Guidance Note and Overview

Monitoring and evaluation framework for psychosocial support interventions

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Please note that this is a DRAFT version, which has not yet been proof read or lay-outed.

During 2016 further revision, based on experiences using the framework in the field, will be made.

Therefore, please check http://pscentre.org/topics/m-and-e/ to make sure you have the latest version.

New uptates will be announced in the newsletter “PS News” (for subscription, please write to
psychosocial.centre@ifrc.org) and on the PS Centre’s Facebook page.
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Welcome to the IFRC Psychosocial Monitoring and Evaluation (M&E) Framework. This framework was developed by the IFRC Reference Centre for Psychosocial Support (PS Centre) in order to identify and ensure best practices throughout IFRC global psychosocial (PS) programmes, contributing to quality PS interventions and strengthen advocacy for PS programmes. The framework aims to support National Societies to design relevant M&E systems for PS programmes, to help in programme planning and development of PS strategies, and to mainstream global reporting of progress on PS programmes as they contribute 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 we 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 upon 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 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). 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). A series of consultations with PS Centre staff further aligned the framework with IFRC and National Societies’ programme goals and field strategies.
The framework consists of various tools to help build the capacity of National Societies to develop a systematic approach to M&E of their PS programmes:

- Guidance note
- Indicator guide
- Toolbox for data collection (quantitative and qualitative)

1. **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 in depth – including quantitative and qualitative indicators, the importance of triangulation of data, and the how “neutral” indicators are used in the Indicator Guide. Important considerations in preparing for M&E of PS programmes are also covered, including ethical guidelines and capacity building for National Societies’ staff and volunteers to conduct M&E activities.

2. **Indicator guide**
   The Indicator Guide is a collection of indicators meant to be broadly applicable to IFRC PS programmes of various kinds. Indicators are designed to measure the change produced by PS programmes. 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. This guide therefore outlines sample indicators that capture the 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.

   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. You can use the Indicator Guide as a roadmap to help you in developing an M&E framework and indicators that will be most relevant for your own programme. All of the sample indicators presented in the Indicator Guide can be adapted to: 1) your target group, 2) the specific activities of your programme, and 3) your cultural context and local understandings of “PS wellbeing”.

3. **Toolbox for data collection**
   The toolbox contains guidance and tools (sample templates) for data collection in M&E of PS programmes. The tools can be adapted to your PS programme, depending upon your target group, activities and scope. These are tools that may be useful for your programme and many are drawn from existing PS programme M&E tools, but they are not an exhaustive list. You may find inspiration from the toolbox in creating your own tools, or you may want to find local tools used in different programmes and/or develop additional tools relevant to your specific situation.
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 key and intermediate outcomes; however some of the tools can also be used as MoV on the output level (particularly programme management cycle tools and supervision reporting tools).
IFRC Psychosocial M&E Framework Guidance Note

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1 Source material for this Guidance Document is taken from: IFRC Project/Programme Monitoring and Evaluation Guide. International Federation of Red Cross and Red Crescent Societies, Geneva, 2011.
Psychosocial Concepts and Approaches

What is Psychosocial Support?
The Psychosocial Framework of 2005-2007 of the International Federation defines psychosocial (PS) 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.”

The aim of the PS Centre’s work with National Societies (NS) is to:
- Increase awareness of psychological and PS reactions during disaster or social disruption;
- Facilitate psychological and PS support;
- Promote restoration of community networks and coping mechanisms;
- Enable NS to understand, and respond better to, the PS needs of vulnerable groups;
- Promote care (emotional assistance) for NS volunteers and staff.

PS 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.

What is Psychosocial Wellbeing?
Psychosocial wellbeing does not mean the same for all people. It is a dynamic experience that is influenced by a person’s own capacity, his or her social connections and support systems, and the cultural norms and value systems where they live. It may be defined differently depending on many factors, such as the person’s age, gender and socio-cultural background.

The term “psychosocial” emphasizes the close connection between psychological aspects of people’s experience (thoughts, emotions and behavior) and their wider social experience (relationships, traditions and culture).

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PS wellbeing describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors. PS wellbeing within the PS M&E framework is articulated along three main domains:

1. Personal wellbeing (emotions)
2. Interpersonal wellbeing (relationships)
3. Capacity for functioning and coping (skills and knowledge)

Although the domains may be reflected in different ways in different cultures, they represent the common core of most psychosocial work. Personal wellbeing encompasses our emotions and feelings – for example, feeling more calm or hopeful or feeling less despair or anger. Interpersonal wellbeing 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. Capacity for coping and functioning 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.

PS wellbeing is experienced both in the personal individual and the social interactive domain, and is also determined largely by the context within which people live, as shown in the model below. External factors and basic human needs such as livelihood, shelter and physical health may significantly impact the PS wellbeing of individuals and communities.

Since contexts are always changing, so will the experience of PS wellbeing. Its dynamic nature makes it difficult to provide a standard definition of wellbeing 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 wellbeing means locally for the particular affected population before planning a response. (A process for understanding and incorporating local concepts of PS wellbeing into surveys for measurement in M&E is further explained in the Toolbox, section 3.) This is essential to ensure that planned and implemented activities are relevant to the target population.

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Resilience
Levels of wellbeing 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. 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 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
- 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: 1) calm, 2) hopefulness, 3) a sense of safety, 4) sense of connected with others and 5) self and community efficacy (being able to help oneself, as individuals and communities). 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:

1. The capacity of individual to navigate their ways to resources that sustain wellbeing.
2. The capacity of individuals’ physical and social ecologies to provide these resources.
3. The capacity of individual and their families and communities to negotiate culturally meaningful ways to share resources.

Lessons from children displaced and orphaned by armed conflict also demonstrate certain features of resilient children, for example: flexibility in emotional response, possessing a moral code by which to live, seeing people and situations in ‘shades of grey’ (i.e., not seeing people or things as all good or all bad but being able to acknowledge their

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(complexity), the ability to engage people (i.e., getting others to like you) and being helpful to others. Ryff and Singer’s six categories of wellbeing\(^{11}\) similarly relate to:

1. **Self-acceptance**: positive self-attitude and accepting both your good and bad qualities.
2. **Personal growth**: feeling of continued development, expansion to new experiences, realizing your potential.
3. **Purpose in life**: having goals and direction, feeling a meaning to life and holding beliefs that give life purpose.
4. **Positive relations with others**: having warm, satisfying, trusting relationships and concern for other’s welfare; capacity for empathy, affection and intimacy; understanding the give and take of human relationships.
5. **Environmental mastery**: a sense of competence in managing your environment, maximizing opportunities, and creating or choosing contexts suitable to your personal needs and values.
6. **Autonomy**: self-determining and able to regulate your behavior from your own personal standards (resisting social pressure to act and think in certain ways).

**Why are PS 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 diminished 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.

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 wellbeing and/or prevent or treat mental disorder”.\(^\text{12}\)

It is important that PS support is available to all persons affected by a crisis. People (men, women, boys and girls, older people and people with disabilities) 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 Guidelines Intervention Pyramid, 2007) illustrates a layered system of complementary supports that people affected by a crisis may need\(^\text{13}\):

![Pyramid Diagram]

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

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 wellbeing and PS activities within safe spaces. Other examples include PS support in Restoring Family Links services, facilitating communal


\(^{13}\) Adapted from *Lay Counselling: A trainer’s manual*. IFRC Reference Centre for Psychosocial Support, War Trauma Foundation, Danish Cancer Society and Innsbruck University. Copenhagen (2012)
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 PS Approach
NS primarily use a community-based approach in responding to PS needs. This is based on the premise 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.

Designing and Implementing PS Programmes
Given the uniqueness of every crisis situation, there is no blueprint on how best to respond to PS needs. The first step in choosing which activities to implement in a PS response is to conduct an assessment. 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 an activities provided by the NS and other organizations providing services and activities in the community. For more information on PS response models and activities that are
fundamental to IFRC PS support responses, see the PS Centre publication *Strengthening Resilience: A global selection of psychosocial interventions*.

**Why M&E?**

Monitoring and evaluation (M&E) are very important management tools used to keep a check on all aspects of a PS response, and to assess if the implemented activities are having the desired effect of improving PS wellbeing. 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 organizational learning and knowledge sharing** by reflecting upon and sharing experiences and lessons.
- **Uphold accountability and compliance** by demonstrating whether or not our work has been carried out as agreed and in compliance with established standards[^14] and with any other donor requirements.[^15]
- **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 mobilization.

Monitoring and evaluation are two different processes that are interconnected and complementary[^16]:

**Monitoring** is the process of routinely, regularly and continuously collecting data on all aspects of the project to keep track if the project’s activities are implemented as planned. Monitoring means being aware of the state of the project by finding out answers

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[^14]: These include the Red Cross and Red Crescent Fundamental Principles and Code of Conduct (Annex A).
[^15]: 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.
from various sources to the questions, “What is going on and how?” and “Are we doing things right?”

**Evaluation** is the systematic, objective and periodic assessment of an on-going or completed project or programme. Evaluations are time-bound and should provide information on the relevance, effectiveness, efficiency, impact and sustainability. Evaluations answer questions such as “Did we do what we said we would do?” and “Are we making a difference?”

**M&E and the Programme Management Cycle**

M&E is a central feature of the programme management cycle. The diagram below provides 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.

PMER activities form the basis upon which this PS M&E framework rests. Basic PMER activities include:

1. **Initial needs assessment.** This is done to determine whether a PS programme is needed and, if so, to inform its planning.
2. **Logframe and indicators.** This involves the operational design of the PS programme and its objectives, indicators, means of verification and assumptions.
3. **M&E planning.** This is the practical planning for the PS programme to monitor and evaluate the logframe’s objectives and indicators.
4. **Baseline study.** This is the measurement of the initial conditions (appropriate indicators) before the start of a PS programme.
5. **Midterm evaluation and/or reviews.** These are important reflection events to
assess and inform ongoing PS programme implementation.

6. **Final evaluation.** This occurs after PS programme completion to assess how well the programme achieved its intended objectives and what difference this has made.

7. **Dissemination and use of lessons.** This informs 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.

Your 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 thought through simple M&E system can answer the most relevant questions without being difficult to implement.

### M&E in Emergency Situations

Much of the IFRC’s work is assisting people in need in emergency settings. M&E for emergency programmes may require a different design than those from longer-term development programmes. Emergency settings are often dangerous and dynamic, with rapidly changing, complex situations. Acute and immediate needs often take priority over longer-term objectives, and there is demand for timely M&E evidence for results. Other key challenges include increased insecurity and uncertainty for both affected populations and field workers, damaged or absent infrastructure, restricted access to areas and populations, absence of baseline data, and rapid changes in personnel.

In such settings, it may not be possible to implement complex M&E systems. Instead, plan for simple and efficient systems, stressing regular and timely monitoring and rapid evaluations, such as real-time evaluations (RTEs). Timely information is essential to determine priorities and inform decision-making, identifying emerging problems as well as developing trends to guide intervention revision that best meets emergency needs. The IFRC plan of action for disaster response operation provides templates and guidance for collecting and summarizing key information.

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17 See: IFRC (2011) *Project/programme monitoring and evaluation (M&E) guide* for more information on RTEs (Table 2, Section 1.4) and the IFRC plan of action for disaster response (Annex 2, M&E Resources).
Psychosocial Programme Objectives

When designing your PS programme, its “objectives” will have to be described. Objectives are clear, well-defined statements about what the programme is seeking to achieve and are defined at three levels: goal, outcome and output. Each goal, outcome or output statement in the indicator guide answers a question corresponding to the level of change:

<table>
<thead>
<tr>
<th>Objective Level</th>
<th>Question and Explanation</th>
</tr>
</thead>
</table>
| Goal           | *What changed?*  
Long-term and sustainable change in the lives of people resulting from an intervention. |
| Outcome        | *What happened?*  
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. |
| Output         | *What was done?*  
The planned achievements (results) ‘put out’ (produced) in the process of implementing a project that signals that the work is on track. |

Objectives for the goal, outcomes and outputs of PS programmes are based upon information from needs assessments and best decided upon by project staff in active engagement with beneficiaries and other relevant stakeholders. Objectives often relate not only to the lives of individuals (e.g., children-at-risk, lonely elderly people, women survivors of domestic violence), but also to their family and wider community. These are the “target population” or “beneficiaries” of PS programmes. Various PS methods may be used to address the defined problem(s) of the target population in order to achieve a positive change in their PS wellbeing.

The *Goal* objective describes what a PS programmes ultimately intends to achieve for beneficiaries. The following goal statement is suggested in this framework and can be adapted to your programme:

*Psychosocial wellbeing, resilience and capacity to alleviate human suffering.*

Objectives that are useful for monitoring and evaluating the work we do are often described as being “SMART”. SMART objectives help us to identify the key steps required to effectively implement our work, and to articulate the benefits that we anticipate as a result of our programmes. SMART stand for: specific, measurable, accessible, reliable and time-bound.

<table>
<thead>
<tr>
<th>Specific</th>
<th>Specific to the change they are measuring (how specific depends on whether the indicator is measured at goal, outcome or output levels)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable</td>
<td>Able to be measured (measurable) in the way that they are phrased</td>
</tr>
</tbody>
</table>
### About Indicators

“An indicator is a simple, clear statement that helps measure and communicate change.”

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).

Indicators must be aligned with goal, outcome and output objectives that define the kind of change being sought in PS programmes, as shown in the logframe table below. The logframe is the foundation upon which the M&E system is built. The logframe 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; means of verification (MOV) – tools used to measure the change described by the indicators; and any key assumptions to monitor.

The logframe serves as the model for the indicator tables in the Indicator Guide (without the column for assumptions).

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18 Adapted from: Nigel Simister and Anne Garbutt, “A short guide to using indicators.” INTRAC.
20 Adapted from IFRC Emergency Response Unit M&E Framework.
Objectives
(What we want to achieve)

Goal
The lasting results an intervention seeks to achieve.
For example, improving people’s wellbeing and safeguarding their protection.

Goal indicators
Quantitative and/or qualitative criteria to measure progress against the goal

Means of verification
How the information on the indicators will be collected (can include who will collect it and how often)

Assumptions
External factors beyond the control of the intervention, necessary for the goal to contribute to higher-level results.

Outcome(s)
Changes in the lives and circumstances of people that arise during the course of a project.
For example, social relations and interactions between people improve; the skills and knowledge of facilitators on providing PSS increases.

Outcome indicators
Quantitative and/or qualitative criteria to measure progress against the outcomes

As above

External factors beyond the control of the intervention, necessary for the outcomes to contribute to achieving the goal.

Outputs
Planned results ‘put out’ in the process of implementing a project.
For example, number of facilitators trained, number of meetings held with the community, number of target population participating in project activities.

Output indicators
Quantitative and/or qualitative criteria to measure progress against the outputs

As above

External factors beyond the control of the intervention, necessary if outputs are to lead to the achievement of the outcomes.

Some key reminders when developing indicators include:

• Be sure to use standard indicators when appropriate, as they allow for comparison across programmes.
• Be careful 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.
• Keep the indicator specific and precise.
• Be sure you have the capacity and resources to measure the indicator – or a secondary source of the data.
• Don’t have just “counts” but also measure change. 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.

Measuring indicators using different methodologies
Indicators can be reported on by using:
1. Quantitative methods expressed in numbers, proportions, ratios
2. Qualitative methods—expressed in words, descriptions, case studies
3. Others—such as,
   a. Yes/no measures (whether or not something has happened)
   b. Pictures (photographs showing change)
   c. Proxy measures (measure of a related phenomenon that indirectly indicates change)

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. For example, you can disaggregate the data for gender, disability, marginalized groups, age, and so on (e.g., # children, disaggregated by gender 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 behaviors. They tend to be more participatory and reflective in practice.

The indicator guide contains indicators that can be measured using qualitative and/or quantitative methods (as well as some yes/no and proxy methods). Depending upon how the indicator statement is worded, you may be able to report against it quantitatively (using numbers, percentages, etc.), qualitatively (using words, description, etc.) or both. (See the example below.)

<table>
<thead>
<tr>
<th>Indicator statement</th>
<th>Means of Verification</th>
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<tbody>
<tr>
<td>PS programme recipients report a change in skills and knowledge through participation in the programme</td>
<td><strong>Quantitative</strong>: satisfaction survey tallying the # of respondents who report they have gained skills and knowledge through participating in the programme. <strong>Qualitative</strong>: focus group discussions and case studies capturing reports from PS recipients of gaining skills and knowledge through participating in the programme.</td>
</tr>
</tbody>
</table>
What is “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. Using different types of indicators (quantitative and qualitative) and different sources of information (talking with different groups of people or using different tools or methods to access information) is called “triangulation”. Triangulating the data strengthens the evidence we gather about change in PS programmes. Some indicators in the Indicator Guide are measured using “mixed methods” – or a mixture of quantitative and qualitative methodologies and tools.

What are ‘neutral’ indicators?  
Many of the indicators in the indicator guide are worded using a new industry standard called “neutral indicators”. Neutral indicators do not specify specific numbers, nor do they include words such as ‘increase’ or ‘decrease’. Rather, these neutral statements are worded in such a way to provide evidence of change (whether positive or negative), rather than targets to be achieved. (See example below)

Example:

**Traditional indicator:** 80% of PS programme recipients report an improvement in skills and knowledge through participation in the programme

**Neutral indicator:** % of PS programme recipients reporting a change in skills and knowledge through participation in the programme

The indicator guide uses neutral indicators because they tend to be generic in their wording, and therefore adaptable to a range of NS programmes and contexts. For example, you can adapt a neutral indicator to fit traditional phrasing in ways that are specific and contextualized to your situation. In addition, as a new industry standard, some donors require indicators to be written in a neutral way.

If you decide to use neutral indicators, be sure to set appropriate baseline, milestone and target figures alongside the indicators (see section below).

Baseline and endline studies  
A baseline study (sometimes just called “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 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.

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 time frame. 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 methodologies so that they can be consistently and reliably measured at different points in time for comparison.

**Planning for M&E**

*M& E Plan Template*  
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 informational requirements for each indicator. It is a critical tool for planning and managing data collection, analysis and use. The M&E plan takes the logframe one stage further to support programme implementation and management.

Completing the M&E table requires detailed knowledge of the project/programme and context provided by the local project/programme team and partners. Their involvement also contributes to data quality because it reinforces their understanding of what data they are to collect and how it will be collected.

Developing M&E plans have multiple benefits. They not only make data collection and reporting more efficient and reliable but also helps project/programme managers plan and implement their projects/programmes through carefully consideration of what was being implemented and measured. M&E plans also serve as critical cross-checks of the 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.

Below is a sample M&E plan template. The following explains each column in the M&E plan and their key considerations:

1. **The indicator column** provides an indicator statement of the precise information needed to assess whether intended changes have occurred. Indicators are typically taken directly from the logframe, but when completing an M&E plan, the indicator may need to be revised upon closer examination and according to field realities.

2. **The definition column** defines any key terms in the indicator that need further detail

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22 Source: CBHFA PMER Toolkit
for precise and reliable measurement. It should also explain precisely how the indicator will 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, 15 is the numerator is 15 and the denominator is 20. The percentage answering correctly is \( \frac{15}{20} \times 100 = 75\% \).) This column should also note if the indicator is to be disaggregated by sex, age, ethnicity, or some other variable.

3. **The methods/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. While the MoV column in a logframe may list a data source or method, e.g., “community survey,” the 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 pre-existing or will need to be developed.

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

5. **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.

6. **The information use/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 listserves, and mass media). Often some indicators will have the same information use/audience. Some examples of information use for indicators include one or several of the following:
   - Monitoring project implementation for decision making
   - Evaluating impact to justify intervention
   - Identify lessons for organizational learning and knowledge sharing
   - Assessing compliance with donor or legal requirements
   - Reporting to senior management, policy makers or donors for strategic planning
   - Accountability to beneficiaries, donors, and partners
   - Advocacy and resource mobilization
Data analysis involves converting the raw data you collect 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 and identifying solutions and best practices for decision-making and organizational 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 your M&E plan and in your overall programme management plan. In creating your data analysis plan, consider the following:

1. **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,
   a. Analyse **output indicators** on a regular basis (e.g., weekly, monthly, quarterly) to monitor whether activities are occurring according to schedule and budget.
   b. 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. **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:
   a. 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 training staff may need for data analysis.
   b. 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 organization(s) will undertake the analysis. Whenever possible, be sure to include multiple stakeholders in the analysis.

4. **Process for data analysis:** The process of data analysis can employ a variety of forums, such as meetings, email correspondence, dialogue through internet platforms and conference calls. Try to involve as many stakeholders as practical in such forums, and consider if you may need multiple sessions. Data analysis should not only be an afterthought or done to meet a reporting deadline – rather, structure and plan for data analysis at the outset of the PS programme.

Data analysis can be **descriptive** (describing key findings, conditions, states and circumstances – “what happened”) or **interpretive** (providing meaning, explanation or causal relationships from the findings – “why it happened”). The following box illustrates some key questions to guide descriptive analysis, with data interpretation questions highlighted in italic red:
There are five key stages of data analysis: 1) data preparation, 2) data analysis, 3) data presentation, 4) data verification and 5) recommendations and action planning. A common consideration throughout all the stages of data analysis is to identify any limitations, biases and threats to the accuracy of the data and its analysis. For more information on the five stages of data analysis, and how to analyse both quantitative and qualitative data, see the IFRC (2011) *Project/programme monitoring and evaluation (M&E) guide*, section 2.3.2.

**Ethical Considerations in M&E**

As M&E of PS programmes involves collecting, analyzing and communicating information about people – and often involves direct interactions – it is 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 organization, IFRC strives to ensure that M&E participants 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 practices in M&E, including training of data collectors.

Various international standards and best practices help to protect stakeholders and ensure that M&E is accountable and credible to them. 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 standards for protection (see box below)

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23 Adapted from ERU Tool C Example of general guidelines for focus group discussions; Moving Together (2014); and Project/Programme M&E Guide (2011).
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 |

The following ethical principles can help to guide your approach to data collection:

1. **Right to service**: A comparison group is a group outside the programme who 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 right to service. Comparison groups should therefore be invited to enroll in the programme at a later date.

2. **Do No Harm**: Safeguard against doing anything that will harm participants. If you find that participants seem to have adverse reactions, it is best to discontinue the data collection and re-evaluate how to collect data safely.

3. **Anonymity and privacy**: Remove identifying information from your records. Seek permission from the participants if you wish to make public information that might reveal who they are or who the organization is. Use caution in publishing long verbatim quotes, especially if they are damaging to the organization or people in it. In addition, if interviews are conducted, a safe location must be chosen to maintain privacy. These issues need to be especially addressed when dealing with 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 learn 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 sense that an individual is in an emergency situation, you may decide to waive your promise of confidentiality for the good of the individual or of others.

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 can 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

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potential risks or benefits of their participation. The participant 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 wellbeing by being shown interest in asking someone what their views are. It is important that the evaluation processes are carried out as objectively as possible and that the people involved remain as neutral as possible (clothes, behavior, language). Make it clear that there are no right or wrong answers and that questions should be answered honestly. It should be stressed that the answers respondents give have neither negative nor positive consequences to them.

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, as well as 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. Therefore, it is 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 Indicator Guide give suggestions for disaggregating information in terms of gender and age, and emphasize attention to people with disabilities and other vulnerable groups.

**Capacity building for M&E**

It is important to assess your team’s capacity for conducting M&E and consider the need for training and supervision to ensure adherence to ethical standards, as well as the wellbeing of staff and volunteers involved in M&E activities. 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 show curiosity and openness.

In addition to ethical guidelines outlined above, topics important for capacity building of staff and volunteers who may be collecting data for M&E include:

- **Basic interviewing skills and use of tools** – different types of data collection methods require different skills and training. This includes how to competently administer both quantitative and qualitative questionnaires and tools.
- **Respect for the customs, culture and dignity of beneficiaries** – 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 also important for data collectors to be sensitive to age, gender and other social considerations in who they can approach for 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, behavior and language when collecting data.

- **How to safely approach sensitive subjects in data collection** – this includes safeguarding the wellbeing 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.

- **Ensuring safety and privacy during data collection** – 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.

- **Avoiding creation of unrealistic expectations** – 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.

- **Respecting the capacity and strengths of beneficiaries** – PS programmes and M&E activities should both regard beneficiaries as capable and resourceful and not as passive victims.

- **Caring for staff and volunteers involved in data collection** – 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 (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 and team care, and to provide adequate support and supervision to data collectors during the M&E data collection process.

**Key considerations in M&E with Children**

Attention to the PS wellbeing of children, as part of their overall development needs, is a key component of National Societies’ assistance to families and communities. PS programmes in crisis settings aim to improve children’s wellbeing by:

- Restoring conditions for their normal, healthy development
- Protecting children from harm, traumatic experiences and accumulated stresses
- Enhancing capacity of families, caregivers and communities to care for children

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Enabling the active participation of children in their own and their community’s recovery and in actualizing a positive future for themselves.

Attention to children’s PS wellbeing – and M&E of PS programmes – requires an understanding of child development, factors influencing children’s resilience and the aims of child-focused programmes. An explanation is provided below of how children develop within the social-ecological framework and how programmes try to reduce risks and promote resilience. Then, specific ethical guidance and general considerations in talking with children are offered as part of best practices in M&E 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
- A Kit of Tools by Save the Children Norway
- Minimum standards for child protection in humanitarian settings

In addition, the toolbox contains the following child-specific tools for data collection:
- Focus Group Discussion questions from the Children’s Resilience Programme (see section 4)
- Field Coordinator Visit Report from (see section 6)
- Pre- and Post-Interview Based Analysis (PIA test) from the Children’s Resilience Programme (see section 3)

**Child development and psychosocial wellbeing**

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. 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 wellbeing of children can be described according to the three domains: emotional, social and capacity.

**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.

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26 The Children’s Resilience Programme: Psychosocial support in and out of schools. IFRC Reference Centre for Psychosocial Support and Save the Children Denmark. Copenhagen (2012)
29 Adapted from Bronfenbrenner, as cited in: Donahue-Colletta, Understanding Cross-Cultural Child Development and Designing Programs for Children (PACT, 1992).
Social: In their social development, children gain the ability to form attachments and positive reciprocal relationships, according to the norms of behavior 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 their needs and capacities with the risk and protective factors within their environment. Some of the protective factors that can buffer 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.

Communities can also be “resilient” and can contribute to the resilience and healthy development of their children through good relationships, adequate support structures and institutions (e.g., schools), resourcefulness in meeting their 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, and may display behaviors that indicate their distress, such as bedwetting, clinging to caregivers or physical symptoms (headaches, belly aches). As children grow and develop, they gain the ability to better express themselves verbally and will 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.

**Child-focused PS programmes**

PS programmes aim to promote the PS wellbeing and development of children, to reduce risks to their healthy development and to support and promote the capacity of their caregivers to provide for their developmental needs. Some outcomes that PS programmes aim to achieve include: secure attachments with caregivers, a sense of belonging with meaningful friendships, a sense of self-esteem and self worth, trust in others, physical and economic security, and hope for the future. PS activities to build children’s resilience in times of adversity may include teaching children life skills,
fostering social connection, providing safe spaces for children in crisis situations, addressing educational needs, and supporting children’s recovery from traumatic experiences.

**Considerations in M&E with children**

Most children enjoy talking with an adult who is generally interested in their thoughts, ideas and feelings. In conducting M&E activities with children during assessments or as participants in PS programmes, it is important to keep in mind certain ethical guidelines and considerations in talking with children. When gathering data from children, carefully consider and follow the guidelines in the box below to ensure the best interest of the child\(^{30}\).

<table>
<thead>
<tr>
<th>Guidelines in talking with children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be prepared.</strong></td>
</tr>
<tr>
<td><strong>Be clear on your purpose and obtain informed consent.</strong></td>
</tr>
<tr>
<td><strong>Obtain permission from the child and guardian.</strong></td>
</tr>
<tr>
<td><strong>Ensure safety and don’t expose children to danger.</strong></td>
</tr>
<tr>
<td><strong>Structure the conversation.</strong></td>
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</tbody>
</table>

\(^{30}\) For more information on “Do No Harm” with children, see the National Society or IFRC Child Protection Policy.
<table>
<thead>
<tr>
<th>Set a safe and positive atmosphere.</th>
<th><strong>Set a safe and positive atmosphere</strong> 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be respectful when talking about parents and communities.</td>
<td><strong>Be respectful</strong> when talking about parents and communities. Avoid criticizing, 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.</td>
</tr>
<tr>
<td>Validate and value children’s perspectives.</td>
<td><strong>Validate and value children’s perspective</strong> 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 wellbeing. Also, do not ask children to tell a story or take an action that is not part of their own history – no “staging”.</td>
</tr>
<tr>
<td>Avoid any harm to children.</td>
<td><strong>Avoid any harm</strong> 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. It is important not to apply any pressure or intimidation for children to answer questions.</td>
</tr>
<tr>
<td>Avoid over-interviewing or pressuring children to tell their story.</td>
<td><strong>Pay attention to where, when and how the child is interviewed.</strong> 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.</td>
</tr>
<tr>
<td>Be inclusive.</td>
<td><strong>Do not discriminate</strong> in choosing children to interview because of sex, race, age, religion, status, educational background, disabilities or physical abilities.</td>
</tr>
<tr>
<td>Be sure all children feel welcomed and included.</td>
<td>In a group setting, be sure all children feel <strong>welcomed and included</strong>. 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 get quiet children started in speaking. 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…”</td>
</tr>
</tbody>
</table>
| 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. |
Annex A: IFRC Code of Conduct and Fundamental Principles

The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

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 signatories 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.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

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 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 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.
Annex B: IFRC Framework for Evaluation: Criteria and Standards

<table>
<thead>
<tr>
<th>Evaluation criteria guide to what we evaluate in our work</th>
<th>Evaluation standards guide to how we evaluate our work</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1. Utility. Evaluations must be useful and used.</td>
</tr>
<tr>
<td>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.</td>
<td>2. Feasibility. Evaluations must be realistic, diplomatic and managed in a sensible, cost-effective manner.</td>
</tr>
<tr>
<td>Efficiency. The extent that the IFRC’s work is cost-effective and timely.</td>
<td>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.</td>
</tr>
<tr>
<td>Effectiveness. The extent that the IFRC’s work has or is likely to achieve its intended, immediate results.</td>
<td>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.</td>
</tr>
<tr>
<td>Coverage. The extent that the IFRC’s work includes (or excludes) population groups and the differential impact on these groups.</td>
<td>5. Transparency. Evaluation activities should reflect an attitude of openness and transparency.</td>
</tr>
<tr>
<td>Impact. The extent that the IFRC’s work affects positive and negative changes on stakeholders, directly or indirectly, intended or unintended.</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>7. Participation. Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.</td>
</tr>
<tr>
<td>Sustainability and connectedness. The extent the benefits of the IFRC’s work are likely to continue once the IFRC’s role is completed.</td>
<td>8. Collaboration. Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.</td>
</tr>
</tbody>
</table>
Annex C: References and Resources

References are cited throughout the documents in the M&E framework. The following is a compiled list of these references, in addition to other resources that may be useful in designing your M&E framework.

IFRC PS Centre Publications
The following resources were published in Copenhagen by the International Federation of the Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support. Partners in publications are indicated below.

- **Community-based psychosocial support: A training kit.** (2009)
- **Psychosocial Interventions: A handbook.** (2009)
- **The Children’s Resilience Programme.** IFRC Reference Centre for Psychosocial Support and Save the Children (2012)
- **Caring for Volunteers: A psychosocial support toolkit.** (2012)
- **Lay Counselling: A trainer’s manual.** IFRC Reference Centre for Psychosocial Support with The Danish Cancer Society, War Trauma Foundation, University of Innsbruck (2012)
- **Children’s stress and coping.** Emergency Response Unit leaflet.
- **Life Skills – Skills for Life: A handbook.** Copenhagen (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 wellbeing through sport and physical activities.** IFRC Reference Centre for Psychosocial Support, with Technische Universität München, ICSSPE and Swiss Agency for Development (2014)
- **The Resilience Programme for Young Men: A psychosocial handbook.** IFRC Reference Centre for Psychosocial Support with Danish Red Cross, Palestine Red Crescent Society and the Roskilde Festival Foundation (2014)

IFRC Resources

**Indicator guides:**
- M&E package for Health Emergency Response Unit, psychosocial component. (pending publication)

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

Supporting documents:

Child Specific Resources
- 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”).

Humanitarian Aid Resources


Scales and Tools


• 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.


Reports and Articles


• Evaluating Psychosocial Sport Programmes: A pilot study using photo monitoring in the context of the project ‘Sport and play for Lebanese children and youth affected by conflict.’ SAD.


• Bronfenbrenner, as cited in: Donahue-Colletta. (1992) *Understanding Cross-Cultural Child Development and Designing Programs for Children.* PACT


