from:

- Private banks
- Microfinance institutions for start-up business and business expansion
- Credit unions, savings and loan facilities within farmer associations, cooperatives society, village savings and loan associations, and other types of communal/social funds

Past 12 months: This indicator measures the percent of farmers who used financial services in the past 12 months. Because the use of financial services is often related to a particular time period within an agricultural season (e.g., credit for planting at the beginning of agricultural season), it might be challenging to use a reference period of "the past 12 months" when a survey is being carried out in the middle of an agricultural season (as opposed to the beginning or end). The respondent may get confused and answer considering a complete agricultural season while another respondent may answer considering a partial agricultural season. As a result, when a survey is being carried out in the middle of an agricultural season, the research/evaluation partner may choose to consider only complete agricultural seasons for the 12-month reference period. In practice, this would mean excluding the current season from the reference period (since it is not yet complete) and looking back 14 or 15 months, to capture a 12-month reference period that includes only a complete agricultural season. The research/evaluation partner should apply the same treatment (e.g., considering 12 months of complete agricultural seasons vs. considering the prior 12 months from the date when the survey is conducted) for all applicable agricultural indicators in this handbook.

RATIONALE:

Access to financial services (savings, agricultural credit, and/or agricultural insurance) is one pathway to a household's financial inclusion. Access to financial services is important for households to diversify their livelihood strategies, protect well-being outcomes and manage risks.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Farmers in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of farmers who used financial services
2. Total number of farmers in the BHA resilience implementation area

By Sex:

3. Percent of male farmers who used financial services
4. Total number of male farmers in the BHA resilience implementation area
5. Percent of female farmers who used financial services
6. Total number of female farmers in the BHA resilience implementation area

FURTHER GUIDANCE

- N/A

BL30. INDICATOR: Percent of farmers who practiced the value chain interventions promoted by the activity in the past 12 months (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING VALUE CHAIN ACTIVITIES FOR SELECTED COMMODITIES

DEFINITION:

Farmers: Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land regardless whether they own the land (even if very small) about which they *make decisions* about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have *decision-making power*. Farmers produce food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps.

For the purpose of this indicator, an adult member of the household who does farm work but does *not* have *decision-making responsibility* over the plot OR animals would *not* be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed. In addition, for the purposes of this indicator, a farmer will be interviewed about the value chain activities that s/he practiced that are directly related to *the plot, animals, and/or aquaculture products over which he or she makes decisions.*

Based on the definition above, ALL farmers per household should be interviewed. For example, if there are two farmers in a household that have access and/or control over two separate plots of land (or two sets of animals), both farmers should be interviewed.

If there is joint decision-making power over one single plot of land (or set of animals) among several farmers, all farmers that are involved in making decisions on how to use that land should be interviewed. For example, if farmer A and farmer B live in the same household and have joint decision-making power on plot X (e.g., they decide all steps from land preparation to harvest/storage together), both farmers should be interviewed. Similarly, if farmer A and farmer B live in the same household and each has his/her own specialty—farmer A is in charge of the land preparation/sowing and farmer B maintenance, harvest, and storage—both farmers should be interviewed.

Note: Value chain is a commercial activity. Therefore, a farmer will only be counted under this indicator who is participating in a value chain. The farmer has to be producing or processing a product primarily for the market and practicing value chain interventions for that product. If a subsistence farmer produces or processes a product primarily for his/her own consumption and sells a part of the product, and s/he practices one of the listed value chain interventions for that product, s/he will not be counted for this indicator. BHA programs target poor and extremely poor households, who are subsistence farmers and may not necessarily produce food crops for commercial purposes. Therefore, there must be a screening question to determine whether the respondent is participating in a value chain before asking which value chain interventions s/he is practicing.

The numerator for this indicator is the sample-weighted number of famers who report participating in a value chain and who practiced at least one value chain intervention promoted by the activity in the past 12 months. The denominator is the sample-weighted number of farmers who report participating in a value chain.

To practice: To practice a value chain intervention means to take part in value chain activities on a regular, frequent, repeated, or habitual basis.

Value chain: All the actors (including producers, processors, distributors, and retailers) that participate in bringing a product or service from its conception to its end use in the market.

Value chain interventions: Activities that improve the quantity/quality of a product for the purposes of generating higher returns and improved profits from sales (e.g., subsistence agriculture-focused interventions/agricultural interventions designed to increase staple crop production for home consumption would

not qualify as value chain activities). These include, but are not limited to, pre- and post-harvest activities such as joint purchase of inputs, activities to increase productivity while maintaining quality, bulk transporting, sorting, grading, processing, and trading/marketing (wholesale, retail, export). Projects for which this indicator is applicable need to pre-identify a list of value chain activities that the project will be promoting during the life of the project so that the baseline survey is able to measure the percent of farmers that are already practicing these specific value chain activities. This will later be compared to the percent of farmers practicing these value chain activities at endline. More on value chain activities can be found at the USAID's value chain wiki link: http://www.microlinks.org/good-practice-center/value-chain-wiki

Please also refer to *Field Guide: Integrating Very Poor Producers into Value Chains* available at http://agrilinks.org/library/integrating-very-poor-producers-value-chains-field-guide.

Past 12 months: This indicator measures the percent of farmers that practice the value chain activities promoted by the project in the past 12 months. Because value chain activities are often related to agricultural seasons (e.g., joint purchase of inputs at the beginning of agricultural season), it might be challenging to use a reference period of "the past 12 months" when a survey is being carried out in the middle of an agricultural season (as opposed to the beginning or end of an agricultural season). The respondent may get confused and answer considering a complete agricultural season while another respondent may answer considering a partial agricultural season. As a result, when a survey is being carried out in the middle of an agricultural season, the research/evaluation partner may choose to consider only complete agricultural seasons for the 12-month reference period. In practice, this would mean excluding the current season from the reference period (since it is not yet complete) and instead looking back 14 or 15 months, to capture a 12-month reference period that includes only a complete agricultural season. The research/evaluation partner should apply the same treatment (e.g., considering 12 months of complete agricultural seasons vs. considering the prior 12 months from the date when the survey is conducted) for all applicable agricultural indicators in this handbook.

RATIONALE:

The value chain approach can drive economic growth with poverty reduction through the integration of large numbers of smallholder farmers into increasingly competitive value chains. By influencing the structures, systems and relationships that define the value chain, BHA RFSAs support smallholder farmers to improve (or upgrade) their products and processes, and thereby contribute to and benefit from the chain's market process. In turn, this supports smallholder farmers to create wealth and escape poverty.

UNIT: Percent	**DISAGGREGATE BY:** Sex: Male, Female
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Farmers in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex.

Overall:

1. Percent of farmers who practiced the value chain interventions
2. Total number of farmers in the BHA resilience implementation area

By Sex:

3. Percent of male farmers who practiced the value chain interventions
4. Total number of male farmers in the BHA resilience implementation area
5. Percent of female farmers who practiced the value chain interventions
6. Total number of female farmers in the BHA resilience implementation area

FURTHER GUIDANCE

- N/A

BL21 (EG.3.2-a). INDICATOR: Percent of producers who have applied targeted improved management practices or technologies (RiA)

APPLICABLE FOR ACTIVITIES AIMING TO IMPROVE AGRICULTURAL PRODUCTIVITY

DEFINITION:

This indicator measures the percent of producers (e.g. farmers, ranchers, fishers and other primary sector producers of food and nonfood crops, livestock products, fish and other fisheries/aquaculture products, agro-forestry products, and natural resource-based products, etc.) who have applied improved management practices and/or technologies anywhere within the food and fiber system in the BHA resilience implementation areas in the past 12 months.

Improved management practices or technologies are those promoted by implementing partners as a way to increase agriculture productivity or support stronger and better functioning systems. The improved management practices or technologies are agriculture-related including those that address climate change adaptation or climate change mitigation. Specific management practices and technologies are reported under category types of improved management practices or technologies.

The universe of management practices and technologies promoted by USG programming can be large and collecting information on each one would make the data collection process unmanageable. Therefore, BHA recommends that research/evaluation partners prioritize and narrow the set of management practices and technologies for which they collect information in the BHA resilience implementation area. Research/Evaluation partners should consult the implementing partners to determine the set of management practices/technologies that have been promoted in the past, that are currently being promoted, and that will be promoted to the best of their knowledge at baseline.

The research/evaluation partner and the implementing partner need to consider the theory of change and the implementation approach of the activity and prioritize the set of practices and technologies by commodity on which to collect baseline data. The approach might entail working to increase productivity of specific commodities through commodity-specific packages of promoted practices. The programming could also aim at strengthening targeted input or output markets system-wide (e.g. a specific input supply chain), which impacts a number of commodities.

Note: depending on the management practices and technologies selected by the implementing partner for the baseline survey, the application rates at baseline could be quite high – especially if a wide-range of practices are included in the list of promoted practices. If that happens, *review the disaggregated prevalence of individual practices to identify ones that are already widely applied, remove them from the list, and recalculate the indicator.*

The universe of management practices/technologies on which to collect data can be defined and focused by a combination of information pertaining to the:

- Promoted package of management practices/technologies that are relevant to the three targeted commodities prioritized for collection of yield data (see indicator EG.3-h: Yield of targeted agricultural commodities within target areas). Management practices and or technologies must be selected based on evidence and analysis (significantly higher yield or income potential, or risk mitigation).
- Practices relevant to system-wide programming that may apply to producers of all commodities (e.g. purchasing fertilizer from an agro-dealer, sustainable diversification).
- Management practices/technologies that are expected to have the greatest spillover or have the greatest ability to scale.

Management practice and technology type categories, with some illustrative (not exhaustive) examples, include:

- Crop genetics: e.g. improved/certified seed that could be higher-yielding, higher in nutritional content (e.g. through bio-fortification, such as vitamin A-rich sweet potatoes or rice, high-protein maize, drought tolerant maize, or stress tolerant rice) and/or more resilient to climate impacts; improved germplasm.

- Cultural practices: context specific agronomic practices that do not fit in other categories, e.g. seedling production and transplantation; cultivation practices such as planting density, crop rotation, and mounding.
- Livestock management: e.g. improved livestock breeds; livestock health services and products such as vaccines; improved livestock handling practices and housing; improved feeding practices; improved grazing practices, improved waste management practices, improved fodder crop, cultivation of dual purpose crops.
- Wild-caught fisheries management: e.g. sustainable fishing practices; improved nets, hooks, lines, traps, dredges, trawls; improved hand gathering, netting, angling, spearfishing, and trapping practices.
- Aquaculture management: e.g. improved fingerlings; improved feed and feeding practices; fish health and disease control; improved cage culture; improved pond culture; pond preparation; sampling and harvesting; management of carrying capacity.
- Natural resource or ecosystem management: e.g. terracing, rock lines; fire breaks; biodiversity conservation; strengthening of ecosystem services, including stream bank management or restoration or re/afforestation; woodlot management.
- Pest and disease management: e.g. Integrated Pest Management; improved and environmentally sustainable use of insecticides and pesticides, improved fungicides; appropriate application of fungicides, improved and environmentally sustainable use of cultural, physical, biological and chemical insecticides and pesticides; crop rotation; alflatoxin prevention and control.
- Soil-related fertility and conservation: e.g. Integrated Soil Fertility Management; soil management practices that increase biotic activity and soil organic matter levels, such as soil amendments that increase fertilizer-use efficiency (e.g. soil organic matter, mulching); improved fertilizer; improved fertilizer use practices; inoculant; erosion control.
- Irrigation: e.g. drip, surface, and sprinkler irrigation; irrigation schemes.
- Agriculture water management - non-irrigation-based: e.g. water harvesting; sustainable water use practices; practices that improve water quality.
- Climate mitigation: technologies selected because they minimize emission intensities relative to other alternatives (while preventing leakage of emissions elsewhere). Examples include low- or no-till practices; restoration of organic soils and degraded lands; efficient nitrogen fertilizer use; practices that promote methane reduction; agroforestry; introduction/expansion of perennials; practices that promote greater resource use efficiency (e.g. drip irrigation, upgrades of agriculture infrastructure and supply chains).
- Climate adaptation/climate risk management: technologies promoted with the explicit objective of reducing risk and minimizing the severity of the impacts of climate change. Examples include drought and flood resistant varieties; short-duration varieties; adjustment of sowing time; agricultural/climate forecasting; early warning systems; diversification, use of perennial varieties; agroforestry; risk insurance.
- Marketing and distribution: e.g. contract farming technologies and practices; improved input purchase technologies and practices; improved commodity sale technologies and practices; improved market information system technologies and practices.
- Post-harvest handling and storage: e.g. improved transportation; decay and insect control; temperature and humidity control; improved quality control technologies and practices; sorting and grading, sanitary handling practices.
- Value-added processing: e.g. improved packaging practices and materials including biodegradable packaging; food and chemical safety technologies and practices; improved preservation technologies and practices.
- Other: e.g. improved mechanical and physical land preparation; improved capacity to repair agricultural equipment, nonmarket- and non-climate-related information technology; improved record keeping; improved budgeting and financial management.

The proportion is calculated by dividing the sample-weighted number of producers of targeted commodities who have applied at least one promoted improved management practices and/or technologies in the previous production year (numerator) by the sample-weighted number of producers of targeted commodities in the survey (denominator), for the different age, sex, and management practice disaggregates. The result is multiplied by 100 to express the result as a percent.

Since it is common for BHA programming to promote more than one improved management practice and/or technology to producers, BHA reporting allows tracking the percent of producers that apply any improved management practice or technology in the BHA resilience implementation area and tracking the percent of producers that apply practices or technologies in specific management practice and technology type categories.

- Count each producer only once in the applicable Sex disaggregate category and Age disaggregate category to track the percent of producers applying USG promoted management practices or technologies over which data is being collected. If more than one producer in a household is applying improved technologies, count each producer in the household who does. Count the producer who applied an improved management practice or technology regardless of the size of the plot on which a practice was applied.
- Count each producer once under *each* commodity for which they apply a USG-promoted management practice or technology type on which data is being collected. For example, if a producer uses improved seed for maize and legumes, count that producer once under maize and once under legumes.
- Count each producer once per management practice or technology type on which data is being collected under the appropriate Management practice/technology type disaggregate. Producers can be counted under a number of different Management practices/technology types in the past 12 months.

  For example:
  - If a producer applied more than one improved technology type during the past 12 months, count the producer under each technology type applied.
  - If programming is promoting a technology for multiple benefits, the producers applying the technology may be reported under each relevant Management practice/technology type category. For example, a farmer applying drought tolerant seeds could be reported under Crop genetics and Climate adaptation/climate risk management depending for what purpose(s) or benefit(s) the practice is being promoted by the activity.
  - Count a producer once regardless of how many times she/he applied an improved practice/technology type. For example, a farmer has access to irrigation through the activity and can now cultivate a second crop during the dry season in addition to the rainy season. Whether the farmer applies RFSA-promoted improved seed to her plot during one season and not the other, or in both the rainy and dry season, she would only be counted once in the Crop Genetics category under the Management practice/technology type disaggregate (and once under the Irrigation category).
  - Count a producer once per practice/technology type category regardless of how many specific practices/technologies under that technology type category s/he applied. For example, programming is promoting improved plant spacing and planting on ridges. A producer applies both practices. S/he would only be counted once under the Cultural practices technology type category.

This indicator is designed to capture the application of management practices and technologies by producers on their individual plots. Producers who are part of a group or members of an organization that apply improved technologies on a demonstration or other common plot should not be counted under this indicator.

RATIONALE:
Improved practices and technological change and their adoption on a broad scale by producers in the agricultural system will be critical to increasing agricultural productivity and supporting stronger systems.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Commodity: Select up to three prioritized commodities SECOND LEVEL Sex: Male, Female, Joint Age: 15-29, 30+

	Management practice or technology type: Crop genetics, Cultural practices, Livestock management, Wild-caught fisheries management, Aquaculture management, Natural resources or ecosystem management, Pest and disease management, Soil-related fertility and conservation, Irrigation, Agriculture water management-non-irrigation based, Climate mitigation, Climate adaptation/climate risk management, Marketing and distribution, Post-harvest handling and storage, Value-added processing, Other
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG.3.2-a	
MEASUREMENT NOTES	
VEL OF COLLECTION:	Farmers in the BHA resilience implementation area.
HO COLLECTS:	Research/Evaluation partner.
ETHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
EQUENCY OF COLLECTION AND REPORTING:	the start and end of an award.
REPORTING NOTES	

For IPTT, enter the final evaluation targets and all appropriate disaggregates. Enter values by commodity and for each commodity nested by sex, age, and management practice or technology type.

FIRST LEVEL – Commodity

1. Percent of producers applying any of the improved management practices or technologies on commodity A
2. Total number of [commodity A] producers in the BHA resilience implementation area
3. Percent of producers applying any of the improved management practices or technologies on commodity B
4. Total number of [commodity B] producers in the BHA resilience implementation area
5. Percent of producers applying any of the improved management practices or technologies on commodity C
6. Total number of [commodity C] producers in the BHA resilience implementation area

SECOND LEVEL – For each commodity enter the following disaggregates
By Sex:

7. Percent of male producers applying any of the improved management practices or technologies for targeted commodities
8. Total number of male producers of targeted commodities in the BHA resilience implementation area
9. Percent of female producers applying any of the improved management practices or technologies for targeted commodities
10. Total number of female producers of targeted commodities in the BHA resilience implementation area

By Age:

11. Percent of 15-29 year-old producers applying any of the improved management practices or technologies for targeted commodities
12. Total number of 15-29 year-old producers of targeted commodities in the BHA resilience implementation area
13. Percent of 30+ year old producers applying any of the improved management practices or technologies for targeted commodities
14. Total number of 30+ year old producers of targeted commodities in the BHA resilience implementation area

By Management practice or technology type:

15. Percent of producers applying improved crop genetics practices/technologies
16. Percent of producers applying improved cultural practices/technologies
17. Percent of producers who have applied improved livestock management practices/technologies
18. Percent of producers who have applied improved wild-caught fisheries management practices/technologies
19. Percent of producers who have applied improved aquaculture management practices/technologies
20. Percent of producers who have applied improved natural resources or ecosystem management practices/technologies
21. Percent of producers who have applied improved pest and disease management practices/technologies
22. Percent of producers who have applied improved soil-related fertility and conservation practices/technologies
23. Percent of producers who have applied improved irrigation practices/technologies
24. Percent of producers who have applied improved agriculture water management non-irrigation-based practices/technologies
25. Percent of producers who have applied improved climate mitigation practices/technologies
26. Percent of producers who have applied improved climate adaptation/climate risk management practices/technologies
27. Percent of producers who have applied improved marketing and distribution practices/technologies
28. Percent of producers who have applied improved post-harvest handling and storage practices/technologies
29. Percent of producers who have applied improved value-added processing practices/technologies
30. Percent of producers who have applied other improved practices/technologies
31. Total number of producers of targeted commodities in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Indicator Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.

BL22 (EG.3-h). INDICATOR: Yield of targeted agricultural commodities within target areas (RiA)

APPLICABLE FOR ACTIVITIES IMPLEMENTING INTERVENTIONS TO INCREASE AGRICULTURAL PRODUCTIVITY

DEFINITION:

Yield is the measure of the total output of production of an agricultural commodity (crop, fish, milk, eggs, live animal offtake[1]) divided by the total number of units in production (hectares planted of crops, area in hectares for pond aquaculture, cubic meters of cage for cage aquaculture, number of animals in the herd/flock, and number of producing cows or hens for dairy or eggs). Yield per hectare, per animal and per cubic meter of cage is a measure of productivity from that farm, fisheries, or livestock, across the target areas, including BHA participant producers and others.

The reference period for this indicator is the past 12 months for crops, aquaculture, and for most live animals (the exception is to count the number of cows producing milk and hens laying eggs during the *previous* day).

For data collection and quality considerations, when collecting yield data as part of the population-based survey (PBS), BHA recommends that yield data be collected on no more than three priority commodities.

When selecting commodities, focus on those where programming is intended to have the greatest impact on productivity gains and can include crops, fisheries or livestock. For livestock, select the production system where programming is most likely to be targeted and then select **up to two species** (if there are two or more species as priority value chains) on which to collect information within that production system. See the list and description of the production systems below.

Yield of a commodity is calculated as the average producer-level yield across all producers of the commodity in the BHA resilience implementation area (as reporting average yield across commodities is not meaningful). To do so, the yield of each individual producer in the sample is calculated by dividing his/her total production of the commodity (TP) by the number of units of production (UP).

1. Total Production (TP): kg, mt, number or liters produced during the reporting period (previous season for crops, previous year for fish, live animals or meat, or previous day for milk, eggs);
2. Total Units of Production (UP): Area planted in ha the previous season (for crops); current area of pond in ha for aquaculture ponds; Total number of animals in herd, calculated as the current number of animals in the herd plus the number of animals that died or were offtaken (sold, loaned, gifted, or consumed within the household) over the previous year (for live animals); Number of animals in production the previous day (for dairy and eggs); current cubic meters of cages for open water aquaculture.
3. Producer-level yield per hectare, per animal, or per cubic meter of cage (PY)= TP/UP

These individual producer-level yields are sample-weighted, then summed across all sampled producers (with relevant data) and divided by the sample-weighted total number of producers of that commodity.

4. PBS-level yield per hectare, per animal, or per cubic meter of cage (PBSY) = sum of PY / sum of producers

Hence the indicator provides an estimate of the average producer-level yield for a commodity, and not an average PBS-level yield (which would be calculated as the sample-weighted sum of production divided by the sample-weighted sum of units of production).

Total production is the amount that is produced, regardless of how it was ultimately used. It also includes any postharvest loss (i.e. postharvest loss should not be subtracted from total production.)

The preferred units for TP by commodity type are:

- Crops: metric tons
- Pond aquaculture: kilograms
- Cage aquaculture: kilograms
- Dairy: liters of milk

- Eggs: number of eggs
- Livestock: weight in kilograms of entire animals which were offtaken (sold, slaughtered, loaned, gifted, exchanged, or consumed within the household)

The units for UP by commodity type are:

- Crops: hectare
- Tree crop: hectare is recommended [2]
- Pond aquaculture: hectare of surface area
- Cage aquaculture: cubic meter of cage
- Dairy: current number of producing animals
- Eggs: current number of producing hens
- Livestock: total number in herd, flock, or other group

This indicator is reported by commodity, then by farm size for crops or production system for livestock disaggregates (see below), and then by sex and age of the producer.

For activities working in **livestock** value chains, there is an additional disaggregation of "livestock production system" to support meaningful analysis of outcomes. Select the system that best fits the system that the activity will use. There are four production systems: rangeland; mixed crop-livestock; urban/peri-urban; and intensive/commercial production.

Rangelands (pastoral, transhumant, agro-pastoral, silvo-pastoral, and extensive grasslands)

- Livestock and livestock-crop systems in which production is **extensive with low stocking rates** (typically <10 TLUs per hectare) and there is a **degree of herd mobility** in the grazing system beyond the farm for at least part of the production cycle.
- Typically in arid and semi-arid zones, with rainfall dependent (forage) growing seasons less than 180 days per year

Mixed crop-livestock (ruminants, pigs and poultry and small stock such as rabbits and guinea pigs and animals kept principally for traction including oxen, buffalo and equids)

- Integrated crop and livestock production where **crop and livestock systems rely on one another for inputs and exist in a fixed rural location**, typically a small holding or farmstead. For example, a system where at least some of the livestock feed comes from crop residues and by-products produced on-farm.

Urban/peri-urban (including poultry, small scale dairy, small and large ruminants, pigs, micro-stock, small scale fattening operations)

- Livestock are kept in **close proximity to human population centers**. Land holdings are **small and/or include confined, caged and landless production systems**
- Small to medium scale, variable levels of intensification (from a single animal to a mid-sized enterprise such as a small peri-urban cow dairy or small scale fattening operator).
- Production may target home consumption, local markets or both.

Intensive/commercial production (large pig and poultry production units, also includes ruminant fattening, large dairying and large scale dry lots)

- Operate at **considerable scale and are highly commercialized** with significant financial investments and technical inputs in specialized housing, feeding, animal health and marketing approaches.
- Animals are typically housed and fed formulated, nutritionally balanced rations. (Scale of operation, level of technical inputs and capital investment distinguishes from the urban/peri-urban category).

Yield targets should be entered at the commodity level, at the farm size for crops or production system for livestock, and at the sex and age level under each commodity. Targets do not need to be set for the TP and UP data points.

[1] Offtake quantity includes the entire weight of all animals that were sold, slaughtered, gifted or exchanged, including those for home consumption.

[2] For tree crops, Number of hectares is recommended as UP, however, Number of trees can also be selected for UP. BHA MIS won't have the capability to convert and aggregate across the different UPs.

RATIONALE:
Improving the yield for farm commodities for smallholders contributes to increasing agricultural GDP, can increase income when other components of agricultural productivity are in place (e.g., post-harvest storage, value addition and processing, markets), and can therefore contribute to the IR of increasing sustainable productivity and the goal indicator of reducing poverty. Collecting yield in the BHA resilience implementation area will enable an examination of agriculture productivity changes beyond those for producers that directly participate in USG programming. This indicator will demonstrate outcomes that have scaled beyond participants to have an effect at the population level and illustrate a stronger link between gains in productivity and increases in income. Yield of farms, fisheries, and livestock is a key driver of agricultural productivity and can serve as a proxy of the productivity of these value chains and the impacts of interventions when the trend is evaluated over a series of years and/or appropriate covariates such as inter-annual weather conditions are included in the analysis.

UNIT: TP units of measure: Crops: metric tons Pond aquaculture: kilograms Cage aquaculture: kilograms Milk: liters of milk Eggs: number of eggs Live animals: kilograms of animal offtake Required UP units of measure Crops: hectare Tree crops: hectare (recommended) Pond aquaculture: hectare Cage aquaculture: cubic meter of cage Milk: number of productive animals Eggs: number of producing hens Live animals: number in herd, flock, or other group	**DISAGGREGATE BY:** **For crops:** FIRST LEVEL Commodity SECOND LEVEL Farm Size: Smallholder, Non-smallholder *A smallholder crop producer is defined as one whose household holds five hectares or less of arable land. The farmer does not have to formally own the land.* THIRD LEVEL Sex: Male, Female Age: 15-29, 30+ **For aquaculture:** FIRST LEVEL Commodity SECOND LEVEL Sex: Male, Female Age: 15-29, 30+ **For livestock:** FIRST LEVEL Commodity SECOND LEVEL Production system: Rangelands; Mixed crop-livestock; Urban/peri-urban; Intensive commercial production THIRD LEVEL Sex: Male, female Age: 15-29, 30+
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG.3-h	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Farmers in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For the IPTT, enter the following values for crop, aquaculture or livestock and appropriate disaggregates. Enter values by first level, second level and then third level. Add Disaggregates Not Available to appropriate disaggregates.

FOR CROPS
FIRST LEVEL - By Commodity: For each commodity, enter values below.
SECOND LEVEL - By Farm size: For each farm size, enter values below.
THIRD LEVEL - By Sex and Age: For each data point below, nest sex and age disaggregates.

For example, to report on the yield for maize, smallholder producer:

Commodity: Maize
Farm size: smallholder

Number of producers
1. Total number of smallholder male maize producers in the BHA resilience implementation area
2. Total number of smallholder female maize producers in the BHA resilience implementation area
3. Total number of 15-29-year-old smallholder maize producers in the BHA resilience implementation area
4. Total number of 30+ year old smallholder maize producers in the BHA resilience implementation area

Average yield
5. Mean yield in mt per hectare on plots managed by smallholder male maize producers
6. Mean yield in mt per hectare on plots managed by smallholder female maize producers
7. Mean yield in mt per hectare on plots managed by smallholder 15-29 year old maize producers
8. Mean yield in mt per hectare on plots managed by smallholder 30+ year old maize producers

To report on the yield of cattle managed in a mixed crop-livestock production system:

FOR LIVESTOCK
FIRST LEVEL - By Commodity: For each commodity, enter values below.
SECOND LEVEL - By Production System: For each production system, enter values below.
THIRD LEVEL - By Sex and Age: For each data point below, nest sex and age disaggregates.

Commodity: Cattle, live
Production system: mixed crop-livestock production system

Number of producers

1. Total number of male producers who manage cattle in the smallholder mixed crop-livestock production system in the BHA resilience implementation area
2. Total number of female producers who manage cattle in the smallholder mixed crop-livestock production system in the BHA resilience implementation area
3. Total number of 15-29-year-old producers who manage cattle in the smallholder mixed crop-livestock production system in the BHA resilience implementation area
4. Total number of 30+ year old producers who manage cattle in the smallholder mixed crop-livestock production system in the BHA resilience implementation area

Average yield

5. Mean yield in kg of offtake per head of cattle managed by male producers in the mixed crop-livestock production system
6. Mean yield in kg of offtake per head of cattle managed by female producers in the mixed crop-livestock production system
7. Mean yield in kg of offtake per head of cattle managed by 15-29 year old producers in the mixed crop-livestock production system
8. Mean yield in kg of offtake per head of cattle managed by 30+ year old producers in the mixed crop-livestock production system

FURTHER GUIDANCE

- Feed the Future Indicator Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.
- Please refer to the Feed the Future Agricultural Indicators Guide for collecting and interpreting the data required for this indicator: https://www.agrilinks.org/sites/default/files/revised_ftf_indicator_handbook_clean_version_20190926.pdf.
- Refer to Feed the Future Agricultural Indicators Guide for several methods to measure area and production of corps, animals and fisheries: https://agrilinks.org/sites/default/files/resource/files/FTF_Agriculture_Indicators_Guide_Mar_2015.pdf.
- Please refer to the Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators for technical guidance on the design and use of participant-based surveys: https://pdf.usaid.gov/pdf_docs/PA00TBMK.pdf.

Module H. Poverty Measurement

BL01 (EG-c). Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP
BL02 (EG-h). Depth of Poverty of the Poor: Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line
BL 40 (EG.3-a). Daily per capita expenditures (as a proxy for income) in USG-assisted areas

Performance Indicator Reference Sheets

BL01 (EG-c). INDICATOR: Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This goal-level indicator is one of the measures of the Sustainable Development Goal 1 (SDG 1) "End Poverty in all its forms everywhere". Also called the *poverty headcount index*, it measures the proportion of the population that is counted as poor:

$$P_0 = \frac{1}{N}\sum_{i=1}^{N} I(y_i < z)$$

Where N is the number of people in the population, y_i is the per capita consumption (or income) of individual "i" in the population, and z is the poverty line. I is an indicator function equal to one if the expression in parentheses $(y_i < z)$ is true and zero otherwise. So, if consumption of an individual is less than the poverty line, she/he is counted as poor, while if it is equal or above the poverty line, she/he is not counted as poor.

The applicable poverty line is **$1.90 per person per day at 2011 PPP**, which is the current international extreme poverty line (the $1.90 per person per day at 2011 PPP has replaced the $1.25 at 2005 PPP in 2015).[1] The indicator follows the World Bank PovCalNet methodology to measure poverty in individual countries in a way that is comparable across countries. See Ferreira et al. (2015)[2] for more details on the current methodology and explanations on how the methodology was adjusted over time.

The indicator uses household-level consumption data from a representative household survey. Hence, while the indicator reports the percent of people in the BHA resilience implementation area that are poor, data are actually not collected at the individual level. Instead, average daily consumption of a household is divided by the number of household members to come up with an average daily per capita consumption estimate for the household. In this approach, every household member is assumed to have an equal share of total consumption, regardless of age and potential economies of scale. In practice, the indicator is calculated by dividing the total sample-weighted number of people in poor households by the total sample-weighted number of people in all sample households with consumption data. The result is multiplied by 100 to get a percent.

Consumption data are usually used instead of income data because of the difficulty in accurately measuring income, and because consumption is easier to recall and more stable over time than income, especially among agricultural households. Data are collected using the household consumption module of either the Living Standards Measurement Survey (LSMS) or the BHA resilience food security activity survey depending on the vehicle used to collect the population-based indicators. Through the survey, data on consumption are collected on food and non-food household items, whether purchased or produced by the household, durable goods use and replacement value, and housing costs and characteristics (for more details, see Module H of the BHA model questionnaire in the *Supplement*). A consumption aggregate is calculated by summing all household consumption, valued in local currency after bringing them to a common recall period (as the relevant time frame varies between the different consumption categories). Durable goods are incorporated into the consumption aggregate

by estimating a value of services that the household derives from the durable goods over the time period, as the appropriate measure of the consumption of these goods. Similarly, housing is included in the aggregate by estimating or imputing a rental value of the dwelling used by the household, whether it is owned, rented, or otherwise occupied. For more details on the calculation of the consumption aggregate, see the *Supplement*.

Individual household average daily per capita consumption is compared to the international poverty line of $1.90 2011 PPP to determine if a household is poor (consumption falls below the poverty line) or non-poor (consumption is equal to or above the poverty line). To do the comparison, the international poverty line must be converted to the country local currency unit (LCU) using the 2011 Purchasing Power Parity (PPP) exchange rate. Using exchange rates based on PPP conversion factors (instead of market exchange rates) allows adjustment for price differences between countries, such that a dollar has the same purchasing power across countries. The 2011 PPP conversion factors for GFSS target countries are presented in Table 1 below. These were obtained from the World Bank, World Development Indicators: http://databank.worldbank.org.

The $1.90 poverty line converted to local currency using the 2011 PPP must then be converted to the local prices prevailing the year and month of the survey using the country's Consumer Price Index (CPI). The government official source for CPI data should be used.

To calculate the local currency equivalent to the $1.90 poverty line at the prices prevailing during the year of the survey, the general formula is as follows:

$$PovLine\$1.90\_LCU_t = 1.90 \times (PPP_{2011}) \times (\frac{CPI_t}{CPI_{2011}})$$

Where the subscript 't' refers to the year, or month and year as relevant, when the survey was conducted.

* To inflate/deflate the national poverty line to the survey year, multiply the value by the CPI ratio as follows:

$$PovLine\$1.90_{LCU_t} = PovLine_{t1} \times \frac{CPI_{t2}}{CPI_{t1}}$$

Where t_1 is the year of the survey used by the host country government to calculate the national poverty line and t_2 is the survey year.

Table 1: PPP 2011 Conversion Factor, Private Consumption
(LCU per international $)

GFSS Target Countries	PPP 2011
Bangladesh	24.849
Ethiopia	5.439
Ghana	0.788
Guatemala	3.873
Honduras	10.080
Kenya	35.430
Mali	221.868
Nepal	25.759
Niger	228.753
Nigeria	79.531
Senegal	246.107
Uganda	946.890

[1] Except for countries that define its own poverty threshold (e.g. Zimbabwe) and middle income countries that has a different poverty threshold cutoff (e.g. Guatemala). Countries where the World Bank international standard poverty threshold doesn't make sense, consult BHA.

[2] Ferreira, F., et al., A Global Count if the Extreme Poor in 2012: Data Issues, Methodology, and Initial Results, World Bank Policy Research Working Paper #7432, October 2015: https://openknowledge.worldbank.org/handle/10986/22854.

RATIONALE:
This indicator is one of the measures for the goal of the Global Food Security Strategy to: "Sustainably reduce global hunger, malnutrition, and poverty." All three objectives and underlying intermediate results and cross-cutting intermediate results seek to contribute one way or the other to reduce poverty. This indicator allows for comparison across countries and for tracking the number of poor in the population targeted by USG interventions. This indicator is one of the SDG 1 "End Poverty in all its forms everywhere" indicators.

UNIT: Percent	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (-)

DATA SOURCE:
Secondary data *if* the data were collected within the previous two years *and* a large enough sample was collected from clusters within the BHA resilience implementation area, or population-based surveys (see "Measurements Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG-c

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Research/Evaluation partners should use the most informed and updated consumption questionnaire tool for the survey. To do this, research/evaluation partners are asked to adapt from the following sources: country-specific LSMS Integrated Survey in Agriculture Consumption Expenditure module, national consumption expenditure survey, FTF consumption module and/or previous BHA consumption module, if available. If a country does not have its own version of the LSMS or national consumption survey, Module H of the BHA model questionnaire should be adapted. Countries where the World Bank international standard poverty threshold doesn't make sense, consult BHA. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:
1. Percent of people living on less than $1.90/day 2011 PPP
2. Total number of people in the BHA resilience implementation area

By Gendered Household Type:

3. Percent of people in F&M households living on less than $1.90/day 2011 PPP

4. Total number of people in F&M households in the BHA resilience implementation area
5. Percent of people in FNM households living on less than $1.90/day 2011 PPP
6. Total number of people in FNM households in the BHA resilience implementation area
7. Percent of people in MNF households living on less than $1.90/day 2011 PPP
8. Total number of people in MNF households in the BHA resilience implementation area
9. Percent of people in CNA households living on less than $1.90/day 2011 PPP
10. Total number of people in CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Country-specific Living Standards Measurement Survey (LSMS) available at: http://www.worldbank.org/lsms.
- Feed the Future core questionnaire https://www.agrilinks.org/post/feed-future-zoi-survey-methods.

BL02 (EG-h). INDICATOR: Depth of Poverty of the Poor: Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator measures how deeply poor people are within the BHA resilience implementation area. Specifically, the depth of poverty of the poor measures, on average, how far below the $1.90 (2011 PPP) consumption per person per day poverty threshold are the poor in the program area.

When calculating this indicator, the applicable poverty threshold is $1.90 per person per day [1], converted into local currency units (LCU) at the 2011 PPP exchange rate, then inflated using the country's Consumer Price Index from 2011 to the time period when the population-based survey was implemented. The use of PPP exchange rates ensures that the poverty line applied in each country has the same purchasing power. The procedure for converting values expressed in local currency into PPP adjusted U.S. dollars is explained in the Performance Indicator Reference Sheet for BL01 (2a, *EG-c) Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP*.

Households whose per capita expenditure is equal or greater than the poverty threshold are not included in the calculation of this indicator.

The steps to calculate the depth of poverty of the poor are:

1. Subtract each poor household's per capita expenditure in LCU from the poverty threshold of $1.90 in LCU
2. Divide by $1.90 in LCU to obtain the household's proportional shortfall from the poverty line
3. Multiply each poor household's proportional shortfall by the number of household members then sum across all poor households
4. Sum the number of household members in poor households
5. Divide (3) by (4) and multiply by 100 to obtain the depth of poverty of the poor expressed as a percent of the $1.90 per person per day poverty line.

Note: This indicator differs from the Depth of Poverty indicator used by the World Bank and used previously by BHA. As modified, this indicator only tracks the depth of poverty of households under the poverty threshold, rather than including all households and assigning non-poor households a shortfall of zero. Including the poor and non-poor households means the depth of poverty can decrease either because poor households have crossed the poverty threshold or because poor households have become less poor. One of the limitations of removing the non-poor households from the calculation is that it is possible that the depth of poverty of the poor may increase over time as previously poor households cross the poverty threshold, leaving only households that may have started with deeper levels of poverty. Changes in this indicator must be analyzed in conjunction with changes in the prevalence of poverty indicator to capture that dynamic.

[1] Except for countries that define its own poverty threshold (e.g. Zimbabwe) and middle income countries that has a different poverty threshold cutoff (e.g. Guatemala). Countries where the World Bank international standard poverty threshold doesn't make sense, consult BHA.

RATIONALE:

The depth of poverty indicator is a complement to the prevalence of poverty indicator. Both indicators are necessary to obtain a complete picture of the poverty situation in a geographic area. Depth of poverty of the poor is particularly important for programs that target vulnerable communities where many households are not only below the poverty line, but well below the poverty line, including programs that target people and places subject to recurrent humanitarian crises. The depth of poverty indicator allows one to identify the poverty gap, or the extent to which individuals fall below the poverty line, and is therefore more sensitive than poverty prevalence in capturing progress among those well below the poverty line. Because many food assistance and resilience participants are likely to still be below the poverty threshold even following a successful intervention, the prevalence of poverty might remain high following the program intervention. However, the intensity of

poverty may decrease for many participants over the course of program implementation. To help assess such changes among the poor, the depth of poverty gives an indication of severity or intensity of poverty at a given point in time. Depth of poverty is a topline measure for BHA resilience food security activities and for resilience efforts within Feed the Future countries that focus on areas of greatest economic and social vulnerabilities.

UNIT: Percent	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female Adult (MNF), Child no Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Impact	**DIRECTION OF CHANGE:** (-)

DATA SOURCE:

Secondary data *if* the data were collected within the previous two years *and* a large enough sample was collected from clusters within the BHA resilience implementation area, or population-based surveys (see "Measurements Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG-h

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Research/Evaluation partners should use the most informed and updated consumption questionnaire tool for the survey. To do this, research/evaluation partners are asked to consider adapting from the following sources: country-specific LSMS Integrated Survey in Agriculture Consumption Expenditure module, national consumption expenditure survey, FTF consumption module and/or previous BHA consumption module, if available. If a country does not have its own version of the LSMS or national consumption survey, Module H of the BHA model questionnaire should be adapted. Countries where the World Bank international standard poverty threshold doesn't make sense, consult BHA. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:

1. Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line
2. Total number of poor people in the BHA resilience implementation area

By Gendered Household Type:

3. Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line among people in poor F&M households
4. Total number of people in poor F&M households in the BHA resilience implementation area

5. Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line among people in poor FNM households
6. Total number of people in poor FNM households in the BHA resilience implementation area
7. Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line among people in poor MNF households
8. Total number of people in poor MNF households in the BHA resilience implementation area
9. Mean percent shortfall of the poor relative to the $1.90/day 2011 PPP poverty line among people in poor CNA households
10. Total number of people in poor CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Country-specific Living Standards Measurement Survey (LSMS) available at http://www.worldbank.org/lsms.
- Feed the Future core questionnaire https://www.agrilinks.org/post/feed-future-zoi-survey-methods.

BL40 (EG.3-a). INDICATOR: Daily per capita expenditures (as a proxy for income) in USG-assisted areas (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator will measure the daily per capita expenditures of rural households as a proxy for income, based on the assumption that increased expenditures is strongly correlated to increased income. Data for this indicator must be collected using the Consumption Expenditure methodology of LSMS. Projects are encouraged to use the LSMS Integrated Survey in Agriculture Consumption Expenditure module, which has been incorporated in the Feed the Future Core Questionnaire in the Survey Methods Toolkit. BHA will collect consumption-expenditure data to calculate prevalence of poverty and daily per capita expenditures to be used as a proxy for income.

Expenditures are used instead of income because of the difficulty in accurately measuring income and because expenditure data are less prone to error, easier to recall and are more stable over time than income data.

The daily per capita expenditure figure must be converted to constant 2011 USD PPP exchange rate, then inflated using the country's Consumer Price Index from 2011 to the time period when the population-based survey was implemented. The use of PPP exchange rates ensures that the poverty line applied in each country has the same purchasing power. The procedure for converting values expressed in local currency into PPP adjusted U.S. dollars is explained in the Performance Indicator Reference Sheet for BL01 (2a, *EG-c) Prevalence of Poverty: Percent of people living on less than $1.90/day 2011 PPP*.

RATIONALE:

There is a relationship between increased incomes and improved food security, reduced poverty, and improved nutrition. The usefulness of an income proxy methodology derives from the importance of a change in household income and its impact on reducing poverty and hunger. Thus, measurement of household income (through this proxy) is one logical choice for monitoring the effects of policies and programs oriented towards accomplishing this goal.

UNIT: 2011 US dollar	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA)
TYPE: Outcome	**DIRECTION OF CHANGE:** Higher is better

DATA SOURCE:

Secondary data *if* the data were collected within the previous two years *and* a large enough sample was collected from clusters within the BHA resilience implementation area, or population-based surveys (see "Measurements Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG.3-a (dropped)

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Research/Evaluation partners should use the most informed and updated consumption questionnaire tool for the survey. To do this, research/evaluation partners are asked to consider adapting from the following sources: country-specific LSMS Integrated Survey in Agriculture Consumption Expenditure module, national consumption expenditure survey, FTF consumption module and/or previous BHA consumption

	module, if available. If a country does not have its own version of the LSMS or national consumption survey, Module H of the BHA model questionnaire should be adapted. Countries where the World Bank international standard poverty threshold doesn't make sense, consult BHA. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING?	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the Overall values, final evaluation target and all appropriate disaggregates. Enter values by Gendered Household Type.

Overall:

1. Average daily per capita expenditures (in 2011 USD) in BHA resilience implementation area
2. Total number in the BHA resilience implementation area

By Gendered Household Type:

3. Average daily per capita expenditures (in 2011 USD) of FNM households
4. Total number of FNM households in the BHA resilience implementation area
5. Average daily per capita expenditures (in 2011 USD) MNF households
6. Total number of MNF households in the BHA resilience implementation area
7. Average daily per capita expenditures (in 2011 USD) in M&F households
8. Total number of M&F households in the BHA resilience implementation area
9. Average daily per capita expenditures (in 2011 USD) in CNA households
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Country-specific Living Standards Measurement Survey (LSMS) available at http://www.worldbank.org/lsms.
- Feed the Future core questionnaire https://www.agrilinks.org/post/feed-future-zoi-survey-methods.

Module J. Gender (Cash)

BL32. Percent of women and men in a union who earned cash in the past 12 months
BL33. Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash
BL34. Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash
BL35. Percent of men in a union and earning cash who report spouse/partner participation in decisions about the use of self-earned cash

Performance Indicator Reference Sheets

BL32. INDICATOR: Percent of women and men in a union who earned cash in the past 12 months (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator measures whether women and men 15 years or older and in a union were paid in cash for work done within the past 12 months. It is tabulated from the information collected in the household roster.

The respondents for this indicator are women and men in a union. In union means currently married or living together with someone. Through the household roster questionnaire, the enumerator identifies household members who are 15 years or older, are in a union, have worked in the past 12 months, and were usually paid in cash for this work during the 12-month period (refer to household roster Module B).

Work: Work includes jobs in the formal and/or informal sector, full-time, part-time, or seasonal, which are done inside and/or outside the home. Work includes, but is not limited to, agricultural daily wage labor; off-farm daily wage labor; income-generation activities; sale of goods produced or processed outside or at the home; homestead gardening or farming (e.g., producing vegetables, eggs, fish, milk, livestock, and artisanal goods); and petty trading. Work does not include participating in cash-for-work or food-for-work interventions, conditional transfers, and/or productive safety net programs. It also does not include caring for own children, cooking, cleaning, performing other routine chores for own household (e.g., fetching water, collecting firewood) or agricultural production solely for household consumption.

Earned cash: To qualify as earning cash, the person must be usually paid only or partly in cash for work performed during the past 12 months. Payment could have been made directly to the respondent or to another household member. Payment does not include cash received as gifts, remittances, loans, or money borrowed formally or informally. Respondents who are paid only in-kind or not paid are not included.

The numerator for this indicator is the sample-weighted number of women and men in a union who earned cash in the past 12 months. The denominator is the sample-weighted number of women and men in a union.

RATIONALE:

Many BHA resilience food security activities promote women and men's access to income-generating opportunities and activities that allow them to earn cash. Measuring the extent to which women and men earn cash is an important gender indicator because cash can provide a relatively rapid pathway to women's empowerment and gender equality. As women gain access to greater income, their household financial contribution increases, resulting in increased respect and household decision-making authority. This indicator focuses on access to cash and not other productive assets. BHA participants have virtually no access to such assets (e.g., land, other natural resources, or physical capital), making access to cash a more relevant measure.

The indicator measures parity between women and men in a union who report earning cash for work done in the past 12 months. If the proportions of both women and men in a union who report earning cash is low, this indicates that few women and men in a union at population level earn cash. If the proportion of men in a union who report earning cash is higher than the proportion of women in a union who report earning cash (or vice versa) this indicates that one sex has greater opportunity for earning cash compared to the other, and highlights a potential gender gap the project may address. The desired direction of change for this indicator is an increase for both women and men.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Sex: Female, Male SECOND LEVEL Age: Female 15-19, 20-29 and 30-49; Male 15-19, 20-29 and ≥30
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women and men in a union in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex nested by age.

Overall:

1. Percent of women and men in a union who earned cash in the past 12 months
2. Total number of women and in a union in the BHA resilience implementation area

FIRST LEVEL NESTED BY SECOND LEVEL - By Sex and Age:

3. Percent of women in a union ages 15-19 who earned cash in the past 12 months
4. Total number of women in a union ages 15-19 in the BHA resilience implementation area
5. Percent of women in a union ages 20-29 who earned cash in the past 12 months
6. Total number of women in a union ages 20-29 in the BHA resilience implementation area
7. Percent of women in a union ages 30-49 who earned cash in the past 12 months
8. Total number of women in a union ages 30-49 in the BHA resilience implementation area
9. Percent of men in a union ages 15-19 who earned cash in the past 12 months
10. Total number of men in a union ages 15-19 in the BHA resilience implementation area
11. Percent of men in a union ages 20-29 who earned cash in the past 12 months
12. Total number of men in a union ages 20-29 in the BHA resilience implementation area
13. Percent of men in a union ages ≥30 who earned cash in the past 12 months
14. Total number of men in a union ages ≥30 in the BHA resilience implementation area

FURTHER GUIDANCE
• This indicator has been adapted from Demographic Household Survey (DHS): Phase 6 (2008–2013) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

BL33. INDICATOR: Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator measures whether women 15 years or older who are in a union, earn cash and participate in decisions on how the cash she earned will be used. In union means currently married or living together with someone. The decision-making questions about the use of self-earned cash refer specifically to the cash the respondent earns and do not refer to the broader household income or cash earned by the spouse/partner or other household members.

All women 15 years or older in a union who are identified through the household roster as earning cash for work done in the past 12 months should be interviewed.

A woman is counted as participating in the decision if she reports that the decision about how to spend the money she earned is usually made by herself, or jointly with spouse, or jointly with someone else other than the spouse/partner.

The numerator for this indicator is the sample-weighted number of women in a union and earning cash who report participation in decisions about the use of self-earned cash. The denominator is the sample-weighted number of women in a union who earned cash in the past 12 months.

RATIONALE:

Access to income (BL 32, 61a), the extent to which women participate in decisions over their own income (BL 33, 62a), and the extent to which women and men in a union participate in decisions about the use of spouse/partner's income (BL 34, 63a and BL 35, 63b) are important to measure in BHA resilience food security activities. In some contexts (such as parts of West and East Africa), if women are permitted to earn cash, they usually have control over how to spend it. Thus, creating opportunities for women to access income is important. In other contexts, women may be permitted to earn cash but do not have control over spending. In such instances, there is a need to promote women's control over their income. Promoting communication and joint decision-making among spouses/partners can foster greater female input to income-related decisions. Men and other community members should be engaged to foster greater acceptance for women to make such decisions. Ignoring this dimension could adversely affect women (e.g., result in increased gender-based violence).

UNIT: Percent	**DISAGGREGATE BY:** Age: 15-19, 20-29 and 30-49
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women in a union in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age.

Overall:

1. Percent of women in a union and earning cash who report participation in decisions about the use of self-earned cash
2. Total number of women in a union who earned cash in the past 12 months in the BHA resilience implementation area

By Age:

3. Percent of women in a union ages 15-19 and earning cash who report participation in decisions about the use of self-earned cash
4. Total number of women in a union ages 15-19 who earned cash in the past 12 months in the BHA resilience implementation area
5. Percent of women in a union ages 20-29 and earning cash who report participation in decisions about the use of self-earned cash
6. Total number of women in a union ages 20-29 who earned cash in the past 12 months in the BHA resilience implementation area
7. Percent of women in a union ages 30-49 and earning cash who report participation in decisions about the use of self-earned cash
8. Total number of women in a union ages 30-49 who earned cash in the past 12 months in the BHA resilience implementation area

FURTHER GUIDANCE

- This indicator has been adapted from: Demographic Household Survey (DHS). Phase 6 (2008–2013) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

BL34. INDICATOR: Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:
This indicator measures whether women 15 years or older who are in a union, earning cash, and usually participate in decisions on how the cash the spouse/partner earned will be used. In union means currently married or living together with someone. The decision-making questions about the use of cash refer specifically to the cash earned by the spouse/partner.

All women 15 years or older in a union who are identified through the household roster as earning cash for work done in the past 12 months should be interviewed.

A woman is counted as participating in decision-making if she reports that the decision about how to spend the spouse/partner's earned income is usually made by herself, or jointly with the spouse/partner, or jointly with someone else.

The numerator for this indicator is the sample-weighted number of women in a union who report participation in decisions about the use of spouse/partner's self-earned cash. The denominator is sample-weighted number of women in a union whose spouse/partner earned cash in the past 12 months.

RATIONALE:
Access to income (BL 32), the extent to which women participate in decisions over their own income (BL 33, 62a), and the extent to which women and men in a union participate in decisions about the use of spouse/partner's income (BL 34 and BL 35) are important to measure in BHA resilience food security activities. In some contexts (such as parts of West and East Africa), if women are permitted to earn cash, they usually have control over how to spend it. Thus, creating opportunities for women to access income is important. In other contexts, women may be permitted to earn cash but do not have control over spending. In such instances, there is a need to promote women's control over their income. Promoting communication and joint decision making among spouses/partners can foster greater female input to income-related decisions. Men and other community members should be engaged to foster greater acceptance for women to make such decisions. Ignoring this dimension could adversely affect women (e.g., result in increased gender-based violence).

UNIT: Percent	**DISAGGREGATE BY:** Age: 15-19, 20-29 and 30-49
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women in a union in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES
For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age. **Overall:** 1. Percent of women in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash 2. Total number of women in a union who earned cash in the past 12 months in the BHA resilience implementation area **By Age:** 3. Percent of women in a union ages 15-19 and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash 4. Total number of women in a union ages 15-19 who earned cash in the past 12 months in the BHA resilience implementation area 5. Percent of women in a union ages 20-29 and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash 6. Total number of women in a union ages 20-29 who earned cash in the past 12 months in the BHA resilience implementation area 7. Percent of women in a union ages 30-49 and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash 8. Total number of women in a union ages 30-49 who earned cash in the past 12 months in the BHA resilience implementation area
FURTHER GUIDANCE
• This indicator has been adapted from: Demographic Household Survey (DHS). Phase 6 (2008–2013) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

BL35. INDICATOR: Percent of men in a union and earning cash who report spouse/partner participation in decisions about the use of self-earned cash (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

This indicator measures whether men 15 years or older who are in a union, earning cash, and report that his spouse/partner participated in decisions involving the use of the money he earned. In union means currently married or living together with someone. The decision-making questions about the use of cash refer specifically to self-earned cash.

All men 15 years or older in a union who are identified through the household roster as earning cash for work done in the past 12 months should be interviewed.

A spouse/partner is counted as participating in decision-making if the man reports that the decision about how to spend his earned income is usually made jointly with his spouse/partner, by his spouse/partner alone, or by his spouse/partner jointly with someone else.

The numerator for this indicator is the sample-weighted number of men in a union earning cash who report spouse/partner participation in decisions about the use of his earned cash. The denominator is the sample-weighted number of men in a union who earned cash in the past 12 months.

RATIONALE:

Access to income (BL 32), the extent to which women and men have control over their own income (BL33), and the reported involvement in decision-making around the man's self-earned cash and (BL 34 and BL 35) are important to measure in BHA resilience food security activities. Promoting communication and joint decision-making among spouses/partners can foster greater female input to income-related decisions. Men and other community members should be engaged to foster greater acceptance for women to contribute to such decisions. Ignoring this dimension could adversely affect women (e.g., result in increased gender-based violence).

It is important to measure both the extent to which women and men make decisions alone (BL 33) as well as the extent to which women and men report making decisions jointly with their spouse/partner on the use of the man's self-earned income (BL 34 and BL 35). The desired direction of change for this indicator is an increase for both women and men.

UNIT: Percent	**DISAGGREGATE BY:** Age: 15-19, 20-29 and ≥30
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Men in a union in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.

FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by age.

Overall:

1. Percent of men in a union and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash
2. Total number of men in a union who earned cash in the past 12 months in the BHA resilience implementation area

By Age:

3. Percent of men in a union ages 15-19 and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash
4. Total number of men in a union ages 15-19 who earned cash in the past 12 months in the BHA resilience implementation area
5. Percent of men in a union ages 20-29 and earning cash who report participation in decisions about the use of spouse/partner's self-earned cash
6. Total number of men in a union ages 20-29 who earned cash in the past 12 months in the BHA resilience implementation area
7. Percent of men in a union ages ≥ 30and earning who report participation in decisions about the use of spouse/partner's self-earned cash
8. Total number of men in a union ages ≥ 30who earned cash in the past 12 months in the BHA resilience implementation area

FURTHER GUIDANCE

- This indicator has been adapted from: Demographic Household Survey (DHS). Phase 6 (2008–2013) Woman's Questionnaire and Man's Questionnaire. Available at: http://www.measuredhs.com/.

Module K. Gender Access to Credit and Group Participation

BL41. Percent of women/men in a union who are members of a community group
BL42. Percent of women/men in a union with access to credit
BL43. Percent of women/men in a union who make decisions about credit

Performance Indicator Reference Sheets

BL41. INDICATOR: Percent of women/men in a union who are members of a community group (R)
REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES
DEFINITION: This indicator assesses the extent to which women and men in a union are members of community groups. BHA resilience food security activities reach women and men through group participation. The types of community groups can include, but is not limited to, (1) agriculture producers' or marketing groups, (2) water users' groups, (3) forest users' groups, (4) saving, credit or microfinance groups; (5) mutual help or insurance groups (including burial societies), (6) associations, (7) civic or charitable groups, (8) local government groups, (9) youth groups, and (10) other women's groups. **The research/evaluation partner will need to adapt these groups to the activity context.** A person is defined as participating in a group if s/he self identifies as belonging to at least one group. It could be a group that is initiated by the community members or by the government, PVO, private sector, etc. For this indicator, the type of group is less important than the fact that the individual identifies her/himself to have regular interaction with at least one such group. The respondents are women in a union ages ≥15, and their spouses/partners, ages ≥15. In union means currently married or living together with someone. The numerator for these two indicators is the sample-weighted number of women or men in a union who are a member of at least one community group. The denominator is the sample-weighted number of women or men in a union.
RATIONALE: Group membership is one way to measure a person's access to social capital. Social capital is an intangible type of asset that is recognized as an important element of building community resilience and coping capacity. Social capital can take several forms and includes membership in formal or informal groups, associations, organizations, or networks that "increase trust, ability to work together, access to opportunities, reciprocity, and informal safety nets."[3] These groups are important not only as a means to implement activity interventions, but also as a means of strengthening social capital, social cohesion, and resilience at the community level through participation in and contribution to social networks. Participation in and contribution to social groups and networks is empowering in itself and is a means to promoting gender equality and women's empowerment. As women and

[3] IFPRI. 2012. A Toolkit on Collecting Gender and Assets Data in Qualitative and Quantitative Program Evaluations. Available at: http://gaap.ifpri.info/files/2010/12/GAAP_Toolkit_Feb_14.pdf

men gain access to support from community members and information from these groups, this provides them with a foundation from which to strengthen their agency, become empowered and self-reliant.

At the community level, formal and informal groups are forms of social capital that promote access to information, knowledge, and resources. Evidence suggests that participation in any form of group can promote empowerment for both women and men because participation in groups permits and promotes collective action and this leads to individuals perceiving they can better negotiate and act on their rights. In addition, this indicator seeks to measure parity between women and men accessing this resource. If the proportion of women and men accessing social capital at a population level is low, this will indicate that the population as a whole does not have much access to social capital. If in contrast, the proportion of men or proportion of women accessing this resource is low, this will indicate that one sex has more access to this resource compared to the other and this could be a gap the program considers addressing to promote greater gender equity between women and men.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Sex: Female, Male SECOND LEVEL Age: Female 15-19, 20-29, 30-49, ≥50; Male 15-19, 20-29, 30-49, ≥50
TYPE (OUTCOME/IMPACT): **Outcome**	**DIRECTION OF CHANGE:** Higher is better

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women and men in a union in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex nested by age.

Overall:

1. Percent of women in a union ages ≥15 who actively participate in community groups
2. Total number of women in a union ages ≥15 in the BHA resilience implementation area who participate in community groups
3. Percent of men in a union age ≥15 who actively participate in community groups
4. Total number of men in a union age ≥15 in the BHA resilience implementation area who participate in community groups

FIRST LEVEL NESTED BY SECOND LEVEL - By Sex and Age:

5. Percent of women in a union ages 15-19 who actively participate in community groups
6. Total number of women in a union ages 15-19 in the BHA resilience implementation area who participate in community groups

7. Percent of women in a union ages 20-29 who actively participate in community groups
8. Total number of women in a union ages 20-29 in the BHA resilience implementation area who participate in community groups
9. Percent of women in a union ages 30-49 who actively participate in community groups
10. Total number of women in a union ages 30-49 in the BHA resilience implementation area who participate in community groups
11. Percent of women in a union ages ≥50 who actively participate in community groups
12. Total number of women in a union ages ≥50 in the BHA resilience implementation area who participate in community groups
13. Percent of men in a union ages 15-19 who actively participate in community groups
14. Total number of men in a union ages 15-19 in the BHA resilience implementation area who participate in community groups
15. Percent of men in a union ages 20-29 who actively participate in community groups
16. Total number of men in a union ages 20-29 in the BHA resilience implementation area who participate in community groups
17. Percent of men in a union ages 30-49 who actively participate in community groups
18. Total number of men in a union ages 30-49 in the BHA resilience implementation area who participate in community groups
19. Percent of men in a union ages ≥50 who actively participate in community groups
20. Total number of men in a union ages ≥50 in the BHA resilience implementation area who participate in community groups

FURTHER GUIDANCE

- Feed the Future Questionnaire WEAI modules 6.38 and 6.48.

BL42. INDICATOR: Percent of women/men in a union with access to credit (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING GENDER ACCESS TO CREDIT

DEFINITION:

This indicator assesses the extent to which women and men access credit from formal and informal sources. BHA resilience food security activities focus on increasing access to resources including access to credit. Access to credit is an important aspect of providing women and men access to capital for productive interventions but is also a first step in supporting economic empowerment. Having access to a resource such as credit is a prerequisite to having control over that resource along the pathway towards economic empowerment and is particularly pertinent in the context of promoting women's economic empowerment. Access to credit along this pathway of increasing women's economic empowerment can also be a more rapid pathway to women's empowerment overall.

The respondent are all women ages ≥15, in a union, and their spouse/partner ages ≥15. In union means currently married or living together with someone.

The numerator for these two indicators is the sample-weighted number of women or men in a union who access credit from one or more sources. The denominator is the sample-weighted number of women or men in a union.

RATIONALE:

Access to and control over resources and economic empowerment together form an important pathway for BHA resilience food security activities to promote gender equality and female empowerment. Access to and control over resources is a core element of gender inequality in most countries. A central reason why women are not and cannot be empowered is because they have much less access to and control over resources, including productive resources like credit. As such interventions that confer upon women greater access to resources, provide these women with a concrete pathway to empowerment and address the first step in this pathway.

Economic empowerment places a narrower focus on empowering women through economic means. This is one critical pathway by which BHA resilience food security activities can tangibly promote gender equality and female empowerment. This is often a rapid route to promoting empowerment as when women gain access to greater income, their financial contribution at the household level increases, and this increased financial contribution can result in women more quickly gaining more respect and decision-making authority in household decisions and even life events.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Sex: Female, Male SECOND LEVEL Age: Female 15-19, 20-29, 30-49, ≥50; Male 15-19, 20-29, 30-49, ≥50
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** Higher is better

DATA SOURCE:

Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women and men in a union in BHA resilience implementation areas.

WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by sex nested by age.

Overall:

1. Percent of women in a union ages ≥15 who access credit from one or more source
2. Total number of women in a union ages ≥15 in the BHA resilience implementation area
3. Percent of men in a union ages ≥15 who access credit from one or more source
4. Total number of men in a union ages ≥15 in the BHA resilience implementation area

FIRST LEVEL NESTED BY SECOND LEVEL - By Sex and Age:

5. Percent of women in a union ages 15-19 who access credit from one or more source
6. Total number of women in a union ages 15-19 in the BHA resilience implementation area
7. Percent of women in a union ages 20-29 who access credit from one or more source
8. Total number of women in a union ages 20-29 in the BHA resilience implementation area
9. Percent of women in a union ages 30-49 who access credit from one or more source
10. Total number of women in a union ages 30-49 in the BHA resilience implementation area
11. Percent of women in a union ages ≥50 who access credit from one or more source
12. Total number of women in a union ages ≥50 in the BHA resilience implementation area
13. Percent of men in a union ages 15-19 who access credit from one or more source
14. Total number of men in a union ages 15-19 in the BHA resilience implementation area
15. Percent of men in a union ages 20-29 who access credit from one or more source
16. Total number of men in a union ages 20-29 in the BHA resilience implementation area
17. Percent of men in a union ages 30-49 who access credit from one or more source
18. Total number of men in a union ages 30-49 in the BHA resilience implementation area
19. Percent of men in a union ages ≥50 who access credit from one or more source
20. Total number of men in a union ages ≥50 in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Questionnaire WEAI modules 6.38 and 6.48.

BL43. INDICATOR: Percent of women/men in a union who make decisions about credit (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING GENDER ACCESS TO CREDIT

DEFINITION:

This indicator assesses the extent to which women and men in a union make decisions about credit from formal and informal sources. BHA resilience food security activities focus on increasing access to resources including access to credit. However, beyond access to credit, how women and men make decisions about whether to obtain credit and the use of that credit indicates that women and men have some measure of control over the use and disposal of that resource and the extent to which this is a realized asset for women and men. This is important in terms of economic empowerment and is particularly pertinent in the context of promoting women's economic empowerment. Access to and control over credit along this pathway of increasing women's economic empowerment can also be a more rapid pathway to women's empowerment overall.

The respondents are all women in a union ages ≥15, and their spouses/partners ages ≥15. In union means currently married or living together with someone.

The numerator for these two indicators is the sample-weighted number of women or men in a union who have access to credit and make decisions about credit from one or more sources. The denominator is the sample-weighted number of women or men in a union who have access to credit.

RATIONALE:

Access to and control over resources and economic empowerment together form an important pathway for BHA resilience food security activities to promote gender equality and female empowerment. Access to and control over resources is a core element of gender inequality in most countries. A central reason why women are not and cannot be empowered is because they have much less access to and control over resources, including productive resources like credit. As such interventions that confer upon women greater control over resources, provide these women with a concrete pathway to empowerment and the increased control women gain can contribute to their decision-making on how to dispose of those resources – in this case to benefit household food security and nutrition.

Economic empowerment places a narrower focus on empowering women through economic means. This is one critical pathway by which BHA resilience food security activities can tangibly promote gender equality and female empowerment. This is often a rapid route to promoting empowerment because when women gain access to greater income, their financial contribution at the household level increases, and this increased financial contribution can result in women more quickly gaining more respect and decision-making authority in household decisions and even life events.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Decision actors: alone, jointly, spouse/partner SECOND LEVEL Sex: Female, Male Age: Female 15-19, 20-29, 30-49, ≥50; Male 15-19, 20-29, 30-49, ≥50
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** Men and women jointly or women alone are better

DATA SOURCE:

Population-based survey (see "Measurement Notes" below).

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

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Women and men in a union in BHA resilience implementation areas.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values nested by decision actor, sex and age.

Overall:

1. Percent of women in a union ages 15-49 who make decisions about credit, alone or jointly
2. Total number of women in a union ages 15-49 in the BHA resilience implementation area who access credit
3. Percent of men in a union ages ≥15 who make decisions about credit, alone or jointly
4. Total number of men in a union ages ≥15 in the BHA resilience implementation area who access credit

FIRST LEVEL NESTED BY SECOND LEVEL - By Decision Actor, Sex and Age

5. Percent of women in a union ages 15-19 who make decisions about credit alone
6. Percent of women in a union ages 15-19 who make decisions about credit jointly
7. Total number of women in a union ages 15-19 in the BHA resilience implementation area who access credit
8. Percent of women in a union ages 20-29 who make decisions about credit alone
9. Percent of women in a union ages 20-29 who make decisions about credit jointly
10. Total number of women in a union ages 20-29 in the BHA resilience implementation area who access credit
11. Percent of women in a union ages 30-49 who make decisions about credit alone
12. Percent of women in a union ages 30-49 who make decisions about credit jointly
13. Total number of women in a union ages 30-49 in the BHA resilience implementation area who access credit
14. Percent of women in a union ages ≥50 who make decisions about credit alone
15. Percent of women in a union ages ≥50 who make decisions about credit jointly
16. Total number of women in a union ages ≥50 in the BHA resilience implementation area who access credit
17. Percent of men in a union ages 15-19 who make decisions about credit alone
18. Percent of men in a union ages 15-19 who make decisions about credit jointly
19. Total number of men in a union ages 15-19 in the BHA resilience implementation area who access credit
20. Percent of men in a union ages 20-29 who make decisions about credit alone
21. Percent of men in a union ages 20-29 who make decisions about credit jointly
22. Total number of men in a union ages 20-29 in the BHA resilience implementation area who access credit
23. Percent of men in a union ages 30-49 who make decisions about credit alone
24. Percent of men in a union ages 30-49 who make decisions about credit jointly
25. Total number of men in a union ages 30-49 in the BHA resilience implementation area who access credit
26. Percent of men in a union ages ≥50 who make decisions about credit alone
27. Percent of men in a union ages ≥50 who make decisions about credit jointly
28. Total number of men in a union ages ≥50 in the BHA resilience implementation area who access credit

FURTHER GUIDANCE

- Feed the Future Questionnaire WEAI modules 6.38 and 6.48.

Module R. Resilience

BL08. Adaptive Capacity Index
BL09. Absorptive Capacity Index
BL25. Transformative Capacity Index
BL23. Ability to recover from shocks and stresses index
BL24. Proportion of households that believe local government will respond effectively to future shocks and stresses
BL38. Index of social capital at the household level
BL31. Percent of households participating in group-based savings, micro-finance or lending programs

Performance Indicator Reference Sheets

BL08. INDICATOR: Adaptive Capacity Index (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:
The adaptive capacity index measures the ability of households to manage resources and make pro-active and informed choices in order to better prepare for and adapt to future shocks. The index is constructed from ten indicators and indices:

1. Bridging social capital index
2. Linking social capital
3. Social networking index
4. Education/training
5. Livelihood diversification
6. Adoption of improved practices
7. Exposure to information
8. Asset ownership
9. Access to financial resources
10. Aspirations/Confidence to adapt

Indicators are reduced to one index variable using factor analysis (principal components factor). If indicators or indices have negative factor loadings, they are dropped one by one, and the factor analysis is rerun until all remaining data points have positive loadings. The first factor is retained. Predicted values (z-scores) are generated using regression scoring method. The predicted values are then scaled 0-100 to create the index.

Depending on the BHA resilience implementation area, the index may be contextualized to include the appropriate sub-indices. The Resilience and Resilience Capacities Measurement Options provides detailed information on each of the indicators and indices and how to compute them.

RATIONALE:
From a practical measurement standpoint, resilience is the ability of a household, community, and higher-level systems to manage or recover from shocks and stresses (i.e., stability or improvement in well-being outcome measures in the face of shocks and stressors) and takes into account whether that recovery took place with the use of negative coping strategies that undermine the ability to recover from future shocks and stresses.

Resilience is captured by a set of capacities that enable households and communities to effectively function in the face of shocks and stresses and still meet a set of well-being outcomes. The ability to measure resilience involves measuring the relationship between shocks, capacities, responses, and current and future states of well-being. Thus, there is no single indicator that measures resilience. There is a need for a number of indicators to be analytically used as part of a measurement framework.

Resilience capacities are measured as a set of indices, one for each of the three dimensions of resilience capacity—absorptive capacity, adaptive capacity, and transformative capacity—and one overall index combining these three indexes.	
UNIT: For comparability reasons the mean score is normalized and scaled to 0-100.	**DISAGGREGATE BY:** None.
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+) **Note**: BHA advises not to interpret the index score generated for baseline or endline surveys independently, unless the analyst reviews data for each of the indicators used to compute the index.
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted. Appropriate Module: Resilience Measurement Options: Methodological Guide Instrument: Resilience Module
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	
For IPTT, enter the overall values and final evaluation target. **Overall** 1. Mean adaptive capacity index score at the household level 2. Total number of households in the BHA resilience implementation area	
FURTHER GUIDANCE	
• More Information on Resilience Measurement can be found on the Resilience Evaluation, Analysis and Learning web page: https://www.fsnnetwork.org/REAL • Methods for calculating the Asset Ownership Index are described in Smith L, T Frankenberger, B Langworthy, S Martin, T Spangler, S Nelson and J Downen. 2015. Ethiopia Pastoralist Areas Resilience Improvement and Market Expansion (PRIME) Project Impact Evaluation. Feed the Future. January 2015. https://www.agrilinks.org/sites/default/files/resource/files/EthiopiaPRIMEVol1final.pdf • Detailed methods to compute the data points for Linking Social Capital, Education and Training, Social Networking, Livelihood Diversification, Adoption of Improved Practices, Exposure to Information, Access to Financial Services, Aspirations/Confidence to Adapt are included in USAID. 2017. Resilience Analysis Plan: Full model.	

BL09. INDICATOR: Absorptive Capacity Index (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

The absorptive capacity index reflects the ability of households to prepare for, deal with, and mitigate the impact of shocks and stressors on well-being outcomes. Absorptive capacity includes both preventive measures and positive coping strategies. The index is constructed from eight indicators and indices:

1. Access to informal safety nets
2. Bonding social capital index
3. Access to cash savings
4. Access to remittances
5. Asset ownership
6. Shock preparedness and mitigation
7. Access to insurance
8. Access to humanitarian assistance

Indicators and indices are reduced to an index variable using factor analysis (principal component analysis). If data points have negative factor loadings, they are dropped one by one, and the factor analysis is rerun until all remaining data points have positive loadings. The first factor is retained. Predicted values (z-scores) are generated using regression scoring method. The predicted values are then scaled 0-100 to create the index.

Depending on the BHA resilience implementation area, the index may be contextualized to include the appropriate sub-indices. The Resilience and Resilience Capacities Measurement Options provides detailed information on each of the indicators and indices and how to compute them.

RATIONALE:

From a practical measurement standpoint, resilience is the ability of a household, community, and higher-level systems to manage or recover from shocks and stresses (i.e., stability or improvement in well-being outcome measures in the face of shocks and stressors) and takes into account whether that recovery took place with the use of negative coping strategies that undermine the ability to recover from future shocks and stresses.

Resilience is captured by a set of capacities that enable households and communities to effectively function in the face of shocks and stresses and still meet a set of well-being outcomes. The ability to measure resilience involves measuring the relationship between shocks, capacities, responses, and current and future states of well-being. Thus, there is no single indicator that measures resilience. There is a need for a number of indicators to be analytically used as part of a measurement framework.

Resilience capacities are measured as a set of indices, one for each of the three dimensions of resilience capacity—absorptive capacity, adaptive capacity, and transformative capacity—and one overall index combining these three indexes.

UNIT: For comparability reasons the mean score is normalized and scaled to 0-100.	**DISAGGREGATE BY:** None.
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+) **Note**: BHA advises not to interpret the index score generated for baseline or endline surveys independently, unless the analyst reviews data for each of the indicators used to compute the index.
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	

MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted. Appropriate Module: Resilience Measurement Options: Methodological Guide Instrument: Resilience Module
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	
For IPTT, enter the overall values and final evaluation target. **Overall** 1. Mean absorptive capacity index score at the household level 2. Total number of households in the BHA resilience implementation area	
FURTHER GUIDANCE	
• More Information on Resilience Measurement can be found on the Resilience Evaluation, Analysis and Learning web page: https://www.fsnnetwork.org/REAL	

BL25. INDICATOR: Transformative Capacity Index (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:
Transformative capacity involves system-level resources, governance, and institutions that comprise the enabling environment that promote or limit households' capacity to respond to shocks and stressors. The index is constructed from fifteen indicators and indices:

1. Access to formal safety nets
2. Access to markets
3. Access to communal natural resources
4. Access to basic services
5. Access to infrastructure
6. Access to agricultural services
7. Access to livestock services
8. Bridging social capital index
9. Linking social capital
10. Collective action
11. Social cohesion
12. Gender equitable decision making index
13. Participation in local decision-making
14. Local government responsiveness
15. Gender index

Fifteen indicators/indices are reduced to one index variable using factor analysis (principal components factor). If data points have negative factor loadings, they are dropped one by one, and the factor analysis is rerun until all remaining data points have positive loadings. The first factor is retained. Predicted values (z-scores) are generated using regression scoring method. The predicted values are then scaled 0-100 to create the index.

Depending on the BHA resilience implementation area, the index may be contextualized to include the appropriate sub-indices. The Resilience and Resilience Capacities Measurement Options provides detailed information on each of the indicators and indices and how to compute them.

RATIONALE:
From a practical measurement standpoint, resilience is the ability of a household, community, and higher-level systems to manage or recover from shocks and stresses (i.e., stability or improvement in well-being outcome measures in the face of shocks and stressors) and takes into account whether that recovery took place with the use of negative coping strategies that undermine the ability to recover from future shocks and stresses.

Resilience is captured by a set of capacities that enable households and communities to effectively function in the face of shocks and stresses and still meet a set of well-being outcomes. The ability to measure resilience involves measuring the relationship between shocks, capacities, responses, and current and future states of well-being. Thus, there is no single indicator that measures resilience. There is a need for a number of indicators to be analytically used as part of a measurement framework.

Resilience capacities are measured as a set of indices, one for each of the three dimensions of resilience capacity—absorptive capacity, adaptive capacity, and transformative capacity—and one overall index combining these three indexes.

UNIT: The mean score is scaled to a 0-100 scale.	**DISAGGREGATE BY:** None.
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

	Note: BHA advises not to interpret the index score generated for baseline or endline surveys independently, unless the analyst reviews data for each of the indicators used to compute the index.
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted. Appropriate Module: Resilience Measurement Options: Methodological Guide Instrument: Resilience Module
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	
For IPTT, enter the overall values and final evaluation target. **Overall** 1. Mean transformative capacity index score at the household level 2. Total number of households in the BHA resilience implementation area	
FURTHER GUIDANCE	
• More Information on Resilience Measurement can be found on the Resilience Evaluation, Analysis and Learning web page: https://www.fsnnetwork.org/REAL • Detailed methods to compute the data points for Access to Markets, Communal Natural Resources, Basic Services, Infrastructure, Agricultural Services, and Livestock Services, as well as data points for Gender-equitable Decision-making, Participation in Local Decision-making, Local Government Responsiveness, and the Gender Index are included in USAID 2017 Resilience Analysis Plan: Full model.	

BL23. INDICATOR: Ability to recover from shocks and stresses index (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION: The Ability to Recover from Shocks and Stresses Index is an estimation of the ability of households to recover from the typical types of shocks and stressors that occur in the program areas, such as loss of a family member, loss of income, hunger, drought, flood, conflict or similar events. The index is based on data regarding recovery from the shocks and stressors households experienced in the year prior to the survey and their perceived ability to meet food needs the following year.

The base "ability to recover" index is calculated based on the responses to two questions after the respondent is asked about his/her household's exposure to and the severity of a series of 16 types of shocks and stressors that might have occurred during the previous year:

1. Would you say that right now, your household's ability to meet your food needs is:

- Better than before these difficult times? (assigned value of 3)
- The same as before these difficult times? (assigned value of 2)
- Or worse than before these difficult times? (assigned value of 1)

AND

2. Looking ahead over the next year, do you believe your household's ability to meet your food needs will be:

- Better than before these difficult times? (assigned value of 3)
- The same as before these difficult times? (assigned value of 2)
- Or worse than before these difficult times? (assigned value of 1)

The responses to the two questions are combined (additive) into one variable that has a minimum value of 2 and a maximum value of 6.

The 16 shocks and stresses are: too much rain, too little rain, erosion of land, loss of land, sharp increase in the price of food, someone stealing or destroying belongings, not being able to access inputs for crops, disease affecting crops, pests affecting crops, theft of crops, not being able to access inputs for livestock, disease affecting livestock, someone stealing animals, not being able to sell crops, livestock or other products at a fair price, severe illness in the family, death in the household.

Since each survey household did not experience the same types of shocks/stressors of the same severity, it is necessary to create a "shock exposure corrected" index to measure ability to recover.

A measure of shock/stressor exposure and severity is created that takes into account the shocks or stressors to which a household is exposed out of the total number of shocks or stressors, and the perceived severity of the shock on household income and food consumption.

Perceived severity is measured using two variables: impact on income security and impact on food consumption. The variables are based on respondents' answers to the questions, "How severe was the impact on your household economic situation?" and "How severe was the impact on household food consumption?" which are asked of each shock or stressor experienced. The possible responses are:

- Not severe (assigned a value of 1)
- Somewhat Severe (assigned a value of 2)
- Severe (assigned a value of 3)

- Extremely Severe (assigned a value of 4)

The responses to the two questions are combined into one severity variable that has a minimum value of 2 and a maximum value of 8 for each shock and stressor.

The Shock Exposure Index (SEI) is then a weighted sum of the incidence of experience of each shock (a variable equal to one if the shock or stressor was experienced and zero otherwise), weighted by the perceived severity of the shock. The SEI ranges from 0 to 128 (if all 16 shocks/stressors were experienced by the households at the highest level of severity).

Finally, the shock exposure-corrected Ability to Recover from Shocks and Stresses Index (ARSSI) is calculated to create a measure of ability to recover that corrects for any differences between households in their shock exposure and is therefore comparable across them. To do so, a linear regression of the base ability-to-recover (ATR) index on the SEI is run, yielding the amount by which an increase of 1 in the shock exposure index can be expected to change the ability to recover index.

The estimated empirical equation is:

$ATR=a+b*SEI.$

We can expect the coefficient on SEI, the "b", to be a negative number such that the higher is shock exposure, the lower is the ability to recover.

The coefficient 'b' is then used to calculate the adjusted ARSSI for each household using the following equation:

$$ARSSI=ATR+b*(Y-SEI),$$

where Y is the mean across households of the SEI. As such, the ATR index value of a household with shock exposure below the mean would have a downward adjustment of its value and the opposite for a household with shock exposure above the mean.

RATIONALE:

The Ability to Recover from Shocks and Stresses Index acts as a proxy for actual recovery (which is complex to capture in a population-based survey). It is associated with positive coping behaviors in the face of shocks and stresses, which indicates that a household is resilient to shock and stresses and thus is in a much better position to recover from them [1] [2].

[1] Jones, L. & Tanner, T. Reg Environ Change (2017) 17: 229. Available at https://link.springer.com/article/10.1007/s10113-016-0995-2

[2] Maxwell, D., Constas, M., Frankenberger, T., Klaus, D. & Mock, M. 2015. Qualitative Data and Subjective Indicators for Resilience Measurement. Resilience Measurement Technical Working Group. Technical Series No. 4. Rome: Food Security Information Network. Available at: http://www.fsincop.net/fileadmin/user_upload/fsin/ docs/resources/FSIN_TechnicalSeries_4.pdf

UNIT: Score	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female No Adult Male (FNM), Adult Male No Adult Female (MNF), Child No Adults (CNA)

TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)
DATA SOURCE: Population-based survey (see "Measurement Notes" below).	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): RESIL-a	
MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
FROM WHOM:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.
REPORTING NOTES	

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by gendered household type.

Overall:

1. Mean ability to recover from shocks and stresses index score for households
2. Total number of households in the BHA resilience implementation area

Mean Score By Gendered Household Type:

3. Mean ability to recover from shocks and stressors score for F&M households
4. Total number of F&M households in the BHA resilience implementation area
5. Mean ability to recover from shocks and stressors index score for FNM households
6. Total number of FNM households in the BHA resilience implementation area
7. Mean ability to recover from shocks and stressors score for MNF households
8. Total number of MNF households in the BHA resilience implementation area
9. Mean ability to recover from shocks and stressors score for CNA households
10. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.

BL24. INDICATOR: Percent of households that believe local government will respond effectively to future shocks and stresses (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION:

The indicator tracks household's perception of local government responsiveness in the face of shocks and stresses through a population-based survey. Local government responsiveness can refer to either local leaders and/or institutions.

The question that collects data for the indicator asks respondents whether they believe the government will respond effectively during the next shock or stress. The indicator measures the respondent's perception of responsiveness thus effectively is externally defined.

There are three possible responses to the question: yes; no, I do not expect them to be responsive; and no, it is unlikely that I will need support. The indicator is constructed on the binary yes/no response. The third response (no, I will not need support) will not be used in the analysis.

The numerator for this indicator is the sample-weighted number of households that responded "yes". The denominator is the sample-weighted number of households that responded "yes" or "no, I do not expect them to be responsive" to the question.

RATIONALE:

Believing in the ability of one's local government to respond to shocks and stresses is a proxy for trust, legitimacy, and effectiveness of local institutions and leadership. Such belief and trust contribute to transformative resilience capacity, or the enabling environment that supports—or limits—people's ability to prevent or mitigate the impact of, deal with, and recover from shocks and stresses. This indicator falls under IR.6: Improved Adaptation to and Recovery from Shocks and Stresses in the Global Food Security Strategy results framework.

UNIT: Percent	**DISAGGREGATE BY:** Gendered Household Type: Female and Male Adults (F&M), Adult Female No Adult Male (FNM), Adult Male No Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): RESIL-c

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES
For IPTT, enter the overall values and all appropriate disaggregates. Enter values by gendered household type. **Overall:** 1. Percent of households that believe local government will respond effectively to future shocks and stresses 2. Total number of households in the BHA resilience implementation area **By Gendered Household Type:** 3. Percent of F&M households that believe local government will respond effectively to future shocks and stresses 4. Total number of F&M households in the BHA resilience implementation area 5. Percent of FNM households that believe local government will respond effectively to future shocks and stresses 6. Total number of FNM households in the BHA resilience implementation area 7. Percent of MNF households that believe local government will respond effectively to future shocks and stresses 8. Total number of MNF households in the BHA resilience implementation area 9. Percent of CNA households that believe local government will respond effectively to future shocks and stresses 10. Total number of CNA households in the BHA resilience implementation area
FURTHER GUIDANCE
• Feed the Future Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.

BL31 (TBD-21). INDICATOR: Percent of households participating in group-based savings, micro-finance or lending programs (RiA)

APPLICABLE FOR ACTIVITIES PROMOTING SAVINGS AND LENDING

DEFINITION:

This indicator helps to track the financial inclusion of households in the target area. The benefits of financial inclusion include: lower transaction costs of day to day interactions (e.g. Mobile Money), ability to grow savings to smooth consumption and mitigate against shocks, and access to credit to invest in micro enterprises.

Group-based savings programs are formal or informal community programs that serve as a mechanism for people in poor communities, with otherwise limited access to financial services, to pool their savings. The specific composition and function of the savings groups group vary and can include rotating disbursement as well as accumulating savings models.

According to the World Bank, microfinance can be defined as approaches to provide financial services to households and micro-enterprises that are excluded from traditional commercial banking services. Typically, participants are low-income, self-employed or informally employed individuals, with no formalized ownership titles on their assets and with limited formal identification papers.[1] [2]

A household is considered to be participating in group-based savings, micro-finance or lending program if any member of the household saved money with or took a loan or borrowed cash or in-kind from a group-based savings, micro-finance or lending program in the past 12 months.

The numerator for this indicator is the sample-weighted number of households that participated in group-based savings, micro-finance or lending program in the previous 12 months. The denominator is the sample-weighted number of households with group-based savings, micro-finance or lending program participation data.

[1] For more on microfinance please refer to the World Bank working paper on microfinance.

[2] World Bank FINDEX http://www.worldbank.org/en/programs/globalfindex

RATIONALE:

Access to group based savings, microfinance or lending programs is one pathway to a household's financial inclusion. Access to financial services is important for households to diversify their livelihood strategies, protect well-being outcomes and manage risks.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Financing Type: Savings, Credit (including microfinance) SECOND LEVEL Gendered Household Type: Female and Male Adults (F&M), Adult Female No Adult Male (FNM), Adult Male No Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE: Population-based survey (see "Measurement Notes").

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): EG.4.2-a

MEASUREMENT NOTES	
LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and endline population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by financing type nested by gendered household type.

Overall:

1. Percent of households that participated in group-based savings, micro-finance, or lending programs
2. Percent of households that participated in group-based savings programs
3. Percent of households that participated in group-based credit programs
4. Total number of households in the BHA resilience implementation area

FIRST LEVEL NESTED BY SECOND LEVEL - By Financing Type Nested by Gendered Household Type:

5. Percent of F&M households that participated in group-based savings, micro-finance, or lending programs
6. Percent of F&M households that participated in group-based savings programs
7. Percent of F&M households that participated in group-based credit programs
8. Total number of M&F households in the BHA resilience implementation area
9. Percent of FNM households that participated in group-based savings, micro-finance, or lending programs
10. Percent of FNM households that participated in group-based savings programs
11. Percent of FNM households that participated in group-based credit programs
12. Total number of FNM households in the BHA resilience implementation area
13. Percent of MNF households that participated in group-based savings, micro-finance, or lending programs
14. Percent of MNF households that participated in group-based savings programs
15. Percent of MNF households that participated in group-based credit programs
16. Total number of MNF households in the BHA resilience implementation area
17. Percent of CNA households that participated in group-based savings, micro-finance, or lending programs
18. Percent of CNA households that participated in group-based savings programs
19. Percent of CNA households that participated in group-based credit programs
20. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Indicator Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.

BL38. INDICATOR: Index of social capital at the household level (R)

REQUIRED FOR ALL BHA RESILIENCE FOOD SECURITY ACTIVITIES

DEFINITION: The indicator measures the ability of households in a specific geographic area to draw on social networks to get support to reduce the impact of shocks and stresses on their households. It measures both the degree of bonding among households within their own communities and the degree of bridging between households in the area to households outside their own community. If the household responses indicate that they have reciprocal, mutually reinforcing, relationships through which they could receive and provide support during times of need, they are considered to have social capital.

The indicator is constructed from two sub-indices: one measuring bonding social capital and one measuring bridging social capital.

The indices are based on the following questions in a household questionnaire:

Now I will ask you some questions about whether your household will be able to lean on others for financial or food support during difficult times. By difficult times I mean times when there is loss of a family member, loss of income, hunger, drought, flood, conflict or similar events.

1. During difficult times, will your household be able to lean on relatives living in your community?
2. Will the same relatives living in your community that you will be able to lean on during difficult times also be able to lean on you for financial or food support during their difficult times?
3. During difficult times, will your household be able to lean on relatives living outside your community?
4. Will the same relatives living outside your community that you will be able to lean on during difficult times also be able to lean on you for financial or food support during their difficult times?
5. During difficult times, will your household be able to lean on non-relatives living in your community?
6. Will the same non-relatives living in your community that you will be able to lean on during difficult times also be able to lean on you for financial or food support during their difficult times?
7. During difficult times, will your household be able to lean on non-relatives living outside your community?
8. Will the same non-relatives living outside your community that you will be able to lean on during difficult times also be able to lean on you for financial or food support during their difficult times?

For both bonding and bridging social capital, an additive index ranging from 0 to 4 is calculated with a score of 0 for "no" and 1 for "yes" for each of the questions responses. The bonding social capital index considers responses to questions 1, 2, 5 and 6. The bridging social capital index considers responses to questions 3, 4, 7 and 8. The values are normalized and scaled to a 0 to 100 scale by dividing by four then multiplying by 100. The Index of social capital indicator is the average of the two indices.

The indicator is calculated in two steps. First the individual bonding social capital sub-index and the bridging social capital sub-index are calculated as:

Bonding sub-*index*= Weighted sum of 0/1 responses to questions 1, 2, 5 and 6 / sample-weighted number of households with social capital data / 4 * 100

Bridging sub-*index* = Weighted sum of 0/1 responses to questions 3, 4, 7 and 8 / sample-weighted number of households with social capital data / 4 * 100

The second step is to calculate the indicator, which is the average of the two sub-indices:

Index of social capital = (Bonding sub-index + Bridging sub-index) / 2

Note: In areas of recurring crisis, data on linking social capital should be collected as a custom indicator.

RATIONALE:

Social capital has been shown to be an important source of resilience across different shocks/stresses, geographies and populations. The stronger the reciprocal obligation networks, the more likely it is a household will be able to successfully manage shocks and stresses. This indicator falls under IR.6: Improved Adaptation to and Recovery from Shocks and Stresses of the Global Food Security Strategy results framework.

UNIT: Percent	**DISAGGREGATE BY:** FIRST LEVEL Social Capital Component: Overall index, Bonding sub-index, Bridging sub-index SECOND LEVEL Gendered Household Type: Female and Male Adults (F&M), Adult Female No Adult Male (FNM), Adult Male No Adult Female (MNF), Child No Adults (CNA)
TYPE (OUTCOME/IMPACT): Outcome	**DIRECTION OF CHANGE:** (+)

DATA SOURCE:
Population-based survey (see "Measurement Notes" below).

FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): RESIL-b

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Households in the BHA resilience implementation area.
WHO COLLECTS:	Research/Evaluation partner.
METHOD:	Primary data collected via baseline and final evaluation population-based surveys in BHA resilience implementation areas. Refer to model questionnaire and tabulation instructions in the *Supplement*. All data points must be sample weighted.
FREQUENCY OF COLLECTION AND REPORTING:	At the start and end of an award.

REPORTING NOTES

For IPTT, enter the overall values, final evaluation target and all appropriate disaggregates. Enter values by social capital component nested by gendered household type.

Overall:

1. Index of social capital at the household level
2. Sub-index of bonding capital at the household level
3. Sub-index of bridging capital at the household level
4. Total number of households in the BHA resilience implementation area

FIRST LEVEL NESTED BY SECOND LEVEL - By Social Capital Component Nested by Gendered Household Type:

5. Index of social capital at the household level in F&M households
6. Sub-index of bonding capital at the household level in F&M households
7. Sub-index of bridging capital at the household level in F&M households
8. Total number of F&M households in the BHA resilience implementation area

9. Index of social capital at the household level in FNM households
10. Sub-index of bonding capital at the household level in FNM households
11. Sub-index of bridging capital at the household level in FNM households
12. Total number of FNM households in the BHA resilience implementation area

13. Index of social capital at the household level in MNF households
14. Sub-index of bonding capital at the household level in MNF households
15. Sub-index of bridging capital at the household level in MNF households
16. Total number of MNF households in the BHA resilience implementation area

17. Index of social capital at the household level in CNA households
18. Sub-index of bonding capital at the household level in CNA households
19. Sub-index of bridging capital at the household level in CNA households
20. Total number of CNA households in the BHA resilience implementation area

FURTHER GUIDANCE

- Feed the Future Handbook Updated 2019. Available at: https://www.agrilinks.org/post/feed-future-indicator-handbook.

Module P. Activity Participation

Please refer to the *Supplement* to view the form for Module P.