PROTECTION Key Result Indicators – DETAILED GUIDANCE

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DG ECHO

PROTECTION KRIs – DETAILED GUIDANCE

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DG ECHO has released 19 updated Protection KRIs in November 2024. These will replace the existing 15 Protection KRIs from 2017. This document serves to provide more detailed guidance on 9 of the 19 new KRIs with additional information that cannot be inserted in APPEL due to IT limitations. These are the 9 KRIs:

For the remaining KRIs sufficient information is available on the list of DG ECHO KRIs available on the DG ECHO Partners' Website

GUIDANCE TO MEASURE GBV KRIs

INTRODUCTION

DG ECHO has developed three standard Key Result Indicators (KRIs) to measure outputs within the Gender-Based Violence (GBV) sub-sector; two indicators focus on measuring quality of GBV case management and one indicator focuses on the broader GBV response.

The focus on GBV response is in line with guidance provided in InterAction's "GENDER-BASED VIOLENCE PREVENTION: A Results-Based Evaluation Framework", which highlights the importance of developing a contextualized theory of change for GBV prevention and attempt to measure "*results against context – specific indicators that take account of local capacities and the effects of localized external actors on behavior change*". Therefore, DG ECHO did not develop a standard KRI for prevention and partners will propose contextualized indicators to measure outputs of GBV prevention activities which will be negotiated with DG ECHO at proposal submission phase.

GBV Key Result Indicator 1: NUMBER OF MINIMUM STANDARDS FOR CARE FOR SURVIVORS ACHIEVED *

This KRI is mandatory when the sub-sector is selected.

DESCRIPTION	SOURCE OF VERIFICATION
Case Management 1 For baseline: divide the NUMERATOR: total number of minimum standards of care for survivors met prior to the start of the action by the DENOMINATOR: total number of minimum standards of care for survivors. For target value: divide the NUMERATOR: total number of minimum standards of care for survivors met prior to the start of the action + total number of minimum standards of care for survivors to be met within the action timeframe by the DENOMINATOR: total number of minimum standards of care for survivors **The checklist should be contextualised and submitted at proposal stage.**	Contextualised Checklist (Please refer to more detailed guidance on DG ECHO partners' website).

Taken from the Inter-Agency GBV Case Management guidelines, this process indicator is intended to be used as a **Quality Monitoring Tool** to ensure that services are implemented according to good practice standards. Both availability of and accessibility[1] to quality services are essential for safe and comprehensive multi-sectoral assistance to GBV survivors and individuals at risk.

[1] In line with Protection Mainstreaming guidance, meaningful access is defined as 1) Available in sufficient quantity and quality 2) Provided on the basis of need and without discrimination 3) Within safe and easy reach 4) Known by people potentially accessing services 5) Physically and financially accessible 6) Culturally relevant and socially acceptable,

The main tool for measurement is the MINIMUM STANDARDS OF CARE FOR SURVIVORS checklist (see below), adapted from the Inter-Agency GBV Case Management guidelines. Some important elements to consider:

- DG ECHO acknowledges that meeting several minimum standards may be outside the scope of partners' programmes, heavily depend on the context and can only marginally be addressed through humanitarian aid: however, a thorough assessment of the services available to GBV survivors is essential for quality GBV case management. Actions to address unmet criteria could include advocacy, awareness raising, capacity building etc.
- While all standards included in the checklist are essential to ensure that services are implemented according to good practice standards, DG ECHO recognizes the importance of contextualization. Therefore, partners should feel free to adapt the checklist to the specific context of operations, without removing any of the essential aspects, but rather adding specific criteria relevant to the context in question. Changes in the checklist should be discussed with DG ECHO staff.
- Partners are requested to provide feedback to all Minimum Standards, including for services/assistance not provided directly. Information should be generated through a detailed service mapping which considers both availability and quality of assistance provided by other actors.

How to measure the indicator:

A. At proposal stage, DG ECHO partners are requested to provide both a baseline and a target value.

BASELINE: to calculate the baseline, partners are requested to use the checklist below (adapted from the Inter-Agency GBV Case Management guidelines) and calculate the **number of minimum standards already met** PRIOR the start of the action. Those standards for which work is in progress should not be part of the baseline calculation.

The baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of standards MET prior the start of the action}}{\text{Total number of standards}}$$

Example: if a total of 14 minimum standards were already met prior the start of the action, the baseline will be 14/31 = 42%.

TO BE NOTED: The checklist must be annexed to the proposal when partners submit the e-Single Form (e-SF).

In case of exceptional circumstances (e.g. onset emergency, RRM etc), when a baseline is not available at proposal stage, partners are expected to submit the checklist duly filled within

three months from the start of the action. This is to allow sufficient time to collect the needed information to establish a baseline and identify areas that need improvement.

For consecutive/multi-year actions working in the same locations and targeting the same communities the achieved value of the previous action can be used as a baseline.

TARGET VALUE: to define the target to be achieved by the end of the action, partners are requested to define the number of unmet standards to be addressed during the course of the action and **estimate how many standards will be met by its end**.

Partners are expected to provide information on how the target will be achieved through the "*Action Plan to Address Critical Gaps in Services*" (see below) – information included in the plan should also be described more in depth in the "Logic of Intervention" section of the e-SF

TO BE NOTED: The Action Plan must be annexed to the proposal when partners submit the e-SF.

B. At interim report stage and during monitoring missions performed by DG ECHO staff, partners must be able to provide updates on the action plan's implementation. In concrete terms, DG ECHO expects partners to be able to provide updates on the work initiated on the selected standards they intend to meet by the end of the action (i.e. # of standards for which work has initiated since the beginning of the action).

The progress value should be calculated as follows:

$$\textbf{PROGRESS VALUE} = \frac{\text{\# of standards for which work has started since the beginning of the action + \# of standards met prior the start of the action}}{\text{Total number of standards}}$$

At interim report stage, partners should annex **a revised Checklist and Action Plan**:

- The checklist should highlight the number of standards for which work has initiated since the start of the action (marked as "working towards");
- The Action Plan should reflect any change in timelines or further actions identified to meet a specific standard.

C. At final report stage, partners should calculate the "achieved value" as a %: # of criteria met over the total number of standards (denominator).

$$\textbf{ACHIEVED VALUE} = \frac{\text{\# of standards met during the action + \# of standards met prior the start of the action}}{\text{Total number of standards}}$$

Standards for which work is still in progress should not be considered in the calculation. However, the comment section can be used to provide information on potential challenges and constraints faced during the project implementation.

At final report stage, partners should annex a **revised Checklist and Action Plan**:

- The checklist should highlight the number of standards met and those for which work has initiated since the start of the action (marked as "working towards"); while the latter will not contribute to the calculation of the achieved value, it remains important to know what work has been initiated and what are the main constraints to achieve the standard.
- The Action Plan should provide information on the concrete actions that have been implemented throughout implementation.

MINIMUM STANDARDS OF CARE FOR SURVIVORS

	MINIMUM STANDARDS - HEALTH SERVICES	Met	Working towards	Not met	Not yet assessed
1	Health care can be accessed without barriers (for meaningful access definition please refer to protection mainstreaming elements)				
2	Health-care services are accessible to all survivors, regardless of gender, sexual orientation, ethnic/religious background, etc.				
3	A safe and private environment is available for medical examination and treatment				
4	Health workers are trained on GBV guiding principles.				
5	A sufficient number of doctors and/or nurses and/or midwives have been trained in the clinical management of rape and intimate partner violence, including for male and child survivors (sufficient to be assessed by partner organization, but should at least ensure availability of CMR 24/7)				
6	Protocols for clinical management are in place and followed				
7	Appropriate equipment and supplies, including medications/drugs, are regularly available and no out-of-stock reported				
8	Follow-up health care is provided				
9	Health workers know how to give information and make safe referrals to GBV specialized agencies.				
10	Mental health services are available for survivors (level 4)				
	MINIMUM STANDARDS – case management and PSS	**Met**	**Working towards**	**Not met**	
11	A safe and private environment is available for people to receive compassionate assistance.				
12	CM Staff have received all relevant trainings (as a minimum: GBV guiding Principles, Safe identification and Referrals, GBV Case Management, contextualized Referral Pathways, PFA/PSS and PSEAH)				

13	Volunteers have received all relevant trainings (as a minimum: GBV guiding principles, Safe Identification and referrals and PSEAH)				
14	Regular refresher trainings are conducted for all staff				
15	Representation of the different gender groups as well as ethnic and religious backgrounds relevant to the context are guaranteed among the staff/volunteers.				
16	# of caseworkers allow for a caseworker to-survivor ratio of 1:20 active cases				
17	A supervision system for GBV case management is established and supervisor to caseworker ratio is no larger than 1:8				
18	Criteria to identify and prioritize urgent/high risk cases are in place				
19	A referral system is in place and functioning as a minimum for safety, health care, MHPSS, basic needs and legal aid.				
20	Safety options are available to people seeking help				
21	Resources (human, financial, material, technical etc.) are available to implement the case plan.				
22	Community outreach and education about GBV takes place				
	MINIMUM STANDARDS - Legal services and justice	**Met**	**Working towards**	**Not met**	
23	Legal counseling is available to advise survivors of their legal rights and remedies and on the process for criminal proceedings.				
24	Legal representation is available and accessible (accessibility to be defined within the specific context).				
25	Practical and emotional support is available for victims/witnesses to attend court, e.g. transportation.				
26	Court mechanisms and procedures are accessible and sensitive to the needs of survivors				
	MINIMUM STANDARDS – Law enforcement	**Met**	**Working towards**	**Not met**	
27	Police have the capacity to respond promptly to criminal allegations of GBV.				
28	Training and education on GBV and on the dignity of survivors are provided to police, criminal justice officials, practitioners and professionals involved in the criminal justice system.				
29	Survivors are not likely to be subject to arrest or detention based on legal status or any other characteristic upon reporting to police				
30	Procedures for reporting complaints to police promote dignity and confidentiality				
31	Female police officers are present and available to assist survivors				

ACTION PLAN TO ADDRESS CRITICAL GAPS IN SERVICES					
MINIMUM STANDARD	GAP IDENTIFIED	STRATEGY/ACTION FOR ADDRESSING THE GAP	RESPONSIBLE	TIMEFRAME	PRIORITY: HIGH,MEDIUM. LOW

GBV Key Result Indicator 2: % OF GBV HIGH-RISK CASES SUPERVISED *

This KRI is mandatory when the sub-sector is selected.

DESCRIPTION	SOURCE OF VERIFICATION
Case Management 2 Divide the NUMERATOR: total number of high-risk cases revised by a supervisor by the DENOMINATOR: total number of high-risk cases included in the case management process. 1. Partner must be able to evaluate GBV survivor's situation to assess actual risk levels (low, medium, high). A high-risk case is usually one in which there is an immediate threat to the survivor's safety or health and requires urgent action. 2. Supervision can be provided through one-on-one support, in groups, through on-the-job observation, coaching and in regular team meeting.	Supervision tools.

Supervision is essential for continued staff capacity development and to ensure quality of care. As per Inter-Agency GBV case management guidelines, supervision can be provided through one-on-one support, in groups, through on-the-job observation and coaching, and in regular team meetings.

Due to recurrent operational constraints, especially in terms of needs versus available resources, a priority level (high/medium/low) should be assigned to each case at initial assessment, in order to ensure cases are handled in a timely way. Time limits and prioritization categories are context specific: If prioritization is done at cluster/AoR level, DG ECHO partners are advised to align to contextual guidance. Otherwise, DG ECHO expects partners to develop their own prioritization strategy, within contextualized Standard Operating Procedures, which must be annexed to the proposal. However, in any context, a high-risk case is usually one in which there is an immediate threat to the survivor's safety or health and requires urgent action.

Baseline and target:

- A baseline is not required but can be useful to identify trends. When an action is the first of its kind in the area, no baseline has to be set (i.e. can be put at zero); when an action is a follow-up of a previous action where case management was conducted, it is possible to use the previous action's target value as a baseline value for the new one, provided no major changes have occurred.
- Targets should be defined taking several elements into consideration. Few non-exhaustive examples:

- If caseworkers have recently been hired in the organizations and have recently received trainings, partners are expected to set a higher target to ensure case management is provided in a safe and qualitative way.
- Also in cases where DG ECHO partners initiate indirect implementation (i.e. through local partners) but retains a supervisory role, targets are expected to be high;

How to report

- DG ECHO requests updates on the indicator at monitoring, interim, and final report stage;
- Supervision strategies utilized should be specified in the comment section of the indicators;
- Further actions resulting from supervision could also be included in reports (e.g. additional trainings, shadowing etc)

GBV Key Result Indicator 3: NUMBER OF INDIVIDUALS BENEFITING FROM GBV RESPONSE SERVICES

DESCRIPTION	SOURCE OF VERIFICATION
GBV Response 1. This covers response to survivors of GBV (women, men, girls and boys). 2. For the list of GBV response services relevant for the measurement of the indicator see the guidance on the DG ECHO partners' website. 3. In reports, disaggregate beneficiaries' data by age, sex, and by GBV service(s) received. 4. In reports, detail strategies to avoid double counting of beneficiaries.	Project data and records documenting the support provided and number of people reached. See detailed guidance on DG ECHO partners' website

The indicator focuses on the broader GBV response, which includes but is not limited to GBV case management. However, it is important to note that this indicator focuses on service provision and does not include material assistance (e.g. Cash for protection, Dignity kits, etc).

In order to support partners with reporting against this indicator, below a non-exhaustive list of services relevant to the measurement:

- Structured Psychosocial support: this refers to group as well as one-to-one sessions provided outside of GBV case management (for which KRI 1 and KRI 2 should be used);
- Awareness raising sessions: this can refer to group sessions but does not include mass awareness campaigns (e.g. through media, radio, billboards etc).
- Referrals (when outside of case management)
- Legal aid when not linked to the GBV incident per se (i.e. legal representation for criminal cases). Legal aid can include legal counselling as well as legal assistance for issues linked to identity and civil documentation, family law etc.
- Life-skills sessions;
- Vocational trainings;

DG ECHO is aware that Women and Girls Safe Spaces often hosts several activities listed above: however, for reporting purposes, partners are expected to be able to disaggregate the total number of beneficiaries by type of activity implemented.

Partners are also expecting to provide DG ECHO with a clear strategy to avoid double counting, as the same beneficiary will most likely benefit from more than one service.

GUIDANCE TO MEASURE HOUSING, LAND AND PROPERTY KRI

INTRODUCTION

DG ECHO has developed two standard Key Result Indicators (KRIs) to measure outputs within the Housing , Land and Property rights (HLP) sub-sector; one indicator focuses on measuring quality of HLP services provision and one indicator focuses on the access to the broader HLP response. Sufficient guidance for the latter (HLP KRI 1) is provided in the long version document of the KRIs available in the 2024 SF Guidelines on the DG ECHO Partners' Website as part of the SF Guidelines, and thus the below only provides additional guidance for the measuring of HLP KRI 2. Please note that both HLP KRIs are compulsory when selecting the HLP sub-sector.

HLP Key Result Indicator 2: % OF PERSONS PROVIDED WITH LEGAL AID ON HLP WHO OBTAIN A SOLUTION AND/OR RESPONSE TO HLP VIOLATIONS *

This KRI is mandatory when the sub-sector is selected.

DESCRIPTION	SOURCE OF VERIFICATION
HLP 2 Calculate by dividing the NUMERATOR: number of persons provided with legal aid on HLP who obtain a solution and/or response to HLP violations by the DENOMINATOR: total number of persons provided with legal aid on HLP. 1. Please refer to more detailed guidance for this KRI on the DG ECHO partners' website. This includes more specific definitions on HLP violations, solutions, response. 2. At proposal stage use comments field to specify whether the focus is on A) HLP legal aid and/or B) response to HLP violations - or both at the same time. 3. At reporting stage types of cases solved and/or responses provided should be described under activity reporting.	[Adjust/specify as necessary and justified]: Programme document review (case management files/referrals); post service questionnaire at case follow-up; statistics from appropriate database/ records.

A Housing, Land and Property **(HLP) violation** is a violation of the right to adequate housing and the ability to live on one's land and use one's property. The global HLP Area of Responsibility (AOR) describes common HLP issues in emergencies to include tenure discrimination leading to inequitable assistance; loss of HLP documentation; access to land for shelter and livelihoods; access to natural resources, such as water; land and property conflicts; forced evictions; secondary occupation; land grabbing; restitution; and disinheritance, particularly of women and children.

Aligned with the Conceptual Framework Legal aid in humanitarian settings of the GPC Task Team on Law and Policy, **HLP legal aid** can be provided in the form of information, legal advice/counselling, representation, informal dispute resolution, and other forms of legal assistance.

The KRI refers to **HLP solution and/or response**; this is deliberate in order to allow for all forms of HLP assistance to be encompassed by it and because a response may not always present a solution – or the best solution. Solutions and responses might be wide-ranging and may encompass obtaining replacement for property ownership documents that were lost or that they never had; prevention of forced evictions or assistance to find alternative adequate housing; obtaining security of tenure;

resolving land disputes through mediation; reinstating lost inheritance, etc. Obtaining **HLP documents** are often, but not always, a core part of the solution/response, such documents typically include: land deed (purchase/ lease/rent agreement); property title deed (purchase/ lease/rent agreement); construction/building permit; compensation and restitution assessment certificate.

How to measure the indicator:

A. At proposal stage, DG ECHO partners are requested to provide both a baseline and a target value.

BASELINE: For consecutive/multi-year actions working in the same locations and targeting the same communities the achieved value of the previous action can be used as a baseline. If this has never measured before, or locations and communities have changed, the baseline may be kept as zero for year 1.

The baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of persons provided with legal aid on HLP who obtain a solution and/or response to HLP violations in the previous action}}{\text{total \# of persons provided with legal aid on HLP in the previous action}}$$

Example: if a total of 200 persons have been provided with legal aid on HLP and of these 140 obtained a solution and/or response the baseline will be 140/200 = 70%.

TARGET VALUE: to define the target to be achieved by the end of the action, partners are requested to define the technical areas of improvement to be addressed during the course of the action and **estimate how much the this will improve the proportion of solutions and/or responses at its end.**

At proposal stage, partners should use the comments field of the KRI to specify whether the focus is on A) HLP legal aid and/or B) response to HLP violations - or both at the same time.

B. At interim report stage and during monitoring missions performed by DG ECHO staff, partners must be able to provide updates on the action's implementation plan. In concrete terms, DG ECHO expects partners to be able to provide updates on the work initiated on the selected areas of improvement of HLP legal aid services.

$$\textbf{PROGRESS VALUE} = \frac{\text{\# of persons provided with legal aid on HLP who obtain a solution and/or response to HLP violations SINCE the start of the action}}{\text{total \# of persons provided with legal aid on HLP SINCE the start of the action}}$$

At interim report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database. DG ECHO may also request to see anonymised information from these during monitoring visits.

At interim report stage, partners should also state the types of cases solved and/or responses provided under the activity reporting.

C. At final report stage, partners must calculate the achieved result as a %: **# of persons provided with legal aid on HLP who obtain a solution and/or response to HLP violations over total # of persons provided with legal aid on HLP**

$$\textbf{ACHIEVED VALUE} = \frac{\text{\# of persons provided with legal aid on HLP who obtain a solution and/or response to HLP violations DURING the entire action}}{\text{total \# of persons provided with legal aid on HLP DURING the entire action}}$$

At final report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database.

At final report stage, partners should also state the types of cases solved and/or responses provided under the activity reporting.

GUIDANCE TO MEASURE LEGAL PROTECTION KRIs

DG ECHO has developed three standard Key Result Indicators (KRIs) to measure outputs within the Legal Protection sub-sector; two indicators focus on measuring quality of legal protection services provision and one indicator focuses on the access to the broader legal protection response. Sufficient guidance for the latter (Legal Aid KRI 1) is provided in the long version document of the KRIs available in the 2024 SF Guidelines on the DG ECHO Partners' Website, and thus the below only provides additional guidance for the measuring of the Legal Aid KRI 2 and the Legal status, registration KRI.

Legal aid Key Result Indicator 2: % OF TARGET POPULATION WHO OBTAIN LEGAL IDENTITY DOCUMENTS AND/OR A SOLUTION TO THE ISSUES FOR WHICH THEY SOUGHT LEGAL AID

DESCRIPTION	SOURCE OF VERIFICATION
Legal aid 2 Calculate by dividing the NUMERATOR: number of persons who sought legal aid obtaining document(s)/solution(s) by the DENOMINATOR: number of targeted project participants who sought legal aid in need of documents/solutions. 1. Documents could for instance be national ID card, birth certificate, death certificate, while types of cases could include civil proceedings such as divorce cases or criminal proceedings. For more details on types of documents and cases, please refer to more detailed guidance for this KRI on the DG ECHO partners' website. 2. Percentage to be calculated based on the total known/estimated need among the catchment area/population. 3. At proposal stage use comments field to list types of documentation and types of cases foreseen 4. At reporting stage types of cases and documents should be described under activity reporting.	[Adjust/specify as necessary and justified]: Programme document review (case management files/referrals); post service questionnaire at case follow-up; statistics from appropriate database/ records.

Aligned with the Conceptual Framework Legal aid in humanitarian settings of the GPC Task Team on Law and Policy, **legal aid** can be provided in the form of information, legal advice/counselling, representation, informal dispute resolution, and other forms of legal assistance.

Types of documents which people need legal aid to obtain are most often what is known as civil documentation and typically include national ID card, passport, birth certificate, death certificate, marriage certificate, and divorce certificate but may include other contextually specific ones (e.g. in some countries various forms of household registration certificates are also key civil documentation). Other types of documents could be residence permit/documents related to legal stay, work permits, and health insurance cards.

Types of cases which people need legal aid for include civil proceedings and criminal proceedings. Here the prior implies dispute between people while the latter allege a violation of criminal law. Typical civil proceedings supported include divorce and child custody cases, while criminal proceedings in principle could be anything, but in reality, is most often linked to people being detained for not having adhered to freedom of movement restrictions imposed on them, for having worked illegally or for having crossed a border in an irregular manner.

How to measure the indicator:

A. At proposal stage, DG ECHO partners are requested to provide both a baseline and a target value.

BASELINE: For consecutive/multi-year actions working in the same locations and targeting the same communities the achieved value of the previous action can be used as a baseline. If this has never measured before, or locations and communities have changed, baseline may be kept as zero for year 1.

The baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of persons who sought legal aid obtaining document(s)/solution(s) in the previous action}}{\text{\# of targeted project participants who sought legal aid in need of documents/solutions in the previous action}}$$

Example: if a total of 200 persons have been provided with legal aid and of these 120 obtained a document/solution the baseline will be 120/200 = 70%.

TARGET VALUE: to define the target to be achieved by the end of the action, partners are requested to define the technical areas of improvement to be addressed during the course of the action and **estimate how much the this will improve the proportion of documents/solutions at its end.**

Targeted project participants should be based on the total known/estimated need among the catchment area/population. In cases where the needs are higher than what the partner realistically reckons being able to address, it should be based on a realistic estimate.

At proposal stage, partners should use comments field of the KRI to list types of documents and types of cases foreseen

B. At interim report stage and during monitoring missions performed by DG ECHO staff, partners must be able to provide updates on the action's implementation plan. In concrete terms, DG ECHO expects partners to be able to provide updates on the work initiated on the selected areas of improvement of legal aid services.

$$\textbf{PROGRESS VALUE} = \frac{\text{\# of persons who sought legal aid obtaining document(s)/solution(s) SINCE the start of the action}}{\text{\# of targeted project participants who sought legal aid in need of documents/solutions SINCE the start of the action}}$$

At interim report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database. DG ECHO may also request to see anonymised information from these during monitoring visits.

At interim report stage, partners should also state the types of cases solved and/or types of documents provided under the activity reporting.

C. At final report stage, partners must calculate the achieved result as a **# of persons who sought legal aid obtaining document(s)/solution(s) over # of targeted project participants who sought legal aid in need of documents/solutions**

$$\textbf{ACHIEVED VALUE} = \frac{\text{\# of persons who sought legal aid obtaining document(s)/solution(s) DURING the entire action}}{\text{\# of targeted project participants who sought legal aid in need of documents/solutions DURING the entire action}}$$

At final report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database.

At final report stage, partners should also state the types of cases solved and/or documents provided under the activity reporting.

Legal status, registration Key Result Indicator: % OF TARGET POPULATION WHO OBTAIN RSD OR OTHER OFFICIAL STATUS OR REGISTRATION

DESCRIPTION	SOURCE OF VERIFICATION
Legal status, registration Calculate by dividing the NUMERATOR: number of persons who obtain RSD or other official status or registration by the DENOMINATOR: number of persons known to be in need of RSD or other official status or registration 1. Status implies refugee status determination (RSD). Registration implies either other types of registration or verification of refugees/asylum seekers/persons of concern OR registration or verification of IDPs. 2. For IDPs please note that registration or verification will principally only be supported when needed to obtain a status that enables their access to services and legal protection. 3. Percentage to be calculated based on the total known/estimated need among the catchment area/population. 4. At proposal stage use comments field to specify whether the focus is on A) refugee status determination OR B) registration/verification of persons having crossed an international border OR C) registration/verification of persons not having crossed an international border. **5.** At reporting stage beneficiary numbers should be broken down by the above. 6. Please refer to more detailed guidance for this KRI on the DG ECHO partners' website.	[Adjust/specify as necessary and justified]: Statistics from appropriate case management system/database/ registration records (this might include, but not limited to, ProGres, RAIS).

Status implies refugee status determination (RSD). **Registration** implies either other types of registration or verification of refugees/asylum seekers/persons of concern. For both it applies that the person obtains a document certifying the person's lawfulness to be in the country as refugee, asylum seeker or stateless.

It can also mean **registration or verification of IDPs**, however please note that verification or registrations of IDPs will principally only be supported when needed to obtain a status that enables their access to services and legal protection, as in principle IDPs are citizens of their own country and should not need to be further registered to exercise their rights as such.

How to measure the indicator:

A. At proposal stage, DG ECHO partners are requested to provide both a baseline and a target value.

BASELINE: For consecutive/multi-year actions working in the same locations and targeting the same communities the achieved value of the previous action can be used as a baseline. If this has never measured before, or locations and communities have changed, baseline may be kept as zero for year 1.

The baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of persons who obtain RSD or other official status or registration in the previous action}}{\text{\# of number of persons known to be in need of RSD or other official status or registration}}$$

Example: if a total of 1,000 persons are known to be in need of RSD or other official status or registration and of these 680 obtained RSD or other official status or registration the baseline will be 680/1,000 = 68%.

TARGET VALUE: to define the target to be achieved by the end of the action, partners are requested to define the technical areas of improvement to be addressed during the course of the action and **estimate how much the this will improve the proportion persons who obtain RSD or other official status or registration at its end.**

Targeted project participants should be based on the total known/estimated need among the catchment area/population. In cases where the needs are higher than what the partner realistically reckons being able to address, it should be based on a realistic estimate.

At proposal stage, partners should use comments field of the KRI to specify whether the focus is on A) refugee status determination OR B) registration/verification of persons having crossed an international border OR C) registration/verification of persons not having crossed an international border – and in case of two or all three, break down the estimated proportion of each.

B. At <u>interim report stage</u> and <u>during monitoring missions</u> performed by DG ECHO staff, partners must be able to provide updates on the action's implementation plan. In concrete terms, DG ECHO expects partners to be able to provide updates on the work initiated on the selected areas of improvement of RSD or other official status or registration.

$$\textbf{PROGRESS VALUE} = \frac{\text{\# of persons who obtain RSD or other official status or registration SINCE the start of the action}}{\text{\# of number of persons known to be in need of RSD or other official status or registration}}$$

At interim report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database. DG ECHO may also request to see anonymised information from these during monitoring visits.

At interim report stage, and if focusing on more than one type, partners should also break down the beneficiary numbers by A) refugee status determination, B) registration/verification of persons having crossed an international border, and C) registration/verification of persons not having crossed an international border. This information should be provided under activity reporting.

C. At <u>final report</u> stage, partners must calculate the achieved result as a **# of persons who obtain RSD or other official status or registration over # of number of persons known to be in need of RSD or other official status or registration**

$$\textbf{ACHIEVED VALUE} = \frac{\text{\# of persons who obtain RSD or other official status or registration DURING the entire action}}{\text{\# of number of persons known to be in need of RSD or other official status or registration}}$$

At final report stage, partners should demonstrate how the numbers are underpinned by appropriate sources and methods of data collection, such as case management files/referrals and statistics from an appropriate database.

At final report stage, and if focusing on more than one type, partners should also break down the beneficiary numbers by A) refugee status determination, B) registration/verification of persons having crossed an international border, and C) registration/verification of persons not having crossed an international border. This information should be provided under activity reporting.

GUIDANCE TO MEASURE PROTECTION OF INDIVIDUALS KRIs

DG ECHO has developed two standard Key Result Indicators (KRIs) to measure outputs within the Protection of Individuals sub-sector; both indicators focus on measuring quality of Protection of Individuals case management.

The focus on Protection of Individuals response is in line with global efforts to improve the **process and quality of case management** provided for individuals who would benefit from a case management approach but do no fall within the caseload of Child Protection or GBV.

Protection of Individuals Case Management Key Result Indicator 1: % OF CASEWORKERS WHOSE KNOWLEDGE ASSESSMENT SCORE IS AT LEAST 70%

DESCRIPTION	SOURCE OF VERIFICATION
Case Management 1 Calculate by dividing the NUMERATOR: # of case workers who score 70% or higher on the knowledge assessment score by the DENOMINATOR: # of case workers who finalised the case worker capacity assessment. This indicator aims to assess the quality of the case management service provided by identifying possible gaps in case worker knowledge. The Case Worker Capacity Assessment Tool should be used to assess the caseworker's attitudes, knowledge and skills. Reference is made to the minimum competency standards for all caseworkers providing case management services. Other relevant information to provide includes staffing overview with starting date case workers, caseworker learning path, e.g. number of training sessions, coaching opportunities, pre- and post-tests, and staffing requirements for professional experience and education. Please refer to more detailed guidance for this KRI on the DG ECHO partners' website.	[Adjust/specify as necessary and justified]: Case Worker Capacity Assessment. For further guidance refer to the Protection Case Management toolkit; if using own tools, please share in an annex.

Taken from the Protection Case Management toolkit developed by several protection actors, this process indicator is intended to be used as a **Quality Monitoring Tool** to ensure that services are implemented according to good practice standards. The focus should be on **identifying gaps in case worker knowledge** and ensuring that through consistent training and coaching those gaps are closed.

The main tool for measuring case worker knowledge is the **Case Worker Capacity Assessment**, which is recommended to be used quarterly.

Recognising that caseworkers' knowledge will grow over time through training, supervision and coaching, from the start of the case management process, at a minimum, the case workers should have knowledge of:

- Potential risks facing the prioritised communities, their capacities and vulnerabilities.
- Basic helping skills and Psychological First Aid (PFA).
- Information about common mental health conditions (i.e. depression, anxiety, stress) including identifying key signs of stress and trauma.
- Available services, how to access those services and the quality of those services (including the accessibility and attitudes of services providers towards diversity).

- Data protection protocols and the information management database.
- Complaint and feedback mechanisms for service users.
- Self-care approaches

During the process of quality assurance and improvement, the caseworkers' capacities should be assessed for the following:

1) **Staff attitudes, beliefs, and values**. The scale can measure staff's attitudinal readiness for working directly with persons at heightened risk and highlights areas for further learning and training.
2) **Case Management Knowledge**. The scale can measure staff's competencies in the case management process, highlights importance of main case management principles, and understanding of the purpose of the case management approach.
3) **Case Management Skills**. This component is much more practical and intended to guide a process of learning allowing a case worker to put their knowledge and attitude to practice, but it is not an evaluation of the caseworker's performance. It should list skills associated with good case management practice and support the case worker with the correct answers/approach to look for.

Examples of the case worker capacity assessment tool are available as part of the Protection case Management Guidance toolkit. DG ECHO can also accept other tools developed by partners; those should be shared in the Annex.

How to measure the indicator:

D. At proposal stage, DG ECHO partners are requested to provide both a baseline and a target value.

BASELINE: to calculate the baseline, partners are requested to use the Case Worker Capacity Assessment tool as referenced above and evaluate the number of case workers that currently score at least 70% PRIOR to the start of the action.

The baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of case workers that score at least 70\% prior to the start of the action}}{\text{total number of case workers}}$$

Example: if a total of 24 case workers are needed for the action and prior to the action 7 case workers currently score at least 70%, the baseline will be 7/24 = 29%.

TO BE NOTED: The Case Worker Capacity Assessment tool must be annexed to the proposal when partners submit the e-Single Form (e-SF).

In case of exceptional circumstances (e.g. onset emergency, RRM, sudden onset displacement, etc.), when a baseline is not available at proposal stage, partners are expected to submit the Case Worker Capacity Assessment tool within three months from the start of the action. This is to allow sufficient time to conduct the assessment to establish the baseline and identify areas that need improvement.

For consecutive/multi-year actions working in the same locations and targeting the same communities the achieved value of the previous action can be used as a baseline.

TARGET VALUE: to define the target to be achieved by the end of the action, partners are requested to define the technical areas of improvement to be addressed during the course of the action and **estimate how many case workers score at least 70% by its end.**

Partners are expected to provide information on how the target will be achieved through a detailed case workers training plan with concrete actions. This action plan is required to understand how the partner will address the critical gaps in services. Information included in the plan should also be described more in depth in the "Logic of Intervention" section of the e-SF. Other relevant information to provide includes staffing overview with starting date of the case workers, case worker learning path e.g. number of training sessions, coaching opportunities, pre- and post-tests, and staffing requirements fir professional experience and education.

E. At interim report stage and during monitoring missions performed by DG ECHO staff, partners must be able to provide updates on the action's implementation plan. In concrete terms, DG ECHO expects partners to be able to provide updates on the work initiated on the selected areas of improvement with the case workers that require additional support to score at least 70% of the Case Worker capacity Assessment tool used.

$$\textbf{PROGRESS VALUE} = \frac{\text{\# of case workers that score at least 70\% PRIOR to the start of the action + \# of case workers that score at least 70\% SINCE the start of the action}}{\text{total number of case workers}}$$

At interim report stage, partners should annex a revised Action Plan and any updates on staffing structures:

- The Action Plan should reflect any changes in timelines or further actions identified to meet the requirements to improve the capacity of the case workers.
- The staffing structure should include updates on the gaps in recruitment (if any), updated deployment plans for case workers, and supervision structures.

F. At final report stage, partners must calculate the achieved result as a %: **# number of case workers that score at least 70% over the total number of case workers who finalised the Case Worker Capacity Assessment**

$$\textbf{ACHIEVED VALUE} = \frac{\text{\# of case workers that score at least 70\% PRIOR to the start of the action + \# of case workers that score at least 70\% DURING the action}}{\text{total number of case workers}}$$

Areas of improvement for which work is still in progress should not be considered in the calculation. However, the comment section can be used to provide information on potential challenges and constraints faced during the project implementation.

At final report stage, partners should annex an overview of work initiated against the areas of improvement identified but which could not be completed during the course of the action. While this will not contribute to the calculation of the achieved value, it remains important to know what work has been initiated and what are the main constraints to achieve these improvements. Partners are also asked to provide an updated Action Plan, which provides information on the concrete actions that have been implemented throughout implementation.

Protection of Individuals Case Management Key Result Indicator 2: % OF CASE FILES REVIEWED THAT MET 80% OF CRITERIA OF CASE FILE CHECKLIST

DESCRIPTION	SOURCE OF VERIFICATION
Case Management 2 Calculate by dividing the NUMERATOR: # of case files that meet 80% of criteria within a case file checklist by the DENOMINATOR: # of case files reviewed. This indicator aims to assess the quality of the case management service provided by meeting at least 80% of the criteria as outlined for the case files checklist. A case file checklist tool is used as a guide for supervisors to review a single protection case and is part of regular individualised supervision. Steps of CM process that must be reviewed using the case file checklist are: 1. General documentation, including filing of the case, documentation of each step as per the forms provided, forms are completed. 2. Identification, including disaggregation by gender, age group, disability and any contextually-relevant vulnerabilities, verification of type of violation, assessment of the level of risk, and informed consent. 3. Assessment, including risk assessment. 4. Case action and case safety planning, including realistic actions and goals, roles and responsibilities, safety plan and identified risks, and actions to be taken. 5. Implementation of case plan, including appropriate and safe referrals and (MH)PSS. 6. Follow-up and review, including regular review. 7. Case closure process, which includes a clear joint decision that must be based on the case closure checklist with agreed criteria. Case closure must be signed off by supervisor. 8. Please refer to more detailed guidance for this KRI on the DG ECHO partners' website.	[Adjust/specify as necessary and justified]: For further guidance refer to the Protection Case Management toolkit; if using own tools, please share in an annex.

Taken from the Protection Case Management toolkit developed by several protection actors, this process indicator is intended to be used as a **Quality Monitoring Tool** to ensure that services are implemented according to good practice standards. The focus should be on **identifying gaps in case worker knowledge, ensuring adequate supervision structures, and suitability of the information management system.** The quality indicator will allow for identification of issues within the case management process, such as risk assessment, case plan application and implementation, and gaps in the knowledge of the case workers.

The main tool for measuring case worker knowledge is the **Case File Checklist tool**, which is recommended to be used quarterly. The **Case File Checklist tool** should be used as a guide for supervisors to review a single protection case. This tool is part of regular coaching, and feedback should be provided in individual supervision sessions. It can also be used to review multiple case files independently and where common trends are observed (i.e mistakes or misunderstandings) these can be addressed in group sessions together.

Recognising that caseworkers' knowledge will grow over time through training, supervision and coaching, from the start of the case management process, at a minimum, the case workers should ensure that:

- General documentation of each case is completed properly, using the right tools, ensuring that each tool/form is clearly labelled and used appropriately, and all relevant sections of each form are filled out completely and accurately according to the status of the case.
- Case identification is done accurately, including capturing the right age, gender, and disability bio-data per case.
- Barriers to participation are identified and addressed and that the correct identification of the violation type(s) are included.
- Risk level determination is done correctly, is updated as the case evolves, and appropriate describes the risk and protective factors for the individual.
- Case planning is developed jointly with the individual, completed within a reasonable time period, and includes realistic actions, and risk mitigation strategies.
- Safety plans that are appropriate, realistic, and aligns with the identified risks are developed where there are risks for the individual.
- Service provision is outlined, supported and facilitated, and where needed appropriately referred.
- Review and follow-up are periodically scheduled, completed, and documented.
- Case closure has been clearly discussed, consulted, signed off by supervisor, and appropriately documented.

Examples of the **Case File Checklist tool** are available as part of the Protection case Management Guidance toolkit. DG ECHO can also accept other tools developed by partners; those should be shared in the Annex.

Baseline and target:

- A baseline is not required but can be useful to identify areas of improvement. When an action is the first of its kind by the partner or in the area, no baseline has to be set (i.e. can be put at zero). When an action is a follow-up of a previous action where case management was conducted, it is possible to use the previous action's target value as a baseline value for the new one, provided no major changes have occurred.
- Where there is a baseline available, the baseline should be calculated as follows:

$$\textbf{BASELINE} = \frac{\text{\# of case files reviewed that met 80\% prior to the start of the action}}{\text{total number of case files reviewed}}$$

Example: if a total of 120 cases were taken on during a previous action in the same location and out of the 120 cases files, 80 cases were reviewed, the baseline consists out of the number of cases that met at least 80% of the criteria of the case file checklist.

Total number of case files: 120; number of case files reviewed: 80; number of case files reviewed that met 80% of criteria of case file checklist: 50. In this example, the baseline will be 50/80 = 62,5%.

TO BE NOTED: The **Case File Checklist tool** must be annexed to the proposal when partners submit the e-Single Form (e-SF).

- Targets should be defined taking several elements into consideration. Few non-exhaustive examples:
    - To define the target to be achieved by the end of the action, partners are requested to define the technical areas of improvement to be addressed during the course of the action**.**
    - If case workers have recently been hired in the organisation and have recently received trainings, partners are expected to set higher targets to ensure case management is provided in a safe and qualitative way.
    - Also in cases where DG ECHO partners initiate indirect implementation (i.e. through local partners) but retain a supervisory role, targets are expected to be high.
- Partners are expected to provide information on how the target will be achieved through a detailed case workers training plan with concrete actions. This action plan is required to understand how the partner will address the critical gaps in services. Information included in the plan should also be described more in depth in the "Logic of Intervention" section of the e-SF.

How to report:

- DG ECHO requests updates on the indicator at monitoring, interim, and final report stage.
- Supervision strategies should be specified in the comment sector of the indicators.
- Further actions resulting from supervision could also be included in the reports (e.g. additional trainings, shadowing, etc.).
- Areas of improvement for which work is still in progress should not be considered in the calculation. However, the comment section can be used to provide information on potential challenges and constraints faced during the project implementation.

At final report stage, partners should annex an overview of work initiated against the areas of improvement identified but which could not be completed during the course of the action. While this will not contribute to the calculation of the achieved value, it remains important to know what work has been initiated and what are the main constraints to achieve these improvements. Partners are also asked to provide an updated Action Plan, which provides information on the concrete actions that have been implemented throughout implementation.

GUIDANCE TO MEASURE PSYCHOSOCIAL SUPPORT KRI

PSS Key Result Indicator: % OF PERSONS WHO RECEIVE APPROPRIATE PSS REPORTING IMPROVED MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING OR CAPACITIES TO COPE *

This KRI is mandatory when the sub-sector is selected.

DESCRIPTION	SOURCE OF VERIFICATION
Psychosocial Support (PSS) Mental health and psychosocial wellbeing should be measured using one of the six domains identified in the IASC Common M&E Framework: functioning; subjective well-being; disabling distress/symptoms; coping; social behaviour; social connectedness. For further information on principles, standards, minimum service packages, and coordination systems on mental health and psychosocial support (MHPSS), refer to: IASC MHPSS in Emergency Settings Guideline, IASC Common M&E Framework, and MHPSS MSP 1. Define the layered system of complementary supports to be implemented concurrently by the same organisation or in coordination with other humanitarian actors ensuring safe, confidential, and timely referrals. 2. List roles and profiles of the professional staff dedicated to the intervention. 2. Describe assessment and mapping exercises for the pre-identification of existing MHPSS undertaken or to be undertaken for the intervention. 3. Clarify how the intervention fosters collaborative approaches and engages with dedicated MHPSS coordination group(s) for contextualised and quality work across sectors and actors, and how activities are integrated into wider systems. 4. See detailed guidance on DG ECHO partners' website.	Well-being surveys (contextualised), Focus groups, Key informant interviews, mapping. For more information, please see: IASC Common M&E Framework for MHPSS in Emergency Settings with MoV (Version 2.0) and MHPSS M&E and MoV Toolkit

According to IASC guidelines and toolkit, **Psychosocial well-being**: The psychosocial dimension of well-being. Although there is no widely agreed definition, practitioners often use the adjective "psychosocial" to describe the interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall well-being.

The term "mental health" is often mistakenly used merely to mean the absence of mental illness. However, the terms "mental health" and "psychosocial wellbeing" overlap. Mental health cannot be attained without psychosocial well-being, and vice versa. The combined term "mental health and psychosocial wellbeing" is often used to reflect the combined goal across diverse agencies and practitioners working on MHPSS.

This is why DG ECHO strongly recommends a **layered approach in the continuum of MHPSS services** across the four levels of the pyramid, implemented concurrently by the same

organization or in coordination with other humanitarian actors through safe, confidential and timely referrals. Identification of clinical mental health services (including those provided by trained and supervised non-specialists and specialist providers) prior to any engagement is key. It stands essential to also describe how activities are meaningfully integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, social services, etc.).

Based on the **IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings**, this indicator should be measured using one of the six domains identified in the IASC Common M&E Framework:

- **Functioning**: For example, the ability to carry out essential activities for daily living, which will differ according to factors such as culture, gender and age.
- **Subjective well-being**: Aspects of subjective well-being that could be measured include feeling calm, safe, strong, hopeful, capable, rested, interested or happy, and not feeling helpless, depressed, fearful or angry. It refers to all of the various types of evaluation, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction and work satisfaction, interest and engagement, and emotional reactions to life events.
- **Extent of prolonged disabling distress** and/or presence of MNS disorder (or symptoms thereof).
- **Ability of people with mental health and psychosocial problems to cope** with problems (for example, through skills in communication, stress management, problem-solving, conflict management or vocational skills).
- **Social behaviour**: For example, helping others, aggressive behaviour, use of violence or discriminatory actions.
- **Social connectedness**: Referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends and acquaintances. Social connections may also go beyond one's immediate social circle and extend, for example, to other communities.

In the **IASC MHPSS M&E FRAMEWORK MOV Toolkit**, the **Means of Verification** (MoV) for the six goal impact indicators were established after literature and expert reviews. Means of verification are the *quantitative* and *qualitative* tools used to measure the indicators.
The process of choosing an MoV has multiple steps. This includes deciding whether to use recommended MoV, adapt a different MoV or create a new MoV. The following questions can assist in selecting the right MoV for your indicator(s) and programme:

- *Is the MoV assessment approach relevant?* **Relevance** of assessment approach refers to the match between the assessment approach (for example, a quantitative survey or a qualitative observation) and what needs to be measured (for example, the indicator). Important elements that can influence the relevance of assessment approaches might also include context, disability, culture, language, gender, sexual orientation, age and developmental level, literacy, abilities and many others.
- *Is the MoV accessible?* **Accessibility** refers to whether the tools to be used are freely available and in accessible formats (for example, no copyright restrictions or whether an MoV is available in the required language or accessible format (such as Braille, sign language or other accessible formats for people living with disabilities).

- *Is the MoV feasible?* **Feasibility** refers to how easy or difficult it is to administer a measurement tool or qualitative approach. This may be in terms of time, human or financial resource needs, logistics and whether the people being assessed understand the questions they are being asked or the tasks they are being asked to do.
- *Is the MoV acceptable?* **Acceptability** refers to attitudes of the users of the measurement tool; namely whether those administering the MoV and the people whose information will be collected consider it an acceptable way to seek out the needed information. Acceptability will include ensuring that the MoV does no harm (for example, it does not stress, embarrass, distress or stigmatise people), that it collects only essential information and avoids collecting data unnecessarily.
- *Is the MoV reliable?* **Reliability** is the extent to which a tool produces stable and consistent results across time, raters and versions of the same tool.
- *Is the MoV valid?* **Validity** is the extent to which a tool measures what it is intended to measure for a particular setting, population and purpose; and whether any differences in the results are a true reflection of the differences in the people being assessed. MoV validity depends on numerous factors, including the MoV's reliability, whether its content is relevant or whether the construct it measures is valid in the given context, cultural group or population.

When **selecting the MoV** for the indicator, an integration of both qualitative and quantitative methods is likely to deliver the most useful information. Quantitative information can provide statistical data to show the level of change (if any), while qualitative data can generate information to show the depth, type or process of change.

Deciding on the best **sampling approach** depends on a range of factors, including the method used, the available time and resources and the specific information that is being sought. Both probability and non-probability sampling approaches are valuable for MoV data collection. Ensure

Determine if your sampling methods help to ensure that you are only collecting essential data.
Use caution in interpreting and reporting data, because the sampling approach used will influence what conclusions you can draw from the data.