ANNEX II: Resources for Emergency, Food Security and Nutrition Related Performance Indicators

USAID's Managing-for-Results Policy

The Government Performance and Results Act (GPRA) of 1993 requires all U.S. government departments and agencies to develop strategic plans and to measure performance against objectives. To comply with the GPRA, USAID developed a "Managing-for-Results" policy in consultation with collaborating sponsors (CSs) and other donors. This policy led to the creation of specific guidance, concepts, and terms for measuring the performance and impact of humanitarian assistance programs. For USAID's Bureau for Humanitarian Response (BHR), the ultimate beneficiaries of this policy are vulnerable populations in targeted host countries. In an effort to measure the impact of Title II food aid programs on vulnerable populations, BHR's Office of Food for Peace (FFP) urges that all food aid proposals include performance monitoring and measurement plans. These plans should include goal, objective and intermediate result statements, and each objective and intermediate result should have at least one performance indicator to track progress toward achievement

Definition of Goal, Objectives and Intermediate Results

A *goal* is a longer-term result, which is usually not achievable over the life of a CS's program. However, Title II program proposals should be designed to contribute toward the achievement of the goal. *Strategic Objectives* are defined as the end results that CSs seek to achieve through the proposed program. *Intermediate Results* are interim result targets. Result statements are usually stated in the past tense of an action verb. Some examples are as follows:

- Sustainable farm-level production capacity established
- Increased market access for small farmers
- Improved policy environment for broad-based food security programs

Definition of Indicators

Performance Indicators are variables with a particular characteristic or dimension used for measuring progress toward achievement of objectives and intermediate results. These indicators determine whether progress is being made toward stated results, rather than a statement as to why such progress is not being made. **Performance indicators** must be direct, measurable and sufficiently sensitive to capture small changes over short periods of time. Further, the indicators must be relevant, practical and cost-effective. Performance indicators may be visualized as signposts to indicate movement toward a destination. There are several types of indicators.

An *output/process* indicator measures activity, such as the following:

- Percent of food aid managers trained in improved project accountability
- Number of vulnerable groups receiving emergency food aid
- Quantity of food delivered through school lunch programs

Effect indicators gauge the degree of behavioral change in the assisted population. Examples of these indicators are changes in people's attitudes on improved diet and nutrition, the importance of pre-natal care or changes in perception on breast-feeding.

Impact indicators measure the fundamental changes in people's well being. Some examples are as follows:

- Average annual income per capita
- Morbidity and mortality rates
- Percent of population living below an established poverty line

Performance indicators can be measured quantitatively or qualitatively. *Quantitative measures* answer questions such as "how many?", "how much?" and "what percent?" Examples of quantitative information are data from food delivery records, health clinic records, and death records. *Qualitative measures* are subjective (e.g., changes in people's attitudes, perceptions and well being, etc.) and therefore, require indirect methods to quantify. These indirect methods include interviews, focus group discussions and rapid assessments.

Establishment of Performance Indicators

There are several reference documents that may be used to assist CSs in developing performance indicators. Some of the more useful documents are identified below by category.

- Nutritional Status: Anthropometric Measures (height/age; weight/height; weight/age) are typically used to measure the nutritional status of children, although it can also be used for adults. That said, Body Mass Index (BMI) is now considered to be a better measurement of nutritional status for adults. The BMI determines body mass by relating body weight to surface area rather than height and is calculated by dividing the square of a person's height squared divided by their weight. For detailed guidance on the use of anthropometry measurement, please see Annex 3 of WHO's The Management of Nutrition in Major Emergencies and the Antropometry Measurement Guide, which is listed under the FANTA publications in the Resource List at the end of this Annex.
- □ Maternal and Child Health and Nutrition (MCHN): For useful guidance on establishing indicators for food aid programs focused on improving the nutritional status of women and children, please see Annex 2 of UNHCR/WFP's Supplementary Feeding for Mothers and Children: Operational Guidelines; Measuring Household Food Consumption: Analyzing Data prepared by FANTA and Infant and Young Child Feeding Emergencies prepared by LINKAGES. Both documents are listed in the Resource List at the end of this Annex.
- □ **Food Security:** For a complete list of generic food security indicators, please see Appendix 26 of FANTA's *Measuring Household Food Consumption: Analyzing Data*.
- □ **Emergency**: For useful guidance on developing performance indicators for emergency programs, please see the chapter on Minimum Standards in Food Aid of the SPHERE Project's *Humanitarian Charter and Minimum Standards in Disaster Response*;

UNHCR/WFP's Guidelines for Selective Feeding Programmes in Emergency Situations; and Annex 7 of WHO's The Management of Nutrition in Major Emergencies.

Development and Use of Baseline Data

For each performance indicator, a *baseline* is necessary. This is crucial in measuring progress toward an intermediate result or objective. Depending on the type of performance indicator being measured, the baseline data can be a point-in-time observation, a cumulative or an average value over a period of time.

One key to success with the Managing-for-Results approach is the involvement of all stakeholders in the design and implementation of Title II food aid programs. When all stakeholders are engaged, resources are better utilized, funds better leveraged, results are more relevant and an efficient and effective transfer of program activities to local counterparts and institutions is more likely.

For more detailed guidance on performance monitoring and measurement, please see USAID's *Managing for Results Terminology* in Annex 1 and USAID/CDIE's *Performance Monitoring* and Evaluation Tips, which is available online at www.dec.org/usaid_eval.

RESOURCE LIST

- Food and Nutrition Technical Assistance (FANTA) Project, Academy for Educational Development, 1825 Connecticut Avenue, NW, Washington, D.C., 20009-5721. Tel: 202-884-8000; Fax 202-884-8432. E-mail: fanta@aed.org; Web site http://www.fantaproject.org. FANTA has the following guides:
 - Agricultural Productivity Indicators Measurement Guide, Patrick Diskin
 - Anthropometry Indicators Measurement Guide (draft)., Bruce Cogill
 - Food Security Indicators and Framework for Use in the Monitoring and Evaluation of Food Aid Programs, Frank Riely, Nancy Mock, Bruce Cogill, Laura Bailey, and Eric Kenefick
 - Household Food Consumption Indicators Measurement Guide, Anne Swindale and Punam Ohri-Vachaspati
 - Infant and Child Feeding Indicators Measurement Guide, Mary Lung'aho
 - Measuring Household Food Consumption: A Technical Guide
 - Measuring Household Food Consumption: Analyzing Data
 - Sampling guide, Robert Magnani
 - Water and Sanitation Indicators Measurement Guide, Patricia Billig, Diane Benahmane and Anne Swindale
- 2. Food Aid Management (FAM), 1625 K Street, NW, 5th Floor Washington, DC 20006. Tel: (202) 223-4860, Fax: (202) 223-4862; Web site http://www.foodaid.org. Provides USAID documents (FY 1990-ongoing).
- 3. Linkages Project. *Recommended Feeding and Dietary Practices to Improve Infant and Maternal Nutrition,* Academy for Educational Development, 1825 Connecticut Avenue, NW, Washington, D.C., 20009-5721. Tel: 202-884-8000; Fax: 202-884-8977; E-mail: linkages@aed.org.
- 4. Linkages Project. *Infant and Young Child Feeding Emergencies*, Academy for Educational Development, 1825 Connecticut Avenue, NW, Washington, DC 20009-5721, April 1997.. Tel: 202-884-8000; Fax: 202-884-8977; E-mail: linkages@aed.org.
- 5. National Research Council. *Recommended Dietary Allowances*. National Academy Press, Washington, D.C., 1989.
- 6. The Sphere Project. *Humanitarian Charter and Minimum Standards in Disaster Response*, PO Box 372, 17 Chemin des Crets, CH-1211 Geneva 19, Switzerland, 2000. Tel: 011-41-22-730-4501; Fax: 011-41-22-730-4905; E-mail: sphere@ifrc.org; Web site: http://www.sphereproject.org.
- 7. USAID/BHR. *Menu of Sector-Specific Humanitarian Assistance Performance Indicators*, Checchi-Louis Berger International, Inc., 1819 H Street, Suite 900, Washington, DC 20006. Tel: 202-331-7775.

- 8. USAID/CDIE. *Performance Monitoring and Evaluation Tips*. 1996. Web site: http://www.usaid.gov/pubs/usaid_eval/#02
- 9. WFP/WHO Supplementary Feeding for Mothers and Children: Operational Guidelines (Provisional), World Food Programme, Via Cesare Giulio Viola 68, Parco dé Medici, Rome 00148, Italy, August 1998. Tel: 011-3906-6513-1; Fax: 011-3906-6590-632 or 637; E-Mail: Pieter.Dijkhuizen@wfp.org and Mokbelm@who.ch. Web site: http://www.wfp.org.
- 10. WFP/UNHCR Selected Feeding Guidelines in Refugee and Emergency Situations, World Food Programme, Via Cesare Giulio Viola 68, Parco dé Medici, Rome 00148, Italy. Tel: 011-3906-6513-1; Fax: 011-3906-6590-632 or 637; E-Mail: Pieter.Dijkhuizen@wfp.org and Mokbelm@who.ch. Web site: http://www.wfp.org.
- 11. WHO. The Management of Nutrition in Major Emergencies. Geneva, 2000.