

Humanitarian results indicators and how they relate to the SDGs

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Question

What are the result indicators mostly used for humanitarian action and how do they compare and overlap? How do humanitarian result indicators relate to SDG indicators and where can they connect? Are there any examples of Key Performance indicators that capture evidence across both humanitarian and development areas?

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1. Overview

Donor agencies use a number of indicators for humanitarian action. In June 2016, ECHO reduced the number of KRIs (Key Results Indicators) it uses from 113 to 35¹ (ECHO also permits partners to combine pre-defined key results indicators with additional custom indicators). In addition to the sectors covered in this report ECHO also has humanitarian indicators for mine action and disaster risk reduction / disaster preparedness. DFID does not have any core humanitarian indicators at present. Indicators used by DFID vary across country offices.

The research undertaken for this report found very little publicly available information on the humanitarian indicators currently being used by key donor agencies. This report therefore relies

¹ Lists of KRIs before and after the change can be found in the 'single form guidelines' at http://dgecho-partners-helpdesk.eu/reference_documents/start

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heavily on expert input. Moreover, only ECHO provides detailed definitions for each indicator. This makes comparison across donor agencies very difficult.

A number of the Sustainable Development Goals (SDGs) have elements that are applicable to humanitarian action. Areas in which there is considerable overlap include food security, health, resilience, and climate change. However, the research undertaken for this report has not found any literature explicitly linking humanitarian results indicators to the SDGs. The existing literature on the connection between the SDGs and humanitarian action is largely limited to opinion pieces highlighting the potential overlaps between the two areas. Moreover, the research undertaken for this report has not found any literature that identifies Key Performance Indicators that capture evidence across both the humanitarian and development areas.

2. Key humanitarian results indicators

Key humanitarian results indicators currently being used by donor agencies can largely be divided into the following seven categories:

EARLY RECOVERY

The research undertaken for this report was only able to identify early recovery indicators for USAID and DFID Pakistan. Definitions for these indicators do not appear to be publicly available.

USAID²

- Number of internally displaced and host population beneficiaries provided with basic inputs for survival, recovery or restoration of productive capacity as a result of US Government assistance.
- Percentage of planned emergency food aid beneficiaries reached with US Government assistance.
- Percentage of surveyed refugee camps in protracted situations where the mortality rate of children under five does not exceed emergency thresholds.
- Number of internally displaced and host population beneficiaries provided with basic inputs for survival, recovery or restoration of productive capacity as a result of US Government assistance.

DFID Pakistan

- Number of people receiving appropriate livelihoods support that assists their recovery.

EDUCATION

ECHO's education related indicators focus on safety and quality, whereas SIDA focuses on improvements in educational opportunities. Definitions are only available for ECHO's indicators.

² All information on indicators used by USAID is taken from <https://www.state.gov/f/indicators/>

ECHO³

- **Number of boys and girls that access safe, quality learning opportunities (formal education).**

Quality implies but is not limited to:

- 1) a safe learning environment
- 2) competent and well-trained teachers who are knowledgeable in the subject matter
- 3) adequate materials for teaching and learning
- 4) participatory methods of instruction
- 5) reasonable class sizes.

Safe implies: people's physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional and psychological harm.

- **Number of boys and girls that access safe, quality learning opportunities (non-formal education).**

Definitions as above.

- **Number of learning spaces/ schools set up or rehabilitated and equipped to meet standards.**

Inter-Agency Network for Education in Emergencies (INEE) Standards include:

- 1) accessibility, regardless of physical ability
- 2) Clear marking of the learning environment
- 3) appropriate physical structure and space
- 4) space promoting learner-centred approaches
- 5) community engagement
- 6) basic health and hygiene
- 7) adequate sanitation
- 8) availability of sufficient, safe drinking water

- **Number of teachers and other education personnel trained.**

In addition to general knowledge in subject matters as well as pedagogy, teachers/other educational personnel are trained in emergency life skills and in psycho-social support to create a supportive learning environment and to promote learners' psychosocial well-being (See INEE standards related to 'Teaching and Learning'.)

³ All information on ECHO's indicators, including definitions, in this report is taken from http://dgecho-partners-helpdesk.eu/_media/reference_documents/list_of_kri_details_en.pdf

SIDA

- **Number of crisis-affected schoolchildren who have got improved educational opportunities (SIDA, 2015, p. 12).**

EMERGENCY SHELTER

The research undertaken for this report was only able to identify emergency shelter indicators for ECHO and DFID Pakistan. Definitions are only available for ECHO's indicators.

ECHO

- **Number of people having access to basic, safe and dignified shelters solutions.**
Basic, safe and dignified:
 - *affected individuals have an minimum covered floor area of 3.5m² per person.*
 - *all shelter solutions and materials meet locally agreed technical and performance standards and are culturally acceptable.*
 - *all household (re-)construction is in accordance with safe building practices and standards*
 - *all household (re-)construction demonstrate involvement of the affected population and/or are culturally acceptable by the affected population.*
- **Number of people with unhindered access to and living in secure settlements.**
Displacement sites: *formal or informal IDP or refugee settlements including dedicated collective and/or individual shelters for the displaced only (not including host families and rented accommodation).*
Functional coordination and management mechanisms: *at least any 3 of the following 6 mechanisms being operational at any point in time – 1) population statistics monitoring by sex and age, 2) women's committees, 3) camp committees with women representation, 4) self-governance mechanisms, 5) monitoring service provision, 6) presence of a site manager.*

DFID Pakistan

- **Number of people living in rebuilt houses that are more resilient to disasters.**

FOOD SECURITY

The research undertaken for this report was only able to identify food security indicators for ECHO and DFID Sudan. Definitions are only available for ECHO's indicator.

ECHO

- **Number of people enabled to meet their basic food needs.**
Basic food needs: *assistance, combined with beneficiaries' own resources, to international standard of 2100 kcal per person per day for the period of the action. Any kind of transfer modality (in-kind, voucher, cash) and combination thereof with objective to ensure immediate access to the necessary food commodities (ECHO, 2016).*

DFID Sudan

- Number of people provided with food security and livelihoods assistance through DFID support.

HEALTH

Definitions are only available for ECHO's health indicators.

ECHO

- **Number of primary health care consultations.**
Number of curative consultations provided either through existing facilities which received substantial support through the project or through parallel, self-standing emergency facilities.
- **Number of hospitalisations.**
Number of hospitalisations at secondary healthcare facilities, which received substantial amount of support through the project.
- **Number of outbreak alerts responded to.**
Number of alerts for which an investigation and/or control measures were implemented.
- **Number of live births attended by skilled health personnel.**
Skilled health personnel: *doctors, nurses or midwives trained in providing life-saving obstetric care, including in giving the necessary supervision, care and advice to women during pregnancy, childbirth and the postpartum period, and trained to conduct deliveries on their own, and to care for newborns.*
- **Number of mental health consultations.**
Number of psychological and/or psychiatric consultations provided by a skilled provider.
Skilled provider: *medical or paramedical degree with supplementary training on mental health.*
- **Number of SGBV victims receiving assistance in less than 72 hours.**
Number of SGBV victims that receive a comprehensive package of medical and paramedical services within 72 hours of the assault.
- **Number of children who received community based treatments for malaria, diarrhoea, and/or acute respiratory infections.**
Number of children who received community based treatment for malaria, diarrhoea and/or acute respiratory infections. It considers treatment according to ICCMI (Integrated Community Case Management) guidelines and principles. For malaria, only cases treated after confirmation by a diagnostic test should be counted.
- **Number of health facilities rehabilitated.**
Health facility rehabilitated:
 - physical conditions of the facility prevents/limits the spread of nosocomial infections
 - the facility is safe (e.g. against natural hazards)

- WASH services available respecting standards
- storage conditions for medical supplies are according to norms.
- medical waste is disposed of according to standards.

SIDA

- **Number of crisis-affected people who have gained access to health facilities (SIDA, 2015, p. 12).**
- **Number of children (6 months-15 years) who have been vaccinated against measles (SIDA, 2015, p. 12).**

DFID Sudan

- **Number of people reached by health and nutrition-related programmes through DFID.**

NUTRITION

All the donor agencies for which indicators for nutrition were found, except USAID, have almost identical indicators focusing on malnutrition among children under the age of five. USAID focuses specifically on malnutrition in refugee camps. Definitions are only available for ECHO's indicators.

ECHO

- **Number of children under the age of 5 admitted for treatment of Severe or Moderate Acute Malnutrition.**

Total number of cases admitted in nutrition program during the timeframe of the program. Children which are admitted to MAM treatment after SAM treatment should be counted only once.

- **Number of SMART, coverage, NCA or other surveys implemented.**

Eligible or nutrition specific or sensitive assessments have to:

- 1) *provide information on the nutrition situation, or the nutrition program performance, or the causes of undernutrition;*
- 2) *comply with internationally validated methodology;*
- 3) *be implemented during the time frame of the project.*

- **Number of health facilities where nutrition programs are implemented.**

***Nutrition programme at health facility level:** presence of trained personnel, adequate equipment, adequate supplies and management of cases.*

SIDA

- **Number of acutely malnourished children (6-59 months) who have been provided therapeutic treatment/nutritional supplements (SIDA, 2015, p. 12).**

DFID Kenya

- **Number of malnourished children aged under five treated or benefiting from specific acute malnutrition- prevention programmes each year.**

DFID Sudan

- **Number of people reached by health and nutrition-related programmes through DFID.**

USAID

- **Percentage of surveyed refugee camps in protracted situations where global acute malnutrition (GAM) does not exceed 10 percent.**

PROTECTION

USAID's indicators for protection focus largely on refugees, whereas SIDA's indicator covers a broader range of crisis-affected people. ECHO does not have any KRIs relating specifically to protection. The research undertaken for this report also did not find any DFID indicators for protection.

USAID

- **Percentage of NGO or other international organisation projects that include dedicated activities to prevent and/or respond to gender-based violence.**
- **Percentage of the population of concern who have returned home or have been resettled to a third country.**
- **Percentage of US Government-funded NGO or other international organisation projects that include activities or services designed to reduce specific risks or harm to vulnerable populations.**

SIDA

- **Number of crisis-affected people who have gained access to protection (incl. survivors of sexual and gender-based violence, children and prisoners) (SIDA, 2015, p. 12).**

WASH

Definitions are only available for ECHO's WASH indicators.

ECHO

- **Number of people having access to sufficient and safe water for domestic use.**
Access: maximum distance to water point 500m, queuing time less than 15min, filling time maximum 3 min/20 litres or as locally agreed. Water access should be during the whole period of implementation unless action is mostly related to building the local water delivery capacity.
Sufficient: covering basic needs, i.e. 7.5-15 l/p/d or as locally agreed.

Safe: 1) low risk of faecal contamination, 2) No faecal coliforms detectable in any 100-ml sample, 3) For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant to achieve free chlorine residual at the tap of 0.5 mg per litre and turbidity is below 5 NTU, 4) If for a short period, water which is contaminated chemically or radiologically is used, no (significant probability of) negative health effect is (likely to be) detected.

Domestic use: drinking, cooking and personal hygiene (incl. laundry).

- **Number of people with access to dignified, safe, clean, and functional excreta disposal facilities.**

Access: ratio (user/facility) of 1 toilet for a max. 20 people, distance < 50 metres from dwellings, or as locally agreed.

Clean: regular cleaning and maintenance for public facilities.

Dignified: Use of toilets respect cultural preference and is arranged by household(s) and/or segregated by sex.

Unsafe facilities: unstable (unlined) pits with risk of collapse, pits accessible to vectors, pits contaminating water tables and poorly sited facilities which expose women and girls to attacks, especially at night.

Functional facility: fully constructed, in working order and properly maintained, of a type and in a location acceptable to intended users, with hand washing facilities and anal cleansing material.

- **Number of people living in settlements with a functional drainage network.**

Functional drainage: no substantial presence of stagnant water in and around the settlement, whether as a large body of standing water (such as a pond) or a high density of small areas (such as water standing in tyre tracks). If the standing water is contaminated by wastewater then even small quantities are significant. Small puddles of rainwater that dry up after a day or so should not be considered a substantial presence.

Distance: Standing water that is at least 30m from living areas is effectively outside the perimeter of the settlement.

Gradient: Site gradient should not exceed 6%, unless extensive drainage and erosion control measures are taken, or be less than 1% to provide for adequate drainage. Drainage channels may still be required to minimise flooding or ponding.

Water table: Lowest point of the site should be not less than 3 metres above the estimated maximum level of the water table.

- **Number of people living in settlements with a functional solid waste management network.**

Functional: Solid waste of all households of the settlements as well as commercial waste is removed stored safely and removed regularly with equipment and frequency according to standards (Sphere). Risk of solid waste pollution of environment is kept to a minimum. Medical waste is managed separately according to standards to minimize risk.

System implies: *planning and implementation in consultation with affected populations and relevant authorities, taking into account refuse type and quantity, including medical, burial, market etc; adequate disposal with minimum risk; attention to staff welfare.*

- **Number of people having regular access to soap to meet hygiene needs.**

Regular and timely access: *250g soap/p/m for personal hygiene, 200g soap/p/month for laundry; access may be in-kind or through voucher distribution or through unconditional cash to enable beneficiary to buy soap (without compromising access to other basic needs). Distributed items need to be culturally acceptable i.e. take into account local practice and expectations.*

SIDA

- **Number of crisis-affected people who have gained access to adequately clean water and sanitation (SIDA, 2015, p. 12).**

DFID Pakistan

- **Number of people accessing durable safe drinking water systems.**
- **Number of people with access to sanitation services.**

3. Relationship between humanitarian results indicators and the SDGs

According to a paper published by the Sustainable Development Solutions Network (UNSDSN), the following SDGs and targets clearly refer to humanitarian concerns. The paper argues that some of the SDGs are also the goals of humanitarians. Moreover, it contends that the development and humanitarian communities can complement each other by prioritising certain issues, such as malnutrition, in contexts where they have 'mutual concern' (UNSDSN, 2016, p.3).

Goal 1. End poverty in all its forms everywhere

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Goal 3. Ensure healthy lives and promote well-being for all at all ages.

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water- borne diseases and other communicable diseases.

3.6 Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Goal 5. Achieve gender equality and empower all women and girls.

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable.

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.

Goal 13. Take urgent action to combat climate change and its impacts.

13.1 Strengthen resilience and adaptive capacity to climate- related hazards and natural disasters in all countries.

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

16.1 Significantly reduce all forms of violence and related death rates everywhere

4. Key performance indicators that capture evidence across both humanitarian and development areas

A number of the key performance indicators currently used by donor agencies potentially capture evidence across both humanitarian and development areas. The key areas in which there are potential overlaps are education, health and WASH. However, the research undertaken for this report has not found any examples of Key Performance Indicators that have specifically been identified as capturing evidence across both fields.

5. References

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Key websites

US Department of State – Standard Foreign Assistance Indicators:
<https://www.state.gov/f/indicators/>

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