**Indicator guide**

**NOTE: All example tools needs to be adapted to the relevant context and the content relevant for a specific training, assessment, monitoring visit etc.**

**Outcome indicators for ERU PSS activities**

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| **Outcome** | **Indicator** | **Means of verification/tool** |
| 1. Affected population experience a sense of emotional and social functioning | # of PS recipients and PS responders reporting that the PS activities are implemented according to Hobfolls intervention principles  # of PS recipients that reports a change in personal and interpersonal wellbeing  # of PS recipients that reports a change in their capacity (e.g. ability to cope with life challenges, self-efficacy) | \* if possible use questions and scales related to Hobfolls principles or sample wellbeing questionnaire (find sample templates for data collection in **tool A1/A2**)  \*case studies, interviews/FGD/MSC where possible (find example of guidelines on qualitative methodologies **tool C**) |
| 1. The target population has access to quality participatory PS programmes. | % of target population reports awareness of the PS programme and how to access services.  % of surveyed target population reports that people who can benefit are utilizing PS services  # of PS recipients reports having a voice in the design and delivery of PS services.  # of PS recipients reports active membership in, connection to and/or ownership of the programme, [as appropriate to programme design].  Stories of change highlighting the quality of PS programmes.  PS programmes incorporate IASC MHPSS and other international standards relevant to programme type (e.g. VP/protection, lay counseling, Gender and diversity) | \* Community survey of target population - baseline and milestones (see example **tool B1)**  \*Checklist of MHPSS good practice and international programme standards (See example **tool B2)**  \*case studies, interviews/FGD/MSC where possible (find example of guidelines on qualitative methodologies **tool C**)  Monitoring and evaluation reports and lessons learned feedback sessions report **(tool B3)** |

**Outputs indicators related to outcome 1**

Outcome 1: ffected population experience a sense of emotional and social functioning

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| **Output** | **Indicator** | **Means of verification/tools** |
| Target population is supported through PS quality interventions based on their needs | # direct beneficiaries (men, woman, boys, girls) using PS support interventions | Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)**  \*assessment report (find example ofassessment **tool H)** |
| Service locations and structures meet quality standards relevant to their purpose and needs of the target population. | Structures established meets quality standards for respectful, inclusive and safe PS support programmes | \*Safe spaces quality standards (find example of checklist **tool I**) |
| Target population is supported with quality PS recreational, creative and/or sports activities relevant to their situation and background. | # of targeted community members participating in recreational, creative or sports activities within a specified time frame  # of Recreational, creative and/or sport activities are designed for the target population according to PS and VP/protection quality standards (e.g. inclusive, accessible and needs based) | \*Safe spaces quality standards (find example of checklist **tool I**)  Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Target beneficiaries are provided with psychoeducation relevant to their situation/need (stress and coping, VP/protection, recovery from crisis events) and background (age, gender, other vulnerabilities) | # of target beneficiaries participating in psycho-educational activities  Estimated # of target beneficiaries provided written psycho-educational material | Staff and volunteer activity record and programme monitoring templates (find example **tool D**) |
| Target beneficiaries are provided with life skills relevant to their situation (e.g., conflict resolution, communication and negotiation skills, vocational training, stress management) | # of target beneficiaries participating in life skills activities  # of life skills sessions held within a specified time frame | Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Target beneficiaries (e.g., survivors of crisis events) are provided with psychological first aid (PFA) according to their needs and in a timely fashion. | # of RC volunteers trained in Psychological First Aid  Estimated # of target beneficiaries reached with PFA within specified time frame from exposure to a crisis event.  Follow-up and referrals are made according to the needs of target beneficiaries. | \*training reports  (find example of training report template **tool F)**  \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| The target population is provided with lay counselling appropriate to their needs, situation and background. | # of RC volunteers trained in lay counselling  # of estimated target beneficiaries provided with lay counselling | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Awareness raising activities on specific issues relevant to the situation of target beneficiaries are organized. | # of awareness raising sessions on relevant topics held by volunteers in target communities.  # of [men, women, boys, girls] reached through awareness raising activities. | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Community PS activities are organized in collaboration with the community members, inclusive of representative groups. | # of meetings with community members to plan and organize PS activities.  # of community PS committees demonstrating inclusive membership ideals (e.g., gender, age, disability).  # of [men, women, boys, girls] reached through community PS activities. | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Communities are supported to establish committees to address PS issues (including VP/protection issues) relevant to the needs of the target population. | # # of relevant PS committees per target district or geographical zone.  # of meetings and # actions taken per month | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Family tracing and reunification is supported in close collaboration with RFL team | The modes of collaboration and a two-way referral system between the PSS volunteers and RFL team volunteers have been developed together with the RFL team, within the first week of intervention  # of RFL cases identified by PSS volunteers and referred to RFL team  # of PSS cases identified by RFL team and referred to PSS volunteers | \*Minutes from the meetings with RFL team  \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*referral documentation (find example **tool J**) |
| Other HNS staff (e.g. RFL, health, education, shelter , case managers etc.) has been sensitized to PSS and VP | # of orientation meetings/training sessions on PSS to # HNS volunteers and staff | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E)** |
| Key stakeholders (cluster members, community leaders, other agencies etc) has been sensitized to PSS and VP | # of orientation meetings/training sessions on PSS to # other key stakeholders | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**)  \*attendance sheets (find example of attendance list **tool E** |
| Advocacy are carried out to prevent stigma among targeted population | # of awareness raising sessions conducted with key stakeholders and communities focusing on anti-stigma and non-discrimination  # of IEC materials distributed containing information on anti-stigma and non-discrimination  # of outreach awareness raising activities focusing on anti-stigma and non-discrimination, and promoting community integration and mutual support | \*Staff and volunteer activity record and programme monitoring templates (find example **tool D**) |

**Outputs indicators related to outcome 2**

Outcome 2: the target population has access to quality participatory PS programmes.

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| **Output** | **Indicator** | **Means of verification/tools** |
| NS staff and volunteers are trained in PS support interventions that meet good practice standards relevant to the needs of beneficiaries. | # of staff and volunteers trained in quality, targeted PS support skills and interventions and in PS programme management cycle [for those in this role].  # of staff and volunteers demonstrating change in knowledge of PS skills and interventions.  # of staff and volunteers reporting change in confidence in ability to apply PS skills and knowledge. | \*Training reports (find example of training report template **tool F)**  **\*** Pre and post-test (find example of training pre and post-test **tool G**)  \*Attendance lists (find example of attendance list **tool E)**  \*case studies, interviews/FGD/MSC where possible (find example of guidelines on qualitative methodologies **tool C**) |
| PS staff and volunteers providing direct services meet minimum qualifications for their role. | # staff and volunteers recruited, screened and selected according to good practice standards for PS direct service provision.  # of staff and volunteers working in direct service provision who meet minimum qualifications for their role.  % of PS staff and volunteers providing direct services who are briefed and trained on code of conduct and CP policies. | \*Supervision reports (find example of supervision template **tool K**)  \*Checklist of MHPSS good practice and international programme standards (See example **tool B2)** |
| NS staff and volunteers are trained in VP/protection concerns for beneficiaries of PS programmes. | # of PS staff and volunteers trained in VP/protection concerns for the target population.  # of PS staff and volunteers demonstrating a change in knowledge and confidence in addressing VP/protection concerns for the target population. | \*Training reports (find example of training report template **tool F)**  **\*** Pre and post test (find example of training pre and post test **tool G**)  \*Attendance lists (find example of attendance list **tool E)** |
| NS staff and volunteers are routinely supervised in provision of PS support to beneficiaries. | # of PS supervision sessions provided to staff and volunteers in [specified time frame].  # of PS staff and volunteers attending at least 80% of scheduled supervision sessions.  # of PS staff and volunteers receiving on-the-job coaching or mentoring. | \*Supervision reports (find example of supervision template **tool K**) |
| HNS has appointed a counterpart to the PS delegate and they work in close collaboration | # of meetings per week, between the PS delegate and their HNS counterpart, and worktime spent together  A PoA is developed together with the counterpart | \*Meetings minutes and/or PS delegate reports  \*PS delegate’s and counterpart’s work plan/PoA  **(Find example of PoA under the folder "Planning tools”)** |
| PSS activities are well coordinated with other agencies to minimize overlap and gaps in the interventions | # of coordination meetings with PS stakeholders and agencies  A mapping of PS interventions is developed together with PS stakeholders and agencies | \*meeting agenda and minutes  \*4W |
| Functioning referral system is established. | Referral resources for higher level support (e.g., MH and other social services) are:  a) identified, and  b) documented along with contact information.  Referral procedures established, including referral documentation forms.  # of PS staff and volunteers providing direct services aware of referral resources and procedures. | \*referral documentation (find example **tool J**)  \*4W |
| NS policies, procedures and systems are developed, implemented and regularly updated for Volunteer Care. | Policies, procedures and systems for volunteer care are established and documented.  Policies, procedures and systems are reviewed and updated on a [time-specified] regular basis. | Find caring for volunteers tools:  <http://pscentre.org/topics/caring-for-volunteers/> |
| NS volunteers are trained in self and team care strategies. | # of volunteers trained in self and team care strategies (e.g., stress management, peer support). | Find caring for volunteers tools:  <http://pscentre.org/topics/caring-for-volunteers/>  \*Training reports (find example of training report template **tool F)** |
| Resource material for Volunteer Care is available and distributed to volunteers. | Resource materials are developed or adapted, as necessary, and ready for distribution for volunteer care.  # of volunteer care resource materials distributed to volunteers. | Find caring for volunteers tools:  <http://pscentre.org/topics/caring-for-volunteers/> |