



© Tdh / Ollivier Girard

Programme Outcome Indicators Framework

Strategic Plan 2016 -2020

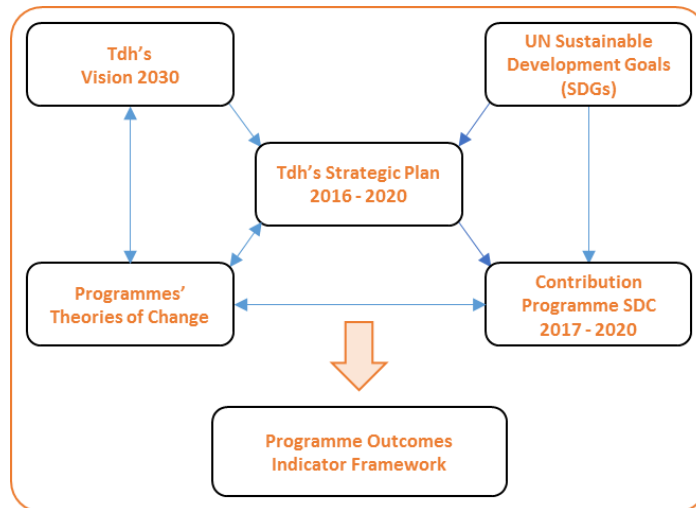
December 2017

Contents

1.	Introduction	3
2.	Programme (Outcomes) Indicators framework : Objectives	4
3.	Programme Indicators: Process from Planning to Reporting	7
4.	Who does what, when and how?	9
5.	Results analysis at the global level: challenges and limitations	13
6.	Programme Outcome Indicators: Different Natures of Indicators	14
7.	Programme Indicators 2017-2020	18
7.1.	Mother & Child Health Programme	20
7.2.	Children & Migration	22
7.3.	Tackling Child Labour programme Programme	24
7.4.	Juvenile Justice Programme	26
7.5.	Humanitarian Assistance Programme	28
8.	Glossary	30
9.	List of Acronyms	32

1. Introduction

The Tdh **Programme Outcome Indicators Framework** (POIF) is a process that has been developed to enable Tdh to better understand the progress that is being made towards outcomes at the level of the programmes and to reflect how projects are contributing to programmatic strategies. This Indicators Framework is closely linked to Tdh's 2030 Vision, Tdh's Strategic Plan 2016-2020, the Sustainable Development Goals that Tdh's work contributes to, and the SDC contribution programme 2017-20, as well as the UN's Strategic Development Goals; these links are identified below.



The **purpose of this document** is to describe the Programmatic Outcome Indicators Framework and to provide guidance on how to implement it so that it can be used effectively within the organisation. It explains why the Framework is necessary, what it means and how it works, the actual programmatic indicators that have been developed, explains what indicators are, why they are important, their potential limitations and some of the key challenges in measuring or capturing them. Timescales and responsibilities for those involved in the use of the Programmatic Indicator Framework are described, and further literature material is referred to for Tdh staff willing to dig further in program indicators measurement technicalities.

This document is intended as a dynamic guide and source of reference information for the Programmatic Outcome Indicators Framework and will be updated as and when appropriate.

Do not hesitate to communicate your questions, suggestions or any other feedback to your Regional Coordinator, to the Programme team at HQ or to the Monitoring & Evaluation Advisor (smr@tdh.ch).

2. Programme (Outcomes) Indicators framework : Objectives

2.1. Why does Tdh need a results framework at the level of the programmes?

The purpose of the Programmatic Outcome Indicators is to enable Tdh to **monitor actual achievements against its targets**. The Programmatic Indicators are based upon Tdh's 2020 goals and target results. Each of Tdh's 5 key programmatic areas has a defined set of indicators that are detailed within this document.

In the frame of the Strategic Plan 2016-20, we reaffirmed the importance of integrating result-level indicators at the level of the programmes to feed into a steering system at organizational level, which aims at articulating different levels: a) projects, b) the programmes, and c) the wider institution.

The specific objectives are defined as follows:

- a) **Operational and strategic monitoring** : Ensure a proper monitoring of the implementation of the Strategic Plan 16/20 and Tdh's contribution to the SDC programme 2017/20. Tdh will be able to record and explain the extent to which its results were reached at the level of its projects and its programmes. This evidence and information will enable programme teams to make informed decisions and, when necessary, change priorities, approaches, or resource allocations.
- b) **Learning**: The process of analysing and comparing results between delegations and regions, and over a period of time, will contribute to institutional learning. It will also contribute to an improvement of Tdh's strategies, as well as a better translation of these strategies in practice. It will facilitate the process of systematizing lessons learned in a process of institutional learning
- c) **Accountability**: Tdh has engaged in reporting the changes produced by its interventions to its donors, its partners and the wider public in a more transparent way.
- d) **Alignment**: Tdh's ambition to foster coherence between its interventions, objectives and intervention strategies.

2.2. What do “programme” and “project” mean in Tdh and how do they interrelate?

The terms project and programme are often, and incorrectly, used interchangeably. To ensure a clear division of how each contributes to meeting organisational goals, these are defined as:

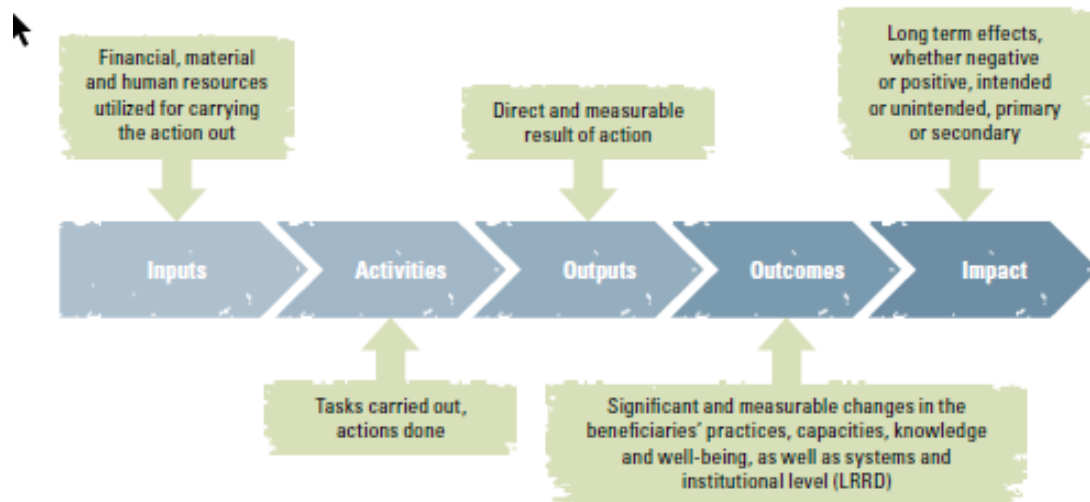
A **project** ([📖 glossary](#)) is a set of coordinated activities undertaken to meet a specific goal and purpose in a set time period and budget. Multiple projects with a common goal form a programme, which can be thematic or geographic.

A **programme** ([📖 glossary](#)) is broader in scope and contains a coordinated set of projects. Programme goals in Tdh are thematic (Health, Juvenile Justice, etc.). The programme has an added value in terms of transformative capacity as its purpose is to scale up impact by using evidence produced at the level of projects (research and advocacy). According to the Vision 2030, it is a “set of projects or activities designed and implemented in a contextualized way, sharing resources and common or complementary approaches and allowing to achieve a higher objective through the use of synergies”.

Monitoring activities is more intense and probably more engaging at project level than at programme level as more frequent decisions are required to keep a project on track against its objectives. Some of the data collected through project monitoring (e.g. number of beneficiaries, contribution of different activities to changes in malnutrition levels, etc.) can be aggregated or articulated from the perspective of a programme, or even at the organisational level, to **inform longer-term strategic decision making**.

2.3. What are programme-level “outcome” indicators? ([📖 glossary](#))

Indicators are visible or measurable signs that demonstrate a change has taken place. Indicators must always be connected with an expected result (at outcome or output level) or an objective, which will define the kind of change that is being aimed for. The level of the indicators (output, outcome, impact) will depend of the kind of intervention (e.g. The same indicator could be at output or outcome level, depending on whether the intervention is direct assistance or advocacy).



Reminder: the result change – Tdh handbooks : PCM in Emergencies and humanitarian Crisis and Design and Implement a Monitoring System.

2.4. What are the links between programme outcome indicators and programme steering?

Programme outcome (or result) indicators are **one of several critical pieces** of information that Tdh will use to steer its programmes at the strategic level, rather than at the operational level. This is possible because these indicators are intended to reflect a longer term change that Tdh has contributed to, which previously would only have become noticeable over a longer timescale. To feed into outcome level indicators, data will be collected, processed and analysed at a relatively slow frequency.

These outcome level indicators will be complemented by other elements aimed at steering our programmes, including the organisational **Key Performance Indicators** (which could include HR, Financial, contracts, and other related performance indicators), **beneficiary counting** (“reach”), **output indicators** and **opportunities/instances** to share and discuss indicators, lessons learned, progress and challenges (Programme Committee).

2.5. Programmatic “alignment”: Is our project “aligned”? How do so-called non-aligned project elements fit?

Alignment means that Tdh is seeking to promote **coherence** in its programmes, by progressively enhancing common approaches and strategies, while always recognizing the importance of diversity, flexibility, adaptation to contexts, to the local needs, strengths and opportunities, and the importance of innovation.

This does not mean that anything that is “not aligned” or not in the “red zone” (priority programmatic focus) is not of interest. Tdh anticipates capturing and understanding better **all changes** achieved, even through “non-aligned” project elements, as these too will contribute to institutional learning. Tdh recognizes that Indicators offer a partial vision of what is being achieved in the projects, which are

much richer than what can be captured at portfolio level through the indicators' list of the strategic plan 2016-2020.

While each project is connected with a specific programme, it does not mean that it cannot feed into **indicators of other programmes** (for example, a "Migration" project could be contributing to a specific "Exploitation" indicator, in addition to contributing to one or more 'Migration' indicators.). A significant percentage of Tdh projects are aligned with "transversal protection", which is not a programme as such and has no indicator included this framework yet. Projects may include indicators that are relevant for other programmes, and should then be reported on.

3. Programme Indicators: Process from Planning to Reporting

3.1. Planning: when and how to choose programme outcome indicators?

Programmes objectives, results and indicators should be considered **during the strategic planning phase** in the region, in the delegation and for the projects. Any new project should seek to contribute to at least 1 programmatic result, include in its logframe at least 1 programme outcome indicator and a) define a target value for this indicators, b) describe the changes desired in consideration of the specific context. The information is to be registered in a collaborative document : the **contribution matrix**, which maps projects' intended contribution to indicators since their development phase.

How to "choose" programmatic indicators?

Any information that is not used represents a loss in terms of time, resources, motivation and is a cause of frustration and disengagement among team, partners and other project actors. To be certain that you have chosen a « good » programmatic indicator, consider the following questions:

- ✓ Is it relevant for our project ?
- ✓ Can we really attribute variations in the indicator to our efforts? What will it enable us to say about our intervention? What are we going to learn?
- ✓ Will the data be accessible?
- ✓ Will the information be credible?
- ✓ How much is it going to cost to collect these data (in term of staff time and energy, financial resources, time of Tdh, partners and beneficiaries)?
- ✓ Do we need baseline information? If yes will it be possible to gather baseline information?

For guidance, **Indicator reference sheets** have been created for (almost) all the indicators. Tdh's teams should consult these documents, where they will find further explanation on how to measure the indicators : what the concepts mean, what are the measurement units, calculation modalities, indicator utility and limitations, recommended data collection methods and tools, roles and responsibilities for data collection, treatment, analysis and resources eventually needed.


Indicator reference sheet model

Indicator	Indicator statement (and short name)
Definition	<i>The indicator definition states exactly what should be measured. Clarify your terms here. The definition must be detailed enough to ensure that different people at different times, given the task of collecting data for a given indicator, will use the exact same definitions (have the same understanding) to collect identical types of data. Example : self-esteem, quality, access, SONUB, well-being, restorative practices, restorative justice, health structure, improved, policy note. "What does it mean?"</i>
What does the indicator measure exactly	<i>Description of what is being measured, and relevance for the programme. "Why do we want to know this?"</i>
Unit and disaggregation	<i>Number, %. Disaggregation: Gender, age, geographical considerations, communities, staff categories (?). For qualitative dimensions, explain scoring / value scales.</i>
Calculation modalities	<i>Detail how the indicator is being built: precise denominator and numerator, how variables will be crossed.</i>
Baseline	<i>First Indications if a baseline study is needed: scope and method.</i>



Data collection, sources and methods	<i>Where can we find the information (primary and secondary data) the source is the place where the original data are obtained. Data sources may include community volunteers, clinic records, school records...</i>
	<i>Identify what methods and instruments should be used. Note if data collection tools exist or if they have to be developed – adapted. Note any equipment required to collect the data. The instructions definition must be detailed enough to ensure that different people at different times, given the task of collecting data for a given indicator, will use the exact same procedures to collect identical types of data. Methods can be inspired from medical and social science or refer to more simple and less scientific mechanisms (meetings, workshops, participatory techniques)</i>
Roles and Responsibilities	<i>Explain roles and responsibilities for all stages, explain supervision mechanism</i>
Frequency and timing	<i>Moment of collection, frequency. Note how often you will collect the data (and dates if possible) and suggested reporting frequencies .</i>
Data quality issues	<i>Data quality risks, and limitations (potential issues in data capturing, verification, analysis, or reporting and limitations / shortcomings of the indicator. Identify if there are risks that data may be weak or limited. Problems identified can be : validity, precision, integrity, reliability, bias, sampling issues, time and frequency related problems. Ethical issues can also be highlighted. Mitigation measures: action planned to prevent or address data quality issues (verification procedures)</i>
Analysis plan	<i>If Analysis plan needed, draft first lines or annex it. Explain any additional analysis requirement or questions to explore in the narrative reports</i>
Resources	<i>Indicate whether additional resources (financial – human – expertise) are needed to collect the data</i>


3.2. Baseline and results indicators

Without **baseline data** ( [glossary](#)), it can be very difficult to plan, monitor and evaluate future performance. Baseline data helps to set achievable and realistic indicator targets for each level of each result chain in a project's design (e.g. logframe), and then to measure progress towards these targets and their respective results. Not all indicators require baseline data, e.g. those indicators only recording # or % do not technically compare targets with baseline values. The indicators that include the terms “increase” or “decrease” do require baseline data. However, 2018 should be considered as a baseline for the future, and progressively examine trends across time. In all case, the starting point needs to be known to enable changes to be captured . When it is not possible to conduct a baseline study, other techniques may need to be relied upon to illustrate change (but not demonstrating it), e.g. reconstructing baseline information through secondary data review or recall techniques (see ref below).

Useful information can be found regarding the need for baseline data in the Indicator Reference Sheets. For more general information about baseline studies, consult M&E staff and Programme staff at HQ, and consider the following literature:

-  [Baseline basics](#) (IFRC, 2013):
[Reconstructing Baseline Data for Impact Evaluation and Results Measurement](#)

3.3. Choosing a target value? ([glossary](#))

To establish a **target value**, first the need to gather baseline data has to be considered, then, consideration needs to be given to past experience and resources, enabling to scope of the intervention to be determined. An awareness of the generally accepted references or standards (benchmark  [glossary](#)) will also help with the target level determination. Do not forget to explain and record the rationale leading to the establishment of the targets! Tdh was asked to define targets in its contribution to the SDC programme 2017-2020.

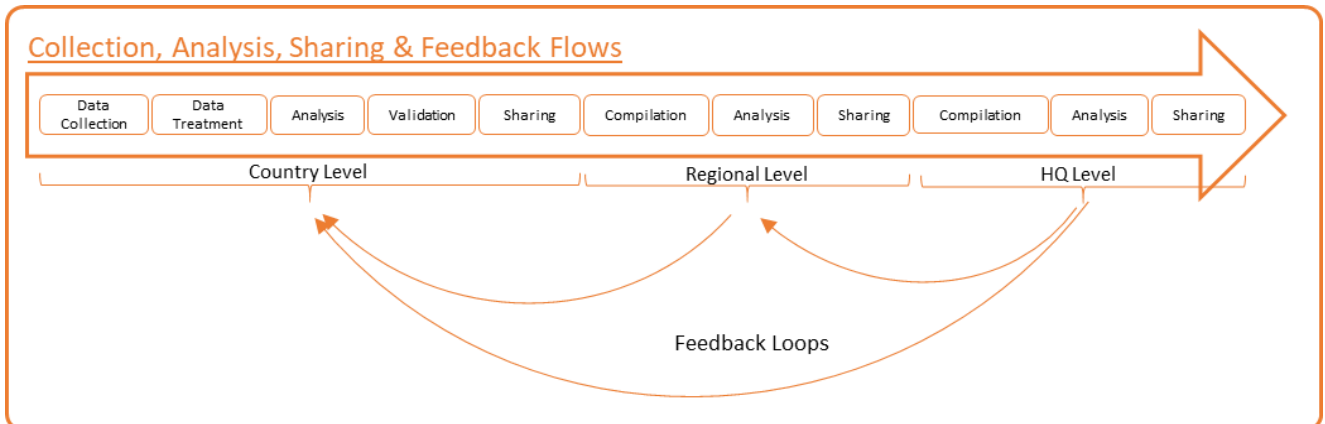
Global targets are detailed for some indicators in the Indicator Reference Sheets and SDC programme logframe. Defining a global target was a challenge since baseline information was missing in most of the cases. As an example, the average target of 10 % for some of the health indicator was specified only as a reference based on standard guidance. It is recognised that Tdh's delegations are not starting from the same level, working in the same context or with the same resources. Global target should be considered indicative only. Reference needs to be made to the conditions being worked, the particular approach being implemented, resources, project timeframe and experience in implementing past projects, in order to contextualize the target.

4. Who does what, when and how?

4.1. Data collection, entry, treatment, analysis, sharing and feedback

Summary of the overall collection, analysis and reporting process:

- Data is collected locally by Country Delegations in accordance with project requirements.
- Data is analysed and validated at Delegation level then shared as a report with the Regional level (not for DAH or where there is no regional coordinator).
- The Regional level analyses the received reports, provides feedback to the Country Delegations and compiles a Regional level report that is shared with the HQ.
- The programme team at HQ level collects, analyses and validates data for the "Direct" (Direct indicators are collected directly by HQ and not by Country offices (see explanation page 16) Indicators. This is combined with the Regional level reports to produce an analysis at the level of the institution, with feedback provided to Regional & Delegation levels.



4.2. Reporting system

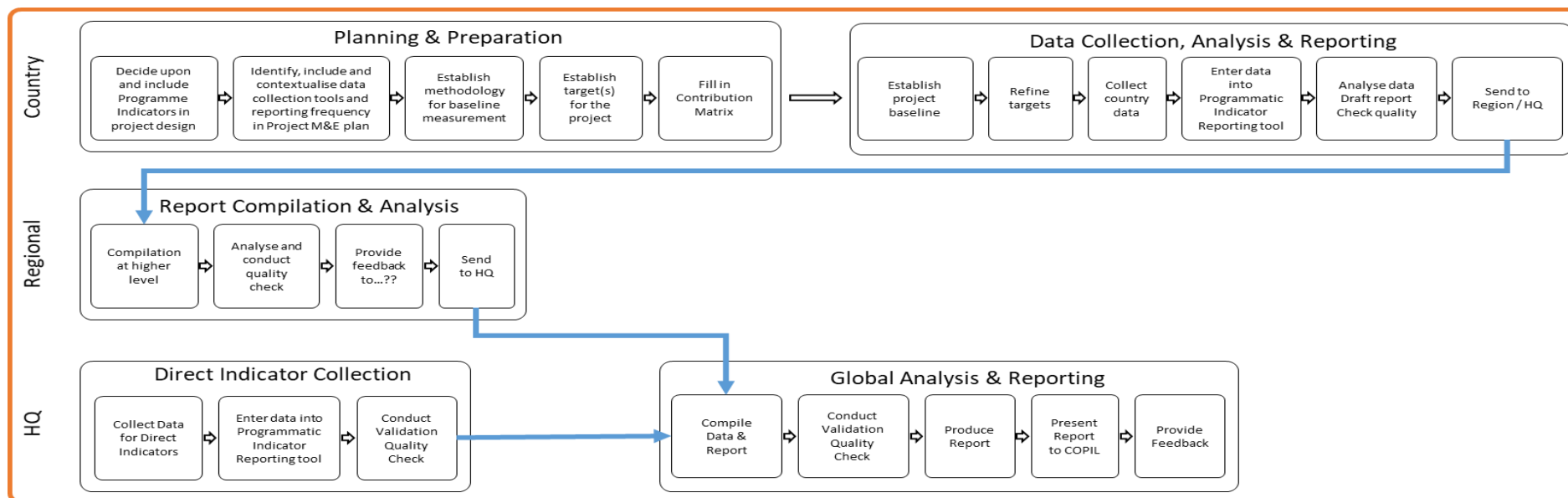
Tdh's whole reporting system, which includes the monthly situation report, the annual projects reports, the annual programme report will be reviewed during the first semester 2018. From 2018 on, **reporting on programmatic developments** will be done on a 6 monthbasis, and will include a quantitative report accompanied by a narrative reflecting progress on indicators. [\[LINK – note: not existing yet\]](#)

A **Programme steering committee** will be established for each programme and will feedback to these reports

4.3. Review

The indicator framework will be **piloted** in 2018. A **review** of the process and content will be done during the last quarter of 2018

4.4. Programme Outcome Indicator Framework – Data Collection, Analysis & Reporting flow



4.5. Roles and Responsibilities in data collection, entry, analysis, validation, sharing and feedback/Discussion

To help ensure everyone knows what they need to do when working with the Programme Outcome Indicators Framework, a **'RACI' Matrix** has been developed. A RACI matrix is a well-established tool used to ensure that the roles and responsibilities of all of those involved with carrying out a task are understood. It is an example of a responsibility assignment matrix.

The RACI matrix below summarizes the main roles and responsibilities in data collection, analysis, information sharing, discussion and feedback at the delegation, the Region and HQ levels for the different departments involved. The process will vary according to:

- The delegation set-up;
- The availability of programme staff at regional level and;
- The indicators themselves (for some indicators, data collection will be done directly and independently by HQ)

R	Responsible/ Realize (does / leads on the task)
A	Accountable (Process owner and ultimately responsible for its completion)
C	Consulted (Includes advisory and technical support, proactive contribution)
I	Informed (No specific input to completion of task, but needs to be made aware of progress &/or completion)

RACI Matrix

PROGRAMATIC STEERING: OUTCOMES INDICATOR ANALYSIS & REPORTING		Level 1. Country Office					Level 2. Region		Level 3. HQ					
	Task / Roles	M&E	Project Manager	Coor Prog	Tech Adv (*)	Country Rep	Coor Reg	Tech Regional	TRD	DAH Specialist	DAH Desk	Geog	Prog Tech	RP
	If CR is alone, he-she plays all function		PM			CR		TRD						
PROJECT PLANNING														
PLANNING	1.1 Inclusion of prog. Indicators in project design	C	R	A	C	I/A**	I/C	I/C		C ?*	?	?	C ?*	
	1.2 Inclusion of data collection tools / reporting periods in Project M&E plan	C	R	A	C	I/A**	I/C	I/C	C ?*	C ?*			C ?*	
	1.3 Establishing methodology for baseline measurement	C	R	A	C	I/A**	I/C	I/C	C ?*	C ?*			C ?*	
	1.4 Establishing target for the project	C	R	A	C	I/A**	I	I						
	1.5 Fill in contribution matrix	I	?R	A	I	I/A**	I	I		I			I	
PROJECT IMPLEMENTATION														
COLLECTION & ANALYSIS	2.1 Establishing baseline	C	R											
	2.2 Refine targets	C	R											
	2.3 Country data collection	S/R	R	A		I/A**	I							
	2.4 Data Entry - Programmatic Ind	S/R	R	A		I							I	
	2.5 Analysis, report drafting and quality check	S	R	R	C	A								
	2.6 Sending to Region / HQ			R		A	I	I			I	I		
COMPILED & ANALYSIS	3.1 Compilation at Upper Level						R	C						A
	3.2 Analyse & Quality Check						R	C						A
	3.3 Feedback						R	C						A
	3.4 Sending to HQ						R				I	I		
DIRECT INDICATORS														
	4.1 Data collection direct indicator									R	R	I	R	R/A
	4.2 Data entry								C	R	C		R	A
	4.3 Quality check - Validation		C	C	C	C	C	C	C	R			R	A
GLOBAL ANALYSIS														
	5.1 Compilation data & Report								C	R			R	A
	5.2 Quality check - Validation													R
	5.3 Report Production								C	R			R	A
	5.4 COPIL	C	C	C	C	C	C	C	C	C	C	C	R	A
	5.5 Feed back	I	I	I	I	I	I	I	I	I	I	I	R	A

(*) In some countries managed by the Division of Humanitarian Action

(**) Accountable if no Programme Coordinator

(***) Depending on Delegation set up. For small delegations, will have an active role in co-carrying out the task

When regional set up is not in place, link is being done directly towards HQ form Country office.

4.6. Information Management System

Tdh is engaged in a series of institutional projects as part of the Strategic Plan 16/20. These will become visible through changes at various levels within the organisation, including changes to information management to better connect Delegations, Regions and HQ. While all these processes have not been fully clarified, in this transitional period, Tdh has looked for **simple solutions** to ensure optimal adjustment to the new (future) interrelated processes, at minor cost.

To gather and compile the information to feed into the programme indicators, a combination of Word (for the qualitative &/or analytical summaries) and **Excel type tools** (Excel On-Line spread sheet for storing and compiling quantitative data) will be used. This system will enable each Delegation to directly enter their aggregated data collected into a common spreadsheet for each programme (Health, JJ, Migration, Exploitation, DAH). The use of a shared spreadsheet will allow Delegations et al to see the progress of other countries and enable changes to be easily tracked over time.

In the longer term, once processes have been fully clarified and piloted, Tdh will move to a more purpose specific **project/programme management platform**, including indicators management modalities (at project and programme level). By using a Excel on-line spreadsheet at this time, Tdh hopes to foster a more **collaborative working style** and make processes more efficient. Each Delegation will have access to the spreadsheet so that changes can be made directly into a unique support.

4.7. Data collection and sharing frequency

Frequency of data collection will vary according to the nature of the indicators. For example, some Health indicators will be collected on a monthly basis as per their own monitoring system, because they rely upon secondary data (routine data already collected by health centres). Others will be collected on a yearly basis (because they rely on less accessible secondary data sources or they will be collected through larger household surveys). For the DAH indicators, frequency may be higher. Check the indicator reference sheets for specific information.

Narrative reports - will be sent to the regional/HQ level on a 6-month basis.

6-month report (Jan-June)

- 15th of the month at the delegation level
- 20th of the month at the regional level
- 30th of the month at HQ level

Annual report

- 1st of February at the delegation level
- 15th of February to the regional level
- 1st of March at HQ level

Reporting Phase	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>6 Monthly Report</u>												
Delegation level report prepared			15 th									
Regional level report prepared			20 th									
HQ level report prepared			30 th									
<u>Annual Report</u>												
Delegation level report prepared											1st	
Regional level report prepared											15th	
HQ level report prepared												1st

The first report will be in 2018 (first semester); [\[Template\]](#)

The indicator's reference sheet include **guiding analysis questions**. We all know that the numbers are not explicit by themselves... Indicators, as such, are only sign posts and have limitations (they do not tell everything about the changes that are expected: see following section). In addition, there are always potential data quality issues and risks of bias. The indicators' reference sheets will give an overview of

the indicators limitations as well as the questions that can be explored to “go further” than the numbers to help put the indicators in their context.

5. Results analysis at the global level: challenges and limitations

5.1. Why doing it and what are the Challenges ?

It is recognized that trying to **provide evidence of changes at the outcome** level for a whole region or a set of delegations contributing to the same programme is a **technical and methodological challenge**, as is quantifying Tdh’s contribution to these changes. Tdh implements 5 different programmes in 34 country offices, spread across 5 continents. This variety of interventions, the differences in terms of project’s scope and timeframe complicate any attempt to reflect on changes at programme portfolio level.

It is also acknowledged that evaluating impact requires rigorous methodological mechanisms, reaffirming the understanding that change is, by nature, complex and non-linear, and that Tdh (as other NGOs) intervenes in contexts shaped by the influence of external factors and actors. In this framework, **aggregating quantitative data to reach a global sum of numerical information will not be significant at the outcome and impact level** unless it is done following robust experimental methodologies. Indeed, data aggregation ([glossary](#)) of quantitative data ([glossary](#)) requires that a **similar dimension of change is being observed and measured**, needing similar measurement methods and tools. This is more easily achieved at the output level, but represents a challenge (and rigorous instruments and protocols) at the outcome and impact levels. Aggregated data will more easily obtained in sectors having more advanced and structured information systems, such as the health sector (including WASH).

The challenge is to reach a good balance between resource (time, human, financial) mobilisation and impact measurement. Recognising that, numerical data collected to feed into our outcome indicators should always be accompanied by robust and contextualized analysis on the “**why**” and the “**how**”. Often, information obtained at impact and outcome levels will be put in perspective rather than summed and compared. Qualitative analysis and illustrations of changes are considered very important([glossary](#)).

*The idea is to avoid at all costs collecting data “**for the sake of collecting data**”, without using them for programmatic steering. This would simply represent a loss in terms of efficiency, energy and motivation of the staff, and potentially decrease our impact.*



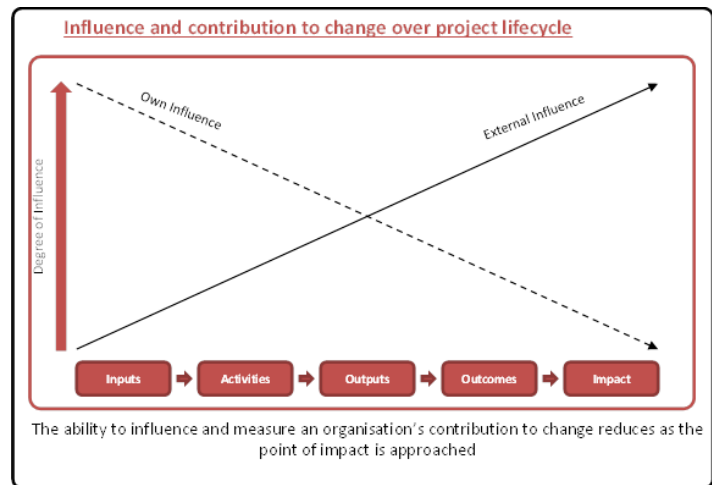
5.2. Unexpected Outcomes ?

During the planning phase, projects will be connected to a series of programme indicators (at least 1). Tdh’s projects will often have larger scopes than just ones encompassed by programmes indicators and can, in addition, generate **unintended changes**. Tdh’s project teams are **encouraged to include in their reporting any significant change** (intended or not, positive or negative).

5.3. The ability to influence and measure contribution to change reduces as the point of impact is approached

Can we *measure* the impact ([🔗glossary](#))?

Tdh works to contribute to sustainable changes in the lives of the children and their communities, in the long term and at the global level, contributing to the Sustainable Development Goals. It is recognized that this contribution can be evidenced only if Tdh's projects are based on robust theories of change, rely on quality strategic planning, monitoring and impact evaluations. Programme outcome indicators alone are not enough to demonstrate Tdh's contribution to longer term effects of the intervention, whether negative or positive, intended or not.



Outcome ([🔗glossary](#))

Tdh's strategies increasingly focus on strengthening local formal and informal protection and health systems rather than providing direct assistance and support to individuals. Outcome related changes will happen at system level (such as legal, policy and other structural changes, changes in practices among duty bearers and services providers, changes in service coverage or demand for services) and are per se complex to measure, considering their nature. It is acknowledged that the health (and WASH) sectors are better equipped than the protection sector in terms of outcome measurement, as they count already with CORE indicators and definitions that enable us to capture more easily and consistently how systemic changes are impacting the lives of the beneficiaries.

Output ([🔗glossary](#))

It is theoretically easier to aggregate changes at the output level (beneficiaries supported, services delivered, organizations supported, training delivered, meetings held, kits distributed...) than at the outcome level. Output indicators are necessary to reflect Tdh's efforts, the volume and the nature of its intervention as well as the efficiency of its work. Output indicators must always be put in perspective with outcome indicators and resources (HR, finance and equipment) invested to be significant. Tdh will continue to proceed to beneficiary (Reach) and services counting on the basis of a system that will be reviewed in 2018.

6. Programme Outcome Indicators: Different Natures of Indicators

From measurement to illustration of change.

🔗 Source:

- INTRAC. M&E Paper 10, [Summarising Portfolio change: Result frameworks at organizational level](#). Nigel Simister, 2016
- INTRAC, M&E series [Indicators](#), Nigel Simister, 2015.

Programme indicators can be of different natures and used differently :

DIRECT

Indicators elaborated **for the global level for which data will be collected directly by HQ**, using either secondary sources or sources at HQ level. Reporting against the indicators will not rely on data collected by Tdh's delegations. These indicators express changes that are pursued directly from HQ level, e.g.: « Existence of a global campaign on RJJ ». Therefore, Delegation personnel will not have a role in collecting this data.

AGGREGATED

Indicators from different projects are **added together at global level to provide an aggregated indicator**. Aggregated indicators require that all projects define and use the indicator in the same way: using common methods, tools and approaches to collect the indicator, over similar timeframes. The quality of the information collected should be consistent.

Examples: “# of children in conflict with the law who benefited from non-custodial measures: alternative to provisory detention”.

Aggregated indicators are often welcome by donors and public because aggregation is perceived as enabling us to measure performance across multiple intervention, which is often extremely difficult at outcome level, as said earlier: as outcomes become more complex and intangible, the difficulties in aggregation become greater, especially in complex sectors (protection). CAUTION: adding together numbers that refer to different understandings would be meaningless!

CORE

CORE indicator are an alternative to aggregated indicators; they can be collected in different projects and **reported together, but not aggregated**. They will be analysed in their very context to show trends, similarities and differences between results in different settings. Standards and definition will have to be the same for the results to be compared. Examples : all health indicators.

FRAMING - («baskets» indicators)

Framing indicators **are not specific and are used to identify broad areas or domains of changes**. They summarize more specific indicators at project level. They are sometimes « cascaded downwards: very broad at global level, quite broad at regional level, and become narrower and more focused at country level. They can be collected by at field level and summarized together at the broader programme level. Example: “Tdhs’ positions are taken up in international media (programme level)” – cascaded as “# of media article that refers to “on the move” approach” OR # of publications produced in collaboration with Tdh promoting the “children on the move” approach” (project level)

This type of indicator is increasingly accepted and valued because it has to potential to bring example or illustration of changes pursued by organisations. HOWEVER, it cannot be used to « measure » a change across a portfolio. “The indicator is basically a mechanism for collecting together and summarising a number of specific changes under a common theme” (Simister, 2016).

In addition, indicators can be :

QUANTITATIVE vs QUALITATIVE -

Indicators can be qualitative or quantitative, or mixed (Scoring and Ranking indicators used to quantify qualitative elements).

Quantitative indicators are expressed in numbers, provide information on scope of work, are analysed through statistical data methods. **Qualitative indicators** are expressed in words, provide in-depth information on changes at strategic points, are analysed through summarising, reduction and scoring. Both kinds have their limitations: quantitative indicators often need to be interpreted through qualitative inquiry, while qualitative indicators may be anecdotal, will illustrate a change rather than be “measuring” a change. Quantitative and qualitative indicators must be combined to the possible extent.

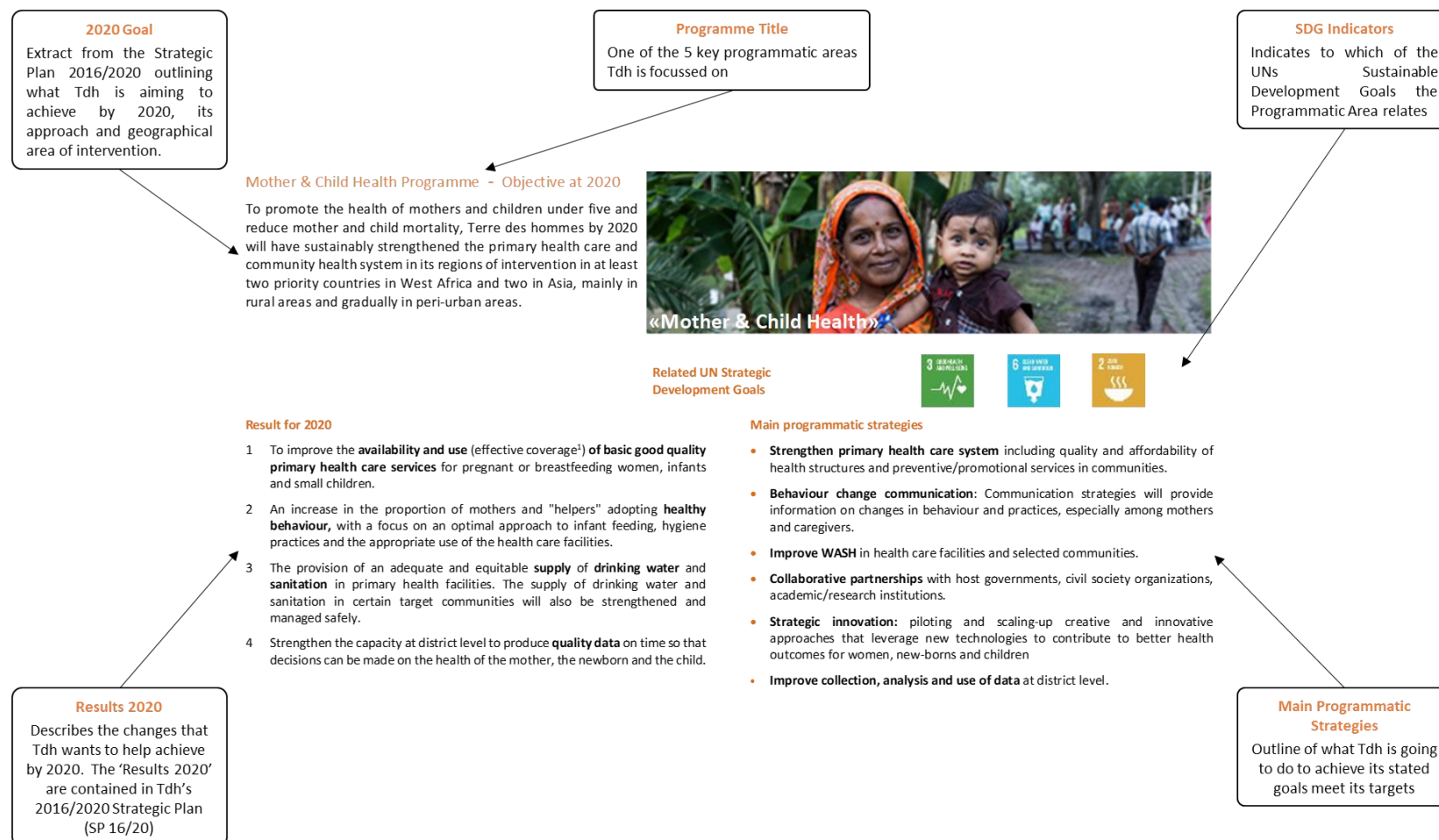
() “It is not the way in which an indicator is worded that makes it quantitative or qualitative, but the way in which the indicator is reported. If you report against an indicator using a number then it is a quantitative indicator. If you report against it using words, sentences, paragraphs or case studies then it is qualitative.”*

See INTRAC : [A short guide to indicators](#)

[BLANK PAGE]

7. Programme Indicators 2017-2020

In this section, you will find a summary of the programmes' 2016-2020 goals, results, main strategies, as well as their connection with the SDG.



You will find also the list of the programmes indicators, and the indication of the global targets (if any), the priority level, nature, frequency of reporting, disaggregation and link to the Indicator reference sheet.

Code	#	Priority Level	Outcome Indicators	Global 4 -Y target	Ind Nature	Frequency of reporting	Disaggregation	Short name
HEALTH	1.1	***	% women who attended at least four times for antenatal care during pregnancy.	Increase by 10 %	CORE	<ul style="list-style-type: none"> Semester Baseline-end 	<ul style="list-style-type: none"> By age : <19 - ≥19 By location (district) 	Ante natal care
HEALTH	1.2	***	% of the births assisted by skilled health workers during a specified time period (regardless of the place of delivery).	Increase by 10 %	CORE	<ul style="list-style-type: none"> Semester Baseline-end 	<ul style="list-style-type: none"> By age : <19 - ≥19 By location (district) 	Skilled birth attendant (SBA)

Code for programmatic area

*** SDC Priority Indicator
** Strategic Plan 16/20 Priority Indicator
* Non-Priority Indicator

Collective 4 year target for the indicator - not specific to each project

Reporting time or period. Reports might be due at times outside the regular reporting cycle where specifics of a project dictates (e.g. Ends before reporting cycle)

Short name and Link to Indicator Ref. sheet

Programme Indicator – Source of each indicator is the associated Programme Logframe

Indicator Number

Categories / measures for disaggregation of

Indicators' Nature: CORE, Aggregated, Direct, or Framing). For further information on Indicator Nature. see page 18

7.1. Mother & Child Health Programme - Objective at 2020

To promote the health of mothers and children under five and reduce mother and child mortality, Terre des hommes by 2020 will have sustainably strengthened the primary health care and community health system in its regions of intervention in at least two priority countries in West Africa and two in Asia, mainly in rural areas and gradually in peri-urban areas.



Related UN Strategic Development Goals



Result for 2020

- 1 To improve the **availability and use** (effective coverage¹) of **basic good quality primary health care services** for pregnant or breastfeeding women, infants and small children.
- 2 An increase in the proportion of mothers and "helpers" adopting **healthy behaviour**, with a focus on an optimal approach to infant feeding, hygiene practices and the appropriate use of the health care facilities.
- 3 The provision of an adequate and equitable **supply** of **drinking water** and **sanitation** in primary health facilities. The supply of drinking water and sanitation in certain target communities will also be strengthened and managed safely.
- 4 Strengthen the capacity at district level to produce **quality data** on time so that decisions can be made on the health of the mother, the newborn and the child.

Main programmatic strategies

- **Strengthen primary health care system** including quality and affordability of health structures and preventive/promotional services in communities.
- **Behaviour change communication:** Communication strategies will provide information on changes in behaviour and practices, especially among mothers and caregivers.
- **Improve WASH** in health care facilities and selected communities.
- **Collaborative partnerships** with host governments, civil society organizations, academic/research institutions.
- **Strategic innovation:** piloting and scaling-up creative and innovative approaches that leverage new technologies to contribute to better health outcomes for women, new-borns and children
- **Improve collection, analysis and use of data** at district level.

¹ Effective coverage is defined as the probability that a person needing the intervention obtains the potential health gain achievable from it—effective coverage is contingent firstly on receiving the intervention in a timely manner, and secondly on receiving it at a level of quality necessary to assure the potential gain in health. (WHO, 2003. Health Systems Performance Assessment: Debates, Methods and Empiricism).

Code	#	Priority Level	Outcome Indicators	Global 4 -Y target	Ind. Nature	Frequency of reporting	Disaggregation	Short name
HEALTH	1.1	***	% women who attended at least four times for antenatal care during pregnancy	Increase by 10 %	CORE	Semester Baseline-end	By age : <19 - ≥19 By location (district)	Antenatal Care
HEALTH	1.2	***	% of the births assisted by skilled health workers during a specified time period (regardless of the place of delivery)	Increase by 10 %	CORE	Semester Baseline-end	By age : <19 - ≥19 By location (district)	Skilled birth attendant (SBA)
HEALTH	1.3	***	% of the new born in a given period have being breastfed within 1 hour of birth.	At least 80 %	CORE	Semester Baseline-end	By location (district)	Early initiation of breastfeeding
HEALTH	1.4	***	% of mothers and newborn who received postnatal care within 48 hours of childbirth (regardless of place of delivery)	Increase by 10 %	CORE	Semester Baseline-end	By age : <19 - ≥19 By location (district)	Postpartum Care Coverage (PNC)
HEALTH	1.5	***	% of under five children with severe acute malnutrition who have recovered.	≥75%	CORE	Semester	By age: <6 months and 6-59 months By location (district)	Severe acute malnutrition (SAM) cure rate
HEALTH	2.1	*	The proportion of infants under 6 months who are exclusively breastfed	Increase by 10 %	CORE (Pilot)	Baseline/ End-line	By sex By location (district)	Exclusive breastfeeding rate (EBR)
WASH in COMMU	2.2	*	The proportion of beneficiary population (household) with hand washing facilities with soap and water at home	Increase by 10 %	CORE	Baseline/ End-line	By location (district)	Handwashing practices
HEALTH	2.3	*	The proportion of children under 5 years of age with suspected pneumonia taken to a health facility or qualified provider.	≥90	CORE (Pilot)	Baseline/ End-line	By sex By location (district)	Care seeking for symptoms of pneumonia
HEALTH	2.4	*	The Proportion of children under 5 years of age with diarrhoea treated with oral rehydration therapy and or zinc.	≥95	CORE (Pilot)	Baseline/ End-line	By sex By location (district)	ORT and/or Zinc use rate
WASH in Health	3.1	*	The proportion of health care facilities with basic water supply.	100%	CORE	Yearly	By location (district)	Health care facilities basic water supply
WASH in Health	3.2	*	The proportion of health care facilities with basic sanitation	100%	CORE	Yearly	By location (district)	Health care facilities basic sanitation
WASH in Health	3.3	*	The proportion of health care facilities with basic hand hygiene.	100%	CORE	Yearly	By location (district)	Health care facilities basic hand hygiene
WASH in Health	3.4	*	The proportion of health care facilities practicing basic healthcare waste management	100%	CORE	Yearly	By location (district)	HC facilities basic waste management
HEALTH	4.1	*	Percentage of health facilities submitting timely, complete and accurate reports to district health authorities.	100%	CORE	Semester	By location (district)	Complete, accurate, timely information
HEALTH	4.2	*	Percentage of health facilities that received one supervision visit each quarter	100%	CORE	Semester	By location (district)	Quarterly supervision visit
HEALTH	4.3	*	Percentage of health facilities systematically using information to monitor performance	100%	CORE	Semester	By location (district)	Use of information for monitoring

7.2. Children & Migration - Objective at 2020

By 2020, on four major migration flows – in Africa, the Middle East, Asia and Europe – children will benefit from coordinated systems of protection and assistance upon departure, along their routes and in their places of arrival with the aim of sustainably reducing their vulnerability, guaranteeing their rights, addressing their needs and facilitating their access to development opportunities. Terre des hommes is recognized as a leading organization, both internationally and regionally, and sought by all stakeholders for its technical expertise in protecting children involved in migration.



Related UN Strategic
Development Goals



Result for 2020

- 1 On four major flows, at the start and at various stages along their migration route, the **children will benefit from institutional services and quality** coordinated systems to: prevent forms of trafficking and early and/or forced migration; provide alternatives to migration; reduce the risks of migration; ensure capacity building in the protection and self-protection of children and young migrants; improve reception, integration and return / reintegration services
- 2 Contribute significantly to the success of at least ten **advocacy** (among decision-makers and public policies) and communication (among the general public) activities, including the **active participation of children and young people**, to promote the implementation of quality child protection and development policies and systems in migration contexts.
- 3 Terre des hommes will **strengthen its expertise in providing protection to children involved in migration** along with its impact on consortiums, platforms and national, regional and international networks with a view to acquiring and sharing theoretical and practical knowledge and experience on the protection of migrants and on the interplay between migration and development.

Main programmatic strategies

- **Strengthen the Child Protection System** for migrant and refugee children
- **Advocacy and policy work: Terre des hommes' migration "observatory"**, the **Destination Unknown campaign (TDHIF)** and international, regional or Swiss hubs
- Encourage the development of **internal mechanisms and coordination between the formal and informal parts of the CPS.**
- **Collaboration with TDHIF members** to ensure there is one voice and a common stance during discussions on alternative models and innovative approaches or methods.
- **Working with academic partners**, To promote and support the acquisition and sharing of various types of expertise and skills through research activities, innovation labs, joint publications, training mechanisms.

Code	#	Priority Level	Outcome Indicators	Global 4 -Y target	Indicator nature	Frequency reporting	Disaggregation	Short name
MIGR	1.1	***	Number of people concerned by child migration whose knowledge of the risks linked with migration and of the means to prevent these risks is strengthened thanks to appropriate information sharing	70,000	Aggregated	Semester	Children <18 Youth >18-24 Adults >25	Migration risk Prevention
MIGR	1.2	***	Quality of institutional and community services in the areas of origin, transit and destination, where Tdh intervene: <ul style="list-style-type: none"> 1. # of institutional services contributing to the protection of children and youth affected by migration for which quality was enhanced 2. # of groups at community level for which practices were improved in order to better respond to the needs of children affected by migration in terms of protection 3. # of resources player at community level whose practices were improved to better respond to the needs of children affected by migration in terms of protection 	Not defined	Aggregated	Semester		Migration protection services quality
MIGR	1.3	***	At places of origin, transit and/or destination, number of pilot projects which have led to the development of about migrants engagement in local development action supporting children and youth affected by migration.	3	(Pilot)	Semester		Pilot project
MIGR	1.4	***	In Central and South Eastern Europe, number of child protection actors whose capacity is sustainably strengthened [on risks prevention and the protection of children against violence]	6,000	Aggregated	Semester		Child Protection actors
MIGR	1.5	***	In Central and South Eastern Europe, number of children affected by migration and their family members whose resilience has been enhanced	16,000	(Pilot)	Annual		Resilience
MIGR	2.1	*	Number of norms, policies or procedures that have been enacted, modified or abrogated following Tdh's intervention (led in or out of the framework of the networks and alliances to which Tdh contributes)	Not defined	Aggregated	Semester		Migration Policies
MIGR	2.2	*	Level of coverage on the positions of Tdh or on information provided by Tdh repeated by the media about the realities and experiences, as well as the causes, needs and necessary interventions in the protection of children affected by migration.	Not defined	Ranking	Semester		Migration Media
MIGR	2.3	*	The views of the children and youth affected by migration are taken into account in advocacy and communication documents in the frame of national, regional and global key events (GFMD).	Not defined	Framing	Semester		Migration Child Advocacy
MIGR	3.1	*	Level of participation of Tdh in 3 main networks at the global level (1), regional (2) and national (3): strategy on the Global Compact on Migration; Regional working group for child protection in West Africa ; Swiss civil society platform on migration and development.	Not defined	Direct	Semester		Migration Networking
MIGR	3.2	*	Number and importance of positions and recommendations promoted by Tdh regarding to protection of the rights of children and youth concerned by migration having been taken up and promoted by global, regional and national networks.	Not defined	Aggregated	Semester		Migration advocacy
MIGR	3.3	*	Number of documents [about children and migration] published [by Tdh] with academic institutes and number of articles published in scientific journals	Not defined	Aggregated	Semester		Migration publication

7.3. Tackling Child Labour programme Programme - Objective at 2020

By 2020, Terre des hommes, is contributing significantly and sustainably to prevent child exploitation in the value chain of at least three large companies. Terre des hommes also intends to contribute to strengthening the appropriate systems to protect children exploited through labour and will promote access to their rights in West Africa and Asia. Terre des hommes is recognised for its expertise in this area and sought by large companies seeking to reduce child exploitation and improve their working conditions



Related UN Strategic
Development Goals



Result for 2020

- 1 In six fragile states, the **risk of child labour exploitation will be reduced by reinforcing local social and child protection systems**, institutional and community mechanisms, the monitoring and protection of working children, as well as through pilot education programmes and access to employment for the most vulnerable children and young people.
- 2 Terre des hommes will help to **reduce the number of children being exploited in the value chains of three large companies.**
- 3 Through **advocacy in Switzerland and abroad**, Terre des hommes will contribute to the worldwide movement against child labour and give children the opportunity to express their needs and views.

Main programmatic strategies

- Strengthen Child Protection System, prevention and case management
- Explore and engage partnership with large businesses
- Work within a number of **networks of actors and consortiums** to contribute to the collective effort.
- **Alliance with academic institutions, such as CIDE (Interfaculty Centre for Children's Rights), IDE (International Institute for the Rights of the Child) and UNIGE will establish evidence-based advocacy** thanks to a better understanding of the global challenges of child labour and a critical examination of the action.

Code	#	Priority Level	Outcome Indicators	Global 4 - Y target	Indicator nature	Reporting frequency	Disaggregation	Short name
EXPLO	1.1	***	Number of children, family and community members that understand the risks of labour, their rights and development opportunities through multi-disciplinary and integrated preventive activities.	50,000	Aggregated	Semester	<ul style="list-style-type: none"> Girls / boys / family m. children on the move /not 	Child labour Prevention
EXPLO	1.2	***	Number of children and youth identified as victims of labour exploitation for whom situation [at work] has improved or who have been withdrawn from worst form of labour by accessing social, protection services and mechanisms provided by Tdh by the end of the project [or service cycle].	15,000	Aggregated	Semester	<ul style="list-style-type: none"> Girls/boys by age category children on the move /not withdrawn /improved working conditions 	Child labour protection services
EXPLO	1.3	***	Number and Percentage of children [separated or unaccompanied] who have been identified [through Tdh interventions] as being child labourers who are reintegrated into their family and/or community of origin, or through alternative care.	70 %	Core	Semester	<ul style="list-style-type: none"> by gender by age (6-12, 13-17 for child labour, 18-25 for hazardous work) children on the move or not 	Child labour Reintegration
EXPLO	2.1	*	Level of implementation within Tdh of Engaging with Businesses (PwB) Guidelines and Toolkit in the context of the new intervention strategy to reduce child labour in value chains.	n/a	Direct	Semester	None	Strategy implementation
EXPLO	2.2	*	Level of mobilisation of private, academic and civil society organisations involved in the thematic of child labour, in the workshops and other coordination events organised by or with Tdh.	Not defined	Direct	Semester	None	Mobilisation
EXPLO	2.3	*	Number of agreements with private sector organisations that reflect their commitment and specifies Tdh's role, the services that Tdh can provide at which stage of the value chain, and the partnership terms.	Not defined	Direct	Semester	None	Engagement with Private sector
EXPLO	3.1	*	Level of integration of working children and children at risk of child labour needs and demands in Tdh advocacy activities (internationally, to ILO, decision-makers, unions and civil society).	Not defined	Direct Qualitative	Semester	None	Child participation
EXPLO	3.2	*	Number of media articles that have communicated in a relevant way opinions and needs of working children, in Switzerland, Europe and in specific contexts.	Not defined	Aggregated	Semester	None	Media coverage

7.4. Juvenile Justice Programme - Objective at 2020

By 2020, Terre des hommes has contributed significantly and sustainably to improving access to formal and informal justice systems by children in West Africa, Latin America, Asia and the Middle East. Terre des hommes plans to contribute to developing and improving justice systems by enhancing the restorative approach and in particular by promoting alternatives to trials, detention and specialised custodial care for children. Terre des hommes is a leading worldwide reference on restorative juvenile justice.



Related UN Strategic
Development Goals



Result for 2020

- 1 The programme will be operational in at least 20 countries, have an impact on **50,000 children in contact with the law**, by improving their access to justice, increasing the use of non-custodial measures and specialised support for detention and reducing institutional violence against them.
- 2 On an international level in several regions of the world, the stakeholders involved in juvenile justice will have taken and/or implemented decisions that promote the **restorative approach** and help to promote children's access to effective justice, fight against institutional violence against children **in juvenile justice systems**, increase the number of children receiving non-custodial sentences and strengthen the role and participation of children, their families and community.
- 3 **Research and innovation** will contribute to advancing knowledge in the field of juvenile justice and support for institutional change and significantly strengthen Tdh's global positioning.
- 4 The JJ programme will incorporate recognised **standards of quality and accountability**, namely by systematically incorporating an analysis of the situation and knowledge management.

Main programmatic strategies

- Establishing or strengthening the **effectiveness of complaint mechanisms**
- Reinforcing the **complementarity between formal and informal justice systems**
- Promote **non-custodial sentences and improvements in specialised custodial detention**.
- Monitoring formal justice systems and increase knowledge about informal justice system
- Advocacy at global level and policy influencing, forums and national, regional and international events on JJ.
- **Establish an international specialist journal and a CAS on juvenile justice**
- Support **children's advocacy initiatives**
- Research, innovation work on the prevention of juvenile delinquency and publication

Prog	#	Priority level	Outcome Indicators	Global 4 - Y target	Indic nature	Frequency	Disaggregation	Short name
JJ	1.1	***	Number of children in conflict with the law who benefited from non-custodial measures : diversion	Not defined	Aggregated	Semester	. Girls /boys	JJ diversion measures
JJ	1.2	***	Number of children in conflict with the law who benefited from non-custodial measures : alternative to pre-trial detention	Not defined	Aggregated	Semester	. Girls /boys	JJ alternative to pre-trial detention
JJ	1.3	***	Number of children in conflict with the law who benefited from non-custodial measures: substitution to imprisonment.	Not defined	Aggregated	Semester	. Girls /boys	JJ Substitution to imprisonment
JJ	1.4	***	Number and % of cases involving children in contact with the customary justice system, for which formal justice actors have been involved, annually and in intervention areas of the project « Shifting the paradigm of access to justice for children”	Not defined	Aggregated	Semester	. Girls /boys . Type of offence	Informal / Formal justice actors cooperation
JJ	1.5	***	Number and % of cases involving children in contact with the customary justice system, for which the child would have been invited to give a free narrative of the events, annually and in intervention areas of the project « Shifting the paradigm of access to justice for children”	Not defined	Aggregated	Annually	. Girls /boys . Type of offence	Child participation Customary Justice
JJ	1.6	***	Level of satisfaction of parties engaged in quality restorative justice processes supported or accompanied by Tdh	Not defined	Qualitative (Pilot)	Annually	N/A	Restorative processes
JJ	2.1	*	Number of norms, policies, and procedures that have been built up (enacted, modified or abrogated) [in line with JJR principles] with the direct technical support of Tdh and validated by the competent authorities.	Not defined	Aggregated	Semester	. Policies/norms/procedures	JJ policies and laws
JJ	2.2	*	Number of professionals trained or benefiting from awareness raising sessions every year by the juvenile justice programme	10,000.	Aggregated	Semester	. Women/men	JJ professional training & awareness
JJ	2.3	*	Existence of a multi-agency global campaign for juvenile justice.	yes/no - status	Direct	Annually	none	To be developed
JJ	2.4	*	Existence of children’s led advocacy initiative/s in juvenile justice.	yes/no - status	Cualitativo	Annually	none	To be developed
JJ	2.5	*	Number of forums for interdisciplinary dialogue [about JJR] created at international, regional and national levels.	Not defined	Direct	Annually	By level	To be developed
JJ	2.6	*	Existence and [level of] distribution of an international publication specialized in juvenile justice.	yes/no - status	Y/N Aggregated	Annually	none	To be developed
JJ	2.7	*	Existence of a Certificate of Advanced Studies (CAS) in Juvenile Justice.	yes/no - status	Direct	Annually	none	To be developed
JJ	2.8	*	Number of professionals trained by the CAS [annually]	Not defined	Direct	Annually	Prof. categories and nationalities	To be developed
JJ	3.1	*	Number of articles [about JJR] published in scientific and non-scientific journals [with the collaboration of Tdh]	Not defined	Aggregated	Annually	Scientific-non scientific	To be developed
JJ	3.2	*	Number and quality of international or national awards where Tdh has participated and which were organized by Tdh.	Not defined	Direct	Annually	National-International	To be developed

7.5. Humanitarian Assistance Programme - Objective at 2020

By 2020, Terre des hommes will respond immediately and effectively to the needs of children during major humanitarian crises and will contribute significantly to ensure access by the most vulnerable children to basic health care services as well as a protective environment. Terre des hommes will also contribute to the rehabilitation of the health and welfare systems. The Terre des hommes Foundation, within TDHIF, is well recognised as a leading organisation on child welfare in the humanitarian aid sector, both internationally and in Switzerland, and is sought by all humanitarian aid actors in particular for its expertise on child protection in humanitarian crises.



Related UN Strategic
Development Goals



Result for 2020

- 1 Contribute significantly **to prevent and reduce the impact of crises on children**, their families and their community through a **specific response**, either directly or through partnerships, to the **children's protection and health needs** and by **providing appropriate assistance to ensure people's basic needs are covered**.
- 2 Provide **quality aid** to beneficiaries **in line with international humanitarian standards governing quality and accountability**.²
- 3 Terre des hommes will organize its activities as part of a **working strategy in a network and partnership** to produce lasting change for children in humanitarian crises, allowing it to consolidate its position as a **key and privileged player helping children** in the humanitarian aid sector in Switzerland and abroad, among the general public, authorities and partners

Main programmatic strategies

- Actively **standing by, anticipating, being prepared and being responsive, prompt intervention can be ensured** in a crisis, adapting Terre des hommes' response to the context and to identify the potential for direct intervention by Terre des hommes or a partner(s) already active in the countries.
- The **humanitarian standards governing quality and accountability**³ **will systematically be applied to all interventions**
- **Global advocacy** on the issues of children in the context of a humanitarian crisis with **participation in international events** in the area of humanitarian aid and in **ICVA and VOICE networks**.

² e.g. Sphere, CPMS, WHO, Core Humanitarian Standards, ICRC).

³ e.g. Sphere, CPMS, WHO, Core Humanitarian Standards, ICRC).

Code	#	Priority level	Outcome Indicators	Global 4 -Y target	Indicator nature	Frequency reporting	Disaggregation	Short name
DAH	I.1	***	Outcomes of PSS activities on children a) # and % of children participating in PSS activities who express feeling in security, being socializing and “enjoy”, by the end of the project. b) # and % of children participating in structured PSS activities who express improvement of their subjective well-being by the end of the project.	70 %	CORE	Semester	Girls /boys	Humanitarian PSS
DAH	1.2	***	% of under five children with severe acute malnutrition who have recovered.	Countries baselines	CORE <i>(Pilot)</i>	Semester	Not defined	Humanitarian birth assisted
DAH	2.1	***	Tdh contributing delegations implement 70 % of key actions recommended by at least 5 child protection minimum standards in humanitarian crisis	70 %	CORE	Semester	Not defined	CPMS Key actions
DAH	3.1	*	In the humanitarian crisis countries where Tdh intervene, the nature and degree of participation by TDH in working groups / clusters related to the nature of its emergency intervention in the concerned counties.	Not defined	Ranking-	Semester	Working groups - Clusters	Cluster and WG participation
DAH	3.2	*	At international level and in Switzerland, nature and degree of participation by Tdh in fora linked with humanitarian aid, and ad minima, to the ones that relates to child protection in emergency, water, sanitation and hygiene, health, shelters.	Not defined	Ranking DIRECT	Semester	Type of thematic fora	International for a participation
DAH	3.3	*	Number of publications, participation to events about humanitarian aid and training courses delivered jointly with academic partners in the South and the North	Not defined	Aggregated DIRECT	Semester	South and North	Humanitarian academic collaboration
DAH	3.4	*	% of the new emergency response interventions by Tdh are relayed in Swiss media and / or international, as a minimum once within the 7 days following the launch of the intervention.	100%	Aggregated DIRECT	Semester	Swiss and international media	Humanitarian media

8. Glossary

Aggregation

Aggregation means the addition of numeric information from different places within an organization to reach an overall figure that describes the totality of change across the different locations.

Baseline

Data collection and analysis exercise undertaken prior to or at the start of an intervention to determine the baseline conditions (perimeter of our project indicators). The baseline data indicates our “starting point”.

Benchmark

A target based on an existing industry standard, minimum requirement, or best practice.

Data collection Method

Formalised and systematic process to accomplish a task and respond to an objective. A methodology is a combination of methods.

Data collection Tools

Support / the mean through which we will gather the information (questionnaire X, checklist, observation sheet, auto evaluation tools,...).

Data

Raw, unorganised facts

Secondary Data

Data gleaned from third-party sources.

Primary Data:

Data collected or obtained via direct first-hand experience. May be collected by Tdh or through partners or consultants contracted for this purpose.

Qualitative Data

Data that describes attributes, properties, or qualities and are often expressed in words rather than numerically.

Quantitative Data

Data measured or expressed numerically, typically describing amounts, ranges, or quantities.

Illustration (of change)

Is reserved for wider changes, often in the context of case studies or stories of change. The stories may or may not be used as representative of wider change.

Indicator

Indicators are quantitative or qualitative factors or variables that provide a simple and reliable means to measure or at least to accurately describe the achievements resulting from an intervention. They are operational descriptions defining values in quantitative and qualitative terms enabling us to measure or assess whether the objective and results at all project levels have been reached. (Tdh PCM handbook, adapted from OECD, 2010)

Information

Data that has been processed to show patterns and give meaning

Inputs

Human, material, and financial resources mobilised to carry out activities..

Impact

The long-term effects, negative or positive, direct or in-direct, intended or unintended, resulting from a project's outputs.

Measurement of change

Reserved for occasions when an objective is SMART (Specific, Measurable, Achievable, Relevant and Time bound) and can be measured with some degree of accuracy.

Outcome

A significant and measurable change in the beneficiaries' or target groups' practices, capacities, knowledge, and/or well-being resulting from the outputs of a project.

Output

The goods, equipment, or services resulting from the actions are called outputs. An output is characterized by the fact that the project controls the elements required to create it.

Example : a training course, an awareness-raising session, an (improved) water source, a rehabilitation, a hygiene kit distributed, a cycle of coordination meetings

Programme

Set of projects or activities designed and implemented in a contextualized way, sharing resources and common or complementary approaches and allowing to achieve a higher objective through the use of synergies (Vision 2030)

Project

Complex endeavour to achieve an objective that needs to keep to a schedule and stay within a budget (PCM handbook). A project has a cyclical life as it goes through stages and is not a linear process. Tdh distinguishes the following steps: identification, strategic planning, operational programming, monitoring, evaluation, institutional learning. It is structured around a logical framework and / or a theory of change.

Result chain

The causal sequence for a development intervention that stipulates the necessary sequence to achieve desired objectives,-beginning with inputs, moving through activities and outputs, and culminating in outcomes, impacts, and feedback. In some agencies, reach is part of the results chain.

Sources

Where and from whom will the necessary data be collect. It can be documents (reports, minutes, files, registers, etc.) or (groups of) people. They must be reliable and accessible.

Target

The specific, planned level of result to be achieved within an explicit timeframe. For quantitative indicator, it will be a value expressed as a % or a number

Tdh's Key performance Indicators (Vision 2030)

Organisational and programmatic steering over key performance indicators, defined on two levels:

- 1) To monitor organizational development according to parameters such as the volume and nature of funding, ratios and types of expenditure, the development of key professional fields.
- 2) To capture the progress of the programmes towards their impact on children's situation (the Programme Outcome indicators)

9. List of Acronyms

CAS	Certificate of Advanced Studies
CIDE	Interfaculty Centre of Children's Rights
CPMS	Child Protection Minimum Standards
CPS	Child Protection System
DAH	Department Assistance Humanitarian
EBR	Exclusive Breasfeeding Rate
GFMD	Global Forum for Migration & Development
HC	Health Care
HQ	Headquarters
HR	Human Resources
ICVA	International Council of Voluntary Agencies
IDE	International Institute for the Rights of the Child
IFRC	International federation of the Red Cross and Red Crescent Societies
INTRAC	International NGO Training and Research Centre
IRS	Indicator Reference Sheet
JJ	Juvenile Justice
KPI	Key Performance Indicators
M&E	Monitoring & Evaluation
OECD	Organisation for Economic Cooperation and Development
ORT	Oral Rehydration Therapy
PCM	Project Cycle Management
PNC	Postpartum Care Coverage
POIF	Programmatic Outcome Indicators Framework
PSS	Psycho-Social
RACI	Responsible, Accountable, Consulted, Informed
RJJ	Restorative Juvenile Justice
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SDC	Swiss Development Corporation
SDG	Strategic Development Goals
SMART	Specific, Measureable, Achievable, Realistic, Timely
Tdh	Terre des hommes
TDHIF	Terre des hommes International Federation
UN	United Nations
UNIGE	University of Geneva
WASH	Water, Sanitation & Hygiene
WHO	World Health Organisation