



DG ECHO PROTECTION MAINSTREAMING KEY OUTCOME INDICATOR AND MONITORING TOOL

– TECHNICAL GUIDANCE –

INDICATOR: % of beneficiaries (disaggregated by sex, age, and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner

1 – PURPOSE OF THIS GUIDANCE.....	1
2 – DG ECHO AND PROTECTION MAINSTREAMING	2
3 – THE PROTECTION MAINSTREAMING KEY OUTCOME INDICATOR (PM KOI)	2
4 – A SURVEY TOOL FOR THE MONITORING OF THE PM KOI.....	3
5 – MEASURING THE PM KOI.....	3
6 – HOW TO REPORT ON THE PM KOI.....	4
Annex 1 – Survey questionnaire	5
Annex 2 – Further information on the eight mandatory questions	6
Annex 3 – How to calculate the PM KOI and report on corrective measures – Practical example.....	7
Annex 4 – Frequently Asked Questions.....	11

1 – PURPOSE OF THIS GUIDANCE

This technical guidance provides partners with the key information required when selecting the **Protection Mainstreaming Key Outcome Indicator (PM KOI)**; and a guide of how to use the verification survey tool/questionnaire developed by DG ECHO (see annex 1).

DG ECHO started the process of developing the PM KOI in 2017.¹ This indicator, and its survey tool, have been piloted by many partners across different sectors, regions, and types of crises between 2017 and 2020. This document aims to address the issues and challenges raised throughout the piloting process.

This tool does not replace the broader range of actions DG ECHO partners are expected to undertake to ensure that protection is appropriately embedded throughout the action. For example: risk analysis and mitigation, identification of individuals who may have difficulty accessing assistance, establishing appropriate accountability mechanisms, and other relevant protection mainstreaming (PM) approaches. It should be instead understood as a **methodology to ensure systematic measurement of the effectiveness of such actions**. Similarly, this guidance does not restate all principles and good practices related to sound monitoring and evaluation systems, including ethical principles (e.g. confidentiality, informed consent, referrals to critical services) which are reflected in DG ECHO Protection Policy and global guidelines.

DG ECHO recommends including the PM KOI in ALL actions providing direct assistance and services to populations, regardless the sector(s) of intervention. While the partner may decide to use internally developed indicators, it is essential to ensure strong monitoring of protection mainstreaming while implementing an action.

¹ The protection mainstreaming KOI should not be confused with the Protection KOI. The PM KOI seeks to ensure that protective effect of aid programming is maximized, while the Protection KOI measures the improvement of the feeling of safety and dignity due to the action.

2 – DG ECHO AND PROTECTION MAINSTREAMING

In line with [IASC Commitments on Accountability to Affected People/Populations](#) and the [IASC Statement on Centrality of Protection](#): mainstreaming of basic protection principles into traditional assistance programmes is of paramount importance. It refers to the imperative for each and every humanitarian actor (and not only protection actors) to prevent, mitigate and respond to protection threats that are caused or perpetuated by humanitarian action/inaction by ensuring the respect of fundamental protection principles in humanitarian programmes – no matter what the sector or objective. Mainstreaming protection ensures that the *protective impact* of aid programming is maximized.² Through the incorporation of protection principles into aid delivery, humanitarian actors can ensure that their activities target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitations.³ While mainstreaming protection is closely linked to the ‘do no harm’ principle, protection mainstreaming ensures all important aspects are considered and not just a minimum standard of “do no harm”.

PM encompasses several cross-cutting issues in humanitarian response, such as age, gender and diversity, child protection, disability inclusion, gender-based violence, HIV/AIDS and mental health and psycho-social support. DG ECHO’s approach to protection mainstreaming ensures that the specific mainstreaming requests are streamlined into one process. Protection mainstreaming requirements of DG ECHO naturally go hand in hand with the principles outlined in DG ECHO’s [Gender Policy](#), the [Gender and Age Marker](#) and the Operational Guidance on the [Inclusion of Persons with Disabilities](#) in EU-funded Humanitarian Aid Operations. For instance, each of the four mainstreaming elements can be applied to 1) remove different barriers that women, men, boys and girls, and persons with disabilities might face, 2) reduce or mitigate the negative impact of these barriers and 3) to strengthen capacities to withstand and overcome these barriers. Moreover, the participation of different gender and age and diversity groups (including persons with disabilities) into the design, implementation and monitoring of a humanitarian action is a core principle of protection and gender mainstreaming and disability inclusion.

PROTECTION MAINSTREAMING is the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid. The following elements must be ensured in all humanitarian activities:

- Prioritize safety & dignity, and avoid causing harm
- Meaningful Access: ensure people’s access to assistance and services – in proportion to need and without any barriers (e.g. discrimination).
- Accountability: Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.
- Participation and empowerment: Support the development of self-protection capacities and assist people to claim their rights.

Together with the IASC, DG ECHO expects stronger investment to support more accountable and inclusive humanitarian action. DG ECHO supports these efforts in a range of ways including recommending that strategic response plans include PM indicators and encouraging clusters, inter-clusters and HCTs to actively monitor them.

3 – THE PROTECTION MAINSTREAMING KEY OUTCOME INDICATOR (PM KOI)

Similar to the Gender and Age Marker, the PM KOI is the starting point for partners and DG ECHO to engage in regular dialogue on *how* projects are being implemented (i.e. programme quality) and discuss improvements that can be made to benefit targeted beneficiaries. **The purpose of this indicator is to facilitate the operationalisation of protection mainstreaming and provide a way to measure the identification, implementation and monitoring of required corrective actions/measures.**

The **PM KOI is therefore a process indicator rather than an outcome indicator**. This means that the difference between the value at the beginning (baseline) and at the end of the action (target) is **not** be the focus. Instead, DG ECHO aims to ensure that sufficient attention is given to all four elements of protection mainstreaming throughout the implementation of the action **and** that corrective actions/measures are identified and implemented. The overall goal is to have a positive impact on the way the assistance is delivered during the action.

The tool starts from the perspective of those receiving assistance and emphasizes iteration and adaptability. It requires actors to view ‘failures’ and adaptation as expected and necessary aspects of problem-solving with partners learning in real-time with affected communities.

Understanding the resource implications, DG ECHO supports the integration of additional human resources, training or other measures that might be required to adequately roll out PM through programmes.

² DG ECHO, [Humanitarian Protection Policy](#), 2016

³ Global Protection Cluster, [BRIEF ON PROTECTION MAINSTREAMING](#)

The indicator is in no way intended to replace a protection risk analysis,⁴ which must remain the entry-point to designing interventions. Using the outcome of the protection risk analysis, all proposals should demonstrate meaningful integration of protection mainstreaming principles.

4 – A SURVEY TOOL FOR THE MONITORING OF THE PM KOI

DG ECHO has developed a **survey tool** (see Annex 1 and [an annexed Excel tool kit](#)) to help humanitarian actors monitor the beneficiaries' perception of the different PM elements. It consists of a questionnaire with a set of questions to be asked directly to beneficiaries of the action. It mainly consists of:

- **Eight mandatory questions to measure the indicator** (two questions for each of the four elements of protection mainstreaming – more information can be found in Annex 2).
- **Seven follow-up questions** have been identified, for operational and ethical considerations. While follow up questions do NOT impact the indicator measurement, they do play a crucial role in the identification of effective corrective actions/measures. For instance, if a reply flags that a beneficiary (or specific groups of beneficiaries) have not felt safe in relation to the assistance provided, DG ECHO expects partners to understand why, and, based on this information, take concrete steps to reduce beneficiaries' feeling of unsafety.

The survey will preferably be administered through **one-on-one interviews**, either using a paper or an electronic version on a handheld device (in some cases a self-completion survey might be used). Enumerators should be diverse and have received training. Ideally the enumerators using the survey tool will not be the day-to-day contact point for the implementation of the action. This will help limit reporting bias and may enable respondents to feel more open in the answers they provide.

Each of the questions and potential answers in the survey tool below are written in a “standard” language. Partners can adapt this and might need to work on the contextualization of their PM monitoring to enhance the contextual and practical understanding around each of the four PM elements (e.g. beneficiaries have different understanding of “safety” in different contexts). Questions will have to be translated into a language in which the beneficiary fully feel comfortable to respond.⁵ It might also be required to adapt this language to different contexts and cultures. For example, in some cultures it may sound rude to provide a clearly negative response, and if respondents avoid that option, the results of the survey may be skewed. While the “standard” language can be adapted if needed, the sense and range of the responses should not be changed.

Partners should feel free to add any additional questions they deem relevant, allowing for broader understanding of challenges faced by beneficiaries, always with the aim of identifying context appropriate corrective actions/measures. The complementary questions are not weighted into the calculation of the PM KOI.

Focus group discussions (or other qualitative data gathering alternatives⁶) can be useful to provide details about the context and perceptions of respondents but shouldn't be used for the survey.

5 – MEASURING THE PM KOI

DG ECHO does **not** expect partners to establish a separate M&E process specifically dedicated to measuring protection mainstreaming. The measurement of PM KOI should be embedded within existing M&E processes to the extent possible. DG ECHO has developed a methodology to aggregate the data collected to ease the analysis and reporting (see Annex 3).

Baseline and target

A baseline is not required but can be useful to identify trends. When an action is the first of its kind in the area, no baseline has to be set (i.e. can be put at zero); when an action is a follow up of a previous action where the PM KOI was used and an endline has been conducted (hence a target value provided), it is possible to use the previous action's target value as a baseline value for the new one, provided no major changes have occurred.

Progress during the action will be highlighted through identified corrective measures that are successfully implemented. Partners are free to define progress targets that are considered realistic in the context.

⁴ A more detailed explanation of the protection risk analysis can be found in [DG ECHO Humanitarian Protection Policy](#) (page 9).

⁵ It may be beneficial to pool resources for translation with other actors using the same tool in country, and to work with professional humanitarian translation services.

⁶ Alternative methods such as Low-Quality Assurance Sampling, Q-sorting, Story completion and rapid ethnographic studies, like ECRIS, should be considered (individually or combined), to enrich the quantitative information provided by the survey and identify actionable outcomes.

When to monitor?

The PM KOI has to be monitored throughout project implementation (e.g. periodically or after each round of distribution of assistance) rather than exclusively at the end of the project as its aim is to identify corrective actions to be taken promptly to improve the quality of programming. The first survey round should be conducted shortly after beneficiaries have been selected and/or started receiving assistance, to help identify any pre-existing issues.

Sampling the surveyed population

The sample population should be taken from **direct beneficiaries of the action only**; it does not require a statistical sample on the total population living in the targeted area.

The total sample size of direct beneficiaries to be included in the survey can be calculated **with 95% confidence level and 5% confidence interval/margin of error**. If you cannot adhere to the 95/5 rule because of specific constraints (e.g. lack of access due to security risks or hazards), and if you choose to perform more regular data collection, the margin of error can be increased to a maximum of 10%⁷ (though statistically accurate analysis at subgroup level may then no longer be possible).

Partners should ensure that the sample of beneficiaries selected for the measurement adequately **represents all community subgroups** (in terms of gender, age, disability, and diversity, such as community minorities). From an M&E perspective, stratification of the different sex/age/disability/diversity groups would be the appropriate methodology, though it requires to substantially increase the sampling, which might be operationally challenging. Therefore, a **random sampling is an acceptable option**.

However, **partners should verify the actual margin of error** for each sex/age/disability/diversity population group. Whenever the margin of error for a subgroup is higher than 10% (which may be problematic to ensure a statistically accurate analysis for this subgroup), partners should consider increasing the sample with non-probability sampling techniques (e.g. quota sampling, purposive sampling, etc.).

If/when specific social groups at risk of social exclusion, are identified through the risk analysis, DG ECHO expects partners to **ensure that representatives of these groups are included among the sample of interviewed beneficiaries**. Any absence of beneficiaries from social groups known to be at risk of exclusion within the sample should trigger corrective measures to ensure humanitarian assistance is provided in a non-discriminatory manner.

See Annex 3 for an example of sampling and margins of error verification.

6 – HOW TO REPORT ON THE PM KOI

DG ECHO requests updates on the PM KOI indicator at monitoring, interim, and final report stage. The DG ECHO survey tool should be included in the eSingleForm as a source of verification for the monitoring of the PM KOI.

At report stages (both interim and final), the partner should report on the latest survey conducted, with disaggregated data by sex, age, and disability (in percentage and absolute numbers). Partners should annex examples of sources of verification highlighting:

- a) the processes used to monitor the four components of PM throughout the implementation of the action;
- b) feedback received by direct beneficiaries (both the general trends and the trend specific to each PM principle; trends for specific groups of population is encouraged);
- c) types of corrective measures that have been identified and implemented;
- d) and issues which were considered beyond partners' capacity for corrective measures.

Partner may use the [template available in the Excel tool kit](#) for reporting (or any other suitable alternative internal reporting tool).

⁷ Calculations can be made using tools like <https://www.surveymonkey.com/mp/sample-size-calculator/> or <https://www.checkmarket.com/sample-size-calculator/> for instance.

⁸ Non-probability sampling is defined as a sampling technique in which the researcher selects samples based on the subjective judgment of the researcher rather than random selection.

Annex 1 – Survey questionnaire

The eight mandatory questions are **in bold**. The follow up questions, to be asked for ethical and operational considerations, are in italic.

SDH. 1 - Did you feel safe at all times travelling to receive the assistance/service (to/from your place), while receiving the assistance/service, and upon return to your place?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, what could have been done by the organization to make you feel safer?</i>	
SDH. 2 - Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, would you mind telling us when or where? Would you mind telling us why?</i>	

MEA. 1 - Are you satisfied with the assistance/service provided?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, would you mind telling us why you are not satisfied?</i>	e.g. it was not timely; it was not adequate to my needs
MEA. 2 - Do you know of people needing assistance/services who were excluded from the assistance/service provided?	Yes, a lot / Yes, a few / Not really / Not at all / Don't know / No answer
<i>If yes, who was mainly excluded?</i>	(1. Child Headed HH 2. Female Headed HH 3. People with disability 4. Terminally ill people 4. Elderly 5. Minority Groups 6. Others specify)
	<i>The list of groups is intended as an example only.</i>

ACC. 1 - If you had a suggestion for, or a problem with the assistance/service, do you think you could channel the suggestion or lodge a complaint?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
ACC. 2 - To your knowledge, have suggestions or complaints raised been responded to or followed up?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, would you mind telling me which are the issues / what happened?</i>	

PEM. 1 - Were your views taken into account by the organization about the assistance you received?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, would you mind telling me how is it that your views were not taken into account?</i>	
PEM. 2 - Did you feel well informed about the assistance/service available?	Yes, completely / Mostly yes / Not really / Not at all / Don't know / No answer
<i>If no, what could the aid/service provider have done to better inform you about the assistance / services available to you?</i>	

The questionnaire template is available [within the excel tool kit](#). Partners using mobile data collection with an ODK-based tool may want to include the Excel questionnaire into their database file to link it up with the calculation.

Time references: When the survey is conducted in relation to a recent or ongoing action/activity, respondent should not have difficulties in identifying the service/assistance. But when the survey is conducted in relation to a service or activity they accessed a while ago, adding a time frame can be useful to helping the respondent recall the event. An example can be starting the question with a time period e.g. "in the last six months", or another locally/culturally relevant time reference e.g. "since you got here", "since the last harvest" or "since the rainy season".

Annex 2 – Further information on the eight mandatory questions

On the ‘Safety, dignity and avoid causing harm’ component:

SDH. 1 - Did you feel safe at all times travelling to receive the assistance/service (to/from your place), while receiving the assistance/service, and upon return to your place?

- The concept of safety needs to be defined in consultation with beneficiaries of the action prior to the monitoring.
- If the reply is “not really” or “not at all”, the follow up question “What could have been done by the organization to make you feel safer?” should be asked, in view of identifying appropriate corrective actions. If no corrective measures can be put in place (i.e. lack of safety related to issues beyond partners’ capacity), this should be included in the reporting.
- Partners are expected to differentiate between the different phases (travelling to, while receiving and upon return) as much as possible to design appropriate corrective actions.

SDH. 2 - Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention?

- “Respect” is a subjective concept. It should be contextualized in consultation with beneficiaries and explained whenever needed, for example by adding an explanatory sentence before making the question, like: “Our staff must treat everyone with the due respect everyone when providing assistance to their cultural norms, age and situation.... did you feel that”. If needed enumerators must receive clear and specific training and instructions about it.

On the ‘meaningful access’ component:

MEA 1 - Are you satisfied with the assistance/service provided?

- This question is intended to measure the appropriateness of the assistance provided, by asking the level of satisfaction to selected beneficiaries. DG ECHO recognizes that this question is very open, and beneficiaries’ dissatisfaction could be due to issues outside partners’ responsibility (e.g. financial constraints, standard service provided). Nevertheless, assessing this component remains important and any dissatisfaction should be further explored.
- If the answer is “not really” or “not at all”, the follow up question “Would you mind telling us why you are not satisfied?” should be asked, to identify appropriate corrective actions. If no corrective measures can be put in place (i.e. dissatisfaction related to issues beyond partners’ capacity), this should be included in the reporting.

MEA 2 - Do you know of people needing assistance/services who were excluded from the assistance/service provided?

- If the answer is “Yes, a lot” or “Yes, a few”, the follow up question “who was excluded” should be asked to identify appropriate corrective actions. The list of groups provided in the tool only serves as an example and is not exhaustive. Multiple choice needs to be contextualized, based on a sound protection risk analysis. It might be important useful to include at least specific prompts and examples e.g. women, elderly people, people with disabilities, and relevant minority groups.
- This is a useful indicator to identify any excluded groups to refine targeting and outreach and also *perceptions* of exclusion, that may not align with the reality of distributions e.g. if people feel like men are excluded but they represent 48% of the beneficiary group.

On the ‘Accountability’ component:

DG ECHO fully acknowledges that Accountability Towards Affected populations (AAP) is much broader than the establishment of feedback and complaint mechanisms; while DG ECHO expects partners to abide by all aspects of AAP, the tool focuses on feedback and complaint mechanisms only.

On the ‘Participation & Empowerment’ component:

PEM 1 - Were your views taken into account by the organization about the assistance you received?

- Participation should be understood as “enabling affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence”.

PEM 2 - Did you feel well informed about the assistance/service available?

- This question is meant to assess whether beneficiaries are aware of the assistance, process and entitlements, as a way to be in a better position to exercise their rights.

Annex 3 – How to calculate the PM KOI and report on corrective measures – Practical example

The [excel tool kit](#) includes a template used to calculate and report on the PM KOI, including with the below example.

A. Sampling and disaggregating data

A partner implements an action benefiting 20,000 direct beneficiaries. The action is aimed at targeting the general population rather than focusing on a specific sub-group (e.g. children, pregnant and lactating women). The protection risk analysis has shown that social exclusion is a substantial concern in this context, and two groups at risk of exclusion have been identified (Group A and Group B). The beneficiary population disaggregation is as follows:

	Female		Male	
	Count	%	Count	%
0 - 59 months	10,400	52%	9,600	48%
5 – 17 years	800	4%	600	3%
18-49 years	3,000	15%	3,200	16%
50 years and more	6,000	30%	5,400	27%
	600	3%	400	2%

People living with disabilities ⁹	1,546	14%	1,536	16%
Group A	5,512	52%	5,088	48%
Group B	1,840	52%	1,699	48%

Among the 18,600 direct beneficiaries above 5 years old¹⁰, **377 individuals** (aged 5 years old and above) need to be included in each survey round to respect the 95/5 rule (or 96 beneficiaries in case of operational constraints and when performing regular survey rounds, to respect the 95/10 rule).

A random sampling has led to the identification of the following number people for each population sub-group. The related margin of error¹¹ has been verified for all of them to identify the limitations with an analysis at subgroup level:

	Female				Male				Potential additional diversity groups		Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	Diversity group A	Diversity group B	
Sample size	61	122	12	27	65	109	8	30	200	67	377
Actual margin of error (in %)	12%	9%	29%	19%	12%	9%	35%	18%	7%	12%	5%

The redder cells highlight a margin of error above 10%, which may be problematic to ensure a statistically accurate analysis for this subgroup, and for which partners may consider to increase the sample with non-probability sampling technics (e.g. quota sampling, purposive sampling, etc.).

B. Calculating the PM KOI value

Each of the eight mandatory questions allows for one single answer. To calculate the final indicator, please follow the steps below:

1. Remove all “NO ANSWER” responses from the analysis (i.e. exclude them from the denominator).
2. Sum up the number of respondents who chose “YES COMPLETELY” and “MOSTLY YES” for all questions but MEA 2. For MEA 2, sum up the number of respondents who chose “NOT REALLY” and “NOT AT ALL”.
3. For each question, calculate the % (# of relevant responses for each sub-question / # of respondents excluding “NO ANSWER”).
4. Calculate the average of the percentage for the eight mandatory questions to get the final PM KOI result for this survey round.

⁹ It is estimated that 15% of the global population have a disability, a proportion which is likely to sharply rise in humanitarian crises. See [DG ECHO Operational Guidance on Inclusion of Persons with Disabilities](#).

¹⁰ DG ECHO encourages partners to ensure that children are also consulted on protection mainstreaming. Partners may want to adapt the questions for children, or use other qualitative data gathering alternatives.

¹¹ The actual margin of error for each sub-group has been verified for the total population of that specific sub-group. E.g. for women aged 18-49 years old, the margin of error has been verified over a total population of 3,000 individuals.

An example can be found below:

	Female				Male				Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	
SDH. 1									
Yes completely or Mostly yes	15	20	4	7	34	45	3	5	121
Not really or Not at all	34	88	5	14	19	53	3	21	202
Don't know	5	12	2	5	7	7	1	4	34
No answer	7	2	1	1	5	4	1	0	20
Total positive / denominator	28%	▼ 17%	36%	▼ 27%	57%	43%	43%	▼ 17%	34%

On the above table, 20 respondents provided a positive response for the “Female 18-49 years” sub-group. The denominator to calculate the % of positive responses is 20+88+12=120 (excluding the “No Answer”). Hence the % will be 20/120=17%. Similar calculation is automatically done in the excel sheet for all subgroups, and for the total respondents, providing a value of 34% for this question.

Similar calculation is then done for subsequent six other questions:

	Female				Male				Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	
SDH. 2									
Yes completely or Mostly yes	17	40	4	7	27	45	2	8	135
Not really or Not at all	31	71	5	14	28	54	4	17	193
Don't know	6	10	2	4	7	6	1	4	32
No answer	7	1	1	2	3	4	1	1	17
Total positive / denominator	31%	33%	36%	▼ 28%	44%	43%	▼ 29%	▼ 28%	38%

	Female				Male				Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	
MEA. 1									
Yes completely or Mostly yes	16	39	2	4	27	40	3	8	127
Not really or Not at all	40	72	4	18	30	52	2	17	200
Don't know	3	10	5	3	5	5	2	4	30
No answer	2	1	1	2	3	12	1	1	20
Total positive / denominator	▼ 27%	32%	▼ 18%	▼ 16%	44%	41%	43%	▼ 28%	36%

	Female				Male				Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	
ACC. 1									
Yes completely or Mostly yes	20	40	3	8	30	68	3	10	164
Not really or Not at all	31	66	5	10	25	30	3	15	160
Don't know	8	13	2	7	7	7	1	4	38
No answer	2	3	2	2	3	4	1	1	15
Total positive / denominator	▼ 34%	▼ 34%	▼ 30%	▼ 32%	48%	65%	43%	▼ 34%	45%

	Female				Male				Total
	5-17 years	18-49 years	50 years and more	Living with disability	5-17 years	18-49 years	50 years and more	Living with disability	
ACC. 2									
Yes completely or Mostly yes	15	32	4	6	28	48	3	7	130
Not really or Not at all	36	76	3	14	27	50	3	18	195
Don't know	3	7	4	5	7	6	1	4	28
No answer	7	7	1	2	3	5	1	1	24
Total positive / denominator	▼ 28%	▼ 28%	36%	▼ 24%	45%	46%	43%	▼ 24%	37%

	Female				Male				Total
PEM. 1									
Yes completely or Mostly yes	12	31	3	6	25	45	3	8	119
Not really or Not at all	38	74	6	15	30	49	3	15	200
Don't know	4	9	2	4	7	7	1	6	30
No answer	7	8	1	2	3	8	1	1	28
Total positive / denominator	▼ 22%	▼ 27%	▼ 27%	▼ 24%	40%	45%	43%	28%	34%

	Female				Male				Total
PEM. 2									
Yes completely or Mostly yes	12	30	3	6	25	40	3	7	113
Not really or Not at all	37	77	6	15	30	54	3	15	207
Don't know	5	8	2	4	7	8	1	7	31
No answer	7	7	1	2	3	7	1	1	26
Total positive / denominator	▼ 22%	26%	27%	▼ 24%	40%	39%	43%	▼ 24%	32%

An exception is to be noted for question MEA. 2, where the 34% value for this question is defined by dividing 121 “Not really or Not at all” answers by $196+121+34=351$ (excluding the “No Answer”), such as below:

	Female				Male				Total
MEA. 2									
Yes completely or Mostly yes	37	71	3	13	28	55	2	15	196
Not really or Not at all	15	38	2	7	23	39	4	8	121
Don't know	5	9	4	5	7	8	1	4	34
No answer	4	4	3	2	7	7	1	3	26
Total negative / denominator	▼ 26%	32%	▼ 22%	28%	40%	38%	57%	30%	34%

The final results are then obtained by averaging the values for the eight questions:

	Subtotals						Total
	Total Female	Total Male	Total 5-17 years	Total 18-49 years	Total 50 years and more	Total people living with disability	
Sample size	195	182	126	231	20	57	377
Results of the PM KOI survey for this round	▼ 28%	45%	36%	36%	35%	▼ 26%	36%

and by averaging the values of the two mandatory questions for each PM element:

	Average % SDH	Average % MEA	Average % ACC	Average % PEM
Results for each PM element	36%	35%	41%	33%

In this example, the partner will report that **36% of beneficiaries reported that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner**. 377 individuals were included in the survey, of which:

- 195 (52%) were female, including 61 (31%) girls and 27 (14%) living with disability,
- 182 (48%) were male, including 65 (36%) boys and 30 (16%) living with disability.

This finding should not be interpreted as an accurate definitive measurement, it is a proxy estimation to highlight the experiences of beneficiaries.

ANNEX 4 - Reporting to DG ECHO on the PM KOI at interim and final report stage

As mentioned in section 3, the **PM KOI is a process indicator**, hence reporting the difference between the value at the beginning (baseline) and at the end of the action (target) will not be sufficient at reporting stage. Instead, **partners are expected to report on challenges reported and corrective measures identified, implemented and monitored** throughout the timeframe of the action.

In the above example, for SDH 1, adult women below 50 years old and male beneficiaries living with disabilities are the two sub-groups showing a concerning low level of positive responses (17% for each of the two sub-groups). Partners would identify what the actual problems are (thanks to the survey follow up questions and/or additional non-probability sampling or qualitative survey) and design tailored corrective measures, in consultation with the specific sub-groups.

During the second survey round, partners will be able to assess whether the implemented corrective actions have increased the % of positive response to SDH 1. In case they have not, additional consultations with communities and further corrective measures should be designed and implemented (and monitored during the 3rd survey round).

The below table, [available in the excel tool kit](#), provides an example of what could be annexed to the interim and final reports:

1 st survey round [insert date]		2 nd survey round [insert date]		3 rd survey round [insert date]	
<i>Feedback received (from follow up questions)</i>	<i>Corrective measures</i>	<i>Feedback received (from follow up questions)</i>	<i>Corrective measures</i>	<i>Feedback received (from follow up questions)</i>	<i>Corrective measures</i>
SDH 1 F: theft reported on their way home PWD: extortion by humanitarian staff	- conduct FGDs to identify safe location to provide services - establish community-based committees to be present at distribution				
SDH 2					
MEA 1					
MEA 2					
ACC 1					
ACC 2					
PEM 1					
PEM 2					

Annex 5 – Frequently Asked Questions

This section will be regularly updated based on questions received by partners.

➤ **How is the PM KOI related to funding decisions?**

The indicator is a tool for DG ECHO to monitor compliance with protection mainstreaming principles however it is not linked to increased or decreased funding. And why is this? Simply put, because protection mainstreaming is a process, it is the 'how' rather than the 'what' of implementing humanitarian action. It is therefore related, together with several other aspects such as gender and age mainstreaming and disability inclusion, to the *quality* of the humanitarian assistance, as well as to its effectiveness. When looking at processes - *the how* - DG ECHO recognises that processes require time and effort and there is a continuum of improvements - sometimes larger ones sometimes smaller ones. An immediate linking to funding would imply a zero-sum process in which partners might be penalised regardless of efforts to improve. Additionally, efforts can be affected by external events that cannot be addressed or corrected by the partner involved e.g. humanitarian aid can be directly targeted by armed actors even when all reasonable efforts are in place to ensure safety of delivery of assistance.

➤ **My organization has already developed tools to measure protection mainstreaming. Are we obliged to use DG ECHO PM KOI and/or its survey tool?**

No. Partners are free to use other tools to ensure the systematic monitoring of protection mainstreaming elements, but DG ECHO does expect the same level of reporting as if you were using the DG ECHO PM KOI and tool. Regardless of the tool, partners shall report on corrective measures taken and not only the percentage of improvement of an indicator.

➤ **Shall we conduct specific monitoring for protection mainstreaming?**

No. The tool has been designed to maximize its incorporation into existing M&E tools. However, data needs to be extrapolated and analysed separately to be able to identify and implement required corrective actions as well as to report against the indicator. Field monitoring of actions are also opportunities for dialogue between DG ECHO and the partner on protection mainstreaming actions taken throughout the project.

➤ **If only eight questions are required to measure the indicator, why does the survey tool have more questions?**

The eight questions included in the questionnaire are the minimum requirement to measure the PM KOI. For measurement purposes, these questions provide more quantitative than qualitative information. However, supporting qualitative will be required to identify appropriate corrective measures where issues are raised.

➤ **Protection mainstreaming is not cost-free: can related costs be included in the budget?**

All DG ECHO partners are expected to be familiar with the four protection mainstreaming elements, their operationalisation and their regular monitoring and evaluation. DG ECHO is aware that specific costs might need to be included and is willing to support partners on this. Examples can include investment in capacity building, PM workshop, community consultation exercises or external evaluation. However, support is conditional on a clear justification of the extra budgetary needs in a specific context (e.g. a new operating environment that requires investment in capacity building of national staff) and will be provided solely as part of a broader institutional plan aimed at enhancing protection mainstreaming in a specific context. DG ECHO does not cover protection mainstreaming-related expenses for partners' HQ.