Monitoring and Evaluation of Multi-Cluster / Sector activities in countries

Guidance note

August 2023

Background and rationale

It is becoming increasingly evident that the needs of people affected by humanitarian crises, whether natural or man-made, acute or protracted, are best addressed through a multi-faceted approach, to have more meaningful outcomes. The findings show that this approach is more people-centered, pools knowledge and technical/operational capacity of service/assistance providers, and is resource and cost efficient.

Several countries with active humanitarian clusters (specifically, but not exclusively Health, WASH, Food Security and Nutrition) have some form of multi-sectoral collaboration occurring, either formally or otherwise, reinforcing the function of the Inter-Cluster Coordination Group (ICCG).

This being the case, the global Health, WASH, Food Security and Nutrition clusters, who have committed to mutual collaboration, are seeking to identify the level of Inter-Cluster / Sector Collaboration (ICSC) in such countries and the efficiency and effectiveness of this collaboration within their operations.

Scope of the guidance note

This guidance note is an attempt to provide a list of indicators that can be used to monitor the level of progress (or lack thereof) of multi-sectoral interventions, as well as some clarification on how they can be used.

The list is in no way prescriptive and can be modified, based on the context of each country and the specific needs clusters are trying to address.

The aim of this process is solely to measure the extent to which ICSC is being implemented, its efficiency and effectiveness and not to identify which services are being provided by each sector. Findings from the monitoring could be used by the concerned clusters to take the needful steps to improve the joint response.

For information on different stages of ICSC (e.g., planning and joint geographic prioritization, implementation, advocacy), please refer to "ICSC Key Steps" guidance note available on the gFSC, GHC, GNC and GWC websites.

Explanation of terms used

Health care facility: Health care facilities encompass all formally recognized facilities that provide health care, including primary (health posts and clinics), secondary and tertiary (district or national hospitals); public and private (including faith-run); and temporary structures designed for emergency contexts (e.g. cholera treatment centres). They may be located in urban or rural areas.[1]

Institution: Services/assistance is not necessarily provided at health care facilities. Depending on the context, the need to be addressed and the intended output/outcome, the sites of service/assistance provision can be schools, community centers, old-age homes, etc.

Service/assistance: Some clusters provide services, e.g., clinical management of cholera, etc., while others provide assistance e.g., provision of WASH kits, food distribution, child stimulation and Early Childhood Development, etc. Therefore, both words have been used.

Minimum Response Package: This is the minimum multi-sectoral service/assistance package that is agreed-upon by the clusters participating in the inter-cluster collaboration in-country. Each facility/institution will have a different service package, appropriate to the setting. This should be identified by the country clusters at the outset of the project.

Indicator classification: It is suggested to use output/outcome/impact indicators to measure progress.

- **Process indicators**: these can be used to keep track of accomplishments and to report to donors, if these were included in the project proposals.
- **Joint Response Outcome/Impact indicators:** the list below is not exhaustive by any means. It is up to the country clusters to choose from among this list, or identify different indicators, as per their context. One or more sector-specific indicator from this list can be used by each cluster.

Effectiveness of ICSC: Defined as the ability to produce a desired result, indicators measuring the extent to which the planned outcomes have been realized (e.g., reduced number of disease outbreaks, reduction in GAM prevalence, increased Minimum Dietary Diversity in children, increased coverage of WASH services, etc.) can be used. Comparison between targeted and non-targeted areas can help to gauge effectiveness.

Efficiency of ICSC: Defined as the ability to produce a desired result with minimal use of time, effort and resources, a combination of indicators measuring the extent to which the planned outcomes have been realized (similar to the example on Effectiveness), along with the duration/budget planned in the proposal can be used.

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[1] Framework and toolkit for infection prevention and control in outbreak preparedness, readiness and response at the national level: https://apps.who.int/iris/handle/10665/345251

Annex 1 – List of suggested indicators

Theme	Indicator	Numerator	Denominator	Notes	Indicator classification (outcome/output/process)	Methodology
Service / assistance Availability	# of functional health facilities/institutions with established capacity to support the delivery of a minimum response package of food security, health, nutrition and WASH services in the past 3 months.	# of operational health facilities/institutions (including PHCC, nutrition center, community center, health unit, mobile clinic, old-age home, school, etc. as applicable in relevant country) with availability of Health, Nutrition, WASH and FS services agreed on in-country	Total # of identified/targeted operational facilities/institutions in priority locations	Response packages to be agreed upon at the country level.

Additional services from other clusters can be included (SNFI, GBV, etc.) as per the country context.

Depending on the number of clusters providing services, thresholds can be set.

Frequency to be adjusted according to the agreement in-country | Output | Personnel at the facility collect the information on a quarterly basis |
| | # of locations with established capacity to support the delivery of a minimum response package of food security, health, nutrition and WASH services in the past 3 months. | # of locations with availability of Health, Nutrition, WASH and FS services agreed on in-country | Total # of identified/targeted locations | | Output | HH survey |

Service / assistance Accessibility	% of people at the facility/institution who received a minimum response package of food security, health, nutrition, and WASH services in the past XX months.	# of age and gender disaggregated individuals (take percentage from the denominator) who received the agreed minimum response package (at facilty/institution level). Frequency to be determined by project length.	Total # of individuals accessing the facility/institution in the specified period	Ideally, can be conducted at mid and end project phases Depending on the number of clusters providing services, thresholds can be set. Alternatively, this can be reported as "% individuals receiving assistance from 2, 3 and 4 sectors respectively" Target population per sector may be different, hence different individuals can receive different components based on their needs. % results will need to be interpreted.	Output	Personnel at the facility collect the information on a quarterly basis

% of people from the community who received a minimum response package of food security, health, nutrition, and WASH services in the past XX months.	# of age and gender disaggregated individuals (take percentage from the denominator) who received the agreed minimum response package (at community level, i.e., catchment population of the facility/institution). Frequency to be determined by project length.	Total # of targeted individuals in the specific community	Ideally, can be conducted at mid and end project phases Depending on the number of clusters providing services, thresholds can be set. Alternatively, this can be reported as "% individuals receiving assistance from 2, 3 and 4 sectors respectively" Target population per sector may be different, hence different individuals can receive different components based on their needs. % results will need to be interpreted.	Output	Community volunteers conduct an assessment during service/assistance-provision OR Household survey

	% of people who reported experiencing barriers to accessing a minimum response package of food security, health, nutrition and WASH services in the past XX months.	Total # of age and gender disaggregated individuals from the facility and the community (take percentage from the denominator) who reported not receiving service(s). Frequency to be determined by project length.	Total # of identified/targeted individuals in priority locations	Ideally, can be conducted at mid and end project phases Specify what services were not accessible and why If project is implemented at facility and community levels, pleaase conduct separate analysis	Output	Facility level: Personnel at the facility collect the information Community level: HH survey In resource-constrained environments, KIIs can provide information on barriers (country teams may decide to report on this qualitatively or to keep the % indicator flagging this is an estimation from KIs)
Beneficiary Satisfaction	% of women, girls, men, and boys satisfied with the comprehensiveness, quality, and appropriateness of the a minimum response package of food security, health,	# of age and gender disaggregated individuals (take percentage from the denominator) who answer a satisfaction survey positively regarding the quality of services they received	Total # of age and gender disaggregated individuals who participated in the satisfaction survey	Ideally, can be conducted at mid and end project phases If not satisfied, the sub-standard service should be identified and the	Output	Satisfaction survey (at facility/institution or community level) In resource-constrained environments

nutrition and WASH services.			reason should be recorded, to take corrective actions To ensure complying with AAP commitments			, KIIs can provide information on satisfaction (country teams may decide to report on this qualitatively or to keep the % indicator flagging this is an estimation from KIs)
Community Engagement	# of male and female community members who actively participated in the planning and implementation of the joint response at XX months.	# of age and gender disaggregated individuals (take percentage from the denominator) who report having participated in the planning and implementation of the joint response	Total # of age and gender disaggregated individuals who participated in the survey	Could be included as a section in the same satisfaction survey as above. This indicator can be disaggregated at planning and implementation phases Ideally, can be conducted at mid and end project phases	Process	At least 10 FGDs (100 people) with community members (at facility/institution or community level), if resources allow In resource-constrained environments, KIIs can provide information on level of engagement (country teams may decide to report on this qualitatively or

						to keep the % indicator flagging this is an estimation from KIs) Attendance records of community planning sessions to measure number of individuals participating
	# and % of people who feel adequately involved in the project implementation	# of age and gender disaggregated individuals (take percentage from the denominator) who report having their feedback incorporated into the project cycle of the joint response	Total # of age and gender disaggregated individuals who participated in the survey		Impact	At least 10 FGDs (100 people) with community members, if resources allow
	# of key informant interviews and focus group discussions with affected men, women, boys, and girls that have been used to identify selection criteria of target population in the past XX months.	# of Key Informant Interviews/FGDs on selection criteria conducted in the past XX months	Total # of planned Key Informant Interviews/FGDs (if available)	This is not a main indicator but can be used as a sub-indicator of the previous (people who feel adequately involved). If denominator is available, a percentage can be calculated	Process	M&E officer receives reports from the field and compiles them
Joint Response Outcome/Impact	Incidence for selected diseases	# of new cases of a certain disease	# of people at risk for that disease multiplied by a specific time period	The country Health Cluster can identify priority diseases with linkages to	Outcome	Communicable disease surveillance

			WASH, FSc and Nutrition, to be included in this list.		(e..g., EWARS)
Case Fatality Ratio for most common diseases (specify whether at facility or community level)	# of cases of a certain disease in which the patient died	Total # of cases of the disease in a specific time period (fraction of numerator and denominator multiplied by 100)	One or two outcome/output indicators can be selected to demonstrate the impact of the ICSC intervention, and others can be selected to support that impact, as relevant	Outcome	Communicable disease surveillance (e..g., EWARS)
Vaccination rate of children	# of children 0-59 months fully vaccinated against priority diseases (polio/measles)	Total # of targeted children 0-59 months of age		Output	Health care provider weekly/monthly reports
GAM prevalence among the U5	# of Under five children (U5) diagnosed as SAM + MAM in the catchment area	# of U5 screened for malnutrition in the catchment area	Data for both indicators can be obtained prior to, and at the end of, the intervetion One or two outcome indicators can be selected to demonstrate the impact of the ICSC intervention, and others can be selected to support that impact, as relevant	Outcome	Nutrition survey like SMART SMART and/or any other household assessment including anthropometric measurement based on bilateral pitting oedema + W/H z-score <-2

Minimum Dietary Diversity (MDD) for children 6-23 months	# of children 6-23 months where 4 food groups or more = yes Cut off: At least 4 food groups out of the 7	# of children 6-23 months assessed		Outcome	We are looking at the part of HH assessment or SMART survey focusing on prevalence of children consuming a minimum of 4 food groups over 24h. Good to separate breastfed from non-breastfed children during the analysis. Also split the age groups: 6-11 m; 12-17 m and 18-23 months
# of people in IPC AFI phase 5 / phase 4 / phase 3	# of individuals identified as falling under Integrated Food Security Phase Classification Acute Food Insecurity Phase 4 (Catastrophe/Famine) / Phase 4 (Emergency) / Phase 3 (Crisis)		The indicator can also indicate a % change in the number of people in these IPC phases One or two outcome indicators can be selected to	Outcome	IPC AFI analysis

			demonstrate the impact of the ICSC intervention, and others can be selected to support that impact, as relevant		
Reduced Coping Strategy Index (rCSI)	% of people whose rCSI improved, in the target area, after the ICSC project.		This indicator can also indicate the number of % of people adopting crisis / emergency strategies (to be compared to baseline). It can be calculated shortly after intervention and it is a useful FS indicator when IPC is not available / recent.	Outcome	Food security household survey
Food Consumption Score (FCS)	% of people whose FCS improved, in the target area, after the ICSC project.		This indicator can also indicate the number of % of people with acceptable / borderline FCS (to be compared to baseline). It can be calculated shortly after intervention and it is a useful FS	Outcome	Food security household survey

			indicator when IPC is not available / recent.		
Livelihoods Coping Strategy Index (LCSI)	% of people whose LCSI improved, in the target area, after the ICSC project.		This indicator can also indicate the number of % of people adopting crisis / emergency strategies (to be compared to baseline). It is a useful FS indicator when IPC is not available / recent.	Outcome	Food security household survey
Severity of WASH Needs	% of people whose WASH Severity of needs fell, in the target area, after the ICSC project.	# of people with WASH Severity needs of 3-5 (of 5 maximum) in the target area, prior to the ICSC project.	The country WASH Cluster can identify priority diseases with linkages to WASH, FSc and Nutrition, to be included in this list. One or two outcome indicators can be selected to demonstrate the impact of the ICSC intervention, and others can be selected to support that impact, as relevant	Outcome	
Coverage of adequate WASH services	% of people with access to adequate water supply (quantity and quality) sanitation, and demonstrating adequate hygiene practices	# of people with WASH needs identified in the target area, prior to the ICSC project.		Outcome	

			Quality of WASH provision should conform to SPHERE standards or local standards as agreed by the WASH cluster members.			
Advocacy and Resource Mobilization	# of projects developed and fully funded in the past 12 months within the framework of a joint strategy	# of new multi-sectoral projects developed and funded in the past 12 months, which include Food Security, Health, Nutrition and WASH interventions, and any other sectoral interventions			Process	Clusters compile this information
	# of national and global joint advocacy events conducted in past 12 months.	# of new joint advocacy events conducted in the past 12 months targeting national and/or global audience			Process	Clusters compile this information
	% of funding received in response to joint funding appeals in the past 12 months.	Amount (as a percentage of the denominator) of funding (in USD) received to implement inter-sectoral projects in the past 12 months	Total funding received by 4 clusters in 12 months	The funding percentage indicator may be used to identify progress year on year	Process	Cluster Coordinators collect and compile on yearly basis (from FTS, HRP fund tracking, etc.)

% of funding received within the framework of a joint strategy	Amount (as a percentage of the denominator) of funding (in USD) received to implement inter-sectoral projects in the past 12 months	Total amount requested from donors toward implementation of a joint response	Total request could be, for instance, initial request for a CERF or HF allocation. This can be used along with or in lieu of the previous indicator, depending on available information	Process	Cluster Coordinators collect and compile on yealry basis (from FTS, HRP fund tracking, etc.)

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