



**Australian Government**  
**Department of Foreign Affairs and Trade**



# **ANCP INDICATORS - GUIDANCE**

August 2024

# ANCP INDICATORS

Under the ANCP Monitoring, Evaluation and Learning Framework (MELF), ANCP-specific indicators were developed as a way for DFAT to capture the quantitative information about the contribution ANCP NGOs are making to the ANCP intermediate outcomes under the program logic as well as the Australian Development Program's strategic goals more broadly. These indicators were revised following consultation and finalised in June 2020. Since 2020, the indicators have been complemented and amended a few times to incorporate updated DFAT investment performance reporting quantitative indicators, including Tier 2 indicators under Partnerships for Recovery. In August 2024, the ANCP Indicator Guidance was updated to remove indicators no longer relevant (e.g. COVID 19 response indicators) and to incorporate additional/revised Tier 2 indicators under Australia's International Development Performance and Delivery Framework (2023).

**Australia's International Development Performance and Delivery Framework (2023)** - The Australian Government is committed to delivering a high quality, effective development program that is responsive to partner needs, achieves results, and is informed by robust monitoring, evaluation, and learning. The implementation of the development program is guided by the performance and delivery framework. This framework is central to the objective of Australia's development program: to advance a peaceful, stable, and prosperous Indo-Pacific region.

A key element of the performance and delivery framework is a three-tiered performance indicator framework:

- Tier 1: Indo-Pacific development context – selected issues central to achieving sustainable development outcomes for the Indo-Pacific over time. The outcome of collective efforts by countries and their development partners, including Australia
- Tier 2: Australia's contribution to development – annual results directly attributable to Australian development efforts, organised against the four focus areas of the development policy
- Tier 3: How we work – selected measures of DFAT's approach to delivering Australia's development program

ANCP is required to report against select Tier 2 and Tier 3 indicators. Many existing ANCP indicators already address or partly address Tier 2 indicators under the new performance framework. In 2024, a few additional indicators were added to the ANCP indicator set to reflect Tier 2 indicators under the new performance framework. As the new Tier 2 & 3 indicators under the International Development Performance and Delivery Framework are further bedded down in 2024-25, further changes will be made to the ANCP indicators to ensure good alignment with the DFAT indicators.

**Annual Development Plan (ADPlan)** – For the ADPlan, NGOs are no longer required to identify expected indicators projects will report against, as indicators are only captured in the Annual Performance Report. However, DFAT expects that NGOs have complete appropriate baselines and targets and would be able to provide these values for projects if required.

**Annual Performance Report** – NGOs are required to report against all relevant indicators for each project in the Annual Performance Report. In the Annual Performance Report, the information in the indicators section should be consistent with the information provided in the projects and beneficiary tables. When completing the Performance Report for each project, NGOs should select the relevant indicators from the list for each project. After making this selection, the next page of the Performance Report will ask NGOs to enter the relevant values. For most indicators, the values entered correspond directly against the indicator selected.

## DEFINITIONS

- **Participant:** Individuals, groups, or organisations that participate, are directly affected by and who benefit from development activities. DFAT expects NGOs to use an organisation-wide definition of a beneficiary that is consistently applied to all projects.

While participants should only be counted once in the project acquittal forms (actual participants), project participants may be reached by multiple interventions and may be counted against multiple indicators. All efforts should be made to avoid double counting of beneficiaries within indicators – for example, an individual may have received more than one service over time (such as HIV testing and counselling at a health centre in July, November, and April) and this should only be counted once - the individual who received the services rather than the number of services provided.

- **Boy/Girl/Child:** DFAT's Child Protection Policy applies to all people under 18, regardless of whether a person is categorised as an adult for data collection purposes.
- **Indeterminate/Intersex/Unspecified<sup>1</sup>:** This category refers to any person who does not exclusively identify as either male or female, i.e., a person of a non-binary gender. People who fall into this category may use a variety of terms to self-identify.

**Indeterminate:** a person of indeterminate sex or gender is either someone whose biological sex cannot be unambiguously determined or someone who identifies as neither male nor female. Many terms are used to recognise people who do not fall within the traditional binary notions of sex and gender (male and female), including non-binary, gender diverse, gender queer, pan-gendered, androgynous, and inter-gender. Some cultures may have their own terms for gender identities outside male and female, for example, 'fa'afafine' is used by some Polynesian cultures.

**Intersex:** refers to people who are born with genetic, hormonal, or physical sex characteristics that are not typically 'male' or 'female'. Intersex people have a diversity of bodies and gender identities and may identify as male or female or neither.

- **People with disabilities<sup>2</sup>:** those who have episodic or long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

<sup>1</sup> For further guidance on the use of this category, please refer to the Australian Government Guidelines on the Recognition of Sex and Gender <https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.pdf>

<sup>2</sup> See Development for All 2015-2020: Strategy for strengthening disability inclusive development in Australia's aid program for more guidance at <https://www.dfat.gov.au/about-us/publications/Pages/development-for-all-2015-2020>

## Disabilities = impairments + barriers

Impairments may limit an individual's personal or social functioning in comparison with those who do not share the same impairment (characteristic or condition, such as hearing and/or vision impairment, developmental delay, or physical impairment). The full inclusion of people with impairments in society can be inhibited by attitudinal and/or societal barriers (such as stigma), physical and/or environmental barriers (such as stairs), and policy and/or systemic barriers, which can create a disabling effect.

## CALCULATING INDICATORS

Indicator calculations should be governed by the following principles:

- **Evidence-based:** NGOs reporting results need to understand how results were obtained and have evidence to support this.
- **Attributable to DFAT funding:** Where a project is funded by other parties in addition to ANCP such as partner governments, other donors, multilateral organisations, other Australian Government departments and agencies or other DFAT programs outside ANCP – *the result should reflect a pro-rata share of ANCP's funding relative to the total funding*. This should be based on the project value in the reporting period and the calculation method should remain consistent across the life of the project.
- **Consistent:** A consistent approach should be taken year on year. All reasonable efforts should be made to avoid double-counting. Once adopted, the approach used to identify a pro-rata share of results attributable to ANCP funding should remain consistent.
- **Disaggregated by sex, age and ability:** It is mandatory that results are sex-disaggregated where the indicator is reporting numbers of persons. Sex disaggregation of results should not be based on proportions of women and men in national census data. Disaggregated figures should only be included where the total numbers of male, female, and sex indeterminate / intersex / unspecified people receiving assistance under the project have been counted. Data on persons living with disability are also required. Please note that the categories are mutually exclusive, so a beneficiary should be reported only once for each set of disaggregated data (e.g., men, or men with disability, or boy etc). Cells cannot be left blank. If the data is unknown or not collected for Sex indeterminate / intersex / unspecified, please put '0' in the cell.
- **Consistent with intention of indicator:** while efforts have been made to outline the main activities anticipated in the scope for each indicator, this is not an exhaustive list. If an activity is not specifically excluded, NGOs should use their judgement to determine whether activities are consistent with the scope and intent of the indicator and whether these should be counted.

## FURTHER INFORMATION AND SUPPORT

ANCP- indicators, including relevant Tier 2 indicators are accompanied by guidance notes (attached to this guide). These will be reviewed periodically to ensure ANCP indicators remain fit for purpose.

If there are any questions or concerns around how to calculate values or respond to particular indicators, NGOs should contact the ANCP team at [ancp@dfat.gov.au](mailto:ancp@dfat.gov.au) for advice.

## ANNEX A: ANCP INDICATORS

NUMBER	INDICATOR	PAGE
<b>Health</b>		
H.01	Number of additional births attended by a skilled birth attendant	7
H.02	Number of health workers who received training and development	8
H.03	Number of people who received improved health services	9
H.04	Number of people who received HIV prevention services	10
H.05	Contraceptive protection from unplanned pregnancies made available through Australian support	11
H.06	Number of people who received treatment for eye disease and vision impairment	12
H.07	Number of people who received mental health and psychosocial support	13
<b>Water, Sanitation and Hygiene (WASH)</b>		
W.01	Number of people with household access to improved drinking water sources	14
W.02	Number of people with household access to improved sanitation facilities	15
W.03	Number of people with household access to handwashing facilities	16
<b>Climate Change and Disaster Risk Reduction</b>		
C.01	Number of people who participated in sessions on climate related hazards and disasters (climate change mitigation, adaptation, preparedness/resilience, and early warning)	17
C.02	Number of people who participated in the development, adoption and/or implementation of local disaster risk reduction strategies or climate change plans	18
C.03	Number of people that used sustainable energy sources to meet electricity, cooking, heating, and cooling needs	19
<b>Child Protection</b>		
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse, and exploitation of children	20
<b>Education and Training</b>		
E.01	Number of additional boys and girls enrolled in school	21
E.02	Number of children participating in non-formal education and alternative education pathways	23
E.03	Number of teachers trained to improve learning outcomes	24
E.04	Number of people assisted to gain recognised post-secondary qualifications	26

Food Security		
F.01	Number of people with increased access to sufficient food	27
Gender Equality and Social Inclusion (GESI)		
G.01	Number of management committees in which women are equally represented	29
G.02	Number of people who participated in sessions on gender issues and women's equal rights	31
G.03	Number of services provided to victims/survivors of sexual and gender-based violence	32
G.04	Number of women supported to assume leadership roles	33
G.05	Number of women entrepreneurs provided with financial and/or business development services	34
G.06	Number of women's groups, organisations and coalitions actively involved with the project	36
G.07	Number of people who received disability support services specific to their needs	37
G.08	Number of Disabled Persons Organisations (DPOs) actively involved with the project	39
G.09	Number of people who received training in disability awareness and inclusion	41
G.10	Number of people trained in delivery of disability support services	42
G.11	Number of Organisations of Persons with Disabilities (regional/national/state/local) receiving capacity building support	43
Livelihoods		
L.01	Number of people who adopt innovative agricultural and fisheries practices	45
L.02	Number of people with increased incomes	46
L.03	Number of people provided with financial services	47
L.04	Number of people who access social transfers (such as cash & voucher assistance)	48
L.05	Numbers reached with new or improved social protection programs	49
L.06	Number of people reached with livelihoods support interventions	51
Private Sector		
P.01	Additional private funds leveraged to support sustainable development	52
P.02	Number of employees who have benefited from financial and or business development support to local micro, small or medium-sized enterprises	54
Governance		
GO.01	Number of organisations (government, civil society and private) Australia has supported in the reporting period to strengthen accountability and/or inclusion	55
Anticipatory Action		
AA.01	Number of people provided with emergency assistance in conflict and humanitarian crisis situations	58

## ANNEX B: ANCP INDICATOR GUIDANCE NOTES

### H.01: NUMBER OF ADDITIONAL BIRTHS ATTENDED BY A SKILLED BIRTH ATTENDANT <sup>3</sup>

#### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: November 2018

#### DEFINITIONS

A **skilled birth attendant** is an accredited health professional (a midwife, doctor or nurse) who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

**Additional** refers to comparison with the situation where the Australian Government does not fund anything in this area.

**Skilled attendance** at birth is a critical intervention for improving maternal and neonatal survival and health outcomes. Skilled birth attendance is a standard WHO indicator.

#### SCOPE

##### **EXCLUDES:**

- › Community health workers and traditional birth attendants are not classed as skilled birth attendants.

<sup>3</sup> Previously ANCP 1.307 Number of additional births attended by a skilled birth attendant

## H.02: NUMBER OF HEALTH WORKERS WHO RECEIVED TRAINING AND DEVELOPMENT <sup>4</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Health workers includes** health workers at primary, secondary and tertiary levels, who are recognised to deliver services as part of a health system.

**Training and development include** pre-service and in-service training and professional development for health professionals.

#### NOTE

Where Health Workers receive training that is ongoing (e.g., clinical supervision) the individual should only be counted once per reporting year. As far as possible, double counting of individuals in the same reporting year should be minimised (i.e., if a health worker received clinical supervision, and did a course in management, they would be counted once in the reporting year.)

#### SCOPE

##### **INCLUDES:**

- › Generalist medical practitioners, specialist and sub-specialist medical practitioners (e.g., surgeons, anaesthetists, obstetricians, emergency medicine specialists, cardiologists, paediatricians, psychiatrists, ophthalmologists, gynaecologists, etc.), nursing and midwifery professionals, optometrists and health technicians (i.e., people trained to use medical equipment). It also includes mental health professionals, community health workers and some traditional complementary medicine professionals, among others, where these are recognised in their context as part of a healthcare system.
- › Both long (university/diploma) and short courses (practical or academic). Training may be off site (in a college/university/workshop environment) or on-site in a clinical setting (e.g., supervised practice). Training may be clinical (to improve or develop new areas of clinical practice) or non-clinical (e.g., training in management, train the trainer etc. to support improved healthcare management or health workforce education).
- › Professional development includes continuing professional development activities such as attendance at conferences, workshops, mentoring etc. designed to improve skills, knowledge and networks of health workers.

<sup>4</sup> Previously ANCP 1.304 Number of midwives and health workers trained



## H.03: NUMBER OF PEOPLE WHO RECEIVED IMPROVED HEALTH SERVICES <sup>5</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Health services** includes services provided for the maintenance or improvement of health by the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people.

**Improved** refers to comparison with the situation where the ANCP does not fund anything in this area.

#### SCOPE

##### **INCLUDES:**

- › Reproductive health including cervical cancer screening, family planning
- › Maternal, newborn and child health including pre- and post-natal care
- › Infectious diseases including malaria, cholera, tuberculosis, HIV
- › Non-communicable diseases including cardiovascular disease, diabetes, cancer, chronic respiratory disease, mental health
- › Nutrition programs including vitamin or mineral supplementation (including Vitamin A, iron, zinc), exclusive breastfeeding support, dietary diversity promotion and food fortification
- › Vision and eye health screening
- › Also: injuries, substance abuse treatment, dental care, physical and occupational therapy/ rehabilitation, palliative care

##### **EXCLUDES:**

- › HIV prevention services (use Indicator H.05)
- › Treatment for eye disease and vision impairment (use indicator H.07)
- › People receiving food packages or food/cash transfer (use social transfer indicator L.04)
- › School feeding programs (use L.04)

<sup>5</sup> Previously ANCP 1.316 Number of people with increased access to essential medicines and health commodities including HIV treatment

## H.04: NUMBER OF PEOPLE WHO RECEIVED HIV PREVENTION SERVICES <sup>6</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**HIV prevention services** includes services focused on preventing the transmission of HIV through a complementary combination of behavioural, biomedical and structural strategies. As no single strategy provides complete protection or is right for all people, a combination of methods is needed to help reduce HIV transmission. Effective prevention services are a combination of approaches - clinical and behavioural as well as ensuring access to means of prevention - condoms and lubricant, HIV and STD testing and treatment and harm reduction services for people who use drugs.

#### SCOPE

##### **INCLUDES:**

- › Services such as: Behavioural risk reduction interventions, HIV testing and counselling, services for prevention of parent to child transmission, voluntary medical male circumcision (VMMC), screening and treatment for other STIs, ensuring blood safety, preventing transmission in health-care settings, harm-reduction services for people who use drugs, information and education including increasing ability to negotiate safe sex, outreach to at-risk populations with any of the prevention services mentioned here, sexual and reproductive health services and rights, condom distribution

##### **EXCLUDES:**

- › People attending awareness raising sessions or receiving awareness raising materials including radio/tv broadcasts where there is no active participation and/or engagement.
- › Approaches focussed on faithfulness/abstinence messaging unless this sits within a more complementary approach that includes other interventions, messages or strategies around prevention.

<sup>6</sup> Previously ANCP 1.317 Number of people provided with voluntary HIV/AIDS and STD testing & counselling and other care services provided

## H.05 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

### CONTRACEPTIVE PROTECTION FROM UNPLANNED PREGNANCIES MADE AVAILABLE THROUGH AUSTRALIAN SUPPORT

#### TIER 2 GUIDANCE NOTES 2023

Last updated: August 2023

#### DEFINITIONS

This indicator is designed to capture the estimated protection provided by family planning (FP) services during a one-year period, based upon the method and volume of all contraceptives whether sold or distributed free to clients during that period.

This is measured as Couple-Years of Protection (CYP) rather than as people who have received or used family planning products or services. This is because the products and services may have a timeframe that ranges from days to years, and consistent data on the number of persons is not available.

#### SCOPE

##### **INCLUDES:**

- › Investments in family planning and reproductive health that use internationally agreed CYP methodologies to calculate the extent of coverage.

##### **EXCLUDES:**

- › Investments that do not use the CYP methodology.

## H.06: NUMBER OF PEOPLE WHO RECEIVED TREATMENT FOR EYE DISEASE AND VISION IMPAIRMENT <sup>7</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Received treatment** includes surgical and non-surgical interventions administered to prevent vision loss or other conditions affecting eye health.

#### SCOPE

##### **INCLUDES:**

- › Surgical treatments for conditions such as cataract, trachoma, glaucoma, pterygium, trauma etc.
- › Laser treatment for diabetic retinopathy and other conditions.
- › Non-surgical interventions such as provision of vision correction (including glasses and contact lenses)
- › Eye drops (including anti-microbial, anti-inflammatory, anti-glaucoma, anti-myopia)
- › Eye exercises (including patching to treat amblyopia) as appropriate to the condition.
- › Administration of antibiotics for trachoma can be included where the individual has active trachoma (if known)

##### **EXCLUDES:**

- › People given antibiotics as a public health measure (mass distribution programs) who are not affected by trachoma.

<sup>7</sup> Previously ANCP 1.317 Number of people provided with voluntary HIV/AIDS and STD testing & counselling and other care services provided

## H.07: NUMBER OF PEOPLE WHO RECEIVED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT <sup>8</sup>

### DEFINITIONS

**Mental health and psychosocial support** include any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder

### NOTES

NGOs may wish to refer to [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)

### SCOPE

#### **EXCLUDES:**

This indicator does not include psychosocial support relevant to gender-based violence which should be reported against indicator G.03.

<sup>8</sup> Joint ANCP-AHP COVID-19 Indicator

# W.01: NUMBER OF PEOPLE WITH HOUSEHOLD ACCESS TO IMPROVED DRINKING WATER SOURCES <sup>9</sup>

## ANCP GUIDANCE NOTE

Last updated: August 2020

### DEFINITIONS

**Improved drinking water sources** are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

**Access** - for the purposes of this indicator, the ANCP is adopting WHO and UNICEF Joint Monitoring Program service ladder<sup>10</sup>. This includes improved drinking water sources that meet the following criteria:

- › **Safely managed:** accessible on premises, available when needed; and free from contamination.
- › **Basic:** collection time is not more than 30 minutes for a roundtrip including queuing

### SCOPE

#### **INCLUDES:**

- › This indicator measures the number of people with *household* access to improved water source that meet requirements for “safely managed” and “basic” in accordance with the WHO/UNICEF Joint Monitoring Program definitions (above).

#### **EXCLUDES:**

- › School WASH programs and improved WASH facilities at health centres and other public buildings do not contribute to the indicator which only measures increased household access. Access to improved water sources in public buildings should be reported against indicator **W.04**
- › **Limited access:** collection time exceeds 30 minutes for a roundtrip including queuing, available when needed; and free from contamination
- › **Unimproved sources:** unprotected spring, unprotected dug well, cart with small tank/drum
- › **Surface water:** includes rivers, dams, lakes, pond, streams, canals and irrigation canals

<sup>9</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 1.101 Number (x) of people provided with increased access to safe water

<sup>10</sup> <https://washdata.org/monitoring/drinking-water>

## W.02: NUMBER OF PEOPLE WITH HOUSEHOLD ACCESS TO IMPROVED SANITATION FACILITIES <sup>11</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Improved sanitation facilities** are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

**Access** - for the purposes of this indicator, the ANCP is adopting WHO and UNICEF Joint Monitoring Program service ladder<sup>12</sup>. This includes facilities that are:

- › **Safely managed:** not shared with other households and where excreta are safely disposed in situ or transported and treated off-site
- › **Basic:** improved facilities which are not shared with other households

#### SCOPE

##### **INCLUDES:**

- › This indicator measures the number people with access to improved sanitation facilities that meet the requirements for safely managed and basic levels of access in accordance with the WHO/UNICEF Joint Monitoring Program definitions (above).

##### **EXCLUDES:**

- › This indicator only counts people who gain **household access** to sanitation and does not include access to shared or public toilets (two or more households).
- › School WASH programs and improved WASH facilities at health centres and other public buildings do not contribute to the indicator, which only measures **household access**.
- › **Unimproved sanitation** facilities which include: pit latrine without slab or platform; bucket; hanging toilet or hanging latrine
- › **Open defecation:** disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste.

<sup>11</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 1.101 Number (x) of people provided with increased access to safe water

<sup>12</sup> <https://washdata.org/monitoring/sanitation>

## W.03: NUMBER OF PEOPLE WITH HOUSEHOLD ACCESS TO HANDWASHING FACILITIES <sup>13</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Handwashing facilities** may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

**Access** - for the purposes of this indicator, the ANCP is adopting WHO and UNICEF Joint Monitoring Program service ladder<sup>14</sup>. This includes facilities that are:

- › **Basic:** availability of a handwashing facility on the premises with soap and water

#### NOTES

Ensuring everyone has access to hand hygiene services will be critical to stopping the spread of COVID-19. Additional details and guidance can be read in the [WHO/UNICEF interim guidance on WASH for COVID-19](#) and the [UNICEF Hygiene Programming Guidance Note](#).

Household surveys increasingly include a section on hygiene practices where the surveyor visits the handwashing facility and observes if water and soap are present. Observation of handwashing materials by surveyors represents a more reliable proxy for handwashing behaviour than asking individuals whether they wash their hands.

#### SCOPE

##### **INCLUDES:**

- › This indicator measures the number people with access to handwashing facilities that meet the requirements for basic access in accordance with the WHO/UNICEF Joint Monitoring Program definitions (above).

##### **EXCLUDES:**

- › This indicator only counts people who gain **household access** to handwashing facilities and does not include access to public handwashing facilities in public buildings including schools, health care facilities, markets, places of worship, and transport hubs such as train or bus stations. Handwashing facilities in public buildings should be reported against indicator **W.05**
- › **Limited** facilities which include availability of a handwashing facility on premises without soap and/or water

<sup>13</sup> Joint ANCP-AHP COVID-19 Indicator

<sup>14</sup> <https://washdata.org/monitoring/hygiene>



## C.01: NUMBER OF PEOPLE WHO PARTICIPATED IN SESSIONS ON CLIMATE RELATED HAZARDS AND DISASTERS (CLIMATE CHANGE MITIGATION, ADAPTATION, PREPAREDNESS/RESILIENCE AND EARLY WARNING) <sup>15</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Climate-related hazards** are phenomena that present a risk of harm or damage to humans and may include droughts, floods, cyclones, sea-level rise, and extreme temperatures. Hazards may become disasters where vulnerability is greater than capacity to cope, and result in loss of human life, damage to property or loss of livelihood.

**Climate change mitigation** is defined as efforts to reduce or prevent emissions of greenhouse gases. Mitigation can mean using new technologies and renewable energies, making older equipment more energy efficient, or changing management practices or consumer behaviour.

**Adaptation, preparedness, resilience and early warning** are all mechanisms to help communities and ecosystems cope with and reduce harm or risk of harm from climate-related hazards and disasters.

#### SCOPE

##### **INCLUDES:**

- › Number of individuals who in the reporting period participated in one or more sessions on climate-related hazards and disasters as part of the project.
- › A session includes interactive events and sessions such as training, community meetings, capacity building activities etc. that allow for discussion and exchange of information, views and approaches.

##### **EXCLUDES:**

- › People attending awareness raising sessions or receiving awareness raising materials including radio/tv broadcasts where there is no active participation and/or engagement

<sup>15</sup> Previously ANCP indicator 3.306 Number of people provided with climate resilience training

## C.02: NUMBER OF PEOPLE WHO PARTICIPATED IN THE DEVELOPMENT, ADOPTION AND/OR IMPLEMENTATION OF LOCAL DISASTER RISK REDUCTION STRATEGIES OR CLIMATE CHANGE PLANS <sup>16</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

A **Disaster risk reduction (DRR) strategy** outlines actions for reducing local hazard-related disaster risks and sets the strategic direction for the community to become more resilient to disasters. DRR strategies should define goals and objectives across different timescales and included concrete targets, indicators and timeframes.

A **climate change plan** outlines the mitigation and adaptation activities that the community intend to take to help reduce their contribution to climate change and enhance their resilience to the impacts of climate change.

#### SCOPE

##### **INCLUDES:**

- › Number of individuals who during the reporting period were involved in the development, adoption, and/or implementation of either local disaster risk reduction strategies or climate change plans. The development, adoption, or implementation of the strategy or plan must be attributable to the project.

##### **EXCLUDES:**

- › This indicator does not count the number of people who participated in general training on DRR or climate change, which should be captured in indicator C.01
- › Rather, this indicator measures the number of people who are involved in the process of actually developing, adopting or implementing a DRR strategy or climate change plan.

<sup>16</sup> Previously ANCP 5.203 Number of communities assisted to develop community disaster risk reduction plans including mine action

## C.03: NUMBER OF PEOPLE THAT USED SUSTAINABLE ENERGY SOURCES TO MEET ELECTRICITY, COOKING, HEATING, AND COOLING NEEDS <sup>17</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Sustainable energy** is energy that meets the needs of the present without compromising the ability of future generations to meet their own needs or that of the planet. All relevant forms of energy are included: electricity, cooking, heating and cooling. Sustainability should be defined across the ecosystem from generation (solar, wind, bio-mass) to access (grid/off-grid, transmission, metering, affordability) and use (appliances, cook stoves etc).

#### NOTE

Beneficiaries only to be counted once even if they adopted or used multiple forms of sustainable energy sources

#### SCOPE

##### **INCLUDES:**

- › Includes new access to sustainable energy options as well as transitioning to more sustainable energy options relative to current situation.
- › People benefiting from creation of new sustainable energy infrastructure
- › People benefiting from extension of existing sustainable energy infrastructure
- › People transitioning cooking methods: for instance, improved cook stoves, or replacing firewood with biogas
- › People connecting to reliable sustainable energy sources as a result of changed affordability.

##### **Excludes:**

- › People benefiting from new or expanded infrastructure that did not directly result from project investments.

<sup>17</sup> Previously ANCP indicator 3.308 Number of people with additional sustainable energy access

# CP.01: NUMBER OF PEOPLE WHO PARTICIPATED IN SESSIONS ON PREVENTION, REDUCTION AND RESPONSE TO VIOLENCE, ABUSE AND EXPLOITATION OF CHILDREN <sup>18</sup>

## ANCP GUIDANCE NOTE

Last updated: August 2020

### DEFINITIONS

**Sessions** includes interactive events and sessions such as training, community meetings, capacity building activities etc. that allow for discussion and exchange of information, views and approaches.

### SCOPE

#### **INCLUDES:**

This could include topics that discuss, analyse, understand, respond to and/or challenge:

- › Definition, indicators and risk factors of all forms of child abuse, sexual abuse and exploitation.
- › Child development and the impacts of child abuse and family violence on child development
- › Child rights
- › Child, family and community social inclusion, barriers to inclusion and/or child voice, sense of agency and participation e.g., gender equality, disabilities.
- › Child, family or community targeted information, skills building and behaviour change programs that aim to address violence against children
- › Professional capacity building in prevention, reduction and targeted responses and approaches to children's wellbeing and protection
- › Sessions to consult and engage on sub national, national and international plans, policies, systems, legislation and/or budget relating to child wellbeing and child protection
- › Sessions that focus on community- based, civil society and statutory child protection mechanisms, e.g., roles, reporting and coordinated service responses to child wellbeing and protection
- › Personnel (staff, volunteers, board, members, consultants) of partner organisations including partner government agencies
- › Donors and development partners associated with your program

#### **EXCLUDES:**

- › People attending awareness raising sessions or receiving awareness raising materials including radio/tv broadcasts where there is no active participation or engagement
- › ANCP NGO Personnel (staff, volunteers, board, members, consultants)

<sup>18</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 2.903 Number of children and adults participating in preventive and awareness raising activities related to child protection

## E.01: NUMBER OF ADDITIONAL GIRLS AND BOYS ENROLLED IN SCHOOL <sup>19</sup>

### TIER 2 INDICATOR GUIDANCE NOTE

Last updated: January 2022

#### DEFINITIONS

**School**, for this indicator is basic education as defined by the partner government.

**Basic education** by the standard international definition comprises primary education (first stage of basic education), plus lower secondary education (second stage) and normally covers around nine years of schooling e.g., basic education in Indonesia covers six years of primary and three years of lower secondary.

In a given country, other enrolment provisions such as kindergarten, and/or senior secondary may be included in the partner government's definition of basic education and counted.

**Additional** refers to the number of new school enrolments resulting from Australian Government funding inputs.

**Girls and Boys** covers all learners in basic education, regardless of age.

**Enrolled** refers to enrolment that is accepted as having met the prerequisites as defined by the partner government. The standard international definition refers to a learner registered in a grade or program of study at an educational institution who met the prerequisites for enrolment at the registration date.

**Sex disaggregation** it is essential for this indicator that numbers of girls and boys are reported separately.

#### NOTE

For this indicator, it is **not appropriate** to pro rata sex disaggregation by taking the proportion of women and men in the broader population, such as through national census data. The aim here, is to use investment-specific sex disaggregated data to identify how effectively our aid investments benefit women and men compared with their representation in the relevant population. To achieve this aim, accurate investment-specific sex disaggregated data is required. If the investment-specific data used for reporting is not sex disaggregated, then use the field 'Sex Unknown'. Reporting significant results as 'Sex Unknown' suggest that more work is needed. For reporting against this indicator to be effective, investments should strive for comprehensive sex disaggregated data.

#### SCOPE

##### **INCLUDES:**

- › Enrolment in primary and lower secondary education. Enrolment in kindergarten, senior secondary and non-formal/alternative provision can be included if it is part of the partner government's definition of basic education.

<sup>19</sup> Previously ANCP 2.101 Number (x) of children enrolled in school (cumulative 2.206, 2.207)



***EXCLUDES:***

- › Enrolment in educational institutions outside the partner government’s definition of basic education (e.g., senior secondary, TVET and higher education). Program areas can detail support provided to enrolments outside of basic education as an additional narrative.

## E.02: NUMBER OF CHILDREN PARTICIPATING IN NON-FORMAL EDUCATION AND ALTERNATIVE EDUCATION PATHWAYS <sup>20</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Participating:** Beyond enrolment, this means active participation and engagement.

**Non-formal education:** Learning outside of the formal education system, structured, with a curricula, that supports but does not replace formal learning institutions.

**Alternative education pathways:** Options for continuing learning outside of standard education institutions, unconventional participation in learning, and/or participating in education under unconventional timelines, in order to support all children's needs.

#### SCOPE

##### **INCLUDES:**

- › Non-formal education: community-based education, overage learning, accelerated learning, supplemental learning, extracurricular activities and ECCD/ pre-primary activities.
- › Alternative education pathways include apprenticeship, technical education, remote learning, home based learning, at home and community based early childhood centres.

##### **EXCLUDES:**

- › Informal education that is unstructured and does not have a curriculum.

<sup>20</sup> Previously ANCP 2.108 Number of children enrolled in non-formal education

## E.03: NUMBER OF TEACHERS TRAINED TO IMPROVE LEARNING OUTCOMES <sup>21</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: December 2018

#### DEFINITIONS

**Teachers** are women and men employed in an official capacity for the purpose of guiding and directing the learning experience of learners, irrespective of qualifications or the delivery mechanism, whether face-to-face and/or at a distance. Partner government definitions of teachers can include untrained and unqualified teachers.

**Teacher training** covers pre-service or in-service training designed to equip teachers with the knowledge, attitude, behaviour and skills required for teaching at the relevant level of education. Partner governments set varying requirements for teacher education.

**Teachers trained** are:

- › the number of female and male teachers who have attended the minimum organised program of teacher training (pre- or in-service) required for teaching at a certain level in the given country during the reporting year;
- › the number of female and male teachers who have attended training as part of a structured system during the reporting year, such as teacher training workshops offered during semester breaks; training provided by NGOs to equip people to become pre-school teachers.

A **teacher training program** can cover more than one topic or domain; if the training program consists of an integrated program of continuous professional development over the reporting year, the participating teacher would be counted as having been trained once, even though a variety of training fields might have been covered.


#### SCOPE

**INCLUDES:**

- › Teachers who participate in a program of teacher training that is not accredited or does not result in graduation or a qualification are included if the program is included in the partner government's requirements for teacher education. This reflects discretion for the partner government to decide what meets teaching requirements in the local context. For example, if the government has a policy to meet remote area school needs through the use of unqualified teachers, a program of teacher training provided during the reporting year that is not to qualification level would still be counted. Similarly, in-service training designed to maintain or develop teacher professional practice at all levels of the education system should be counted.

<sup>21</sup> Previously ANCP 2.201 Number (x) of teachers trained



- 
- › The rationale is to focus on systematic training and to exclude training that is ad hoc, not required by the partner government for teaching at a certain level, not part of a structured system, and/or uncoordinated with the partner government or key actors in the sector.

***EXCLUDES:***

- › Educational personnel who have no active teaching duties (such as headmasters who do not teach) or work occasionally or in a voluntary capacity in educational institutions (such as parents).

## E.04: NUMBER OF PEOPLE ASSISTED TO GAIN RECOGNISED POST-SECONDARY QUALIFICATIONS <sup>22</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: December 2018

#### DEFINITIONS

**Recognised post-secondary qualifications** means qualifications at International Standard Classification of Education (ISCED) 2011 Attainment Levels 4-8 that are recognised by national education and/or training authorities.

- › The indicator covers ISCED Attainment Level 4, which refers to post-secondary non-tertiary qualifications. These are vocational or general courses aimed at labour market entry or progression to tertiary education, such as vocational certificates.
- › It also covers qualifications awarded upon completion of short-cycle tertiary education (Level 5), and Bachelor's (Level 6), Master's (Level 7) and Doctoral (Level 8) programs.

#### SCOPE

This indicator is intended to reflect Australia's contribution to workforce skills development in partner countries. It quantifies the number of women and men who have been supported to gain qualifications – at ISCED Levels 4-8 – that are recognised by national education and training authorities and that have currency in domestic, regional and/or international labour markets. In almost all cases, this represents qualifications issued by training providers and higher education institutions.

#### **INCLUDES:**

- › This indicator includes qualifications (certificates, diplomas, associate diplomas, degrees, masters, doctorates) that facilitate labour market entry and enhance participation within it.
- › This indicator includes qualifications that facilitate access to further training and higher education.
- › This indicator includes qualifications issued by the Australia-Pacific Technical College (APTC).

#### **EXCLUDES:**

- › This indicator excludes all qualifications issued as a consequence of participation in teacher training programs. (These will be reported under: E.03 Number of teachers (women and men) trained in order to improve learning outcomes.)
- › This indicator excludes credentials that recognise partial completion of a qualification (for instance statements of attainment recognising skill sets).

<sup>22</sup> Previously ANCP 2.817 Workforce skill development: number of women and men (and where specified boys and girls) assisted to gain recognised post-secondary qualifications

## F.01: NUMBER OF PEOPLE WITH INCREASED ACCESS TO SUFFICIENT FOOD <sup>23</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Sufficient food** is the amount of food needed to meet the human right to feed oneself, at a level that protects health, dignity and mental wellbeing.

**Improved access** means increased social, economic and physical agency to consume sufficient food compared to previous situations. This is enhanced through increased availability, affordability and access to sustainable food supply, including vulnerable households and individuals, enabled through diverse outputs such as:

- › Increased yield of local food production
- › Enhanced agricultural or irrigation practices to reduce seasonal flux of food production
- › Improvements in rural or urban market supply, food storage, preservation, transport and infrastructure
- › Improved natural resource management and climate-smart agricultural practices to reduce seasonal flux of food production
- › Improved biotechnology, access to agricultural inputs (seeds, fertilisers, irrigation systems etc).
- › More varied food, through crop diversification
- › Increased incomes making food more affordable as a proportion of household spending
- › In response to COVID-19, this may include restoring food supply (transport, storage etc) as well as longer-term agricultural resilience strategies

#### NOTES

There is no single way to measure all of the many dimensions of hunger and food insecurity.

The Food Insecurity Experience Scale (FIES) is a survey-based tool that may be useful in providing information about the adequacy of people's access to food, and the severity of their food insecurity, by asking them directly in surveys about their experiences. This may also be adapted by NGOs to suit their needs.

<http://www.fao.org/in-action/voices-of-the-hungry/fies/en/>

<sup>23</sup> Joint ANCP-AHP COVID-19 Indicator.

## SCOPE

### **INCLUDES:**

Adults and children in households with improved access compared to:

- a) The situation before the intervention commenced, or
- b) Where the situation continues to improve, compared to the previous reporting period.

Thus, the same beneficiaries may be reported in multiple years, so long as access to sufficient food continues to increase.

### **EXCLUDES:**

- › General population (indirect beneficiaries) in locations where year-round food security has improved as a result of the intervention.
- › People taking part in interventions addressing improved food handling, food quality, remedial or clinical nutrition, age-appropriate feeding or other nutritional choice programs – use health indicator H.04
- › People receiving school feeding programs, general food distribution, emergency food aid
- › People receiving cash transfers - use social transfers indicator L.04

## G.01: NUMBER OF MANAGEMENT COMMITTEES IN WHICH WOMEN ARE EQUALLY REPRESENTED <sup>24</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: November 2018

#### DEFINITIONS

**Management Committees means any** committee (local, district, provincial or national) set up to provide guidance or oversight for community-level development activities, funded wholly or partly by Australia. This can include a committee that provides advice/ guidance or oversight for service delivery, such as Water, Sanitation and Hygiene (WASH), Education, Health, Village Development. It can include committees formed as part of a participatory approach in a community. It can also include a committee that encourages community involvement in social, political or economic issues such as a Peace Council.

**Equal representation** of women means no more than 60 per cent women and no less than 40 per cent women on a committee. The indicator is not focussed on committees with a simple majority of women members.

A seven-member committee with three women (a ratio of 43:57) would be considered to have equal representation. A committee with more than the equivalent of six out of 10 women members would not be counted.

**WASH committees** are responsible for decisions relating to managing and monitoring the provision of water supply and sanitation, including the provision of household services, and WASH facilities in schools and health centres; and hygiene programs, including dissemination of knowledge relating to hygiene practices such as washing of hands.

**Education committees** can include school management committees, which can be responsible for advice on school policies, practices, infrastructure maintenance, scholarships and student support.

**Health committees** can include village or community level committees that deliver informal health care, through support of village health workers who are involved in dissemination of knowledge on good hygiene practice, food handling, child and maternal health, and promote early engagement with health services.

**Village development** committees may support partners to involve communities in local area planning, economic development, infrastructure provision, dialogues about specific issues or civic engagement in the lead up to elections.

**Public sector committees** support public service operations and functions.

#### NOTE

Where cultural traditions call for women to be engaged in decision-making through separate women-only committees, the existence of women's committees may be counted as equal representation if such committees substantially participate in decision-making on an equal footing with men-only committees and if the intention is for women to be admitted gradually onto men-only committees.

<sup>24</sup> Previously ANCP 2.520 Number (x) of management committees in which women are equally represented

## SCOPE

### ***INCLUDES:***

- › All committees in operation that met the definition of equal representation in the reporting year and that can be attributed to DFAT funding should be counted, **not only newly established committees**.
- › Girls and boys (under the age of 18 years) on committees should be included for the purposes of this indicator.

### ***EXCLUDES:***

- › Committees specifically targeting women or men for gender equality work are exempt, because this indicator is reporting how DFAT is mainstreaming the promotion of leadership opportunities for women in a broad range of sectors.
- › It does not include committees that operate independently of direct assistance by DFAT i.e., a government selection committee or taskforce that is internal to a partner government and receives no DFAT assistance.

## G.02 NUMBER OF PEOPLE WHO PARTICIPATED IN SESSIONS ON GENDER ISSUES AND WOMEN'S EQUAL RIGHTS <sup>25</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Gender issues and women's equal rights** is content which seeks to advance gender equality and rights of women, girls and LGBTQI communities.

**Sessions** includes interactive events and sessions such as training, facilitated community meetings, capacity building activities etc. that allow for discussion and exchange of information, views and approaches.

#### SCOPE

##### **INCLUDES:**

This could include topics that discuss, analyse, understand, respond to and/or challenge:

- › existing gender roles, responsibilities and relations
- › harmful social norms
- › power dynamics including decision making
- › gender-based violence (GBV) and sexual exploitation abuse and harassment (SEAH)
- › women's agency, and access to and control over resources
- › structural gender inequality such as formal rules, laws, and policies
- › national plans and policies relating to gender equality and women's empowerment
- › regional and international conventions/declaration on women's rights

##### **EXCLUDES:**

- › People attending 'awareness raising' sessions or receiving awareness raising materials including radio/tv broadcast audiences etc. where there is no active participation or engagement.

<sup>25</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 2.504 Number of people provided with awareness raising/training on gender issues and women's equal rights

## G.03 NUMBER OF SERVICES PROVIDED TO VICTIMS/SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE

### TIER 2 INDICATOR

Last updated: February 2024

#### DEFINITIONS

**Services** include the following provided specifically to survivors of SGBV: counselling; emergency shelters; referral hotlines; health services; legal services such as legal aid; referrals from police sexual violence units; issuance of protection orders; hearings by traditional or formal justice providers. **Number of services** refers to instances of service provision.

**Sexual and gender-based violence (SGBV)** refers to harmful acts directed at an individual based on their gender. Most victim-survivors are women and girls, but may also include people of diverse sexual orientation, gender identity, expression, and sex characteristics (SOGIESC).

#### SCOPE

##### **INCLUDES:**

Focus should be on support/response services provided to victim-survivors of SGBV through DFAT funded programs. Examples of services that should be counted are:

- refuges or emergency shelters
- referral hotlines
- psychosocial services such as counselling
- health services e.g., medical support at hospitals or public clinics
- law and justice services such as protection orders; hearings before traditional or formal justice providers; provision of legal advice.

##### **EXCLUDES:**

Counting excludes supports or infrastructure funded by DFAT that are providing support incidentally. For example, services provided to a victim-survivor of violence by an Emergency Department of a hospital, if the hospital is funded by DFAT but not the specific services provided to survivors of violence. Further, funding for a building that houses services for survivors of SGBV, should not be counted if the services themselves are not funded.

Services that are provided to victim-survivors of general violence that is not specifically sexual and gender-based violence are not to be counted. See above definition for clarification. Ending sexual and gender-based violence activities that are not specifically delivering response services to victim-survivors are not included. For example, prevention activities, advocacy campaigns, perpetrator programs, training of service providers, etc. Program managers are welcome to include a description of these activities in the case study section.



## G.04 NUMBER OF WOMEN SUPPORTED TO ASSUME LEADERSHIP ROLES <sup>26</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Leadership roles** imply ongoing engagement in a position or group, and does not include one-off participation in collective actions, awareness-raising activities, meetings or trainings.

#### SCOPE

##### **INCLUDES:**

- › **Supported** includes funding and/or participation in project activities to increase individual knowledge, skills, political consciousness and commitment to change towards gender equality, or to change their individual conditions in terms of increased resources, voice, and enabling family/community environment to assume leadership roles.
- › **Leadership roles** may include individual formal and informal political, economic, and social/cultural roles in addition to active participation in collective actions (including assuming a role in civil society or community based organisations/groups such as church, savings or WASH groups which promote women/girl's participation and decision-making power). Informal leadership roles may include coordination, speaking, advocacy, and networking which support women/girls to understand their rights and analyse power dynamics; contribute to stronger women's organisations and groups; identify and manage risks/backlash, and increase women/girl's access to protection; challenge harmful gender norms; and engage with duty-bearers.

##### **EXCLUDES:**

- › One-off participation in collective actions, awareness-raising activities, meetings or trainings.

<sup>26</sup> Previously ANCP 2.506 Number of women assuming leadership roles or engaging collectively at local, national and/or regional level

## G.05 ECONOMIC EMPOWERMENT

### NUMBER OF WOMEN ENTREPRENEURS PROVIDED WITH FINANCIAL AND/OR BUSINESS DEVELOPMENT SERVICES

#### TIER 2 GUIDANCE NOTE 2023

Last updated: July 2023

#### DEFINITIONS

**Women entrepreneurs** are women who have obtained access to formal or semi-formal financial and/or business development services as a result of Australian funded programs, and who either:

- › are self-employed women or sole traders, including market traders; **or**
- › own at least 51% of a business **or**
- › lead or manage a business in which they have at least 20% ownership + at least 1-woman senior executive (CEO/COO) + at least 30% female board members where a board exists.

**A business** is taken to include micro enterprises (0-9 employees), small and medium size enterprises (10-300 employees); informal businesses and farms if farm produce is more than subsistence.

**Financial services** means financial or business development services provided to women entrepreneurs by regulated formal and semi-formal financial service providers.

**Business Development Services** are non-financial services and products provided by formal and semi-formal service providers to women entrepreneurs at various stages of their business needs. These services are aimed primarily at skills transfer or business advice to help women directly improve the performance of their businesses, access to markets and different parts of value chains, and their ability to compete.

#### SCOPE

This indicator measures women beneficiaries of financial / business development services in a given year.

If a provider delivers financial services and business development services in combination, care should be taken to **count beneficiaries only once**.

#### **INCLUDES:**

- › Regulated formal and semi-formal **financial service providers** may include NGOs; cooperatives; microfinance institutions; community-based development institutions like self-help groups (e.g., savings and loan, revolving credit) and credit unions; commercial and state banks; investment funds; insurance and credit card companies; telecommunications companies, remittance service providers and post offices.
- › **Financial services** include but are not limited to: deposit accounts; savings accounts; loan products; other credit products and investment capital; insurance products; leasing products; payment services (including smart cards; remittances and mobile money). Includes financial services accessed and delivered through digital channels.

- › **Business development** services include but are not limited to; training and mentoring through formal service providers; services providing market advice and information; business accelerators and incubators; product development or improvement that is intentionally related to improving marketability. Business development services can be provided by commercial, for profit or non-profit organisations. Services may be provided virtually or face to face.
- › **Provided with** captures both:
  - women gaining access to financial/business development services for the first time; and
  - women who are able to access a better or broader range of services than before.

**EXCLUDES:**

- › Women who have received **only** broad financial literacy training – unless they have also received financial services in which case they will be counted.
- › Broader financial inclusion for women such as village level savings and loans groups **unless individual members are classified as entrepreneurs** and can be counted as per the above definition.
- › Gatherings of women for the production or development of products but there has been **no** formal training provided by a third-party service provider.
- › Women who are **employees/workers** in businesses, such as women factory workers (regardless of whether the factory is owned/managed by a woman).

## G.06: NUMBER OF WOMEN'S GROUPS, ORGANISATIONS AND COALITIONS ACTIVELY INVOLVED WITH THE PROJECT <sup>27</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Women's groups, organisations and coalitions** refers to formal and informal groups (including civil society organisations, non-government organisations, networks, alliances, collectives, community based organisations and community groups) with an objective to progress diverse women/girl's rights and gender equality, inclusive of the rights of LGBTQI communities.

**Actively involved** includes the implementation of, or participation in, ANCP-funded activities, and delivery of services/training for the project.

#### SCOPE

**INCLUDES:**

Implementation and/or participation may include activities:

- › across the project cycle ie: consultation, planning, implementing, monitoring and evaluation
- › which increase women/girl's representation in research, policy development, governance structures, advocacy efforts or other
- › to build capacity or organisational development, and/or
- › which increase inclusion in services development/strengthening activities of mainstream and/or targeted women/girl's support services.

<sup>27</sup> Previously ANCP 2.513 Number of women's groups, organisations and coalitions supported

## G.07: NUMBER OF PEOPLE WHO RECEIVED DISABILITY SUPPORT SERVICES SPECIFIC TO THEIR NEEDS <sup>28</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

Disability support services are:

- › Services (including actions and/or products) that focus on providing help or assistance to a person with disabilities to carry out daily activities and to participate in society. These can be formal or informal services and must be available, accessible, affordable, acceptable and adaptable for persons with disabilities.
- › Support services are a precondition for living and fully participating in the community. Support services directly enable inclusion, choice, dignity, autonomy and independence.
- › Support is a normal part of community life. Everyone needs support from others at some stage in and/or throughout their life regardless of impairment, age or social status. The nature of supports needed is likely to vary throughout the life course.
- › People with disabilities may require a higher level and more diversified type of support. Regardless of the type of support, persons with disabilities must have the opportunity to exercise choice and control over the nature, types and frequency of support being provided.
- › People with disabilities can be both recipients and providers of support.

The existence of social and environmental barriers necessitates the need for support and availability of support services. Even with actions to remove barriers to participation and inclusion, support services are still required for many people with disabilities to live the lives they choose and access the (often mainstream) services they need. The existence of support services is, therefore, essential and complementary to actions focused on removing barriers and for making mainstream services accessible.

#### SCOPE

##### **INCLUDES:**

- › assistive technology services enabling effective access to assistive technology related to functional difficulties associated with mobility, communication, hearing, vision, self-care, cognition etc.),
- › relevant medical and rehabilitation interventions including those that support the use of assistive technology
- › personal assistant services – could be broad ranging and are often designed to assist a person to perform daily activities, including getting up, bathing, dressing, getting ready for work, going out, cooking, cleaning and shopping, travelling etc.

<sup>28</sup> Previously ANCP 2.801 Number (x) of people provided with disability services like prostheses and assistive devices

- › support in decision making
- › communication support, such as sign language interpreters and alternative and augmentative communication methods to assist a person to communicate, understand and be understood such as education in the use of braille or sign language
- › guide interpreters for people with Deafblindness
- › peer support and self-advocacy support groups
- › circle of support
- › living arrangements services for securing housing and household help
- › community services (eg. community based rehabilitation/community based inclusive development)
- › disability specific social welfare supports etc.
- › independent living centres
- › respite care services
- › service animals
- › persons with disabilities may also need support in accessing and using general services, such as health and rehabilitation services, education and justice

## G.08: NUMBER OF DISABLED PERSONS ORGANISATIONS (DPOS) ACTIVELY INVOLVED WITH THE PROJECT <sup>29</sup>

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Disabled Persons Organisations (DPOs)** are increasingly being referred to internationally as Organisations of Persons with Disabilities (OPDs). Key criteria (as a minimum) defining a DPO/OPD is:

- › Representative body/ies of and for persons with disabilities
- › Led and controlled by persons with disabilities, with the majority of the governing body being persons with disabilities to align with the motto “nothing about us without us”. Majority means more than 50 percent, noting many DPOs have their own constitutions that define what percentage makes a “majority” for them.

Other features of DPOs/OPDs are:

- › Are non-governmental membership-based organisations that are created with the aim of collectively acting, expressing, promoting, pursuing and/or defending a field of common interest. They can represent one or more constituency groups within the disability movement (eg. Deaf, people with blindness or low vision, people with Deafblindness, people with intellectual, psychosocial or physical disabilities) or represent cross-disability groups. They may also include gender, age, ethnicity based groups within the disability movement, for example, organisations of women with disabilities, children or youth with disabilities, Indigenous persons with disabilities etc.
- › Operate as individual organizations, coalitions, or umbrella organizations of persons with disabilities that seek to provide a coordinated voice of the disability movement in its interaction with public authorities. They may use different strategies to promote their goals, including advocacy, awareness-raising, service delivery and peer support.
- › Can include organisations of parents of children with disabilities recognising parents as key to “facilitating, promoting and securing the autonomy and active participation of their children, with the will and preferences of the child always being respected and their evolving capacities always being taken into account”.
- › Preferably the majority of staff are also persons with disabilities but it is recognised that this is not always realistic. The global disability movement promotes the importance of persons with disabilities gradually becoming the majority of staff. The movement encourages that where this is not the case, plans be in place for people without disabilities to work alongside and mentor people with disabilities so that they have opportunities to develop the necessary skills to undertake roles within the DPO over time.

<sup>29</sup> Previously ANCP 2.815 Number of in-country Disabled Persons Organisations (DPOs) receiving capacity building

## SCOPE

### ***INCLUDES:***

- › Active engagement with DPOs in the project cycle, ie: consultation, planning, implementing, monitoring and evaluation
- › Representation of DPOs in research, policy development, governance structures, advocacy efforts or other.
- › DPO capacity or organisational development
- › Inclusion in services development/strengthening activities of mainstream and/or disability specific support services

### ***Excludes:***

- › Organisations who do not meet the definition of a DPO/OPD provided above without the majority of the governing body being persons with disabilities



## G.09: NUMBER OF PEOPLE WHO RECEIVED TRAINING IN DISABILITY AWARENESS AND INCLUSION

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

**Disability awareness and inclusion training** is training delivered for one or more persons with the aim and purpose of increasing understanding, skills, behaviour and actions of training recipients to do their part in realising the rights and inclusion of persons with disabilities in line with the Convention on the Rights of Persons with Disabilities (CRPD).

Trainings may vary in scope, length, frequency, content and style and can include learning methodologies such as coaching, mentoring, online learning, peer learning, group discussions.

For example, this could include; the training being facilitated by or together with a Disabled Persons Organisation (DPO) or representatives of DPOs; including a section of the training to hear directly from persons with disabilities; or where direct engagement with people with disabilities is not possible, using rights based videos (for example, EndTheCycle or Communities4inclusion video series) to ensure the voices of persons with disabilities help inform the training.

#### SCOPE

##### **INCLUDES:**

- › Personnel (staff, volunteers, board, members, consultants) of partner organisations
- › Direct beneficiaries of the project
- › Donors and development partners associated with your project

##### **Excludes:**

- › People attending awareness raising sessions or receiving awareness raising materials including radio/tv broadcasts where there is no active participation or engagement
- › ANCP NGO Staff

## G.10: NUMBER OF PEOPLE TRAINED IN DELIVERY OF DISABILITY SUPPORT SERVICES

### ANCP GUIDANCE NOTE

Last updated: August 2020

#### DEFINITIONS

Disability support services are:

- › Services (including actions and/or products) that focus on providing help or assistance to a person with disabilities to carry out daily activities and to participate in society. These can be formal or informal services and must be available, accessible, affordable, acceptable and adaptable for persons with disabilities.
- › Support services are a precondition for living and fully participating in the community. Support services directly enable inclusion, choice, dignity, autonomy and independence.
- › Support is a normal part of community life. Everyone needs support from others at some stage in and/or throughout their life regardless of impairment, age or social status. The nature of supports needed is likely to vary throughout the life course.
- › People with disabilities may require a higher level and more diversified type of support. Regardless of the type of support, persons with disabilities must have the opportunity to exercise choice and control over the nature, types and frequency of support being provided.
- › People with disabilities can be both recipients and providers of support.

#### NOTES

This can also include those trained to provide assistance and supports to persons with disabilities for the purpose of participating in mainstream vocational training and inclusive education programs. Refer to Indicator G.06 scope for more examples of disability support services.

#### SCOPE

##### **INCLUDES:**

- › staff, volunteers, consultants and other personnel, family members and/or carers, peers. Training should focus on local personnel being trained to deliver rights-based (see below) disability support services through local service systems.

## G.11: NUMBER OF ORGANISATIONS OF PERSONS WITH DISABILITIES (REGIONAL/NATIONAL/STATE/LOCAL) RECEIVING CAPACITY BUILDING SUPPORT

### ANCP GUIDANCE NOTE

Last updated: February 2024

#### DEFINITIONS

Organisation of Persons with Disabilities (OPD): The Committee on the Rights of Persons with Disabilities in its General Comment No. 7 defines OPDs as being led, directed, and governed by persons with disabilities. A clear majority of its membership should be persons with disabilities. There are many different types of OPDs, including, but not limited to:

- Umbrella organisations – including coalitions of OPDs e.g. a national federation
- Cross-disability organisations – composed of people with all or some of the wide diversity of Impairments
- Impairment-specific organisations – composed of people with the same impairment type e.g. a Deaf Association
- Self-advocacy organisations – which represent people with disabilities in often loosely and/or locally formed networks
- Organisations of women and girls with disabilities and
- Organisations of children and young people with disabilities.

Note: Organisations of Persons with Disabilities (OPDs) are also sometimes referred to as Disabled People's Organisations (DPOs).

Note: In some countries, organisations must be registered with the government to be considered an OPD; in others OPDs are registered/classified as 'NGOs' and the term may be used more loosely. In some countries requiring OPD registration, some organisations that function as a OPD may choose not to register as an OPD to allow for more freedom in the range of activities conducted.

**Regional:** Organisations that include international membership and operate across sovereign borders. Can include global/ international OPDs for this reporting.

**National:** Organisations that represent members' interests at the country level (e.g. influencing national level policy).

**State/local:** Organisations that represent members' interests at the sub-national level.

**Capacity building support:** Support (including but not limited to financial, technical, training, and mentoring etc) that aims to enable strengthening of an organisation's capabilities, skills, processes and resources towards achieving mutually beneficial outcomes.



## SCOPE

### ***INCLUDES:***

- Instances where intentional support (including but not limited to financial, technical, training or mentoring support) has been provided to an OPD to meet mutually beneficial outcomes.
- Support that aims to strengthen the organisation's capabilities and capacity.
- For monitoring purposes, paid participation is included in reporting against this indicator.

### ***EXCLUDES:***

- Support to organisations "for" people with disabilities such as service providers or NGOs that work on disability issues but do not fit the definition of an OPD.

# L.01: NUMBER OF PEOPLE WHO ADOPT INNOVATIVE AGRICULTURAL AND FISHERIES PRACTICES <sup>30</sup>

## FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: November 2018

### DEFINITIONS

**Agricultural and fisheries** should be defined broadly, to include crops, livestock, and forestry, together with associated areas, such as agricultural and fisheries processing, marketing, food quality and nutrition.

**Practices** includes technologies as well as techniques and methods for agricultural and fisheries production, processing and marketing.

**Adopt** - for producers to adopt innovative practices it means not only gaining access to, but also use of, the practices. For example, it is not enough for producers to have received training on a new farming practice if the training is not used. This could occur if the new practice was considered too risky or if the new practice required an input such as fertiliser that is not available in shops.

### SCOPE

#### **INCLUDES:**

- › Innovation by improvement - innovative practices that are better (more productive, less risky, less costly, more profitable, etc) than were being used prior to the intervention. The indicator does not measure access only to 'new' practices, since it is important to capture the results of programs that make available to producers well-established practices or technologies which they did not previously use.
- › .

#### **EXCLUDES:**

- › Activities involving one-off subsidies or gifts directly to producers cannot be counted if they do not satisfy the sustainability requirement: for example, where seed is provided but nothing is done to improve the system of seed distribution or to make it affordable to farmers.

<sup>30</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 3.101 Number (x) of poor people who gain access to agricultural technologies

## L.02: NUMBER OF PEOPLE WITH INCREASED INCOMES <sup>31</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: December 2018

#### DEFINITIONS

**Increased incomes** This refers to the net additional income change for people in the reporting year. This could include net additional income from employment or selling goods and/or services. Increased incomes also include people who gained employment during the reporting period which led to an increase in income.

#### SCOPE

##### **INCLUDES:**

- › Increased incomes that can be directly attributed to activities funded by ANCP such as community development, livelihood, agricultural and market development activities.

##### **EXCLUDES:**

- › Increased income achieved in previous years. Only include increases in net income that occur in the current year. If there was no change in net income from the previous year, do not include it.
- › Increased income in one area that is displaced by losses in another. If a person starts farming a new higher value crop and stops farming the old variety, the net income increase is the difference between old income and the new income. It is not the total income from the new crop.
- › Indirect or induced increases in income that occur outside of individuals that are directly involved in a project.

<sup>31</sup> Previously ANCP 3.102 Number (x) of poor people with increased incomes

## L.03: NUMBER OF PEOPLE PROVIDED WITH FINANCIAL SERVICES <sup>32</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: December 2018

#### DEFINITIONS

**Financial services** include but are not limited to the following services provided by financial service providers: deposit accounts, savings accounts, loan products, other credit products, insurance products; leasing products; payment services (including smart cards, remittances and mobile money).

**Financial service providers** may include NGOs; cooperatives; microfinance institutions; community-based development institutions like self-help groups (eg, savings and loan, revolving credit) and credit unions; commercial and state banks; insurance and credit card companies; telecommunications companies, remittance service providers and post offices.

**Increased access** captures (i) people *gaining* access to financial services for the first time; and (ii) people who are able to *access a better or broader* range of services than before.

#### NOTE

This indicator measures increases in access to financial services in a given year and not the total number of customers for a financial service provider.

#### SCOPE

##### **INCLUDES:**

- › Financial services provided by regulated formal and semi-formal financial service providers.
- › People who have obtained access to financial services as a result ANCP funded projects.

##### **EXCLUDES:**

- › Number of people who have received financial literacy training but no new financial services.

<sup>32</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 3.201Number (x) of poor people who increase their access to financial services

## L.04: NUMBER OF PEOPLE WHO ACCESS SOCIAL TRANSFERS (SUCH AS CASH & VOUCHER ASSISTANCE) <sup>33</sup>

### FORMER AGGREGATE DEVELOPMENT RESULTS GUIDANCE NOTE

Last updated: December 2018

#### DEFINITIONS

**Social transfers** (also known as social protection) for DFAT comprises initiatives that provide regular and predictable cash or in-kind transfers to individuals, households and communities to reduce poverty and vulnerability and foster resilience and empowerment.

#### SCOPE

##### **INCLUDES:**

- › This indicator measures social transfers that are regular and predictable over the medium to long term. The transfers must be multiple and cannot be one-off. Whilst the length of time can vary by country program, the transfers should as a rough guide, be made for the duration of at least a month.
- › Examples of such social transfers include:
  - Cash and/or asset transfers directed at households and vulnerable individuals, such as children, people with disabilities, older people, widows etc.
  - wages (both cash or in kind) from employment on public work schemes
  - vouchers (for example health vouchers to attend health check-ups).

##### **EXCLUDES:**

- › Activities that do not directly contribute to increased numbers of recipients of social transfers, such as support for improving the quality of transfers or M&E support, results should be captured through other qualitative indicators.
- › Agricultural inputs
- › School or health subsidy payments that go directly to schools or health care centres.
- › People receiving school feeding programs, general food distribution, emergency food aid

<sup>33</sup> Joint ANCP-AHP COVID-19 Indicator. Previously ANCP 3.202 Number (x) of poor people able to access social transfers (such as cash or in kind transfers including food)



## L.05 NUMBERS REACHED WITH NEW OR IMPROVED SOCIAL PROTECTION PROGRAMS

### TIER 2 GUIDANCE NOTES 2023

Last updated: September 2023

#### DEFINITIONS

**Social protection** comprises publicly funded initiatives that provide regular and predictable transfers to individuals, households and communities to reduce poverty and vulnerability and foster resilience.

**New or improved** includes government-led social protection programs which are new within the reporting period, and where improvements linked to DFAT's support were made during the reporting period. It also includes the continuation of existing programs where DFAT's investment in the social protection program improved the quality, or created the program, in a previous year. Improved programs could include improved delivery systems, more regular and predictable payments, higher benefit amounts, more robust beneficiary identification and management systems etc. It also includes direct DFAT supported transfers, whether top ups to existing programs or the covering the full cost of these programs, which has the ability to improve adequacy, predictability, and citizens' trust in government.

Numbers of people to be captured should reflect:

1. Ongoing or new beneficiaries, where DFAT has continued a multi-year investment which improved or created the social protection program in a previous year;
2. Ongoing or new beneficiaries, where DFAT's investment within the reporting period resulted in an improvement to social protection programs;
3. Ongoing or new beneficiaries of programs who have benefited from DFAT's direct funding of the transfers (whether top ups or the regular transfers) in the reporting period.

#### NOTE

Sex disaggregation is an essential part of this indicator. Efforts should be made to include sex disaggregated data based on actual figures or partner reporting, where known. Alternatively, the pro rata sex disaggregation based on population or census statistics can be used.

#### SCOPE

This indicator seeks to capture the catalytic and leveraging impact of Australia's social protection investments by tracking the number of social transfer recipients who benefited from Australian-supported system strengthening and transfers through:

- Australian-funded technical advice for social protection system improvements (for example, improved delivery systems, strengthened payments systems, social protection policy reforms resulting in program adjustments or new programs, and more robust beneficiary identification and management systems); and
- Australian funded cash transfers (for example, through budget support or other funding mechanisms for top ups to existing programs and/or for new or expanded programs). It should include ODA and relevant non-ODA expenditure.

### **INCLUDES:**

- Social protection programs and systems comprising transfers that are regular and predictable over the medium to long term.
- Shock-responsive social protection, where DFAT has supported top-ups for cash transfers through governments' or development partners' social protection systems during times of crisis (for example humanitarian), are also in scope.
- Recipients of cash transfers funded by governments or development partners where Australia supported system strengthening. For example, social protection transfers delivered by Non-Government Organisations (NGOs) where Australia has supported the building of systems are in scope.
- Examples of such transfers include:
  - o cash, food and/or asset transfers directed at poor households and vulnerable individuals, such as children, people with disabilities, older people, widows etc.
  - o wages (both cash or in-kind) from employment on public work schemes
  - o school feeding and take-home rations
  - o vouchers (for example health vouchers to attend health check-ups)
  - o fee waivers (for example school fee waivers)
  - o wage subsidies (where this transfer supported employees to meet basic needs).
- Examples of system-strengthening technical support for government-led social protection programs include:
  - o technical advice for programs' beneficiary targeting and identification systems, eligibility assessment and registration systems, payment systems, behaviour change communication, grievance processes, M&E processes etc
  - o support for government counterparts' capacity building in relation to social protection policy, systems, and program delivery
  - o support for disaster risk reduction or climate-focused social protection programs tangible items or delivery infrastructure which improves systems.

### **EXCLUDES:**

- Humanitarian cash payments delivered outside the social protection system and for less than six months during a conflict or humanitarian crisis (which are captured by the indicator: 'Number of vulnerable women and men provided with emergency assistance in conflict and crisis situations')
- School or health subsidy payments that go directly to schools or health care centres and are focussed on supply-side services instead of easing costs to households.

## L.06: NUMBER OF PEOPLE REACHED WITH LIVELIHOODS SUPPORT INTERVENTIONS <sup>34</sup>

### SCOPE

#### **INCLUDES:**

- › This indicator includes any livelihood support intervention not covered under the exclusions listed below.

#### **EXCLUDES:**

- › This indicator excludes livelihoods support provided to agriculture and fisheries (which is captured under indicator L.01)
- › This indicator excludes support provided through cash and social transfers (which is captured under indicator L.04)
- › This indicator excludes support to gain recognised post secondary qualifications (which is captured under indicator E.04)

<sup>34</sup> Joint ANCP-AHP COVID-19 Indicator

# P.01: ADDITIONAL PRIVATE FUNDS LEVERAGED TO SUPPORT SUSTAINABLE DEVELOPMENT

## TIER 2 INDICATOR TECHNICAL NOTE

Last updated: August 2023

### DEFINITIONS

**Private funds** means any non-government source of finance. This includes investment or grants from corporations, asset managers, institutional investors (investment banks, pension funds, insurance companies) and philanthropic investors (foundations and family offices). This does not include development finance institutions, state owned enterprises, international finance institutions (IFC, ADB, GFC) or sovereign wealth funds.

**Private finance leveraged** refers to the ways in which specific development programs stimulate the allocation of additional private financial resources to development objectives. This is calculated based on the below methodology.

**Sustainable development** refers to activities which seek to support one or more of the sustainable development goals.

**Guarantees** refer to legally binding agreements under which the guarantor agrees to pay part or the entire amount due on a loan, equity, or other instrument in the event of non-payment by the obligor or loss of value in case of investment.

**Syndicated loans** are defined as loans provided by a group of lenders (called a syndicate) who work together to provide funds for a single borrower.

**Shares in collective investment vehicles (CIVs)** are those invested in entities that allow investors to pool their money and jointly invest in a portfolio companies. Investment typically consists of or can combine the following instruments: equity, mezzanine finance or senior loans.

**Direct investment in companies** refers to on-balance sheet investments in corporate entities (including Special Purpose Vehicles) which are conducted without any intermediary (e.g. collective investment vehicle), and which typically consist of or can combine the following instruments: equity, mezzanine finance or senior loans.

**Credit lines** refers to a standing credit amount which can be drawn upon at any time, up to a specific amount and within a given period. In the context of development finance, the main objective of credit lines is to support the private sector through the intermediation of a local financial institution (LFI).

**Simple co-financing arrangements** refer to various development program partnerships with a private company to co-finance a project or activity.

## SCOPE

### **INCLUDES:**

- Private finance which Australian development programs have mobilised as per the OECD methodology.
- Projects and programs that can demonstrate a direct causal link between private finance made available for a specific project or fund and the leveraging instrument used by the program (grant or non-grant ODA).
- Both ODA grant financing and ODA non-grant financing applied to the following mobilisation instruments: guarantees, syndicated loans, shares in collective investment vehicles, direct investment in companies, credit lines and simple co-financing arrangements.

### **EXCLUDES:**

- Does not include private finance mobilised through the deployment of general technical assistance, design support or core funding to organisations or Governments.



## P.02: NUMBER OF EMPLOYEES WHO HAVE BENEFITED FROM FINANCIAL AND OR BUSINESS DEVELOPMENT SUPPORT TO LOCAL MICRO, SMALL OR MEDIUM-SIZED ENTERPRISES <sup>35</sup>

### DEFINITIONS

**Micro, small or medium-sized enterprises (MSMEs)** are defined as having fewer than 250 employees.

**Benefited** could include maintaining work hours and employment stability etc.

<sup>35</sup> Joint ANCP-AHP COVID-19 Indicator

# GO.01: NUMBER OF ORGANISATIONS (GOVERNMENT, CIVIL SOCIETY, AND PRIVATE) AUSTRALIA HAS SUPPORTED IN THE REPORTING PERIOD TO STRENGTHEN ACCOUNTABILITY AND/OR INCLUSION

## ANCP GUIDANCE NOTE

Last updated: February 2024

This indicator is designed to capture examples of Australia's contribution to improving effective and accountable governance, by focussing on two key elements – strengthening accountability and/or inclusiveness in an organisation's policies or practices. Examples can be at international, regional, national, or local levels, and in government, civil society, or private sector organisations.

This indicator is limited to capturing investments that consider improvements in governance to be either primary or significant objectives. Where this is not the case, consider reporting against alternative Tier 2 indicators (See also Exclusions below).

## DEFINITIONS

**Governance** in this context refers to policies, practices, mechanisms and institutions a society uses to manage the way people live together, make decisions, exercise rights, address and express needs/interests, mediate differences, allocate resources and seek to hold those in power to account.

**Primary Objective** is the primary purpose of the investment. Improvements in governance are expected as a direct result of this investment. If it weren't for this objective, the investment would not have been undertaken. A primary objective may be formally or informally defined in the investment.

**Significant Objectives** are secondary outcomes or activities that are not crucial to the investment's purpose but can clearly contribute to improved governance. Direct or indirect results in this area can be expected and the investment may still have gone ahead without this objective.

**Organisations or institutions** for the purpose of this indicator, are entities with staff, a budget, a purpose, and a legal basis. For this indicator, the following types of organisations can be reported:

- **Government institutions, organisations and systems**, including government ministries, parliaments, the judiciaries, inter-jurisdictional bodies or forums and public service delivery organisations like schools and road authorities. Australian Government organisations, including DFAT, and other bilateral donors are not counted as organisations under this indicator.
- **Civil society organisations**, including international non-government organisations, not-for-profit organisations, faith-based groups, cooperative organisations such as Trade Unions and community organisations. This may include implementing partners, only if improving their governance is explicitly considered a primary or significant objective of the investment.
- **Private sector organisations**, including for-profit organisations such as private companies, social enterprises, and multinational corporations. (Managing contractors are not counted under this indicator).

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**Strengthened inclusion** for the purposes of this note, is defined as an organisation's policies and/or practices becoming more accessible and/or responsive, particularly for marginalised and/or disadvantaged people, including those excluded due to gender or other facets of personal identity, disability, ethnicity, geographic location, age and/or income.

Evidence of strengthened inclusion may involve institutional changes (in laws, rules, and regulations, and in norms and values in the public service), organisational changes (in structures, systems, budgets, and processes), and individual changes (in the skills, competencies, and behaviours of staff). Examples include more accessible information, facilities, or decision-making processes; budgets that explicitly consider marginalised or disadvantaged people; and policies that advance human rights and gender equality.

**Strengthened accountability** for the purposes of this note, is defined as changes in an organisation's policies and/or practices that more directly compel those with power to be held to account for their words (e.g. policies/decisions) and/or actions (e.g. programs/services). This may be the accountability of politicians and government to citizens; between arms of government and/or public service officers or organisations; or from private sector leadership to employees, consumers, and clients. Accountability can also be strengthened through greater inclusion by considering and responding better to the needs and voices of more people.

Evidence of strengthened accountability may involve institutional changes (in laws, policies, rules and regulations, and in norms and values in the public service), organisational changes (in structures, systems, and processes), and individual changes (in the skills, competencies, and behaviours of staff). Examples include practices such as systematic, timely budget processes; transparency and/or communication regarding decision making; grievance reporting and response mechanisms, judicial processes; and new or changed policies designed to improve any of the above.

**International/regional/national/local level** – Governance improvements can occur at several levels:

- **International** – multilateral, international or global institutions, organisations, or enterprises. For example, support for strengthening international governance arrangements for global climate financing mechanisms.
- **Regional** – e.g. ASEAN, Pacific Islands Forum, regional development banks.
- **National** – applies to government, civil society and private sector organisations and includes country, national or state-level level institutions, organisations, and systems.
- **Local** – local government or community level, includes organisations at any level below the national level, including regions within countries.

**Assistance provided** includes policy advice, structured consultation, strategic dialogue, technical advice, and assistance related to governance systems. (Generally, output based.)

**Significant policy change** means evidence of a potentially transformational change to the way policies or objectives are framed, programs are run and/or services are delivered, consistent with the investment objectives and with a clear line to Australian input. (Outcomes based.)



## SCOPE

### **INCLUDES:**

Assistance to partner governments to strengthen inclusion and/or accountability as defined above.

Examples of Australia's contribution to significant policy change can cover both policy formulation and policy implementation:

- policy formulation may include the production of evidence-based policy options, papers or research submitted to, or reviewed by, partner government(s) and considered as part of the policy-making process, organisation of civil society or citizen engagement with policy reform
- law and justice, revenue mobilisation, decentralisation, civil service, and public administration
- sustained capacity building support in governance
- investments that seek to strength state institutions such as parliaments, audit institutions, ombudsman, law enforcement agencies, prosecutions, anti-corruption offices or elections administration).

### **EXCLUDES:**

- Economic policy reform and management – first consider Economic Policy Reform and Management and Private Sector Development indicator, including for public financial management improvements. Where improved governance is a primary or significant objective of the investment, specific improvements in accountability and/or inclusion can be reported here.
- Health systems strengthening. This is captured against the Health Systems Capacity Indicator.
- Infrastructure policies and regulations that do not focus on improvements in accountability and/or inclusion. These can be captured in the Infrastructure Indicator (Examples of improved policies and regulations). Examples of organisational improvements in accountability and/or inclusion can be included here.
- Description of program outputs such as policy papers, research, stakeholder fora where these are principally related to management of a DFAT/APS agency program and that do not form part of policy advice to partner governments.
- Policy or practice improvements that cannot be clearly attributed to Australian investments and projects through supporting evidence.
- Anticipated policy improvements that have not yet been adopted/announced.
- Policy improvements counted in previous year(s) unless there is a new significant improvement within the reporting period.
- Assistance that is one-off (such as a one-off training session) unless accompanied by evidence of significant policy change.
- Results for investments that are also reporting against another indicator, unless improved governance, specifically in accountability or inclusion, is a primary or significant objective of the investment.
- Narrative examples of improved governance that are also being reported against a sector-specific indicator e.g. for disability equity, gender equality, food security, infrastructure, maritime security, regional organisations. Numbers of organisations in these areas that meet the criteria of this indication can be counted but no narrative examples are required.

# AA.01: NUMBER OF PEOPLE PROVIDED WITH EMERGENCY ASSISTANCE IN CONFLICT AND HUMANITARIAN CRISIS SITUATIONS

## ANCP GUIDANCE NOTE

Last updated: February 2024

### DEFINITIONS

This indicator is designed to capture Australia's contribution in response to sudden onset, slow onset, and protracted humanitarian crises.

**Number of people** means the number of women, men, girls, boys, and people of diverse gender identities provided with lifesaving assistance in humanitarian crisis situations.

**Humanitarian crisis situations** include sudden onset, slow-onset, and protracted crises, as well as situations of conflict.

**Emergency assistance** includes the provision of essential life-saving assistance and items which can treat or reduce the risk of illness, injury, or suffering, such as:

- Food
- Water & water purification tablets
- Shelter
- Emergency medical care
- Hygiene kits
- Mosquito nets
- Blankets
- Humanitarian cash transfers
- Supplemental feeding
- Sexual and reproductive health services during emergencies
- Protection services, including legal and physical protection, to minimise the threat of violence – including sexual and gender-based violence
- Assistance provided by deployed experts and technical specialists such as, but not limited to, medical personnel, protection and gender specialists, search and rescue experts/teams, electrical power technicians or engineers.
- Risk communication and community engagement (RCCE) activities in crisis situations, providing they treat or reduce the risk of illness, injury, or suffering.

### NOTE

Disaggregation by sex (or if available, gender disaggregated data) is an essential part of this indicator. It is not appropriate to pro rata sex-disaggregated data under this indicator by using the proportion of women, men, boys, girls, and gender diverse peoples in the broader population (e.g. through national census data).

However, it **is appropriate** to pro rata sex-disaggregated data by using the proportion of women, men, girls, boys, and gender diverse peoples reached by the partner overall.

In Smarty Grants there are four classifications:

- Female (women and girls, including those self-identifying as female)
- Male (men and boys, including those self-identifying as male)
- Another Term (people of diverse gender identities, such as transgender, non-binary and inter-sex)
- Sex/Gender Unknown - where data is not disaggregated by sex or gender.

Note that data disaggregation should be aligned to international humanitarian standards:

<https://corehumanitarianstandard.org/>

**Disaggregation by ability:** We also need partners to improve their reporting on numbers of persons living with a disability in line with international best practice including the Core Humanitarian Standards on Quality and Accountability. It is **not appropriate** to pro rata disability reporting under this indicator by using the proportion of people with disabilities in the broader population.

**Double counting** may be difficult to avoid as individuals may receive multiple kinds of emergency life-saving assistance from different agencies or require different services as a crisis evolves.


- Every effort should be made to avoid double counting including within individual agencies and particularly where we provide assistance through multilateral or other partners.
- Where the number of people affected by a humanitarian crisis can be readily estimated, we should not claim results in excess of this.

Where accurate data is not available, double counting may also be reduced by identifying a service that the largest number of affected persons has received from a partner. This can be used as a proxy for the total cohort of people reached by that partner. This figure must reflect the proportion of results attributable to DFAT, taking into account the proportion of the partner/program's funds provided by DFAT. Where a program or partner is funded solely by DFAT, the total number of beneficiaries provided with emergency assistance under that program or by that partner can be used.

## SCOPE

### **INCLUDES:**

- This indicator includes funding provided in response to sudden onset, slow onset and protracted humanitarian crises, including via DFAT's Emergency Fund and bilateral programming.
- Core and earmarked funds to the following multilateral and international humanitarian agencies/funds:
  - o Pooled funding mechanisms managed by the Office for the Coordination of Humanitarian Affairs (OCHA): the Central Emergency Response Fund (CERF), Common Humanitarian Funds (CHF), and Emergency Response Funds (ERFs)
  - o United Nations High Commissioner for Refugees (UNHCR)
  - o International Committee of the Red Cross (ICRC) - (National societies of the Red Cross or Red Crescent are identified below)
  - o World Food Programme (WFP)
  - o UN Children's Fund (UNICEF)
  - o UN Population Fund (UNFPA)
- Earmarked funds to multilateral development agencies that at times respond to humanitarian crises, including but not limited to:
  - o World Health Organisation (WHO)
  - o UN Development Program (UNDP)
  - o UN Women

- 
- Funding or other assistance (for example, personnel or in-kind) provided to other agencies that assist marginalised people affected by a humanitarian crisis, for example:
    - o National Disaster Management Offices or other responsible government authorities
    - o National societies of the Red Cross or Red Crescent, typically via the International Federation of the Red Cross (IFRC) or the Australian Red Cross (ARC)
    - o Australian and local non-government organisations (NGOs), including Australian Humanitarian Partnership partners
    - o International Planned Parenthood Federation

**EXCLUDES:**

- Funding provided for preparedness, disaster risk reduction or mine action activities.