

Key Outcome Indicator (KOI)	Definition/Description	Source/Method of Verification
<b>Crude Mortality rate (number of deaths/10.000p/day)</b>	Number of deaths divided by (population at risk x period of time)	[Adjust/specify as necessary and justified] Survey; Surveillance
<b>Average Coping Strategies Index (CSI) score for the target population</b>	CSI score is to be calculated according to WFP methodology (frequency x weight). The full (not the reduced) CSI should be the main outcome indicator for livelihoods projects and for multi-purpose assistance in combination with relevant sector-specific outcome indicators.	[Adjust/specify as necessary and justified] Household survey with representative sampling.
<b>% of the target population with acceptable Food Consumption Score (FCS)</b>	FCS measures dietary diversity, energy and macro and micro value of the food consumed at household level. FCS score calculated according to WFP methodology and definition of thresholds. 'Acceptable' is generally designated as a score of greater than 35. Should be the outcome indicator for all general Humanitarian Food Assistance projects. The target value should be greater than 80%, but may be context specific.	[Adjust/specify as necessary and justified] EFSA, PDM survey, FCS specific surveys on household level with representative sample.
<b>Severe Acute Malnutrition Recovery rate</b>	Proportion (%) of the total number of discharged [as cured + defaulters + death] across all treatment facilities, over the period of programme which are discharged as cured.	[Adjust/specify as necessary and justified] Records of treatment facilities
<b>Coverage of the nutrition program</b>	Proportion (%) of the total number of under 5 SAM cases which are adequately admitted in the nutrition program. The coverage survey which provides this data should be referred to as an activity in the SF.	[Adjust/specify as necessary and justified] Coverage survey such as SQUEAC, SLEAC, S3M.
<b>% of 6-23 months old children in target population who receive a minimum acceptable diet (MAD)</b>	Minimum acceptable diet = Minimum meal frequency + minimum dietary diversity (taking breastmilk into consideration for breastfed children) as defined by WHO	[Adjust/specify as necessary and justified] KAP surveys, 24h recall assessment, PDM reports, DHS reports
<b>% of target population with adequate WASH services and hygiene practices</b>	Average % of the following indicators: - % of population considering that their basic WASH needs are met; - % of population with adequate hygiene practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing) Provide data for each of these two indicators in the comments field.	[Adjust/specify as necessary and justified] Focus group discussions, KAP survey, Household surveys with at least 5% statistically accurate representative sample.
<b>Case fatality rate</b>	Proportion (%) of deaths due to given disease of total cases of given disease Specify the disease(s) taken into account in the comments field.	[Adjust/specify as necessary and justified] Line listing of disease (outbreak)
<b>% of target population living in safe and dignified shelters in secure settlements</b>	Average % of the following two indicators: - % of population considering that their basic shelter needs are met in a timely manner. - % of population considering their settlement to be secure. Provide data for each of these two indicators in comments field.	[Adjust/specify as necessary and justified] Focus group discussions; Household surveys with at least 5% statistically accurate representative sample.
<b>% of target facilities (PHU, schools, markets) with basic WASH services functioning</b>	Use one or calculate average % of the following indicators: - % of (present) users considering basic WASH services to be functional in the target facilities. - % of facilities implementing an adequate environmental health and hygiene management plan. Users: refers to the direct beneficiaries of the service, such as patients (health centres) or students (schools); not to the staff (i.e. medical, teachers) who bear (most of) the responsibilities for maintaining WASH services. Functional: in terms of quality, quantity and access.	[Adjust/specify as necessary and justified] Perception survey with at least 5% statistically accurate representative sample of population; Facility surveys of all targeted facilities.

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	<p>An 'adequate plan' includes practical and efficient measures to mitigate the major environmental and hygiene risks to which patients and staff of the facilities and/or the communities served by the facility are exposed to.</p> <p>This indicator is only relevant if WASH is in support of other sectors (i.e health; nutrition) rather than stand-alone.</p>	
<p><b>% reduction in the number of affected people (experienced, expected or modelled)</b></p>	<p>In the comments field:</p> <ol style="list-style-type: none"> <li>1) define "affected people" ( injured, evacuated, relocated, with houses damaged/ destroyed, deprived of livelihood, crops, etc.)</li> <li>2) provide absolute numbers</li> <li>3) state if the reduction is experienced, expected or modelled.</li> </ol>	<p>[Adjust as specify as necessary and justified]</p> <p>Administrative records; Modelling report; Survey of affected people/people at risk</p>
<p><b>Average monthly number of CW/IED related accidents/incidents reported in area of operation</b></p>	<p>CW = Conventional Weapons (i.e. Mine/ERW (Explosive Remnants of War)/SALW (Small Arms &amp; Light Weapons); IED = Improvised Explosive Devices.</p> <p>As baseline use (an estimate of) the number of accidents/incidents over several months before the project start.</p> <p>Provide explanation of major fluctuations of monthly figures (if any) in comments field.</p>	<p>[Adjust as specify as necessary and justified]</p> <p>Secondary data from military, police, UN and NGOs; Key informant interview at medical facilities in area.</p>
<p><b>% of school-aged boys and girls accessing quality learning opportunities relevant to the emergency</b></p>	<p>% to be calculated on the total number of children and youth affected by the specific crisis in the targeted location/s</p> <p>Quality implies but is not limited to: 1) a safe learning environment, 2) competent and well-trained teachers who are knowledgeable in the subject matter, 3) adequate materials for teaching and learning, 4) participatory methods of instruction and 5) reasonable class sizes. Especially in complex emergencies, the quality of education is closely interlinked with learners' psycho-social wellbeing.</p> <p>Protective/safe: people's physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional and psychological harm.</p> <p>Learning opportunities relevant to the emergency: Typically, specific content and teaching/learning strategies relevant to the emergency context must be introduced. This can be defined by the sector, the MoE, the cluster or the agency but must be based in documented and defined needs.</p> <p>Note: Access should be regular and continuous to ensure potential leaning outcomes. Pupils who attend learning opportunities only during a short period of the project or only sporadically should generally not be counted against this indicator.</p>	<p>[Adjust as specify as necessary and justified]</p> <p>Quality Learning Environment assessment reports (QLE), Education Management Information System (EMIS), Schools Registries, qualitative interviews with children and community (about safety perception), Child Protection Information Management System (CPIMS)</p>