

# IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions

## Indicator guide



**Psychosocial Centre**



International Federation  
of Red Cross and Red Crescent Societies

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### International Federation of Red Cross and Red Crescent Societies

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Please see the full list of materials available from the PS Centre at [www.pscentre.org](http://www.pscentre.org).  
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# 1. Introduction to the indicator guide

The IFRC Reference Centre for Psychosocial Support (PS Centre) has developed the IFRC Monitoring and evaluation framework for psychosocial interventions to promote best practice in monitoring and evaluation (M&E) throughout IFRC global psychosocial (PS) programmes. The framework builds capacity in M&E, enabling National Societies to develop a systematic approach to M&E in their psychosocial programmes and interventions.

The framework includes this indicator guide and the following additional resources:

- A guidance note outlining key concepts and methods in M&E
- A toolbox featuring guidance and tools on data collection in M&E.

This indicator guide provides a broad understanding of changes that can result from PS programmes at *goal*, *outcome* and *output* levels. The sample indicators developed for each level are phrased in such a way that they can be tailored to specific programmes. The guide is a roadmap helping you to develop a M&E system that is relevant for your own programme. The end result should be a set of indicators which are appropriate to your target group, the specific activities of your programme, and the cultural context and local understandings of psychosocial well-being in which you are working.

## How the indicator guide is organised

The guide describes objectives and corresponding indicators at the level of the goal, outcome and outputs for many PS programmes. They are intended to help with monitoring and evaluation across the wide range of PS programmes implemented by different National Societies.

The indicator tables present a set of objectives which are frequently used in monitoring and evaluating PS programmes and include sample indicators for the objectives.

The tables also list the means of verification (MoV) for each indicator. These are the tools that are used to collect information about the indicator. The toolbox that accompanies this guide features all the tools for MoV and provides guidance in using them.

The indicator tables feature 1) goal, 2) outcome and 3) output objectives. There is one overall goal presented, associated with four key outcomes and a range of outputs. The objectives are summarised in the psychosocial objectives framework below.

Section 2 provides guidance in tailoring the indicator tables to your specific programme.

## Overview of objective statements

<b>Goal statement:</b> <b>Improved psychosocial well-being, resilience and capacity to alleviate human suffering</b>			
<p><b>Objective statement <i>outcome 1</i> (capacity building):</b></p> <p>PS programme staff and volunteers are confident, knowledgeable and skilled to fulfil their role in developing and implementing PS programmes.</p>	<p><b>Objective statement <i>outcome 2</i> (caring for staff and volunteers):</b></p> <p>A supportive and caring working environment is achieved and sustained for staff and volunteers</p>	<p><b>Objective statement <i>outcome 3</i> (PS service provision):</b></p> <p>Target population achieves and sustains personal and interpersonal well-being and capacity.</p>	<p><b>Objective statement <i>outcome 4</i> (community engagement):</b></p> <p>Communities are empowered to create a supportive, nurturing and peaceful environment to support the well-being and dignity of the of the target population.</p>
<p><b>Objective statements for <i>outputs</i> (outcome 1):</b></p> <p>NS staff and volunteers are trained in PS support interventions that meet good practice standards relevant to the needs of beneficiaries.</p> <p>NS staff and volunteers are trained in VP/protection concerns for beneficiaries of PS programmes.</p> <p>NS staff and volunteers are routinely supervised in provision of PS support to beneficiaries.</p> <p>PS staff and volunteers providing direct services meet minimum qualifications for their role.</p> <p>Refresher training and continuing education opportunities are provided for NS staff and volunteers relevant to their role in PS support to beneficiaries.</p>	<p><b>Objective statements for <i>outputs</i> (outcome 2):</b></p> <p>NS managers, supervisors and programme staff are trained [relevant to their role] in developing and implementing staff and volunteers care policies, procedures, systems and support within the NS.</p> <p>NS policies, procedures and systems are developed, implemented and regularly updated for staff and volunteer care.</p> <p>NS staff and volunteers are trained in self and team care strategies.</p> <p>Resource material for staff and volunteer care is available and distributed to volunteers.</p>	<p><b>Objective statements for <i>outputs</i> (outcome 3):</b></p> <p>PS interventions are tailored to the needs of beneficiaries.</p> <p>Service location and structure meets quality standards based on purpose and needs of the target population.</p> <p>Functioning referral system is established.</p> <p>Target beneficiaries are provided with psycho-education relevant to their situation (e.g., stress and coping, VP/protection, recovery from crisis events) and background.</p> <p>Target beneficiaries are provided with relevant life skills (e.g., conflict resolution, communication and negotiation, vocational training, stress management).</p> <p>Target beneficiaries (e.g., survivors of crisis events) are provided with PFA according to their needs and in a timely fashion.</p> <p>Target population are provided with self-help and support groups relevant to their situation and background.</p> <p>Target population are provided with quality PS recreational, creative and/or sport activities relevant to their situation and background.</p> <p>The target population is provided with lay counselling appropriate to their needs, situation and background.</p>	<p><b>Objective statements for <i>outputs</i> (outcome 4):</b></p> <p>Awareness-raising activities on specific issues relevant to the situation of target beneficiaries are organised.</p> <p>Community PS activities are organized in collaboration with the community members, inclusive of representative groups.</p> <p>Communities are supported to establish committees to address PS issues (including VP/protection issues) relevant to the needs of the target population.</p> <p>Identified key community people are provided with psycho-education relevant to their situation and role in community.</p>

## 2. How to use the indicator guide

### Identify the aim and scope

The first step in developing indicators for your programme is to consider the following questions:

- What is the aim of your programme?
- Who are the target beneficiaries?
- What PS approach(es) will you use?
- How will you integrate violence prevention (VP)/protection within your programme?
- How will you prepare and build the capacity of NS staff and volunteers?
- How will you care for the well-being of NS staff and volunteers?

### Select goal, outcomes, and outputs

The next steps are as follows:

1. **Select the goal for your programme:** The programme might be a stand-alone PS programme or a component in a larger programme. Define the goal based on needs assessment and the long-term impact of the whole programme.
2. **Select outcomes:** Look at the four outcomes featured in this guide to determine how they relate to your programme. Consider outcomes for both the target beneficiaries and the NS staff and volunteers. Consider how to tailor the outcomes and indicators to your target group, programme approach and specific context. Remember the outcomes and indicators included here are not an exhaustive list!
3. **Select outputs:** For each outcome, review the outputs and indicators to see how they may relate to your programme and its specific activities. Remember to consider activities related to VP/protection and to care for NS staff and volunteers. Then consider how to adapt relevant outputs and indicators to your programme, and what additional outputs and indicators you may want to develop.

Remember also to use existing M&E resources for specific PS programmes. Many existing IFRC PS Centre materials outline objectives and corresponding indicators for specific PS approaches (e.g., ERU, VP/protection, Caring for Volunteers, the Children's Resilience Programme). You may be able to save time by consulting these resources.

Indicators in this guide are drawn from various PS resources. (See Annex B of the guidance note for a full list of resources.)

## 3. The goal indicator table

### Goal statement

Psychosocial programmes include a range of approaches and interventions that can be described with a single overall goal. The following goal statement articulates the overall change that PS programmes aspire to achieve for individuals, families and communities:

#### *Goal of PS programmes*

Improved psychosocial well-being, resilience and capacity to alleviate human suffering

This goal statement was developed by IFRC PS Centre staff as part of the consultative process of developing the PS M&E Framework. The IFRC Strategy 2020 was a source of inspiration for this goal statement.

### IFRC Strategy 2020

IFRC Strategy 2020 provides the basis for the strategic plans of NSs. As a ‘dynamic framework that is responsive to differing contexts and changing circumstances,’ Strategy 2020 is a guide for NSs in formulating their mission statements and strategic plans for the specific needs and vulnerabilities within their own context. It also serves as the basis for updating, harmonizing and developing new implementation tools, such as the PS M&E framework. Strategy 2020 has three main 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.

PS programmes contribute to fulfilling the aims of Strategy 2020. For example, many PS interventions approaches – such as psychological first aid and lay counselling – work specifically on strengthening people’s ability to recover from disasters and crises (aim 1). Child friendly spaces and other safe spaces enable healthy and safe living (aim 2). VP/protection activities are routinely integrated into PS programmes and vice versa, to promote a culture of non-violence and peace (aim 3). The spirit of Strategy 2020 is also reflected in the goal statement for PS programmes: ‘Improved psychosocial well-being, resilience and capacity to alleviate human suffering.’

### The goal indicator table

Sample indicators for the goal objective are presented in the table below. The decision to develop indicators and MoV at the level of the goal objective depends on a number of factors. This includes your capacity to measure the indicators, the reporting requirements for your programme, and whether the psychosocial interventions are stand alone or a part of a larger programme that includes other sectors.

<b>PS Programmes Goal</b>		
<b>Goal</b>	<b>Sample Indicators</b>	<b>MoV</b>
<b>Improved psychosocial well-being, resilience and capacity to alleviate human suffering.</b>	<p>Target beneficiaries of PS programmes, their families and communities report PS well-being and reduced suffering.</p> <p>Target beneficiaries and stakeholders report the ability to cope effectively with life challenges.</p>	<p>Programme evaluation survey completed by direct beneficiaries</p> <p>Well-being measurement tools</p> <p>Qualitative measures, e.g., stories of change from staff and beneficiaries</p> <p>Observed changes in the community (see programme management cycle tools)</p> <p>Community surveys</p>
<p><b>Relevant goal-level indicators from the IASC MHPSS in emergencies RG ‘A common framework for mental health and psychosocial support in emergencies’<sup>1</sup></b></p>		
<p>Goal indicator (i.2) Subjective well-being (aspects of subjective well-being that could be measured include feeling calm safe, strong, hopeful, capable, rested, interested, happy, not feeling helpless, depressed, anxious or angry).</p> <p>Goal indicator (i.4) Ability of people with mental health and psychosocial problems to cope with problems (for example, through skills in communication, stress management, problem-solving, conflict management or vocational skills).</p> <p>Goal indicator (i.5) Social behaviour (for example, helping others, aggressive behaviour, use of violence, discriminatory actions).</p> <p>Goal indicator (i.6) Social connectedness – referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends and acquaintances. Social connections may also go beyond one’s immediate social circle and extend, for example, to other communities.</p>		

<sup>1</sup> Please refer to the guidance note p. 4 “The IASC MHPSS M&E framework” for an explanation of the IASC MHPSS M&E framework and how it differs from the IFRC M&E framework for psychosocial support programmes.

## 4. Outcome and output indicator tables

### Outcome 1: Capacity-building

The success of any psychosocial programme requires building the capacity of those directly and indirectly involved in the programme in various roles (e.g., designing, implementing or monitoring and evaluating). This includes, for example, training and supervising NS staff and volunteers in relevant psychosocial skills. Capacity development is therefore outcome 1 described in this guide, with corresponding indicators designed to measure change in NS staff and volunteer capacity to implement PS programmes.

PS programme staff may work in different roles within a programme. They may require specific skills and knowledge depending on the types of beneficiaries the programme targets and the unique problems in the context. Some staff are involved in the design or administration of the programme or supervision, whereas others are direct service providers. Each role may involve a different set of skills and knowledge.

For example, PS programme staff and volunteers working in emergency settings may require specific kinds of knowledge. This may be in relation to supporting people in the immediate aftermath of a crisis event (e.g., psychological first aid) or regarding special issues for the protection and care of children (e.g., how to do creative activities in safe spaces). Some PS programme staff may be working with youth (e.g., enhancing life skills development) or with lonely, older people (e.g., providing lay counselling or using support group techniques). Regardless of the specific skill set, be sure to integrate VP/protection issues within the capacity development of PS staff and volunteers.

<b>Outcome 1 (Capacity-building)</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>MoV</b>
<b>PS programme staff and volunteers are confident, knowledgeable and skilled to fulfil their role in developing and implementing PS programmes.</b>	<p><b>Role competence for PS staff and volunteers</b> % of PS programme staff and volunteers reporting a change in confidence, knowledge and skills to identify and address the PS concerns of the target population (e.g., VP/protection, grief, exposure to crisis events).</p> <p>% of PS programme staff and volunteers demonstrating ability to develop and implement all phases of PS programmes [for those in this role].</p>	<p><b>Training evaluations</b> <b>Training reports</b> <b>Supervision reports</b></p>

	<b>Role competence sustained over time</b> % of PS programme staff and volunteers demonstrating sustained confidence, knowledge and skills in PS programme design or implementation over specified time [depending on their role].	<b>Training reports (including refresher training)</b> <b>Supervision reports</b>
<b>Relevant outcome level indicators from the IASC MHPSS in emergencies RG 'A common framework for mental health and psychosocial support in emergencies'<sup>2</sup></b>		
Outcome indicator 1.4: % of staff trained and following guidance (for example, the IASC MHPSS Guidelines) on how to avoid harm		
Outcome indicator 1.6: # of negative events perceived by beneficiaries to be caused by humanitarian and/or MHPSS interventions		

## Output table related to outcome 1

<b>Outputs for outcome 1:            Volunteers are confident, knowledgeable and skilled to fulfil their role in developing and implementing PS programmes.</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>MoV</b>
<b>NS staff and volunteers are trained in PS support interventions that meet good practice standards relevant to the needs of beneficiaries.</b>	<b>PS competency of NS staff and volunteers</b> # of staff and volunteers trained in quality, targeted PS support skills and interventions and in PS programme management cycle [for those in this role].  # of staff and volunteers demonstrating change in knowledge of PS skills and interventions.  # of staff and volunteers reporting change in	<b>Training evaluations</b> <b>Training reports</b> <b>Training attendance sheet</b> <b>Supervision reports</b> <b>Quality standards tools</b>

<sup>2</sup> Please refer to the guidance note p 4 "The IASC MHPSS M&E framework for an explanation of the IASC MHPSS M&E framework and how it differs from the IFRC M&E framework for psychosocial support programmes.

	<p>confidence to apply PS skills and knowledge.</p> <p># of managers, staff and volunteers who meet minimum requirements for their role in PS programmes.</p>	
<p><b>NS staff and volunteers are trained in VP/protection concerns for beneficiaries of PS programmes.</b></p>	<p><b>VP/protection competency for PS staff and volunteers</b></p> <p># of PS staff and volunteers trained in VP/protection concerns for the target population.</p> <p># of PS staff and volunteer reporting a change in confidence in identifying and responding to (e.g. refer) to protection concerns</p> <p># of PS staff and volunteers demonstrating a change in knowledge and confidence in addressing VP/protection concerns for the target population.</p>	<p><b>Training evaluations</b></p> <p><b>Training reports</b></p> <p><b>Training attendance sheet</b></p> <p><b>Supervision reports</b></p>
<p><b>NS staff and volunteers are routinely supervised in provision of PS support to beneficiaries.</b></p>	<p><b>Supervision</b></p> <p># of PS supervision sessions provided to staff and volunteers [in specified time frame].</p> <p># of PS staff and volunteers attending at least 80% of scheduled supervision sessions.</p> <p># of PS staff and volunteers receiving on-the-job coaching or mentoring.</p>	<p><b>Supervision reports</b></p>
<p><b>PS staff and volunteers providing direct services meet minimum</b></p>	<p><b>Staff and volunteer PS competency</b></p> <p># of staff and volunteers</p>	<p><b>Screening and selection reports</b></p> <p><b>Training reports</b></p>

<p><b>qualifications for their role.</b></p>	<p>recruited, screened and selected according to good practice standards for PS direct service provision.</p> <p>There are clearly defined selection criteria for staff and volunteers who participate in PS trainings</p> <p># of staff and volunteers working in direct service provision who meet minimum qualifications for their role.</p> <p>% of PS staff and volunteers providing direct services who are briefed and trained on IFRC code of conduct.</p>	<p><b>Checklist</b> [of MHPSS good practice and international programme standards]  <b>Staff and volunteer performance evaluations</b>  <b>Signed code of conduct forms</b></p>
<p><b>Refresher training and continuing education opportunities are provided for NS staff and volunteers relevant to their role in PS support to beneficiaries.</b></p>	<p><b>Refresher training and continuing education</b>  Refresher training planned and delivered, as appropriate to the programme.</p> <p># PS programme staff and volunteers attending refresher training.</p> <p># PS programme staff and volunteers attending continuing education activities offered within or outside of the NS.</p>	<p><b>Training evaluations</b>  <b>Training report</b>  <b>Training attendance sheet</b>  <b>Supervision tools</b>  [including staff/volunteer capacity building record]</p>

## Outcome 2: Care for staff and volunteers

Programme success also depends upon the well-being of PS programme staff and volunteers themselves. It is important to remember that staff and volunteers are often members of the community in which they work and must themselves 'be well' in order to be effective in helping others. Outcome 2 therefore relates to care for staff and volunteers. Some PS interventions are specifically intended for the care of NS volunteers. In these cases NS volunteers (and sometimes NS staff) are the 'target population' of the intervention.

It is important to be aware of the importance of care for staff and volunteers in all PS programmes. PS programme staff and volunteers may be exposed to unique stresses in the contexts in which they work and in hearing about and witnessing the suffering of beneficiaries. They must themselves have achieved PS well-being and stability, and feel supported in their

work in order to do their job effectively. A culture of support within every NS is essential for all programmes to function well, and to respect and retain staff and volunteers who do important work for beneficiaries. A ‘caring for staff and volunteers’ component is recommended in all projects/programmes across all sectors.

<b>Outcome 2 (Care for staff and volunteers)</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>MoV<sup>3</sup></b>
<b>A supportive and caring working environment is achieved and sustained for staff and volunteers.</b>	<b>Awareness of caring for volunteers and staff</b> % of NS managers, staff and volunteers aware of their NS self care and team care policies, procedures and resources (e.g. materials, referrals) for volunteer.	<b>Caring for volunteers tools</b>
	<b>Staff and volunteer satisfaction</b> Volunteers and staff report satisfaction with self care and team care support from their NS.  Volunteers and staff report feeling supported by managers and team members in their work.  Volunteers and staff report a caring and supportive working environment in their NS.	<b>Caring for volunteers tools</b> <b>Focus group discussions</b> <b>Case studies</b>
	<b>Staff and volunteer care strategies</b> % of staff and volunteers using self-care and team care strategies (e.g., peer support, personal supervision, stress management skills).	<b>Caring for volunteers tools</b>

<sup>3</sup> Tools indicated here are included in the toolbox and are taken from Caring for Volunteers: A Psychosocial Support Toolkit. (2012) IFRC Reference Centre for Psychosocial Support

	<p><b>Staff and volunteer change in self- and team-care capacity</b> % of staff and volunteers reporting change in ability to recognize and manage stress within themselves and their team.</p>	<p><b>Caring for volunteers tools</b></p>
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## Output table related to outcome 2

<p><b>Outputs for outcome 2: A supportive and caring working environment is achieved and sustained for staff and volunteers in the PS programme</b></p>		
<b>Outputs</b>	<b>Indicators</b>	<b>MoV</b>
<p><b>NS managers, supervisors and programme staff are trained [relevant to their role] in developing and implementing staff and volunteer care policies, procedures, systems and support within the NS.</b></p>	<p><b>NS capacity building for staff and volunteer care</b> # of NS managers, supervisors and programme staff trained in staff and volunteer care policies and procedures, systems and support skills [relevant to their role].</p>	<p><b>Training report</b> <b>Training attendance sheet</b></p>
<p><b>NS policies, procedures and systems are developed, implemented and regularly updated for staff and volunteer care.</b></p>	<p><b>Staff and volunteer care systems</b> Needs assessment for staff and volunteer care is conducted.</p> <p>Policies, SOPs, and systems for staff and volunteer care are established and documented.</p> <p>Policies, procedures and systems are reviewed and updated on a [time-specified] regular basis.</p> <p>% of yearly budget allocation for staff and volunteer well-being</p>	<p><b>Caring for volunteers toolkit:</b> <b>Tool 25 Set-up questions for M&amp;E</b> <b>Tool 26 Volunteer psychosocial support survey</b> <b>Worksheets A-K</b></p>

<p><b>NS staff and volunteers are trained in self and team care strategies.</b></p>	<p><b>Staff and volunteer self and team care capacity</b> # of staff and volunteers trained in self care and team care strategies (e.g., stress management, peer support).</p>	<p><b>Training report</b> <b>Training attendance sheet</b> <b>Tool 26 Volunteer psychosocial support survey</b></p>
<p><b>Resource material for staff and volunteer care is available and distributed to volunteers.</b></p>	<p><b>Staff and volunteer care resource materials</b> Resource materials are developed or adapted, as necessary, and ready for distribution for staff and volunteer care.</p> <p># of staff and volunteer care resource materials distributed to volunteers.</p>	<p><b>Programme management cycle reports</b></p>

### Outcome 3: PS service provision

Outcome 3 states that the target population achieves and sustains PS well-being. The term ‘psychosocial’ emphasizes the close connection between psychological aspects of people’s experience (thoughts, emotions, behaviour) and their wider social experience (relationships, traditions and culture). PS programmes generally relate to the following three domains of PS well-being (as described in more detail in the guidance note):

1. personal well-being (emotions)
2. interpersonal well-being (relationships)
3. capacity for coping and functioning (skills and knowledge).

PS well-being is very subjective. It may be defined differently depending on many factors, such as the person’s age, gender, and socio-cultural background. The well-being domains can help to prompt discussions with beneficiaries about a suitable range of objectives for the programme. Their understanding of well-being can then be incorporated into the wording of specific indicators. (See section 2 in the toolbox for a process for understanding and incorporating local concepts of PS well-being into survey tools).

Although the domains may be reflected in different ways in different cultures, they represent the common core of most psychosocial work.<sup>4</sup> These three domains are therefore reflected in outcome 3.

NSs implement direct PS services in order to achieve outcome 3 - the PS well-being of beneficiaries. These services cover a broad range of PS interventions and approaches tailored for various target beneficiaries, their families and communities. Some common PS interventions and approaches implemented by NSs are described in the publication *Strengthening Resilience*<sup>5</sup> and in other PS Centre publications. Activities implemented may include, for example:

<sup>4</sup> Adapted from: Psychosocial Working Group. (2005) *Psychosocial Intervention in Complex Emergencies: A Framework for Practice*. Retrieved from <http://www.forcedmigration.org/psychosocial/papers/A%20Framework%20for%20Practice.pdf>

<sup>5</sup> *Strengthening Resilience: A Global Selection of Psychosocial Interventions*. (2014) IFRC Reference Centre for Psychosocial Support.

- psychological first aid
- lay counselling
- peer support
- support groups
- self-help groups
- life skills
- psycho-education
- making referrals
- advocacy
- training
- recreational and creative activities
- sports and physical activities.

It is very important to create a culture of non-violence and peace in achieving PS well-being for target beneficiaries and communities. PS approaches and interventions regularly incorporate and address VP/protection concerns and vice versa. For example, safe spaces may be established for at-risk groups, such as children affected by crisis events or women survivors of domestic violence. The space itself is constructed to certain VP/protection standards to ensure they are inclusive, accessible and appropriate to the target group. Within the safe space, PS programmes are implemented to support coping, recovery and PS well-being of participants. These may include support or self-help groups for women, or structured creative and play activities for children.

Training in VP/protection concerns is routinely included within capacity building for NS staff and volunteers, so that they may have the skills and knowledge to identify and respond to VP/protection issues when they arise within PS programmes. Similarly, psycho-education about VP/protection issues is given to participants in PS programmes and the general community. Direct and indirect beneficiaries of PS programmes can then help to improve safety for at-risk groups and establish a culture of non-violence and peace within families and the larger community.

Many PS programmes are targeted specifically to support children's resilience. Activities are specifically designed for children and youth of different age groups, their families and caregivers and the community that supports them (e.g., teachers, community leaders).

Reaching the desired outcome largely depends on the target group having access to the respective interventions and on staff and volunteers' knowledge and ability to implement and ensure quality standards for the interventions. A set of quality standards for PS programmes has been developed for this guide, based upon experience and best practice. They include, for example, the following features:

- They are appropriate to the needs of beneficiaries (based on needs assessment).
- They are participatory (promoting the involvement of beneficiaries in design, implementation, monitoring and evaluation).
- They are inclusive (in relation to gender, age, ethnicity and disabilities).
- They focus on resilience (i.e. personal/family/community strengths) and avoid pathologising common reactions to severe stress.
- They recognize risks and protect people from harm (such as violence, abuse, exploitation).
- Where relevant, they include a functional referral system.
- They are coordinated with other relevant sectors (such as CP, VP, gender).
- They are implemented by well-trained and supervised staff and volunteers.

- They are implemented within staff and volunteer work conditions that meet quality standards (regarding working hours, clear role, access to supportive supervision, etc.)

<b>Outcome 3 (PS service provision)</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>MoV</b>
<b>Target population achieves and sustains personal and interpersonal well-being and capacity.</b>	<b>Personal well-being</b> Target population reports a change in personal well-being (e.g. self-confidence, concentration).	<b>Well-being survey</b> (locally adapted) <b>Focus groups</b> <b>Key informant interviews</b> <b>Most significant change methodology</b>
	<b>Interpersonal well-being</b> Target population reports a change in interpersonal well-being (e.g. sense of belonging within families and communities).	<b>Well-being survey</b> (locally adapted) <b>Focus groups</b> <b>Key informant interviews</b> <b>Most significant change methodology</b>
	<b>Capacity</b> Target population reports a change in their capacity (e.g., ability to cope with life challenges, self-efficacy).	<b>Well-being survey</b> (locally adapted) <b>Focus groups</b> <b>Key informant interviews</b> <b>Most significant change methodology</b>
	<b>Skills and knowledge – learning, relevance and utilization</b> PS recipients report a change in level of skills and knowledge through participation in the PS programme.  PS recipient reports of the relevance to their lives of skills and knowledge gained through the programme.  PS recipient reports of utilizing the knowledge and skills gained through the programme in daily life.	<b>Satisfaction survey</b> <b>Focus group discussions</b> <b>Case studies</b>
	<b>Target population capacity for VP/protection</b> Target population participating in PS	<b>KAP survey – VP/protection</b> <b>Programme management cycle tools</b> <b>Focus group discussions</b>

	<p>programme demonstrates a change in attitudes and behaviour that favour the protection of [at-risk group] from violence, abuse, neglect or exploitation.</p> <p>Target population participating in PS programme reports a change in sense of safety.</p>	<p><b>Referral tools</b> <b>Quality standards</b> <b>checklists</b></p>
	<p><b>Target beneficiary satisfaction</b> Target beneficiary and community reports on the timeliness, relevance, benefits and appropriateness of PS programmes to their needs.</p>	<p><b>Satisfaction surveys</b> <b>Focus group discussions</b> <b>Key informant interviews</b> <b>Case studies</b></p>
	<p><b>Access</b> Target beneficiaries (including vulnerable or marginalized groups, or persons with disabilities) report accessible and quality PS care.</p> <p>Surveyed target population reports awareness of the PS programme and how to access services.</p>	<p><b>Programme evaluation survey by direct beneficiaries</b> <b>Community surveys</b></p>
	<p><b>Quality PS programmes:</b> PS programmes incorporate IASC MHPSS and other international standards relevant to programme type (e.g., VP/protection, lay counselling, gender and diversity).</p> <p>Stories of change highlighting the quality of PS programmes.</p> <p>Target group reports that PS programmes implemented are appropriate according to the target group (e.g. age,</p>	<p><b>Checklist</b> of MHPSS good practice and international programme standards</p> <p><b>Most significant change stories</b></p>

	developmental of the child, gender, culture).	
	<p><b>Quality standards - VP/protection)</b> Target population reports they can access timely and quality PS responses to protection concerns for [at-risk group] and/or report timely referral to other (protection) services.</p> <p>PS and VP/protection programmes incorporate and regularly ensure quality standards are maintained.</p>	<p><b>KAP survey – (VP/protection)</b> <b>Programme management cycle tools</b> <b>Focus group discussions</b> <b>Referral tools</b> <b>Quality standards checklists</b></p>
<p><b>Relevant outcome level indicators from the IASC MHPSS in emergencies RG ‘A common framework for mental health and psychosocial support in emergencies’<sup>6</sup></b></p>		
Outcome indicator 1.8: Perceptions of needs addressed (that is, needs perceived as serious problems by affected people themselves, such as perceived problems with shelter, livelihoods)		
Outcome indicator 2.4: % of target group members who, after training, use new skills and knowledge for prevention of risks and referral		
Outcome indicator 2.5: # of members of at-risk groups (such as children or survivors of sexual violence) who use safe spaces		
Outcome indicator 2.6: % of target group members (such as the general population or at-risk groups) who feel safe		
Outcome indicator 2.7: # of protection mechanisms (such as social services or community protection networks) and/or number of people who receive help from formal or informal protection mechanisms		
Outcome indicator 3.1: # of children reunified with family members or are in other appropriate care arrangements according to their specific needs and best interests		
Outcome indicator 3.2: Extent of parenting and child development knowledge and skills among caregivers		
Outcome indicator 3.3: Quality of caregiver-child interactions		
Outcome indicators 3.4: Level of family connectedness or cohesion		
Outcome indicator 3.5: Level of social capital, both cognitive (level of trust and reciprocity within communities) and structural (membership and participation in social networks, civil or		

<sup>6</sup> Please refer to the guidance note p 4 “The IASC MHPSS M&E framework for an explanation of the IASC MHPSS M&E framework and how it differs from the IFRC M&E framework for psychosocial support programmes.

community groups)
Outcome indicator 3.6: % of target communities (such as villages or neighbourhoods) where steps have been taken to identify, activate or strengthen local resources that support psychosocial well-being and development
Outcome indicator 3.7: % of target communities where communal rituals for the dead have been organised
Outcome indicator 3.8: % of formal and informal social structures that include specific mental health and psychosocial activities or supports
Outcome indicator 3.9: # of affected people who use different formal and informal social structures (such as schools or informal education for children of all ages, health care, social services, early child development programmes, women's groups and youth clubs)
Outcome indicator 3.10: # of people in at-risk groups engaged in livelihood opportunities
Outcome indicator 3.11: # of children with opportunities to engage in learning developmentally appropriate socio-emotional skills
Outcome indicator 5.1: % of medical facilities, social services facilities and community programmes who have staff trained to identify mental disorders and to support people with mental health and psychosocial problems
Outcome indicator 5.2: % of medical facilities, social services facilities and community programmes who have staff receiving supervision to identify mental disorders and to support people with mental health and psychosocial problems
Outcome indicator 5.3: # of medical facilities, social services facilities and community programmes that have and apply procedures for referral of people with mental health and psychosocial problems
Outcome indicator 5.4: # of women, men, girls and boys who receive focused psychosocial and psychological care (such as psychological first aid, linking people with psychosocial problems to resources and services, case management, psychological counselling, psychotherapy or other psychological interventions)
Outcome indicator 5.5: # of women, men, girls and boys who receive clinical management of mental, neurological or substance use disorders through medical services (primary, secondary or tertiary health care)
Outcome indicator 5.6: # of people per at-risk group (for example, unaccompanied or separated children, children associated with armed groups, survivors of sexual violence) receiving focused care (such as psychological first aid, linking people with psychosocial problems to resources and services, case management, psychological counselling, psychotherapy or clinical management of mental disorders)
Outcome indicator 5.7: Percentage of available focused MHPSS programmes that offer evidence-based care relevant to the culture, context and age of target group
Outcome indicator 5.8: Level of satisfaction of people with mental health and psychosocial problems and/or their families regarding the care they received.

## Output table related to outcome 3

<b>Outputs for outcome 3: Target population achieves and sustains personal and interpersonal well-being and capacity.</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>MoV</b>
<b>PS interventions are tailored to the needs of the beneficiaries.</b>	Interventions implemented are documented to have a direct link to needs assessment findings.	<b>Needs assessment report</b> <b>Plan of action</b>
<b>Service location and structure meets quality standards based on purpose and needs of the target population.</b>	<b>Safe place quality standards</b> Structures established meeting quality standards for respectful, inclusive and safe PS support programmes (e.g., safe spaces meeting VP/protection and PS programme quality standards).	<b>Programme management cycle reports</b> <b>Quality standards checklists:</b> <ul style="list-style-type: none"> <li>• PS programmes</li> <li>• VP/protection</li> </ul>
<b>Functioning referral system is established.</b>	<b>Referral system</b> Referral resources for higher level support (e.g., MH and other social services) are: a) identified and b) documented along with contact information.  Referral procedures established, including referral documentation forms.  # of PS staff and volunteers providing direct services aware of referral resources and procedures.	<b>Referral list</b> inclusive of contact details and referral procedures <b>Referral documentation forms</b> <b>Quality standards tools</b>
<b>Target beneficiaries are provided with psycho-education relevant to their situation (e.g., stress and coping, VP/protection, recovery</b>	<b>Psycho-education</b> # of target beneficiaries participating in psycho-educational activities.  Estimated # of target	<b>Programme management cycle reports:</b> <ul style="list-style-type: none"> <li>• <b>Staff and volunteer activity records</b> (e.g., home visit, community meetings, oral or written</li> </ul>

<p><b>from crisis events) and background (i.e., tailored for age, gender, situation, etc.).</b></p>	<p>beneficiaries provided written psycho-educational material.</p>	<p>psycho-education information/material provided)</p>
<p><b>Target beneficiaries are provided with life skills relevant to their situation (e.g., conflict resolution, communication and negotiation skills, vocational training, stress management skills).</b></p>	<p><b>Life skills</b> # of target beneficiaries participating in life skills activities.</p> <p># of life skills sessions held within a specified time frame.</p>	<p><b>Programme management cycle reports:</b></p> <ul style="list-style-type: none"> <li>• Staff and volunteer activity records</li> <li>• Quality standards checklist</li> </ul>
<p><b>Target beneficiaries (e.g., survivors of crisis events) are provided with psychological first aid (PFA) according to their needs and in a timely fashion.</b></p>	<p><b>Psychological first aid</b> Estimated # of target beneficiaries reached with PFA within specified time frame from exposure to a crisis event.</p> <p>Follow-up and referrals are made according to the needs of target beneficiaries.</p>	<p><b>Programme management cycle reports:</b></p> <ul style="list-style-type: none"> <li>• Staff and volunteer activity records, including referral documentation</li> </ul>
<p><b>Target population are provided with self-help and support groups relevant to their situation and background.</b></p>	<p><b>Self-help and support groups</b> Self-help and support groups are established according to quality standards (e.g., inclusive, accessible, needs-based).</p> <p># of self-help and support group sessions regularly held within specified time frame (e.g., weekly groups over certain # of months).</p> <p># of target beneficiaries participating in self-help or support groups within a specified time frame.</p> <p>Self-help groups are organised and sustained over time by participants.</p>	<p><b>Programme management cycle reports</b> <b>Quality standards checklists</b> (PS and VP/protection)</p>

<p><b>The target population are provided with quality PS recreational, creative and/or sport activities relevant to their situation and background.</b></p>	<p><b>Recreational, creative and sport activities</b>  Recreational, creative and/or sport activities are designed for the target population according to PS and VP/protection quality standards (e.g., inclusive, accessible and needs based).</p> <p>Recreational/creative and/or sport activities are implemented on a regular basis within a specified time frame.</p> <p># of target beneficiaries participating in recreational, creative or sport activities within a specified time frame.</p>	<p><b>Programme management cycle reports</b>  <b>Quality standards checklists</b> (PS and VP/protection)</p>
<p><b>The target population is provided with lay counselling appropriate to their needs, situation and background.</b></p>	<p><b>Lay counselling</b>  Lay counselling is available to the target population, relevant to their situation and background.</p> <p># of estimated target beneficiaries provided with lay counselling.</p>	<p><b>Programme management cycle reports</b></p>

## Outcome 4: Community engagement

Community engagement is essential in NS PS programmes. Community engagement refers to various activities implemented within PS programmes, including community mobilisation, awareness-raising of PS issues and community outreach. NSs primarily use a community-based approach in responding to psychosocial needs. This is based on the premise that communities will be empowered to take care of themselves and each other. In this way dependency on outside resources is reduced, through community mobilisation 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 of the response to their challenges. Community participation is therefore in integral aspect of a community-based approach. Outcome 4 is therefore related to community engagement.

<b>Outcome 4 (Community engagement)</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>MoV</b>
<b>Communities are empowered to create a supportive, nurturing and peaceful environment to support the well-being and dignity of the target population.</b>	<p><b>Sense of belonging</b> Target population reports a change in belonging, active participation and agency within their families and communities.</p> <p>Recipients of relevant PS services report a change in feeling supported and included within their families and communities.</p>	<p><b>Well-being survey</b> <b>Focus group discussions</b> <b>Case studies</b></p>
	<p><b>Sense of agency</b> PS recipients report on how they have a voice in decisions that affect them within their families and communities.</p>	<p><b>Well-being survey</b> <b>Focus group discussions</b> <b>Case studies</b></p>
	<p><b>Community capacity for VP/protection</b> Community members report a change in ability to identify and address PS concerns (including VP/protection concerns) for the target population.</p>	<p><b>Community survey</b></p>
	<p><b>Active participation</b> PS recipients report having a voice in the design and delivery of PS services.</p> <p>PS recipients report active membership in, connection to and/or ownership of the programme, [as appropriate to programme design].</p>	<p><b>Satisfaction survey</b> <b>Focus group discussions</b> <b>Most significant change and/or case studies</b></p>
	<p><b>Stakeholder satisfaction and feedback</b> Community members and local stakeholders (e.g.,</p>	<p><b>Community and stakeholder survey</b> <b>Focus group discussions</b> <b>Key informant interviews</b></p>

	<p>leaders, institutions) report on their perception of the PS programme.</p> <p>Community members and local stakeholders have access to and use beneficiary complaint and feedback mechanisms.</p>	<p><b>Case studies</b></p>
<p><b>Relevant outcome indicators from the IASC MHPSS in emergencies RG ‘A common framework for Mental health and psychosocial support in emergencies’<sup>7</sup></b></p>		
<p>Outcome indicator 1.1: % of affected people who report that emergency responses (i) fit with local values, (ii) are appropriate and (iii) are provided respectfully</p>		
<p>Outcome indicator 1.2: % of affected people who report being actively involved in different phases of emergency response (for example, participation in needs assessment, programme design, implementation, and monitoring and evaluation activities)</p>		
<p>Outcome indicator 1.3: % of target communities where local people have been enabled to design, organize and implement emergency responses themselves</p>		
<p>Outcome indicator 1.6: # of affected people who know codes of conduct for humanitarian workers and how to raise concerns about violations</p>		
<p>Outcome indicator 1.7: Programmatic changes made after comments were filed through feedback mechanisms</p>		
<p>Outcome indicator 2.2: % of target communities (that is, villages, neighbourhoods or institutions such as mental hospitals or orphanages) with formal or informal mechanisms that engage in protection, monitoring and reporting of safety risks or at-risk groups (for example, children, women, people with severe mental disorders)</p>		
<p>Outcome indicator 2.3: % of target communities where representatives of target groups are included in decision-making processes on their safety</p>		
<p>Outcome indicator 4.1: # of people with mental health and psychosocial problems who report receiving adequate support from family members</p>		

<sup>7</sup> Please refer to the guidance note p 4 “The IASC MHPSS M&E framework for an explanation of the IASC MHPSS M&E framework and how it differs from the IFRC M&E framework for psychosocial support programmes.”

Outcome indicator 4.2: Abilities of caregivers to cope with problems (through, for example, stress management skills, conflict management skills, problem-solving skills, parenting skills, knowledge of where to seek help or information and resources needed to access care)

Outcome indicator 4.3: Level of social capital of individuals with mental health and psychosocial problems (both cognitive and structural)

Outcome indicator 4.4: Perceptions, knowledge, attitudes (including stigma) and behaviours of community members, families and/or service providers towards people with mental health and psychosocial problems

## Output table related to outcome 4

<b>Outputs for outcome 4: Communities are empowered to create a supportive, nurturing and peaceful environment to support the well-being and dignity of the target population.</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>MoV</b>
<b>Awareness-raising activities on specific issues relevant to the situation of target beneficiaries are organised.</b>	<p><b>Awareness-raising</b> # of awareness-raising sessions on relevant topics held by volunteers in target communities.</p> <p># of [men, women, boys girls] reached through awareness-raising activities.</p>	<b>Programme management cycle reports</b>
<b>Community PS activities are organised in collaboration with the community members, inclusive of representative groups.</b>	<p><b>Inclusive community outreach</b> # of meetings with community members to plan and organise PS activities.</p> <p># of community PS committees demonstrating inclusive membership ideals (e.g., gender, age, disability).</p> <p># of [men, women, boys, girls] reached through community PS activities.</p>	<b>Programme management cycle reports</b>
<b>Communities are supported to establish committees to address PS issues (including</b>	<p><b>PS committees</b> # of relevant PS committees per target district or geographical zone.</p>	<b>Programme management cycle reports</b>

<p><b>VP/protection issues) relevant to the needs of the target population.</b></p>		
<p><b>Identified key community people are provided with psycho-education relevant to their situation and role in community.</b></p>	<p><b>Stakeholder psycho-education</b>  Estimated # of key community people reached with psycho-educational activities.</p> <p>Estimated # of key community people provided written psycho-educational material.</p>	<p><b>Programme management cycle reports:</b></p> <ul style="list-style-type: none"> <li>• <b>Staff and volunteer activity records</b> (e.g., community and stakeholder meetings or psycho-educational forums, oral or written information provided)</li> </ul>