



List of KRIs (Key Result Indicators) for health:

ASTERIX * = mandatory indicator

Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
Epidemics	Percent (%) of verified alerts being investigated within 24 hours	Number of total verified alerts for which an investigation and/or control measures were implemented within 24 hours. Verification can be done remotely e.g. by phone and involves further data collection (symptoms, date, place, sex, age etc) specific to the infectious disease considered. Numerator: total alerts announced and investigated Denominator: total number of alerts. Multiplied by 100.	[Adjust/specify as necessary and justified] Surveillance system record; outbreak response data log matrix. Reference: SPHERE: > 90%
	Case Fatality Rate (CFR)*	Percentage of deaths due to given disease/ total cases of infectious disease (e.g. cholera, measles, diphtheria etc). Specify the disease(s) considered in more detail. Numerator: Number of deaths related to specific diseases Denominator: Number of total specific infectious diseases. Multiplied by 100.	[Adjust/specify as necessary and justified] Line listing of disease (outbreak) Reference: WHO
Primary Health	Number of total primary health care consultations*	Number of total curative consultations provided either through existing facilities receiving substantial support through the project or through parallel, self-standing emergency facilities. Please add the utilisation rate in the FR, expressed as the total number of consultations in a year / total population. For yearly calculations: Numerator: Total consultations in a given time (year) Denominator: Total population Breakdown by service, gender, and age to be provided in comments field.	[Adjust/specify as necessary and justified] Facility registers. Reference: Adapted from UNHCR Standardized HIS



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	Number of consultations per staff per day	Average number of patients seen per working day per qualified staff. Numerator: number of consultations per day Denominator: number of staff	[Adjust/specify as necessary and justified] Health facility list of qualified staff and patient records. Reference: SPHERE: 50 patients/staff (full time)/day
	Percentage Treatment Adherence Rate for NCDs	Percentage of People having an uninterrupted treatment for non-communicable diseases over the reporting period. Numerator: Number of people with uninterrupted NCD treatment. Denominator: Total number of people on NCD treatment. Multiplied by 100.	[Adjust/specify as necessary and justified] HIS Reference: Adapted from WHO, Noncommunicable disease facility-based monitoring guidance (2022)
Secondary Health	Number of hospitalisations	Number of hospitalisations at secondary healthcare facilities which received regular substantial support through the project. Breakdown of gender, age as well as differentiation between cases of surgery, paediatrics, maternity, and gynaecology and internal medicine should be provided in the comments field.	[Adjust/specify as necessary and justified] Facility registers. Reference: WHO
	Referral rate*	Number of referrals sent per 1000 patients (new/old cases). This includes all referrals to other levels of care; specialized care; protection; Mental Health. Numerator: number of referrals per week x 52 weeks (year) Denominator: number of total cases treated in health facility/mobile clinic per week x52 (year). Multiplied by 1000.	[Adjust/specify as necessary and justified] Reference: Adapted from UNHCR Standardized HIS



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
	Percentage of patients referred, were tracked and followed by partner	Number of referred patients who were followed up by partner in the referral hospital and assured that they received the needed care. Provide more details on type of outcomes – by gender and age. Numerator: Number of referred patients followed up by partner Denominator: Number of total referrals sent by the partner. Multiplied by 100.	[Adjust/specify as necessary and justified] HIS referral records. Follow up of quality care/standard case management, of those referred. Reference: Adapted from SPHERE
Child Health	Dropout rate for Diphtheria, Tetanus and Pertussis*	The dropout rate (DPT1/DPT3/year) refers to the percentage of children who start the vaccination series, without completing it, giving information on coverage and programme performance, continuity and follow-up. Numerator: Number of dropouts per year (cumulative # for 1st dose minus cumulative # for 3rd dose). Denominator: Number of dropouts divided by cumulative # received 1st dose. Multiplied by 100, per year.	[Adjust/specify as necessary and justified] Reference: UNHCR Standardized HIS: <10%
	Percentage of children aged 6 months to 15 years who completed the measles vaccination	Measles is a priority intervention to prevent excess mortality. Older children may have missed routine vaccination, remaining exposed to the disease and the risk to infect the most vulnerable, more exposed to mortality risks. Therefore, try to cover all. If not possible prioritise 6-59 months. Numerator: total children 6 months to 15 years completed measles vaccination Denominator: total children aged 6 months to 15 years. Multiplied by 100.	[Adjust/specify as necessary and justified] Vaccination Coverage Surveys / HIS Reference: SPHERE: >95%. GHC: >95% (6m-15y)
	Percentage of children 6-59 months received an appropriate dose of Vitamin A	Vitamin A is ideally given with measles campaigns Numerator: total children 6 – 59 months completed Vitamin A. supplements Denominator: total children aged 6 – 59 months. Multiplied by 100.	[Adjust/specify as necessary and justified] Reference: SPHERE: >95%..



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
Gender-based violence (Medical response)	Percentage of rape survivors receiving medical assistance within 72 hours of the incident*	Provide the breakdown by gender/age and rape vs. other types of gender-based violence for which a medical intervention was warranted. Furthermore, also report on survivors coming after 72h and seeking medical assistance, as it is equally important likewise for those coming for follow up, using the IR/FR. Numerator: Number of rape survivors (girls, women, boys, men) receiving comprehensive medical support within 72 hours after the incident. Denominator: Number of total survivors of rape. Multiplied by 100.	[Adjust/specify as necessary and justified] Reference: SPHERE: 100%.
	Percentage of health facilities with adequate GBV capacity.	Percentage of health facilities supported, that have i) adequate number of trained health staff and ii) adequate supplies/equipment: PEP kit, emergency contraceptive, Tetanus, Hepatitis B for clinical management of rape survivor services, based on national or international protocols. Importance to ensure that health assistance to GBV survivors is <u>always available</u> in the health facilities supported. Health facilities supported must report on the status quo of the competence and attitudes, managing survivors of SGBV related to staff skills, and kits availability. Numerator: Number of supported health facilities with trained staff and adequately equipped Denominator: Number of total health facilities supported by the partner. Multiplied by 100.	[Adjust/specify as necessary and justified] Reference: SPHERE: 100%.



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
Health infrastructure rehabilitation	Number of health facilities rehabilitated*	Health facility rehabilitated should comply with the following standards: a. physical conditions of the facility prevents/limits the spread of nosocomial infections. b. the facility is safe (e.g. against natural hazards); c. WASH services available. d. storage conditions for medical supplies e. medical waste (wet & dry) is disposed. Numerator: all facilities comply with the full standards out of the total supported health facilities Remark: Use this sub-sector and indicator only if the project contributed substantially to the rehabilitation.	[Adjust/specify as necessary and justified] Intervention reports. Reference: WHO.
Mental Health	Number of days Psychotropics are not available.	Number of days of specific psychotropics were not available in the last 30 days	[Adjust/specify as necessary and justified] Stock management record. Reference: SPHERE: < 4 days out of 30 days
	Number of people receiving clinical management of mental or/and neurological disorders through PHC, secondary or tertiary care*	Number of psychological and/or psychiatric consultations provided by a skilled provider. All MH services must be provided by a skilled trained staff in MH (GP with mhGAP training or specialist clinician). Please disaggregated by gender and age. Numerator: Number of clinical MH consultations provided by a skilled MH staff.	[Adjust/specify as necessary and justified] MH records Reference: IASC; M & E Framework, MHPSS 2021; O5.5



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
	Percentage of people reporting improved functioning and symptoms	% of treated individuals with mental health conditions reporting an improvement in functioning and reduced symptoms. Numerator: individuals treated for their mental health condition and reporting improved functioning, in a given timeframe. Denominator: total number of individuals treated during the same timeframe. Multiplied by 100	[Adjust/specify as necessary and justified] MH records. Reference: SPHERE.
Reproductive, maternal and newborn health	Percentage of births attended by skilled health personnel (doctors, nurses, midwife)*	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 postpartum period, and trained to conduct deliveries on their own, and to care for new-borns. Numerator: Number of live births delivered by a skilled health worker Denominator: total number of live births. Multiplied by 100.	[Adjust/specify as necessary and justified] Delivery records. Reference: GHC : >90%; HNTS: >90% SPHERE: >80%
	Availability of Basic Emergency Obstetrics and Newborn Care (BEmONC)	Number of facilities providing essential emergency obstetric and new-born care services [Available 24 hours/day and 7 days/week]	[Adjust/specify as necessary and justified] Reference: SPHERE: 5 per 500.000 population
	Availability of Comprehensive Emergency Obstetric and Newborn Care (CEmONC)	Number of facilities providing comprehensive emergency obstetric and new-born care services [Available 24 hours/day and 7 days/week]	[Adjust/specify as necessary and justified] Reference: SPHERE: 1 per 500.000 population



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
	Percentage of all primary health centres reporting availability of at least 4 methods of contraception	This is very much community focused to understand their preferences, practices, and attitude towards contraception. Trained providers and communities should be consulted. Counselling should aim for confidentiality and privacy. Numerator: Number of all health facilities supported and have at least 4 contraception methods available. Denominator: Number of all health facilities supported. Multiplied by 100.	[Adjust/specify as necessary and justified] HIS Reference: SPHERE: 100%
	Dropout rate ANC4/ANC1*	Though the WHO suggests 8 ANC visits, it is highly recommended having at least a minimum of 4 visits, as it increases the likelihood of receiving effective maternal health interventions during the antenatal period. Indicates "lost opportunity or late access to ANC 1. SPHERE targets the availability of supplies/services rather than the actual performance. Numerator: Number of dropouts per year (cumulative # for 1st ANC minus cumulative # for 4th ANC). Denominator: Number of dropouts divided by cumulative # received 1st ANC. Multiplied by 100, per year.	[Adjust/specify as necessary and justified] Reference: WHO; No dropouts
Medical Supplies	Number of days essential medicine is not available*	Essential medicine can follow national protocols or international essential drug list. The main management elements are selection, forecasting, procurement, storage, and distribution. Proposals should mention under section 10 of the SF where drugs are procured. Selection of the 10 most vital among them, and check how many days the drugs were not available.	[Adjust/specify as necessary and justified] List of essential drugs available. Reference: SPHERE: maximum 4 days out of 30 days



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
	Proportion of prescriptions that are in line with clinical guidelines.	Proportion of prescriptions that are in line with national or international (WHO, MSF) guidelines for treatment and diagnosis. Numerator: Number of prescriptions in line with clinical guideline Denominator: Number of total prescriptions. Multiplied by 100. To be assessed through supervision, spot checks and targeting main causes of mortality (i.e. malaria, ARI, AWD)	[Adjust/specify as necessary and justified] Reference clinical guidelines available. Diagnosis and treatment recorded in medical records. Reference: SPHERE consistent, but generic; GHC: consistent (focus on % of facilities without stock out)
Capacity building (Health)	Number of health staff who has received complete training and supervision through the mhGAP program.	Number of health staff fully trained in mhGAP	[Adjust/specify as necessary and justified] Training records Reference: Indikit (adapted indicator)



Sub-sector	Key Result Indicator (KRI)	Definition/Description	Source/Method of Verification
	Percentage of health staff trained and who have met the competency standards in their respective field of expertise*	Competency standards define the practical skills and knowledge a person must have to use to effectively performs her/his job. It should reflect the abilities of respective health staff (physicians, nurses, midwives, laboratory technicians, CHW/CHVs etc.) to manage health facilities and their caseload according to national/international standards. Performance based criteria should be set for the training objective. Disaggregate by gender, age, and length of training. Numerator: Number of specific health staff fully trained (e.g. midwives) Denominator: Number of total health staff (e.g. midwives). Multiplied by 100.	[Adjust/specify as necessary and justified] Reference: Indikit (adapted indicator)
Other (Health-Cash)	Percent of households with catastrophic health expenditures	Threshold of more than 10%; 25% or 40% to be defined by the country. The WHO and the World Bank define catastrophic health expenditure differently, as spending more than 10% or 25% of total HH expenditures on health (including all out-of-pocket costs, direct and indirect). One threshold should be chosen that is appropriate to the program context. — In the questionnaire, it is important to ask about both direct health expenditures (e.g., consultation fees for primary care, secondary care fees; etc. For health it indicates gaps at the supply side and maybe other interventions must be considered (e.g. CVA)	[Adjust/specify as necessary and justified] HH Survey; PDM of MPCT interventions Reference: WHO and GHC; Cash Task Team and CASHCAP & NORCAP; 9-2020; Technical Note on the Inclusion of Health Expenditure in the MEB and MPCT; WHO; GHC; 9-2021. Role of Cash & Voucher Assistance for Health Outcomes.



List of KOIs (Key Objective-Outcome Indicators) for health:

HEALTH Sector	Key Objective/Outcome Indicator (KOI)	Definition/Description	Source/Method of Verification
	Crude Mortality Rate (CMR)	The main objective is to record deaths (causes) as to improve assistance; more scientific estimates can be done in specific situations. Report on both CMR and U5CMR (CMR under age of 5). Numerator: number of total deaths in population at risk during a given time (day) Denominator: total population at risk during the same time (day). Multiplied per 10,000	Surveys and/or surveillance system (community, facility and referral level). Reference: SPHERE: > 1 deaths/10,000 pop. /Day Emergency Threshold: • CMR >1/10,000/day • U5CMR >2/10,000/day
	Number of maternal deaths	More than 50% of maternal deaths occur in humanitarian settings. Reducing death caused by crisis is an existential aim of humanitarian assistance. Therefore, mortality surveillance is a vital component of any program. However, since livebirth may not be exceeding 100.000, its still critical to contribute to data collection and report to health authorities.	Data collected during weekly/monthly home visits, health facilities, authorities. Community Health Workers or volunteers are a good source for the regular household visits.
	Number of neonatal deaths	More than 45% of neonatal deaths occur in humanitarian settings. If there are more than 1.000 live births, consideration should be given to also calculate the neonatal mortality rate per 1.000 live births. The number of deaths should be reported to the district authorities. Numerator: Number of deaths of neonates within 28 completed days of life.	Reference: WHO SDG indicator.



HEALTH Sector	Key Objective/Outcome Indicator (KOI)	Definition/Description	Source/Method of Verification
	Full Immunization coverage	Total number and proportion of children (age 12-23 months / 24-35 months) who received all vaccinations recommended in the national immunization schedule. (may differ by country). Though ECHO does not support direct vaccination but rather logistics. The indicator reflects the functionality of PHC system. Numerator: Number of children aged 12-23/24-35 months, vaccinated. Denominator: Total number of children aged 12-23/24-35 months.	HIS Reference: UNICEF MICS: >90%