

Indicators Registry

Basic Q+A

I. What is the purpose of the registry?

The registry is a point of reference for country teams and clusters to seek standard definitions and guidance for indicators used at different stages of the [Humanitarian Program Cycle](#). It is designed to support planning of sectoral and/or multi-sectoral assessments and surveys, developing strategic response plans and response monitoring frameworks.

II. What is the indicator registry?

The indicator registry is a list of needs assessment and response monitoring indicators developed and agreed by global clusters in cooperation with technical experts. Each indicator is described, and can be searched, by a set of categories. These categories apply to all sectors and include:

Category	Example: Indicator H-A.1.a
Sector / Cluster and respective subdomain (a subdomain is a specific technical area within one cluster)	Health (sector), H1: General clinical services & essential trauma care (subdomain)
Code: Unique identifier	H-A.1.a
Title of the indicator	Number of functional basic health units per 10,000 population
Description: Brief explanation	Proxy indicator for geographical accessibility of health facilities
Unit of Measurement: Indicates at what level (individual, household, community, facility) the indicator is measured	Facility
Unit Description: a more detailed description of what the indicator is measuring (% , kg, single-headed HH, etc)	Health Facility
Denominator + Numerator	Total population of administrative area over the number of health facilities
Disaggregation: Suggested categories for breaking down the data incl. sex and age where possible	Public / private, fixed / mobile health facility
Key Indicator: A key (or core) indicator that is likely to be monitored in any emergency	yes
Types: Baseline / need, output, outcome	Baseline, output
Response: Indicates if the indicator can be used for response monitoring	yes
Standards: Makes reference to agreed standards such as Sphere, INEE, LEGS, MERS, Child Protection Minimum Standards	1 basic health unit per 10,000 population (Sphere: Health systems standard1: Health service delivery; Key Indicator 1)
Threshold: Refers to a level at which an emergency should be triggered if surpassed	1 health facility per 10,000 population
Phase: Provides brief guidance during which phase of the emergency the indicator can be measured	Not indicated
Guidance + comments: Provides more detail on how to measure and analyse the indicator	At pre-crisis phase, indicates the baseline availability of functional health facilities. After a crisis occurs, will show decrease/reduction in availability of health facilities) compared to pre-crisis

III. How do I navigate the registry?

At the heart of the registry is a table listing all indicators by each of above described categories. To sort this list and make selections we developed a set of basic filters that feature on the left hand side of the registry's webpage. Above the filters you can see how many indicators are included in the current selection. The featured filters are:

- **Cluster/subdomain:** Filters indicators by cluster and subdomains (a subdomain is a specific technical area within one cluster, e.g. WASH: W2 Water Supply)
- **Key indicator:** Filters indicators tagged as *key* by the respective global cluster
- **Types:** Filters indicators by their type, e.g. needs/situation, output, outcome
- **Standards:** Filters indicators that have been linked to global standards such as Sphere, INEE etc
- **Related sectors** (cross-tag): Shows linkages with other clusters to allow for synergies in data collection and exchange.

To sort and work with a selection of indicators in more detail it is recommended to download the selection in Excel format (pls see explanations on export function below). To view more detailed information on a specific indicator please click on the respective indicator title.

IV. Can I export the indicators?

Located on the top right side of the registry's screen is a download symbol that allows to export selected indicators in .xls and .xml format. Note that the download will only include the current selection of filters. Once downloaded the selected indicators can be easily sorted, grouped as required and printed.

V. Can I find out if other Clusters are using similar or related indicators?

Many indicators have linkages to more than one cluster. Data to measure or report each indicator might be already or planned to be collected elsewhere. Such inter-linkages have been highlighted in the registry by tagging each indicator to those clusters that it relates to (cross-tagging). This information is found by using the filter "related indicators" or by clicking on each indicator.

The benefit of identifying "related indicators" is to minimise duplication of effort and to foster more synergy and coherence across clusters as well as to maximise the potential to avoid the sectoral 'silo effect' in planning and response.

When you plan to choose "related indicators" with links to other clusters, it is important that ownership of indicators and agreeing who will measure what is agreed upon with the related cluster. The default position is that the data collection remains the purview of the specialised cluster members.

VI. Can I modify or suggest new indicators?

The indicators in the registry serve as standard reference for clusters. They have been "vetted" at the global level by a team of technical experts in collaboration with the Global Cluster Coordinators to comply with existing standards and data management requirements. Where necessary, indicators may need to be adapted to the context; however, if you do, make sure to consult with an Information Management Officer to ensure that the revised indicators are technically sound. If you want to submit new/additional indicators to the registry, please contact your Global Cluster Coordinator who will channel your submission for inclusion in the registry.

VII. What types of indicators exist in the registry?

a) Baseline / Needs indicators measure the baseline (pre-crisis) or current situation, i.e. what effect the crisis has had on the population, infrastructure and services. It could be as simple as the number of functional basic health units per 10,000 population in the affected areas before and after a disaster strikes. Baseline / needs indicators may overlap with outcome indicators, i.e. through monitoring the same indicator we can measure the results of an intervention (e.g. the number of functional health units increased because they have been restored).

b) Output: Output indicators measure the delivery of goods and/or services to a targeted population (e.g. 100 households received water treatment kits). They measure the products, capital goods and services which result from an intervention (OECD DAC definition).

c) Outcome: The likely or achieved short-term and medium-term effects of an intervention's outputs (source OECD DAC), can be an intra-Cluster outcome requiring multiple outputs from one Cluster or an inter-Cluster Outcome requiring Outputs from multiple, co-operating Clusters (e.g. increased number of people who have access to safe drinking water).

Output and outcome indicators are both **response indicators** (sometimes called "target indicators", "results indicators" or "monitoring indicators"). They measure the humanitarian response that is planned and delivered; aggregated outputs feed into the achievement of outcome results.

Example: There may be a need expressed for emergency shelter for 5,000 displaced households (need), a shelter cluster partner facilitates access for 1,000 of those households to live in temporary shelter solution (output), this leads to the number of households expressing shelter as a priority need being reduced to 4,000 (outcome) after the intervention.

d) Process Indicators: Pls see Question XII on page 5 on Accountability to Affected Populations.

Not featured in the registry are:

- **Inputs:** Inputs indicators include financial, human and material resources used for an intervention (OECD DAC definition), e.g. 40,000\$, 10 staff members
- **Impact:** It is important to draw a distinction between outcomes and impacts. OECD DAC defines an impact as "positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended."

VIII. How do I identify appropriate indicators?

Indicators should be SMART: Specific, measurable, achievable, relevant and time-bound. When choosing your indicators you should go through the following check-list to decide whether or not the indicator you want to select is the appropriate one for the questions you want to have answered:

1. How is the indicator linked to the question you are trying to answer? Which is the information gap to fill?

Example: if you want to know **why** girls are dropping out of school, the indicator "# of girls attending primary education" will not answer this question. Rather multiple indicators might have to be measured such wealth and location (rural, urban) of the household, mother's education, livelihoods

and security in the measured area etc.

2. Are you able to collect the data? What are the resources required (human, material, financial)? What are the potential risks associated with collecting the data?

Example: # of SGBV cases reported; you work in a highly sensitive environment where survivors and/or service providers could face retaliatory attacks; in addition, most areas are only accessible by helicopter which is too expensive to be used by most humanitarian actors

3. Is there an existing data source for the information you are looking at?

Example: # of IDPs being displaced more than once; the number of IDPs is based on estimates only; as there is no systematic movement tracking in the country, there is no information available how many times IDPs were displaced.

4. Who will collect the data and how often do you need the information updated?

IX. Where can I find further guidance on indicators?

Many of the indicators in the registry include a short guidance in the column “description” and where applicable a reference to internationally agreed standards, in particular the Sphere Handbook (WASH, Nutrition, Food security, Shelter&NFI, Health), the CCCM Toolkit, INEE (Education), CP Minimum Standards (Child Protection), LEGS (Livestock) and MERS (Economic recovery). **This should help users find additional existing guidance on how to use and contextualise the selected indicator.** Additional queries should be directed to global cluster coordinators.

XI. How are cross-cutting issues integrated into the registry?

To ensure that vulnerabilities, needs and access to humanitarian services are better understood and responded to, it is necessary to look at cross-cutting issues, protection, vulnerable groups and sex and age. The indicator registry provides, where relevant, guidance on categories for and how to use disaggregated data to inform programming.

When selecting indicators, users should pay attention to choosing a set of indicators that include a sex and age breakdown. Proper collection, analysis and use of sex and age disaggregated data will help increase the efficiency and quality of the assistance delivered to address specific needs of different groups of the affected population. Sex and age disaggregation in particular allows to:

- Understand the impact of the situation on different groups of people, women, girls, boys, men, older people: What are their different needs and what are their distinct vulnerabilities?
- Monitor their equal access to assistance and protection, verify how inclusive community participation is and ensure that the intended assistance is delivered to the right people.
- Assess how the response has addressed their identified needs and what is the distinct outcomes of the assistance provided.

Note that indicators that are measured at higher population categories (.e.g. household or community) will not allow to understand the distinct situation of affected female and male population and how their needs are being met. Although data collection at the community level might be used especially in emergency situations, sex and age disaggregated data should be collected as soon as possible.

Additional levels of disaggregation, focusing on subgroups of the population (i.e. persons with disabilities, ethnic or religious minorities) that might be distinctly impacted by the situation or have particular difficulties in accessing assistance, are recommended to the extent possible. Such data might be however sensitive in

certain contexts and should be handled/disseminated taking into consideration “do no harm” principles.

XII. Does the registry include indicators related to accountability to affected populations?

Three ‘core’ AAP indicators are provided in the registry. As part of their description a generic example indicator is included, and further guidance and examples are available by following the links within each indicator. The “AAP indicators” are automatically shown in your indicator list no matter which filter you are choosing; this is done with the view to promote AAP in humanitarian action since more **accountable programmes** have been shown to be **better quality programmes**. The AAP indicators are for guidance only, as each cluster or organisation, in each context, will need to develop AAP indicators most relevant to its unique needs.

Why is this important: Accountability to Affected Populations (AAP) is the process through which an organisation or cluster makes a commitment to respond to and balance the needs of beneficiaries in its decision-making processes and activities, and delivers against this commitment. This means making sure that women, men, boys and girls affected by an emergency are involved in planning, implementing and judging the response to their emergency. Evaluations of humanitarian response frequently highlight insufficient accountability to the people affected by emergencies, such as failure to provide communities with even the most basic information on which programs are being implemented and why. In particular, evaluations of agencies’ response highlight insufficient or non-existent **feedback mechanisms, participation and transparency**.

This reflects the need for (1) a more coordinated setting of priorities between key stakeholders and (2) regular communication with affected populations throughout a humanitarian response. One avenue to assess how and if AAP measures are integrated into the humanitarian response is by reporting on indicators capturing the “way we do business”.

XIII. Are there any indicators that can help monitor early recovery, recovery and sustainable solutions?

Early Recovery is an approach to humanitarian response, which focuses on building resilience and strengthening local capacity in a crisis situation to ensure that the foundations for longer term recovery is laid as quickly as possible. This means designing and implementing sustainable programmes and projects together with the affected population and their institutions, which can help reduce risks, build back better, contribute to stabilising communities after a crisis and even begin to address underlying causes, which may have contributed to the crisis. Its a way to apply development principles to humanitarian situations.

Early Recovery starts at the onset of a crisis and is everybody’s responsibility - which is why Early Recovery has been mainstreamed across the indicators of this registry. You will find that - in addition to specific indicators under the sub domains of the Early Recovery Cluster - many indicators listed under the other Clusters (Education, Shelter, Protection, Nutrition etc) have been cross-tagged with the overall Early Recovery domain, because the indicators can help measure interventions of an early recovery nature.

Sixteen Guiding Principles have served as a barometer for the exercise. Where an indicator speaks to half of the principles it has been cross-tagged with the “Early Recovery” domain. You can search the whole Registry for ER-tagged indicators and select the ones relevant to measure progress of your plans or

programmes.

16 Guiding Principles to Early Recovery

- 1 Is the intervention/activity **sustainable**?
- 2 Does it **link to national plans** and reflect Government priorities?
- 3 Does it promote **national ownership**? Is it based on an understanding of existing **local capacities** and response mechanisms?
- 4 Does it **reduce risk** of future crises?
- 5 Has it been developed with the **participation** of local communities?
- 6 Does it **empower communities and institutions**?
- 7 Does the intervention/activity **reduce inequity** and vulnerabilities?
- 8 Does the design of the intervention/activity reflect an understanding of the **different needs and capacities** of women and men and other sectors of the population? Does it promote **gender equality**?
- 9 Is the intervention/activity based on a thorough **understanding of the context**?
- 10 Is the intervention/activity **culturally sensitive**?
- 11 Does it tackle **root causes**?
- 12 Will the way it is implemented **cause harm**? Is it **conflict sensitive** (in conflict/post-conflict settings)?
- 13 Will the intervention/activity **build back better** and contribute to long term **resilience**?
- 14 How will the intervention/activity contribute to **accountability for affected populations**?
- 15 Have links been made with relevant **development actors** in the design of the project?
- 16 Does the intervention/activity **duplicate** any existing national mechanism, which it could strengthen?

X. Can I leave my feedback on the registry?

A feedback form on the use and utility of the registry can be found on the introduction page of the registry. Comments to further improve the site are much appreciated.