A Common Monitoring and Evaluation Framework for

Mental Health and Psychosocial Support in Emergency Settings

IASC
Inter-Agency Standing Committee
IASC Reference group for Mental Health and Psychosocial Support in Emergency Settings

Field test version

The Inter-Agency Standing Committee was established in 1992 in response to General Assembly resolution 46/182, which called for strengthened coordination of humanitarian assistance. The resolution set up the IASC as the primary mechanism for facilitating inter-agency decision-making in response to complex emergencies and natural disasters. The IASC comprises the heads of a broad range of United Nations, the International Federation of Red Cross and Red Crescent and non-UN humanitarian organisations. For further information on the IASC, please access its website at: <www.humanitarianinfo.org/iasc>.

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CHAPTER 1

Introduction

This document provides guidance in the assessment, research, design, implementation and monitoring and evaluation of mental health and psychosocial support (MHPSS) programmes in emergency settings. Although designed specifically for emergency contexts (including protracted crises), the framework may also be applicable for the transition phases from emergency to development (including disaster risk reduction initiatives). The framework assumes familiarity with the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings[1] and an understanding of programming in humanitarian relief and/or development.

Mental health and psychosocial support refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. Therefore, the common framework described on the following pages is important for any emergency or development personnel who are directly or indirectly engaged in programmes that aim to influence the mental health and psychosocial well-being of others. This may include (but is not limited to) mental health professionals, child protection actors or educators, health providers, nutritionists, faith communities, or programme managers and practitioners engaged in initiatives such as peacebuilding, life skills or vocational learning.

The field of mental health and psychosocial support in humanitarian settings is advancing rapidly, with various MHPSS activities now forming part of standard humanitarian responses. In 2007, the Inter-Agency Standing Committee released the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, which have been widely used to guide MHPSS programmes in many humanitarian contexts. At the same time, rigorous research that evaluates the effectiveness of specific MHPSS activities is increasingly being published.

However, the wide variation of goals, outcomes and indicators for the many MHPSS projects being implemented in different humanitarian settings has led to difficulties in demonstrating their value or impact.[2] To address this challenge, a common monitoring and evaluation (M&E) framework has been developed to supplement the IASC guidelines.

HOW THE COMMON FRAMEWORK WAS DEVELOPED?

The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings was developed through a process of academic, expert and field reviews. They included: a literature review on frequently measured MHPSS constructs;[3] an expert panel and consultation on a draft framework and key terms; field consultations in humanitarian settings in Africa, Asia and the Middle East; an in-depth review of commonly used indicators and measurement tools;[4] and multiple peer reviews to establish consensus. Annex 1 provides details about the academic reviews undertaken and how these were applied to initial drafts of the framework. The final framework is deemed relevant to the vast majority of MHPSS activities, interventions, projects and programmes that are likely to be implemented in a humanitarian response, as described in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. The common framework may not cover every possible MHPSS initiative, but it will be relevant to most MHPSS work in emergency settings.

SIX CORE PRINCIPLES

All MHPSS actions undertaken during emergency response must work towards meeting six core principles outlined in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings:

01 **Human rights and equity** for all affected persons ensured, particularly protecting those at heightened risk of human rights violations

02 **Participation** of local affected populations in all aspects of humanitarian response

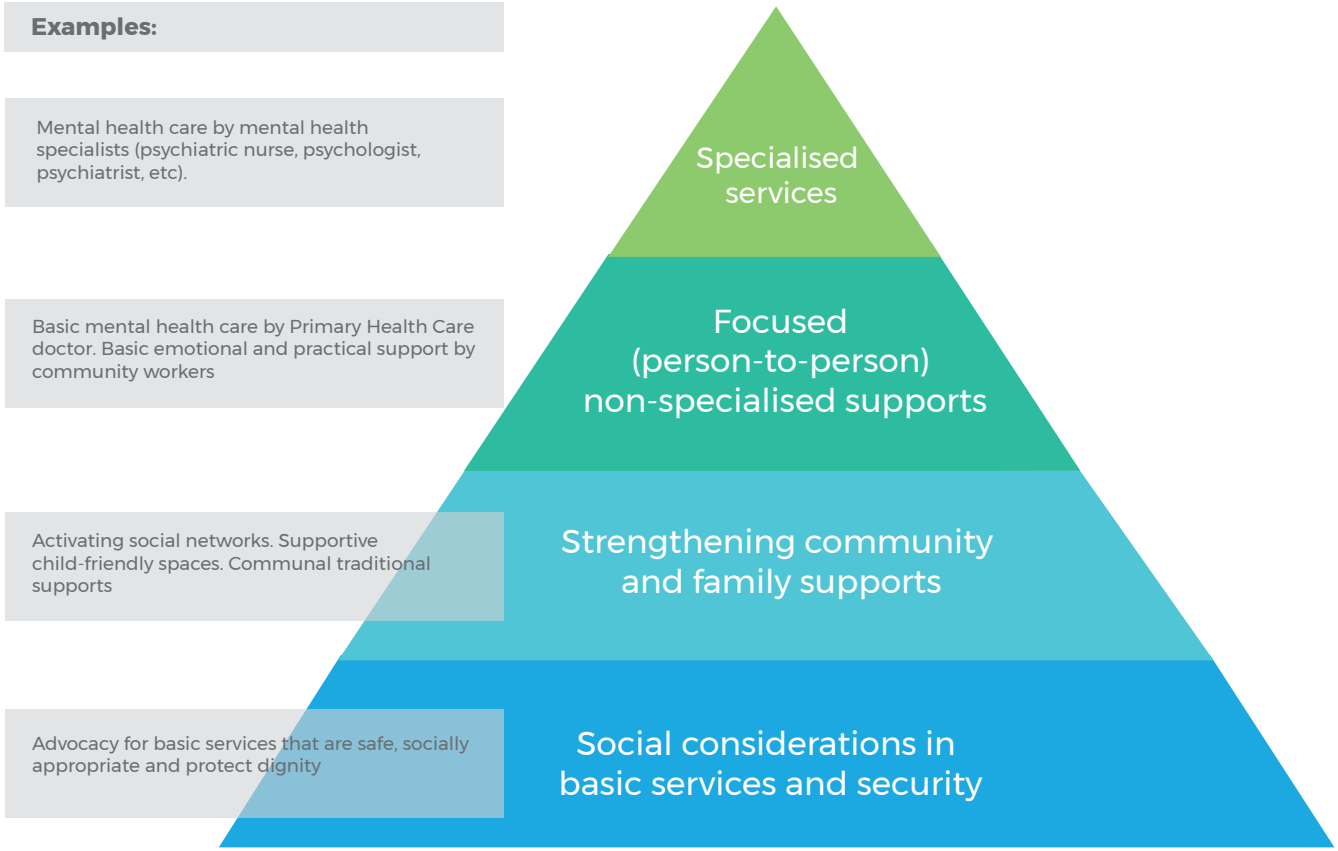
03 **Do no harm** in relation to physical, social, emotional, mental and spiritual well-being and being mindful to ensure that actions respond to assessed needs, are committed to evaluation and scrutiny, supporting culturally appropriate responses and acknowledging the assorted power relations between groups participating in emergency responses

04 **Building on available resources and capacities** by working with local groups, supporting self-help and strengthening existing resources

05 **Integrated support systems** so that MHPSS is not a stand-alone programme operating outside other emergency response measures or systems (including health systems)

06 **Multilayered supports**, acknowledging that people are affected by crises in different ways and require different kinds of support. Multilayered supports are ideally implemented concurrently (though all layers will not necessarily be implemented by the same organisation). These are commonly represented by the 'intervention pyramid' shown in Figure 1.

FIGURE 1.
Intervention pyramid for mental health and psychosocial support in emergencies



The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings further describe a series of minimum MHPSS actions for critical work that impacts the mental and psychosocial health of affected groups. The guidelines include 25 action sheets organised into 11 domains of core MHPSS activities and areas of work that require psychosocial considerations. Nearly all of these domains and action sheets are represented in this common framework. The only two areas NOT covered by this framework are the minimum responses for (1) coordination and (2) human resources. These two areas represent actions with indirect rather than direct impacts on emergency-affected populations. However, they are critical for ensuring quality MHPSS.

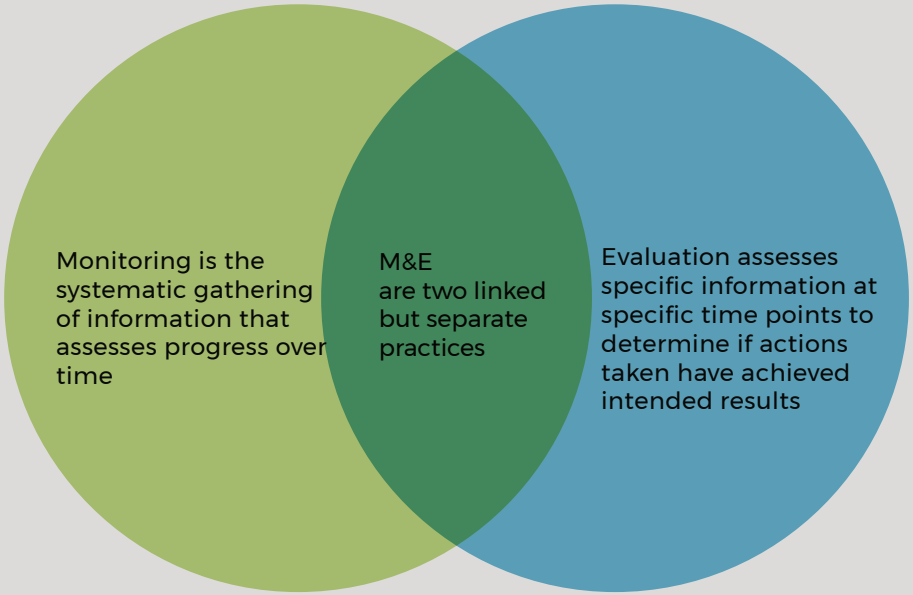
CHAPTER 2

Why is monitoring and evaluation important?

Monitoring and evaluation is necessary to assess whether or not a programme, project or intervention is achieving its desired results. When done correctly, M&E uses information to demonstrate positive, negative, direct or indirect changes that have occurred and targets reached or not reached, while providing lessons for consideration in future work. Monitoring and evaluation is also necessary for learning, contextualisation, adapting programmes and accountability. It is important that M&E information, in appropriate formats, is shared with the individuals and communities involved in the work and others who may benefit from reviewing the results (such as other organisations, donors and national or regional government authorities). Monitoring and evaluation is part of good humanitarian and programming practice and further contributes to meeting the core principles of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

For M&E to effectively measure status before, during and after a project, it must be built into the activities of a programme from the very beginning. A M&E framework should be included as part of any good programme design.

FIGURE 2.
The differences and links[5] between monitoring and evaluation



For our purposes, 'monitoring' refers to the visits, observations and questions we ask while a programme is being implemented to see if it is progressing as expected. One of the key issues, for example, in monitoring MHPSS programmes is to ensure that the programme is doing no harm. Monitoring can help to assess this.

Similarly, 'evaluation', as used here, refers to examining a programme at the beginning, middle (if timing allows), and after it has been completed to see if it achieved the desired results. Obviously, it is important to know what the desired results are in order to evaluate them.

For example, a project aims to reduce symptoms among people with specific mental health problems. The severity of symptoms, along with other indicators in the project (such as the number of personnel involved, risk and protective factors, or number of people in at-risk groups accessing livelihood opportunities) could be **monitored** throughout the life of the project.

Severity of symptoms may also be **evaluated** when people are first seen by service providers (baseline), at points during the project (mid-line) and at the end of the project (end-line or evaluation). Additional measures are also likely at these different data collection stages.

USING MONITORING AND EVALUATION TO ASSESS COST-EFFECTIVENESS

Currently, the field of MHPSS is underfunded. How should limited resources be spent? Decision-makers increasingly seek information on cost-effectiveness as a key consideration