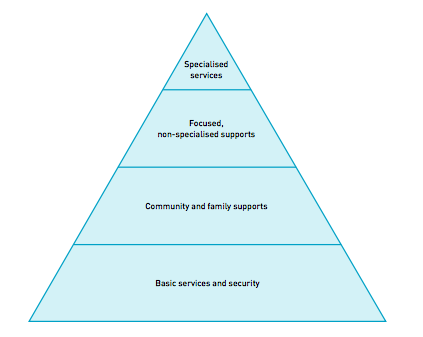
# Tool B2 (outcome 2) - Quality standards tools

The following tools can be used by programme managers and staff to measure quality standards for:

They are informed by existing international standards and guidelines for assessment, implementation and monitoring and evaluation of programmes, as described for each tool.

An over-arching guiding framework is the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS Guidelines)[[1]](#footnote-1). The guidelines describe six core principles designed for humanitarian settings (but also applicable in a variety of PS programme situations):

1. Human rights and equity: promote human rights of all affected persons, protect individuals and groups at heightened risk of human rights violations, and promote equity and non-discrimination.
2. Participation: maximize participation of local affected populations in the response, building upon their resilience. Enable people to retain or resume control over decisions that affect their lives and promote local ownership for programme quality, equity and sustainability.
3. Do no harm: recognize that MHPSS interventions have the potential to help and to cause harm, particularly as they deal with sensitive issues. Reduce harm by coordinating with other sectors; design interventions on the basis of sufficient information; commit to open evaluation and external review; ensure cultural sensitivity and competence and evidence-based practice in interventions; and continually reflect on human rights, power relations and participatory approaches.
4. Build on available resources and capacity: recognize that all affected people have resources and capacity for PS wellbeing, and build on and strengthen capacities of individuals, families, communities and society to support self-help and strengthen existing resources.
5. Integrated support systems: avoid stand-alone services (e.g., sole services for survivors of SGBV, or people with PTSD) in favor of activities that are integrated into wider systems (e.g., health services, existing community supports) in order to reach more people, ensure sustainability and reduce stigma.
6. Multi-layered supports: develop a layered system of complementary supports to meet needs of different groups, as illustrated by the pyramid below. All layers of the pyramid are important and should be implemented concurrently (in coordination with other actors providing specialized services).



|  |
| --- |
| MHPSS international programme standards |

The survey below can be used as a checklist by ticking the box to the left of each statement (tick means yes). Alternatively, responses can be recorded on the four-point scale provided for more nuanced quantitative data collection. Choose the method you find is most appropriate to your needs and adapt the survey accordingly. Further, you can ask respondents to discuss each theme in the survey in more depth, and to add additional comments and thoughts about programme quality that may not be captured by the survey statements. There is a space under each theme and at the end of the survey to record respondents’ perspectives for qualitative data gathering.

Some survey statements relate to staff and volunteer selection, role, training and supervision. These standards are based upon the IFRC PS Reference Centre publication *Caring for Volunteers: A Psychosocial Support Toolkit*. You can also see “Section 10. Caring for Volunteers Tools” of this document for more information on staff and volunteer measurement tools.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes**  **/no** | **Programme quality statements** | **Scaled Responses** | | | |
| Tick for yes | **Staff/volunteer selection and role** | Strongly Disagree | Disagree | Agree | Strongly Agree |
|  | 1. Staff and volunteers are screened and selected according to set criteria. |  |  |  |  |
|  | 2. Staff and volunteers are trained on code of conduct and VP/protection policies. |  |  |  |  |
|  | 3. Staff and volunteers have signed the code of conduct. |  |  |  |  |
|  | 5. Staff and volunteers have written job descriptions with clear lines of authority. |  |  |  |  |
|  | 6. Staff and volunteers are briefed and trained on volunteer care policies and procedures.[[2]](#footnote-2) |  |  |  |  |
|  | *Discussion and comments – staff/volunteer selection and role:* | | | | |
| Tick for yes | **Staff/volunteer training and supervision** | Strongly Disagree | Disagree | Agree | Strongly Agree |
|  | 5. Staff and volunteers receive regular opportunities for training and continuing skills development. |  |  |  |  |
|  | 6. Staff and volunteers receive regular supervision, mentoring and on the job coaching. |  |  |  |  |
|  | *Discussion and comments – staff/volunteer training and supervision:* | | | | |
| Tick for yes | **Programme design and planning** | Strongly Disagree | Disagree | Agree | Strongly Agree |
|  | 7. PS programme is based upon a participatory needs assessment inclusive of target population’s voices. |  |  |  |  |
|  | 8. Action(s) has been taken to ensure the PS programme is inclusive of all people regardless of gender, age, ethnicity, disability or other vulnerability (as appropriate to the programme design and objectives).  *(Specify what action(s) below in comments.)* |  |  |  |  |
|  | 9. PS programme is based upon and promotes personal, family and community strengths (resilience). |  |  |  |  |
|  | 10. PS programme avoids pathologising common reactions to severe stressors. |  |  |  |  |
|  | 11. PS programme contributes to protection and violence prevention. |  |  |  |  |
|  | *Discussion and comments – programme design and planning:* | | | | |
| Tick for yes | **Referral and coordination** | Strongly Disagree | Disagree | Agree | Strongly Agree |
|  | 12. Where relevant, a functioning referral system is in place for the PS programme. |  |  |  |  |
|  | 13. PS programme staff/volunteers are aware of referral resources and procedures. |  |  |  |  |
|  | 14. PS programme is coordinated with other PS actors, governmental ministries and sectoral responses. |  |  |  |  |
|  | *Discussion and comments – referral and coordination:* | | | | |
| Tick for yes | **Creating a safe environment**  *If PS activities take place in a specific area or structure, such as a community centre, safe place or school, make sure the programme environment meets the criteria below (as appropriate to programme design and objectives).* | Strongly Disagree | Disagree | Agree | Strongly Agree |
|  | 15. Programme participants are safe coming and going to the area/structure. |  |  |  |  |
|  | 16. The passage to the programme area/structure is restricted. |  |  |  |  |
|  | 17. There are locks on latrines and appropriate lighting, as well as separate washrooms for women/girls and men/boys. |  |  |  |  |
|  | 18. There is enough room for all of the participants. |  |  |  |  |
|  | 19. Equipment is available and appropriate. |  |  |  |  |
|  | 20. First aid kits are available and facilitators are trained in using them. |  |  |  |  |
|  | *Discussion and comments – creating a safe environment:* | | | | |
|  | *Is there anything you would like to add that we haven’t touched upon related to programme quality?* | | | | |

The following programme evaluation tool can be used to gather qualitative and quantitative data to evaluate PS programme quality against certain standards. It is adapted from the IFRC Project/Programme Monitoring and Evaluation Guide[[3]](#footnote-3) and Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance (OECD, 1991)[[4]](#footnote-4).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme Evaluation Questions** | **Response Scale** | | | |
| **Relevance** | Not at all | Somewhat | Very much | Completely |
| 1. Were the programme’s objectives consistent with beneficiaries’ needs? |  |  |  |  |
| 1. Were the programme’s objectives consistent with Red Cross Red Crescent policies? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Efficiency** | Not at all | Somewhat | Very much | Completely |
| 1. Were the PS response activities successfully implemented in the intended time frame? |  |  |  |  |
| 1. Were activities implemented on schedule and within budget? |  |  |  |  |
| 1. Were outputs delivered economically (at lowest cost)? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Effectiveness** | Not at all | Somewhat | Very much | Completely |
| 1. Have the set objectives been achieved? |  |  |  |  |
| 1. Did the outputs lead to the intended outcomes? |  |  |  |  |
| 1. Has the response been implemented in the most effective manner compared to alternatives? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Impact** | Not at all | Somewhat | Very much | Completely |
| 1. Has the programme had a positive impact on the lives of participants? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| *Additional qualitative questions about programme impact:*  *What changes has the programme brought about?*  *Were there any unplanned or unintended changes?* | *Record responses here:* | | | |
| **Sustainability** | Not at all | Somewhat | Very much | Completely |
| 1. Are the programme benefits likely to be maintained for an extended period after assistance for the programme ends? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Protection** | Not at all | Somewhat | Very much | Completely |
| 1. Does the programme contribute to violence prevention/protection by strengthening the protective environment for adults and children? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Coherence** | Not at all | Somewhat | Very much | Completely |
| 1. Has the work has been consistent with good practice standards and approaches? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Coverage** | Not at all | Somewhat | Very much | Completely |
| 1. Has programming reached all intended geographic areas targeted? |  |  |  |  |
| 1. Have the needs and capacities of different age, gender and vulnerable groups been addressed? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |
| **Coordination** | Not at all | Somewhat | Very much | Completely |
| 1. Have organisations worked well together toward the common goal of improving psychosocial wellbeing and violence prevention/protection of programme beneficiaries? |  |  |  |  |
| *Comments: please explain why you answered the way you did….* | | | | |

1. Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. [↑](#footnote-ref-1)
2. *Caring for Volunteers: A psychosocial support toolkit*. (2012) IFRC Reference Centre for Psychosocial Support: Copenhagen. [↑](#footnote-ref-2)
3. *IFRC Project/Programme Monitoring and Evaluation Guide*. (2011) International Federation of Red Cross and Red Crescent Societies. Geneva, page 14. [↑](#footnote-ref-3)
4. *The Children’s Resilience Programme: Programme Manager’s Handbook*, (2012) IFRC Reference Centre for Psychosocial Support and Save the Children: Copenhagen, p. 31. [↑](#footnote-ref-4)