

A close-up photograph of a woman with short dark hair, smiling broadly. She is wearing a white top and a colorful patterned shawl. She is holding a large stack of 2000 Kenyan Shilling banknotes. The background is a blurred brick wall.

# MULTIPURPOSE OUTCOME INDICATORS AND GUIDANCE

Developed by  
**THE GRAND BARGAIN CASH WORKSTREAM**  
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## BACKGROUND AND PURPOSE

Multipurpose cash (MPC) is intended to enable people to meet their basic needs through local markets as they see fit. Outcomes of this type of assistance will vary, depending on the context, intervention design (e.g., transfer values, number of transfers) and each household's prioritized needs. As part of the Grand Bargain's commitment to "increase the use and coordination of cash-based programming," humanitarian practitioners identified the need for **better and more consistent measurement of the outcomes to which MPC contributes**.

To this end, a group of humanitarian stakeholders - including NGO and UN practitioners, cluster leads or cash/markets focal points, CaLP, and donors - came together under the Grand Bargain cash workstream in 2018 to identify indicators in a participatory process. The first draft was released in May 2019, with a 'final draft for testing' released in July 2019. This current document reflects a revision of the July 2019 final draft. The process drew on feedback from experience using the indicators across humanitarian practitioners. The indicators themselves reflect the current state of humanitarian actors' experience in measuring MPCA outcomes.

This document presents a **core set of indicators** that can serve as a short menu from which donors and implementers can choose. Donors are strongly encouraged to align their indicators with those on this list, to further their Grand Bargain commitment to "harmonize and simplify reporting requirements." Implementers are encouraged to use relevant indicators from this curated selection in their MPC monitoring frameworks. Cash Working Groups are encouraged to use these indicators and guidance notes as a reference and integrate them into response level guidance and tools.

The purpose of the guidance and indicator menus below is to streamline reporting (in line with the Grand Bargain commitment to "*harmonize and simplify reporting requirements*") and to provide more consistent and comparable field-level monitoring. However, it is also recognized that there are limits on the validity and feasibility of cross-contextual and cross-intervention comparisons of some outcome indicators and data; therefore, any cross-contextual comparisons should be done carefully, as relevant to the specific nature of each intervention and context.

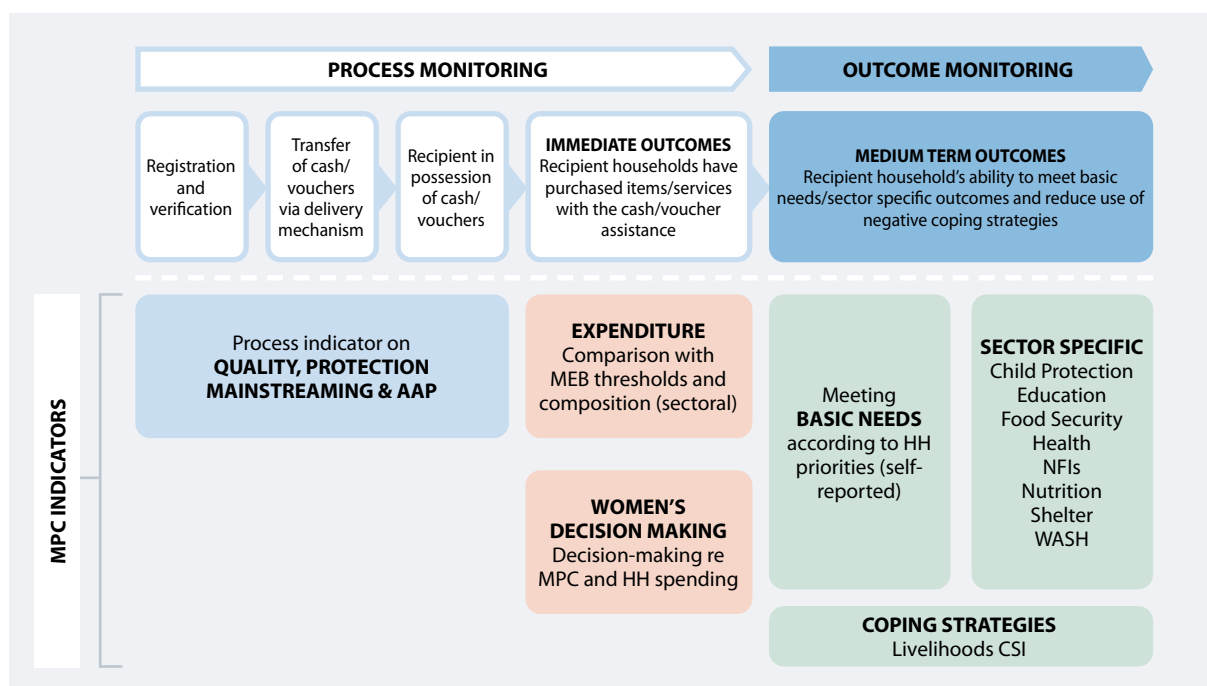
The Grand Bargain also includes a commitment to the "*participation revolution: include people receiving aid in making the decisions which affect their lives*." Acknowledging that cash can enable recipients to make their own decisions, many of the indicators focus on the stated preferences, perceptions, and priorities of affected people.

The indicators in this document focus on the primary objectives of humanitarian MPC, and the outcomes to which MPC can most strongly contribute in a given context. Outcomes are defined as the main changes the implementing organization expects to see due to the provision of MPC. The indicators do not seek to capture all potential outcomes (positive or negative) of MPC. Additionally, evidence points to the important role of MPC as one component of a larger overall response, and the need for additional interventions (e.g., systems-level interventions, in-kind support, service provision, technical assistance) to completely meet Sphere standards. In these programs, additional outcome indicators at the program or response level will vary by context and program objective.

The indicators, and this process, should continue to be taken as a learning step, to be revised as the humanitarian community learns about more effective ways of monitoring MPC.

# MONITORING FRAMEWORK – STRUCTURE AND GENERAL GUIDANCE FOR USING THE INDICATORS

This document is structured to align with the overarching CVA monitoring framework outlined in [CaLP's CVA Monitoring Guidance](#) to enable a logical flow and integration with other monitoring frameworks and tools. The diagram shows where the different types of indicators included in this document are situated vis-à-vis the structure and categories of the monitoring framework. **This guidance follows the order shown in the diagram, starting with the process indicators, then immediate outcomes, and then medium-term outcomes.**



## What do the indicators measure?

This set of indicators is **designed primarily to measure the outcomes of MPC interventions**, in both the immediate and medium term. A single (albeit multifaceted) critical process indicator relating to protection and accountability is included, but it is expected that agencies will use a broader range of additional process indicators which are relevant to the context and intervention. [CaLP's CVA Monitoring Guidance](#), agency and donor specific materials, and Cash Working Groups are good reference points for formulating and selecting other process indicators.

## When should they be used?

These indicators should be used for monitoring recurrent MPC transfers during the assistance period. Practitioners and donors should decide which indicators are required based on the length of the program, recurrence of transfers, and anticipated outcomes. Interventions that might be classified as MPC can vary greatly and there is no standard approach. Transfer values, frequency, and duration of support are pivotal in terms of the outcomes that might be achieved and should be at the forefront when analysing results.

Ideally MPC transfer values will have been calculated based on gap analysis - the difference between the Minimum Expenditure Basket (MEB) or equivalent and the real average resources of target households – to determine the level of unmet, expenditure-based needs. In practice other factors, such as funding limitations, government policies, or the objective of aligning with social assistance rates, may influence transfer values and the extent to which they can cover unmet needs. One-off MPC transfers, MPC transfers of relatively low value, and sectoral/labelled cash transfers or “top-up” cash transfers, may use some of these indicators, or may use different relevant sectoral indicators.

## Save The Children Tools

The multi-agency “[MPCA Monitoring and Evaluation Toolkit](#)”<sup>1</sup> includes tools and KoBo survey templates for monitoring and evaluating MPC programs. The toolkit is aligned with this Grand Bargain Cash Workstream initiative to better standardize MPC outcome indicators. Multiple agencies have adopted the tools and used them for MPC programs across various countries. In 2021-2022, the tools were updated and refined based on feedback from a wide range of organizations.

The toolkit is endorsed by several agencies including Save the Children, IRC, and Mercy Corps. It includes templates in multiple languages for a post distribution monitoring (PDM) survey and report, market monitoring survey, and a survey including all the GB MPC outcome indicators, as well as templates for an MPC monitoring and evaluation plan, accountability to affected populations plan, feedback tracker, and a cash dataflow map tool.

## SUMMARY OF THE CORE MPC INDICATORS

See Annex 4 for a full summary table with notes.

Area/Sector	Indicators
<b>Protection Mainstreaming</b>	Percent of recipients (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner
<b>Expenditure</b>	Total monthly expenditures by sector relative to MEB sectoral components/amounts
	Percentage of households with total monthly expenditure which exceeds the MEB
<b>Women’s Decision Making</b>	Percentage of households where women are involved in decision making on the use of cash transfers; and
	Frequency with which women are involved in decision making on the use of cash transfers
<b>Basic Needs</b>	Percentage of households who report being able to meet their basic needs as they define and prioritize them
	Percentage of households who report being able to meet specific basic needs, by category
<b>Livelihoods Coping Strategies (LCS)</b>	Percentage of households applying Livelihood Coping Strategies (LCS) to meet essential needs, by severity (no use, Stress, Crisis, Emergency)
<b>Sector Specific Indicators</b>	
<b>Child Protection</b>	Percentage of households receiving MPC where at least one child in the household is engaged in child labour [due to financial vulnerability]
	Percentage of households reporting child separation from caregiver (including because of work-related migration) [due to financial vulnerability]
	Percentage of households reporting child marriage during the duration of receiving MPC (disaggregated by gender and prior to age 18, and prior to age 15), [due to financial vulnerability]
<b>Education</b>	Percentage of school age children enrolled in education
	Percentage of school age children who attend education over a specific time frame

<sup>1</sup> [www.fsnnetwork.org/resource/multi-purpose-cash-assistance-mpca-me-toolkit](http://www.fsnnetwork.org/resource/multi-purpose-cash-assistance-mpca-me-toolkit)

<b>Food Security</b>	Percentage of households by <b>Food Consumption Score (FCS)</b> phase (Poor, Borderline, and Acceptable)
	<ul style="list-style-type: none"> <li>Percentage of beneficiaries who have improved their average reduced Coping Strategy Index (rCSI)</li> </ul> OR <ul style="list-style-type: none"> <li>Mean and median rCSI</li> </ul>
	Percentage of households with moderate and severe Household Hunger Scale (HHS) scores
<b>Health</b>	Percent of households that delayed or did not seek care when having a medical or health issue for which they needed to use a health service, due to financial barriers
	Percent of households with catastrophic health expenditures
<b>NFIs</b>	Percentage of households that report having minimum household items that allow all the following: comfortable sleeping, water and food storage, food preparation, cooking, eating, lighting, and clothing
<b>Nutrition</b>	Household Dietary Diversity Score (HDDS)
	Minimum Dietary Diversity for Women (MDD-W): Percentage of women aged 15-49 years who consumed foods from 5 or more food groups the previous day.
	Minimum Dietary Diversity for Children 6–23 Months (MDD-Ch): Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day (target is at least 5 out of 8 food categories)
<b>Shelter and Settlements</b>	Percentage of households that report living in a shelter that has all the following: adequate space, feels safe, feels private and protected from the weather.
	Percentage of households that report pressure to leave their shelter for financial reasons
	Percentage of households that report that their shelter feels warm enough at night
<b>WASH</b>	<b>Water Supply:</b> Percentage of households (HH) reporting that all HH members have access to an adequate quantity of safe water for drinking, cooking, personal and domestic hygiene
	<b>Sanitation:</b> Percentage of households (HH) reporting that all HH members have access to a safe, secure, clean, and well-maintained toilet, including water or anal cleansing materials
	<b>Hygiene:</b> Percentage of HH having access to a functioning handwashing facility with water and soap at home and essential hygiene items including menstrual hygiene products

### Selecting and Collecting Indicators:

The **selection of indicators should always be informed by the project design and objectives** (e.g., the outcomes it is anticipated MPC will significantly contribute to achieving), including what data is both necessary and useful to stakeholders for monitoring, evaluating, and adapting programming.

The field of monitoring and evaluating MPC is still evolving - for some outcome areas there isn't yet a clear 'standard' indicator, or a standard overall set of indicators. To that extent there is some value in providing **flexibility to see what works best and where**, recognising that the 'right' indicator(s) may vary by intervention, organisation, and context. With that in mind you'll see that some outcome areas (e.g., basic needs) provide more than one indicator option.

This guidance note also includes a few signposting boxes throughout, highlighting considerations for how to select a **combination of indicators** that is complementary and can avoid duplications and increase effectiveness. For example, if you use an approach to basic needs that includes a more detailed analysis by type of basic need (which roughly corresponds with sectors), this may have implications in terms of expenditure and sector-specific indicators. Alternatively selecting complementary indicators in addition to a core set of indicators can help practitioners understand household outcomes from a variety of perspectives and compare them, for deeper understanding and triangulation of data.

**Data Collection Frequency:**

Outcome indicators should usually be collected twice at a minimum – once at baseline (or before the first transfer), and once at end-line (approximately 30 days after the last transfer). For longer term programmes with multiple transfers, the indicators (both process and outcome) may be collected more frequently during the intervention, for example through incorporation in post distribution monitoring. Note that outcome monitoring generally requires more representative sampling than might be used for process monitoring.

**Disaggregation:**

Household level indicators should be disaggregated by household composition, and individual level indicators at a minimum by sex and by age group. Please see the **BHA Performance Indicator Reference Sheets (PIRS)**, available at [www.usaid.gov/humanitarian-assistance/partner-with-us/bha-emergency-guidelines](http://www.usaid.gov/humanitarian-assistance/partner-with-us/bha-emergency-guidelines), for more detailed guidance on how to collect, disaggregate, calculate and analyse data per indicator.

Finally, it is strongly recommended at project level to have mechanisms for affected people to learn the results of monitoring and provide further feedback as relevant. This can contribute to a people-centred approach and advancing the Grand Bargain's commitment to a Participation Revolution.

## PROCESS MONITORING

### PROCESS INDICATORS FOR QUALITY, SAFE PROGRAMMING, AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

**Overview:**

In line with [IASC Commitments on Accountability to Affected People/Populations](#) and the [IASC Statement on Centrality of Protection](#), mainstreaming basic protection principles into assistance programmes is important. All humanitarian actors have a responsibility to mainstream protection to ensure that the protective impact of aid programming is maximized. This refers to the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid<sup>2</sup>.

**INDICATOR:**

- **Percent of recipients<sup>3</sup> (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner**
  - The indicator is calculated based on the responses to eight required questions covering the four elements of protection mainstreaming (prioritize safety & dignity and avoid causing harm, meaningful access, accountability, participation)

**Why and When You Might Select This Approach:**

It is recommended to include a Protection Mainstreaming process indicator in all actions providing MPC to affected populations. The purpose of this indicator is to facilitate the operationalisation of all four elements of protection mainstreaming and provide a way to measure the identification, implementation and monitoring of required corrective actions/measures. The overall goal is to have a positive impact on *how* the assistance is delivered during the action.

<sup>2</sup> Global Protection Cluster (GPC), Protection Mainstreaming Training Package, 2014.

<sup>3</sup> The original formulation has been modified to ensure consistency. DG ECHO refers to beneficiaries instead of recipients



### Process – How to Collect the Data:

- Protection Mainstreaming should be monitored regularly/throughout project implementation as its main aim is to identify corrective actions to be taken promptly to improve the quality of programming. The monitoring and evaluation process for protection mainstreaming should be embedded within existing frameworks.<sup>4</sup>
- A baseline is not required but can be useful to identify trends. The first survey round should be conducted shortly after the delivery of humanitarian assistance. The sample population should be taken only from direct recipients of the assistance.
- DG ECHO developed a methodology to aggregate the data collected to ease the analysis and reporting, which can be found [here](#) (scroll to *Protection Mainstreaming Indicator – technical guidance, and toolkit*).

### Analysis – How to Use the Data:

Being a process indicator, reporting the difference between the value at the beginning (baseline) and at the end of the action (target) is not the focus. Instead, you should regularly collect feedback from recipients on all four dimensions of protection mainstreaming throughout implementation, identify challenges and develop corrective actions/measures. It requires actors to view ‘failures’ and adaptation as expected and necessary aspects of problem-solving, with real-time learning in close collaboration with affected communities.

## IMMEDIATE OUTCOMES: EXPENDITURE AND DECISION-MAKING

### EXPENDITURE

Expenditure indicators lends from monetary poverty analysis and provide useful cross-cutting and sector specific insights into household consumption and wellbeing. However, the process of collecting and analysing household expenditure indicators is relatively heavier and more labour-intensive than other types of indicators. In some contexts, collecting expenditure data might not be feasible or appropriate, or the challenges with obtaining accurate data might outweigh the benefits of the analysis (for more on this, see the section below – *General Guidance and Issues to Consider*).

To calculate the expenditure indicators suggested in this document, an updated and relevant MEB needs to be in place for the intervention location(s).

#### Complementary Indicators – Considerations

- If you use expenditure data to analyse spending associated with different sectors, think about how this complements any sector specific indicators you might select. Also, consider what it is you want to understand about how spending influences the achievement of certain outcomes.
- The collection of a full expenditure module may influence the option you choose for the basic needs indicator. It can be a complement, to get a better sense of sectoral outcomes. However, if time and resources are a constraint, consider: Do you need both and which could best provide the data you want?

#### Overview:

The collection of complete, quantified expenditure data, broken down by category, enabling the calculation of several indicators, primarily based on comparison with an MEB.

#### Why and When You Might Select This Approach:

- You want a comprehensive understanding of household expenditures and how they prioritize consumption, including total expenditure and spending by category. Categories/types of expenditure can correspond with different sectors.

<sup>4</sup> Another existing methodology is IRC’s [Safer Cash Toolkit](#)

- You want to understand the extent to which total reported spending aligns with the MEB as an indication of potential gaps in needs being addressed, and to assess the ongoing accuracy of the MEB.
- You want to be able to analyse expenditures relating to a specific sector or sectors, for comparison with MEB composition, and potentially to inform programming decisions, for example if unmet needs are identified.

## INDICATORS AND ANALYSIS – HOW TO USE THE DATA:

This guidance recommends the following two expenditure indicators:

### **Total monthly expenditures by sector relative to MEB sectoral components/amounts**

- This enables examination of the distribution of expenditure within and across households. It can be used to assess the extent to which actual expenditures align with the components of the MEB.
- Strictly speaking this is multiple indicators in one to the extent it can be broken down by sector or category for analysis and tracking over time – e.g., percentage of household expenditure on health, percentage of household expenditure on shelter, percentage of household expenditure on food, etc.
- Analysis of sectoral expenditure trends should take account of relevant internal and external factors which might influence household spending and triangulate accordingly. There may also be significant expenditures that are not captured in the MEB, for example seasonal or emergency costs.
- Some types of expenditure relating to some sectors (e.g., education, health, shelter) might have used a longer recall period (e.g., six months) which should be considered in the analysis.

### **Percentage of households with total monthly expenditure which exceeds the MEB**

- This is measured as a binary indicator showing if a household's total monthly expenditure is above or below the threshold of the MEB value. It is the economic capacity to meet essential needs (ECMEN) indicator<sup>5</sup>.
- If a household's expenditure exceeds the MEB, the indication is that they can meet their basic needs that are achievable through markets and purchases. Well designed and adequate transfer values should in theory enable households to meet and/or exceed the MEB value in terms of expenditure (including own production, etc.). If most households are unable to meet the MEB before the intervention (which will inform targeting and design), then an anticipated outcome is that during (and potentially afterwards), they are at, or above, the MEB level.
- Collecting the value of assistance received as part of the expenditure module (and deducting it from total expenditures) enables analysis of the contribution of assistance to overall expenditure, and where people would be in terms of their capacity to meet their economic needs without it.
- Expenditure data should collect expenditure types, including expenditures made in cash, credit, value of in-kind assistance and own production. Measuring debt and coping strategies is usually via separate indicators.
- In some contexts, agencies may choose to use the Survival MEB (SMEB) as the threshold, particularly if it's a SMEB that is used to inform MPC transfer value calculations

## **Other Indicators:**

The same expenditure module data can be used to calculate a range of indicators, relating to overall and specific areas of spending. There are others you may choose to consider depending on relevance for your intervention, some of which are outlined below:

- **Total expenditure gap (i.e., total cost of the MEB minus total household expenditure):** This can be used to gain a better understanding of the extent to which households are not meeting the MEB expenditure threshold and track changes in this over time. Ideally MPC will enable households to meet or exceed, or at minimum get closer, to the MEB threshold. Capturing the value of assistance in data collection enables analysis of the expenditure gap with and without assistance. Results could be used to advocate for increases in transfer values and assistance where relevant (e.g., where expenditure gaps are significant).

<sup>5</sup> See p.15 of WFP's [Essential Needs Assessment Guidance Note](#) December 2020

- **Percentage of expenditures on food:** Food share as a percent of expenditure is considered a good proxy for the level of household vulnerability and/or economic security in some contexts. This is a very context dependent indicator, so ensure that the assumption on which it is based (i.e., higher spending on food = lower household economic security) holds in your area of intervention.
- **Percentage of households with catastrophic health expenditures:** The WHO defines catastrophic health expenditures as spending more than 10% or 25% of total HH expenditures on health (including direct and indirect costs). See the 'Health' indicators in the Sector Specific Indicators section (below) for more details.
- **Percentage expenditure of shelter/rent.** Shelter and rent expenses are often a significant expenditure, representing a large proportion of household needs.

### Process – How to Collect the Data:

- **All the indicators above can be calculated based on the data collected through the same expenditure module.** See Annex 1 for an example of the type of format that can be used.<sup>6</sup> This is for illustrative purposes but can be used as a guide.
- **Categories and examples for inclusion in your expenditure questionnaire should be tailored to your context** and intervention. The list should be exhaustive of relevant types of expenditure for the target population. The example focuses on recurrent expenses that are more likely to be relevant to an MPC intervention, but longer-term, one-off, or livelihoods-related expenditure can be included.
- Use an appropriate recall period for the type(s) of expenditure, ideally considering a period immediately preceding data collection. Use **shorter** (e.g., no more than one month) **recall periods** for regular expenditures such as food and household products to increase the accuracy of responses. For some more seasonal or infrequent/lump-sum types of expenditure (e.g., tuition fees, housing repairs, winterisation), you might choose a longer recall period (e.g., 6 months), depending on how this corresponds to the timing of data collection.
- Remember to **distinguish between spending in cash and on credit.** Credit here generally refers to purchases that have been made on credit and not repaid in the reference period. It's recommended that the definition of credit is contextualized, to ensure it does not capture usual behaviour with regular repayment, but behaviour that can lead to over-indebtedness. You should also collect estimated values of consumption **from own (food) production and in-kind assistance.**
- **Total household expenditures** can be calculated by adding up all the individual expenses. You could also ask for total expenditure for the last 30 days separately, although it's possible that the accumulated costs and the response to the total expenditure question won't match exactly. Per capita data is suggested for the most accurate detail.
- If you require **per capita expenditure figures**, rather than per household, divide household-level figures (e.g., total household expenditure) by the number of household members. In specific cases you may also consider any significant costs related to specific household members (e.g. high education costs and expenditure for children)
- The example is based on collecting currency amounts, but **an alternative is to ask what percentage of the total expenditure was spent on the various categories and items.** This may be a more effective approach depending on the target group and could use proportional piling where appropriate. If you're using a percentage-based approach, you would need to ask for total expenditure in currency amount to allow the amount per expenditure category to be calculated to provide the necessary data for the indicators.

### Expenditure Data - General Guidance and Issues to Consider:

- **All expenditure-based data collection and indicators should cover overall household expenditure**, not only the use of the MPC transfers. Cash assistance is often one of several sources of household income which contribute to expenditure. Breaking down expenditure by source of income may also be challenging or impossible as money is fungible. Since the primary concern is with a household's overall ability to meet needs, considering general expenditure, rather than specific to cash assistance, is also more appropriate.

<sup>6</sup> Example questionnaire adapted as a simplified version of the [WFP Expenditure Module](#)

- **There are challenges in collecting accurate expenditure data** – for example if respondents are unable to recall relevant details, or reluctant to share information. You can employ measures to help mitigate this – for example, including more granularity in the expenditures often enables better recall- but these issues should be considered when analysing the data.
- Minimum Expenditure Baskets (MEB) are a central reference point in expenditure analyses. However, it's important to **be aware of types of expenditure that may not be in the MEB, but which people spend money on**. For example, evidence shows that MPC recipients may spend money on education even if it hasn't been included in the MEB; the same applies for household items. Allowing space for people to describe what they have spent money on, rather than just reading out a list to respond to, can help avoid missing these types of expenditures. These additional expenditures need to be considered in data analysis, particularly when using indicators that rely on the MEB as the reference point as they will impact the total expenditure but not necessarily impact the coverage of basic needs as included in the MEB.
- **Triangulation of expenditure data** may be necessary to understand what is influencing changes, both within households and due to external factors (e.g., market prices, seasonal costs, etc.). For example, expenditure on education is heavily correlated to academic-year schedules, so it's important to be cognizant of these types of factors. Tools such as focus group discussions, key informant interviews, seasonal calendars, etc. are useful. Market price monitoring is essential in understanding whether expenditure gaps and/or increasing needs are linked to changes in the price of items in the MEB.

### A Note on Debt

Debt should be incorporated as a category within the expenditure module where relevant and can be used to help track the amounts of debt being taken on, including comparative to spending. Incurring debt may also feature in the Livelihoods Coping Strategy Index (LCSI). The type of debt, and the role it plays in household economic (in)security, can vary by context and demographics, and related data can be analysed in different ways.

If debt is a significant issue for recipients, you may choose to incorporate related indicators in your monitoring framework (e.g., percentage of households with new debt in the last 30 days) and gather further data on types of debt and reasons for incurring it, to better understand how this impacts the ability of households to meet their basic needs.

More detailed guidance on developing and analysing debt indicators, and links to example survey questions, can be found in the [WFP Essential Needs Assessment Guidance Note](#) (pp.22–23).

### An Alternative Approach: Ranking & Categorization of Main Types of Expenditure

A full expenditure module is generally required to be able to track and analyse associated indicators. Given the resource intensity and potential challenges of this, some practitioners might opt to use a lighter touch approach to gauge spending patterns and priorities. A ranking of the main types of expenditure can be used to cross-check against needs identified at assessment stage, MEB composition, and to see if there are notable changes or gaps. This is faster than a full expenditure module, but also less accurate and does not allow the same quantified analysis that supports the tracking of progress at the outcome level.

Data is collected by asking respondents to name and rank their main types (e.g., top three, or top five) of expenditure over a recall period. To enable easier recording and analysis of responses, include a list of contextualized types of expenditure in the questionnaire. MEBs are a good reference point.

If you would like more data on spending per category, you can also ask respondents to estimate the percentage of their overall expenditure per ranked category (NB. this may not add up to 100 percent as it's only covering main areas of expenditure, rather than being comprehensive). For more useful analysis, you can further ask for overall expenditure (currency value) for the reference period, from which you can use the percentages to calculate approximate amounts spent.

## WOMEN'S DECISION MAKING

### Overview:

These indicators are used to measure the extent of women's roles in decision-making<sup>7</sup> regarding cash transfers. There is an optional follow-up question that can be used to get a sense of which types of purchases women are engaged in decision-making for.

### INDICATORS:

- **Percentage of households where women are involved in decision making on the use of cash transfers;**  
*and*
- **Frequency with which women are involved in decision making on the use of cash transfers**
  - There is an optional follow up question exploring the types of household expenditures women have a decision-making role in

### Why and When You Might Select These Indicators:

- You want to better understand how decision-making on the use of cash transfers is determined at household level, and the extent to which there is (or isn't) a change in women's decision-making. **These indicators should not be applied with women headed households** (see analysis section below).
- **Note:** MPC on its own is not sufficient to [achieve empowerment](#); this indicator may be more meaningful for interventions combined with other program activities for the same recipients. Additionally, [gendered spending patterns](#) vary by context and expense; a baseline and [gender analysis will](#) help contextualize results. Equally important is to design an action that takes into [consideration gender in the process](#) of a program with CVA. For a full understanding, this indicator must be paired with protection indicators.

### Process – How to Collect the Data:

- Ideally both women and men respondents would participate in the survey; this will depend on the availability and willingness (consent) of respondents to participate.
- Always note down the gender of the respondent, if the person responding is the one who received the transfer, and their gender identity. (E.g., add a check box prior to these questions: Is the respondent a man, woman, non-binary?).
- The first question corresponds to the main indicator (percentage of households where women are involved in decision-making on cash transfer use). Question two will establish the extent of decision making. **It is recommended to use both questions (and indicators) to enable better understanding.**
- If you use question three, you will need to decide whether to have open response (and the enumerator lists whatever the respondent reports), or to pre-define categories that can be marked as relevant.
- To understand the contribution of the transfer towards change, this data should at a minimum be collected at baseline and end-line. If there are multiple transfers, it can potentially be collected in PDMs if thought to be relevant to the context (e.g., if regular changes in trends are anticipated, and/or if there are concerns relating to the impact of the MPC on intra-household relationships and decision-making).

<sup>7</sup> This can be people that identify as women or non-binary people whose gender at birth was women.

**Baseline<sup>8</sup>**

Q1. Are women involved in decision making about how to use cash in your household? (Yes/No/Unsure)

Q2. If yes, how often are women involved in decision making about how to use cash in your household? (Always / Sometimes / Rarely / Never)

Q3: [optional follow-up question] What types of expenditure are women engaged in decision making about? (open-ended, or options). Example options: food purchases, hygiene and personal care items, clothing purchases, use of funds for services (i.e., health care), education costs.

**End-line/PDM**

Q1. Are/Were women involved in decision making about how to use cash in your household? (Yes/ No / Unsure)

Q2. If yes, how often are/were women involved in decision making about how to use cash assistance provided? (Always / Sometimes / Rarely / Never)

Q3: [optional follow-up question] What types of expenditure are/were women engaged in decision making about? (open-ended, or options). Example options: food purchases, hygiene and personal care items, clothing purchases, use of funds for services (i.e., health care), education costs.

**Analysis – How to Use the Data:**

- Account for and potentially discount women-headed households in your analysis, where women will by default be involved in/lead the decision-making process on cash transfer use. The value of this indicator is in determining the extent to which women are involved in decision-making in households where both men and women may play a role.
- Consider when the results may trigger the requirement for further data collection – for example if there are changes in the role of women in decision-making on the use of cash that are a cause for concern, or if there have been notable increases in the role women are playing.
- Disaggregation of the data by the gender and other characteristics of the respondent could provide interesting insights to cross-check if there are any notable differences (e.g., age, disability, ethnic group, geography, migratory status).
- If using the indicator for meta-analysis across different projects with unique offerings, be sure to factor it into the analysis (e.g., cash plus /complementary programming vs. cash transfer only).
- For further general guidance on integrating gender equality into CVA programming, please consult the [IASC Gender in Humanitarian Action Handbook](#)

<sup>8</sup> The questions below are an extended adaptation of a version in [World Vision International's Cash & Voucher Programming Compendium of Indicators \(2021\)](#)

# MEDIUM TERM OUTCOMES – BASIC NEEDS & SECTOR SPECIFIC

## BASIC NEEDS

Enabling households to address their basic needs is the core concern of most MPC interventions, and therefore critical to the outcomes that are monitored. While there are overall definitions of basic needs<sup>9</sup>, what each household identifies as their basic needs necessarily varies according to their priorities. Given this, it follows that assessing the extent to which basic needs are being met should be substantially based on MPC recipients' own perceptions of this<sup>10</sup>.

There are different ways to approach this, from the relatively simple to the more complex. Below are two recommended approaches, both of which include the same core overall basic needs indicator, with options on additional questions to enable better analysis of specific needs and gaps, and the impact of the assistance. Which one you choose will depend on what you want to find out, the time and resources available, and which other indicators you're collecting.

### Complementary Indicators – Considerations

- If you're considering Option 2 (with the module for specific basic needs) but also plan to collect a full expenditure module, this could be time-consuming, with the potential for overlap or duplication. Do you need both and which could best provide the data you want?
- Using Option 2 could also influence your selection of sector specific indicators as it enables some analysis of the extent to which sector specific needs are met. However, it is recognized that what's covered in Option 2 is not the direct equivalent of or alternative to sector specific outcome indicators.

## OPTION 1: BASIC NEEDS INDICATOR + FOLLOW-UP QUESTIONS

Overview: The basic needs indicator is a perception-based indicator that allows recipients to assess the extent to which they feel they can meet the overall basic needs of their household. It uses a standardized scale of quantified responses that is simple to collect and analyse. **Follow-up questions are recommended** to be able to better identify unmet needs, and the reasons for these needs being unmet, as well as improving understanding of the types of expenditure the cash has enabled.

### INDICATOR:

- **Percentage of households who report being able to meet their basic needs, as they define and prioritize them.**
- Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs.
- Uses multiple choice follow-up questions where applicable to identify unmet needs, the reasons for the needs being unmet, and better understand the impact of MPC on household spending.

<sup>9</sup> E.g., "The concept of basic needs refers to the essential goods, utilities, services or resources required on a regular or seasonal basis by households for ensuring long term survival AND minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets ...." [CaLP Glossary \(English\)](#)

<sup>10</sup> When using perception-based indicators, bear in mind that their subjectivity means they are potentially subject to influence from multiple factors. Perceptions may fluctuate over relatively short periods of time, for example due to respondents' emotional states, or in response to external events or other factors, including the receipt of assistance.

### Why and When You Might Select This Option:

- You want a simple, cross-cutting means of gauging the extent to which overarching basic needs are being met, based on recipient perceptions (*basic needs indicator*).
- You would also like a quantifiable means to better understand which needs are not being met, and the reasons for this, particularly in relation to household spending power and market functionality (*follow up questions*).
- You would like to improve your understanding of the impact of the MPC on household expenditures and what it allows them to buy, or do, as compared to before they received the assistance (*follow up questions*)

### Process – How to Collect the Data:

- The box below includes a summary of the questions. See Annex 2 for a complete example of the questionnaire, including response category lists (e.g., types of basic need), and guidance notes for enumerators. This is an example, rather than a standardized questionnaire, although it’s recommended that question 1 (basic needs indicator) uses the listed standard set of response options (all, most, etc.). However, the lists of categories in 2a., 2b., and 2.c should be reviewed and tailored to the intervention and response context.
- Question 2c: If this question is being asked as part of a household survey, it makes sense to generate a list of response categories, as in this example, to better facilitate a quantified analysis of numbers. However, this question could also be asked in a focus group discussion format, on a free response basis, and with the scope to further explore some of the details of how the cash has been used.

1	To what extent is your household able to meet its basic needs as you define and prioritize them? <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> About half <input type="checkbox"/> Some (less than half) <input type="checkbox"/> None <input type="checkbox"/> I don't wish to respond
2.a	If the answer to Q1 is not 'all', which basic needs is your household currently unable to fulfil? <ul style="list-style-type: none"> <li>• List of contextually relevant basic needs categories/types here (see Annex 2 for an example)</li> </ul>
2.b	For each unmet need above (2.a): Why are you unable to fully meet this need? <input type="checkbox"/> Financial reasons /cannot afford <input type="checkbox"/> It is not available on the local market <input type="checkbox"/> Services needed (i.e. health, education, or others that are normally not accessed in local markets) are not available <input type="checkbox"/> Other, specify:
2.c	What are the most important things that the cash helped your household to do or buy that you could not do or buy before you received it? <ul style="list-style-type: none"> <li>• List of contextually relevant basic needs categories/types here (see Annex 2 for an example)</li> </ul>

### Analysis – How to Use the Data:

#### Basic Needs Indicator

- To calculate the indicator, count the number of respondents per response category (all / most / half / some / none), and calculate each category as a percentage of the total number of respondents. For example, if there were 100 respondents and 30 answered 'all', and 25 answered most, the percentage who report being able to meet all their basic needs would be 30%, and the percentage who can meet most of their basic needs is 25%, and so on for each of the response categories.



- While the indicator is ostensibly focused on those who report being able to meet all their needs, tracking all response categories is equally valuable. Analysing the distribution of responses across the scale over time informs understanding of whether the MPC is helping facilitate improvements in meeting basic needs, even where gaps remain. Similarly, it can highlight if expected improvements aren't occurring, and the extent of the gaps - for example if a significant percentage aren't in upper categories (all, most) of the scale.

### Follow-up Questions

- **(2.a) Which basic needs are households currently unable to fulfil?**
  - Calculate the percentage of respondents that report being unable to meet each basic need – i.e., those needs that were selected from the list. You can group and categorize needs reported under the 'other- specify' option to allow for a more quantified analysis, although this may only be relevant if you observe the same need(s) reported by multiple households (this also applies for questions 2.b and 2.c).
  - Those needs which are reported by a relatively higher percentage of households may constitute significant gaps that require follow-up. You might also analyse results against the MEB, for example to see if there are needs being reported as unmet which aren't covered in the MEB, and/or they are covered in the MEB calculations but are nonetheless reported as a significant unmet need. Or, you might look at whether people are spending on the needs they report as not being met.
- **(2.b.) Reasons why needs cannot be met?**
  - For each unmet need, calculate the percentage who reported being unable to meet it per response option (financial reasons, etc.).
  - Understanding of why needs aren't being met may be most relevant when analysed at the level of each need, on the basis these may vary, for example due to issues of availability, or prioritization. Cross comparison between needs may also be of interest, particularly if this indicates variations in the reasons for being unable to meet them. It might be anticipated that MPC would reduce the percentage of people reporting 'financial reasons' for being unable to meet a need comparative to the baseline, although there are external factors that could influence this.
  - You could also calculate the aggregate percentage of reasons across all reported unmet needs. This may be of more limited use, particularly if you're seeing notable variations between individual needs, although there could be value in analysing overall changes across all needs, for example in terms of financial capacity to meet needs.
- **(2.c) What are the most important things that the cash has enabled households to do or buy?**
  - This question is about better understanding the main impacts the cash has had, with the aim that households report the most important aspects, rather than listing everything the cash has contributed to.
  - If this question has been included in household surveys with a list of categories, for each category calculate the percentage of respondents who reported it as an important area of impact.
  - Cross checking the results of this question with 2.a, can show if they are well aligned, or if there are any apparent contradictions – for example a need that's being commonly reported as both a gap in 2.a, and a key area of positive impact in 2.c.
  - Asking this question in a focus group discussion can enable more qualitative and in-depth exploration of how the cash is being used. You could also choose to use participatory methods to get an approximate ranking or weighting of the perceived importance of the various uses/impacts of the cash assistance.

## OPTION 2: BASIC NEEDS INDICATOR + MODULE FOR SPECIFIC BASIC NEEDS

### Overview:

The basic needs indicator is a perception-based indicator that allows recipients to assess the extent to which they feel they can meet the overall basic needs of their household. It uses standardized scale of quantified responses that is simple to collect and analyse. This approach also includes an additional module of questions to assess the extent to which specific basic needs are being met, and the reasons why these needs aren't being met (where relevant).

### INDICATORS:

- **Percentage of households who report being able to meet their basic needs as they define and prioritize them.**
  - Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs.
- **Percentage of households who report being able to meet specific basic needs, by category.**
  - Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs, on a need-by-need basis. Also includes questions on the reasons needs aren't being met, where applicable.

### Why and When You Might Select This Option:

You want to gain a more in-depth and quantified understanding of the extent to which recipients perceive they can meet specific basic needs, and of the reasons why these needs cannot be met, where this is the case. By extension, this also enables better analysis of where gaps in assistance may exist, and appropriate means of addressing them.

You have sufficient time and resources in terms of data collection and analysis, recognizing that this is a relatively more intensive and time-consuming option.

### Process – How to Collect the Data:

- The list of specific basic needs can be identified based on the intended outcomes of the project, which can be referenced from the project design and log frame, as well as the MEB. They may broadly correspond with specific sectors. Ideally the project design and MEB will be informed by the priority needs identified by the target population.
- The need to tailor these questions to the project means that a standardized questionnaire for all interventions isn't possible, although they can follow a standard model/approach.
- The number of basic needs that you choose to cover can be guided by considerations of what's of most relevance to the project (and the target population), and what's manageable in terms of the length of the questionnaire.
- The example below is adapted from a questionnaire being piloted by Save the Children. It provides a question and response options for one specific basic need for illustrative purposes (see Annex 3 for a longer version with further specific needs). The response options for the extent to which needs are met correspond with those for the cross-cutting single indicator.

<p><b>1. To what extent were you able to meet the water needs of your households, during the last 30 days?</b>  <b>Select the statement that best describe your situation.</b>  <i>Select one option only.</i></p>	<ul style="list-style-type: none"> <li>• Those needs are fully met (5)</li> <li>• Those needs are mostly met, but not completely (4)</li> <li>• We're able to meet approximately half of those needs (3)</li> <li>• We're only partly able to meet those needs – less than half (2)</li> <li>• We're not at all able to meet those needs (1)</li> </ul>	<p><i>For the enumerator: Ask this question if the answer to the previous question is, "half", "partly able" or "not at all able".</i></p> <p><b>Why is that so?</b>  <i>For the enumerator: do not read the options out loud. Let the respondent speak and select all the statements that best describe the situation.</i></p>	<ul style="list-style-type: none"> <li>• Because we don't have enough money to buy the water and/or the containers</li> <li>• Water points are not operational</li> <li>• Water points are too far</li> <li>• Water points are too dangerous to reach</li> <li>• Other, please specify</li> </ul>
<p><b>Add other specific basic needs as relevant ...</b></p>			

### Analysis – How to Use the Data:

For the **overall basic needs indicator**, see the analysis section under Option 1, above.

- For the **specific basic needs indicator** (*percentage of households who report being able to meet specific basic needs*), the same types of calculation used for the overall basic needs indicator can be applied for each basic need covered in the survey – i.e., a calculation of the percentage who report against each of the categories (all / most / half / some / none).
- The results of this specific basic needs indicator are best analysed and understood at the level of each basic need – for example, the percentage of respondents who are able to fully meet their health needs, the percentage that are fully able to meet their WASH needs, etc. An aggregate could be calculated across all of the specific basic needs included in the survey, although the primary interest here may be to see if this aligns (as you might anticipate) with the results for the overall basic needs indicator.
- For the follow up question(s) on why a given basic need is not being met, calculate the respective percentage of respondents for each of the categories. As per the example, the list of reasons is likely to vary, so can be analysed per each basic need, rather than on aggregate. The results should enable a better understanding of barriers, and how far these relate to access (including financial reasons), or availability, and the extent to which these are factors that can be addressed through MPC.

### MEETING NEEDS INDEX (MNI)

Another option for consideration if you would like to explore index-based scoring methodology is the Meeting Needs Index (MNI), which is a household-level multi-sectoral outcome indicator which acts as a proxy measure of household welfare. It was first developed and utilised by Mercy Corps in Gaza, then at larger scale by the Gaza Protection Consortium.

The MNI is calculated by scoring how households rate their ability to meet a range of relevant basic needs (e.g., based on components of an MEB). It uses a composite index of balanced weighted average scoring based on standardized quantified scale of responses for each identified basic need. Calculations provide a single-figure composite indication of a household's ability to meet multiple basic needs. The MNI is also useful if you want to analyse households' abilities to meet each separate need, to better understand gaps in access to basic goods and services.

Given the relative complexity and time requirements for the data collection and analysis process to calculate the MNI, it isn't included in the set of core indicators, but interested practitioners can find out more [here](#)

## COPING STRATEGIES

### Livelihood Coping Strategies Indicator for Essential Needs

#### Overview:

The Livelihood Coping Strategies – Essential Needs (LCS-EN)<sup>11</sup> is an indicator used to understand medium and longer-term coping capacity of households and challenges in their ability to meet essential needs in the future.

#### INDICATOR:

- **Percentage of households applying Livelihood Coping Strategies (LCS) to meet essential needs, by severity (no use, Stress, Crisis, Emergency)**
  - The LCS for essential needs indicator identifies the coping strategies adopted by households to meet their essential needs and classifies households according to the most severe coping strategies applied. It is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages.

#### Why and When You Might Select This Indicator:

- The LCS for essential needs can give insight into the underlying factors constraining households' ability to meet essential needs. Use this indicator if you want to better understand and track the use of coping strategies which impact the livelihoods and dignity of individuals within a household. Resorting to these types of coping mechanisms negatively affects a household's mid to long-term capacity to generate an income and sustain livelihoods. This in turn means they may be less able to cope when faced with future hardships.
- While this indicator can be used as a proxy of household ability to meet essential needs, it cannot detect the extent to which households are able to meet their needs and should be analyzed in tandem with other indicators.

#### Process – How to Collect the Data:

- The indicator is based on data from household assessments. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. To calculate the LCS-EN indicator, you must always include at least 4 stress strategies, 3 crisis strategies and 3 emergency strategies that are most relevant for the context.
- Note that when using this indicator, coping strategies are only applicable if they have been used because there were otherwise insufficient resources available to the household to meet their essential needs.
- Example modules (including syntax and xls forms) for different contexts can be found on [WFP's VAM Resource Centre](#), including [generic](#) (applicable to urban and rural contexts), [rural](#) and [urban](#) versions.

#### Analysis – How to Use the Data:

The percentage of households in each of the following categories should be reported:

- No use of livelihood coping strategies for essential needs
- Use of stress livelihood coping strategies for essential needs
- Use of crisis livelihood coping strategies for essential needs
- Use of emergency livelihood coping strategies for essential needs

<https://docs.wfp.org/api/documents/WFP-0000107745/download/> (CARI)

<sup>11</sup> This indicator, and the (adapted) explanatory notes included in this section, are taken from [WFP's VAM Resource Centre](#) and [Essential Needs Assessment Guidance Note](#)

## SECTOR SPECIFIC INDICATORS

- The following sector **specific indicators and guidance has been developed by the respective cluster cash working groups/task teams** in consultation with the co-leads and reference group.
- While many of the included sectoral outcomes could only be fully realized in combination with sector specific interventions (rather than through MPC alone), the intention was not to include comprehensive menus of sectoral indicators to which cash might contribute as part of an integrated, or complementary, programme. Rather, **these indicators have been included on the basis that they reflect a limited number of sectoral outcomes to which MPC is likely to independently contribute under suitable programming conditions.**
- **Each sector has provided guidance on when (under what conditions) and to what extent MPC can potentially contribute to these sectoral outcomes,** associated limitations, and who should be engaged in related programme design and monitoring.
- **These indicators are presented on the assumption that practitioners will select the indicators which they determine are most appropriate to their MPC intervention,** without any specific recommendations on prioritisation or how many should be used. For integrated and/or sector specific programming, the expectation is that organisations may choose to combine selected indicators from this list with other relevant sectoral outcome indicators.

### CHILD PROTECTION

**Conditions under which we would expect to see MPC contributing to outcomes**

The Child Protection (CP) sector seeks to produce life-saving outcomes both through standalone interventions as well as through integration and mainstreaming with other interventions, such as multipurpose cash. While recent pilot studies and desk reviews underscore the use of cash as a protection tool to improve child protection and well-being, they also point to knowledge gaps and the need for more concrete data findings. Therefore, monitoring MPC needs to capture disaggregated data relating to CP risks to identify and maximize child protection benefits.

Families may be driven to resort to negative coping mechanisms, such as child labour, family separation, and child marriage due to a lack of financial resources. Therefore, for MPC to affect child protection outcomes, the transfer value must be sufficient to address the financial drivers of the CP risks, and of sufficient duration to allow for movement away from negative coping mechanisms (we are unlikely to see significant shifts in child protection outcomes in short-term interventions).

- It is recommended that child protection outcomes be measured both in programs that have the intended purpose to impact CP outcomes and those that are not designed with a CP outcome from the outset.
- The Global Protection Cluster’s (GPC) Cash for Protection Task Team (CPTT) notes that child protection outcomes are more likely from MPC when the following good practices and contextual factors are present:
  - The targeting and prioritization strategy for MPC recipients is jointly developed by MPC and child protection actors.
  - Where possible, implementation and monitoring throughout the program cycle are carried out jointly by cash and CP actors.
  - Contextual risk analysis shows that causes/contributing factors to child protection risks (including- negative coping mechanisms) are financial and linked to the humanitarian crisis.
  - Analysis shows that recurrent cash transfers are the most appropriate modality to address those contributing factors.
  - Child Protection services are available to recipients of MPC.
  - There is an up-to-date service mapping, and a functioning referral mechanism, including between cash and protection actors.

**CHILD PROTECTION**

Indicator(s) to use and guidance	Percentage of households receiving MPC where at least one child in the household is engaged in child labour [due to financial vulnerability]	<ul style="list-style-type: none"> <li>• <b>We recommend prioritizing the use of either this indicator or the following one (child separation)</b>, depending on which outcome contextual analysis indicates is more of a concern, and/or more likely to respond to an MPC distribution within a fairly short time frame.</li> <li>• A child is anyone under age 18.</li> <li>• Child labour is any work that deprives children of their childhood, their potential, and their dignity. It is work that exceeds a maximum number of hours, depending on the age of the child and type of work, and that interferes with children's education and/or negatively affects their emotional, developmental, and physical well-being.</li> <li>• Consult with the child protection coordination mechanism (cluster/sector working group) for information on relevant national legislation, including legal minimum working age and what hours are permitted for different types of work. National legislation generally requires children (adolescents) to have completed compulsory education and to have reached the legal minimum age for work.</li> <li>• All child labour indicators can be re-worded to specify the type of child labour, such as a worst form of child labour or a type of hazardous labour. These would also need to be clearly defined according to the legal framework in-country.</li> <li>• Note: the section in brackets [due to financial vulnerability] is optional as this can be further explored during analysis. Therefore, we could explore who in the household is engaged in labour, and their ages to ascertain if children are engaged in labour. Focus Group Discussions can then be utilised to understand the drivers (see recommended tools in the Additional Guidance section below).</li> <li>• See the <a href="#">Inter-Agency Toolkit: Preventing and Responding to Child Labour in Humanitarian Action</a></li> <li>• Refer to the <a href="#">ILO Child Labour Monitoring Site</a> for up-to-date guidance on how to identify and refer cases of child labour -</li> </ul>
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CHILD PROTECTION		
<p>Indicator(s) to use and guidance</p>	<p>Percentage of households reporting child separation from caregiver (including because of work-related migration) [due to financial vulnerability]</p>	<ul style="list-style-type: none"> <li>• <b>We recommend prioritizing the use of either this indicator or the preceding one (child labour)</b>, depending on which outcome contextual analysis indicates is more of a concern, and/or more likely to respond to an MPC distribution within a fairly short time frame.</li> <li>• Separation can cover both Unaccompanied and Separated Children:</li> <li>• Separated: Children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.</li> <li>• Unaccompanied: Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.</li> <li>• Caregiver: An individual, community, or institution (including the State) with clear responsibility (by custom or by law) for the well-being of the child. It most often refers to a person with whom the child lives and who provides daily care to the child</li> <li>• Consult with the child protection coordination mechanism (cluster/sector working group) for information on context-specific causes/drivers of family separation (ex. child is sent away to work, caregiver leaves to go to work, etc.).</li> <li>• It is important to consult with child protection experts in country to ensure that MPC does not unintentionally serve as a driver of family separation.</li> <li>• Note the section in brackets [due to financial vulnerability] is optional as this can be further explored during analysis. Focus Group Discussions can then be utilized to understand the drivers (see recommended tools in the Additional Guidance section below).</li> <li>• For examples on tools, see resources from the FCR REACT Program in Cambodia, including a sample <a href="#">baseline</a>, <a href="#">PDM1</a> and <a href="#">PDM 2</a>.</li> </ul>

CHILD PROTECTION		
<b>Indicator(s) to use and guidance</b>	<b>Percentage of households reporting child marriage during the duration of receiving MPC (disaggregated by gender and prior to age 18, and prior to age 15), [due to financial vulnerability]</b>	<ul style="list-style-type: none"> <li>• MPC transfers may not be for a long enough duration to have a significant impact on child marriage plans. Therefore, this indicator should only be selected where child marriage is a considerable concern, and where MPC is targeting families at-risk.</li> <li>• Child marriage is a formal or informal union where one or both parties are under the age of 18. All child marriage is considered forced, as children are not able to give full consent to marriage.</li> <li>• Not the section in brackets [due to financial vulnerability] is optional as this can be further explored during analysis. Focus Group Discussions can then be utilised to understand the drivers (see recommended tools in the Additional Guidance section below).</li> <li>• Consult with the child protection coordination mechanisms in-country around framing of the questions (for additional guidance, see resources below).</li> </ul>
<b>Additional guidance:</b>	<p>The following resources can be located in the <a href="#">Toolkit for Monitoring and Evaluating Child Protection When Using Cash and Voucher Assistance</a>:</p> <ul style="list-style-type: none"> <li>• CVA and CP Focus Group Discussion Guide</li> <li>• Survey for all (including Kobo file)</li> <li>• CVA Survey Tool for CP Case Workers</li> <li>• Guidance on how to analyse the data</li> <li>• <a href="#">GAGE (2019) Qualitative research toolkit</a> to explore child marriage dynamics and how to fast-track prevention, This toolkit can help you understand the drivers of child marriage</li> </ul> <p><b>Important note: these indicators should not be measured without established referral pathways to safely refer child protection cases.</b> Consult the relevant coordination body in-country for more information.</p>	



<b>EDUCATION</b>					
<b>Conditions under which we would expect to see MPC contributing to outcomes</b>	<ul style="list-style-type: none"> <li>• Difficulties in accessing quality learning, education (formal, non-formal and alternative) are among the key structural barriers to education for school age children in humanitarian settings and protracted crises. Evidence demonstrates that MPC can lead to positive outcomes in education in the short term by addressing direct and indirect financial barriers.</li> <li>• MPC cannot however redress systemic supply-side barriers to education; it can contribute to better education outcomes when it is combined with education specific interventions (i.e., interventions that address socio-cultural barriers, protection barriers and education service barriers). This is also reinforced in the <a href="#">GEC Cash and Voucher Assistance for Education in Emergencies Synthesis Report and Guidelines</a> and in the GEC Cash Task team Evidence Building on the Contribution of Cash and Voucher Assistance to Increasing Equity and Inclusion in Education in Emergencies.</li> <li>• Education specialists should be involved in the needs assessment, risk analysis and program design to ensure that cash and education interventions are fully integrated and complemented by other relevant sectoral interventions, e.g., child protection, WASH, etc.</li> </ul>				
<b>Indicator(s) to use and guidance</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="vertical-align: top; width: 30%; padding: 5px;"><b>Percentage of school age children enrolled in education</b></td> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• Data should be disaggregated by sex, age, and disability</li> <li>• Depending on the duration and timing of the intervention viz the academic year, household level data must be collected at baseline and end-line, and potentially also in PDM surveys.</li> <li>• It is recommended that survey data is triangulated with the school/education program’s enrolment and/or attendance records where possible. Access to enrolment and attendance records in the formal education system requires coordination with school directors and in some contexts approval by the Ministry of Education. If an MPC intervention is standalone and/or if collaboration with education managers or ministries is not possible, it is acceptable that indicators are not cross checked with the Ministry of Education</li> </ul> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><b>Percentage of school age children who attend education over a specific time frame</b></td> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• <b>The enrolment indicator is recommended only if MPC is distributed at the beginning of the academic year</b> (formal - non formal education) or at the beginning of an education program (informal, alternative education).</li> <li>• Please note it is important to define <b>attendance</b> in terms of the minimum number of days/month of schooling. It is recommended that the indicator includes a specific timeframe (for instance 3 months or 6 months after the MPC distribution). Determining the appropriate time frame will depend on the timing of MPC transfers vis-à-vis the school year as education spending tends to be concentrated in specific times of year. It is meaningful to measure attendance only when MPC is aligned with the school year.</li> <li>• <i>Technical expertise required:</i> Education and Cash specialists can provide support to M&amp;E staff on data collection and analysis.</li> </ul> </td> </tr> </table>	<b>Percentage of school age children enrolled in education</b>	<ul style="list-style-type: none"> <li>• Data should be disaggregated by sex, age, and disability</li> <li>• Depending on the duration and timing of the intervention viz the academic year, household level data must be collected at baseline and end-line, and potentially also in PDM surveys.</li> <li>• It is recommended that survey data is triangulated with the school/education program’s enrolment and/or attendance records where possible. Access to enrolment and attendance records in the formal education system requires coordination with school directors and in some contexts approval by the Ministry of Education. If an MPC intervention is standalone and/or if collaboration with education managers or ministries is not possible, it is acceptable that indicators are not cross checked with the Ministry of Education</li> </ul>	<b>Percentage of school age children who attend education over a specific time frame</b>	<ul style="list-style-type: none"> <li>• <b>The enrolment indicator is recommended only if MPC is distributed at the beginning of the academic year</b> (formal - non formal education) or at the beginning of an education program (informal, alternative education).</li> <li>• Please note it is important to define <b>attendance</b> in terms of the minimum number of days/month of schooling. It is recommended that the indicator includes a specific timeframe (for instance 3 months or 6 months after the MPC distribution). Determining the appropriate time frame will depend on the timing of MPC transfers vis-à-vis the school year as education spending tends to be concentrated in specific times of year. It is meaningful to measure attendance only when MPC is aligned with the school year.</li> <li>• <i>Technical expertise required:</i> Education and Cash specialists can provide support to M&amp;E staff on data collection and analysis.</li> </ul>
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<b>Additional guidance:</b>	<p>Links to resources on attendance and enrolment indicators:</p> <ol style="list-style-type: none"> <li>1. INEE MS Indicators framework - Domain Access and Learning environment - Equal access - 2.1 Net attendance rate (<a href="https://inee.org/resources/inee-ms-indicator-framework">https://inee.org/resources/inee-ms-indicator-framework</a>)</li> <li>2. DG ECHO Key result indicators (KRI) education: 1) Enrolment in formal education services; 2) Enrolment in non-formal education services; (<a href="http://www.dgecho-partners-helpdesk.eu/reference-documents-ngo">www.dgecho-partners-helpdesk.eu/reference-documents-ngo</a>)</li> </ol>				

<b>FOOD SECURITY</b>							
<b>Conditions under which we would expect to see MPC contributing to outcomes</b>	MPC can always, or at minimum almost always, be expected to contribute to food security outcomes. With few exceptions, it is anticipated that MPC will be used by all or most households to contribute to food purchases in all contexts and interventions.						
<b>Recommended indicator(s) to use; and guidance</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Percentage of households by <a href="#">Food Consumption Score (FCS)</a> phase (Poor, Borderline, and Acceptable)</b></p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <li>FCS is typically recognized as a proxy for food <i>diversity and frequency of consumption</i>; best used to understand the quality and nutritional value of foods that people are eating.</li> <li>If the focus of the survey is to understand standard diets, FCS is the preferred indicator, providing both an outcome (Poor, Borderline, Acceptable) along with diet/meal profile (each food group consumed over the previous 7 days). This data can inform program design to address gaps in both quantity and quality of food.</li> </ul> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p><a href="#">Reduced Coping Strategy Index (rCSI)</a></p> <ul style="list-style-type: none"> <li><b>Percentage of beneficiaries who have improved their average rCSI</b></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><b>Mean and median rCSI</b></li> </ul> </td> <td style="vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <li>rCSI and HHS are typically recognized as proxies for food quantity; best used to measure the quantity of food consumed but does not provide insight into the nutritional value of the food consumed.</li> <li>rCSI may be better suited for sudden-onset events, especially in areas typically food-secure or moderately food-insecure.</li> </ul> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p><a href="#">Household Hunger Scale (HHS)</a></p> <ul style="list-style-type: none"> <li><b>Percentage of households with moderate and severe HHS scores</b></li> </ul> </td> <td style="vertical-align: top; padding: 5px;"> <ul style="list-style-type: none"> <li>Like rCSI, this is a proxy for food quantity, but does not provide insight into the quality of food consumed.</li> <li>HHS is only appropriate for areas experiencing high food insecurity; it is not appropriate for areas with mild to moderate food insecurity.</li> </ul> </td> </tr> </table>	<p><b>Percentage of households by <a href="#">Food Consumption Score (FCS)</a> phase (Poor, Borderline, and Acceptable)</b></p>	<ul style="list-style-type: none"> <li>FCS is typically recognized as a proxy for food <i>diversity and frequency of consumption</i>; best used to understand the quality and nutritional value of foods that people are eating.</li> <li>If the focus of the survey is to understand standard diets, FCS is the preferred indicator, providing both an outcome (Poor, Borderline, Acceptable) along with diet/meal profile (each food group consumed over the previous 7 days). This data can inform program design to address gaps in both quantity and quality of food.</li> </ul>	<p><a href="#">Reduced Coping Strategy Index (rCSI)</a></p> <ul style="list-style-type: none"> <li><b>Percentage of beneficiaries who have improved their average rCSI</b></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><b>Mean and median rCSI</b></li> </ul>	<ul style="list-style-type: none"> <li>rCSI and HHS are typically recognized as proxies for food quantity; best used to measure the quantity of food consumed but does not provide insight into the nutritional value of the food consumed.</li> <li>rCSI may be better suited for sudden-onset events, especially in areas typically food-secure or moderately food-insecure.</li> </ul>	<p><a href="#">Household Hunger Scale (HHS)</a></p> <ul style="list-style-type: none"> <li><b>Percentage of households with moderate and severe HHS scores</b></li> </ul>	<ul style="list-style-type: none"> <li>Like rCSI, this is a proxy for food quantity, but does not provide insight into the quality of food consumed.</li> <li>HHS is only appropriate for areas experiencing high food insecurity; it is not appropriate for areas with mild to moderate food insecurity.</li> </ul>
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<b>Additional Guidance</b>	<ul style="list-style-type: none"> <li>When possible, use more than one indicator, as they measure different but complementary aspects of food insecurity. For example, FCS can act as a proxy for measuring food quality, while HHS measures food quantity in severely food insecure settings. The combination of the two provides a more complete understanding of food insecurity in a severely food insecure context. Using rCSI and FCS together in more mild to moderate food insecurity conditions is also appropriate.</li> <li>It can be helpful to analyze data by disaggregated groups, such as household type (i.e. composition of household members) as well as by wealth group/ vulnerability level. The assumption in the latter case is that more vulnerable households spend a greater proportion of income on food than less vulnerable households, or there may be areas that are more market-dependent than others. Comparing food consumption scores with household expenditures can help illuminate whether this assumption holds true in a given context.</li> </ul>						

<b>HEALTH</b>		
<p><b>Conditions under which we would expect to see MPC contributing to outcomes</b></p>	<p>MPC should contribute to health outcomes only when it is complementary to health-specific interventions to ensure access to services and medicines from qualified providers.</p> <p>Reducing barriers and ensuring access to a minimum package of quality services (preventive, promotive, curative, rehabilitative and palliative) from qualified providers always requires a mix of interventions on the provider and demand side, both financial and non-financial, depending on contextual factors.</p> <p>The default modality (and optimal response) to finance equitable access to quality health services is through provider payment mechanisms, complemented by health sector-specific CVA. These payment mechanisms are designed to reduce reliance on user fees, and thus reduce financial barriers and ensure financial protection against catastrophic health expenditures.</p> <p>If after having introduced these payment mechanisms, including sector-specific CVA, households still report health-related expenditures, these can then be included in MPC. Further analysis is then required to see if more can be done to reduce such out of pocket payments, and be mindful that we do not inadvertently contribute to a fee-charging culture for priority services. People receiving MPC do generally seek health services more often, but MPCs do not protect against catastrophic expenditures.</p>	
<p><b>Indicator(s) to use and guidance</b></p>	<p><b>Percent of households that delayed or did not seek care when having a medical, or health issue for which they needed to use a health service due to financial barriers</b></p>	<p>This can be asked as a two-part question:</p> <ol style="list-style-type: none"> <li>1. Over the past three months, did anyone in your household delay or not seek health care when it was needed?</li> <li>2. If yes, why?</li> </ol> <p>If the answer to 1) is 'yes' and the answer to 2) includes an element of financial barriers (e.g., 'too expensive' or 'could not afford it') then count the household as answering affirmatively in relation to this indicator. (There may be multiple reasons given.)</p>
	<p><b>Percent of households with catastrophic health expenditures</b></p>	<ul style="list-style-type: none"> <li>• The WHO and the World Bank define catastrophic health expenditure differently, as spending more than 10% or 25% of total HH expenditures on health (including all out-of-pocket costs, direct and indirect). One threshold should be chosen that is appropriate to the program context.</li> <li>• In the questionnaire, it is important to ask about both direct health expenditures (e.g., consultation fees for primary care, secondary care fees; hospitalization; routine immunizations and growth monitoring; medicine for chronic and non-chronic illnesses; delivery fees; antenatal and post-natal care) and indirect costs (e.g., transportation; accommodations; lost opportunity cost; long-lasting insecticidal nets; therapeutic food).</li> <li>• Ideally, the percentage of households with this level of health expenditure is not "supposed to" go up, even with the provision of MPC.</li> <li>• MPC should be complementary to supply-side interventions and is not a first-line response to address financial barriers to healthcare.</li> <li>• Interpretation of results should be done by cash and health experts, to understand the underlying causes of barriers, and whether these are related to MPC.</li> <li>• See the 'Expenditure' section for more on how to collect and analyse expenditure data.</li> <li>• Forthcoming Global Health Cluster guidance will provide more details.</li> </ul>

<b>HOUSEHOLD ITEMS (NFIS)</b>		
<p><b>Conditions under which we would expect to see MPC contributing to outcomes</b></p>	<p>“Shelter” is the household living space, including the items necessary to support daily activities. (p. 240 Sphere 2018). Household Items may include items essential for sleeping, food preparation and storage, eating and drinking, thermal comfort (including fuel), lighting and personal clothing. WASH MPC Outcome indicators may consider outcome related items such as bed nets, buckets, water storage and hygiene items.</p> <p>A review of MPC expenditure data shows that expenditure on Household Items is fairly common regardless of whether it has been included in the MEB or transfer value. Therefore, it is anticipated that MPC can contribute to the following outcome whenever MPC is used.</p> <p>The indicator is based on the perceptions of MPC recipients. The quality of the household items they purchase may not meet cluster specifications and follow-up may be required to better understand this.</p>	
<p><b>Indicator(s) to use and guidance</b></p>	<p><b>Percentage of households that report having minimum household items that allow all the following: comfortable sleeping, water and food storage, food preparation, cooking, eating, lighting, and clothing</b></p>	<ul style="list-style-type: none"> <li>• To report positively on the indicator, all criteria of the indicator should be fulfilled.</li> <li>• Heating/cooling can be added as appropriate to this list.</li> <li>• You can consult <a href="#">Sphere Standards Shelter and Settlement Standard 4: Household Items</a> and <a href="#">Selecting NFIs for Shelter</a> for global guidance on appropriate NFI packages <a href="#">The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Fourth Edition)</a>.</li> <li>• Liaise with the local Shelter Cluster to find out the minimum standards for NFI packages in the country</li> </ul> <p><i>More specific guidance on how to measure this indicator is under development by the Global Shelter Cluster.</i></p>

## NUTRITION

Conditions under which we would expect to see MPC contributing to outcomes

- **The main condition under which we would expect MPC to contribute to nutrition outcomes is that it is integrated with nutrition-specific interventions.** MPC has been shown to contribute to improved child and maternal nutrition outcomes when combined with nutrition-specific interventions that address the immediate determinants of nutrition (dietary intake, infections disease burden and caring practices for children and women).
- **Evidence-based nutrition-specific interventions include:** provision of food supplements to under-fives and/or women; social and behaviour change promotion activities (most effective in more food secure settings); ensuring access to therapeutic and supplementary feeding for children suffering from wasting/ acute malnutrition; and providing micronutrient supplements. Integrated programmes should be designed for the context; target the same communities and ideally the same households for both MPC and nutrition-specific interventions; and achieve high coverage of the target population.
- **When MPC assistance is delivered without complementary nutrition-specific interventions, it may contribute to improved child and maternal nutrition if the main barriers are economic (demand side barriers).** However, the evidence is quite limited, and the expected contribution is usually to dietary diversity (an intermediate nutrition outcome, see below) and improved purchasing power to cover expenditures on basic needs (food, WASH, and health expenditures). The duration of the MPC will also influence its potential impact on nutrition: longer, more regular payments are more likely to improve diet diversity.
- **The potential of MPC assistance to improve nutritional outcomes can also be optimised by additional strategies, including:**
  1. Targeting MPC to households with nutritionally vulnerable groups, most often children under-five and pregnant and breastfeeding women because nutritional demands to support growth are very high during those periods of the lifecycle, but in some situations other nutritionally vulnerable groups may be identified.
  2. Supporting broader nutrition-sensitive interventions such as improving access and quality of essential health services; supporting production of nutrient-dense foods (e.g., via home gardens or biofortified crops); or promoting gender equality and/ or time/ work-saving technologies, particularly for women.
  3. Ensuring cash transfer values are sufficient to allow a household to purchase a food basket that is adequate to meet the nutritional needs of vulnerable household members (e.g., under-fives and pregnant and breastfeeding women)
  4. Optimising the timing and duration of the MPC to address the timing of drivers of acute malnutrition, including not only the lean season but expected periods of relevant disease outbreaks. Please see the [Evidence and Guidance Note on the Use of CVA for Nutrition Outcomes in Emergencies](#) for more details.
- **Involving nutrition experts in all stages of MPC programming can increase the potential for nutritional impact,** including needs assessments, risk analysis and design, monitoring and evaluation.

<b>NUTRITION</b>	
<b>Conditions under which we would expect to see MPC contributing to outcomes</b>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>Nutrition outcomes can be measured at different levels of the causal pathway that leads to improved nutrition of people affected by a humanitarian emergency.</b> Ultimately, nutrition programmes should aim to improve the anthropometric and micronutrient status of vulnerable population groups such as children under-five, women of reproductive age, and adolescent girls. However, these high-level outcomes are often difficult to achieve, to attribute to the given programme, and to measure without significant investment in a robust impact evaluation design. This can be particularly challenging in the timeframe of a short-term emergency response.</li> </ul> <p><b>Nutrition programmes, including those that utilise MPC, therefore often measure more intermediate nutrition outcomes on the causal pathway.</b> While these intermediate outcomes are not equivalent to improved anthropometric or micronutrient status, they do suggest positive change. These include 1) improved dietary intake of individuals, 2) improved infant and young children feeding (IYCF) practices and 3) improved utilization of nutrition and health services.</p> <p><b>For MPC programmes that are not combined with nutrition-specific interventions, we specifically recommend - at a minimum - measuring dietary diversity for households, women and children via the three indicators below.</b> Measuring these outcomes may be particularly relevant where the transfer value has been calculated as a percentage of the minimum expenditure basket (MEB) or Survival MEB. If there are individuals of particular risk of malnutrition other than women of reproductive age and children 6-23 months in the context, the individual diet diversity score may be adapted for use – please seek assistance to do this.</p> <p><b>For more guidance on integrated programmes that deliver MPC assistance together with nutrition-specific interventions, which are designed to achieve nutrition outcomes, please see the <a href="#">Evidence and Guidance Note on the Use of CVA for Nutrition Outcomes in Emergencies</a> and guidance coming from the CVA for Nutrition Outcomes Global Working Group in 2022.</b></p>
<b>Indicators to use and guidance</b>	<p><b>Household Dietary Diversity Score (HDDS)</b></p> <p>HDDS is a standard food security indicator that reflects the economic ability of a household to access and consume a variety of foods. It is based on households' self-reporting of the number of food groups consumed in the previous 24 hours. The Household Dietary Diversity Score (HDDS) has been validated as a proxy for household energy availability.<sup>12</sup> HDDS is also used to classify acute food insecurity in the Integrated Food Security Phase Classification (IPC).<sup>13</sup> For further guidance, please see: <a href="#">Guidelines for measuring household and individual diet diversity, FAO, 2011.</a></p>

<sup>12</sup> Dietary Diversity as a Household Food Security Indicator, FANTA, 2002

<sup>13</sup> Technical Manual Version 3.1 Evidence and Standards for Better Food Security and Nutrition Decisions, IPC, 2021 (page 36)

NUTRITION	
	<p><b>Minimum Dietary Diversity for Women (MDD-W): Percentage of women aged 15–49 years who consumed foods from 5 or more food groups the previous day.</b></p> <p>If the intervention is taking steps to target MPC to women of reproductive age (15–49 years) and/or delivering key behaviour change messages on diversifying women’s diets and/or providing other relevant complementary interventions, we recommend measuring the MDD-W. This will provide a more accurate picture of the MPC’s contribution to improving nutrition.</p> <p>Questions are addressed to women of reproductive age and ask about their individual consumption during the previous 24 hours. The tool and analysis are similar to the HDDS, but they must be adapted. The 10 food groups used are different from the 12 used in the HDDS.</p> <p>For more guidance on MDD-W, please see <a href="#">FAO, FANTA 2021 - Minimum Dietary Diversity for Women: An updated guide for measurement: from collection to action</a> (Please note this guidance overrides what you will find on individual diet diversity in the 2011 guide for HDDS, above)</p>
Additional Resources	<p>Guidance Brief on Cash and Vouchers for Nutrition in Emergencies (Global Nutrition Cluster, available in four languages)</p> <p><a href="#">Resourcing Families for Better Nutrition (RF4BN) Common Approach (Save the Children)</a></p> <p><a href="#">Considering &amp; Incorporating CVA in Nutrition Programs: 3 steps decision Making Tool (CaLP, Save, Crois Rouge Francaise)</a></p> <p><a href="#">Modality Decision Tool: Nutrition Addendum (USAID)</a></p> <p>For additional support, please contact either of the co-chairs of the Global Cash and Voucher Assistance for Nutritional Outcomes : Marina Tripaldi <a href="mailto:m.tripaldi@savethechildren.org.uk">m.tripaldi@savethechildren.org.uk</a> or Diane Moyer <a href="mailto:diane.moyer@concern.net">diane.moyer@concern.net</a></p>

<b>SHELTER &amp; SETTLEMENTS</b>		
<b>Conditions under which we would expect to see MPC contributing to outcomes</b>	<p>Available evidence and trends indicate that MPC alone will not guarantee people have adequate shelter. MPC can, however, contribute to shelter outcomes by addressing some of the financial barriers to having adequate shelter, for example by enabling people to pay for rental and/or utility costs, or contribute towards house repairs. However, minimum standards of quality shelter cannot be guaranteed with MPC alone. If the objective of the program is to provide adequate shelter this must be addressed through shelter-specific programming and/or complementary interventions. It is important to use these indicators even if the affected population are largely able to access shelter at the current time. Vulnerability to losing shelter may only come to light through using these indicators and the programming that may follow on.</p> <p>The indicators are based on the perceptions of MPC recipients, and therefore cannot be used to confirm that technical standards have been met. They could, however, identify issues which should be referred to a technical Shelter team or trigger shelter-specific programming or complementary interventions.</p>	
<b>Indicator(s) to use and guidance</b>	Percentage of households that report living in a shelter that has all the following: adequate space, feels safe, feels private and protected from the weather.	<ul style="list-style-type: none"> <li>• To report positively on the indicator, all criteria of the indicator should be fulfilled.</li> <li>• This indicator can be measured by asking the perception of shelter occupants for each issue or by asking for a series of issues experienced in the shelter.</li> </ul> <p>More specific guidance on how to measure this indicator is under development by the Global Shelter Cluster.</p>
	Percentage of households that report pressure to leave their shelter for financial reasons	<ul style="list-style-type: none"> <li>• This indicator can be measured as part of cross-cutting HLP indicators as demonstrated in these <a href="#">PDM tools</a>.</li> <li>• This <a href="#">guidance from the Global HLP AoR</a> is also helpful in determining how to measure perceptions of tenure and affordability of shelter.</li> </ul> <p><i>More specific guidance on how to measure this indicator is under development by the Global Shelter Cluster.</i></p>
	Percentage of households that report that their shelter feels warm enough at night	<ul style="list-style-type: none"> <li>• This indicator should only be used when the MPC transfer specifically includes thermal comfort or cold season programming.</li> <li>• Relevant for winter or “cold” climates. This could also be a key consideration at night in many climates due to dramatic temperature differences and lack of adequate NFIs/shelter.</li> </ul> <p><i>More specific guidance on how to measure this indicator is under development by the Global Shelter Cluster.</i></p>



## WASH

Conditions under which we would expect to see MPC contributing to outcomes

- **MPC can contribute to overcoming financial barriers to accessing WASH goods and services.** However, in most cases, **MPC needs to be implemented together with complementary programmes** that address WASH-related supply-side barriers, non-financial demand-side barriers, systemic issues, or behavioral changes to contribute to WASH outcomes.
- **WASH experts should be involved in all phases of multipurpose cash project development and implementation** (needs assessment, risk analysis, response analysis and design) to ensure that interventions complement each other.
- **MPC is likely to contribute to WASH outcomes when**
  1. **Recipients are accustomed to purchasing WASH related goods and services** in sufficient quantity and quality from local markets (which may vary greatly between subsectors and relevant goods and services) and no other negative coping mechanism are foreseen (using river water to save money, practicing open defecation, washing hands without soap).
  2. **WASH markets are accessible**, including for women, girls, and vulnerable groups
  3. **WASH markets are functioning** and can adequately respond to an increased demand of WASH goods and services.
- **If all conditions are met, then WASH access indicators** should be included, regardless of whether WASH expenditures are included in the MPC transfer value.
- **If only some, or none of these conditions are met** the achievement of WASH indicators at outcome level cannot be assured at sector standards. However, these indicators are still recommended for monitoring, adaptation, or advocacy.

<b>WASH</b>		
<b>Indicators to use and guidance</b>	<ul style="list-style-type: none"> <li>• <b>Water Supply:</b> Percentage of households (HH) reporting that all HH members have access to an adequate quantity of safe water for drinking, cooking, personal and domestic hygiene</li> <li>• <b>Sanitation:</b> Percentage of households (HH) reporting that all HH members have access to a safe, secure, clean, and well-maintained toilet, including water or anal cleansing materials</li> <li>• <b>Hygiene:</b> Percentage of HH having access to a functioning handwashing facility with water and soap at home and essential hygiene items including menstrual hygiene products.</li> </ul>	<p><b>Guidance</b></p> <ul style="list-style-type: none"> <li>• <b>Indicator type:</b> Output, self-reported</li> <li>• <b>Data Collection:</b> MPC-only Beneficiary Household / PDM Surveys</li> <li>• <b>Unit of Measure:</b> Percent (of households)</li> <li>• <b>Calculation:</b> The percent is derived by dividing the number of households reporting access of all HH members by the total number of households surveyed in the target population.</li> <li>• <b>Disaggregated by:</b> age, gender, diversity and disability.</li> <li>• <b>Who Collects:</b> Implementing partner staff or enumerators.</li> <li>• <b>From Whom:</b> Beneficiary households living in the intervention area who only received MPC as humanitarian aid.</li> <li>• <b>Frequency of Collection and Reporting:</b> baseline and endline; on an ongoing/ rolling basis (monthly, quarterly - tbd).</li> </ul> <p><b>Further considerations:</b></p> <ul style="list-style-type: none"> <li>• Development of questionnaire requires consultation of WASH monitoring experts (e.g. contextual definition of essential hygiene/WASH NFI)</li> <li>• While WASH specific expertise is not required for data collectors / enumerators, technical terminology should be clarified and understood</li> <li>• Indicators will be mostly measured through phone interviews or equivalent PDM surveys using Kobo collect or other digital data collection tools.</li> <li>• Attention must be paid to collect information from all groups (e.g., interviews should not only be conducted with male household members)</li> <li>• If individual members of a household are excluded from access, they must be reported on a disaggregated basis</li> </ul>

**WASH****Additional  
Guidance****GENERAL GUIDANCE:**

- Revised guidance: <https://wrc.washcluster.net/document/market-based-programming-wash-technical-guidance-practitioners>
- Evidence building study: <https://wrc.washcluster.net/document/evidence-building-cash-and-markets-wash-emergencies-summary-findings>
- GWC WASH Coordination Toolkit: <https://washcluster.atlassian.net/wiki/spaces/CTK/pages/285278229/MBP+monitoring>

**Note on WASH Outcome Indicators:**

Ensuring access to WASH services alone (output level) is no guarantee that a program will contribute to a reduction in WASH-related morbidity and mortality (impact level). Only if the targeted population has access to and uses WASH services based on adequate knowledge, attitude and practices, that meet agreed quality standards (outcome level), will the intervention likely contribute to WASH impacts.

The technical guidance of the GWC introduces a MEAL framework for WASH sector-specific market-based programming, with WASH outcome level indicators for different sub-sectors. The use of those indicators requires WASH-specific monitoring skills and specific training of enumerators; and a mixed-methods approach including surveys, physical checks of infrastructure, and focus group discussions

# ANNEX I: EXAMPLE EXPENDITURE QUESTIONNAIRE

This example questionnaire is adapted as a simplified version of the [WFP Expenditure Module](#)

Item name	Examples <i>Replace the examples below with relevant items to the survey area(s).</i>	What did your household <b>spend money on</b> in the last 30 days?		In the last 30 days, did your household <i>consume</i> anything that came from <b>in-kind gifts and/or assistance</b> . This includes - in-kind assistance from NGOs, UN, RCRCM, government; gifts or borrowing from family and friends; borrowing; begging. <i>Estimate the value from in-kind assistance or gift.</i>
		Cash (curr.)	Credit (curr.)	
<b>Food</b>				
Can be broken down by food group/ drinks if relevant				
<b>Personal care</b>				
Hygiene items	Soap, toothbrush, toothpaste, toilet paper, detergents, etc.			
<b>Transport</b>				
Transport	Fuel, public transportation, taxi			
<b>Housing</b>				
Water supply for domestic use	Water for domestic supply			
Electricity	Electricity			
Other sources of energy	Gas, kerosene, wood – NOT electricity			
Services related to dwelling				
<b>Communication</b>				
Communication	Mobile top- up, internet			
<b>Health</b>				
Health services	Outpatient and hospital services			
Medicines & Health products	Medicine, other medical products, etc			



<b>Clothing</b>				
Clothing and footwear	Clothing, shoes (purchase and repair) – school uniforms excluded			
<b>Education</b>				
Education services	Tuitions fees			
Education goods	Other education costs (uniform, school materials, transport)			
<b>Housing</b>				
Rent	Actual rent for housing			
Household non-durable furniture and routine maintenance	Textiles, utensils, goods, and services for household routine maintenance			
<b>Wealth</b>				
Savings	Cash saved			
Debt repayment	Debt repayment			
Insurance	Insurances			
<b>Other</b>				
<b>TOTAL</b>				
Q: What was the total value of the assistance you received during this period (the expenditure recall period(s)):				

## ANNEX 2: EXAMPLE QUESTIONNAIRE FOR THE BASIC NEEDS INDICATORS + FOLLOW-UP QUESTIONS

1	<p><b>To what extent is your household able to meet its basic needs as you define and prioritize them?</b></p> <p><i>Note to enumerator: If required, you can explain that basic needs would include anything the respondent &amp; their family needs to survive and maintain a reasonable standard of living. Try to avoid defining a list of basic needs but rather allow the respondent to answer based on their own priorities. Their priorities would be those needs which are important to them and their families.</i></p> <p> <input type="checkbox"/> All                      <input type="checkbox"/> Some (less than half)  <input type="checkbox"/> Most                      <input type="checkbox"/> None  <input type="checkbox"/> About half              <input type="checkbox"/> I don't wish to respond         </p>																
2.a	<p><b>If the answer to Q1 is not 'all', which basic needs is your household currently unable to fulfil?</b></p> <p><i>Note to enumerator: Do not read the list, listen to the response, and check any relevant boxes. If there is no appropriate box, please select other and list any other details. You may select multiple responses.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Basic food needs</td> <td><input type="checkbox"/> Special healthcare needs of pregnant and lactating women</td> </tr> <tr> <td><input type="checkbox"/> Special food needs of your children 0–23 months</td> <td><input type="checkbox"/> Transportation needs</td> </tr> <tr> <td><input type="checkbox"/> Special food needs of pregnant and lactating women</td> <td><input type="checkbox"/> Communication needs</td> </tr> <tr> <td><input type="checkbox"/> Water needs</td> <td><input type="checkbox"/> Education needs for children</td> </tr> <tr> <td><input type="checkbox"/> Hygiene needs</td> <td><input type="checkbox"/> Clothing needs</td> </tr> <tr> <td><input type="checkbox"/> Shelter/housing needs</td> <td><input type="checkbox"/> Utilities</td> </tr> <tr> <td><input type="checkbox"/> Healthcare needs of your households</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Special healthcare needs of your children 0–23 months</td> <td></td> </tr> </table>	<input type="checkbox"/> Basic food needs	<input type="checkbox"/> Special healthcare needs of pregnant and lactating women	<input type="checkbox"/> Special food needs of your children 0–23 months	<input type="checkbox"/> Transportation needs	<input type="checkbox"/> Special food needs of pregnant and lactating women	<input type="checkbox"/> Communication needs	<input type="checkbox"/> Water needs	<input type="checkbox"/> Education needs for children	<input type="checkbox"/> Hygiene needs	<input type="checkbox"/> Clothing needs	<input type="checkbox"/> Shelter/housing needs	<input type="checkbox"/> Utilities	<input type="checkbox"/> Healthcare needs of your households	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Special healthcare needs of your children 0–23 months	
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<input type="checkbox"/> Healthcare needs of your households	<input type="checkbox"/> Other, specify:																
<input type="checkbox"/> Special healthcare needs of your children 0–23 months																	
2.b	<p><b>For each unmet need above (2.a):</b> Note to enumerator: you may select more than one box below.</p> <p><b>Why are you unable to fully meet this need?</b></p> <p> <input type="checkbox"/> Financial reasons  <input type="checkbox"/> It is not available on the local market  <input type="checkbox"/> Other, specify:         </p>																
2.c	<p><b>What are the most important things that the cash helped your household to do or buy that you could not do or buy before you received it?</b></p> <p><i>Note to enumerator: Ask respondents to tell you up to five of the most important things. Do not read out the list below - listen to responses and check any relevant boxes. If there is no appropriate box, please select other and list any other details.</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Basic food needs</td> <td><input type="checkbox"/> Special healthcare needs of your children 0–23 months</td> </tr> <tr> <td><input type="checkbox"/> Special food needs of your children 0–23 months</td> <td><input type="checkbox"/> Special healthcare needs of pregnant and lactating women</td> </tr> <tr> <td><input type="checkbox"/> Special food needs of pregnant and lactating women</td> <td><input type="checkbox"/> Transportation needs</td> </tr> <tr> <td><input type="checkbox"/> Water needs</td> <td><input type="checkbox"/> Communication needs</td> </tr> <tr> <td><input type="checkbox"/> Hygiene needs</td> <td><input type="checkbox"/> Education needs for children</td> </tr> <tr> <td><input type="checkbox"/> Shelter/housing needs</td> <td><input type="checkbox"/> Clothing needs</td> </tr> <tr> <td><input type="checkbox"/> Healthcare needs of your households</td> <td><input type="checkbox"/> Utilities</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other, specify:</td> </tr> </table>	<input type="checkbox"/> Basic food needs	<input type="checkbox"/> Special healthcare needs of your children 0–23 months	<input type="checkbox"/> Special food needs of your children 0–23 months	<input type="checkbox"/> Special healthcare needs of pregnant and lactating women	<input type="checkbox"/> Special food needs of pregnant and lactating women	<input type="checkbox"/> Transportation needs	<input type="checkbox"/> Water needs	<input type="checkbox"/> Communication needs	<input type="checkbox"/> Hygiene needs	<input type="checkbox"/> Education needs for children	<input type="checkbox"/> Shelter/housing needs	<input type="checkbox"/> Clothing needs	<input type="checkbox"/> Healthcare needs of your households	<input type="checkbox"/> Utilities		<input type="checkbox"/> Other, specify:
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	<input type="checkbox"/> Other, specify:																

## ANNEX 3: EXAMPLE QUESTIONNAIRE FOR THE SPECIFIC BASIC NEEDS MODULE

\* This has been adapted from an example provided by Save the Children, which they have piloted in several interventions

<p><b>1. To what extent were you able to meet the food needs of your households, during the last 30 days?</b>  <b>Select the statement that best describe your situation.</b>  <i>Select one option only.</i></p>	<ul style="list-style-type: none"> <li>• Those needs are fully met (5)</li> <li>• Those needs are mostly met, but not completely (4)</li> <li>• We're able to meet approximately half of those needs (3)</li> <li>• We're only partly able to meet those needs – less than half (2)</li> <li>• We're not at all able to meet those needs (1)</li> </ul>	<p><i>For the enumerator: Ask this question if the answer to the previous question is, "half", "partly able" or "not at all able".</i>  <b>Why is that so?</b>  <i>For the enumerator: do not read the options out loud. Let the respondent speak and select all the statements that best describe the situation.</i></p>	<ul style="list-style-type: none"> <li>• We don't have enough money</li> <li>• What we need is unavailable in local shops</li> <li>• Other, please specify</li> </ul>
<p><b>2. To what extent were you able to meet the water needs of your households, during the last 30 days?</b>  <b>Select the statement that best describe your situation.</b>  <i>Select one option only.</i></p>	<ul style="list-style-type: none"> <li>• Those needs are fully met (5)</li> <li>• Those needs are mostly met, but not completely (4)</li> <li>• We're able to meet approximately half of those needs (3)</li> <li>• We're only partly able to meet those needs – less than half (2)</li> <li>• We're not at all able to meet those needs (1)</li> </ul>	<p><i>For the enumerator: Ask this question if the answer to the previous question is, "half", "partly able" or "not at all able".</i>  <b>Why is that so?</b>  <i>For the enumerator: do not read the options out loud. Let the respondent speak and select all the statements that best describe the situation.</i></p>	<ul style="list-style-type: none"> <li>• Because we don't have enough money to buy the water and/or the containers</li> <li>• Water points are not operational</li> <li>• Water points are too far or dangerous to reach</li> <li>• Other, please specify</li> </ul>
<p><b>3. To what extent were you able to meet the healthcare needs of your households, during the last 30 days?</b>  <b>Select the statement that best describe your situation.</b>  <i>Select one option only.</i></p>	<ul style="list-style-type: none"> <li>• Those needs are fully met (5)</li> <li>• Those needs are mostly met, but not completely (4)</li> <li>• We're able to meet approximately half of those needs (3)</li> <li>• We're only partly able to meet those needs – less than half (2)</li> <li>• We're not at all able to meet those needs (1)</li> </ul>	<p><i>For the enumerator: Ask this question if the answer to the previous question is, "half", "partly able" or "not at all able".</i>  <b>Why is that so?</b>  <i>For the enumerator: do not read the options out loud. Let the respondent speak and select all the statements that best describe the situation.</i></p>	<ul style="list-style-type: none"> <li>• We don't have enough money</li> <li>• Healthcare services are not operational or unavailable locally</li> <li>• Other, please specify</li> </ul>
<p><b>Add other specific basic needs as relevant ...</b></p>			

## ANNEX 4: INDICATOR SUMMARY TABLE

Indicator Type	Area/Sector	Indicators	Notes on Use
Process	Protection Mainstreaming	<p><b>Percent of recipients (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner</b></p> <ul style="list-style-type: none"> <li>The indicator is calculated based on the responses to eight required questions covering the four elements of protection mainstreaming (prioritize safety &amp; dignity and avoid causing harm, meaningful access, accountability, participation)</li> </ul>	<ul style="list-style-type: none"> <li>Protection mainstreaming process indicator.</li> <li>Guidance from DG ECHO on the methodology and use of the indicator can be found <a href="#">here</a></li> </ul>
	Immediate Outcomes	Expenditure	<p><b>Total monthly expenditures by sector relative to MEB sectoral components/amounts</b></p> <ul style="list-style-type: none"> <li>Enables examination of the distribution of expenditure within and across households. Can be used to assess the extent to which actual expenditures align with MEB components, and/or broken down by sector or category for analysis and tracking over time – e.g., percentage of household expenditure on health, percentage of household expenditure on shelter, percentage of household expenditure on food, etc.</li> </ul>
<p><b>Percentage of households with total monthly expenditure which exceeds the MEB</b></p> <ul style="list-style-type: none"> <li>Measured as a binary indicator showing if a household's total monthly expenditure is above or below the threshold of the MEB value. If HH expenditure exceeds the MEB, the indication is that they can meet their basic needs. The indicator is essentially the economic capacity to meet essential needs (ECMEN) indicator<sup>14</sup>.</li> </ul>			
Women's Decision Making		<p><b>Percentage of households where women are involved in decision making on the use of cash transfers</b></p> <ul style="list-style-type: none"> <li>Used to better understand how decision-making on the use of cash transfers is determined at household level, and the extent to which there is (or isn't) a change in women's decision-making</li> </ul> <p><b>Frequency with which women are involved in decision making on the use of cash transfers</b></p> <ul style="list-style-type: none"> <li>There is also an optional follow up question exploring the types of household expenditures women have a decision-making role in</li> </ul>	<ul style="list-style-type: none"> <li>It's recommended to collect both indicators together for a more meaningful analysis.</li> <li>These indicators should not be applied with women headed households (where women will be decision-makers by default)</li> </ul>

<sup>14</sup> See p.15 of WFP's [Essential Needs Assessment Guidance Note](#) December 2020



Indicator Type	Area/Sector	Indicators	Notes on Use
Medium Term Outcomes	Basic Needs	<b>Percentage of households who report being able to meet their basic needs as they define and prioritize them (<i>plus follow-up questions</i>)</b> <ul style="list-style-type: none"> <li>• Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs.</li> <li>• Uses multiple choice follow-up questions to identify unmet needs, the reasons for the needs being unmet, and better understand the impact of MPC on household spending.</li> </ul>	Includes two choices of recommended approaches, to be chosen based on which best fits your monitoring requirements. Both options include the same core overall basic needs indicator. Option 1 includes several follow-up questions. Option 2 includes the additional indicator on specific basic needs. Guidance includes example questionnaires
		<b>Percentage of households who report being able to meet specific basic needs by category</b> <ul style="list-style-type: none"> <li>• Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs, on a need-by-need basis. Also includes questions on the reasons needs aren't being met, where applicable.</li> </ul>	
	Livelihoods Coping Strategies (LCS)	<b>Percentage of households applying Livelihood Coping Strategies (LCS) to meet essential needs, by severity (no use, Stress, Crisis, Emergency)</b> <ul style="list-style-type: none"> <li>• The LCS for essential needs indicator identifies the coping strategies adopted by households to meet their essential needs and classifies households according to the most severe coping strategies applied. It is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages.</li> </ul>	Used to understand medium and longer-term coping capacity of households The indicator and guidance notes are adapted from <a href="#">WFP's VAM Resource Centre</a> and <a href="#">Essential Needs Assessment Guidance Note</a>
	<b>Sector Specific Indicators</b>		
	Child Protection (CP)	<b>Percentage of households receiving MPC where at least one child in the household is engaged in child labour [due to financial vulnerability]</b>	<ul style="list-style-type: none"> <li>• To affect CP outcomes, MPC transfer values and duration must be sufficient to address the financial drivers of the CP risks.</li> </ul> Disaggregate monitoring data relating to CP risks.
	<b>Percentage of households reporting child separation from caregiver (including because of work-related migration) [due to financial vulnerability]</b>		
	<b>Percentage of households reporting child marriage during the duration of receiving MPC (disaggregated by gender and prior to age 18, and prior to age 15), [due to financial vulnerability]</b>		

Indicator Type	Area/Sector	Indicators	Notes on Use
Medium Term Outcomes	Education	Percentage of school age children enrolled in education	<ul style="list-style-type: none"> <li>MPC can contribute to education outcomes by addressing short term financial barriers, but not systemic supply side issues.</li> </ul>
		Percentage of school age children who attend education over a specific time frame	
	Food Security	Percentage of households by <b>Food Consumption Score (FCS)</b> phase (Poor, Borderline, and Acceptable)	<ul style="list-style-type: none"> <li>MPC always/almost always expected to contribute to food security outcomes.</li> <li>Use more than one indicator where possible, as they measure complementary aspects (e.g., food quality, food quantity)</li> <li>rCSI may be better suited for sudden-onset events</li> <li>HHS is only appropriate for areas with high food insecurity</li> </ul>
		<ul style="list-style-type: none"> <li>Percentage of beneficiaries who have improved their average reduced Coping Strategy Index (rCSI)</li> </ul> OR	
		Percentage of households with moderate and severe Household Hunger Scale (HHS) scores	
	Health	Percent of households that delayed or did not seek care when having a medical, or health issue for which they needed to use a health service due to financial barriers	<ul style="list-style-type: none"> <li>MPC should contribute to health outcomes only when complementary to health-specific interventions</li> <li>Indicator on catastrophic expenditures can be collected as part of the expenditure module</li> </ul>
		Percent of households with catastrophic health expenditures	
NFIs	Percentage of households that report having minimum household items that allow all the following: comfortable sleeping, water and food storage, food preparation, cooking, eating, lighting, and clothing	<ul style="list-style-type: none"> <li>It is anticipated that MPC can contribute to this outcome whenever MPC is used.</li> <li>Perception based indicator. Quality of items may require follow-up.</li> </ul>	

Indicator Type	Area/Sector	Indicators	Notes on Use
Medium Term Outcomes	Nutrition	Household Dietary Diversity Score (HDDS)	MPC can contribute to improved child and maternal nutrition outcomes when combined with nutrition-specific interventions. If MPC is delivered without complementary nutrition-specific interventions, it may contribute to improved child and maternal nutrition <i>if</i> the main barriers are economic (demand side).
		<i>Minimum Dietary Diversity for Women (MDD-W): Percentage of women aged 49–15 years who consumed foods from 5 or more food groups the previous day.</i> <i>Minimum Dietary Diversity for Children 6–23 Months (MDD-Ch): Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day (target is at least 5 out of 8 food categories)</i>	
	Shelter and Settlements	Percentage of households that report living in a shelter that has all the following: adequate space, feels safe, feels private and protected from the weather.	MPC alone will not guarantee people have adequate shelter but can contribute to shelter outcomes by addressing some of the financial barriers. Indicators are based on recipient perceptions and cannot be used to confirm that technical standards are met.
		Percentage of households that report pressure to leave their shelter for financial reasons	
		Percentage of households that report that their shelter feels warm enough at night	
	WASH	<b>Water Supply:</b> Percentage of households (HH) reporting that all HH members have access to an adequate quantity of safe water for drinking, cooking, personal and domestic hygiene	MPC can contribute to overcoming financial barriers to accessing WASH goods and services where WASH markets are accessible and functional, and recipients are accustomed to using them. However, in most cases MPC needs to be implemented together with complementary programmes to contribute to WASH outcomes.
		<b>Sanitation:</b> Percentage of households (HH) reporting that all HH members have access to a safe, secure, clean, and well-maintained toilet, including water or anal cleansing materials	
		<b>Hygiene:</b> Percentage of HH having access to a functioning handwashing facility with water and soap at home and essential hygiene items including menstrual hygiene products	