

Sector / Subsector	Indicator	Definition	Source and method of data collection
Food security and livelihoods			
Availability of, access to and consumption of food	Number of people enabled to meet their basic food needs	Basic food needs: assistance, combined with beneficiaries' own resources, to at least international standard of 2100 Kcal per person per day for the period of the action. Any kind of transfer modality (in-kind, voucher, cash) and combination thereof with objective to ensure immediate access to the necessary food commodities. This may include supplementary foods provided alongside general distribution for vulnerable people.	[Adjust/specify as necessary and justified] PDM surveys with representative sample; Registration records; Financial Service Provider (formal or informal) transfer reports.
Short-term livelihood support	Number of people provided with resources to protect and start rebuilding livelihood assets	Resources that enable people to protect and rebuild their livelihood assets include seeds, livestock, tools, business grant etc. Any kind of transfer modality (in-kind, voucher, cash) and combination thereof to support, protect and enable the restoration/protection/access of/to livelihood assets.	[Adjust/specify as necessary and justified] PDM survey with representative sample; Registration records; Financial Service Provider (formal or informal) transfer reports; assessments of livelihood recovery (income/ expenditure; possession of livelihood assets etc.).
Mine actions			
Humanitarian demining	Square kilometres of land cleared of land mines and/or unexploded ordinances	Total land identified to be at risk of mine or UXO contamination which is cleared and being used for socio-economic purposes; Clearance according to IMAS standards; Provide disaggregated data in comments field or annex by: location, release status (land cleared and released by other means, land not cleared and released), Use of released land (land in use, land not in use), types of land use (Accommodation, Production).	[Adjust/specify as necessary and justified] Project records; Aerial photos of the cleared land before and after clearance; Questionnaire survey on the population with access to released land.
Assistance to victims	Number of victims of CW/IED incidents receiving support	Victims of CW/IED incidents receiving emergency medical care and psychological support according to international standards and protocols. CW = Conventional Weapons (i.e. Mine/ERW (Explosive Remnants of War)/SALW (Small Arms and Light Weapons); IED = Improvised Explosive devices. Assistance must be adequate to needs of victims enabling him/her to regain autonomy and capacity to participate in social life as much as possible. Provide disaggregated data in comments field or annex: location/communities affected; age, sex.	[Adjust/specify as necessary and justified] Hospital/health centre records; Individual action plans/case management records; Post intervention monitoring.
Mine education and mine risk reductions	Number of persons trained on CW/IED risk reduction	Victims of CW/IED incidents receiving emergency medical care and psychological support according to international standards and protocols. CW = Conventional Weapons (i.e. Mine/ERW (Explosive Remnants of War)/SALW (Small Arms and Light Weapons); IED = Improvised Explosive devices. Assistance must be adequate to needs of victims enabling him/her to regain autonomy and capacity to participate in social life as much as possible. Provide disaggregated data in comments field or annex: location/communities affected; age, sex.	[Adjust/specify as necessary and justified] Attendance lists; KAP survey with 5% statistically accurate representative sample at the end of the project.
Armed violence reduction	Number of persons trained in conflict management	Individuals having received and understood main messages on community-level conflict management and behaviour to reduce armed violence at community level. Armed violence refers to incidents involving the use of small arms and light weapons. Provide disaggregated data in comments field or annex by: Geography; Status (displaced, host family, etc.); sex, age.	[Adjust/specify as necessary and justified] KAP survey with 5% statistically accurate representative sample at the end of the project.
Education in emergencies			
Formal education	Number of boys and girls that access safe, quality learning opportunities (formal education)	Quality implies but is not limited to: 1) a safe learning environment, 2) competent and well-trained teachers who are knowledgeable in the subject matter, 3) adequate materials for teaching and learning, 4) participatory methods of instruction and 5) reasonable class sizes. Especially in complex emergencies this should take into account a psycho-social dimension. Safe implies: people's physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional and psychological harm. Note: access should be regular and continuous to ensure potential learning outcomes. Pupils who attend learning opportunities only during a short period of the project or only sporadically should generally not be counted against this indicator. Provide gender disaggregated figures in the comments field.	[Adjust/specify as necessary and justified] Education Management Information System (EMIS); Schools Registries; Quality Learning Environment assessment reports (QLE); qualitative interviews with children and community (about safety perception and quality).
Non-formal education	Number of boys and girls that access safe, quality learning opportunities (non-formal education)	Quality implies but is not limited to: 1) a safe learning environment, 2) competent and well-trained teachers who are knowledgeable in the subject matter, 3) adequate materials for teaching and learning, 4) participatory methods of instruction and 5) reasonable class sizes. Especially in complex emergencies, the quality of education is closely interlinked with learners' psycho-social wellbeing. Safe implies: people's physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional and psychological harm. Note: access should be regular and continuous to ensure potential learning outcomes. Pupils who attend learning opportunities only during a short period of the project or only sporadically should generally not be counted against this indicator. Provide gender disaggregated figures in the comments field.	[Adjust/specify as necessary and justified] Quality Learning Environment assessment reports (QLE); Education Management Information System (EMIS); School/Learning facility registries; qualitative interviews with children and community (about safety perception and quality).
Safe and accessible learning environments	Number of learning spaces/schools set up or rehabilitated and equipped to meet standards	INEE Standards include: 1) accessibility, regardless of physical ability; 2) Clear marking of the learning environment; 3) appropriate physical structure and space; 4) space promoting learner-centred approaches, 5) community engagement, 6) basic health and hygiene, 7) adequate sanitation, 8) availability of sufficient, safe drinking water.	[Adjust/specify as necessary and justified] Quality Learning Environment assessment reports (QLE); Education Management Information System (EMIS); site visits and observation; qualitative interviews with children and community

Capacity Building (Education)	Number of teachers and other education personnel trained	In addition to general knowledge in subject matters as well as pedagogy, teachers/other educational personnel are trained in emergency life skills and in psycho-social support to create a supportive learning environment and to promote learners' psychosocial well-being. (See INEE standards related to "Teaching and Learning".) Provide gender disaggregated figures in the comments field.	[Adjust/specify as necessary and justified] Quality Learning Environment (QLE) reports; Assessment and evaluations in line with INEE standards.
WASH			
Solid waste management	Number of people living in settlements with a functional solid waste management system	Solid waste of all households of the settlements as well as commercial waste is removed stored safely and removed regularly with equipment and frequency according to standards (Sphere). Risk of solid waste pollution of environment is kept to a minimum. Medical waste is managed separately according to standards to minimize risk. System implies: planning and implementation in consultation with affected populations and relevant authorities, taking into account refuse type and quantity, incl. medical, burial, market etc.; adequate disposal with minimum risk; attention to staff welfare.	[Adjust/specify as necessary and justified]. Household and settlement survey and key informant interviews with 5% statistically accurate representative sample; Direct observation; waste management documentation.
Hygiene promotion	Number of people having regular access to soap to meet hygienic needs	Regular and timely access: 250g soap/p/m for personal hygiene, 200g soap/p/month for laundry; access may be in-kind or through voucher distribution or through unconditional cash to enable beneficiary to buy soap (without compromising access to other basic needs). Distributed items need to be culturally acceptable i.e. take into account local practice and expectations. State in comments field or under activities which other personal hygiene items (dental, hair, menstrual, baby hygiene) are supplied in addition to soap.	[Adjust/specify as necessary and justified] Post-distribution monitoring household survey which verifies presence of soap with 5% statistically accurate representative sample.
Excreta disposal	Number of people with access to dignified, safe, clean and functional excreta disposal facilities	Access implies ratio (user/facility) of 1 toilet for a max. 20 people or as locally agreed. Distance: < 50 metres from dwellings or as locally agreed. Clean implies regular cleaning and maintenance for public facilities Dignified: Use of toilets respect cultural preference and is arranged by household(s) and/or segregated by sex. Unsafe facilities include unstable (unlined) pits with risk of collapse, pits accessible to vectors, pits contaminating water tables and poorly sited facilities which expose women and girls to attacks, especially at night. Functional facility: fully constructed, in working order and properly maintained, of a type and in a location acceptable to intended users, with hand washing facilities and anal cleansing material.	[Adjust/specify as necessary and justified] Key informant interviews, direct observation, survey with 5% statistically accurate representative sample on a monthly basis.
Drainage	Number of people living in settlements with a functional drainage network	Functional drainage: no substantial presence of stagnant water in and around the settlement, whether as a large body of standing water (such as a pond) or a high density of small areas (such as water standing in tyre tracks). If the standing water is contaminated by wastewater then even small quantities are significant. Small puddles of rainwater that dry up after a day or so should not be considered a substantial presence. Distance: standing water that is at least 30m from living areas is effectively outside the perimeter of the settlement. Gradient: site gradient should not exceed 6%, unless extensive drainage and erosion control measures are taken, or be less than 1% to provide for adequate drainage. Drainage channels may still be required to minimise flooding or ponding. Water table: lowest point of the site should be not less than 3 metres above the estimated maximum level of the water table.	[Adjust/specify as necessary and justified] Direct observation at household and settlement levels (on a monthly basis).
Water supply	Number of people having access to sufficient and safe water for domestic use	Access: Maximum distance to water point 500m, queuing time less than 15min, filling time maximum 3 min/20 litres or as locally agreed. Water access should be during the whole period of implementation unless action is mostly related to building the local water delivery capacity. Sufficient: covering basic needs, i.e. 7.5-15 l/p/d or as locally agreed. Safe: 1) low risk of faecal contamination, 2) No faecal coliforms detectable in any 100-ml sample, 3) For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant to achieve free chlorine residual at the tap of 0.5 mg per litre and turbidity is below 5 NTU, 4) If for a short period, water which is contaminated chemically or radiologically is used, no (significant probability of) negative health effect is (likely to be) detected. Domestic use: drinking, cooking and personal hygiene (incl. laundry).	[Adjust/specify as necessary and justified] Direct observation; (household) survey at point of consumption with 5% statistically accurate representative sample on a monthly basis.
Health			
Epidemics	Number of outbreak alerts responded to	Number of alerts for which an investigation and/or control measures were implemented Provide in addition the figures for number of outbreak alerts raised and analysed.	[Adjust/specify as necessary and justified] Surveillance system record; outbreak response data log matrix.
Primary health	Number of primary health care consultations	Number of curative consultations provided either through existing facilities which received substantial support through the project or through parallel, self-standing emergency facilities. Breakdown by gender and age to be provided in comments field.	[Adjust/specify as necessary and justified] Facility registers.
Secondary health	Number of hospitalisations	Number of hospitalisations at secondary healthcare facilities which received substantial amount of 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 an annex or in the comments field.	[Adjust/specify as necessary and justified] Facility registers.
Community outreach (Health sector)	Number of children who received community based treatment for malaria, diarrhoea and/or acute respiratory infections	Number of children who received community based treatment for malaria, diarrhoea and/or acute respiratory infections. It considers treatment according to ICCMI (Integrated Community Case Management) guidelines and principles. For malaria, only cases treated after confirmation by a diagnostic test should be counted.	[Adjust/specify as necessary and justified] ICCM records; HIS records.

Gender based violence (Medical response)	Number of SGBV victims receiving assistance in less than 72 hours	Number of SGBV victims that receive a comprehensive package of medical and paramedical services within 72 hours of the assault. Provide in comments field a breakdown by gender/age and rape vs other types of gender based violence for which a medical intervention was warranted.	[Adjust/specify as necessary and justified] GBV registers.
Health infrastructure rehabilitation	Number of health facilities rehabilitated	Health facility rehabilitated: - physical conditions of the facility prevents/limits the spread of nosocomial infections; - the facility is safe (e.g. against natural hazards); - WASH services available respecting standards; - storage conditions for medical supplies are according to norms; - medical waste is disposed of according to standards. Use this sub-sector and indicator only if the project contributed substantially to the rehabilitation.	[Adjust/specify as necessary and justified] Intervention reports.
Mental and psycho-social support	Number of mental health consultations	Number of psychological and/or psychiatric consultations provided by a skilled provider. Skilled provider: medical or paramedical degree with supplementary training on mental health.	[Adjust/specify as necessary and justified] Consultation records.
Reproductive health	Number of live births attended by skilled health personnel	Skilled health personnel: doctors, nurses or midwives trained in providing life-saving obstetric care, including in giving the necessary supervision, care and advice to women during pregnancy, childbirth and the postpartum period, and trained to conduct deliveries on their own, and to care for new-borns.	[Adjust/specify as necessary and justified] Delivery records.
Nutrition			
Nutrition surveys and surveillance	Number of SMART, coverage, NCA or other surveys implemented	Eligible nutrition specific or sensitive assessments have to: 1) provide information on the nutrition situation, or the nutrition program performance, or the causes of undernutrition; 2) comply with internationally validated methodology; 3) be implemented during the time frame of the project. Provide disaggregated data by type of survey in comments field.	[Adjust/specify as necessary and justified] Survey reports.
Treatment of undernutrition	Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition	Total number of cases admitted in nutrition program during the timeframe of the program. Children which are admitted to MAM treatment after SAM treatment should be counted only once. Provide disaggregated data for SAM and MAM in comments field.	[Adjust/specify as necessary and justified] Admission register; admission fiches of treatment facilities.
Capacity building (Nutrition)	Number of health facilities where nutrition programs are implemented	Nutrition programme at health facility level: presence of trained personnel, adequate equipment, adequate supplies and management of cases. Focus is on the functionality of the nutrition program independently of the "use of the service" by the target community.	[Adjust/specify as necessary and justified] Monthly report at facility level including attendance list of personnel with relevant technical training; Log report of RUTF/ drugs supply; implementation is monitored and reported through direct observation/field monitoring.
Shelter and settlements			
Individual household shelter	Number of people having access to basic, safe and dignified shelters solutions	Basic, safe and dignified: - affected individuals have a minimum covered floor area of 3.5m2 per person; - all shelter solutions and materials meet locally agreed technical and performance standards and are culturally acceptable; - all household (re)construction is in accordance with safe building practices and standards; - all household (re)construction demonstrate involvement of the affected population and/or are culturally acceptable by the affected population.	[Adjust/specify as necessary and justified] Household/Shelter survey with 5% statistically accurate representative sample on a monthly basis.
Camps and collective centers	Number of people in displacement sites with functional coordination and management mechanisms	Displacement sites: formal or informal IDP or refugee settlements including dedicated collective and/or individual shelters for the displaced only (not including host families and rented accommodation). Functional coordination and management mechanisms refers to at least any 3 of the following 6 mechanisms being operational at any point in time: - population statistics monitoring by sex and age - women's committees; - camp committees with women representation; - self-governance mechanisms; - monitoring service provision;	[Adjust/specify as necessary and justified] For population figures: site management records based on shelter survey with 5% statistically accurate representative sample on a monthly basis. For mechanisms: records of activities.
Settlements (Site selection, planning and development)	Number of people with unhindered access to and living in secure settlements	Unhindered access includes: - access to settlement via local transport across all seasons; - within settlements safe and all-weather access to individual dwellings and essential communal services and facilities; - artificial lighting is provided as required; - within temporary communal settlements or collective centres, access and escape routes are visible, accessible and avoid creating isolated/screened areas. Secure settlements: any negative impact of site selection and design on personal safety are mitigated (including outside/inside attacks, security risks, fire hazard, flooding and erosion). People are considered as living in a given settlement when spending there at least 80% of their nights.	[Adjust/specify as necessary and justified] For population figures: Consult site management records monthly and/or conduct monthly shelter survey with 5% statistically accurate representative sample. For access: direct observation, perception surveys.
Disaster Risk Reduction / Disaster Preparedness			
Community and local level action	Number of people participating in interventions that enhance their capacity to face shocks and stresses	Interventions at household and local level aimed at concretely strengthen the capacity. Information or advocacy activities as well as trainings are not eligible unless they will result or are directly linked to concrete action (e.g. evacuation plan developed). Examples: number of people who can use a protective shelter, etc; number of people covered/included in a new contingency plan.	[Adjust/specify as necessary and justified] Risk assessments; Intervention reports; Risk maps; Registration records.

Information, communication and public awareness	Number of people reached through Information, Education and Communication on DRR	Information, Education and Communication: community-led awareness campaigns, development and distribution of awareness materials, media campaigns; peer-to-peer awareness, workshops, exhibitions, training of teachers and pupils. In case of mass media campaigns provide explanation on how actual reach was estimated.	[Adjust/specify as necessary and justified] Audience figures (expected, monitored); Attendance sheets; School records.
Hazard, risk analysis and early warning	Number of people covered by a functional early warning system	Early warning system should comprise: (i) knowledge of the risks; (ii) monitoring, analysis and forecasting of the hazards; (iii) communication or dissemination of alerts and warnings; (iv) local capabilities to respond to the warnings received.	[Adjust/specify as necessary and justified] Risk assessments; EW baseline; Modelling/simulation reports.
Contingency planning and preparedness for response	Number of people covered by early action/contingency plans	Plans must be developed, tested and have provisions for maintenance. To include opportunities for anticipation, pre-emptive and early action (e.g. evacuation and shelter in advance of impact; scalability of service to respond to increase in demand; etc.) Action triggered by plan has to be coordinated, timely and effective.	[Adjust/specify as necessary and justified] Community and local administration's contingency and preparedness plans; Signatories and sign offs (e.g. plan agreement, updating).
Protection of livelihoods, assets and critical facilities	Number of community small-scale infrastructures and facilities built or protected	This refers to small-scale infrastructure works and small installations for preparedness, emergency response facilities as well as non-structural vulnerability reduction, such as safe practice in hospitals – e.g. maintenance, siting of equipment, etc.	[Adjust/specify as necessary and justified] Community facility inspection reports; Risk assessments; Hazard and facility maps.
Protection of livelihoods, assets and critical facilities	Number of people whose livelihoods and assets are protected from shocks and stresses	This refers to activities having a direct and short- to medium-term effect on people's socio-economic wellbeing, aiming to help people protect, increase or diversify their sources of income, and prevent negative coping strategies. Livelihood assets include human, social, physical, natural and financial capital both tangible and intangible (e.g. claims, access).	[Adjust/specify as necessary and justified] Inspection report; Risk assessments; Livelihoods survey.
Protection			
Prevention of and response to violence	Number of persons reached by the implementation of specific prevention measures	1) Preventive measure must be built on a thorough analysis of the risks and should - as much as possible - be designed to provide concrete changes in the short/medium term. Changes must be measured in the course of the action. Preventive measure should focus on the increased risks resulting from the crisis, rather than more structural issues. 2) Use the comments field to describe what measures are foreseen (sensitisation, infrastructure, etc.). 3) Number of persons reached by prevention measures must be disaggregated by age and sex at reporting stage. 4) If action also includes response activities, please add a custom indicator to reflect this.	[Adjust/specify as necessary and justified] Project data documenting the measures and number of people reached.
Prevention of and response to violence	Number of persons who receive an appropriate response	1) This indicator covers response to people (adults and children) having been victims of all kinds of violence. If the response provided is solely for survivors of GBV, please select the GBV sub-sector. 2) Appropriate response is defined as the provision of comprehensive services/assistance based on a thorough analysis of the risks faced by persons. The protection outcome of the response must be well defined. Relevant SOPs (including functional Referral Mechanism) should be followed. 3) Use the comments field to describe what services (medical, MHPSS, legal, security, etc.) are foreseen, as well as the SOPs in place. 4) Number of persons must be disaggregated by age and sex at reporting stage. 5) If action also includes prevention activities, please add a custom indicator to reflect this.	[Adjust/specify as necessary and justified] Statistics from appropriate case management system/database; description of functional referral pathway; can be complemented by case studies.
Housing, land and property rights	Number of persons who receive information on relevant rights, legal aid and documentation AND/OR support to alternative housing	1) Use comments field to specify whether the focus is on A) HLP information dissemination; B) legal aid and documentation; and/or C) response to e.g. evictions - or all at the same time. 2) At reporting stage beneficiary numbers should be broken down by the 3 categories, and disaggregated by age and sex. 3) Relevant rights and legal aid/documentation must be based on existing legal framework(s) in the context of operation. 4) Support to alternative housing will be context specific but may e.g. include emergency cash-based interventions, or temporary accommodation in designated shelters.	[Adjust/specify as necessary and justified] Project data and records documenting the support provided and number of people reached.
Protection information management and monitoring	Number of protection information management (PIM) products enabling evidence-informed action for quality protection outcomes produced	1) For further information on principles, standards and categories of protection information management (PIM), refer to: http://pim.guide/ and particularly to http://pim.guide/wp-content/uploads/2017/04/Quick-Reference-Flyer_Principles_Matrix_Process.pdf . 2) The indicator refers to products from PIM systems that collect, analyse and facilitate the sharing and use of data and information to enable evidence informed action for quality protection outcomes. 3) In line with the PIM guidance, the systems must be principled, systematized and collaborative. Use comments field to: 4) Define which PIM category(ies) is covered by the action. 5) According to the PIM category(ies), define which quality standards are being adhered to. 6) Reflect on expected effect on/contribution to protection outcomes.	[Adjust/specify as necessary and justified] Project records; actual products.
Protection information dissemination	Number of persons with increased/appropriate information on relevant rights and/or entitlements	1) Protection information dissemination refers to provision of information as opposed to actual training or capacity building on protection; as such this will normally target larger numbers than capacity building, and will not involve testing of increased knowledge. 2) Relevant rights and entitlements must be defined and should be closely linked to actual risks faced by the targeted group as a result of the crisis. 3) Entitlements refers (but is not limited to) availability and accessibility of services (both provided by humanitarian agencies and other actors). 4) In comments field the target group of dissemination (population/authorities/AFs/AGs, etc.) should be clarified. 5) In comments field define focus of information (Rights and access to services awareness, including child-specific measures, Sensitisation campaigns/Risk awareness; IHL/IHRL dissemination). 6) Number of persons must be disaggregated by age and sex at reporting stage.	[Adjust/specify as necessary and justified] Attendance/dissemination records (attendance lists, radio schedules, etc.); dissemination material (flyers, recordings, web-site posts, etc.).

Capacity building (Protection)	Number of participants showing an increased knowledge on the protection subject in focus	In comments field: 1) Define type of participants (population/authorities/Armed Forces/Armed Groups, etc.). 2) Define % increase of knowledge expected. 3) Describe subject of training. 4) At reporting stage, the number of participants must be disaggregated by age and sex.	[Adjust/specify as necessary and justified] Pre- and post-test results; training reports; attendance lists.
Child soldiers / Children Associated with Armed Forces and Armed Groups (CAAC)	Number of concrete strategies to prevent, report and/or respond to child recruitment at individual, community and/or national level	1) Concrete strategies refers to (but not limited to): - Prevention: i) engagement with Armed Forces/Groups ii) development of Action Plans to prevent recruitment and use of children in armed conflict; - Report: i) establishment of networks ii) specific coordination mechanisms; - Response: i) development of Action Plans for release ii) identification of CAAFAG and children in detention and/or deprived of liberty and iii) community reintegration. 2) When reports refers to number of children released, partners must specify whether the release has taken place in the course of the action or refer to cumulative number (for which a specific timeframe must be provided). 3) When number of children are reported, they must be disaggregated by age and sex.	[Adjust/specify as necessary and justified] Project records, case management system (e.g. CPIMS); complemented by case studies.
Support to seperated/unaccompanied children	Number of unaccompanied and/or separated children who are reunited with their caregivers OR in appropriate protective care arrangements based on BIA	1) Care arrangements can include temporary care arrangements in host family or other care arrangements. 2) Appropriate means (but is not limited to) that care arrangements must take into account different needs of children based on their age, sex and diversity. Moreover they must as much as possible be defined taking into account the specificities of the context and - when appropriate - be built on existing coping mechanisms. 3) Appropriate is related to the physical safety and psychosocial well-being of the child. Specific attention should be put on non-discrimination of fostered children compared to biological ones. 4) Unaccompanied and/or separated children must be disaggregated by age, sex and UAM/SC.	[Adjust/specify as necessary and justified] Statistics from appropriate case management system/database; SOPs for dealing with SC/UAC.
Detention	Number of persons who have received detention visits by the end of the project	1) Use comments field to specify average number of visit foreseen/person. 2) Number of persons must be disaggregated by age and sex at reporting stage.	[Adjust/specify as necessary and justified] Statistics from project records.
Protection advocacy	Number of advocacy products produced and disseminated AND/OR number of meetings/events held	1) Advocacy may be conducted in the public or non-public sphere. 2) Advocacy products might be notes, briefs, reports, articles, documentaries, films, radio programs; provided that these aim to change policy, behaviour or practice. 3) Advocacy might likewise be conducted by holding meetings with duty-bearers, perpetrators or influencers; or by events (conferences, meetings, exhibitions). 4) In the comments field, describe what constitutes an advocacy product or event in the context of the action, and the expected effect of the advocacy action. 5) In reporting reflect on the effect of the advocacy initiative.	[Adjust/specify as necessary and justified] Project records; actual advocacy products and/or reports from events.
Gender based violence (Prevention, response, other)	Number of persons reached by the implementation of specific GBV prevention measures	1) Preventive measure must be built on a thorough analysis of the risks and should - as much as possible - be designed to provide concrete changes in the short/medium term. Changes must be measured in the course of the action. Preventive measure should focus on the increased risks resulting from the crisis, rather than more structural issues. 2) Use the comments field to describe what measures are foreseen (sensitisation, infrastructure, etc.). 3) Number of persons reached by prevention measures must be disaggregated by age and sex at reporting stage. 4) If action also includes response activities, please add a custom indicator to reflect this.	[Adjust/specify as necessary and justified] Project data documenting the measures and number of people reached.
Gender based violence (Prevention, response, other)	Number of survivors who receive an appropriate response to GBV	1) This indicator covers response to survivors of GBV (women, men, girls and boys). 2) Appropriate response is defined as the provision of comprehensive services/assistance based on a thorough analysis of the risks faced by persons. The protection outcome of the response must be well defined. Relevant SOPs (including functional Referral Mechanism) should be followed. 3) Use the comments field to describe what services (medical, MHPSS, legal, security, etc.), as well as SOPs in place. 4) Number of persons must be disaggregated by age and sex at reporting stage. 5) If action also includes prevention activities, please add a custom indicator to reflect this.	[Adjust/specify as necessary and justified] Statistics from appropriate case management system/database; description of functional referral pathway; can be complemented by case studies.
Documentation, status and protection of individuals	Number of persons who obtain appropriate documentation/legal status	1) Use comments field to define what is meant by appropriate documentation/legal status in the action (i.e. choose whether the focus is on legal documentation or on legal status (or both)). 2) For legal documentation further specify if there is an allround or specific focus (births, deaths, marriages, divorces, residence, ID, etc.). 3) For legal status, specify if focus is on RSD (or other refugee related status) or on IDP registration. 4) Number of persons must be disaggregated by age and sex at reporting stage.	[Adjust/specify as necessary and justified] Statistics from appropriate case management system/database/ registration records (this might include, but not limited to, ProGres, CRVS, BRIE).
Tracing and reunification	Number of persons separated from their family who have re-established and maintained contacts AND/OR have been reunified with their families	1) Describe whether focus is on re-establishing and maintaining contacts or on reunification – if both please provide a breakdown between the two types. 2) The re-establishment of contacts includes the registration of individuals (including missing persons) to enhance the possibility to trace their families. 3) Maintaining contacts refers to the possibility of persons to remain in contact with their families, rather than the actual number of contacts made during the action. 4) Reunification means reunification with a member of their biological family. Biological family includes each member of the family even extended family: cousins, grand-parents, every person who has a "relationship of blood". 5) Number of persons must be disaggregated by age and sex at reporting stage.	[Adjust/specify as necessary and justified] Statistics from appropriate case management system/ database/ registration records.