



Psychosocial Centre

MONITORING & EVALUATION FOR
MHPSS PROGRAMMES TRAINING:
FACILITATOR NOTES

Monitoring and evaluation for mental health and psychosocial support programmes: Facilitator notes

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Please contact the PS Centre if you wish to translate or adapt any part of this manual. We welcome your comments, feedback, and questions at psychosocial.centre@ifrc.org.

Please see the full list of materials available from the PS Centre at www.pscentre.org.

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Foreward

War, earthquakes, flooding, violence, poverty, epidemic outbreaks, forced migration and other humanitarian disasters challenge the lives of many across national borders. Today, psychosocial support is widely offered in humanitarian responses and the results are promising. There is a wealth of knowledge and experience within National Societies (NSs) in psychosocial interventions. Evidence indicates that early and appropriate community-based psychosocial support can reduce stress and human suffering, and speed up the recovery process, both in emergency psychosocial responses and in on-going social and health care programmes.

Monitoring and evaluation (M&E) systems are essential in achieving well-designed programmes that are appropriate to the people and context, and that are effective and efficient. Taking the time to allocate time and resources for M&E planning ensures that psychosocial interventions are conducted safely and with respect to local cultures and traditions. Without these systems in place, resources may be wasted on programmes that are ineffective or inappropriate, and interventions run the risk of doing more harm than good.

The IFRC assist NSs in applying evidence-based good practice to meet the psychosocial needs of vulnerable groups. This includes using psychosocial programming standards in the implementation of psychosocial interventions. Applying findings from M&E (including lessons learned) is a key element in psychosocial programming, reducing the need to 'reinvent the wheel' for each psychosocial programme and promoting quality responses.

The PS Centre has recently developed the IFRC Monitoring and Evaluation Framework for psychosocial support interventions to promote best practice in M&E throughout the Movement. The framework aims to support NSs in designing and implementing M&E systems for psychosocial programmes; to help in programme planning and development of psychosocial support strategies; and to streamline global reporting of progress in psychosocial programmes, reflecting the priorities of IFRC Strategy 2020.

The PS Centre has also developed this training manual, Monitoring and evaluation for psychosocial support intervention - Training module, which features all the elements of the framework in a three-day training workshop. The training aims to build the capacity of staff and volunteers in setting up and implementing systematic monitoring and evaluation systems in relation to psychosocial support interventions. M&E principles, methods and tools are presented in a series of interactive training sessions, which enable participants to apply learning to their own work context.

We sincerely hope that Monitoring and evaluation for psychosocial support interventions - Training module proves to be a valuable resource for you. Our aim is to strengthen psychosocial programming by promoting high quality monitoring and evaluation of psychosocial support interventions.

Nana Wiedemann

Director, IFRC Reference Centre for Psychosocial Support

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Introduction to the training curriculum

Background

The International Federation of Red Cross Red Crescent Societies Reference Centre for Psychosocial Support (the PS Centre) has developed this training module, based on the [PS Centre's Monitoring and Evaluation Framework for psychosocial support interventions](#).

The framework was developed by the PS Centre to identify and ensure best practices throughout IFRC global psychosocial (PS) programmes, and to create a systematic approach for monitoring and evaluating PS programmes in the Red Cross Red Crescent Movement. The framework builds upon the wealth of experience of National Societies and the PS Centre in designing and implementing quality PS interventions in diverse contexts and strengthening 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 developing PS strategies, and to mainstream global reporting of progress on PS programmes as they contribute to achieving the priorities of IFRC Strategy 2020.

The framework consists of three documents:

- The [guidance note](#) provides an overview of monitoring and evaluation approaches and principles as key components of the programme management cycle. Psychosocial programme objectives and indicators are covered, including quantitative and qualitative indicators, and guidance is given on the development of M&E plans. The guidance note also details ethical principles and other fundamental requirements in preparing for M&E, including building the capacity of National Societies' staff and volunteers in conducting M&E activities.
- The [indicator guide](#) presents a set of sample indicators which are broadly applicable to National Societies (NS) PS programmes of various kinds. Although each PS programme will be unique to the context where it is implemented and the people who are involved, certain key priority areas are shared among different kinds of PS programmes. The indicator guide outlines sample indicators that capture key aspects of change that PS programmes hope to achieve.
- The [toolbox](#) contains guidance and tools for data collection in M&E of PS programmes. They are all suitable for PS programmes. Many have been drawn from existing PS programme M&E tools, but they are not an exhaustive list. The tools provided are those listed in the means of verification (MoV) column of the indicator tables in the indicator guide. The tools are focused mainly upon MoV for outcome levels. However, some of the tools can also be used as MoV on the output level (particularly programme management cycle tools and supervision reporting tools).

These three documents together provide IFRC staff and volunteers with a framework for all stages of M&E of PS programmes in various contexts. The framework can be adapted to local PS programmes depending on the target group, context, activities, and scope.

This training module is complementary to the IFRC Monitoring and Evaluation Framework for psychosocial support interventions. The training aims to build the capacity of staff and volunteers in setting up and implementing M&E systems for PS programming in a holistic manner.

All the resources associated with this training and the framework is available online at www.pscentre.org.

Training objectives

This **four-day training** introduces participants to all the components of the M&E framework. (See Annex 1 for the sample workshop programme). Sessions can also be used in shorter, refresher trainings or added to longer training courses.

The training workshop has the following learning objectives:

- Participants are familiar with the IFRC M&E Framework for psychosocial support interventions.
- Participants practice using M&E tools in an interactive learning environment.
- Participants build skills and knowledge in PS assessments and in setting up appropriate M&E systems.
- Participants know how to adapt and develop indicators which are relevant to monitoring and evaluating PS interventions in different settings.

Adult learning needs

For adult learners it is important to find themselves in a safe, inclusive, and respectful environment. This makes it possible to experiment and even make mistakes when practicing new skills. This requires that rules about confidentiality are discussed and that participants pledge to uphold confidentiality.

An inclusive emotional learning climate will help participants learn about and practice emotional regulation – key skills in psychosocial support. When learning about psychosocial support the learner needs to practice skills. Thus, learning is more than cognitive processes and needs to be based upon being engaged sensorially, relationally and mentally. An important part of any psychosocial support training is relation-building where the facilitator creates a conducive environment for participants to relate to each other and thus practice the relational and reflective skills, they will use in psychosocial support. To engage participants in their own learning, there is a daily evaluation process to ensure every problem and suggestion can be addressed as soon as possible.

Training methodology

This training module provides an interactive learning environment, with different 'hands-on' activities to enable participants to practice using the M&E framework and its tools. People differ in how they assimilate information. This training therefore uses varied methods in presenting the material. This helps to maintain participants' interest and to integrate their learning. Short presentations, group work, role-play and individual activities all help in accommodating different learning styles. Activities give participants opportunities to link the training to their own experiences and individual PS programmes, and to broaden the view of their work through interaction with other group members.

Target group

The participants for this training workshop are likely to be staff and volunteers who would like to build on their existing knowledge and skills of M&E and PS programming. They may come from a variety of backgrounds, e.g. PS support practitioners, social workers, 'pedagogues,' health workers and/or managers affiliated to the Red Cross Red Crescent Movement.

Participants should have a good knowledge of community-based PS support. It is recommended that participants have completed the IFRC Community-based Psychosocial Support foundation training.

Ideally, participants will also have a basic understanding of M&E terminology and experience of working in programme management and using the logical framework approach or similar methods.

As the training module relies on interactive exercises, it is essential that participants are willing to participate actively during the training workshop. It is recommended that participants have familiarised themselves with the *IFRC Monitoring and Evaluation Framework for psychosocial support interventions* beforehand.

The ideal number of participants per training is 15-25 people.

Facilitator profile and preparation

The facilitator(s) should have knowledge and experience in conducting basic PS trainings and extensive experience of monitoring and evaluating PS interventions. If a National Society is not able to identify a local facilitator, the PS Centre can provide assistance in finding a facilitator and give advice on the training programme.

Facilitators should thoroughly familiarise themselves with the *IFRC Monitoring and evaluation framework for psychosocial support interventions* in preparing for the training. Other PS Centre resources relevant to this training include:

- *Strengthening Resilience: A global selection of psychosocial interventions. (2014)*
- *Psychosocial interventions: A handbook. (2009).*

Training materials

Materials needed for the course

The following materials can be [downloaded from the PS Centre website](#).

- 5 x copies of *Strengthening Resilience: A global selection of psychosocial interventions (2014)* for each group
- 1 x copy per participant of the training workshop agenda as handouts OR in a PowerPoint slide
- 2 x copies of the Assessment steps (print A3 single sided)
- 4 x sets of the PMER cards (print A4 single sided and cut into cards)
- 4 x copies of Assessment roles (print A4 single sided and cut into cards)
- 4 x Needs assessment case studies. NOTE: Suggest printing all the case studies to have in your training kit. You can choose case studies relevant to your group, alternatively the groups can choose which case study they would like to work with (print, colour (if possible), A4 single sided)
 - Flooding and disease
 - Fire
 - Migration
 - Kenya
 - Nepal
 - Palestine

- Sierra Leone
- 4 x Headers sets (print, colour (if possible), A3 single sided)
- 4 x Objective statement sets (print A3 single sided)
- 5 x Logframe template (print A3 single sided)
- 5 x Logframe example, CBHFA (print A3 single sided)
- 5 x M&E Plan template (print A3 single sided)
- 5 x M&E Plan example, CHBFA (print A3 single sided)
- PowerPoint slides,

In addition, you will need:

- A projector and screen
- Name tags for facilitator/s and participants
- Flipchart and paper
- Markers, pens, pencils
- Post-it notes
- Tape, blue tack
- Scissors
- A small ball

Materials for participants

Each participant will need a hard copy of the following documents:

- IFRC Monitoring and Evaluation Framework for Psychosocial Interventions Guidance note*
- IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Indicator guide*
- IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Toolbox*
- [*IASC Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings \(Version 2.0\)*](#) – available in English, Arabic, French, Spanish and Ukrainian

NOTE: The four documents for participants are integral to the training, however they are all lengthy documents. It is suggested they be professionally printed. You will need to factor time for these documents to be printed into your pre-training preparation. You can contact the PS Centre for print ready files to send to a printer.

Using the facilitator manual

This manual and accompanying materials include the information and materials you will need to facilitate training in monitoring and evaluating MHPSS programmes. The following section outlines how to use the manual, including details on iconography and layout of the manual to help you navigate the document.

Icons

These icons are used in the manual:



Facilitator notes / planning notes for facilitators

Facilitator notes highlight any specific issues in the training process, or in the materials, or preparation required for the section that follows.



Methodology

A brief overview of the method used in the session. E.g. plenary discussion, interactive group work, role play etc.



Materials needed

Materials required for each session.



Speaker notes

This icon indicates points in the programme when the facilitator is speaking directly to participants. This includes ways of introducing the topic and notes for short presentations and plenary discussions.



Activities

Activities are used in each section to reinforce learning. Each activity is described, with the purpose, materials and the procedure clearly set out.



Plenary discussion

Notes, prompt questions or important points to highlight during the discussion.



Estimated minutes needed

A suggested required for each session. These times have been tested in pilots of the facilitation materials. However, the time allocated for each session can be adjusted, if necessary, depending on the number of participants. Facilitator(s) should make sure that activities fit into the day's schedule.



Checklist

Checklists provide important points to remember to include in discussions.



Break

Suggested points in the schedule to take breaks.

PowerPoint slides

A set of PowerPoint slides is available to accompany the training. Be sure to adapt the slides to the specific needs of the group. If you don't have access to a projector, you can print out the PowerPoint slides you want to use as handouts or copy the text onto flipchart paper.

Sample workshop programme

There is a sample programme for a four-day training agenda in Annex 1.

Knowing the participants

Before the training starts the facilitator should gather as much information as possible about the participants. The information may already be available from the recruitment and selection process. If not, consider sending a questionnaire to all participants in advance of the training to inquire about:

- Profession
- Organisation
- Educational background
- Age and gender
- Language proficiency
- Previous training experience
- Experience of working PS interventions
- Types of PS interventions conducted in participants' organisations
- Experience of working with M&E and PS programming
- Issues that participants would like to see addressed in the workshop.

Send out general information about the training, setting out the purpose of the workshop, location, and any other relevant details, along with the questionnaire.

Evaluation of the training workshop

It is good practice to get feedback about the training by doing an evaluation. There is an evaluation questionnaire in annex 2. Allow enough time for participants to individually fill in an evaluation questionnaire before they leave.

All training resources including PowerPoint slides and handouts are available online on the PS Centre website: www.pscentre.org.

Day One

Sessions	Time required
1. Welcome and introduction	60 minutes
2. Setting the scene	20 minutes
3. Introducing the monitoring and evaluation framework	30 minutes
4. Introduction to monitoring and evaluation	70 minutes
5. Assessments	130 minutes
6. Data collection – ethical principles	60 minutes
7. Wrap up day one	30 minutes

1. Welcome and introduction

Aim of session

The participants are introduced to each other as well as well as to the training and programme.



Time: 60 min

1.1 Welcome and expectations



Planning note for facilitator

The way the training starts is essential to its success. It is important to begin on a positive note. The participants need time to get to know each other and the facilitator and to settle into the venue being used for the training. Take time to create a positive and safe environment, and don't be tempted to rush the introduction. Having established a safe training environment, participants will feel more comfortable sharing personal experiences during the training.

When you start the training it is important to welcome the participants to the training. Begin by introducing yourself as the facilitator(s) and explain your background and work experience and why you consider this an important topic. This will help to gain trust among the group and may make it easier for participants to open up and share their own experiences and knowledge.



Time: 15 min



Methodology: Plenary and individual reflection



Materials

- Prepared 'Hopes & Fears' flipchart. Draw a vertical line down the centre of a flipchart paper, making two halves. On the left side, write the heading 'fear' and on the right side 'hope.'

- Prepared 'Dartboard' flipchart, see below for example. Draw a dartboard on flipchart paper and divide it into four sections (see drawing below). At the top of the paper, write 'My understanding of...' Around the outer edge of each section, write the following phrases:
 - How to design an M&E system
 - Choosing indicators for logframes
 - How to measure psychosocial well-being
 - Different tools I can use to measure indicators.



Activity instructions

As participants are arriving and settling in, you can ask them to do two pre-training assessment activities:

- 1) Hopes and Fears: Ask participants to write one fear and one hope they have for the training in the appropriate columns.
- 2) Dartboard: Ask participants to indicate how close or far away they are to the "bulls eye" (the centre of the circle). Ask them to show this by placing a dot in the appropriate space. This exercise can be repeated at the end of the training as a post-training evaluation.
- 3) Review the 'Hopes & Fears' and 'Dartboard' responses together with participants in the section about ground rules and expectations below in activity 1.3 on ground rules.
- 4) When participants have settled into the venue, begin with a welcome and an icebreaker, followed by information about the training programme and an exercise to establish ground rules for the training



Speaker notes

Welcome to this Monitoring & Evaluation for MHPSS programmes training. My name is _____ and this is [co-facilitator]. I/we will be facilitating the training over the next four days. [Introduce self, co-facilitator as appropriate].

[Insert PPT 1]

Example flipcharts



Example of Dartboard flipchart:



1.2 Icebreaker

Aim of session

To enable participants to be introduced and to get to know one another



Time: 20 min



Activity instructions

Any icebreaker of your choice.

1.3 Introduction to the training programme

Aim of session

To introduce participants to the training programme



Time: 10 min



Methodology: Plenary



Materials

- Copies of the training programme
- Slide 2



Speaker notes

Give an overview of the training objectives and programme, using the PowerPoint slides [see slide 2] or a handout. Highlight that some participants may be learning in their second, third or fourth language which all participants will need to consider throughout the training. Many people find M&E a new language also.

1.4 Ground rules

Aim of session

To create a safe environment that fosters the development of trusting working relationships among participants, increasing their confidence to share experiences during the training



Time: 15 min



Methodology: Plenary discussion



Materials

- Flipchart paper and markers



Discussion instructions

1. Ask the participants to think of what is important for them to establish a good learning environment, and then begin to list ground rules for the training on flipchart paper.
2. Prompt ideas for other rules that may have been missed (see list below) and check if participants have any others that need to be added.
3. When the group has agreed on the ground rules, then work out the consequences for breaking them. Encourage constructive activities rather than anything that may be harmful (e.g. sing a song, bring snacks for the next day, facilitate an energiser).
4. Display the ground rules in a prominent place for the entire period of the training.
5. Revisit the 'dartboard' and the 'hopes and fears' flipchart and link the hopes to expectations for the training.

**Ground rules could include:**

- Mobile phones should be on silent mode out of respect for each other.
- Punctuality is important. The training can start and end on time, as long as everyone returns promptly from breaks and lunch.
- Respect the person who is speaking and do not speak when someone else is speaking.
- No-one should feel forced to share experiences in the course of the training. Everybody is free to share if they wish, and in doing so, participants will feel a greater sense of ownership of the process.
- Participants should be non-judgemental, when other people share their experiences.

2. Setting the scene – programming for psychosocial support interventions

Aim of the session

To set the scene and establish a shared understanding of the most important elements of psychosocial support programmes. At the close of the session the participants should understand and agree definitions for key aspects of psychosocial support.

**Planning note for facilitator**

This session establishes definitions for key aspects of psychosocial support, which are fundamental to the whole training workshop. Participants may vary in their understanding, but it is important that everyone is clear about these concepts before focusing on the M&E framework.

Adapt the questions/headings on the flipcharts based on the level of experience of the participants.

**Time: 20 min**



Methodology: Group work



Materials

- Flipcharts with four headings: 'What is mental health and psychosocial well-being?' 'What is resilience?' 'What are some key mental health and psychosocial activities?' 'What is meant by a community-based MHPSS approach?'
- Markers, masking tape (for the flip charts when they are displayed in the presentation)
- Slides 3 to 4



Activity instructions

1. Divide participants into four groups.
2. Give each group one of the four pre-prepared flipcharts with a question or a heading relevant to the basic elements of psychosocial programming or use slide 4
3. Give the participants five minutes to write down their definitions or explanations.
4. Ask each group in turn to briefly present their responses and ask if the larger group have anything to add.
5. Wrap up the activity by briefly summarising the most essential points of psychosocial programming. Make sure that the key learning points below are covered.



Facilitator note

- ✓ **Mental health and Psychosocial well-being** describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors. PS well-being is experienced both in the personal individual and the social interactive domain and is also determined largely by the context within which people live. External factors and basic human needs such as livelihood, shelter and physical health may significantly impact the PS well-being of individuals and communities. Since contexts are always changing, so will the experience of PS well-being. Its dynamic nature makes it difficult to provide a standard definition of well-being or to know how to recognize it from country to country, or even in different populations within the same country.
- ✓ **Resilience** is the ability of individuals, communities, organizations or countries exposed to disasters, crises and underlying vulnerabilities to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long term prospects. Resilience 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 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.

✓ **Key MHPSS activities** include:

- Psychological first aid
- Lay counselling
- Peer support
- Support groups
- Self-help groups
- Life skills
- Psycho-education
- Making referrals
- Advocacy
- Training
- Recreational and creative activities
- Sports and physical activities.

- ✓ **Community-based mental health and psychosocial 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. Red Cross and Red Crescent National Societies primarily use a community-based approach in responding to psychosocial needs. This is based on the premise that communities will be empowered to take care of themselves and each other. In this way dependency on outside resources is reduced, through community mobilisation and strengthening of community relationships and networks.

3. Introduction to the monitoring and evaluation framework

Aim of session

The participants should:

- Understand the rationale for M&E and be able to advocate for M&E to be implemented in all programmes.
- Understand the structure and key elements of the M&E framework.



Time: 30 min

3.1 The rationale for M&E

Aim of session

The aim of this session to discuss the rationale for M&E - even during challenges.



Time: 20 min



Methodology: Debate



Materials

- Slides 5 to 7



Activity instructions

1. Ask participants about their own experience with M&E. First, ask them to briefly describe one or two examples of when M&E activities worked well and were particularly useful. This could be when they provided valuable information about a programme or in changing programme directions or plans. Then, ask for one or two brief examples of when M&E was challenging, burdensome or not valuable to the programme.
2. Next, explain that they will now participate in a debate about M&E.
3. Divide most of the participants into two groups (A and B) and place them in a line facing each other. This can be done by placing two rows of chairs facing one another, or have the group stand in two lines facing one another. Group A are advocates for M&E in psychosocial interventions, and group B are project team members arguing against M&E. Give them a couple of minutes to discuss their thoughts and debating strategy. Slide 6 includes a summary of these instructions
4. Invite the participants that are not in group A or B to be 'judges' and ask them to sit at the end of the room where they can watch and listen to the debate.
5. Explain that the debate will last 8-10 minutes. Ask group A to make a case for the importance of having a structured M&E system from the beginning of an intervention. Then invite group B to focus on all the challenges of an M&E system. Explain that one side has 1 minute and 30 seconds to state their case, and then the other side will have their turn to respond for 1 minute and 30 seconds. Alternate from one side to the other, giving each equal time (1 minute, 30 seconds) to state their position and/or respond.
6. After an equal number of turns from each side (about 2-3), end the debate and give the judges two minutes to decide what they found to be the most compelling arguments. Invite the judges to tell the larger group what arguments they chose to be best and why.
7. Wrap up the discussion in plenary by asking the participants to repeat some of the main points in the debate. Add the following points if they have not been mentioned already see slide 7]:
 - **M&E supports project/programme implementation** with accurate, evidence-based reporting to guide and improve project/programme performance.
 - **M&E contributes to organisational learning and knowledge sharing** by reflecting upon and sharing experiences and lessons.

- **M&E upholds accountability and compliance** by demonstrating whether or not our work has been carried out as agreed and in compliance with established standards¹ and with any other donor requirements.²
- **M&E provides opportunities for stakeholder feedback**, especially beneficiaries, to provide input into and perceptions of our work.
- **M&E promotes and celebrates our work** by highlighting our accomplishments and achievements, building morale and contributing to resource mobilization.

3.2 Introduction to the M&E framework

Aim of session

The aim of this session is to give an overview of the M&E framework.



Time: 10 min



Methodology: Plenary

Materials



- A copy of each of the following:
 - IFRC Monitoring and Evaluation Framework for Psychosocial Interventions Guidance note
 - IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Indicator guide
 - IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Toolbox
- Slide 8



Speaking notes

1. This M&E framework was developed by the PS Centre to:
 - a) identify and ensure best practices throughout IFRC global psychosocial (PS) programmes,
 - b) contribute to quality PS interventions and
 - c) strengthen advocacy for PS programmes.
2. The framework aims to support National Societies in designing M&E systems for PS programmes, to help in programme planning and the 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.

¹ These include the Red Cross and Red Crescent Fundamental Principles and Code of Conduct (Annex A, Guidance note).

² 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*.

3. 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.
4. The **guidance note** provides an overview of monitoring and evaluation approaches and principles as key components of the programme management cycle. Psychosocial programme objectives and indicators are covered, including quantitative and qualitative indicators, and guidance is given on the development of M&E plans. The guidance note also details ethical principles and other fundamental requirements in preparing for M&E, including building the capacity of National Societies' staff and volunteers in conducting M&E activities.
5. The **indicator guide** presents a set of sample indicators which are broadly applicable to National Societies (NS) PS programmes of various kinds. Although each PS programme will be unique to the context where it is implemented and the people who are involved, certain key priority areas are shared among different kinds of PS programmes. The indicator guide outlines sample indicators that capture key aspects of change that PS programmes hope to achieve.
6. The **toolbox** contains guidance and tools for data collection in M&E of PS programmes. They are all suitable for PS programmes. Many have been drawn from existing PS programme M&E tools, but they are not an exhaustive list. The tools provided are those listed in the means of verification (MoV) column of the indicator tables in the indicator guide. The tools are focused mainly upon MoV for outcome levels. However some of the tools can also be used as MoV on the output level (particularly programme management cycle tools and supervision reporting tools).

4. Introducing monitoring and evaluation

Aim of session

The participants should:

- Understand the basic elements of M&E in relation to the programme management cycle.



Time: 70 min

4.1 Introduction to M&E concepts

Aim of the session

To understand the link between monitoring, evaluation, and project management.



Time: 10 min



Methodology: Plenary



Materials

- Flip chart and markers

- Slides 9 to 23



Speaking notes

1. Clarify the difference between monitoring and evaluation (if participants are not experienced in M&E, be sure to note the differences on a flipchart or PowerPoint and check that everyone understands) [see slide 10]
2. Ask participants what kind of questions monitoring and evaluation help to answer. Begin with monitoring first and then move onto evaluation. Write down their suggestions on a flipchart with two columns (one column with the heading 'monitoring,' and the other column with the heading 'evaluation').
3. Explain that M&E can be used to address the following questions when implementing PS programmes: [see slide 11]
4. M&E are closely interlinked and are important management tools used to keep a check on all aspects of a PS response. M&E are used to assess if implemented activities have the desired effect of improving PS well-being. M&E form the basis for clear and accurate reporting on results achieved by a PS project/programme. Information reporting therefore provides an important opportunity to learn from our programmes, to inform decisions, and to assess the impact of what we do. [see slide 12]

4.2 The programme management cycle

Aim of session

To ensure participants can identify the main stages in the programme management cycle.



Time: 30 min



Methodology: Interactive group work



Materials

- Flipchart paper and markers for four groups
- Four sets of seven cards, featuring the seven PMER activities elements (See box below for the list of PMER activities)
- Sticky tape.



Activity instructions

1. Divide participants into four groups. Ask participants if they can name the main stages in a generic programme management cycle.
2. Briefly introduce the PowerPoint slide [see slide 13. A (includes animation)], showing the PM cycle (without the PMER activity elements) and indicate the main stages in the PM cycle: assessment, planning, implementation, monitoring, and evaluation.
3. Give each group flipchart paper and markers and ask them to draw the PM cycle on it.

4. Explain that there are different PMER activities conducted at each stage of the cycle. Give each group their set of the PMER cards and ask them to place the cards on the appropriate stage of the PM cycle on their flipchart.
5. After a brief discussion of how the activity was for the groups, present the next PowerPoint slide with the full PM cycle and describe the PMER activities in each stage. [see slide 13. B (includes animation)]. Explain that these activities form a continuous process throughout the PM cycle.
6. Conclude by asking the participants:
 - Does the PM cycle and PMER activities reflect how things happen in reality?
 - In your experience, do things progress in the order that is presented and in terms of the activities we have discussed here?
7. Wrap up by mentioning the following learning points if they have not already been covered:
 - M&E is a central feature of the programme management cycle.
 - A good M&E system should be developed from the outset in conjunction with project planning and integrated into each stage of the PM Cycle. This also helps to clarify the project's objectives.
 - An M&E system does not have to be complex to be good. A well-considered, simple M&E system can answer most questions without being difficult to implement.

**PMER:**

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

4.3 Objectives and indicators

Aim of the session

To introduce objectives and indicators, and to explain the purpose of baseline and endline studies.



Time: 30 min



Methodology: Plenary discussion



Materials

- Slides 14 to 23



Speaking notes

1. When you design a PS programme, you have to set out its objectives. [see slide 14]. Objectives are clear, well-defined statements about what the programme is seeking to achieve. They are defined at three levels: goal, outcome, and output. Each goal, outcome or output objective statement in the indicator guide answers a question corresponding to the level of change desired.
2. [See slide 15] Objectives for the goal, outcomes and outputs of PS programmes are based on information from needs assessments. It is best to do this with the active engagement of beneficiaries and other relevant stakeholders.
3. 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 measuring these through the course of implementing the programme (at various target points).
4. [See slide 16] Indicators are a unit of measurement that specifies 'what is to be measured.' They are intended to answer whether or not the desired goal, outcomes or outputs objective have been achieved. Indicators may be quantitative (e.g., percentages or numbers of people) or qualitative (e.g. perceptions, values, reasons, opinions, motivations).
5. Ask participants how they would describe a 'good indicator.' [See slide 17] Cover the following points on SMART indicators:
 - ✓ **Specific** – Is the indicator specific enough to measure progress towards the objective?
 - ✓ **Measurable** – Is the indicator a reliable and clear measure of the objective statement, and can the data be collected?
 - ✓ **Achievable** - Are the objectives in which the indicator seeks to chart progress realistic and achievable?
 - ✓ **Relevant** – Is the indicator relevant to the intended outputs and outcomes objectives?
 - ✓ **Time bound** – The indicator is attached to a time frame. The indicator should state when it will be measured. If there is no time included on when to



measure the indicator, how will anyone know if and when there is a result/outcome?



Speaking notes

6. When you are using indicators, pay attention to the following:
 - 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.
 - Be sure you have the capacity and resources to measure the indicator or have a secondary source of the data.
 - Don't just measure 'counts' or frequency, but also measure change over time. Do not over-concentrate on low-level, easy to measure indicators (outputs). These are important for programme management, but it is also important to have indicators to measure higher-level changes, such as in knowledge, attitudes and behaviour.
7. You can report on an indicator using qualitative or quantitative data or both. [See slides 19 and 20]
8. It is important to 'triangulate' the data by using different sources of information. [See slide 21] Triangulation is when you use 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). Triangulating the data strengthens the evidence we gather about change in PS programmes. Remember that both quantitative and qualitative data are important in measuring the extent to which programmes have been successful in meeting their objectives. Taken together, quantitative and qualitative indicators can measure both the scale and depth of change for people involved with PS programmes. Some indicators in the indicator guide are measured using 'mixed methods.' This means a mixture of quantitative and qualitative methods and tools.
9. [See slide 22] A baseline study (sometimes just called 'a baseline') is an analysis describing the initial conditions before the start of a project/programme. It can then be used to measure progress at a later stage by comparing the baseline results to midline or endline results. 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.
10. Baseline and endline studies are not evaluations themselves, but are an important part of assessing change. They usually contribute to project/programme evaluation. They 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. [See slide 23]

11. Wrap up the entire session by asking participants to think about and share some of their learning points from the session. Record the points on a flipchart and stick it on the wall for the rest of the training. As facilitator, add any important points that might be missing.

5. Assessments

Aim of session

The participants should:

- Understand key elements in conducting assessments.
- Be able to develop an assessment discussion guide



Time: 130 min

5.1 Introduction to needs assessments

Aim of the session

To understand the purpose of needs assessments and to identify the key steps in conducting a needs assessment.



Time: 30 min



Methodology: Pair work, interactive group work



Materials

- Paper and pens
- Assessment steps x 2
- Slides 24 to 27



Speaking notes

1. Needs assessments play a critical role in determining what activities to plan in a PS response. Before planning can begin, you need to find out what has happened and how people have been affected. Assessments are closely linked to M&E activities.
2. Assessments provide the information needed to plan good responses, ensuring that programme design and activities respond to the actual needs of the affected population. Assessments also explore the resources and strengths of the population. These are as important as identifying needs when planning an effective PS intervention. They also help identify particularly vulnerable sub-groups such as children, women, men or older people. Assessments pave the way for deciding where, when and how to start an activity.



Discussion instructions

3. [See slide 25] Ask participants to talk with the person next to them about why assessments are important and what information an assessment should include.
4. Confirm that participants are clear about the information required for needs assessments, including [see slide 26]:
 - demographics – how many people are affected, where they are, how old they are, etc.?
 - impact – how the disaster has affected the population physically, emotionally and socially?
 - problems – what problems currently exist or are likely to arise in the near future?
 - capacities – what capacities do the affected population have to help themselves including their usual coping mechanisms?
 - resources – what resources exist in the local environment to help affected people?
 - needs – what is needed to help the population achieve PS well-being?



Activity instructions

1. Explain that the first activity in this session is to make a “road map” representing the main steps in conducting a needs assessment.
2. Divide the participants into two groups and give them plenty of floor space to work on.
3. Randomly place the hand out papers with the pre-written assessments steps on the floor (one set of steps for each group). Ask the participants to place the steps in the order they find most logical.
4. Get the two groups together and look at differences and similarities in their road maps. Discuss some of the steps with the participants such as: what should the data collectors be trained in? What could be different data collection methodologies? Why do you often need to cooperate with other stakeholders? Why should you liaise and coordinate with the community and local authority? Are there any steps where you particularly need to include protection considerations?
5. Wrap up the activity by asking the participants:
 - Where there any surprises in this exercise?
 - How do these steps correspond to your experience of doing assessments?



Below you find the steps and a logical order. Remember that this order is not cut in stone and steps might come in a different order or need to happen simultaneously or multiple times during an assessment process [see slide 27].

1. Collect secondary data/desk review
2. Consider if any primary data need to be collected
3. Coordinate and liaise with other stakeholders/agencies on data collection
4. Consider time frame
5. Coordinate and liaise with the communities and local authorities

6. Decide on methodologies to collect the data
7. Design your questionnaire/discussion guide
8. Identify data collectors
9. Train data collectors
10. Pilot test of data collection tool
11. Identify sites
12. Map available services and referral mechanisms
13. Make practical and logistical arrangements for data collection
14. Identify informants
15. Get informed consent
16. Collect data
17. Analyse data
18. Reporting of data
19. Dissemination of results
20. Design intervention/plan for activities

5.2 Developing a needs assessment discussion guide

Aim of the session

To practise developing a discussion guide for a key informant interview.



Time: 60 min



Methodology: Interactive group work



Materials

- Needs assessment tools from the toolbox (see section 1)
- Copies of case scenario
- Paper and pens



Activity instructions

1. Explain to the participants that they are now going to read a case story and they have to conduct a needs assessment.
2. Hand out the case story to the participants.
3. [Speech bubble] This session is about developing a needs assessment discussion guide. Read though the scenario and use the assessment guide in the toolbox as inspiration when developing your questionnaire.
4. Divide the participants into four groups. Ask the participants to write a discussion guide for a key informant interview (maximum 7-8 questions). Ask them to also discuss important considerations in conducting the interview (see below facilitator note). [see slide 28].

5. Explain that they have 30 minutes to finalize the discussion guide, and each person in the group need to have all the questions on a notepad. Encourage participants to use the needs assessment tools from the toolbox for this exercise.
6. As the facilitator you should walk around to the different groups and support where needed. The discussion guide will not be presented to the larger group in detail, so it is important to make sure that the groups are on the right track.
7. Ask the participants to go back to the larger group and discuss in plenary the following questions:
 - How did you decide which questions to include in the interview?
 - Did you use the assessment tool? Was it useful/not useful?
 - What important considerations in conducting assessment did you discuss?



Facilitator note

If any of the following points in conducting an interview are not included in the discussion, add them to the discussion:

- Using an interpreter when needed; being aware of the gender composition of the assessment team
- taking account of ethical considerations
- Talking to children
- Raising expectations of the community for services
- Ensure participation from the community (to represent different groups including vulnerable or marginalized group).

5.3 Practising assessment interviews

Aim of the session

To practise conducting assessment interviews



Time: 40 min



Methodology: Interactive group work



Materials

- Copies of the needs assessment roles (1 role for each participant)
- Paper and pens
- 10 (depending on number of participants) RCRC vests or shirts for role play



Activity instructions

1. Ask the 4 groups to pair up (2 and 2). The groups are told that they will practice interviewing each other. Every participant get an assessment role and have to be pretend being a community member in the scenario; Group one will start being the assessment team and group 2 will be community members. Group 3 will be the assessment team and group 4 community members. They have 10 minutes in total to do the interviews. After the first round of interviews is done, the groups will

change roles; group 2 are doing the assessment and group 1 are community members. Group 4 are the assessment team and group 3 is the community members. They will also have 10 minutes for the second round of interviews.

2. Ask the two community groups to go to their assigned room or space. Ask the community members to read through their role and spend a few minutes reflecting on being that person in the scenario. The participants should try to put themselves in the place of the person in the scenario, and think about what the situation might be like for that person. Also ask the community members to pretend they are each living their usual “community life”; collecting firewood, washing clothes, looking after their children etc. when the assessment team arrives.
3. Ask the assessment teams to go to their assigned community groups (1 assessment team goes to 1 community group) and conduct the assessment interview. When 10 minutes have passed give the assessment team a few minutes to write down their notes individually as well as preparing for their community role. Then ask the groups to change so the first group will be assessment team and the second group will be community members.
4. When 10 minutes has passed give the assessment team a few minutes to individually write down their notes.
5. When this is done ask the groups to come back in plenary. Discuss the following with the participants:
 - Did they remember to introduce themselves?
 - Did they get informed consent
 - Were promises made?
 - How did the communication go with between the community members and the assessment team?

6. Data collection – ethical principles

Aim of session

The participants should be familiar with and be able to apply ethical principles in data collection for M&E and programming.



Planning note for facilitator

See the guidance note for a full description of the ethical principles featured in this session.



Time: 60 min



Methodology: Role play



Materials

- Seven pieces of paper with an ethical principle written on each one and placed in a hat/bag.

- If available, items for role-play such as scarf, hat, RC t-shirt etc.
- Slides 29 to 33



Speaking notes

1. [see slide 31] [Speech bubble] Assessments and general M&E of PS programmes involve collecting, analysing and reporting information about people. This often involves direct interactions with people in difficult circumstances. It is therefore especially important that data collection and M&E are conducted in an ethical and legal manner to safeguard the welfare of those involved in and affected by it. As an organisation, IFRC strives to ensure that in the course of 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 for best practice in M&E, including training of data collectors.
2. Tell the participants that there are seven pieces of paper in the hat/bag. Explain that each piece of paper features a different ethical principle.



Activity instructions

1. [See slide 32] Divide the participants into seven groups and ask each group to take one paper from the bag/hat. This will give each group a different principle to focus on. Explain that they have 10 minutes to prepare a short role-play (three minutes for each role-play) that illustrates the principle. They can choose whether the role-play demonstrates the principle being followed correctly or not. Ask the groups not to tell one another which principle they are role-playing.
2. Invite each group to do their role-play in turn. Tell the groups not to announce which principle they are going to role-play! After each role play, ask those watching to identify the principle they were representing.
3. Wrap-up with a brief discussion and summary of each principle [see slide 33].
 - right to service
 - 'Do No Harm'
 - anonymity and privacy
 - confidentiality
 - principle of voluntary participation
 - informed consent
 - professional conduct
 - ensure participatory M&E.

7. Wrap up day one

Aim of session

To reflect on learning and to give participants an opportunity for constructive feedback on the training



Planning note for facilitator

In this session participants are invited to share their learning points of the day, and to give facilitator(s) constructive feedback on what went well and what could be improved.



Time: 30 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Materials

- Post-it notes (two different colours), pens
- Two pieces of flipchart paper, marker
- Ball



Activity instructions

1. Wrap up the day by facilitating a closing exercise of your choice.

Here is an example of a wrap up activity:

1. Give the participants two post-it notes of two different colors, for example, yellow and pink. Ask participants to use yellow post-it notes to write down the plusses they would award to day 1 and to use pink post-it notes to write down the minuses for day 1.
2. Ask the participants to place their yellow post-it notes on the flipchart marked with a plus and their pink post-it notes on the flipchart marked with a minus. Tell the participants that the facilitators will review the flipcharts and provide feedback the next morning.
3. Ask participants to form a circle. Now throw a ball to someone and invite them to briefly share a key learning point or reflection from the day. Continue round the circle until everyone has had an opportunity to speak.

Day two

Sessions	Time required
8. Welcome and recap of day one	30 minutes
9. Getting to know the indicator guide	130 minutes
10. Introducing the IASC MHPSS Reference Group M&E Framework	120 minutes
11. Wrap up of day two	30 minutes

8. Welcome and recap of day one

Aim of session

To recap day 1 and to engage the group in day 2 of the training.



Planning note for facilitator

In this session, participants recap the material covered the previous day, and the scene is set for day two.



Time: 30 min



Methodology: Plenary, interactive plenary exercise



Materials

- Ball



Activity instructions

1. Welcome the participants to the second day of the training.
2. Start the day with an energiser to recap the first day. One option could be a ball toss.
3. Make a circle and toss a soft ball around the circle. The participants state one thing they learned yesterday as they catch the ball. Continue until the program of the first day is covered.
4. Provide feedback to the participants about the plusses and minuses from day one, e.g. if there is any of the minuses that you as a facilitator are able to correct immediately.

9. Getting to know the indicator guide

Aim of session

The participants should understand the structure and content of the indicator guide.



Time: 130 min

9.1 Introducing the indicator guide - Part I

Aim of session

To become familiar with the structure and content of the indicator guide and understand how to use it in programme/project M&E.



Planning note for facilitator

Please note that all the content for the materials in this session are in the indicator guide.



Time: 40 min



Methodology: Interactive group work



Materials

- Four sets of pre-printed cards (each set should have all objective statements from the indicator guide at goal, outcome, output level written separately on them)
- Four sets of pre-printed “headers”; “Goal”, “Outcome” and “Output”
- Indicator guide with the objective statement overview
- Slides 34 to 41



Speaking notes

1. [see slide 35] The indicator guide has been specifically written to help with M&E of PS programmes. It features a set of objectives and corresponding indicators at the level of the goal, outcomes and outputs relevant to many PS programmes. The guide presents a set of objectives plus indicators which are frequently used in monitoring and evaluating PS programmes.
2. [see slide 36] The objectives and 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, cultural context, needs, etc.
3. The indicator guide is a starting point for developing a logframe in relation to a specific programme. You can use the objectives and indicators exactly as they are written, or you can adapt them as needed. Alternatively, you may wish to develop your own.
4. All the information is presented in indicator tables. The tables also list the means of verification (MoV) for each indicator. These are the sources of information that can be used to check whether an objective has been met. Explain that the toolbox which accompanies the guide features the tools that are recommended for MoV in the indicator tables. It also provides guidance on how to use the tools for data collection.
5. The indicator guide begins with a predefined goal statement. This is followed by four outcomes and a series of outputs [see slide 37, 38]



Activity instructions

1. Divide participants into four groups. Give each group a set of objective statement cards as well as the “headers”. The headers are used to create the structure in which the objective statements should be inserted. Make sure each group has enough space to work on this task. Use the floor to place the cards if there is not enough space on the tables.
2. Ask each group to place the cards on the table, so that the statements correspond with the heading and are positioned at goal, outcome, or output level (30 minutes).
3. Now hand out copies of the completed objective statement table, so that participants can check their answers.
4. Wrap up the exercise by asking the participants:
 - a. How did you find doing this exercise? Was it easy or difficult?
 - b. Did the structure make sense to you? Was it logical?
 - c. Do you have any feedback on possible changes or improvements to the guide?

9.2 Introducing the indicator guide - Part II

Aim of session

To continue to become familiar with the structure and content of the indicator guide and understand how to use it in programme/project M&E.



Time: 90 min



Methodology: Individual or group work



Materials

- Slides 39 to 40
- IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Indicator guide



Speaking notes

1. We are now going to look at the steps in selecting outcome and output objectives (and the corresponding indicators) for a specific programme. [See slide 39]:
 - Select your goal: The programme might be a stand-alone PS programme or a component in a larger programme. Define the goal based on a needs assessment and the long-term impact to be achieved by the whole programme.
 - Select outcomes: Look at the key outcomes to determine how they relate to your programme. Think about outcomes for the target beneficiaries and NS staff and volunteers. Consider how to tailor the outcomes and indicators

to your target group, programme approach and specific context. Remember the list of outcomes and indicators does not cover every possible aspect of PS programming.

- **Select outputs:** For each outcome, review the outputs and indicators to see how they relate to your programme and its specific activities. Remember to include activities related to VP/protection and care for NS volunteers. You may need to adapt certain outputs and indicators and/or develop new ones.
 - **Select MoV:** For each indicator you need to select corresponding MoV
2. Read out an example of indicators and MoV [See slide 40].



Activity instructions

1. [See slide 41]. Ask participants now to spend 30 minutes using the indicator guide to apply it to a programme/project from their own experience. They can choose to do this individually or in small groups with their colleagues if some are working on the same programme. The programme/project could be one that has already been completed, or one that is current or one that is planned.
2. Ask them to see if the framework is relevant to their project/programme and how easy or difficult it is to adapt objective statements and indicators for their own programme.
3. Wrap up the exercise by asking:
 - a. Was it possible to find useful indicators and objectives statements for your programme?
 - b. What do you usually find challenging when choosing/developing objective statements and indicators in your programmes?

Do you think that the indicator guide would be useful in developing objective statements and indicators in your work? Please give details about what is useful and what is not useful.

10. Introducing the IASC MHPSS Reference Group M&E Framework

Aim of session

For participants to become familiar with the IASC MHPSS M&E Framework and consider how to use it in their work.



Time: 120 mins



Methodology: Participatory lecture (60mins), interactive group work & discussion (45mins) and a Quiz (10mins)!



Materials

- IASC RG Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Settings (2021)
- White paper with IASC RG Framework Outcome statements and Outcome indicators (5 indicators x 4 groups).
- Outcome indicators written on pieces of white paper.
- Quiz questions (written on a flip chart) and answers (for facilitators only!)
- Slides 46 – 53 in the slide deck.
- Differences between the IASC and IFRC M&E Frameworks for MHPSS:
https://pscentre.org/?resource=the-iasc-mhpss-pyramid-vs-the-international-red-cross-and-red-crescent-movement-framework&wpv_search=true&selected=single-resource



Speaking notes

1. Show slide 46 with the front cover of the IASC MHPSS M&E Framework. Explain that in this session we will walk through the Framework – how it was created, how it is structured and how to navigate the Framework.
2. Slide 47: Let's start with the basics and remind ourselves of what monitoring and evaluation is. Monitoring is viewed as the continuous and systematic gathering of routine information, assessing progress over time. While evaluation is the assessment of specific information, at specific time points to ascertain if the actions taken achieve their intended results (see page 7 & 8, chapter 2). Often more emphasis is placed on evaluation. However, let's remember that monitoring is just as important, if not more important than evaluation; especially in relation to MHPSS programmes. If a programme is not being well-monitored, there is a risk that unseen harm could be caused by our actions. We must always monitor our MHPSS work well to ensure that the right approaches are having their intended impact. If we are not monitoring the impacts of our work, there is a chance our eventual evaluation may not yield successful results. Monitoring and evaluation always go hand-in-hand. Together, monitoring and evaluation represent linked but separate activities that promote better programming.
3. Slide 48: So one may ask why having a Common M&E Framework for MHPSS was so particularly important. There are several reasons depicted here. (a) There must be a process for MHPSS to ensure our approaches and actions are not causing harm to the people we aim to serve. The life-saving impact of MHPSS is less 'visible', but no less important if compared with other essential humanitarian actions. M&E helps to ensure no harm is done and also to determine whether progress is being made. (b) Other rationale for creation the Common M&E Framework include the need for mechanisms to promote accountability and compliance with key standards and stakeholders – including service users. Well implemented M&E in MHPSS programmes provides regular opportunities for community and service user feedback. (c) While all of this is generally well accepted, the global MHPSS community noted that some years ago, M&E approaches were highly variable. Having a lack of a common language regarding Goals, Outcomes, Indicators and Measurements (data collection tools) across MHPSS programmes or organisations, resulted in challenges to globally present the need and benefits to our work; and it adversely affected learnings across organisations.

4. Slide 49 (History and Development of the M&E Framework): In 2017, the IASC MHPSS RG published its first version of the Common M&E Framework for MHPSS in Emergency Settings. In this original document we identified and reached consensus for a common goal for all MHPSS Programmes; five outcomes that the majority of MHPSS programmes work towards; and indicators at both Goal and Outcome levels. However, the identification of means of verification (data collection_ at least for the Goal impact level indicators was lacking, and this was a much bigger piece of work. So whilst the first version of the Framework was being used, this second version of the Framework – which would include means of verification for the Goal impact-level indicators was being developed. It took 4 years for the first edition of the M&E Framework to be released, and a further 3 years for the second edition to be released (in 2021) through a massive inter-agency collaborative effort. To generate the 2nd revision of the M&E Framework agencies first needed to agree on what we would and would not change from version 1. Aside from one indicator about information provision, all indicators attached to the Goal and Outcome remained the same. As well, the ways the concepts about M&E were described also remained the same. Each year between 2018 – 2021), a working group was formed to undertake the practical aspects of work and their recommendations were put to the wider IASC MHPSS RG for consensus building throughout the process. The 2nd version of the Common M&E Framework for MHPSS Programmes in Emergency Settings was officially launched in early 2022.
5. Slide 50: The key elements of the MHPSS M&E Framework focus on a three-tiered structure of Goal, Outcomes and Outputs. Although there may be many and varied definitions of these concepts – and some organisations may use different structures – this was the agreed basis for the MHPSS M&E Framework. In this slide you can see how the IASC RG M&E Framework defines these key elements. But key definitions were just the beginning of the original framework. By working through the platform of the IASC RG on MHPSS, consensus was also reached on a common Goal, Outcomes and Indicators for each of these. Outputs would of course be unique to individual programmes and are not included in this Framework. Refer to the 1-page infographic showing the differences between the two Frameworks (materials section above).
6. Slide 51: Here you can see the Core of the Common M&E Framework – the goal statement and its 5 key Outcomes. The Goal is set (similar to the RCRC Movement Framework). In developing the IASC M&E Framework, members agencies of the IASC MHPSS RG agreed that a common goal for all MHPSS in Emergencies programmes should target both reduced suffering and improved mental health and psychosocial wellbeing. Also, six common Impact level indicators were identified to monitor and evaluate whether this goal was being achieved. In order for the Goal to be released, five common Outcomes were also identified, covering both community and/ or person-focused activities. Each outcome can be monitored and evaluated against Outcome indicators, that were also agreed for the original Framework. The Framework is further underpinned by the principles of the IASC Guidelines for MHPSS in Emergency Settings – in that programmes should also be assessed and considered for their impacts in doing no harm, taking a rights-based approach, ensuring the engagement of affected communities and individuals

and ensuring integrated multi-layered approaches that work with existing local capacities also form part of monitoring and evaluation work. Naturally, not every individual programme or organisation will achieve this Goal or all Outcomes – but when brought together, using common language, indicators and approaches - the various programmes in a given setting can collaborate to reach this Goal and the Outcomes whilst learning about the Framework together.

7. Slide 52: Goal: Impact level indicators. Down the first column, you will see the six impact-level indicators to monitor and evaluate whether the Goal of the Framework: Reduced suffering and improved mental health and psychosocial wellbeing. Is being achieved. These impact-level indicators are not always easy constructs to measure. As a result, the Common M&E Framework also includes 21 suggested Qualitative means of verification (data collection tools) and 25 suggested Quantitative means of verification to aid in their measurement. We will follow this up tomorrow in Day 3.



Discussion instructions

1. Opportunities for discussion can include the 1-page infographic showing the differences in the IFRC MHPSS M&E Framework and the IASC M&E Framework for MHPSS Programmes: https://pscentre.org/?resource=the-iasc-mhpss-pyramid-vs-the-international-red-cross-and-red-crescent-movement-framework&wpv_search=true&selected=single-resource



Activity instructions

1. Ensure that all participants have a hard copy of the IASC MHPSS RG M&E Framework. They will need to refer to it throughout this session.
2. After showing slide 51, split the participants into equal size groups. Part 1 of the Activity: Hand out the batch of cards/ white paper with the 5 Outcome statements written on them (one/ card). Make sure each group has a batch of cards.
3. Ask them to look at the IASC pyramid of multi-layered services, (Figure 1, p6 in the IASC M&E Framework). Each group should place the Outcome Statement against which level of the pyramid they think the Outcome corresponds to.
4. Allocate 10 mins for this group work.
5. Participants can check their answers against p19 or the back page of the IASC M&E Framework, where the 5 Outcomes are listed as either Person-focused (outcomes 4 & 5, relating to layers 3 & 4 – top two layers in the pyramid) and Community focused (Outcomes 1, 2 & 3, layers 1 and 2 – bottom two layers in the pyramid).
6. Review this activity in slide 51 (see above speaking note instructions). Remember to circulate and support the groups if required.
7. Part 2 of the Activity: Distribute a batch of Outcome statements and corresponding Outcome-level indicators (one/ piece of paper) to each group.
8. Each group should match the outcome-level indicators against one of the 5 Outcome Statements.
9. Once they have finished, each group can check their answers against Table 5 in the Common M&E Framework, pp20-22.
10. Remember to circulate and support or facilitate the group work if required. Allocate 20mins for this Activity.
11. Quiz: Keep the participants in the same groups as above activities. Show the Quiz Questions written out on a flip chart (one question/ flip chart).

- Question 1: *What is the Overall Goal of the M&E Framework?* (a. Reduced suffering, increased happiness and wellbeing; b. Love, peace, health and wellbeing; c. Reduced suffering and improved mental health and psychosocial wellbeing; d. Improved mental health and psychosocial support. *Correct answer is 1c.*
- Question 2: *How many Outcomes are in the IASC M&E Framework? (Correct answer is 2. a)*
 - 5
 - 3
 - 7
 - 12
- Question 3: *Which of the below Outcomes relates to person-focused MHPSS?* (a: People are safe, protected and human-rights violations are addressed; b. Family, community and social structures promote the well-being and development of all their members; c. People with mental health and psychosocial problems use appropriate focused care). *Correct answer: 3.c.*
- Question 4: *Which of the below is NOT founds in the IASC M&E Framework?* (a. Outcomes; b. Goal; c. Outputs; d. Indicators). *Correct answer: 4.c.*
- Question 5: *Is this one of the Goal (impact-level) indicators (Yes/ No) Correct answer: Yes.* Social behaviour (for example, helping others, aggressive behaviour, use of violence, discriminatory actions).

11. Wrap up day two

Aim of the session

In this session participants are invited to share their learning points of the day, and to give facilitator(s) constructive feedback on what went well and what could be improved.



Time: 30 min

11.1 Homework assignment for Day 3

Aim of session

To prepare for Session 8 on Day 3 – *Getting to know the toolbox – means of verification*



Planning note for facilitator

Please note that the programme management cycle tools and well-being measurement tools will be covered on Day 3.



Time: 10 min



Methodology: Plenary



Materials

- IFRC monitoring and evaluation framework for psychosocial interventions: Toolbox



Activity instructions

1. Tell the participants that focus of day 3 will be to get to know the toolbox. [see slide 81] Divide the participants into six groups. Ask each group to focus on a different section of the toolbox, as follows:
 - Group 1: Qualitative methods
 - Group 2: Quality standards tools
 - Group 3: Supervision reporting tools
 - Group 4: Training report tools
 - Group 5: Referral tools
 - Group 6: Caring for volunteers' tools.
2. Explain that on day 3 the groups will be asked to:
 - Present a summary of the tools
 - Comment on how useful the tools would be for their own work context.

11.2 Wrap up day two

Aim of session

To reflect on learning and to give participants an opportunity for constructive feedback on the training.



Planning note for facilitator

Wrap up the day by facilitating a closing exercise of your choice.



Time: 20 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Materials

- Post-it notes (two different colours), and pens
- Flipchart paper and markers
- Ball



Activity instructions

Here is an example of a wrap up activity:

1. Give the participants two post-it notes of two different colours, for example, yellow and pink. Ask participants to use yellow post-it notes to write down the plusses they would award to day 1 and to use pink post-it notes to write down the minuses for day 1.
2. Ask the participants to place their yellow post-it notes on the flipchart marked with a plus and their pink post-it notes on the flipchart marked with a minus. Tell the participants that the facilitators will review the flipcharts and provide feedback the next morning.
3. Ask participants to form a circle. Now throw the ball to someone in the circle, and invite them to briefly share a key learning point or reflection from the day. Continue round the circle until everyone has had an opportunity to speak.

Day three

Sessions	Time required
12. Welcome and recap of day two	30 minutes
13. Getting to know the toolbox – means of verification	90 minutes
14. IASC MHPSS Reference Group M&E Framework – means of verification	100 minutes
15. Measuring psychosocial wellbeing	60 minutes
16. Psychosocial interventions/programme design	55 minutes
17. Wrap up day three	15 minutes

12. Welcome and recap of day two

Aim of the session

To recap day 2 and to engage the group in day 3 of the training.



Time: 30 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Activity instructions

1. Welcome the participants to the third day of the training.
2. Start the day with an energiser to recap the second day. One option could be a ball toss.
3. Make a circle and toss a soft ball around the circle. The participants state one thing they learned yesterday as they catch the ball. Continue until the programme of the second day has been covered.
4. Provide feedback to the participants about the plusses and minuses from day two.

13. Getting to know the toolbox - means of verification

Aim of session

The participants should understand the structure and content of the toolbox and understand that the tools featured in the toolbox provide a means of verification for M&E.



Time: 90 min



Methodology: Interactive group work



Materials

- IFRC Monitoring and Evaluation Framework for Psychosocial Interventions: Toolbox

- Slides 50 to 53



Speaking notes

1. [see slide 51] The tools in the toolbox are tools you are likely to find useful for your programme. Many of them are actual PS programme M&E tools. They include templates and samples of questionnaires and activity reports, etc. that can be adapted to your PS programme, depending upon your target group, activities, and scope.
2. The toolbox is not an exhaustive list of tools but may inspire you in creating your own tools. You may want to find local tools used in different programmes and/or develop additional tools for your programme.
3. The tools described in the toolbox are those listed in the means of verification (MoV) column in the indicator tables in the indicator guide. They are focused mainly on the MoV for key and intermediate outcomes. However, some of them can also be used as the MoV at the output level (particularly the programme management cycle and supervision reporting tools).
4. [see slide 52] Go through the overview of the toolbox.



Activity instructions

1. Explain that participants are now going to present their homework assignment. [see slide 53] Give 15 minutes for each participant to individually prepare answers to the following questions for their presentation. Ask everyone to think through and note down answers to their respective section:
 - What are the different tools in your section?
 - When and how can the tools be used?
 - Are the tools useful for your work? Please give reasons.
 - How the tools could be adapted for your context?
2. Divide the participants into groups using a “jigsaw model”; this means that there will be 3-4 groups depending on the number of participants. Each group should have one person representing each section in the toolbox, e.g., group 1 will consist of 6 persons that includes one person that present “Qualitative methods”, one person that presents “Quality standards tools”, one person that present “Supervision reporting tools”, one person that presents “Training report tools”, one person that presents “Referral tools” and one person that presents “Caring for Volunteers tools”. The same for group 2, 3 and 4.
3. Ask participants to take turns presenting their prepared section for each other. Each person has 10 minutes to present, including discussion. Ask each group to assign a timekeeper.
4. Wrap up the exercise with a plenary discussion, using the following questions:
 - a. Are there ways that the toolbox would improve the M&E of your existing programmes?

- b. What challenges might there be in using the toolbox (e.g., different contexts, adapting the tools, etc.)?

Are there other tools that you use and find helpful that could be integrated into the toolbox?

14. IASC MHPSS Reference Group Framework Means of verification

Aim of session

To introduce participants to the qualitative and quantitative means of verification tools in the IASC MHPSS Framework.



Time: 40 min



Methodology: Participatory lecture, exploring a website (individual work) and discussion.



Materials

- Slides 58 - 66 from the slide deck
- Laptops or phones (use if internet connection).



Speaking notes

1. We will now focus on the IASC MHPSS M&E Framework and walk through the qualitative and quantitative means of verification (data collection tools) that can be used alongside or in addition to the data collection tools that you learnt about this morning in the IFRC Toolbox.
2. Slide 58: The Process. We won't spend too much time on this slide, but one of the most common questions we are asking about the means of verification selected and recommended in the IASC Common M&E Framework for MHPSS is what the evidence or criteria has been for their inclusion. The process of this second revision of the M&E Framework took about the same time as the first version (about 3.5 years in total). An evidence-based inclusion criteria was established for prospective means of verification to be included for each age-range and Goal impact indicator. The working groups reviewed the relevant literature and met to determine agreement on the most appropriate measurement tools to include – or in the case of qualitative approaches, which would be the most appropriate strategies. Recommendations from the working group were taken to the wider reference groups for validation. Eventually, the final framework, including the means of verification, were reviewed multiple times and eventually approved for dissemination. Although the process was arduous, the M&E Framework now available represents an array of global expertise and recommendations from practitioners and academics/ researchers (who developed many of the data collection tools).
3. Slide 59: Quantitative and Qualitative means of verification for Impact-level indicators. For a full list of all the Means of verification the participants can follow in the IASC MHPSS M&E Framework document - please see Table 1 on pp13 & 14

and the Qualitative Table 2 on pp15 – 16 and Table 3 giving a summary of qualitative indicators on pp17 & 18.

4. Slide 59: Across the top of the table on this slide you will see the six Goal impact-level indicators. Qualitative and quantitative means of verification (data collection tools) are divided across the age ranges in the left column of 0-5yrs, 6-11yrs 12-17yrs and for 18+yrs. What you see here is not a comprehensive list of means of verification in this document. However, this is one example of how the means of verification across impact-level indicators and age ranges might be structured. In reality, MHPSS programmes may only target a few impact-level indicators and a few age-ranges of service users.
5. Slide 60: Linked to the means of verification tables, a separate Annex for each individual assessment method is provided in Annex 8. These 1-pager annexes for each means of verification outline the number of items, types of items, scoring, available languages, copyright information and other details that should be considered when selecting or using different measurement tools or approaches. Annex 8 for quantitative means of verification goes from pp65 – 105 with Annex 9 covering qualitative means of verification from pp106 – 117.
6. Slide 61: Further, a repository of the resources from this IASC RG Framework has been made available on the web platform www.mhpss.net. You will each have the opportunity to explore this web platform and resource later on in this session. Using this toolkit will allow you to view the evidence for the tools or approaches being used, give you an opportunity to actually see and read the measurement tools of interest to see if there might be additional – or updated information – about the measurement tool you are considering.
7. Slide 62: When using this version of the Common M&E Framework for MHPSS in Emergency Settings was developed, the country-level MHPSS working groups were strongly encouraged to ensure that additional guidance be provided about how to safely and appropriately select and use different M&E tools (see Chapter 6, figure 3, pp35). Therefore, other areas included in the IASC RG Common M&E Framework include: (a) suggested approaches and considerations to selecting means of verification (b) plans and procedures for ethical data collection; (c) What to do and how to adapt assessment measures to suit contextual needs (Chapter 2 7 & 8 pp36 – 41 and Annex 1-3, pp52-60); (d) A few examples that show how a programmes might include the Goal, Outcomes, Indicators and Means of verification from this framework in different but often-implemented MHPSS programmes in emergency settings (Annexes 4-7, pp61 – 64). As mentioned, there are Annexes for each means of verification – both quantitative and qualitative. Finally, the Framework briefly mentions the gaps that were identified throughout this process of selecting means of verification to include in this Framework. This offers a few suggested areas for future research, such as additional assessment measures needed for children, adolescents, young and older adults, as well as simpler and more assessments needed for social constructs, such as pro-social behaviour and social connectedness.
8. Slide 63: When looking at the Framework, it can be a bit overwhelming. So, let's look carefully at how this can be broken down to six main steps that will support MHPSS M&E planning and implementation. From your need assessment, the IASC

RG Common M&E Framework can be used to design a logical framework, or log frame (or theory of change) using the Goal, Outcomes and Indicators, to plan what kind of programme you want to design and implement to address these needs. We suggest incorporating at least ONE Goal-impact level indicator from the Framework, plus one of the recommended means of verification related to their Goal-impact level indicator plus at least ONE Outcome and corresponding Outcome indicator from the Framework. Of course, you can use more of the indicators of outcomes or means of verification, but by all MHPSS programmes selecting at least some of the elements of the Framework, a greater body of evidence for impact can be established for global MHPSS work overtime.

9. Slide 64: In addition to this video, there are also multiple practical demonstration videos of experts who describe the Framework within humanitarian operations. These videos were produced as part of the launch of this tool and can be accessed on the playlist linked on the page/ slide.
10. Slide 65 & 66: Sometimes, M&E can feel overwhelming. It is often hardest when undertaking M&E for the first time, or if a new type of MHPSS programme is being implemented. To support the uptake and implementation of this M&E tool, the IASC MHPSS Reference Group has established an M&E Helpdesk. If you would like support in using the IASC RG Common M&E Framework in your own work, you can contact the Helpdesk by e-mail or via the contact form displayed on the slide. The Goal of the Helpdesk is to provide timely and practical support to MHPSS programmes in establishing and implementing M&E plans using the IASC Common M&E Framework. We hope this framework and this helpdesk, are useful resources to strengthen M&E in MHPSS Programmes and to ultimately ensure safe and effective MHPSS responses in emergency settings.



Discussion instructions

1. Discuss the user-friendliness of the MHPSS.net electronic version of the means of verification for the M&E Framework.



Activity instructions

1. After slide 60, ask each participant to select two means of verification from table 3; one qualitative and one quantitative. Ask them to read about each of the two means of verification in the Annexes 8 & 9.
2. After slide 61. Open up the webpage: <https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit> and show the participants on the projector. Browse the toolkit for the participants, showing the 6 Impact level indicators, and where they can find the means of verification split according to the impact level indicators and qualitative and quantitative.
3. Request each participant to spend 10mins of individual work, exploring the web platform, browsing through its functions and features: <https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit>. Ask them to cross-reference against the hard copy of the Framework. Remember to be available as facilitators if there are any questions from the participants.

15. Measuring psychosocial well-being

Aim of session

The participants should be able to identify local concepts and domains of psychosocial well-being and be able to integrate these into M&E strategies and tools.



Time: 70 min



Methodology: Interactive group work



Materials

- Slides 63 to 67
- Flipchart paper, markers
- Post-it notes and pens.



Activity instructions

1. Briefly introduce the concept of psychosocial well-being [see slide 64] and well-being domains [see slide 65]. Explain that culture and context influence the ways people express distress, offer support and seek help.
2. Explain the importance of creating a process to understand local concepts of well-being. This refers to identifying the words and concepts target beneficiaries would use to explain their well-being and creating culturally-contextually relevant tools to measure changes in well-being over time.
3. Give examples of some questions that can be asked to elicit concepts of well-being (see toolbox section on well-being measurement) and/or use the example of a study on women's well-being in the guidance note that used the following three questions:
 - a. What would it mean to be well in your mind and heart?
 - b. What words do you use to speak about being well?
 - c. What questions should we ask to obtain this information?
4. [see slide 66] Divide the participants into three groups. Each group chooses a facilitator to ask the group how they understand psychosocial well-being (using questions of his/her choosing) and to free list words or phrases that reflect well-being. The facilitator writes their responses on post-it notes (one word/phrase per post-it note). Give 10 minutes for this task and place them randomly on a flip-chart.
5. Now ask the groups to do a pile sort exercise: The facilitator then asks his/her group to organise the responses into domains or themes – i.e. grouping post-it notes together that seem to reflect a common theme or domain. The group then names each domain or theme – e.g., 'physical well-being,' 'social connections,' etc. Give 5 minutes for this task.
6. Bring the groups back in plenary and invite each group to briefly describe how the process was for them. Was there a shared understanding of well-being or different concepts? Were there cultural or other differences among group members that

may have influenced their perceptions of well-being? Ask each group to present their domains and some of the responses that fall within those domains.

7. Write down the domains from each group on a flipchart for comparison and lead a brief discussion on the similarities and differences between the groups.
8. Show participants on a flipchart the main steps for developing well-being surveys that are appropriate to a local context:
 - explore local concepts of well-being (by free listing)
 - compile responses into domains/themes (by pile sorting)
 - use the domains to create a well-being survey or adapt a sample well-being questionnaire.
9. Explain to participants that they can use the information from the interviews to develop well-being surveys by incorporating the domains of well-being and meaningful words/expressions which are frequently used to describe well-being and distress in local context to develop questions from.
10. If time allows, ask the participants to return to their groups and start working on a well-being survey. Ask the groups to choose one of the three domains and come up with about three questions that they think could be meaningful for collecting information/data on the chosen domain. Give 10 minutes for this task. Encourage them to use the toolbox for inspiration. Invite participants to give a few examples of possible questions.
11. [see slide 67] Show *Sample questions: Local concepts of well-being* and *Sample: Well-being questionnaire* [from the toolbox]: The sample questionnaire was developed by compiling different items from existing questionnaires. It is focused around personal well-being, interpersonal well-being and capacity for coping and functioning. It should only be used once it has been pilot tested to be sure the questions are appropriate and understandable in a specific context. It would be appropriate in situations where there is not the time or capacity to develop a well-being questionnaire from scratch.
12. Spend some time for questions, discussion and sharing of other experiences related to additional resources for measuring well-being.
13. Wrap up the session by asking participants to share how the exercise went. Ask participants to briefly discuss their reflections of exploring local concepts of well-being and creating surveys/questionnaires to measure well-being. What challenges do they anticipate in their own work context in doing this?

16. Psychosocial interventions/programme design

Aim of session

The participants should be able to choose relevant and appropriate types of PSS interventions when designing a PS programme.

**Time: 60 min**

16.1 Selecting PS interventions/programme design

Aim of session

To explore possibilities in selecting PS interventions and programme design.

**Time: 20 min****Methodology:** Plenary discussion**Materials**

- Slides 68 to 72
- Drawing or pp of the IASC MHPSS interventions pyramid (see p. 11 in the guidance note)

**Speaking notes**

1. Briefly introduce the session by explaining: [Speech bubble] There are three main models of psychosocial programmes [see slide 69]:
 - Stand-alone MHPSS programmes: This type of programme usually has an independent staff and budget and is administered as a separate programme from others.
 - MHPSS plus: This is a psychosocial programme that also integrates MHPSS needs with other basic needs, such as food, shelter, water, clothing or livelihood.
 - Integrated into other responses: In this approach MHPSS activities are a component of another larger programme that addresses a range of needs.
 2. Ask participants to give examples of the three types of MHPSS programmes from their own experience.
 3. Show the picture of the umbrella of support from the 'Strengthening Resilience' handbook, p. 18 [see slide 70]. Explain to participants how this model demonstrates an integrated approach - a holistic umbrella of support to the individual, family and community.
1. Display the IASC intervention pyramid on powerpoint [see slide 71].
 2. Explain to the participants: In practice there has been a wide range of approaches and activities undertaken in the name of 'mental health' and 'psychosocial support'. The IASC Guidelines have helped to bridge the gap between mental health and psychosocial support and encourage a shared understanding. The IASC guidelines set out a framework that outlines steps to be taken before emergencies occur, describes minimum responses during the acute phase and then suggests

comprehensive responses to be undertaken during early reconstruction phases of an emergency.

3. Go through the four levels of the intervention pyramid and ask the participants for as many examples as possible (psychosocial support activities) on each layer (see notes below)



First layer: Social considerations in basic services and security

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

1st layer RCRC

- Advocacy and awareness activities related to psychosocial support issues
- Sensitization of other sectors on psychosocial support issues
- Violence prevention and general protection in basic services
- Ensuring access and participation in basic services
- Non-discrimination and non-stigmatization in basic services

Second layer: Community and family supports

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

2nd layer RCRC

- psycho-education and awareness raising on PS (to wider community)
- life skills/vocational skills
- recreational and creative activities
- sports and physical activities
- restoring family links
- child friendly spaces
- community committees
- supporting memorials and traditional burials
- Celebration of national and religious events

Third layer: Focused (person to person) non-specialised support

A smaller number of people will in addition require supports that are more directly focused on psychosocial wellbeing. The third layer 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.

3rd layer RCRC

- psychological first aid (as “intervention”)
- lay counselling
- support groups and self-help groups
- Structured follow up after crisis events (e.g for volunteers)

Fourth layer: Specialized services

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.

4th layer RCRC:

- (Referral to) Professional counselling or psychiatric treatments
4. Wrap up the activity by saying: For the Red Cross Red Crescent, the IASC guidelines are relevant for large-scale crises, when we work together with other international organisations. But the intervention pyramid can also be used as a framework for the ongoing situations handled day by day by our National Societies to ensure a multi layered approach of different interventions and thus ensures complementary supports. The layers represent the different kinds of supports people may need, whether at times of crisis, at an early stage of reconstruction or in the ongoing situations of distress experienced by people over many years.

16.2 Develop PS project based on needs assessment

Aim of session

To design a small PS project based on information from needs assessment.



Planning note for facilitator

It is important that the groups keep their projects small, as they will be developing a logframe in the next session. If they are too ambitious about the project, the development of the logframe will be difficult in the short amount of time available.



Time: 40 min



Methodology: Interactive group work



Materials

- Flipchart paper and markers



Activity instructions

1. Ask the participants to go into their needs assessment groups and discuss their findings from the needs assessment. Give the participants 10 minutes to discuss their findings.

2. The groups then have 10 minutes to brainstorm what different types of psychosocial activities that would be relevant based on their findings in the assessment. Consider the following questions when guiding their discussion and brainstorm on activities [see slide 72]
 - What are the unique psychosocial needs?
 - What activities or interventions are appropriate as a response to the needs identified in the case story?
 - What level of the pyramid does the activities fall under?
3. Tell the participants in plenary; there are some important considerations when selecting possible PS activities [see slide 73]:
 - Be sensitive to special needs: Arranging activities that some group members cannot do, may cause emotional harm, as people with special needs may feel left out or discriminated against.
 - Respect cultural and behavioral norms: In some cultures it is not appropriate for women and men to engage in activities together. Also be respectful of religious diversity and practices, and make sure there is no risk that the planned activities could offend people.
 - Be realistic: Do not plan activities that cannot be carried out, as this risks feelings of inadequacy, disappointment and failure for both the implementers and beneficiaries.
 - Relevance and timing: Remember that over time, the needs of the population change, as the context changes and new strengths and challenges emerge. Plan for continuous assessments through M&E activities as part of a psychosocial response to ensure that the psychosocial activities remain relevant and helpful.
 - Be flexible: Psychosocial needs are not as straightforward as, for example, basic needs like food, clean water and shelter. Be prepared to be creative and flexible when choosing activities, remembering that people are affected in many different ways.
 - Involve the community: It may be difficult to identify and decide what the most helpful activities may be. It is very important to involve the affected community in planning activities, because they are the experts on what they need and what would be most helpful.
4. Explain that the next part of the session is to begin to design small pilot projects based on their initial brain storming. Ask the groups to imagine that they are working together in a National Society with very limited resources. Each group is going design a small pilot PS component or project. Explain that it is very important to limit the design to a small-scale project otherwise there will not be time to complete all the development steps during the training.
5. Ask the participants to return to their groups, and let them know that will now be using the indicator guide as support in their final project design, and with the previous discussion in mind develop a small PS component or programme. Ask the

participants to look at the indicator guide overview and decide what pillar their intervention will fall under. Ask the groups to note one objective statement (outcome level) for their intervention on a flip chart as well as a 2-3 results/objectives statements (output level). They can adapt and change the statements to fit their context and needs. There is 15 minutes for this group work.

6. Ask the participants to display their flip chart on the wall and tell the participants that they can spend a few minutes during the lunch break to walk around and look at the other group's flip charts.

17. Wrap up day three

Aim of session

To reflect on learning and to give participants an opportunity for constructive feedback on the training.



Time: 30 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Materials

- Post-it notes (two different colours), and pens
- Flipchart paper and markers
- Ball



Activity instructions

1. Wrap up the day by facilitating a closing exercise of your choice.

Here is an example of a wrap up activity:

1. Give the participants two post-it notes of two different colours, for example, yellow and pink. Ask participants to use yellow post-it notes to write down the plusses they would award to day 1 and to use pink post-it notes to write down the minuses for day 1.
2. Ask the participants to place their yellow post-it notes on the flipchart marked with a plus and their pink post-it notes on the flipchart marked with a minus. Tell the participants that the facilitators will review the flipcharts and provide feedback the next morning.
3. Ask participants to form a circle. Now throw the ball to someone in the circle, and invite them to briefly share a key learning point or reflection from the day. Continue round the circle until everyone has had an opportunity to speak.
4. As a "homework" ask participant to open a KoBO account that will be used during data analysis session in Day 4 ([Register KOBO IFRC](#))

Day four

Sessions	Time required
18. Welcome and recap of day three	30 minutes
19. Introduction to M&E planning	135 minutes
20. Developing an M&E plan	90 minutes
21. Organizing the data	100 minutes
22. Evaluation of PS interventions	15 minutes
23. Wrap up and goodbye	30 minutes

18. Welcome and recap of day three

Aim of session

To recap day 3 and to engage the group in day 4 of the training.



Time: 30 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Activity instructions

1. Welcome the participants to the third day of the training.
2. Start the day with an energiser to recap the second day. One option could be a ball toss.
3. Make a circle and toss a soft ball around the circle. The participants state one thing they learned yesterday as they catch the ball. Continue until the programme of the second day has been covered.
4. Provide feedback to the participants about the plusses and minuses from day two.

19. Developing a logframe

Aim of session

The participants should understand the structure of a logframe and be able to develop a logframe relevant to a specific programme.



Time: 135 min



Methodology: Interactive group work



Materials

- Slides 74 to 81

- Logframe template in A3 size and flipchart paper for participants to copy the template OR if laptops are available, provide USB sticks with the logframe template.
- Indicator guide.
- Logframe example
- Lego bricks



Speaking notes

11. [See slide 75] A logframe is the foundation for a M&E system. If you look at the indicator guide, you will see that we have used a logframe structure for the indicator tables (without the column for assumptions).
12. A logframe is used to do the following [see slide 76]:
 - The logframe provides a summary of the programme and its operational design.
 - The logframe outlines the logical sequence of objectives to achieve the programme's intended results (outputs, outcomes, and goal); the indicators of change in objectives; and the means of verification (tools used to measure the change described by the indicator); and any key assumptions to monitor.
 - 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 (show example.)
13. [see slide 77] Terminology about logframes can be a bit confusing, as different donors and organisations vary in how they refer to them. It is important that you understand how the terms relate to one another and that you are able to use the appropriate terms as required.
14. [see slide 78] Go through the logframe template and explain each column.



Activity instructions

1. [see slide 79] Divide the participants into 4 groups using colour LEGO bricks (group red, blue, green and yellow). Ask them to draw the logframe on flipchart paper or to use laptops for this exercise.
2. Explain that each group should begin to fill in their logframe based on the small pilot project they outlined in the previous session.)
3. Provide the participants with an example of a logframe.
4. Ask the participants to start by only filling in **one outcome and one output with corresponding indicators, MoV, assumptions**. Encourage them to use the indicator guide. They may need to adapt the indicators or objective statements or develop new ones. Assign 80 minutes to develop the logframe.
5. Ask the groups to pair up and present the logframe to each other. Two groups in one end of the room present the logframe to each other, and two groups in the other end of the room present their logframe to each other. The groups can

discuss, pose questions, add new ideas and provide peer support/sparring to each other.

6. To wrap up, ask participants:

- How was it to develop the logframe using the indicator guide?
- What worked well?
- What was difficult?
- Will this be a useful tool in your work?
- Does this process correspond to how logframes are usually developed in your work and in your role?



Facilitator notes

Be available to support the groups in this exercise, discussing the task and answering questions.

The facilitators will join a group each (if you are two facilitators). If you are just one facilitator, consider to do the presentation as plenary activity.

20. Developing an M&E plan

Aim of session

The participants should:

- Be able to develop an M&E plan.



Time: 90 min

20.1 Introducing M&E planning

Aim of session

To introduce M&E planning.



Time: 30 min



Methodology: Plenary



Materials

- Slides 82 to 85
- Copies of the M&E plan (from section 5 in the guidance note).
- M&E plan example



Speaking notes

1. [see slide 83] Explain there are a few tools associated with the programme management cycle which haven't been covered yet in the training. Give an overview of some of the key PM tools for collecting monitoring data:
 - Sample staff and volunteer activity record

- Programme monitoring templates:
 - Monitoring visit report template
 - Monthly activity report template
- 2. [Speech bubble] Developing an M&E plan is the next step after selecting indicators to measure the objectives of your PS programme and making your logframe. [see slide 84] The M&E plan takes the logframe one stage further in supporting programme implementation and management. The M&E plan expands the statements in the logframe matrix to identify key information requirements for each indicator. It is a critical tool for planning and managing data collection, analysis and use of the information.
- 3. [Speech bubble] Developing an M&E plan is helpful for a number of reasons: It makes data collection and reporting more efficient and reliable and helps project/programme managers plan and implement their projects/programmes. This is because the plan sets out what is being implemented and how activities can be measured. It is a useful cross-check for the logframe, ensuring that the logframe is realistic in relation to field realities. Another benefit is that it helps to transfer critical knowledge to new staff and senior management, which is particularly important with projects/programmes lasting longer than two years.
- 4. [see slide 85] Look at the copies of the M&E plan. Go through the different columns of the M&E plan to show the columns are filled out (see handout).

20.2 Developing an M&E plan

Aim of session

To know how to develop an M&E plan.



Time: 60 min



Methodology: Interactive group work



Materials:

- Template for developing an M&E plan in A3 size or two flipcharts taped together or if laptops are available, provide USB sticks with the M&E template uploaded (use the template from the indicator guide to upload on the USB).



Activity instructions

1. Ask the participants to go back into their groups. Give them 30 minutes for this group work. Give each group a template for the M&E plan (on flipchart paper or USB sticks) as well as the M&E plan example.
2. Ask them to fill in the M&E plan using the outcome and outputs from their logframes, together with the corresponding indicators and MoV.
3. When the groups have completed this task, ask the groups to go back to their peer group (the group they presented their logframe to) and have the groups present

the M&E plan to their respective peer group. Ask each group in turn to present one row of their choice from their M&E plan.

4. Wrap up the activity by asking:
 - a. How was it to develop the M&E plan?
 - b. What worked well?
 - c. What was difficult?
 - d. Will this be a useful tool in your everyday work life?
 - e. Does this process correspond to how an M&E system/plan would usually be developed in your work?

21. Organising the data

Aim of session

To describe methods of qualitative and quantitative data analysis and to analyse the sample dataset using qualitative and quantitative methods.



Time: 100 min

15 (lecture) min + 20 min KoBo form building + 10 min surveys filling out + 15 break + 20 min data analysis + 20 min presentations = 100 min



Methodology: Participatory lecture, developing online Kobo questionnaire, qualitative and quantitative analysis of a sample data set



Materials

- Slide 90 to 95
- online KoboToolbox (IFRC KoBoToolbox is accessible at <https://kobonew.ifrc.org>.)
- Participants WhatsApp group
- Laptops
- Flipcharts, markers



Speaking notes

1. [Slide 92] 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
2. Data analysis includes looking for **trends, clusters or other relationships** between different types of data; assessing performance against plans and targets; forming conclusions; anticipating problems; identifying solutions and best practices for decision-making and organisational learning
3. Data analysis can be **descriptive**. This means describing key findings, conditions, states and circumstances, answering the question, "What happened?" It can also be **interpretive**. This means providing a meaning or explanation or establishing causal relationships from the findings, answering the question, "Why did this happen?"
4. [Slide 93] Data is analysed according to the objectives set out in the logframe and M&E plan. For example:
 - Analyse **output indicators** on a regular basis (e.g., weekly, monthly, quarterly) to monitor whether activities are occurring according to schedule and budget.

- Analyse **outcome indicators** to determine intermediate or long-term impacts or changes (e.g., in people's knowledge, attitudes and practices). As these may be more complicated to analyse, this is done less frequently. Reports are used for a wider audience, including donors, partners and the people reached by the PS
5. A range of people may be involved in different aspects of data analysis:
 - Field monitoring staff or other programme staff who collect **monitoring** data usually analyse it. They should ideally do this together with PS programme management and stakeholders. Some NS have PMER departments/staff who can support analysis of the monitoring data.
 - Data analysis of **evaluations** may be done externally or internally, depending on the type of evaluation. For example, external consultants may conduct donor-required, independent evaluations and they then are responsible for data analysis. On the other hand, programme staff do the data analysis for internal evaluations focusing on learning for their particular programme.
 6. [Slide 94] Qualitative data from focus group discussions, key informant interviews and qualitative questions from surveys are regularly used in M&E. However, these sources often generate large amounts of data. It is preferable to record interviews and focus group discussion and then transcribe them for analysis. However, if this is not possible due to lack of time or resources, written notes can be used. If notes are used, it is very important that they are an accurate record of the interview or discussion.
 7. Methods: The objective of qualitative data analysis is to organise the data collected and summarize the key messages and emerging themes or stories. Although there are various ways of doing this, one of the most common is **thematic analysis**:
 - a. Carefully read the documents and become familiar with the data collected.
 - b. Code the document into different themes
 - c. Identify patterns in the themes and look at them in relation to the indicators for the programme.
 - d. Report findings and state whether each indicator has been met or not. Look at similarities, differences and contradictions in the data analysis and discuss them in the report.
 8. **Quantitative data** is available from surveys and project/programme records. It can be used to calculate totals, averages and percentages. Results are usually presented in graphs which make the data easier to understand. Excel can be used to calculate most of the descriptive statistics (totals, ratios, averages and percentages) most commonly used in M&E. Bar charts and scatter plots are frequently used to present findings.
 9. Online tools such as [Google Forms](#) or [SurveyMonkey](#) are freely available and can be used to collect data for surveys in locations where there is a stable Internet or telephone connection. If the population is very large or there is weak or no telephone or Internet connection, software such as [KoBo Toolbox](#), [RAMP](#), or [ODK](#) can be used. KoBo Toolbox has detailed instructions for users. The other two software programmes require training.)



Activity instructions

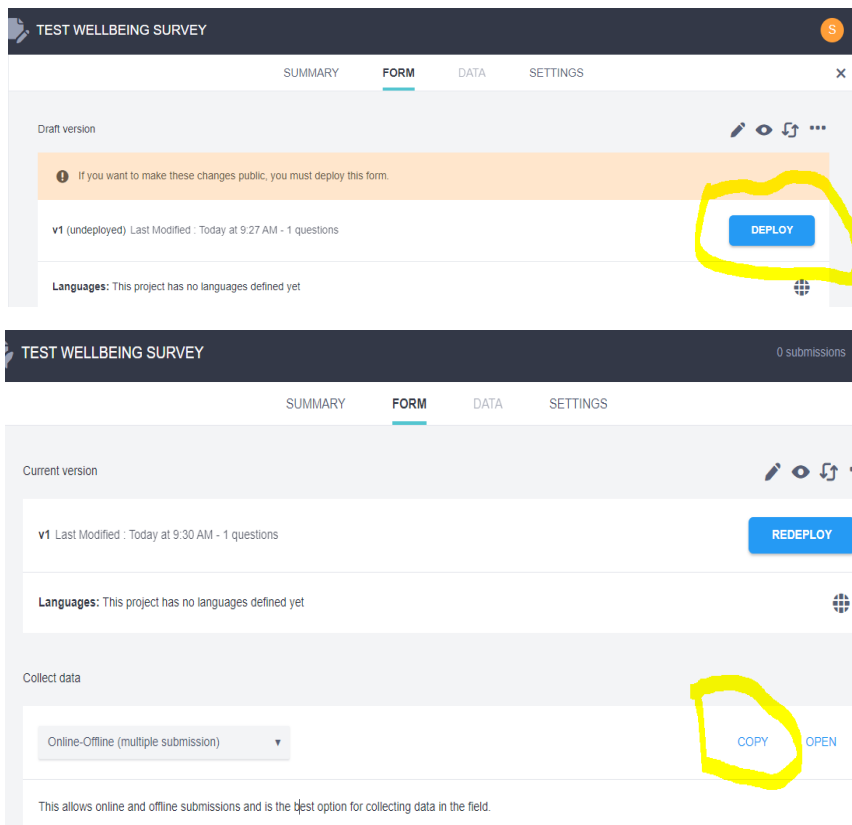
1. Slide 95: Explain the purpose of the Kobo data collection and analysis exercise, which is to learn and test qualitative and quantitative methods of data analysis on the sample dataset analysis simulation.
2. Groups will design a brief (max 5 questions) questionnaire with qualitative and quantitative questions to collect the data as per their LogFrames and M&E Plan.
3. Open your Kobo account and ask participants to do the same on their laptops (all participants should be already registered in Kobo as this was given as a homework at the end of day 3)
4. Create a demo questionnaire on the shared screen (one question only).
5. Deploy the form and show how to copy the link to the survey (see screenshots below for examples)
6. Ask participants to work in their groups of 4 and build a Kobo form with qualitative and quantitative questions to collect the data as per their M&E plans. For inspiration, refer them to Toolbox KAP Survey page 25-27 or Community and stakeholder survey tool p20-23 or Well-being questionnaire p 36
7. Ask each group to send link to questionnaire to your email (email address insert into instructions in the slide and on the flipchart)
8. When you receive the emails with survey links ask participants to populate 2 questionnaires each person and distribute the links via return emails or a WhatsApp group (preferable channel) so that:
 - Group 1/ Survey 1 - completes survey 2 and survey 3
 - Group 2 /Survey 2- completes survey 3 and survey 4
 - Group 3 /Survey 3 – completes survey 4 and survey 1
 - Group 4/Survey 4 – completes survey 1 and survey 2
9. Facilitators fill out all 4 surveys.
10. Invite participants for a **15 min break**, during the break you will share the datasets in Excel and Kobo generated survey reports in PDFs with the groups via return email, so that each group receives their own dataset.
11. Slide 96: After the break explain to the participants that you will be doing a simulation of a data analysis and ask them to analyse the datasets, they have received by email using both qualitative (thematic analysis) or quantitative methods. Ask them to prepare 5 minutes presentation. Each group should decide what target group they want to address the data analysis to and on the right format.
12. Select the following: Donors, Researchers, project end users/communities or another group of your choice.
13. Ask the participants to analyse the data using the methods in the Guidance note. For inspiration refer to Guidance note; Planning for data analysis p.24-28
14. Ask the participants to present for the plenary (4 presentations max 5 min each)
15. Wrap up by asking the groups their reflections on what they found most challenging about this exercise.



Facilitator notes

Be available to support the groups in this exercise, discussing the task and answering questions. The facilitators will join a group each (if you are two facilitators) and circulate between the groups.

Kobo form deployment



22. Evaluation of PS interventions

Aim of session

To learn about evaluation procedures and to consider what questions can be used for evaluations



Time: 15 min



Methodology: Interactive group work



Materials

- Slide 99 to 103
- Toolbox.



Speaking notes

1. [see PPT 100] An evaluation is an objective measurement that aims to determine if a programme has succeeded in achieving its aims. It identifies what has worked well and what has not worked well in implementing the programme. Evaluations measure to what extent the goals or overall objectives of an intervention have been met, asking the question, "What changes did the project bring about?"
2. Evaluations can be lengthy and costly exercises, as they involve extensive data gathering and analysis, and finally report writing with recommendations. They are

used to inform the donors, the programme implementers and ideally also the beneficiaries of the intervention. They are particularly useful in providing lessons learned for others planning similar interventions.



Discussion instructions

1. Discuss participants' experience of evaluation by asking the following questions:
 - a. How would an evaluation of your programmes usually take place? For example, would it be internal or external? When would you use an external evaluation versus an internal one?
 - b. How do you ensure accountability when it is an internal evaluation?
 - c. What is your role when programmes you have worked on are evaluated?
2. [Slide 101] Explain that evaluations take account of all the data collected in the course of designing and implementing a programme. Give the participants an overview of tools that are used in programme management from chapter 1 of the toolbox. These are tools to gather information needed for evaluating a programme (including the on-going monitoring data collected throughout the course of the programme).



Activity instructions

1. [see slide 102] Either individually or in small groups, ask participants to use the sample programme evaluation questionnaire in the toolbox to evaluate a PS programme they know. This could be a PS programme that has been completed or it may be a current PS programme. Give them 20 minutes for this task. As they work through the evaluation questionnaire, ask them to consider:
 - the relevance of the questions to the programme they are evaluating
 - ease of use of the questionnaire
 - any questions that are difficult to answer or irrelevant, and
 - any suggestions for improving the questionnaire.
2. In plenary, ask for feedback about using the sample programme evaluation questionnaire, and check if there are any other questions or comments (10 minutes).

23. Evaluation of training and goodbye

Aim of session

To provide constructive feedback on the participants' experience of the training and to give pointers for improving future training and to round up the training and give participants the chance to give constructive feedback, say goodbye and end on a positive note.



Time: 30 min



Methodology: Individual reflection, plenary, interactive plenary exercise



Materials

- Copies of the evaluation questionnaire (see Annex 2)



Activity instructions

1. Hand out the evaluation questionnaire to everyone.
2. Ask the participants to spend ten minutes filling in the questionnaire.
3. Collect the questionnaires for later assessment.

Annex

Sample agenda

Day one

Time	Session
9.00 – 10.00	Welcome
10.00 – 10.20	Setting the scene – MHPSS interventions
10.20 – 10.50	Introduction to the M&E framework
10.50 – 11.10	Break
11.10 – 12.20	Introducing monitoring and evaluation
12.20 – 13.00	Assessment
13.00 – 14.00	Lunch
14.00 – 15.15	Assessment continued
15.15 – 15.30	Break
15.30 – 16.30	Data collection – ethical principles
16.30 – 17.00	Wrap up the day

Day two

Time	Session
9.00 – 9.30	Welcome and recap of day 1
9.30 – 11.00	Getting to know the indicator guide - part 1
11.00 – 11.20	Break
11.20 – 12.00	Getting to know the indicator guide – part II
12.00 – 13.00	Lunch
13.00 – 15.00	Introducing the IASC MHPSS RG M&E Framework
15:00 – 15.30	Break
15.30 – 16.00	Wrap up the day & Homework groups

Day three

Time	Session
9.00 – 9.30	Welcome and recap of day 2
9.30 – 11.00	Getting to know the toolbox (means of verification)
11.00 – 11.20	Break
11.20 – 13.00	IASC MHPSS RG Means of verification – quantitative and qualitative
13.00 – 14.00	Lunch
14.00 – 15.00	Measuring Psychosocial well-being
15:00 – 15.20	Break
15.20 – 16.15	MHPSS interventions/programme design
16.15 – 16.30	Wrap up the day
18.00	Dinner

Day four

Time	Session
9.00 – 9.15	Welcome and recap of day 3
9.15 – 11.00	Introduction to M&E planning and developing a log frame
11.00 – 11.15	Break
11.15 – 13.00	Developing a log frame and an M&E plan
13.00 – 14.00	Lunch
14.00 – 15.30	Organising the data and evaluation of MHPSS interventions
15.30 – 15.45	Break
15.45 – 16.30	Evaluation of the training and goodbye