# IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions

## Guidance note and overview

**Psychosocial Centre**
International Federation
of Red Cross and Red Crescent Societies

# IFRC Monitoring and evaluation framework for psychosocial support interventions

## Guidance note

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# 1. IFRC M&E framework for psychosocial interventions – an overview

Welcome to the IFRC M&E framework for psychosocial interventions. This framework was developed by the IFRC Reference Centre for Psychosocial Support (PS Centre) to promote best practice in M&E throughout IFRC global psychosocial (PS) programmes. This initiative contributes to quality PS interventions and strengthens advocacy for PS programmes.

The framework aims to support National Societies (NS) in designing relevant M&E systems for psychosocial (PS) programmes; in programme planning and the development of PS strategies; and in mainstreaming global reporting of progress on PS programmes. This is an important contribution to achieving the priorities of IFRC Strategy 2020.



*Strategy 2020* voices the collective determination of the International Federation of Red Cross and Red Crescent Societies (IFRC) to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified and peaceful world.

Until 2020, the collective focus of the IFRC will be on achieving the following strategic aims:
1. Save lives, protect livelihoods and strengthen recovery from disasters and crises
2. Enable healthy and safe living
3. Promote social inclusion and a culture of non-violence and peace

The framework builds on the wealth of experience of National Societies and the PS Centre in designing and implementing PS interventions in diverse contexts. Resources were drawn from an extensive desk review of best practices in M&E of PS programmes and of specific resources for PS indicator development, M&E frameworks, and measurement methods and tools from both within and outside of the Movement. A PS programme specialist was contracted to draft the framework with support from INTRAC (experts in M&E). A series of consultations with PS Centre staff further aligned the framework with IFRC and National Societies' programme goals and field strategies. The IFRC framework was revised based on feedback from participants of two pilot trainings conducted in the spring of 2016 and from other practitioners who had used the framework in practice. Project partners also participated in and drew experience from a parallel process of developing M&E frameworks initiated by the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergencies (of which IFRC is a member).

### The IASC MHPSS M&E framework
In 2007 the Inter-Agency Standing Committee (IASC) released the "Guidelines for mental health and psychosocial support in emergency settings". These guidelines have been, and still

are, very important for advocacy, design and implementation of mental health and psychosocial support interventions in emergencies. However, the wide variation of goals, outcomes and indicators for the many MHPSS projects being implemented in different **humanitarian settings** has led to difficulties in demonstrating their value or impact.[1]

This challenge is felt by most organizations providing MHPSS interventions, including the National Societies of the Red Cross and Red Crescent. For this reason, the PS Centre started developing M&E frameworks in 2013. The first framework was focused on the response phase of emergencies, but it was clear that a broader framework was needed to encompass the great diversity of the interventions and organizational context of the Red Cross Red Crescent. So the work of the *IFRC Monitoring and evaluation framework for psychosocial support interventions* was commenced.

At the same time, the IASC Reference Group for Mental Health and Psychosocial Support started working on an M&E framework for emergencies based on the IASC MHPSS guidelines; "A common monitoring and evaluation framework for mental health and psychosocial support in emergencies"[2]. The development of the IASC monitoring and evaluation framework has been a collaborative effort of several different member organizations, including the PS Centre.

It may look like a double effort to develop two seemingly identical frameworks, but there are crucial differences between the two, making both relevant and complementary.

The IASC Framework is an inter-agency level framework focusing exclusively on emergencies. Thus the intended target group is very wide, but the focus is quite narrow. The IFRC framework on the other hand has a much narrower primary target group, but a wider focus.

The IASC framework is deliberately kept fairly generic and only operates on goal and outcome level. This means that it is easy for organizations to adapt it to their organizational and situational context while keeping within a large, internationally agreed upon framework.

The IFRC framework on the other hand is more specifically designed for the Red Cross Red Crescent where non-emergency interventions, capacity building and caring for staff and volunteers are key activities. This framework also has indicators on the output level, suggestions for mean of verification and a substantial toolbox.

The IFRC M&E framework was tested in early 2016 in a mature draft format and underwent a rigorous review in late 2016. During this review much effort was put into making sure that whenever possible, the IFRC framework is aligned with the IASC framework (e.g. IASC framework indicators is included in the revised version), so that the two frameworks complement each other rather than compete with each other.

The IFRC M&E framework consists of various tools to help build the capacity of National Societies in developing a systematic approach to M&E of their PS programmes:
- a guidance note
- an indicator guide
- a toolbox.

## The guidance note
The guidance note provides an overview of monitoring and evaluation approaches and principles as key components of the programme management cycle. Psychosocial programme objectives and indicators are covered, including quantitative and qualitative indicators, and

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[1] *Tol, Wietse A., et al., 'Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings', PLoS Medicine, vol. 8, no. 9, 2011, e1001096.*
[2] *A common monitoring and evaluation framework for mental health and psychosocial support in emergencies. IASC MHPSS RG (2016, field test version)*

guidance is given on the development of M&E plans. The guidance note also details ethical principles and other fundamental requirements in preparing for M&E, including building the capacity of National Societies' staff and volunteers in conducting M&E activities.

Many comprehensive monitoring and evaluation frameworks already exist and much of the material in the guidance note is based on existing IFRC material,[3] as well as being inspired by IASC MHPSS RG 'A common monitoring and evaluation framework for mental health and psychosocial support programmes in emergency settings' (field test version, 2016).

This guidance note is not meant to be an in-depth monitoring and evaluation guidance, as this already exists. It is a companion document for use with the indicator guide and toolbox, providing PS staff and volunteers with a reference point to key concepts, guidance and terminology in relation to M&E in PS programmes.  .

### The indicator guide

The indicator guide presents a set of sample indicators which are broadly applicable to National Societies (NS) PS programmes of various kinds. Although each PS programme will be unique to the context where it is implemented and the people who are involved, certain key priority areas are shared among different kinds of PS programmes. The indicator guide outlines sample indicators that capture key aspects of change that PS programmes hope to achieve. They are drawn from experience in M&E of PS programmes within IFRC, National Societies and amongst the global community of PS programme implementers and evaluators. Indicators from IASC MHPSS RG 'A common monitoring and evaluating framework for mental health and psychosocial support in emergencies' are also included in the indicator guide.

The indicator guide provides a broad understanding of changes that can result from PS programmes at *goal, outcome* and *output* levels. The indicators developed for each level are phrased in such a way that they can be tailored to specific programmes – that, is, for a particular type of target group or problem. The indicator guide is a road map for developing an M&E system and indicators for PS programmes. The end result should be a set of indicators which are appropriate to the specific activities of a programme and its target group and the cultural context and local understandings of psychosocial well-being in which it is being implemented.

### The toolbox

The toolbox contains guidance and tools for data collection in M&E of PS programmes. They are all suitable for PS programmes. Many have been drawn from existing PS programme M&E tools, but they are not an exhaustive list. NSs may find that new or additional tools may have to be developed for a specific programme. Local tools may already exist or other tools may have already been adapted to a specific context and situation that can be used instead. Whatever the source, it is vital that tools are adapted to the specific PS programme, and relate to the target group, activities and scope, etc.

The tools provided are those listed in the means of verification (MoV) column of the indicator tables in the indicator guide. The tools are focused mainly upon MoV for outcome levels. However some of the tools can also be used as MoV on the output level (particularly programme management cycle tools and supervision reporting tools).

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[3] *Source material for this Guidance Document is taken from:*

– *IFRC Project/Programme Monitoring and Evaluation Guide. (2011) International Federation of Red Cross and Red Crescent Societies.*

– *Psychosocial interventions –A handbook. (2011) International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support.*

# 2. Psychosocial concepts and approaches[4]

Having a shared understanding of key concepts and terminologies is important.  Humanitarian and development practitioners, MHPSS professionals or other implementers do not always define terms in the same way. Key terms are set out here for reference as they relate to this specific framework:

**What is mental health?**
A state of [psychological] well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

**What is psychosocial well-being?**
Although there is no widely agreed definition, practitioners often use the adjective 'psychosocial' to describe the interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall well-being.

The term 'mental health' is often mistakenly used to merely mean the absence of mental illness. However, the terms 'mental health' and 'psychosocial well-being' overlap. Mental health cannot be attained without psychosocial well-being and vice versa. The combined term 'mental health and psychosocial well-being' is often used to reflect the combined goal across diverse agencies and practitioners working on MHPSS.

## Psychosocial well-being domains

Psychosocial well-being does not mean the same for all people.[5] It is a dynamic experience that is influenced by a person's own capacity, his or her social connections and support systems, and cultural norms and value systems. Many factors determine a person's well-being, including a person's age, gender and socio-cultural background.

Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors. PS well-being within the PS M&E framework is articulated along three main domains:
- Personal well-being
- Interpersonal well-being
- Capacity for coping and functioning.

Although the domains may be reflected in different ways in different cultures, they represent the common core of most psychosocial work:[6]
- <u>Personal well-being</u> encompasses our emotions and feelings – for example, feeling more calm or hopeful or feeling less despair or anger.
- <u>Interpersonal well-being</u> relates to our social lives and functioning and can include feeling connected with loved ones and community, having positive and caring relationships and being able to offer love and care to others.

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[4] Source material for this section is taken from:
- Psychosocial Interventions: A Handbook. (2011) IFRC Reference Centre for Psychosocial Support.
- A common monitoring and evaluation framework for mental health and psychosocial support in emergencies (2017, field test version). IASC MHPSS Reference Group.
[5] Strengthening Resilience: A global selection of psychosocial interventions. (2013) IFRC Reference Centre for Psychosocial Support. Copenhagen. p. 12.
[6] Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. (2011) United Nations Children's Fund.

- <u>Capacity for coping and functioning</u> relates to our ability to think and behave, to make positive decisions, to learn and develop, and to apply skills and knowledge to challenges in life.

Psychosocial well-being is experienced both in the personal-individual and the social-interactive domain. It is also determined largely by the context within which people live, as shown in the diagram below[7]. External factors and basic human needs such as livelihood, shelter and physical health may significantly impact the PS well-being of individuals and communities.
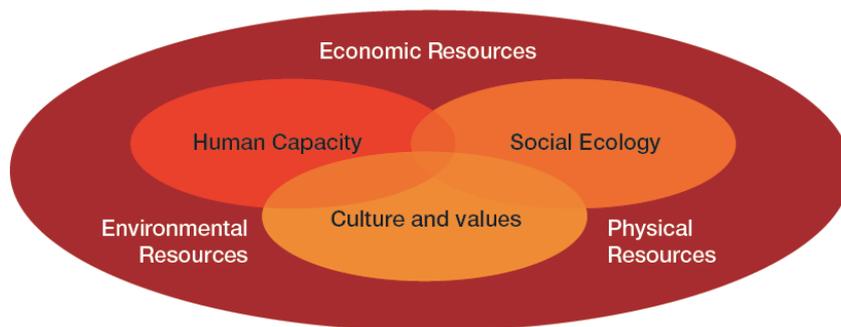


Since contexts are always changing, so will the experience of PS well-being. Its dynamic nature makes it difficult to provide a standard definition of well-being or to know how to recognize it from country to country, or even in different populations within the same country. It is therefore important to learn and understand what PS well-being means locally for the particular affected population before planning a response. A process for understanding and incorporating local concepts of PS well-being into surveys for measurement in M&E is explained in the IFRC M&E Framework Toolbox, section 2. This is essential to ensure that planned and implemented activities are relevant to the target population.

## Resilience

Resilience is the ability of individuals, communities, organizations or countries exposed to disasters, crises and underlying vulnerabilities to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long-term prospects.[8]

Levels of well-being or distress can vary for a person over time as they encounter challenges, losses or traumatic events in their lives. Resilience is the ability to respond and adapt effectively to changing circumstances.[9] It can be understood as a person's or community's ability to cope with challenges and difficulties, and to restore and maintain a new balance when the old one is challenged or destroyed. It is often described as the ability to 'absorb shocks and bounce back'.

Resilience is not only a trait, but also an ability that can be weakened or strengthened over time. Strengthening resilience typically involves strengthening the resources and capacities of individuals and communities. Resilience is enhanced when people can:
- connect well with others
- communicate effectively

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[7] 'Psychosocial interventions in complex emergencies: A conceptual framework.' (2003) The Psychosocial Working Group. Working Paper.
[8] IFRC Community Framework for Resilience.(2014) International Federation of Red Cross and Red Crescent Societies. http://www.ifrc.org/Global/Documents/Secretariat/201501/1284000-Framework%20for%20Community%20Resilience-EN-LR.pdf
[9] Adapted from: Life Skills – Skills for Life: A handbook. (2013) IFRC Reference Centre for Psychosocial Support.

- plan and solve problems
- manage strong feelings and impulses
- foster a positive self-image and self-confidence.

The disaster research identifies five intervention principles following mass trauma events to enhance resilience and recovery. These include promoting calm, hopefulness, a sense of safety, a sense of connectedness with others and self and community efficacy (being able to help oneself, as individuals and communities).[10] The importance of both individual capacities and the social ecology within these principles are underscored in the definition of resilience offered by the Resilience Research Centre:[11]

- the capacity of individual to navigate their ways to resources that sustain well-being
- the capacity of individuals' physical and social ecologies to provide these resources
- the capacity of individuals and their families and communities to negotiate culturally meaningful ways to share resources.

## Child development and psychosocial well-being

Children develop within the wider socio-cultural context that surrounds them. A 'social ecological' approach to child development describes how children's development is inextricably linked to the families, communities, economic situation, social values and cultural influences that surround them and provide for their basic needs and protection. Healthy development of children requires a strong, nurturing social support system, from the level of the family to the wider society.[12] PS development of children is influenced throughout their childhood by the dynamic interplay of the child's personality, genetic makeup and social and environmental factors within which they grow.

As with adults, PS well-being of children can be described according to the three domains:

- emotional: As children develop, they develop a greater repertoire and understanding of their emotions, ability to manage their emotions appropriately, and understand themselves and others.
- social: In their social development, children gain the ability to form attachments and positive reciprocal relationships, according to the norms of behaviour of their culture.
- capacity: As children learn and grow, they develop various capacities to deal with life challenges, including the capacities to perceive, analyse and learn from their experiences.

## Children's resilience

Resilience in children is described as the ability to endure and flourish despite stressful and challenging circumstances, such as poverty or exposure to crises. Children's resilience and healthy development in times of adversity, results from the interplay of children's needs and capacities, as well as the risk and protective factors within their environment. Some of the protective factors that can reduce the negative impacts of adverse events for children include:

- Having a close, nurturing connection to a primary caregiver who provides consistent care and support.
- Having connections to caring members of their community.
- Having the opportunity to participate in familiar cultural practices and routines, including connections to faith and religious groups.
- Having access to community resources, including educational and economic opportunities.

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[10] Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. Psychiatry, 70, 283-315.
[11] Ungar, M. and Liebenberg, L. (2016) The Resilience Research Centre Adult Resilience Measure: User's Manual.

Communities can also be 'resilient' and can contribute to the resilience and healthy development of their children. Communities may provide good relationships, adequate support structures and institutions (e.g., schools), resourcefulness in meeting needs and committing to the protection and care of children and other potentially vulnerable groups.

The way in which children react to extremely distressing events depends upon many factors, including their age, developmental stage and the system of supports that surrounds them. For example, younger children do not have the capacity to express distress in verbal ways. They may display behaviours that indicate their distress, such as bedwetting, clinging to caregivers or physical symptoms (such as headaches or stomach aches). As children grow and develop, they are able to better express themselves verbally. They are then able to express distress and ways of coping in ways consistent with their maturity. For example, adolescents may be more focused on peer relationships, while younger children may be more dependent on the relationship with their primary caregivers for support.

## What is psychosocial support?

The Psychosocial Framework[13] of the International Federation defines psychosocial support as 'a process of facilitating resilience within individuals, families and communities [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure.'

Psychosocial support helps people recover after a crisis has disrupted their lives. It aims to enhance the ability of people to bounce back and restore normality after adverse events, by addressing both the social and psychological needs of individuals, families and communities. Community-based PS support interventions are based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, encourages positive recovery and strengthens their ability to deal with challenges in the future – building resilience in the face of new crises or other challenging life circumstances.

## Why are psychosocial activities needed?

Crises typically disrupt a person's life in many different ways. They can lead to the loss of: loved ones; a sense of control over one's own life and future; hope, initiative and dignity; social infrastructure and institutions; access to services; and property, prospects and livelihood.

Everyone who has experienced or witnessed crises is likely to be affected in one way or another. Reactions may be shock from the actual event, grief reactions to having lost loved ones, feeling a 'loss of place' and feeling distress due to other consequences of the crises. The extent of reactions varies between individuals and whole communities, as does the need for responding interventions. The nature and intensity of crisis events, as well as the existing capacity of those affected to positively face difficulties, will influence and determine the PS impact for affected people. People's capacity to cope can be greatly challenged and reduced by the experience of multiple losses in the aftermath of crises.

PS support activities should be planned for whole communities, focusing both on individual and community needs, and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanisms.

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[13] *IFRC Psychosocial Framework 2005-2007*

The Inter-Agency Standing Committee (IASC) describes mental health and PS support as "any type of local or outside support that aims to protect or promote PS well-being and/or prevent or treat mental disorder."[14]

It is important that PS support is available to all persons in need affected by a crisis. People (men, women, boys and girls, older people and people with disabilities as well as other vulnerable people) are affected in different ways by crises, and require different kinds of support. Some may require professional psychological help, while others may require support within their social networks or through other types of services. For this reason, PS interventions are designed according to the particular needs and resources of groups and individuals. The pyramid below (based upon the IASC MHPSS Guidelines Intervention Pyramid, 2007) illustrates a layered system of complementary supports that people affected by a crisis may need:[15]

## Intervention pyramid

Examples:

Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist, etc).

Basic mental health care by PHC doctors. Basic emotional and practical support by community workers

Activating social networks
Communal traditional supports
Supportive child-friendly spaces

Advocacy for basic services that are safe, socially appropriate and protect dignity

Specialised services

Focused (person-to person) non -specialised supports

Strengthening community and family supports

Social considerations in basic services and security

The first (bottom) layer includes the way basic services and security – necessary for the survival and well-being of all persons – are implemented. PS support includes help to ensure basic services and security is implemented in safe, dignified and socio-culturally appropriate ways. This can include sensitizing other sectors (shelter, water and sanitation) to PS support approaches.

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[14] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) Inter-Agency Standing Committee.
[15] Adapted from Lay Counselling: A trainer's manual. (2012) IFRC Reference Centre for Psychosocial Support, War Trauma Foundation, Danish Cancer Society and Innsbruck University.

The second layer – community and family supports – includes strengthening community support and helping people to mobilise their support networks. Interventions may include activation of networks, such as women's groups and youth clubs, recreational activities aimed at enhancing PS well-being and PS activities within safe spaces. Other examples include PS support in Restoring Family Links services, facilitating communal mourning and healing after a disaster, or providing communities psycho-education on stress and coping.

The third layer – focused, non-specialised support – includes family or group PS interventions by trained or supervised staff and volunteers. This may include psychological first aid, lay counselling or focused support groups.

As we move from the first layer up the pyramid, we see that all people need appropriate basic services and security, many will benefit from community and family support, and some may also need focused, non-specialised support. At the top level of the pyramid are specialised services by mental health professionals (e.g., psychiatric nurses, counsellors, psychologists, psychiatrists) that only a minor part of the affected population will require. Staff and volunteers may refer beneficiaries in need of specialised support to the appropriate resources in the community.

## A community-based psychosocial approach

National Societies primarily use a community-based approach in responding to PS needs. This suggests that communities will be empowered to take care of themselves and each other, through community mobilization and strengthening of community relationships and networks.

The term 'community-based' does not in fact refer to the physical location of activities. Rather it stresses that the approach strives to involve the community itself as much as possible in the planning, implementation and monitoring and evaluation of the response. It is an approach that encourages the affected community to gain ownership of and take responsibility for the responses to their challenges. Community participation is therefore an integral aspect of a community-based approach.

Active community participation is one of the key factors to successfully planning and implementing relevant and helpful psychosocial activities. Engaging the community is essential as they are the experts on what the needs and resources of the communities are. They are also the people who have the appropriate solutions to the problems and challenges of the affected population. Community involvement may range from partnership to ownership, depending upon the situation and the resources of the community to implement and sustain interventions. Importantly, in order to 'do no harm,' it is essential that interventions do not destroy natural community supports, but that they identify, engage and work within existing support systems. Ideally community members should be involved in all phases of the programme or activity planning and implementation including:
- assessing needs, planning activities and drafting proposals
- implementing activities including mobilizing fellow community members to participate
- engaging in the monitoring and evaluation processes, including having efficient beneficiary feedback mechanisms.

# 3. Designing and planning psychosocial programmes

Every crisis situation is unique and so there is no blueprint on how best to respond to PS needs. An assessment is the first step in choosing which activities to implement in a PS response. An assessment explores how people have been affected; how they are reacting – including positive reactions and strengths; what their needs are; and what resources, both human and practical, are available to conduct support activities. Assessments also help to identify vulnerable sub-groups. Essentially, assessments pave the way for deciding where, when and how to start PS activities for different populations.

Programme managers have to consider what resources are available in terms of finances, staffing, time, transport, materials, etc. They also need to work out how a PS support response can best be managed, and how it fits in with the other services and activities provided by the NS, and other organisations providing services and activities in the community.

Psychosocial support activities can be arranged in different ways, either as standalone activities or integrated with other responses:
- A 'stand-alone psychosocial programme' usually has an independent staff and budget and is administered as a separate programme from others.
- 'Psychosocial plus' is a psychosocial programme that integrates psychosocial needs with other basic needs, such as food, shelter, water, clothing or livelihoods.
- 'Psychosocial activities integrated into other responses' is an approach where psychosocial activities are a component of another larger programme that addresses a range of needs.

Please see the PS Centre publication *Strengthening Resilience: A global selection of psychosocial interventions* for more information on PS response models and activities that are fundamental to IFRC PS support responses,

### Why monitoring and evaluation?
Monitoring and evaluation (M&E) are very important management tools. They are used to keep a check on all aspects of a PS response, to ensure learning and accountability, and to assess if the implemented activities are having the desired effect of improving PS well-being. M&E forms the basis for clear and accurate reporting on the results achieved by a PS project or programme. In this way, information reporting becomes an opportunity to learn from our programmes, to inform decisions, and to assess the impacts of what we do. M&E addresses the following questions when implementing PS programmes:
- What does the project intend to change?
- Who is it benefitting?
- Is the project on track?
- How do I know if there is something wrong in my project?
- What do I need to adjust and to improve it?
- How do I know if the project is bringing about the change I want?

> **A well-functioning M&E system is a critical part of good PS programme management and accountability and provides information to:**
>
> – *Support project/programme implementation* with accurate, evidence-based reporting to guide and improve project/programme performance.
> – Contribute to organisational learning and knowledge sharing by reflecting on and sharing experiences and lessons.
> – *Uphold accountability and compliance* by demonstrating whether or not our work has been carried out as agreed and in alignment with established standards[16] and with any other donor requirements.[17]
> – *Provide opportunities for stakeholder feedback*, especially beneficiaries, to provide input into and perceptions of our work.
> – *Promote and celebrate our work* by highlighting our accomplishments and achievements, building morale and contributing to resource mobilisation.

Monitoring and evaluation are two different processes that are interconnected and complementary:[18]

**Monitoring** is a continuous process of collecting and analysing information to compare how well a project or programme is being implemented against expected results. Monitoring aims at providing managers and other stakeholders with regular feedback and early indications of progress (or lack of progress) in the achievement of intended results. It generally involves collecting and analysing data on implementation processes, strategies and results, and recommending corrective measures.

**Evaluation** is the systematic and objective assessment of an ongoing or completed project or programme, its design, implementation and results. Evaluation determines the relevance and fulfilment of objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, leading to the incorporation of lessons learned into the decision-making process of both recipients and donors.

### M&E and the programme management cycle

M&E is a central feature of the programme management cycle. The diagram below is an overview of the usual stages of project/programme planning, monitoring, evaluation and reporting (PMER). Remember that each project/programme will vary according to the local context and needs.

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[16] *These include the Red Cross and Red Crescent Fundamental Principles and Code of Conduct (Annex A).*
[17] *IFRC adopts the OECD/DAC definition of accountability. In addition to its own Fundamental Principles and Code of Conduct, it also endorses other internationally recognized standards for humanitarian assistance in disasters and emergencies, such as the Sphere Standards and the Good Enough Guide.*
[18] *http://www.sswm.info/content/participatory-monitoring-and-evaluation*
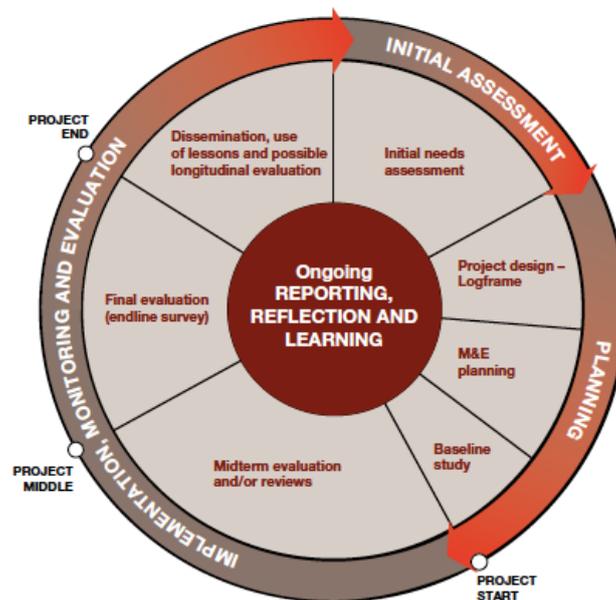
PMER activities form the basis for this PS M&E framework. Basic PMER activities include:

1. <u>Initial needs and strengths assessment</u>. This is done to determine whether a PS programme is needed and, if so, to inform its planning.
2. <u>Project design/ programme logics and indicators</u>. This involves the operational design of the PS programme and its objectives, indicators, means of verification and assumptions.
3. <u>M&E planning</u>. This is the practical planning for the PS programme to monitor and evaluate the logframe's objectives and indicators.
4. <u>Baseline study</u>. This is the measurement of the initial conditions (appropriate indicators) before the start of a PS programme.
5. <u>Midterm evaluation and/or reviews</u>. These are important reflection events to assess and inform ongoing PS programme implementation.
6. <u>Final evaluation</u>. This occurs after PS programme completion to assess how well the programme achieved its intended objectives and what difference this has made.
7. <u>Reporting, reflection and learning</u>. Dissemination of findings and use of lessons learned inform ongoing PS programming. However, reporting, reflection and learning should occur throughout the whole programme cycle, which is why these have been placed in the centre of the diagram above.

The M&E system for PS programmes should be developed from the outset in conjunction with project planning, and integrated into each stage of the cycle. Establishing the M&E system at the beginning helps to clarify the project's objectives and to monitor the project as it is rolled out to check that the plan is being implemented adequately. The M&E system helps you to know if something unexpected or fundamentally different is happening, to learn what improvements can be made and to find out if the intended change is taking place.

Remember that an M&E system does not have to be complex to be good. A well-planned simple M&E system can answer the most relevant questions without being difficult to implement.

## Objective statements

Objectives are clear, well-defined statements about what the programme is seeking to achieve. They are defined at three levels: goal, outcome and output. Each goal, outcome or output objective statement in the IFRC Framework Indicator Guide answers a question corresponding to the level of change:

| Objective level | Question and explanation[19] |
|---|---|
| **Goal** | What changed?<br>Long-term and sustainable change in the lives of people resulting from an intervention.<br><br>The specific end result desired or expected to occur as a consequence, at least in part, of project outcomes being achieved. Results at the level of a goal are commonly referred to as impacts. A portfolio of multiple programmes may be necessary to achieve an overall goal.<br><br>Example: Reduced suffering in target area. |
| **Outcome** | What happened?<br>The immediate and observable change in the lives and circumstances of people that is brought out as a direct result of project activities and the delivery of outputs.<br><br>The changes that occur as a consequence of a specific project's activities. Results at this level are commonly referred to as project outcomes.<br><br>Example: People with mental health and psychosocial problems use appropriate focused care. |
| **Output** | What was done?<br>The planned achievements (results) 'put out' (produced) in the process of implementing a project that signals that the work is on track.<br><br>Outputs are the actual work implemented. The activities will need to be considered in relation to how they work towards the likely achievement of the outcome and, ultimately, the goal. Results at the level of an activity are often referred to as outputs.<br><br>Example: Social services staff are trained in correct procedures for mental health and psychosocial support referral. |

Objectives for the goal, outcomes and outputs of PS programmes are based on information from needs assessments. Project staff should ideally produce objectives with the active engagement of beneficiaries and other relevant stakeholders. Objectives often relate not only to the lives of individuals (e.g., children-at-risk, lonely older people, women survivors of domestic violence), but also to their family and wider community. These are the target population or beneficiaries of PS programmes. Refer to the IFRC M&E Framework Indicator Guide to develop objective statements at goal, outcome and output level that can be adapted to specific contexts and situations.

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[19] *Source material for this section is taken from: A common monitoring and evaluating framework for mental health and psychosocial support in emergencies. (2017, field test version). IASC MHPSS Reference Group.*

**About indicators**

Progress in PS programmes is measured at all levels to provide feedback on areas of success and areas where the programme may need to improve. Each programme must define how to measure success by identifying indicators at the start of the programme (baseline) and through the course of implementing the programme (at various target points, e.g., midline and endline).

Indicators are a unit of measurement that specifies what is to be measured. They are intended to answer whether or not the desired goal, outcomes or outputs objective have been achieved. Indicators may be quantitative (e.g. percentages or numbers of people) or qualitative (e.g. perceptions, values, reasons, opinions, motivations).[20]

Quantitative data measures and explains what is being studied with numbers (e.g. counts, ratios, percentages, proportions, average scores, etc.). Quantitative methods tend to use structured approaches (e.g. coded responses to surveys) that provide precise data. This data can be statistically analysed and replicated (copied) for comparison during different stages of programme implementation. Wherever relevant, quantitative data should be 'disaggregated' (separated out) to show differences between members of the target group, such as the number of children, disaggregated by gender, disability and age.

Qualitative data gives a sense of the depth of change in people's lives at strategic points in a programme. Qualitative data is expressed in words (documented observations, representative case descriptions, perceptions, opinions of value, etc.) and captures the views and understandings of beneficiaries. Qualitative methods often use semi-structured techniques (e.g. observations and interviews) to provide in-depth understanding of attitudes, beliefs, motives and behaviours. They tend to be more participatory and reflective in practice.

Indicators need to be SMART in order to be useful for monitoring and evaluating (see box below). SMART indicators help to identify the key steps required to effectively implement the activities, and to describe the benefits that we anticipate as a result of our programmes.

| SMART | Explanation |
|---|---|
| **S**pecific | Is the indicator specific enough to measure progress towards the objective? |
| **M**easurable | Is the indicator a reliable and clear measure of the objective statement and can the data be collected? |
| **A**chievable | Are the objectives in which the indicator seeks to chart progress realistic and achievable? |
| **R**elevant | Is the indicator relevant to the intended outputs and outcomes objectives? |
| **T**ime-bound | The indicator is attached to a timeframe. The indicator should state when it would be measured. (If there is no time included on when to measure the indicator, how will anyone know if and when there is a result/outcome?) |

The indicators in the IFRC M&E Framework Indicator Guide are generic or called 'neutral.' This means that they can be measured using either qualitative or quantitative (or both) methods. The means of verification (MoV) should be defined in the M&E plan. An example is given below:

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| Indicator example | Means of verification |
|---|---|
| PS programme recipients report a change in skills and knowledge through participation in the programme | Quantitative: Satisfaction survey counting the number of respondents who report they have gained skills and knowledge through participating in the programme. |
| | Qualitative: Focus group discussions and case studies capturing reports from PS recipients of gaining skills and knowledge through participating in the programme. |

Here are some key points for developing indicators:[21]
- Use standard indicators when appropriate, as they allow for comparison across programmes.
- Take care not to have too many indicators, which can strain capacity. Only measure what is necessary and sufficient to inform programme management and assessment. Usually 1-3 indicators per objective statement are sufficient.
- Be sure you have the capacity and resources to measure the indicator – or have a secondary source of the data.
- Don't just measure 'counts' or frequency, but also measure change over time. Do not over-concentrate on low-level, easy to measure indicators (outputs). These are important for programme management, but it is also important to have indicators to measure higher-level changes, such as in knowledge, attitudes and behaviour.

It is important to 'triangulate' data. Using different types of indicators (quantitative and qualitative) and different sources of information (such as talking with different groups of people or using different tools or methods to access information) is called 'triangulation.' Remember that both quantitative and qualitative data are important in measuring the extent to which programmes have been successful in meeting their objectives. Together, quantitative and qualitative indicators can measure both the scale and depth of change for people involved with PS programmes. Triangulating the data strengthens the evidence we gather about change in PS programmes. Some indicators in the IFRC Framework Indicator Guide can be measured using 'mixed methods.' This is a mixture of quantitative and qualitative methodologies and tools.

Indicators must be aligned with goal, outcome and output objectives that define the kind of change being sought in PS programmes, as shown here in the logical framework table ('logframe'[22]) The logframe is the foundation for an M&E system. It provides a summary of the programme and its operational design. It outlines the logical sequence of objectives to achieve the programme's intended results (outputs, outcomes and goal); the indicators of change in objectives; the means of verification (these are tools used to measure the change described by the indicators); and any key assumptions.

The logframe serves as the model for the indicator tables in the IFRC Framework Indicator Guide – see box below. (Please note: The indicator guide does not include the column for assumptions as this is very context specific).

[21] Planning Monitoring Evaluation and Reporting (PMER) Toolkit for Community-based health and first aid. (2013) IFRC, CBHFA.
[22] Adapted from IFRC Emergency Response Unit M&E Framework.

| Objectives (What we want to achieve) | Indicators (What change we will measure) | Means of verification (How we will measure change) | Assumptions (What else to be aware of) |
|---|---|---|---|
| Goal i.e. the lasting results an intervention seeks to achieve.<br><br>For example, improving people's well-being and safeguarding their protection | Goal indicators i.e. the quantitative and/or qualitative criteria to measure progress against the goal | This is how the information on the indicators will be collected. (It can include who will collect it and how often) | These are external factors beyond the control of the intervention, necessary for the goal to contribute to higher-level results |
| Outcome(s): i.e. changes in the lives and circumstances of people that arise during the course of a project<br><br>For example, social relations and interactions between people improve; or the skills and knowledge of facilitators on providing PSS increases | Outcome indicators i.e. quantitative and/or qualitative criteria to measure progress against the outcomes | As above | These are external factors beyond the control of the intervention, necessary for the outcomes to contribute to achieving the goal |
| Outputs: i.e. planned results 'put out' in the process of implementing a project.<br><br>For example, number of facilitators trained, number of meetings held with the community, number of target population participating in project activities | Output indicators i.e. quantitative and/or qualitative criteria to measure progress against the outputs | As above | These are external factors beyond the control of the intervention, necessary if outputs are to lead to the achievement of the outcomes |

### Baseline and endline studies

A baseline_study (sometimes just called a 'baseline') is an analysis describing the initial conditions (appropriate indicators) before the start of a project/programme against which the progress can be assessed or a comparison made. An endline study is a measure made at the completion of a project/programme (usually as part of its final evaluation) to compare with baseline conditions and assess change. For longer-term projects or programmes (of 12 months

or more), there would often also be a midline study which measures the change in indicators at various target points through the programme.

Baseline and endline studies are not evaluations themselves, but an important part of assessing change. They usually contribute to project/programme evaluation, but can also contribute to monitoring changes on longer-term projects/programmes. The benchmark data from the baseline is used for comparison later in the project/programme and/or at its end (endline study) to help determine what difference the project/programme has made towards its objectives.

Often a survey is used during a baseline, but a baseline does not always have to be quantitative, especially when it is not practical for the project/ programme budget and timeframe. Sometimes it may be more appropriate to use qualitative methods such as interviews and focus groups, or a combination of both quantitative and qualitative methods. Occasionally the information from a needs assessment or vulnerability capacity assessment (VCA) can be used in a baseline study. Whatever method is used, it is critical that both the baseline and endline studies use the same indicators and measurement methods so that they can be consistently and reliably measured at different points in time for comparison.

## 'Log frame' versus 'theory of change'[23]

Over the last few decades there has been an ongoing debate in the international development community about the best way to describe how programmes lead to results. One approach has been to use the 'logical framework.' Another increasingly popular approach is to develop 'a theory of change.' The 'theory of change' approach is likely to be used in the future in the psychosocial field due to the complexity of psychosocial support programmes. However, this M&E framework mainly focuses on the use of the logframe, as it is familiar to many NSs and most donors require its use.

This section briefly touches on the benefits and differences of the two different approaches. Both approaches have the same general purpose - to describe how a programme will lead to results, and to provide a means for critical reflection. There is no official definition for the theory of change approach or how it differs from the logframe. Academics are still debating the relationship between the two formats. In practice, there are some differences in how they are used.

At the simplest level, a theory of change shows the big, messy 'real world' picture, with all the possible pathways leading to change, including why you think they lead to change (e.g. do you have evidence, or is it an assumption?) A logframe focuses on the specific pathway for your programme and creates a neat, orderly structure for it. This makes it easier for the PS team and the donor to monitor programme implementation.

### Logical framework

In practice, a logframe typically:
- Gives a detailed description of the programme, showing how the programme activities will lead to the immediate outputs, and how these will lead to the outcomes and goal.
- Could be used to complete the sentence, "We plan to do X which will give Y result."
- Is normally shown as a matrix (the logframe). It can also be shown as a flow chart, which is sometimes called a logic model.
- Is linear, which means that all activities lead to outputs which lead to outcomes and the goal. There are no cyclical processes or feedback loops.
- Includes space for risks and assumptions, although these are usually only basic. It doesn't include evidence for why you think one thing will lead to another.

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[23] Source material for this section is taken directly from: http://www.tools4dev.org/resources/theory-of-change-vs-logical-framework-whats-the-difference-in-practice/

## Theory of change

In practice, a theory of change typically:

- Gives the big picture, including issues related to the environment or context that you can't control.
- Shows all the different pathways that might lead to change, even if those pathways are not related to your programme.
- Describes how and why you think change happens.
- Could be used to complete the sentence, "If we do X, then Y will change *because...*".
- Is presented as a diagram with narrative text and can be formatted in a wide variety of ways. For example, this could include a series of steps in a cyclical process, or as feedback loops. It could be presented as one leading to multiple other boxes, or different shapes could be used, etc.
- Describes why you think one box will lead to another box (e.g. if you think increased knowledge will lead to behaviour change, is that an assumption or do you have evidence to show it is the case?)
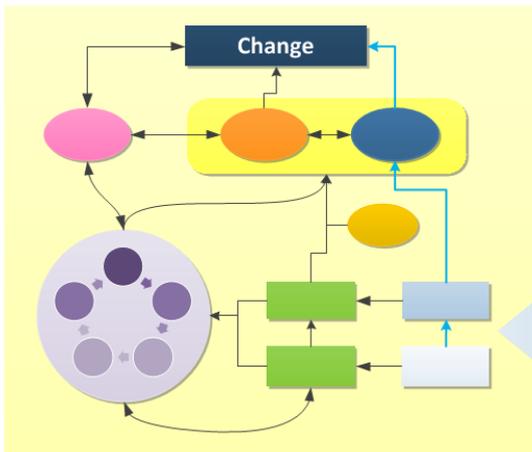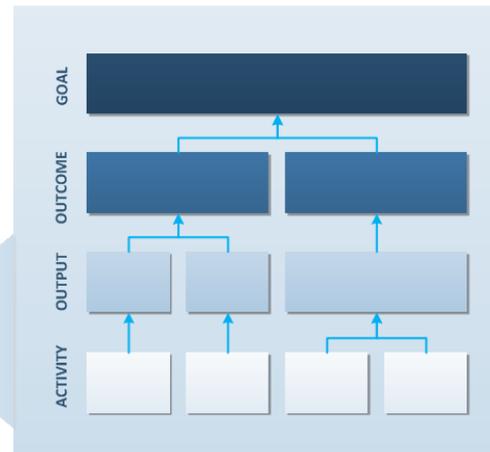
# 5. Planning for monitoring and evaluation

### Developing an M&E plan[24]

After selecting indicators to measure the objectives of your PS programme, the next step is to develop an M&E plan. The M&E plan expands the statements in the logframe matrix to identify key information requirements for each indicator. It is a critical tool for planning and managing data collection, analysis and use. Many donor governments are requesting the submission of M&E plans as part of project proposal documents. An M&E plan takes the logframe one stage further in supporting programme implementation and management.

A good M&E plan depends on the detailed knowledge of the project/programme and context provided by the local project/programme team and partners. Their involvement in developing an M&E plan will ensure that the data collected is reliable. They are in a position to understand what data they need to collect and how it will be collected.

Developing M&E plans have multiple benefits. They make data collection and reporting more efficient and reliable. They also help project/programme managers plan and implement their projects/programmes through carefully consideration of what is being implemented and measured. M&E plans also allow project/programme managers to crosscheck key elements in logframes, ensuring that they are realistic to field realities. Another benefit is that they help to transfer critical knowledge to new staff and senior management, which is particularly important with projects/programmes lasting longer than two years.

The sample M&E plan shown at the end of this section provides a format as follows:

**The indicator column** lists the indicator statements, setting out the precise information needed to assess whether intended changes have occurred. Indicators are typically taken directly from the logframe, but they may need to be revised for an M&E plan based on what is actually happening in the field.

**The definition column** lists detailed definitions for any terms used in the indicators to allow for precise and reliable measurement. This column should also indicate precisely how the indicators would be calculated, such as the numerator and denominator of a per cent measure. (For example, when defining the percentage of participants in a training who answer a question correctly on a post-test, the numerator would be the number who answered correctly and the denominator would be the total number of participants answering the question. So, if 15 out of 20 participants answered correctly, the numerator is 15 and the denominator is 20. The percentage answering correctly is $15/20 \times 100 = 75\%$.) This column should also note if the indicator is to be disaggregated by sex, age, ethnicity, or by some other variable.

**The methods and sources column** identifies sources of information and data collection methods and tools, such as the use of secondary data, regular monitoring or periodic evaluation, baseline or endline surveys, and interviews. This is different to the MoV column in a logframe which lists a data source or method, such as a community survey. An M&E plan provides more detail, such as the sampling method, survey type, etc. This column should also indicate whether data collection tools (e.g. questionnaires, checklists) are already available or if they will need to be developed.

[24] Planning Monitoring Evaluation and Reporting (PMER) Toolkit for Community-based health and first aid. (2013) IFRC, CBHFA.

**The frequency and schedule column** states how often the data for each indicator will be collected (i.e. weekly, monthly, quarterly, annually, etc.) It also indicates any key dates in the plan, such as start-up and end dates for data collection or deadlines for tool development. When planning, it is important to consider factors that can affect data collection timing, such as seasonal demands, school schedules, holidays, and religious observances (e.g. Ramadan).

**The person/s responsible column** lists the people responsible and accountable for the data collection and analysis, e.g., community volunteers, field staff, project managers, local partner/s, and external consultants. In addition to specific people's names, use the position title to ensure clarity in case of personnel changes.

**The information use and audience column** identifies the primary use of the information and its intended audience. This column can also state ways that the findings will be formatted (e.g., tables, graphs, maps, histograms, and narrative reports) and disseminated (e.g., internet websites, briefings, community meetings, email list serves, and mass media). Often some indicators will be used for the same purpose and audience. Information may be used in the following ways:
- to monitor project implementation for decision-making
- to evaluate impact to justify intervention
- to identify lessons for organisational learning and knowledge sharing
- to assess compliance with donor or legal requirements
- to report to senior management, policy makers or donors for strategic planning
- to be accountable to beneficiaries, donors, and partners
- to promote advocacy and resource mobilisation.

| "Project Name" M&E Plan | | | | | |
|---|---|---|---|---|---|
| Indicator | Indicator definition (& unit of measurement) | Data collection methods and sources | Frequency & schedule | Responsibilities | Information use and audience |
| **GOAL:** | | | | | |
| Indicator G.a | | | | | |
| Assumption G.a | | | | | |
| **OUTCOME 1:** | | | | | |
| Indicator 1.a | | | | | |
| Indicator 1.b | | | | | |
| Indicator 1.c | | | | | |
| Assumption 1.a | | | | | |
| **OUTPUT 1.1:** | | | | | |
| Indicator 1.1a | | | | | |

| Assumption 1.1a | | | | | |
|---|---|---|---|---|---|
| **OUTPUT 1.2:** | | | | | |
| Indicator 1.2a | | | | | |
| Assumption 1.2a | | | | | |
| **OUTCOME 2:** | | | | | |
| Indicator 2.a | | | | | |
| Assumption 2a | | | | | |
| **OUTPUT 2.1:** | | | | | |
| Indicator 2.1a | | | | | |
| Assumption 1.1a | | | | | |
| **OUTPUT 2. 2:** | | | | | |
| Indicator 2.2a | | | | | |
| Assumption 2.2a | | | | | |
| *Continue adding objectives and indicators according to project logframe.* | | | | | |

## Planning for data analysis

Data analysis involves converting the raw data collected into usable information to inform ongoing and future PS programming. This is a critical and continuous process throughout the programme cycle. Data analysis involves:

- looking for trends, clusters or other relationships between different types of data
- assessing performance against plans and targets
- forming conclusions
- anticipating problems
- identifying solutions and best practices for decision-making and organisational learning.

Reliable and timely data analysis is essential for data to be credible and useful.

Begin by developing a clear plan for data analysis. The plan should account for the time frame, relevant tools/template, people responsible for and the purpose of the data analysis. This may be captured in the M&E plan and in the overall programme management plan. It should always be planned for at the outset of the PS programme, and not done as an afterthought or to meet a reporting deadline.

Consider the following in making a data analysis plan:

1. The purpose of data analysis
What and how data is analysed largely depends upon the PS programme objectives and indicators, as well as the audience and their information needs. Analyse data according to the objectives set out in the logframe and M&E plan. For example:
- analyse **output indicators** on a regular basis (e.g., weekly, monthly, quarterly) to monitor whether activities are occurring according to schedule and budget.
- analyse **outcome indicators** to determine intermediate or long-term impacts or changes (e.g., in people's knowledge, attitudes and practices). As these may be more complicated to analyse, they are usually measured and analysed less frequently and used for a wider audience, including donors, partners and the people reached by the PS programme..

2. The frequency of data analysis
Be sure to give data analysis and reporting sufficient time, within a time frame that is realistic for its intended use. Accurate information is of little value if it is too late or infrequent to inform PS programme management. The frequency of data analysis largely depends upon the frequency of data collection and the informational needs of users. A schedule for data analysis can coincide with key reporting events or be done separately according to the programme's needs. Remember that data analysis is ongoing from the programme start and during ongoing monitoring and then evaluation events.

3. Responsibility for data analysis
Roles and responsibilities for data analysis depend on the type and timing of analysis:
- Those who collect the data (e.g., field monitoring staff or other programme staff) may undertake analysis of **monitoring** data, and ideally have the opportunity to discuss and analyse data in a wider forum with PS programme management and stakeholders. Consider if there is a need for any special equipment, software or technical skills that training staff may need for data analysis.
- For **evaluation** data, analysis depends on the purpose and type of evaluation. External consultants may lead a donor-required, independent evaluation focused on accountability of the PS programme. For an internal evaluation for learning within the programme, the implementing programme or organisation(s) will undertake the analysis. Whenever possible, be sure to include multiple stakeholders in the analysis, including volunteers and community members.

4. The process for data analysis
Data analysis can be done in a variety of ways, such as meetings, email correspondence, dialogue through Internet platforms and conference calls. Try to involve as many stakeholders as practical, and consider planning for multiple sessions.

**Qualitative data analysis**[25]
Qualitative methods such as focus group discussions, key informant interviews and qualitative questions in surveys are regularly used in M&E. However, they often generate large amounts of data. The objective of qualitative data analysis is to organise the data collected and summarise the key messages and emerging themes or stories.

Preparing for the analysis
The first step in qualitative data analysis is to obtain the information or data. Interviews and focus group discussions are preferably recorded and then transcribed for analysis. However, if this is not possible due to lack of time or resources, notes can be made during interviews and focus groups as long as they are accurate and comprehensive. When recording responses it is important to ask participants for their consent. It is important to explain how the information collected will be used and to discuss confidentiality issues that may concern the participants. (This is explained in the sections on focus group discussions and key informant interviews in the

[25] Adapted from: Skovdal, M., and Cornish, F. (2015). Qualitative Research for Development, Rugby, UK: Practical Action Publishing.

toolbox.) If the interview is transcribed, remember to include the details of the interview. For example:

Date of interview: 24-05-2015
Type of interview: Focus group discussion
Interviewer: Peter Anton
Participants: Age 67, male
Interview location: Port Moresby, Papua New Guinea

The data collected is valuable and should be saved safely to ensure confidentiality.

### Conducting the analysis

There are various types of data analysis strategies. Thematic analysis is one of the most common strategies.

Thematic analysis begins with collating all the notes or transcriptions (of the recorded interviews and focus group discussions). The next step is to carefully read each document to familiarise yourself with the data collected before coding the data.
Coding is the process of organising data into codes. Codes are labels or tags which categorise ideas or parts of the text. Read the documents one more time and begin to formulate some descriptive codes from the data. It might be easier to firstly generate general codes and then, after reading the documents one more time, generate more specific codes. It is advisable not to have too many codes, regardless of the length of the data. You may have to add codes later or merge, split or rename them. As you read your notes or transcriptions go over the text and decide whether a code on the code list applies to it.

Here are some examples of codes emerging from a semi-structured qualitative interview:

**Interviewer:** In your opinion, how has the child-friendly space contributed to your child's well-being?
**Respondent:** *I have heard about kidnappings in the camp and this scares me a lot so I think it is better for X to go and play with other children* ["social interaction"] *in the tent being looked after by X* ["safe environment"]. *Since he has been going to the child-friendly space he sleeps better and does not have bad dreams* ["decrease in signs of distress"].

Assigning a colour to each code and highlighting the text accordingly may be an option for small amounts of data. If you are dealing with a large amount of data, however, using software to generate codes such as CATMA and CAT (which are freely available) may be helpful. However, it is usually better to rely on one's own expertise and analytical understanding in creating the coding list.

It is usually possible to identify primary, secondary and tertiary codes, once all the text has been read and coded, based on how often the codes occur. The resulting patterns can then be compared against the indicators and described in an analysis report. It is important to state whether indicators have been met (or the extent to which they have been met). It is also important to identify similarities, differences and contradictions that emerge. For example, if women and men are among the participants, there may be differences or similarities in the codes associated with the two groups.

Thematic analysis is a rigorous method for data analysis. It produces reliable results, enabling project/programme managers to be confident about the findings. However it is very time consuming. You may wish to do a shorter version of data analysis, depending on time and resources.

**Quantitative data analysis**
Quantitative data is available from a range of sources including surveys, record keeping and test results.

### Conducting the analysis

In M&E, quantitative data is mostly used to calculate totals, averages and percentages. Results are usually presented in graphs which make the data easier to understand. Excel can be used to calculate most of the statistics (totals, ratios, averages and percentages) commonly used in M&E. Bar charts and scatter plots are frequently used to present findings. Although very commonly used, pie charts do not present data in a clear manner if there are too many categories as it becomes hard for the eye to distinguish the relative size of each category. If you have more than three categories it might be better to use a bar chart instead.

As in the case of qualitative data, quantitative data is valuable and should be saved securely if it includes personal details of the participants or sensitive information. It is important to record the details of the survey on the Excel documents, for example:

Date(s) of survey administration: 24-05-2015
Interviewer(s): Peter Anton
Respondent(s): Age 67, male
Survey location(s): Port Moresby, Papua New Guinea

### Using data collection software

Software such as Google Forms or SurveyMonkey is freely available and can be used to collect data for surveys in locations where there is a stable Internet or telephone connection. If the population size is large or there is weak or no telephone or Internet connection, software such as Koobo Toolbox, RAMP, or ODK can be used. (Koobo Toolbox has detailed instructions for users. The other two software programmes require training.)

### Using Likert scales

Likert scales are commonly used in surveys for measuring participants' views. A 5-point scale may use the following range of responses:

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

However, the middle option e.g. "Neither agree nor disagree" option is often deleted as respondent frequently choose this option when they are unsure and thus it not clear whether the response indicates the person is neutral.

That being said, using a 5-point Likert scale for the question, "Overall, how would you rate the content of the training?" in which possible responses could be: 'excellent, good, average, poor or very poor' allows for a quantitative analysis of the data: Responses of 'very poor' are assigned 1 point, 'poor' 2 points, 'average' 3 points, 'good' 4 points and 'excellent' responses 5 points.
The result of the sum of all answers divided by the number of answers would give a rating (out of 5 points) of the entire training or project, which could then be compared to similar trainings or project using the same question on their evaluation.

The example below presents the responses of 20 participants who gave an overall rating of 3,75 out of 5 to the training.

(8*Excellent) + (4*Good) + (5*Average) + (1*Poor) (2*Very poor)= 75

75/20 answers = 3,75

It is good practice to show detailed results. The bar chart below presents the disaggregated responses to the question and gives a more complete reflection of the participants' rating of the training.

**Participant's rate of training (N=20)**

Excellent: 8
Good: 4
Average: 5
Poor: 1
Very poor: 2

Both sets of results (the overall rating of the training and the bar chart) are valid, but provide different levels of information.

A scale using smiley faces instead of words may be helpful for contexts with low literacy rates or when working with children:

## Ethical considerations in M&E[26]

M&E of PS programmes involves collecting, analysing and communicating information about people and usually involves direct interactions. It is therefore especially important that M&E is conducted in an ethical and legal manner to safeguard the welfare of those involved in and affected by it. As an organisation, IFRC strives to ensure that participants involved in M&E are not harmed, that privacy is maintained, and that participants have provided informed consent. Programme or M&E managers in each NS have the overall responsibility to maintain best practice in M&E, including the training of data collectors.

Various international standards and best practices help to protect and provide accountability for stakeholders. Principles and standards used to ensure ethical collection of data for M&E include:

- Fundamental Principles of the International Red Cross and Red Crescent Movement and the Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. (See Annex A).
- The IFRC Framework for Evaluation – criteria and standards (See Annex B).
- Sphere[27] Standards for Protection (see box below)

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**Sphere Standards for Protection**

Standard 1 – Avoid exposing people to further harm as a result of your interaction
Standard 2 – Ensure people's access to impartial assistance
Standard 3 – Protect people from physical and psychological harm
Standard 4 – Assist people to claim their rights, access available resources and recover from the traumatic events

Key ethical principles for data collection include:

1.  **Right to service**: A comparison group is a group outside the programme which doesn't receive the intervention, but is as similar as possible to the beneficiaries receiving the intervention. Using comparison groups is a good tool for evaluation, but it raises ethical considerations about equal rights to service. Comparison groups should therefore be invited to enrol in the programme at a later date. (For example, they could be put on a waiting list and then receive the intervention when a space becomes available).
2.  **'Do No Harm'**: Safeguard against doing anything that will harm participants. If you find that participants are experiencing difficulties at any point, it is best to discontinue the data collection and re-evaluate how to collect data safely.
3.  **Anonymity and privacy:** Do not include identifying information when reporting M&E. If you feel it necessary to make public information that may reveal the identity of individual participants or specific organisations, it is crucial to seek their permission first. Use caution in publishing long verbatim quotes, especially if they are damaging to the organisation or people in it. It is also important to use a safe location for interviews which provides for the privacy of those participating. This is extremely important when the M&E concerns very sensitive issues such as sexual and gender-based violence or other traumatic experiences. Be especially sensitive to information that you obtain from children and others who might be in a vulnerable position.
4.  **Confidentiality:** Keep the information you gather for M&E confidential. Participant confidentiality must be guaranteed to protect them from any harm as a result of the evaluation. Identifying information should not be made available to or accessed by anyone who is not directly involved in the M&E of the programme. However, if you find that an individual is in an emergency situation, you may need to take action for the good of the individual or of others. This may require you to share identifying information.
5.  **Principle of voluntary participation:** This means that individuals are not coerced to participate. They have the right to refuse to participate or withdraw from the M&E data collection at any time without any negative consequences and without being asked for an explanation. If participants decide to withdraw from data collection, they should not feel penalized for doing so and it should be clear that they could still receive benefits of the PS programme.
6.  **Informed consent:** Make sure that participants are fully informed, to the extent possible, about the nature of your data collection and give their consent to participate. Do the best you can to provide complete information. They need to be made aware of the purpose of the M&E activity, how the findings will be used, and if there are any potential risks or benefits of their participation. Participants must be able to make an informed decision as to whether they want to participate or not. M&E reports and other information about projects often include photos. Remember that the principle of informed consent also applies to taking and publicizing photos.
7.  **Act professionally:** Always be friendly, polite, non-judgmental and respectful. Make sure not to raise expectations that cannot be met. Be aware that many factors can influence the way people respond. The evaluation process itself can enhance well-being, as you are taking an interest in someone and asking for their opinions.  It is important that the evaluation

processes are carried out as objectively as possible and that data collectors and other staff or volunteers involved remain as neutral as possible (e.g. in terms of clothes, behaviour, language, etc.) Make it clear to participants that there are no right or wrong answers to questions, and encourage them to give their honest opinions. It should be stressed that there should be no negative nor positive consequences in relation to the answers respondents provide.

8. **Ensure participatory M&E**: When feasible and appropriate, M&E should be participatory. Local involvement in M&E (including stakeholder consultation) helps to build local capacities and increases the legitimacy and utility of M&E information. It also promotes overall cooperation and support for and ownership of the process.

Finally, data collection, analysis and reporting in PS programmes should strive for a balanced representation of any potentially vulnerable or marginalized groups. This includes attention to differences and inequalities in society related to gender, race, age, sexual orientation, physical or intellectual ability, religion or socioeconomic status. It is therefore important to collect and analyse data so that it can be disaggregated by sex, age and any other social distinctions that inform programme decision-making and implementation. Indicators in the IFRC Framework Indicator Guide give suggestions for disaggregating information, for example, in terms of gender and age, persons with disabilities and other vulnerable groups.

### Key considerations in M&E with children
This section focuses on best practice in M&E with children. It includes ethical guidance and general considerations in talking with children.

Specific M&E tools and approaches for child-focused PS interventions can be found in the following resources:
- Children's Resilience Programme M&E materials[28]
- A Kit of Tools by Save the Children Norway[29]
- Minimum standards for child protection in humanitarian settings.[30]

The IFRC M&E Framework Toolbox also contains child-specific tools for data collection:
- focus group discussion questions from the Children's Resilience Programme (see section 3, toolbox)
- field coordinator visit report form (see section 1, toolbox)
- pre- and post-interview based analysis (PIA test) from the Children's Resilience Programme (see section 2, toolbox).

Most children enjoy talking with an adult who is interested in their thoughts, ideas and feelings. If you are involving children in M&E activities such as in needs assessments or as participants in evaluating PS programmes, it is very important to ensure the best interests of the children.[31] It is crucial to observe ethical guidance for these activities, as well as considering the more general guidelines as set out in the box below:

| Guidelines in talking with children | |
|---|---|
| Be prepared | Be prepared by gathering information about the life conditions of children in the area, and consider any problems or consequences that could arise from your communication with them. |

[28] The Children's Resilience Programme: Psychosocial support in and out of schools. (2012) IFRC Reference Centre for Psychosocial Support and Save the Children Denmark.
[29] A Kit of Tools for participatory research and evaluation with children, young people and adults. (2008) Save the Children Norway http://www.hapinternational.org/pool/files/kit-of-tools.pdf
[30] Minimum standards for child protection in humanitarian action. (2012) Child Protection Working Group.
[31] For more information on 'Do No Harm' with children, see the National Society or IFRC Child Protection Policy.

| | |
|---|---|
| Be clear on your purpose and obtain informed consent | Be clear on your purpose, and what you want the child/children to gain from the experience. Be sure that children know what you will do with the information, and obtain informed consent (from the child and their caregiver or guardian) before talking with them (see above). |
| Obtain permission from the child and guardian | Obtain permission from the child and his or her guardian for all interviews, videotaping and photographs. This permission should be in writing. Permission must be obtained in circumstances that ensure that the child and guardian are not coerced in any way and that they understand what will happen with the information they share. Permission needs to be obtained in the child's language and in consultation with an adult the child trusts. |
| Ensure safety and don't expose children to danger | Remember that children do not have the same filters or cautions as adults; therefore do not use any questions or approaches that place a child in danger in any way. Furthermore, do not post pictures of the child or interview as locations can be easily identified. Always ensure the child's safety and that he or she will not be adversely affected by sharing their information. |
| Structure the conversation | Structure the conversation to create a common focus and help children to stay on track (e.g., "Today I would like to hear your opinions about..."), but also be flexible so you can change focus according to the child's interests. Children may start talking about something else to get a small break. Allowing some small talk can be relaxing for children and can help to create a good atmosphere when talking with a group of children. Then, you can bring the conversation back on track while respecting the personal space of children. |
| Set a safe and positive atmosphere | Set a safe and positive atmosphere for children by ensuring the venue is physically safe, setting ground rules (e.g., children have the right but not the duty to speak, everyone must listen), smiling and showing your interest, being kind and keeping a light atmosphere. |
| Be respectful when talking about parents and communities | Be respectful when talking about parents and communities. Avoid criticising, devaluing or making personal judgments of children's caregivers. For example, never say, "Your mother was bad to hit you." Rather, you can say something like, "It was wrong what happened - children should not experience this." It is important to be sensitive to any feelings of guilt or conflict of loyalty in children. |
| Validate and value children's perspectives | Validate and value children's perspective on issues, and take them seriously. In a group setting, you can create the atmosphere that all participants are valuable, and all statements are welcome as long as they respect others in the group. Many children in difficult circumstances feel shame and have low self-confidence – acknowledging and valuing their perspectives is important to their PS well-being. Also, do not ask children to tell a story or take an action that is not part of their own history – no |

| | |
|---|---|
| | 'staging.' |
| Avoid any harm to children | Avoid any harm to the child during a group or individual discussion. For example, don't punish children, laugh at them or allow any mockery, or let anyone feel silly or inferior. Avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that expose a child to humiliation, or that reactivate a child's pain and grief from traumatic events.<br>It is important not to apply any pressure or intimidation for children to answer questions. |
| Avoid over-interviewing or pressuring children to tell their story | Pay attention to where, when and how the child is interviewed. Limit the number of interviewers and photographers. Try to make certain that children are comfortable and able to tell their story without outside pressure, including from the interviewer. |
| Be inclusive | Do not discriminate in choosing children to interview because of sex, race, age, religion, status, educational background, disabilities or physical abilities. |
| Be sure all children feel welcomed and included | In a group setting, be sure all children feel welcomed and included. Help children to take turns in speaking, and let the group feel that you are equally interested in everyone. Some children may need to be "invited" to speak, and you can use concrete examples to encourage quiet children to become involved. Let children finish their sentences and don't allow for interruptions when a child is speaking. You can also help to keep a child focused by summing up and validating what they are saying; for example "So, right now you are telling us about..." |
| Acknowledge when children speak about something difficult | You can help to generalise and normalise children's reactions to difficult experiences (e.g., "Many children have experiences...") and to highlight their coping (e.g., "So when you were scared, you ran to the neighbour's house, well done! – then what?"). Reduce any emotional chaos for children by containing, accepting and identifying their feelings. (e.g., "Perhaps you feel sad about that..."). Mirroring emotions can also be helpful, for example "I see this makes you upset..." Also be sure to respect each child's physical and emotional boundaries, and not to pressure them to talk about personal issues they don't feel comfortable to share. |
| Use language appropriate to the age and developmental stage of children | Be sure to tailor your conversation to the age and development stage of the children (or adolescents) with whom you are interacting. For example, with younger children, use child-friendly language with simple terms. Avoid irony or terms they may not understand. Speak with older children and adolescents in ways that respect their abilities and knowledge. |

### Capacity-building for M&E

It is important to assess your team's capacity for conducting M&E. Consider if training and supervision are needed, for example, to maintain ethical standards in M&E activities and to promote and protect the well-being of staff and volunteers. It is important for anyone doing data

collection for M&E to be competent, honest and trustworthy (both personally and in regards to the M&E process) and to show curiosity and openness.

In addition to ethical guidelines outlined above, the following training topics are important for staff and volunteers who may be collecting data for M&E:

- <u>Basic interviewing skills and use of tools</u> – different types of data collection methods require different skills and training. This includes knowing how to use both quantitative and qualitative methods.
- <u>Respect for the customs, culture and dignity of beneficiaries</u> – this includes the importance of cultural sensitivity, in particular when collecting data on sensitive topics (e.g., domestic violence) and from vulnerable and marginalized groups (e.g., internally displaced people or minorities). It is also important for data collectors to be sensitive to age, gender and other social considerations in terms of respondents in data collection. For example, in some cultures only women may be able to collect M&E data from other women, or it may be important to know the customs around dress, behaviour and language when collecting data.
- <u>How to safely approach sensitive subjects in data collection</u> – this includes safeguarding the well-being of beneficiaries during data collection who may have been exposed to traumatic events (e.g., natural disaster or conflict). It is also important that data collectors know when, how and where to refer beneficiaries who are distressed and in need of specialised support. Referral pathways and procedures for those with acute needs should be established before beginning data collection.
- <u>Ensuring safety and privacy during data collection</u> – data collectors should consider if there may be a need for privacy and gender/age segregation for respondents to feel comfortable in participating (e.g., women may not speak openly if men are present, or children may not talk honestly if parents are present). It is also important to prevent exposing children to potentially traumatic or difficult stories when interviewing caregivers or other adults for M&E purposes.
- <u>Avoiding creation of unrealistic expectations</u> – interviewing (potential) beneficiaries about their needs (e.g., as in needs assessments), concerns and opinions can raise unrealistic expectations for services. It is important for data collectors to understand the potential for this, and be able to manage expectations of respondents appropriately.
- <u>Respecting the capacity and strengths of beneficiaries</u> – PS programmes and M&E activities should regard beneficiaries as capable and resourceful and not as passive victims.
- <u>Caring for staff and volunteers involved in data collection</u> – data collectors may be exposed to potentially traumatic or difficult stories or witness conditions of suffering or poverty in the course of conducting M&E activities. They also may encounter respondents who are emotional (e.g., sad, angry or upset) and will need skills to effectively manage the situation and support the respondent. It is important for staff and volunteers to understand the importance of self-care and team care, and to provide adequate support and supervision to data collectors during the M&E data collection process.

# Annex A: IFRC Code of conduct and fundamental principles

## Code of conduct[32]

The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, was developed and agreed upon by eight of the world's largest disaster response agencies in the summer of 1994.

The Code of Conduct, like most professional codes, is a voluntary one. It lays down ten points of principle which all humanitarian actors should adhere to in their disaster response work, and goes on to describe the relationships that agencies working in disasters should seek with donor governments, host governments and the UN system.

The code is self-policing. There is as yet no international association for disaster-response NGOs which possesses any authority to sanction its members. The Code of Conduct continues to be used by the International Federation to monitor its own standards of relief delivery and to encourage other agencies to set similar standards.

It is hoped that humanitarian actors around the world will commit themselves publicly to the code by becoming a signatory and by abiding by its principles. Governments and donor organizations may want to use the code as a yardstick against which to measure the conduct of those agencies with which they work. Disaster-affected communities have a right to expect that those who assist them measure up to these standards.

**Principles of conduct for the International Red Cross and Red Crescent Movement and NGOs in disaster response programmes:**
- The humanitarian imperative comes first.
- Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
- Aid will not be used to further a particular political or religious standpoint.
- We shall endeavour not to act as instruments of government foreign policy.
- We shall respect culture and custom.
- We shall attempt to build disaster response on local capacities.
- Ways shall be found to involve programme beneficiaries in the management of relief aid.
- Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
- We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
- In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

Please note that the French and Spanish versions have been translated by the International Federation. Other languages versions are available that have been translated by third parties.

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[32] *http://www.ifrc.org/en/publications-and-reports/code-of-conduct/*

# Fundamental principles of the Red Cross Red Crescent Movement[33]

**Humanity**
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality**
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality**
In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence**
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service**
It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity**
There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality**
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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[33] *http://www.ifrc.org/fundamental-principles*

# Annex B: IFRC Framework for evaluation: criteria and standards[34]

| Evaluation criteria guide to **what** we evaluate in our work | Evaluation standards guide to **how** we evaluate our work |
|---|---|
| → **IFRC's standards and policies.** The extent that the IFRC's work upholds the policies and guidelines of the International Red Cross and Red Crescent Movement. | 1. **Utility.** Evaluations must be useful and used. |
| → **Relevance and appropriateness.** The extent that the IFRC's work is suited to the needs and priorities of the target group and complements work from other actors. | 2. **Feasibility.** Evaluations must be realistic, diplomatic and managed in a sensible, cost-effective manner. |
| → **Efficiency.** The extent that the IFRC's work is cost-effective and timely. | 3. **Ethics and legality.** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation. |
| → **Effectiveness.** The extent that the IFRC's work has or is likely to achieve its intended, immediate results. | 4. **Impartiality and independence.** Evaluations should provide a comprehensive and unbiased assessment that takes into account the views of all stakeholders. With external evaluations, evaluators should not be involved or have a vested interest in the intervention being evaluated. |
| → **Coverage.** The extent that the IFRC's work includes (or excludes) population groups and the differential impact on these groups. | 5. **Transparency.** Evaluation activities should reflect an attitude of openness and transparency. |
| → **Impact.** The extent that the IFRC's work affects positive and negative changes on stakeholders, directly or indirectly, intended or unintended. | 6. **Accuracy.** Evaluations should be technically accurate, providing sufficient information about the data collection, analysis and interpretation methods so that its worth or merit can be determined. |
| → **Coherence.** The extent that the IFRC's work is consistent with relevant policies (e.g. humanitarian, security, trade, military and development), and takes adequate account of humanitarian and human-rights considerations. | 7. **Participation.** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate. |
| → **Sustainability and connectedness.** The extent the benefits of the IFRC's work are likely to continue once the IFRC's role is completed. | 8. **Collaboration.** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation. |

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[34] *IFRC Project/Programme Monitoring and Evaluation Guide. (2011) International Federation of Red Cross and Red Crescent Societies.*

# Annex C: References and resources

References are cited throughout the documents in the M&E framework. This list includes those references, in addition to other resources that may be useful in designing your M&E framework.

## IFRC PS Centre publications

The International Federation of the Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support in Copenhagen published the following resources. Where other partners have been involved in producing these publications, they are indicated below.

- Community-based psychosocial support: A training kit. (2009)
- Psychosocial Interventions: A handbook. (2009)
- The Children's Resilience Programme. (2012) IFRC Reference Centre for Psychosocial Support and Save the Children
- Caring for Volunteers: A psychosocial support toolkit. (2012)
- Lay Counselling: A trainer's manual. (2012) IFRC Reference Centre for Psychosocial Support with The Danish Cancer Society, War Trauma Foundation, University of Innsbruck
- Children's stress and coping. Emergency Response Unit leaflet.
- Life Skills – Skills for Life: A handbook. (2013)
- Strengthening Resilience: A global selection of psychosocial interventions. (2014)
- Broken Links. Psychosocial support for people separated from family members. Field guide. (2014)
- Broken Links. Psychosocial support for people separated from family members. Training manual. (2014)
- Moving Together: Promoting psychosocial well-being through sport and physical activities. (2014) IFRC Reference Centre for Psychosocial Support, with Technische Universität München, ICSSPE and Swiss Agency for Development
- The Resilience Programme for Young Men: A psychosocial handbook. (2014) IFRC Reference Centre for Psychosocial Support with Danish Red Cross, Palestine Red Crescent Society and the Roskilde Festival Foundation.

## IFRC Resources

### Indicator guides

- Planning Monitoring Evaluation and Reporting (PMER) Toolkit for Community-based health and first aid. IFRC, CBHFA (2013)
- Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery. IFRC, IFRC Reference Centre for Psychosocial Support and Canadian Red Cross (2015)

### Monitoring and evaluation guide

- IFRC Project/Programme Monitoring and Evaluation Guide. International Federation of Red Cross and Red Crescent Societies. Geneva (2011)

### Supporting documents

- IFRC Strategy 2020: Saving lives, changing minds. IFRC, Geneva (2010)

## Other resources

## Child-specific resources

- A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Well-being of Children in the Context of Humanitarian Emergencies. http://www.cpcnetwork.org/wp-content/uploads/2014/06/Measuring-Child-MHPSS-in-Emergencies_CU_Compendium_March-2014-.pdf
- A Kit of Tools: for participatory research and evaluation with children, young people and adults. Save the Children Norway (2008) http://www.hapinternational.org/pool/files/kit-of-tools.pdf
- Child Friendly Spaces in Emergencies: A handbook for Save the Children staff. Save the Children (2008)
- Child Protection Outcome Indicators. Save the Children: Child Protection Initiative (2012)
- Children in Crisis: Good practices in monitoring and evaluating psychosocial programming. Save the Children Federation, Inc. (2014)
- IFRC online Child protection briefing (it's here, and then search for "child protection").
- Methodologies and Tools for Measuring the Mental Health and Psychosocial Well-being of Children in Humanitarian Contexts: Report of a mapping exercise for the Child Protection Working Group (CPWG) and Mental Health and Psychosocial Support Reference Group. New York: Columbia University, Columbia Group for Children in Adversity & the Child Protection in Crisis (CPC) Learning Network. Ager, A., Robinson, S., & Metzler, J. (2014)
- Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012)
- Monitoring and Evaluation Guidelines for the Children's Resilience Programme, Save the Children (2012)

## Humanitarian aid resources

- A common monitoring and evaluation framework for mental health and psychosocial support in emergencies. IASC MHPSS RG (2016, field test version).
- Humanitarian Needs Assessment: The good enough guide. Norwegian Refugee Council (2014)
- Impact Measurement and Accountability in Emergencies: The good enough guide. Emergency Capacity Building Project (ECB). Oxfam.org Publications (2007) https://www.humanitarianresponse.info/system/files/documents/files/good-enough-guide-book-en%20(1).pdf
- Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises. UNICEF (2011)
- Inter-Agency Standing Committee. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC: Geneva (2007)
- OPSIC Deliverable D3.1: Developing indicators to identify best practice. EU Operationalising Psychosocial Support in Crisis Project (2013)
- Psychosocial Interventions in Complex Emergencies: A Framework for Practice. Psychosocial Working Group (2005) http://www.forcedmigration.org/psychosocial/papers/A%20Framework%20for%20Practice.pdf Sphere: Humanitarian Charter and Minimum Standards in Disaster Response. Geneva: The Sphere Project (2011) http://www.sphereproject.org.
- World Health Organization and United Nations High Commissioner for Refugees. Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings. Geneva: WHO (2012)

## Scales and tools

- Adams, J. *Using Scalar Approaches to Monitor Advocacy and Empowerment Work: Best Practice Paper.* Produced for the PPA learning group on measuring results in empowerment and accountability. INTRAC (2012)
- Davies R. and Dart J. The 'Most Significant Change' (MSC) Technique: A guide to its use. (2005)
- Simister N. and Garbutt A. A short guide to using indicators. INTRAC Programme Series 9.
- *Tool/Activity: Stories of Most Significant Change.* Extract from 'A Kit of Tools'. Save the Children Norway (2008)
- Ungar, M. and Liebenberg, L. The Resilience Research Centre Resilience Measures for children (CYRM - child), youth (CYRM - youth) and adults (RRC-ARM). Resilience Research Centre (2013)

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- Ager, A. (2013) Annual Research Review: Resilience and child well-being – Public policy implications. *Journal of Child Psychology and Psychiatry,* 54, 448-500.
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- The Psychosocial Working Group. (2003) Working Paper: Psychosocial interventions in complex emergencies: A conceptual framework.
- World Vision International and Columbia University Mailman School of Public Health. (2015) Evaluation of Child Friendly Spaces: Jordan field study report.