

A close-up photograph of a woman with short dark hair, smiling broadly. She is wearing a white top and a colorful patterned shawl. She is holding a large stack of Kenyan Shilling banknotes, with a 2000 Shilling note prominently visible in the foreground. The background is a blurred brick wall.

MULTIPURPOSE OUTCOME INDICATORS AND GUIDANCE

EXECUTIVE SUMMARY

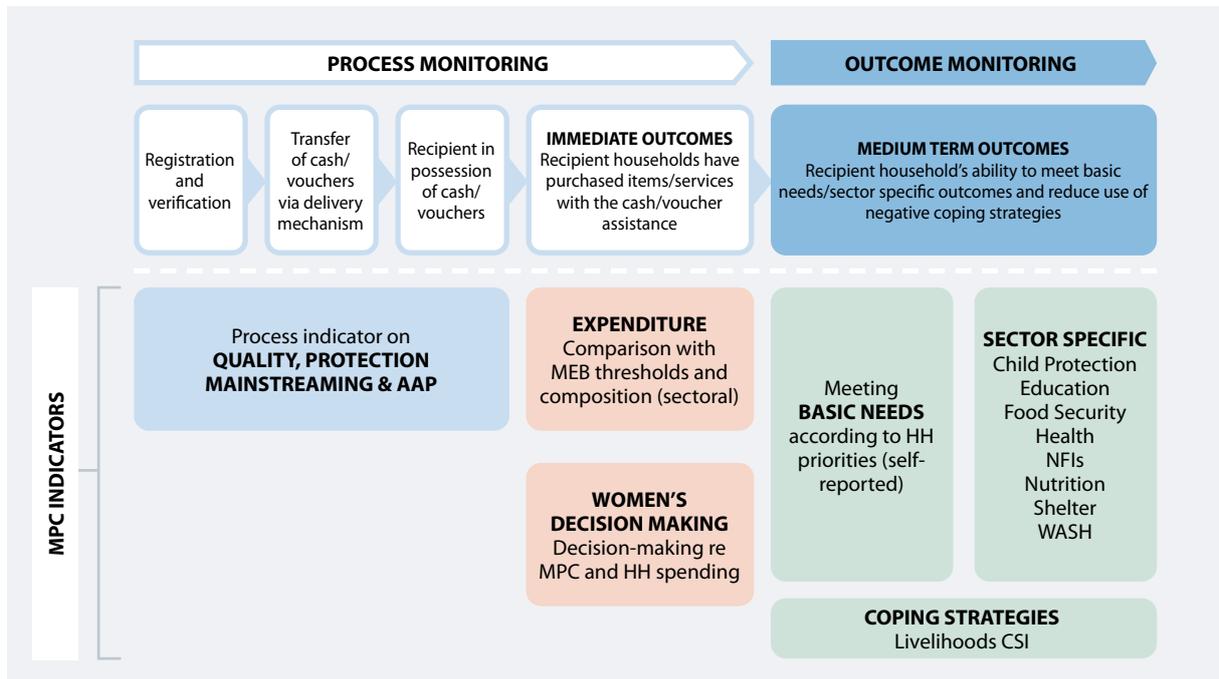
Developed by
THE GRAND BARGAIN CASH WORKSTREAM
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MULTIPURPOSE CASH

Multipurpose cash (MPC) is intended to enable people to meet their basic needs through local markets as they see fit. Outcomes of this type of assistance will vary, depending on the context, intervention design (e.g., transfer values, number of transfers) and each household’s prioritized needs.

This document presents a **core set of indicators** that can serve as a limited menu from which donors and implementers can choose. The indicators focus on the household level outcomes to which MPC can most strongly contribute. Outcomes are defined as the main changes the implementing organization expects to see due to the provision of MPC. The indicators do not seek to capture all potential outcomes (positive or negative) of MPC.

MPC may often play a role as one component of a larger overall response, with the need for additional interventions (and corresponding outcome indicators) to completely meet Sphere standards.



MONITORING FRAMEWORK

The set of indicators are structured to align with the overarching CVA monitoring framework outlined in [CaLP's CVA Monitoring Guidance](#) to enable a logical flow and integration with other monitoring frameworks and tools.

WHAT DO THE INDICATORS MEASURE?

This set of indicators is **designed primarily to measure the outcomes of MPC interventions**, in both the immediate and medium term. A single (albeit multifaceted) critical process indicator relating to protection and accountability is included, but it is expected that agencies will use a broader range of additional process indicators.

WHEN SHOULD THEY BE USED?

These indicators should be used for monitoring recurrent MPC transfers during the assistance period. Practitioners and donors should decide which indicators are required based on the length of the program, recurrence of transfers, and anticipated outcomes. Interventions that might be classified as MPC can vary greatly and there is no standard approach. Transfer values, frequency, and duration of support are pivotal in terms of the outcomes that might be achieved. Ideally MPC transfer values will have been calculated based on gap analysis the difference between the Minimum Expenditure Basket (MEB) or equivalent and the real average of target households to determine the level of unmet, expenditure-based needs. In practice, other factors may influence transfer values and the extent to which they can cover unmet needs.

SELECTING AND COLLECTING INDICATORS

- The **selection of indicators should always be informed by the project design and objectives** (e.g., the outcomes it is anticipated MPC will significantly contribute to achieving).
- The field of monitoring and evaluating MPC is still evolving, so there is some value in providing **flexibility to see what works best and where**, recognising that the 'right' indicator(s) may vary by intervention, organisation, and context. Consideration should be given to how to select a **complementary combination of indicators** which can avoid duplications in data collection and increase monitoring effectiveness.
- The **sector specific indicators** were developed with the respective cluster cash working groups/task teams. They have been selected on the basis that they **reflect a limited number of sectoral outcomes to which MPC is likely to independently contribute under suitable programming conditions**, also recognizing that many sectoral outcomes could only be fully realized in combination with sector specific interventions (rather than through MPC alone). They are presented on the assumption that **practitioners will select the indicators which they determine are most appropriate to their MPC intervention**, without any specific recommendations on prioritisation or how many should be used.
- Please see full *MPC Outcome Indicators and Guidance*, and the *BHA Performance Indicator Reference Sheets (PIRS)*, available at www.usaid.gov/humanitarian-assistance/partner-with-us/bha-emergency-guidelines, for more detailed guidance on how to collect, disaggregate, calculate and analyse data per indicator.

SUMMARY OF THE INDICATORS

The following is a summary of the indicators with brief descriptions and notes on use. If you are planning to apply these in practice, please consult the full *MPC Outcome Indicators and Guidance*.

Indicator Type	Area/Sector	Indicators	Notes on Use
Process	Protection Mainstreaming	<p>Percent of recipients (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner</p> <ul style="list-style-type: none"> The indicator is calculated based on the responses to eight required questions covering the four elements of protection mainstreaming (prioritize safety & dignity and avoid causing harm, meaningful access, accountability, participation) 	<ul style="list-style-type: none"> Protection mainstreaming process indicator. Guidance from DG ECHO on the methodology and use of the indicator can be found here
Immediate Outcomes	Expenditure	<p>Total monthly expenditures by sector relative to MEB sectoral components/amounts</p> <ul style="list-style-type: none"> Enables examination of the distribution of expenditure within and across households. Can be used to assess the extent to which actual expenditures align with MEB components, and/or broken down by sector or category for analysis and tracking over time – e.g., percentage of household expenditure on health, percentage of household expenditure on shelter, percentage of household expenditure on food, etc. 	<ul style="list-style-type: none"> Provides useful insights, but relatively resource intensive in terms of data collection, with challenges on recall, accuracy, etc. Requires a valid MEB. If selected, it's recommended to use a full expenditure module. Further indicators can be calculated from the same data. Should cover overall household expenditure, not only the use of the MPC transfers.
		<p>Percentage of households with total monthly expenditure which exceeds the MEB</p> <ul style="list-style-type: none"> Measured as a binary indicator showing if a household's total monthly expenditure is above or below the threshold of the MEB value. If HH expenditure exceeds the MEB, the indication is that they can meet their basic needs. The indicator is essentially the economic capacity to meet essential needs (ECMEN) indicator¹. 	
	Women's Decision Making	<p>Percentage of households where women are involved in decision making on the use of cash transfers</p> <ul style="list-style-type: none"> Used to better understand how decision-making on the use of cash transfers is determined at household level, and the extent to which there is (or isn't) a change in women's decision-making 	
		<p>Frequency with which women are involved in decision making on the use of cash transfers</p> <ul style="list-style-type: none"> There is also an optional follow up question exploring the types of household expenditures women have a decision-making role in 	

¹ See p.15 of WFP's Essential Needs Assessment Guidance Note December 2020

Medium Term Outcomes	Basic Needs	<p>Percentage of households who report being able to meet their basic needs as they define and prioritize them (plus follow-up questions)</p> <ul style="list-style-type: none"> • Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs. • Uses multiple choice follow-up questions to identify unmet needs, the reasons for the needs being unmet, and better understand the impact of MPC on household spending. <p>Percentage of households who report being able to meet specific basic needs by category</p> <ul style="list-style-type: none"> • Uses a standardized scale of quantified responses (all/most/half/some/none) based on respondent's own evaluation of their ability to meet their basic needs, on a need-by-need basis. Also includes questions on the reasons needs aren't being met, where applicable. 	<ul style="list-style-type: none"> • Includes two choices of recommended approaches, to be chosen based on which best fits your monitoring requirements. Both options include the same core overall basic needs indicator. • Option 1 includes several follow-up questions. • Option 2 includes the additional indicator on specific basic needs. • Guidance includes example questionnaires
	Livelihoods Coping Strategies (LCS)	<p>Percentage of households applying Livelihood Coping Strategies (LCS) to meet essential needs, by severity (no use, Stress, Crisis, Emergency)</p> <ul style="list-style-type: none"> • The LCS for essential needs indicator identifies the coping strategies adopted by households to meet their essential needs and classifies households according to the most severe coping strategies applied. It is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. 	<ul style="list-style-type: none"> • Used to understand medium and longer-term coping capacity of households • The indicator and guidance notes are adapted from WFP's VAM Resource Centre and Essential Needs Assessment Guidance Note
Sector Specific Indicators			
	Child Protection (CP)	<p>Percentage of households where at least one child in the household is engaged in child labour [due to financial vulnerability]</p>	<ul style="list-style-type: none"> • To affect CP outcomes, MPC transfer values and duration must be sufficient to address the financial drivers of the CP risks. • Disaggregate monitoring data relating to CP risks.
		<p>Percentage of households reporting child separation from caregiver (including because of work-related migration) [due to financial vulnerability]</p>	
		<p>Percentage of households reporting child marriage during the duration of receiving MPC (disaggregated by gender and prior to age 18, and prior to age 15), [due to financial vulnerability]</p>	
	Education	<p>Percentage of school age children enrolled in education</p> <p>Percentage of school age children who attend education over a specific time frame</p>	<ul style="list-style-type: none"> • MPC can contribute to education outcomes by addressing short term financial barriers, but not systemic supply side issues.

Medium Term Outcomes	Food Security	<p>Percentage of households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable)</p> <ul style="list-style-type: none"> Percentage of beneficiaries who have improved their average reduced Coping Strategy Index (rCSI) <p>OR</p> <ul style="list-style-type: none"> Mean and median rCSI <p>Percentage of households with moderate and severe Household Hunger Scale (HHS) scores</p>	<ul style="list-style-type: none"> MPC always/almost always expected to contribute to food security outcomes. Use more than one indicator where possible, as they measure complementary aspects (e.g., food quality, food quantity) rCSI may be better suited for sudden-onset events HHS is only appropriate for areas with high food insecurity
	Health	<p>Percent of households that delayed or did not seek care when having a medical, or health issue for which they needed to use a health service due to financial barriers</p> <p>Percent of households with catastrophic health expenditures</p>	<ul style="list-style-type: none"> MPC should contribute to health outcomes only when complementary to health-specific interventions Indicator on catastrophic expenditures can be collected as part of the expenditure module
	NFIs	<p>Percentage of households that report having minimum household items that allow all the following: comfortable sleeping, water and food storage, food preparation, cooking, eating, lighting, and clothing</p>	<ul style="list-style-type: none"> It is anticipated that MPC can contribute to this outcome whenever MPC is used. Perception based indicator. Quality of items may require follow-up.
	Nutrition	<p>Household Dietary Diversity Score (HDDS)</p> <p><i>Minimum Dietary Diversity for Women (MDD-W):</i> Percentage of women aged 49-15 years who consumed foods from 5 or more food groups the previous day.</p> <p><i>Minimum Dietary Diversity for Children 23–6 Months (MDD-Ch):</i> Percentage of children 23–6 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day (target is at least 5 out of 8 food categories)</p>	<ul style="list-style-type: none"> MPC can contribute to improved child and maternal nutrition outcomes when combined with nutrition-specific interventions. If MPC is delivered without complementary nutrition-specific interventions, it may contribute to improved child and maternal nutrition if the main barriers are economic (demand side).
	Shelter and Settlements	<p>Percentage of households that report living in a shelter that has all the following: adequate space, feels safe, feels private and protected from the weather.</p> <p>Percentage of households that report pressure to leave their shelter for financial reasons</p> <p>Percentage of households that report that their shelter feels warm enough at night</p>	<ul style="list-style-type: none"> MPC alone will not guarantee people have adequate shelter but can contribute to shelter outcomes by addressing some of the financial barriers. Indicators are based on recipient perceptions and cannot be used to confirm that technical standards are met.

Medium Term Outcomes	WASH	<p><i>Water Supply:</i> Percentage of households (HH) reporting that all HH members have access to an adequate quantity of safe water for drinking, cooking, personal and domestic hygiene</p>	<ul style="list-style-type: none"> • MPC can contribute to overcoming financial barriers to accessing WASH goods and services where WASH markets are accessible and functional, and recipients are accustomed to using them. However, in most cases MPC needs to be implemented together with complementary programmes to contribute to WASH outcomes.
		<p><i>Sanitation:</i> Percentage of households (HH) reporting that all HH members have access to a safe, secure, clean, and well-maintained toilet, including water or anal cleansing materials</p>	
		<p><i>Hygiene:</i> Percentage of HH having access to a functioning handwashing facility with water and soap at home and essential hygiene items including menstrual hygiene products</p>	