

Terms of Reference

Final Evaluation / Endline Study

**Integrated Health, Nutrition, WASH, FSL intervention FY23-24**

BHA (84008794)

July 2024

**Project Summary:**

|  |  |
| --- | --- |
| Type of study  | Endline Study |
| Name of the project | Integrated Health, Nutrition, WASH, CP, Agriculture and MPCA Intervention FY23-24 |
| Project Start andEnd dates | Start date: 01 August 2023End date: 31 July 2024 |
| Project duration | 11 months, 30 days |
| Project locations: | North Darfur: TawillaCentral Darfur: Zalingei, Azum, Wadi Salih, North Jabal MarraSouth Kordofan: Kadugli, Dilling, Habila, Abbassiya, Rashad, Abu Karshola, AbugebaihaAl Gezira: Hantoub, Medani AlkubraKhartoum: Omdurman and Shargh el Nil |
| Thematic areas | Health and Nutrition, WASH, Child Protection, and Agriculture, Multi-purpose cash (MPCA)  |
| Sub themes | Child poverty - Food Security and LivelihoodsHealth & nutrition - Child healthHealth & nutrition - Mother Infant Child Nutrition (MICYN)Health & nutrition - WASH |
| Donor | Bureau of Humanitarian Assistance |
| Estimated beneficiaries | 5,889,230 individuals  |
| Overall objective of the project | To address an acute health, nutrition, WASH (water, sanitation, and hygiene), protection crisis, a lack of access to basic commodities and services, and loss of livelihoods in North and Central Darfur, South Kordofan, Al Gezira, and Khartoum. The aim of the plan is to provide support to those who are most in need and to help alleviate the suffering caused by the crisis. |

**Acronyms**

|  |  |
| --- | --- |
| BHA | Bureau of Humanitarian Assistance  |
| FCS | Food Consumption Score |
| FSL | Food Security and Livelihoods |
| HHS | Household Hunger Scale |
| IDP | Internally Displaced Persons |
| IYCF | Infant, Young and Child Feeding Practices |
| MEAL | Monitoring, Evaluation, Accountability and Learning |
| MOH | Ministry of Health |
| MPCA | Multipurpose Cash Assistance  |
| NA | Not Applicable |
| NFI | Non-Food Items |
| ODF | Open Defecation |
| OTP | Outpatient therapeutic program |
| PLW | Pregnant and Lactating Women |
| PWD | Persons with Disabilities |
| SC | Stabilization Centre |
| SCI | Save the Children |
| SFP | Supplementary Feeding Programme |
| SGBV | Sexual and Gender Based Violence |
| TOR | Terms of Reference |
| WASH | Water, Sanitation and Hygiene |

# **Introduction**

This Terms of Reference outlines the Final Evaluation and Endline study for the BHA 84008794 (Integrated Health, Nutrition, WASH, CP, Agriculture and MPCA Intervention FY23-24). The project started in 2023 and ends in 2024. This study provides an endline measurement for the project against the baseline values, and evaluate them against OECD criteria’s, and against the research questions that were identified in the Scope of Work developed for the project. It aims to provide information on the achievements, lessons learnt, best practices and provide an understanding under which the intervention was implemented it/context. Findings of the endline study will be used to inform the thematic areas that need to be improved or maintained, what worked and did not work, and will be used to inform the future BHA programming in Sudan. It is important to note that the terms evaluation and endline study is used interchangeably in this document yet acknowledge in practice they refer to the two deliverables of this work. This Terms of Reference (TOR) provides background information about the project, scope of the endline, outline of suggested methodology and timeframes for its implementation.

# **Project background:**

Save the Children (SC) Sudan provided integrated health; nutrition; water, sanitation, and hygiene (WASH); and food security and livelihoods (FSL) assistance targeting most vulnerable communities in Khartoum, Red Sea, North Darfur, Central Darfur, and South Kordofan states; through lifesaving services safely and ethically to enable affected populations to meet their basic needs and prevent the adoption of harmful coping mechanisms. Through proposed interventions, SC will support BHA’s mission to save lives, alleviate human suffering, and reduce the impact of disasters by helping people in need become more self-reliant.

If the crisis affected beneficiaries in targeted communities can access a multi-sector response that meets their immediate lifesaving needs, and then we will work to ensure suffering will be alleviated, lives saved, and human dignity will be maintained. SC will seek to achieve this by ensuring increased access to quality health services through support for fixed MOH health facilities, improving the nutrition status of under-five children through management of acute malnutrition and prompting optimal IYCF practices interventions that will target severely and moderately malnourished infants and children, and pregnant and lactating women, providing holistic WASH services at community and health facility level, providing food security and agriculture support to address the intermediate causes of malnutrition.

**The project’s main purposes are:**

**Goal:** To reduce excess mortality and morbidity and respond to the acute humanitarian needs created by the current conflict by providing integrated health; nutrition; water, sanitation, and hygiene (WASH); Protection (CP), agriculture and access to basic needs assistance in North Darfur (ND), Central Darfur (CD), South Kordofan (SK), Al Gezira and Khartoum states.

**Scope of the Final Evaluation / Endline**

The main objective of the study is to provide a final evaluation and an endline measurement values of the project as per the BHA program logical framework indicators and MEAL plan. It provides information on the achievements, gaps, lesson learnt, best practices and changes of intervention situation/context in the project targeted states. It will answer key evaluation questions in consideration of the OECD criteria (effectiveness, efficiency, relevance, coherence), in addition to the log frame outcome/high-level indicators.

*This will include but not limited to:*

* To what extent were the project activities and integrated approaches relevant and appropriate to the needs of the targeted beneficiaries according to age, gender and other vulnerability criteria?
* To what extent have the interventions contributed to improving the condition of targeted communities and what is level of community satisfaction?
* Has access to healthcare for children under 5 improved through community health workers and integrated community case management (iCCM) trainings provided?
* Has access to healthcare for pregnant and recently delivered women improved through direct support to primary health facilities to increase the quality of ANC and PNC services?
* To what extent have hygiene, water handling, and sanitation practices improved among target communities in project areas?
* Has food security and livelihoods for children and families improved as a result of support rendered through this project?
* To what extent do the community-based mechanisms, subsidized in the provision of effective prevention services and elevating the protection of girls and boys in the targeted communities?
* What was the level of effectiveness of coordination between SC and other international and national NGOs, the UN system, and government organizations?
* To what extent have the key stakeholders accepted and owned the project objectives and achievements?
* Will the project contribute to lasting benefits? Which organizations/stakeholders could/ will ensure continuity of project activities in the project area and how to fill the identified gaps in this term?

The final list of questions will be agreed upon by SCI and the consultant team.

# **study Methodology**

The consultant will be responsible for suggesting the methodology to be used to collect the outcome data following BHA sampling guidelines attached in Annex 1. It is expected mixed methodologies, both qualitative and population-based quantitative methodologies will be used. Table 1 has outlined outcome indicators to and Annex 2 has outlined both output and outcome indicators. Note that some outcome data has been collected through routine systems thus only select outcome indicators will be collected through primary data.

The endline should be sensitive to social norms and practice.It is a key priority for Save the Children that data is collected in a safe and ethical manner, especially when engaging with children. The consultant will be requested to develop data collection tools and guides that should be age-appropriate and child-friendly.

**Table 1: Outcome indicators**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Thematic area** | **Indicator** | **Data Available via Routine Monitoring** | **Sample Size** | **Baseline data present (Y/N)** | **Data collection method** |
| Multipurpose Cash | Percent of households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable) ² | Type of Assistance and | N |  | Y | Household survey |
| "Percent of households with “Acceptable” FCS scores" |
| "Percent of households with “Borderline” FCS scores" |
| Percent of households with “Poor” FCS scores |
| Multipurpose Cash | Mean and median Reduced Coping Strategy Index (rCSI) | Level 1 - Data points: mean, median, SD, CI, number of beneficiary households | N |   | Y | Household survey |
| (Recommended) Level 2- Gendered Household Type: F&M, FNM, MNF, CNA |
| Multipurpose Cash | Percent of households with moderate and severe Household Hunger Scale (HHS) scores | Level 1 - HHS Score: moderate, severe | N |   | Y | Household survey |
| (Recommended) Level 2 - Gendered Household Type: F&M, FNM, MNF, CNA |
| Multipurpose Cash | Percentage of households where women are involved in decision making on the use of cash transfers | NA | N |   | Y | Household survey |
| Health Systems Support | Percent of total weekly surveillance reports submitted on time by health facilities | NA | Y |   |   | IPTT |
| Basic Primary Health Care | Number and percent of deliveries attended by a skilled attendant | Birth Attendant Type: midwives, doctors, nurses with midwifery and life-saving skills | Y |   |   | IPTT |
| Delivery Location: health facility, home, other |
|   |
| NA |
|   |
| Number and percent of pregnant women who have attended at least two complete antenatal clinics | NA | Y |   |   | IPTT |
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| Hygiene Promotion | Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands | Sex: female, male | Y |   |   | Household survey |
|  |
| Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers | NA | Y |   |   | Household survey |  |
|  |
| Sanitation | Number of individuals directly utilizing improved sanitation services provided with BHA funding | Sex: female, male | Y |   |   | IPTT |  |
|  |
|  |
| Number of communities verified as “open defecation free” (ODF) as a result of BHA assistance | NA | Y |   |   | IPTT |  |
| WASH Non-food Items | Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e., kits) or vouchers | NA | N |   |   | Household survey |  |
| Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash | NA | N |   |   | Household survey |  |
| Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash | NA | N |   |   | Household survey |  |
| Child Protection | Number of children (girls and boys) receiving case management support | Sex: female, male | Y |   |   | IPTT |  |
| Improving Agricultural Production | Number of hectares under improved management practices or technologies with BHA assistance | NA | Y |   |   | IPTT |  |
| Number of individuals who have applied improved management practices or technologies with BHA assistance | Sex: female, male  | N |   |   | Household survey |  |
| Percent of households with access to sufficient seed to plant | NA | N |   |   | Household survey |  |
| Multipurpose Cash | Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities | Basic Needs Met: all, most, half, some, none | N |   |   | Household survey |  |
| Multipurpose Cash | Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner | Sex: female, male | N |   |   | Household survey |  |
| Age: ≤19 years; 20-49 years; 50+ years | Household survey |  |

**Sampling**

A probabilistic sampling technique will be applied to ensure that all target beneficiaries have an equal chance of being selected and participating in the survey, keeping in mind the current situation in Sudan. Given the challenges faced during baseline survey (data collection was affected by April 2023 outbreak of conflict), the consultant should consider use of proxies to estimate proper baseline values. Thus, a one stage or two stage simple random sampling technique will be applied to generate the sample size required for the endline where possible. The consultant is expected to use BHA recommendations for Sampling for different interventions (links attached in Annex 1). However, final sampling specifics will be discussed and agreed upon with SCI and the consultant team.

### **Data collection methods**

Data collection methods will consist of both primary and secondary data collection. Primary data collection will be done through statistically representative surveys using both quantitative and qualitative tools to contextualize the quantitative findings. Secondary data collection will include a review of existing project documents. Any data, analysis and findings should be disaggregated by gender, age, location, vulnerability (PLW, PWD, SGBV) as well as by refugee, IDP and host community.

All research tools will be submitted to HAC offices in the target states before any data collection commences. Once the approval is received, the data collection will be carried out immediately. A gender-balanced team of enumerators will be recruited, trained, supervised and guided by the consultants in the targeted states with support from MEAL staff.

Prior to the field data collection, all the enumerators will be trained on the basics of data collection, including objectives of the study, structure of the questionnaires, sampling and how to collect data. This will be followed by field pre-testing to familiarize the enumerators with the eventual field work. Any scripting error and/or unclear questions will be corrected at this point. The consultant will supervise the entire data collection and help resolve any field difficulties. All data will be uploaded to the SCI KOBO server and cleaned before any analysis.

The study manager will be the Learning and Evidence Specialist. The consultant selected for the project will report to the Learning and Evidence Specialist every two weeks and provide updates on the progress of the study. The L & E Specialist will also approve all the deliverables of the consultancy.

**Data analysis and reporting**

The quantitative data will be downloaded from KOBO and basic data analysis will be performed using MS Excel. The data will be presented in form of tables, graphs, charts and figures where appropriate. The qualitative data will be analyzed using MS Excel and thematic analysis. The desk reviews will also be analyzed using MS Excel and will be triangulated with all other information. A gender and disability-sensitive analysis will be integrated to determine disparities in gender and disabilities. Cross-tabulation of data will be conducted to investigate the intersections of vulnerability factors and barriers. A draft endline report will be produced, shared and reviewed by SCI Sudan. The final report will be disseminated at regional and global level.

**Limitations**

* Given the current movement restrictions and insecurity in Sudan, it may not be possible to access some project areas in Gezira, Khartoum and Darfur for physical data collection. However remote methodologies will be used to reach beneficiaries in those areas, if any.
* Efforts will be made to reach inaccessible beneficiaries and where possible, remote data collection methods will be used.
* Given the increase in number of approvals from security forces (and potential interference into questions), data collection times may vary according to state.

Final data collection areas and methodologies will be discussed and agreed upon with SCI and the consultant team.

### **Ethical Considerations**

Ethical considerations will be applied, including the following:

* **Do no harm**. The endline will be designed and implemented in such a way that it does not put people at risk of harm, whether intentionally or unintentionally. The consultant as well as anyone supporting data collection will be trained on (child) safeguarding policy and referral practices. A referral procedure will be developed to ensure that protection concerns identified during data collection are referred timely and appropriate. A risk assessment should be completed prior to data collection in each area.
* **Do good**. In addition to do-no-harm considerations, we will work to ensure that this endline will be helpful to those people taking part in the data collection. The endline will help determine course correction throughout the project to ensure relevance of activities, progress towards outcomes and sustainability, which will benefit the children and adults to be consulted as part of the endline.
* **Respect for autonomy**. Participation in the data collection activities is a free decision. Potential participants (adults and children) will be provided with information about Save the Children, the purpose of the data collection, the length and scope of the data collection activity, and Save the Children’s feedback and reporting processes, to ensure they can make an informed decision about their participation. If at any point in time during the data collection, the participant does not want to continue, he or she will be free to stop. This will be explained at the start of the activity and consent will be obtained before data collection with the participant begins.

**Code of conduct**

Save the Children’s work is based on deeply held values and principles of child safeguarding, and it is essential that our commitment to children’s rights and humanitarian principles is supported and demonstrated by all members of staff and other people working for and with Save the Children. Save the Children’s Code of Conduct sets out the standards which all staff members must adhere to, and the consultant is bound to sign and abide to the Save the Children’s Code of Conduct.

A contract will be signed by the consultant before commencement of the action. The contract will detail terms and conditions of service, aspects on inputs and deliverables. The Consultant will be expected to treat as private and confidential any information disclosed to her/him or with which she/he may come into contact during her/his service. The Consultant will not therefore disclose the same or any particulars thereof to any third party or publish it in any paper without the prior written consent of Save the Children. Any sensitive information (particularly concerning individual children) should be treated as confidential. An agreement with a consultant will be rendered void if Save the Children discovers any corrupt activities have taken place either during the sourcing, preparation and implementation of the consultancy agreement.

**Expected deliverables**

**Inception report**

An inception report will be developed by the selected consultant, expanding on the methodology outlined above and the guiding principles of the study. It should highlight: summary of key findings from the desk review, study matrix against the key questions, methodology, sampling considerations, data collection plan, data collection methods, data collection tools, management of data quality issues, process for obtaining the participants’ consent, study limitations, risks and mitigation plan, matrix of roles and responsibilities indicating roles of the persons involved, expected deliverables and timeline, training of enumerators, contents and duration of training, and measures to ensure data confidentiality.

**Data collection tools**: Will be developed by selected consultant

**Original encrypted datasets** in MS Excel form and SPSS/Stata codes used in the analysis

**Final assessment report**:

The final report should include the following sections:

* Table of Contents
* List of Acronyms
* List of Tables
* Executive Summary
* Background
* Scope of endline
* Methodology, Study Matrix and Limitations of the study
* Main Findings
* Conclusions and Recommendations
* Annexes
	+ Assessment ToRs
	+ Project logframe
	+ Final data collection tools
	+ List of people involved
	+ Any other relevant documents

**Sharing findings**

A draft report will be shared for review by SCI Sudan. The Final report will be shared internally with Save the Children staff, including Save the Children US as well as with the Donor. The consultant will be asked to present key findings to project staff at the end of their contract online. They will also be asked to create a two-page summary with key findings that can be widely circulated within the Sudan Country Office.

The tentative timeline is outlined below.

|  |
| --- |
| **Deliverable / Milestones** |
| Preparation of ToR |
| Hiring of consultant  |
| Design of Inception Report and data collection tools  |
| Study tools review by all members  |
| Study Approvals from HAC  |
| **Data collection*** Desk review
* Household survey
* Observations
* Conduct key informant interviews and FGDs
 |
| Draft report  |
| Final evaluationreport |

**Consultant Profile**

The following are the main requirements for the consultant:

* Proven record in research, studies and evaluations of humanitarian projects in the NGO sector.
* Broad knowledge of humanitarian and development issues, specifically in education, gender, livelihoods, and child protection.
* Proven experience in quantitative and qualitative analysis.
* Skills and experience in conducting ethical and inclusive studies involving children and vulnerable groups and in using child participatory techniques and using relevant tools to determine disability status of respondents (Washington group questions/child-functioning module)
* Fluency in Arabic and English is a requirement.
* Excellent verbal/written communication skills and strong report writing skills.
* Awareness of cultural sensitivities and local context, ideally with working experience in Darfur
* Ability to work with team and under pressure to meet deadlines and produce agreed deliverables.

To apply for this assessment, applicants are expected to share the following documents:

* A proposal showing your understanding of the assignment and how you will conclude the work, including proposed methodologies, mode of analysis, and the number of personnel to be involved, detailed timelines, budget, and any foreseen challenges.
* Up to date organizational/individual Consultant CVs and CVs for relevant staff.
* Cover letter.
* Traceable and contactable referees for each.
* Two sample reports from previous most recent education consulting projects (all samples will be kept confidential) or links to website where reports can be retrieved (highly recommended).

Once a candidate/firm has been selected the following documents will be made available (at a minimum):

* Project proposals (including the project log frame)
* Project reports
* Indicator Performance Tracking Tables

**Days**

The assessment is expected to take 30 days including weekends

**Payment Schedule**

The payment shall be **30%** upon submission of a satisfactory inception report, **30%** upon submission of first draft report and **40%** upon submission of a satisfactory final report.

**INSTRUCTIONS ON PROPOSAL SUBMISSION**

The offer, comprising of a Technical and Financial Proposal, should be submitted and addressed as follows: Sudan.Bids@savethechildren.org and cc janet.mugo@savethechildren.org. For any question/query relating to the proposal, please email janet.mugo@savethechildren.org.

Bidders are required to prepare and submit the following documents:

* Completed Bidder Response Document (BRD)
* Technical Proposal (1. Company/Organization/Individual profile and expertise; 2. Proposed Methodology and Implementation Plan 3. Management Structure and Key Personnel (CVs)
* Financial Proposal (Detailed budget in **USD**)

Any Proposal received by SCI after the deadline shall be declared late and will not be considered.

**Annex 1: BHA sampling guidance**

* [**https://www.usaid.gov/document/annex-b-indicator-handbook**](https://www.usaid.gov/document/annex-b-indicator-handbook)
* [**https://www.usaid.gov/sites/default/files/2022-05/Draft\_USAID-BHA\_Abbr\_SOW\_Guidance\_for\_Baseline\_Endline.pdf**](https://www.usaid.gov/sites/default/files/2022-05/Draft_USAID-BHA_Abbr_SOW_Guidance_for_Baseline_Endline.pdf)
* [**https://www.usaid.gov/sites/default/files/2022-05/USAID-BHA\_Handbook\_Part\_I\_Baseline\_and\_Endline\_Surveys\_June\_2021.pdf**](https://www.usaid.gov/sites/default/files/2022-05/USAID-BHA_Handbook_Part_I_Baseline_and_Endline_Surveys_June_2021.pdf)

**Annex 2: Indicators – BHA Log-frame**

For each purpose, output and outcome indicators were included in the table below. Note that the consultant is expected to collect only outcome data. Output data is available through routine data.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sector** | **Subsector** | **Indicator Title** | **Disaggregates** | **Data Source** |
|  |
| **Goal:** To reduce excess mortality and morbidity and respond to the acute humanitarian needs created by the current conflict by providing integrated health; nutrition; water, sanitation, and hygiene (WASH); Protection (CP), and food security and livelihoods (FSL) assistance in North Darfur (ND), Central Darfur (CD), South Kordofan (SK), Al Gezira and Khartoum states. |  |
| **Purpose:** Ensure crisis-affected people in the targeted areas have access to safe and quality life-saving primary healthcare, nutrition, WASH, and protection interventions. To achieve the proposed purpose, SC will deliver services and carry out activities in four sectors: Health, Nutrition, WASH and Protection. |  |
| Food Security | Multipurpose Cash | Percent of households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable) ² | Type of Assistance and"Percent of households with “Acceptable” FCS scores""Percent of households with “Borderline” FCS scores"Percent of households with “Poor” FCS scores | Endline data and Post Distribution Monitoring report |  |
| Food Security | Multipurpose Cash | Mean and median Reduced Coping Strategy Index (rCSI) | Level 1 - Data points: mean, median, SD, CI, number of beneficiary households  | Baseline and Endline Data Collection, and Post Distribution Monitoring for regular monitoring |  |
| Food Security | Multipurpose Cash | Percent of households with moderate and severe Household Hunger Scale (HHS) scores | Level 1 - HHS Score: moderate, severe | Baseline and Endline Data Collection, and Post Distribution Monitoring for regular monitoring |  |
| Multipurpose Cash Assistance | Multipurpose Cash | Percentage of households where women are involved in decision making on the use of cash transfers | NA | Baseline and Endline Data Collection |  |
| **Output** |  |  |  |  |  |
| Health | Health Systems Support | Number of health facilities supported | NA | Monitoring checklist/form |  |
| Health Systems Support | Percent of total weekly surveillance reports submitted on time by health facilities | NA | Monitoring checklist/form, health authority records and disease surveillance monitoring reports |  |
| Health Systems Support | Number of health facilities rehabilitated | Location | Monitoring checklist/form |  |
| Health Systems Support | Number of health care staff trained | Sex: female, maleHealth care staff type: doctor, nurse, midwife, clinical officer, nursing assistant, burial team member, ambulance driver, cleaning staff, clerk, other (specify)NA | Attendance sheet/records |  |
| Basic Primary Health Care | Number of outpatient consultations | Sex: female, maleAge: <5 years, 5-14 years, 15-18 years, 19-49 years, 50+ yearsConsultation Type: Communicable disease, reproductive health, non-communicable disease, injury, other (specify)NA | Monitoring checklist/form, patient registers from supported health facilities. All BHA-supported health facilities must maintain a patient register and clinical record in which the name, age, sex, and chief complaint is recorded for each patient.  |  |
| Basic Primary Health Care | Number of Community Health Workers supported (total within activity area and per 10,000 population) | Sex: female, male | Attendance sheet/records |  |
| Basic Primary Health Care | Number and percent of deliveries attended by a skilled attendant | Birth Attendant Type: midwives, doctors, nurses with midwifery and life-saving skillsDelivery Location: health facility, home, other | Routine monitoring of facility records/skilled attendants’ reports for numerator.  |  |
| Basic Primary Health Care | Number and percent of pregnant women who have attended at least two complete antenatal clinics | NA | Patient registers/records from supported health facilities, health system administrative data or reports containing catchment size for a given facility |  |
| Basic Primary Health Care | Number of consultations for communicable disease | Sex: female, maleAge: <5 years, ≥ 5 yearsDisease: diarrhea, acute respiratory infections, malaria, other (specify; define in progress reports) | Patient registers from supported health facilities |  |
| Pharmaceuticals and other Medical Commodities | Number of individuals trained in medical commodity supply chain management | Sex: female, male | Attendance sheet/records |  |
| Pharmaceuticals and other Medical Commodities | Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days | 1) Amoxicillin tablet / suspension 2) Antimalaria tablet 3) Ferrous/folic acid tablet 4) paracetamol tablet / suspension 5) ORS | Monitoring checklist/form, inventory lists, barcode inventories, bin card of stock |  |
| Nutrition | N/A | Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA | Sex: female, maleIntervention Type | Attendance/registration sheet/records, monitoring checklist/form |  |
| N/A | Number of pregnant women reached with nutrition-specific interventions through BHA | Age: ≤19, 20+ yearsIntervention Type | Attendance/registration records, Health cards, Government health information systems |  |
| Management of Acute Malnutrition (or Wasting) | Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites | Sex: female, maleIndividual type: children 6 - 23 months, children 24 - 59 months, children ≥ 5, pregnant and lactating women | Monitoring checklist/form, CMAM Register |  |
| Management of Acute Malnutrition (or Wasting) | Number of supported sites managing acute malnutrition | Facility Type: OTP, SFP, SC | Monitoring checklist/form |  |
| Management of Acute Malnutrition (or Wasting) | Number of individuals screened for malnutrition by community outreach workers | Sex: female, maleIndividual type: children under 5 years, pregnant and lactating women | Screening Reports |  |
| Maternal Infant and Young Child Nutrition in Emergencies | Number of individuals receiving behavior change interventions to improve infant and young child feeding practices  | Sex: female, male | Monitoring checklist/form, Attendance/registration sheet/records |  |
| Water Sanitation and Hygiene (WASH) | Hygiene Promotion | Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting) | Sex: female, male | Monitoring checklist/form, registration records of beneficiaries directly receiving messages through hygiene promotion activities |  |
| Hygiene Promotion | Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands | Sex: female, male | Questionnaire |  |
| Hygiene Promotion | Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers | NA | Questionnaire (that includes direct observation)  |  |
| Sanitation | Number of individuals directly utilizing improved sanitation services provided with BHA funding | Sex: female, male | 1. Routine monitoring, beneficiary or population-based surveys: Questionnaire to determine utilization or direct observation of either usage of latrines or a reduction in open defecation.2. Secondary data: Population data utilized will depend upon the setting and what current data is available |  |
| Sanitation | Number of communities verified as “open defecation free” (ODF) as a result of BHA assistance | NA | Monitoring checklist/form |  |
| WASH Non-food Items | Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting) | NA | Monitoring checklist/form, records of distributions or transfers that took place. Secondary datasets if used to estimate average household size. |  |
| WASH Non-food Items | Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e., kits) or vouchers | NA | Post distribution monitoring questionnaire |  |
| WASH Non-food Items | Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash | NA | Post distribution monitoring questionnaire |  |
| WASH Non-food Items | Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash | NA | Post distribution monitoring questionnaire |  |
| Water Supply | Number of individuals directly utilizing improved water services provided with BHA funding | Sex: Female and Male | Questionnaire |  |
| Protection | Child Protection | Number of individual beneficiaries participating in child protection services | Level 1 - Sex: female, maleLevel 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+  | Monitoring checklist/form, attendance sheet/records, supervision records |  |
| Child Protection | Number of dollars allocated for child protection interventions  | NA | Monitoring checklist/form, attendance sheet/records |  |
| Prevention and Response to Gender based Violence | Number of individuals trained in child protection  | Level 1 - Sex: female, maleLevel 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29 | Monitoring checklist/form, attendance sheet/records |  |
| Psychosocial Support Services | Number of Children participating in psychosocial support services  | Level 1 - Sex: female, maleLevel 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29 | Monitoring checklist/form, attendance sheet/records, CFS registration forms |  |
| Child Protection | Number of children (girls and boys) receiving case management support |  - Sex: female, male | Monitoring checklist/form, attendance sheet/records / case management database, home visit forms |  |
| Agriculture | Improving Agricultural Production | Number of individuals (beneficiaries) directly benefiting from improving agricultural production  |  Sex: female, male | Monitoring checklist/form, distribution records, mobile transfer records, vendor database  |  |
| Improving Agricultural Production | Number of Farmers trained on Agriculture best practices |  Sex: female, male | Data will be collected on an ongoing/rolling/monthly basis.  |  |
| Improving Agricultural Production | Number of hectares under improved management practices or technologies with BHA assistance | NA | Questionnaire |  |
| Improving Agricultural Production | Number of individuals who have applied improved management practices or technologies with BHA assistance | Sex: female, male  | Questionnaire, monitoring checklist/form, diary, tracking record |  |
| Improving Agricultural Production | Percent of households with access to sufficient seed to plant | NA | Questionnaire |  |
| Multipurpose Cash Assistance | Multipurpose Cash | Total number of individuals (beneficiaries) assisted through multipurpose cash activities | Sex: female, male.Age: 0-17 years; 18-49 years; 50 and above | Monitoring checklist/form, distribution records, mobile transfer records |  |
| Multipurpose Cash | Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities | Basic Needs Met: all, most, half, some, none | Questionnaire |  |
| Multipurpose Cash | Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner | Sex: female, maleAge: ≤19 years; 20-49 years; 50+ years | Post distribution monitoring survey questionnaire |  |
| Multipurpose Cash | Total USD value of cash transferred to beneficiaries | N/A | Financial Reports / Budget versus Actual Reports |  |