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# Bridging MEAL and Case Management in Information Systems for MHPSS

**Starting shortly, please wait!**

# BeDataDriven Mission



Provide the UN and NGOs with a standard, easy-to-use and comprehensive data management platform so that as many organizations as possible can become data-driven to achieve better outcomes for rights holders worldwide.

BeDataDriven pursues this mission by building and helping organizations implement ActivityInfo.

# ActivityInfo
## An end-to-end solution for M&E data management

## Data collection

Easily collect the data you need from anywhere
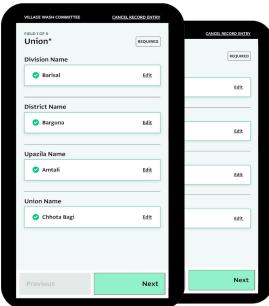


## Data management

Organize your information according to your workflow
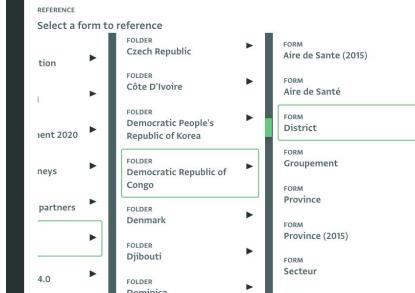


## Data analysis

Generate actionable insights in real-time



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*....built on a relational data model*

3
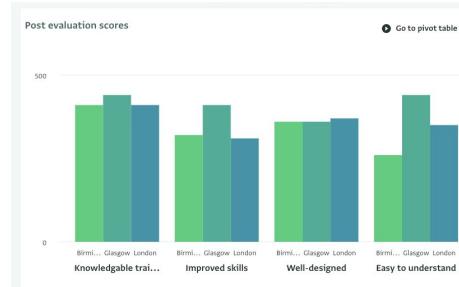
ActivityInfo is your **integrated** solution for managing your data across the data lifecycle.
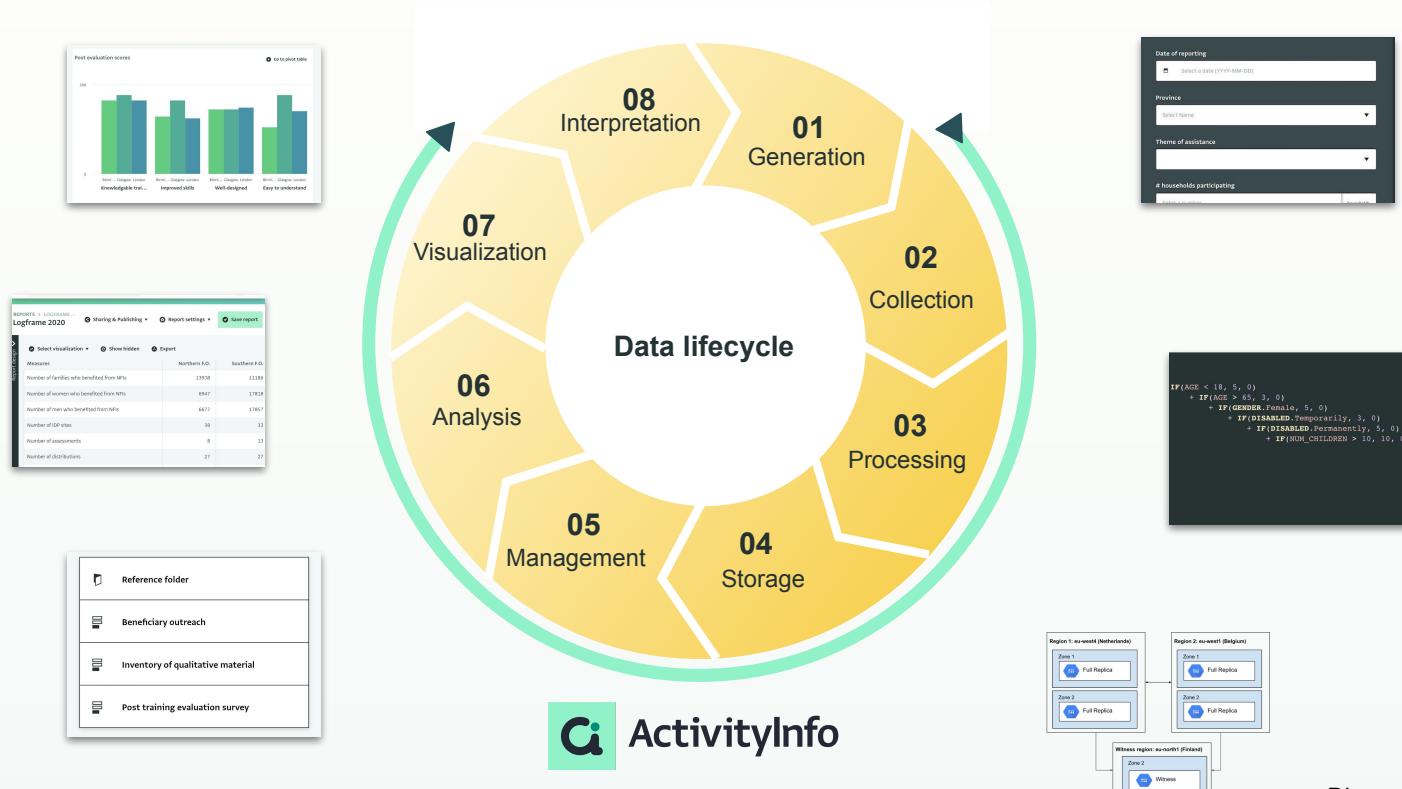


Diagram adapted from Harvard Business Review

# ActivityInfo Users

# Meet your instructor



**Eliza Avgeropoulou**
Senior Monitoring and Evaluation Implementation
Specialist
BeDataDriven

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# Agenda

Setting the scene
- Monitoring and evaluation framework for Mental Health and Psychosocial Support (MHPSS).
- Ethical considerations in monitoring and evaluation.

From theory to implementation
- Moving for the monitoring and evaluation framework to information management system design.
- How can information management systems support the implementation of MHPSS interventions? A case study example using ActivityInfo.

# Setting the scene

# Time for a short poll!

# Introduction to MHPSS

# MHPSS

MHPSS is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. (IASC Guidelines 2007)

**Multisectoral and cross-cutting**

Health, Protection , Education, Nutrition, Water, Sanitation and Hygiene (WASH), Shelter and Settlements, Camp Coordination and Camp Management (CCCM) and Food Security and Livelihoods (FSL) sectors/clusters/Areas of Responsibility (AORs)

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# Key considerations

## Inter - Agency coordination and assessment

Creation of links across stakeholders to establish a common approach.

Coordinate assessments in order to guarantee a coherent and efficient response.

## MHPSS design

Identify existing resources, prioritize needs and select programme activities across stakeholders.

**An M&E framework for MHPSS programming should be developed as part of the initial programme design.**

## MHPSS implementation

Planning and coordinating orientation and advocacy efforts can help to ensure consistent messaging and can amplify effectiveness.

**Capacity building and staff care and orientation is foundational**

# Implementing case management

Emergent

Non - linear

Complex systems

Adaptive

M&E Framework

Information Management System

**Case management reality**
Challenging to interpret

**Structure data**
Clear insights

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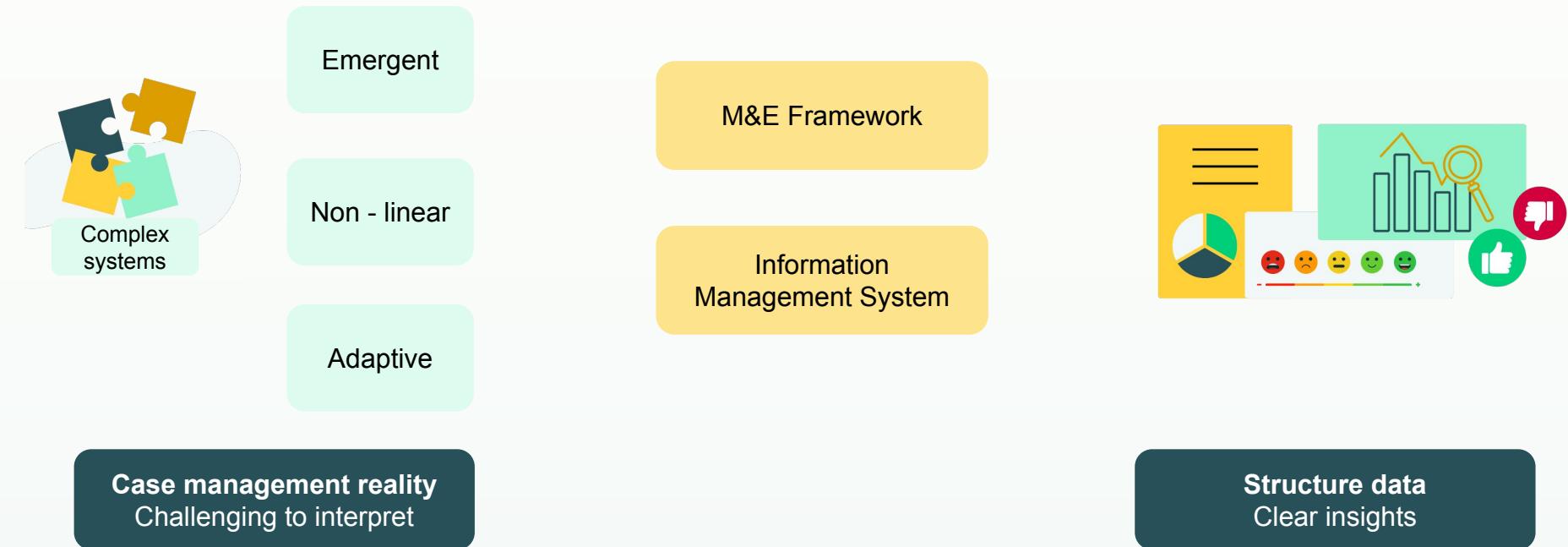
# The importance of monitoring and evaluation

**Monitoring** is the systematic gathering of information that assesses progress over time

M&E are two linked but separate practices

**Evaluation** assesses specific information at specific time points to determine if actions taken have achieved intended results
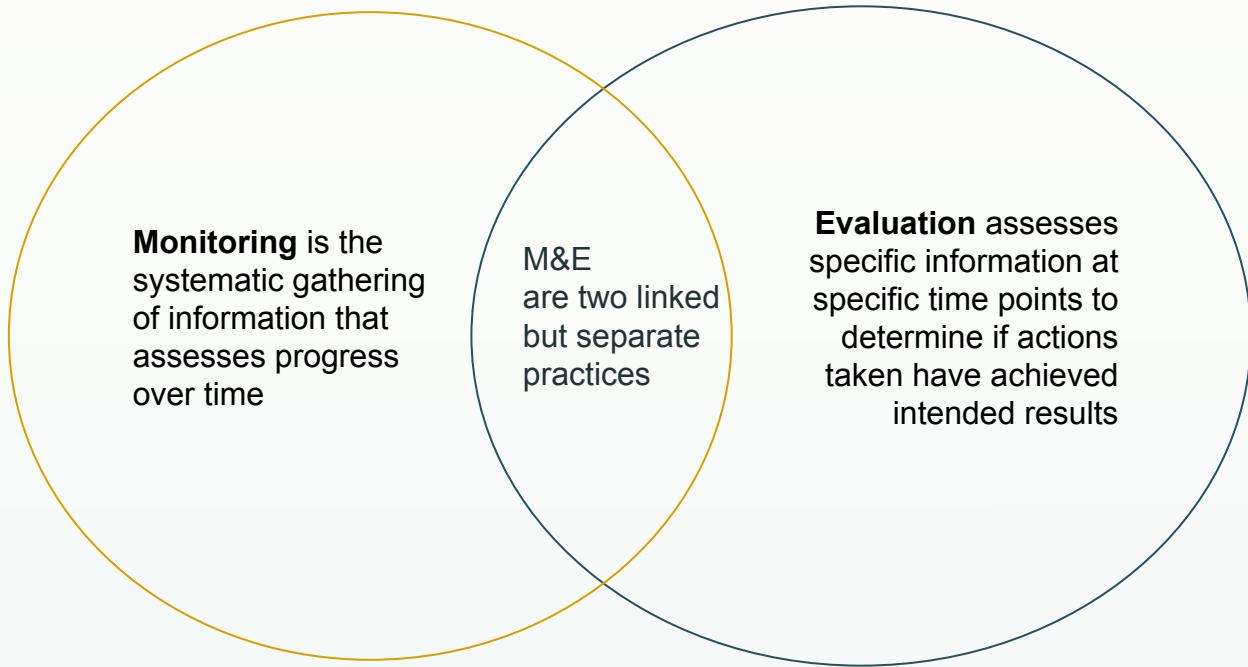
Necessary to assess whether or not a programme, project or intervention is achieving its desired results. **Must be built into the activities of a programme from the very beginning.**

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# M&E framework design process



Establish objective statements

Choose indicators

Choose measurement methods

Create data collection plans

Report and share results
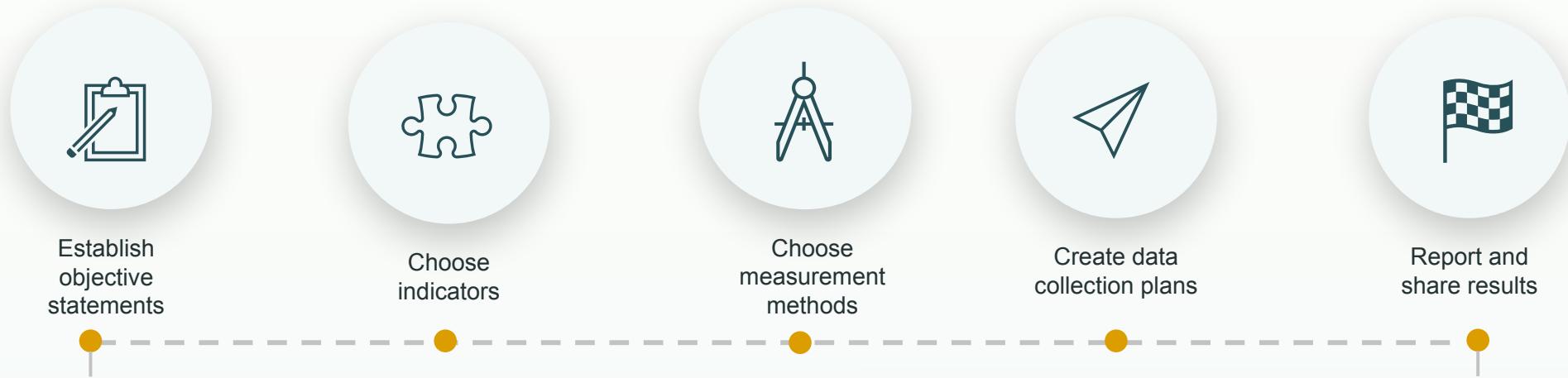
# IASC M&E Framework

# Purpose of common M&E framework

The purpose of the common framework is to **encourage** the use of a select number of outcomes and indicators and the **use of common tools** to build the **MHPSS evidence base** and better inform those working in this area about important goals and impacts.

*MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS:  Monitoring and Evaluation with Means of Verification:  Version 2.0*

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# M&E framework hierarchy

| Overall goal | The specific end result desired or expected to occur as a consequence of relevant project outcomes being achieved. |
| Outcomes | The changes that occur as a consequence of a specific project's activities. |
| Activities | The actual work implemented. |

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# Overall goal

Reduced suffering and improved mental health and psychosocial well-being

**Indicators**

| | | |
|---|---|---|
| Functioning | Extent of prolonged disabling distress and/or presence of MNS disorder | Social behaviour |
| Subjective well-being | Ability of people with mental health and psychosocial problems to cope | Social connectedness |

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# Outcomes

| Community focused | Emergency responses do not cause harm and are dignified, Participatory, Community-owned and socially and culturally acceptable | People are safe and protected, and human rights violations are addressed | Family, community and social structures promote the well-being and development of all their members |
|---|---|---|---|
| Person focused | Communities and families support people with mental health and psychosocial problems | People with mental health and psychosocial problems use appropriate focused care | |

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# O4: Communities and families support people with mental health and psychosocial problems

Indicators examples

**Communities and families support people with mental health and psychosocial problems**

**Outcome level**

Level of social capital of individuals with mental health and psychosocial problems (both cognitive and structural)

**Output level**

Number of people with mental health and psychosocial problems who report receiving adequate support from family members

# O5: People with mental health and psychosocial problems use appropriate focused care

Indicators examples

**People with mental health and psychosocial problems use appropriate focused care**

**Outcome level**

Level of satisfaction of people with mental health and psychosocial problems and/or their families regarding the care they have received.

**Output level**

Number of women, men, girls and boys who receive focused psychosocial and psychological care (such as psychological first aid, case management, psychological counselling, other psychological interventions)

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# Choosing Means of Verification (MoVs)

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# Means of Verification (MoVs)

Means of verification are the quantitative and qualitative tools used to measure the indicators

People living with mental health conditions experience improved mental health and psychosocial well-being

Number of individuals with mental health conditions reporting a reduction in symptoms

Patient records with relevant questionnaires

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# Selection criteria

Relevant

Accessible

Feasible

Acceptable

Reliable

Valid

# Key considerations

- It is recommended to use a **mix of quantitative and qualitative MoVs**
- **Age range** is a factor that should be considered; there is a difference on the recommended MoVs per age groups;
- You can always opt in for the **developing of participatory indicators and MoVs**
- **Consider always the context;** language, culture prior to adopting an existing MoV
- **Always pilot** an MoV prior to implementation to better adjust it in the local context
- If you use an existing MoV, **administer as per instructions**
- Provide always **training** to staff administer a MOV
- When adapting an existing MoV, consider **copyright restrictions**

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# Ethical considerations

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# Ethical considerations

Applying ethical principles to all aspects of M&E is important in avoiding potentially risky or bad practices and keeping people involved safe

# Data collection plans

Having a strong plan and procedures in place for data
collection will help to protect individuals, communities and staff from harm.

**Process of data collection**

- Purpose
- When?
- What data?
- Who responds?
- Where?
- Who collects?

**Procedures on data protection**

Procedures for confidentiality
- Code of conduct for data collectors
- How data are recorded?
- Sampling method
- Procedures for supervision and support of data collectors
- Standard procedures for responding in high-risk situations and referrals process
- Procedures for data breaches

# Data disaggregation

**Disaggregation**

- data are **inclusive** of particular groups
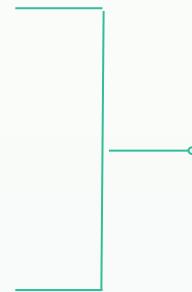
1. Indicators should be disaggregated
2. Gender, age and vulnerability as minimum disaggregation
3. Disaggregation should be reflected in the analysis
4. Care should be taken not to cause harm

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# Sampling

**Sampling**

- individuals or groups from the targeted population you have included in data collection
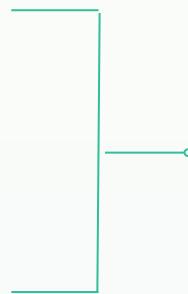
1. Probabilistic or non-probabilistic

2. Sampling should be related with ethical considerations

3. Does sampling ensure that you gather only need to know data?

4. Use caution when interpreting the data

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# Informed consent

Informed consent is the permission that people give before agreeing to share information or have it documented in any way

- The names, roles and organisation
- Purpose of data collection
- Procedure of data collection ( data needed, how long it will take)
- Risks or benefits on their involvement
- Where and how they can submit a complaint or concern
- Where and how data is stored
- That if they are in an especially vulnerable group, additional care will be taken to protect their information, anonymity and safety
- That their identity and rights will be protected (including protection from potential adverse results of having shared information) and that they will not be asked to waive any of their personal human or legal rights

Special caution with children

# From theory to implementation

# Use of results and learning

What do we need to achieve timely use of data and production of lessons learnt?

Establishment of M&E Frameworks **+** Common information management system **=** Information flow implementation and timely reporting

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# Information management system
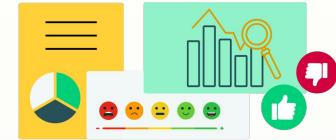
## Information production

Collect

Data

Organize

Process

Information

## Information consumption

Use

Decision

**Roles Implementation**

**Analysis implementation**

**Learning through dissemination**

**A choice that satisfies needs and is adaptable to changing environments**

# Moving from M&E framework towards IMS implementation

| Project Planning | Project Implementation |
|---|---|

- What are the MHPSS activities? Which is the sequence?
- What are the data and learning requirements?
- How the data requirements are structured in data collection tools?
- What are the roles and staffing requirements?

- How data is transformed to actionable information?
- What is the data collection and management flow?
  - Which role has access where and how?

**Data and tools Requirements**

**User Requirements**

**Analysis Requirements**

**Process Requirements**

**Reporting and Learning Requirements**

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# Typical information flow



**Sectors, clusters & AoRs**

**MHPSS implementation**

Data on activities implemented at project/programme level across different organizations

**Technical Working Groups (TWG)**

**MHPSS coordination**

Reported data for coordination across relevant stakeholders

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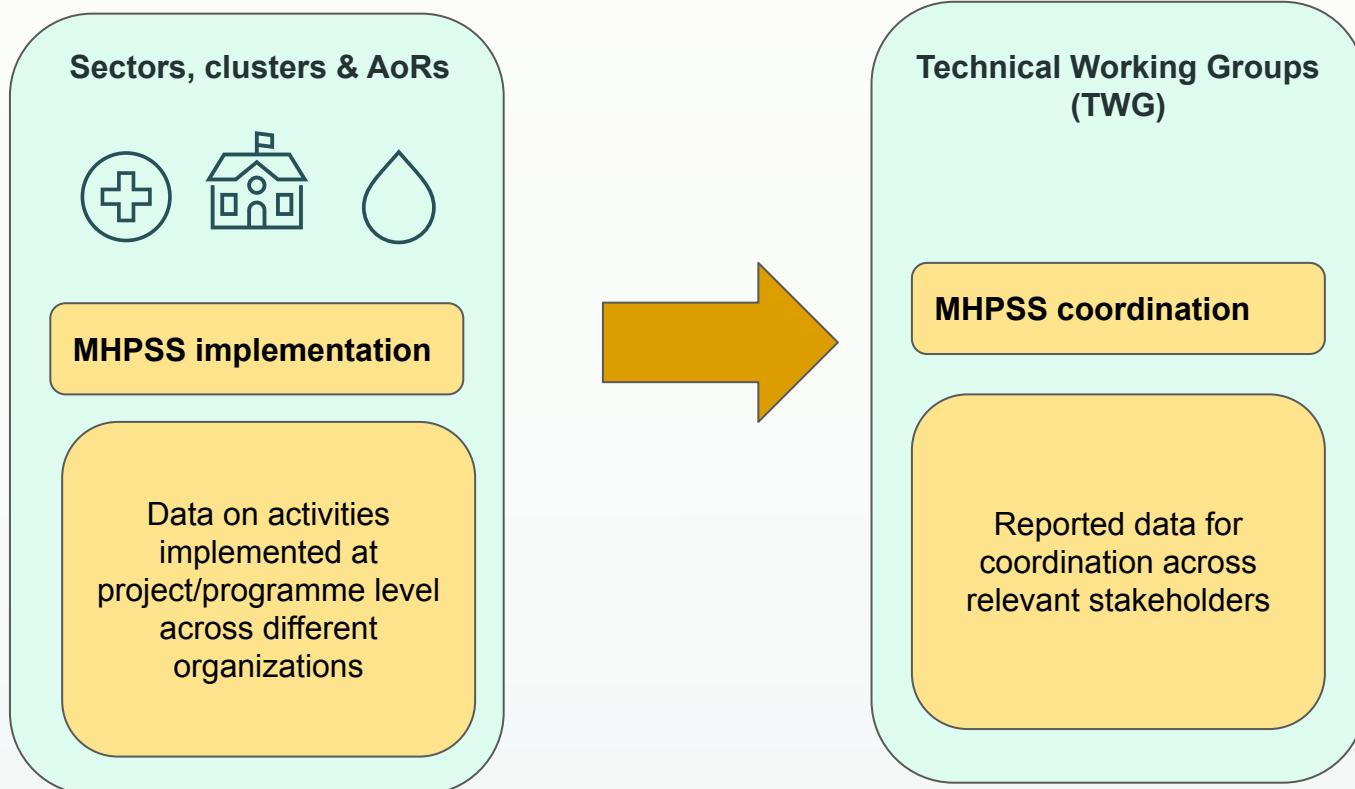
# What does 'common IMS' mean?



**Common IMS**

Partner 1

Partner 2

Partner 3
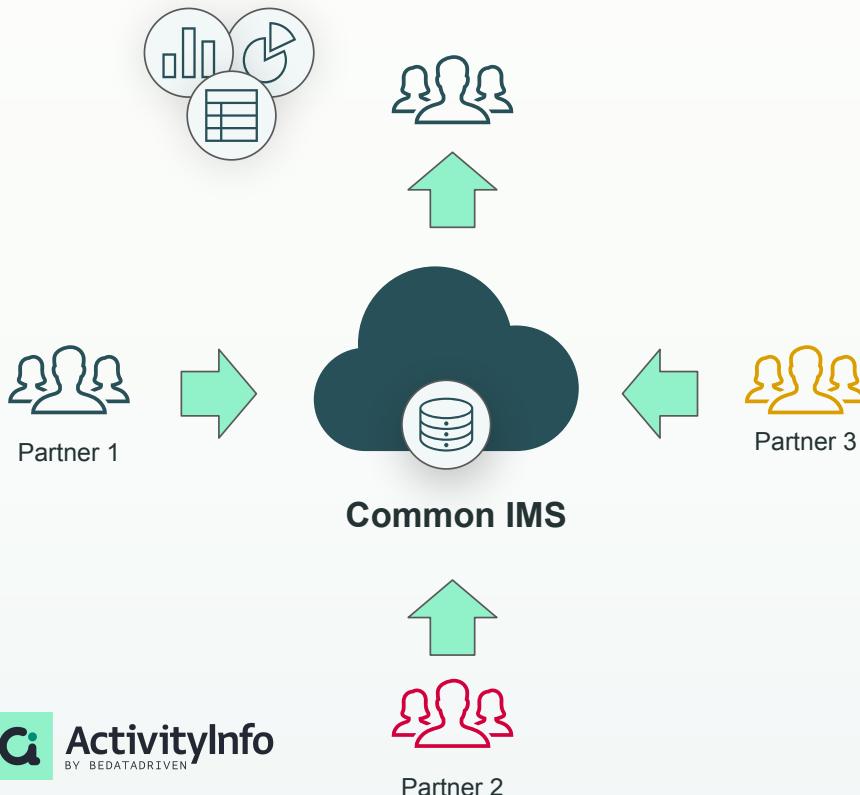
Importance M&E frameworks comply with minimum requirements

Increasing importance of data protection

# MHPSS typical case management process



Case Identification

Case Assessment

Service provision

Case Referrals

Follow-up & Review

Case Closure
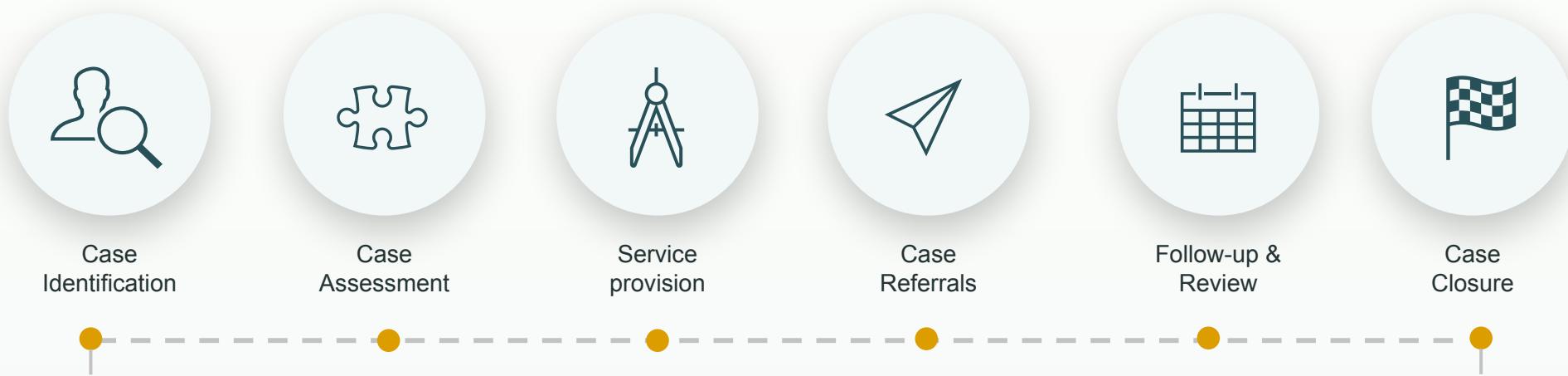
**Feedback, complaint and response mechanism & additional data collection as per M&E framework**

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# Case study

# Case study: M&E framework statements

**Goal: People living with mental health conditions experience improved mental health and psychosocial well-being**

**Outcome: Nurses at primary health care facilities identify, manage and support individuals living with mental health conditions**

**Output1**: Nurses in primary health care facilities receive training and supervision

**Output2**: Provision of psychotropic medications is supported

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# Case study: indicators

**People living with mental health conditions experience improved mental health and psychosocial well-being [G]**

| GOAL Indicators | Number of individuals with mental health conditions reporting a reduction in symptoms<br><br>Number of individuals with mental health conditions reporting an improvement in functioning |
|---|---|
| Outcome indicators | Increased availability and restocking of essential medicines for mental health conditions<br><br>Number of women, men, girls and boys who receive clinical management of mental, neurological and substance use (MNS) disorders |

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# Case study data model

Patient

- Health care records
- WHO Disability Assessment Schedule (WHODAS 2.0)
- Patient Health Questionnaire
- Referrals
- Case Closure

Health care facilities

- Essential medicines
- Health workers trained

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# Example

Patient

Health care records
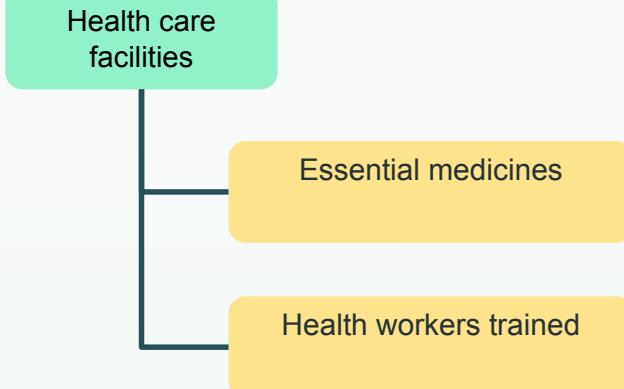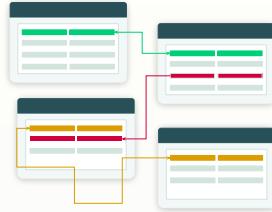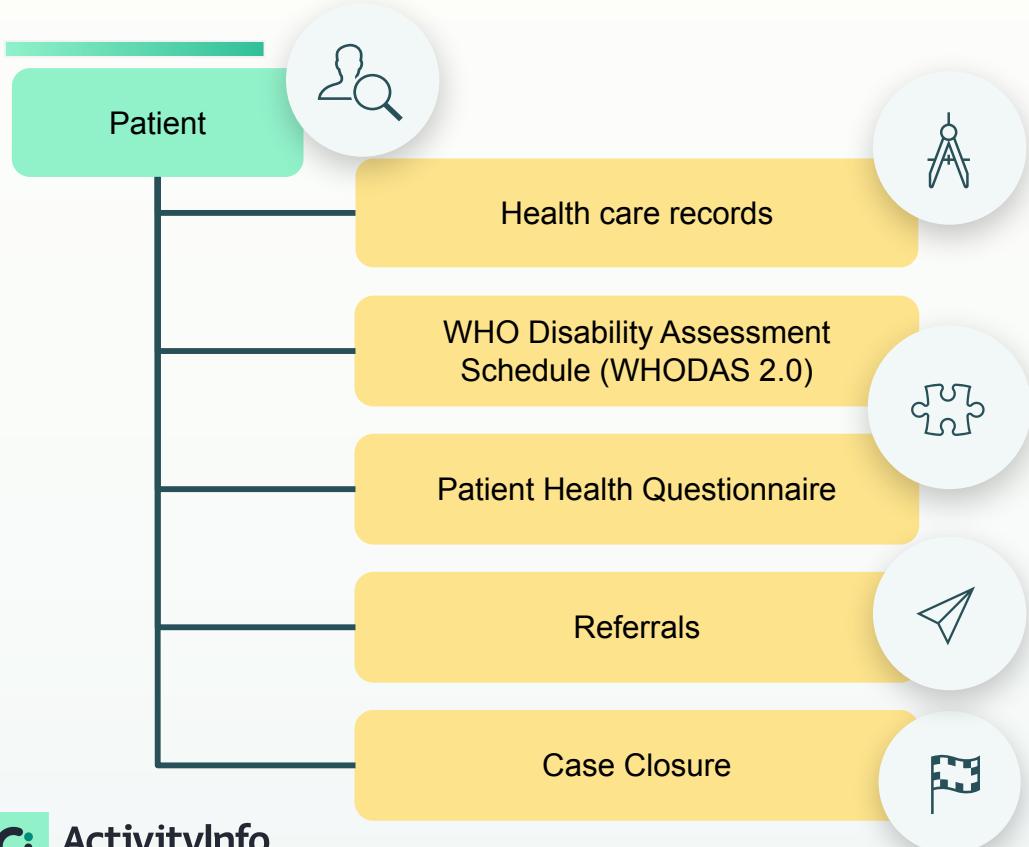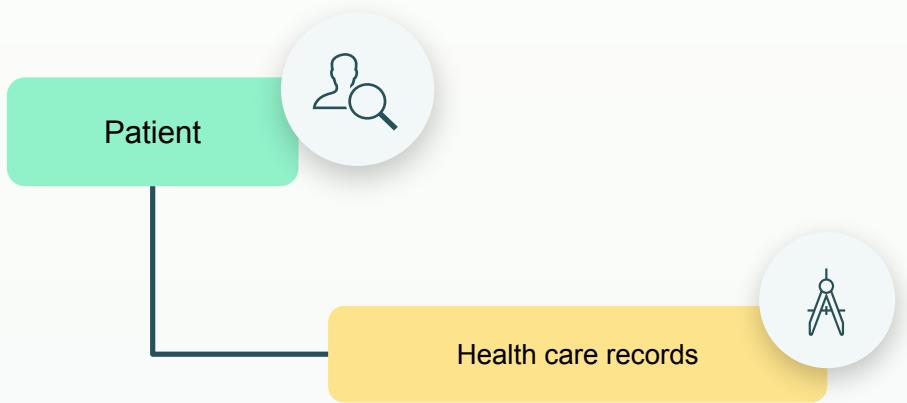
**Objective: calculate the following Indicator:** Number of women, men, girls and boys who receive focused care

**Rationale and benefits:** We have demographic information stored under the "patient" form. Services provision is stored under the "Health care records' form. This means:

- Avoid duplicates
- Only need to know data

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# Data protection: roles and permissions

Health worker — Granted access — Resources

Patient forms

Performs operations

- View
- Add
- Edit

Given

Conditions ✓

Beneficiary is assigned to health worker

Supervisor

All forms

- View
- Add
- Edit
- Delete

Health worker is assigned to supervisor

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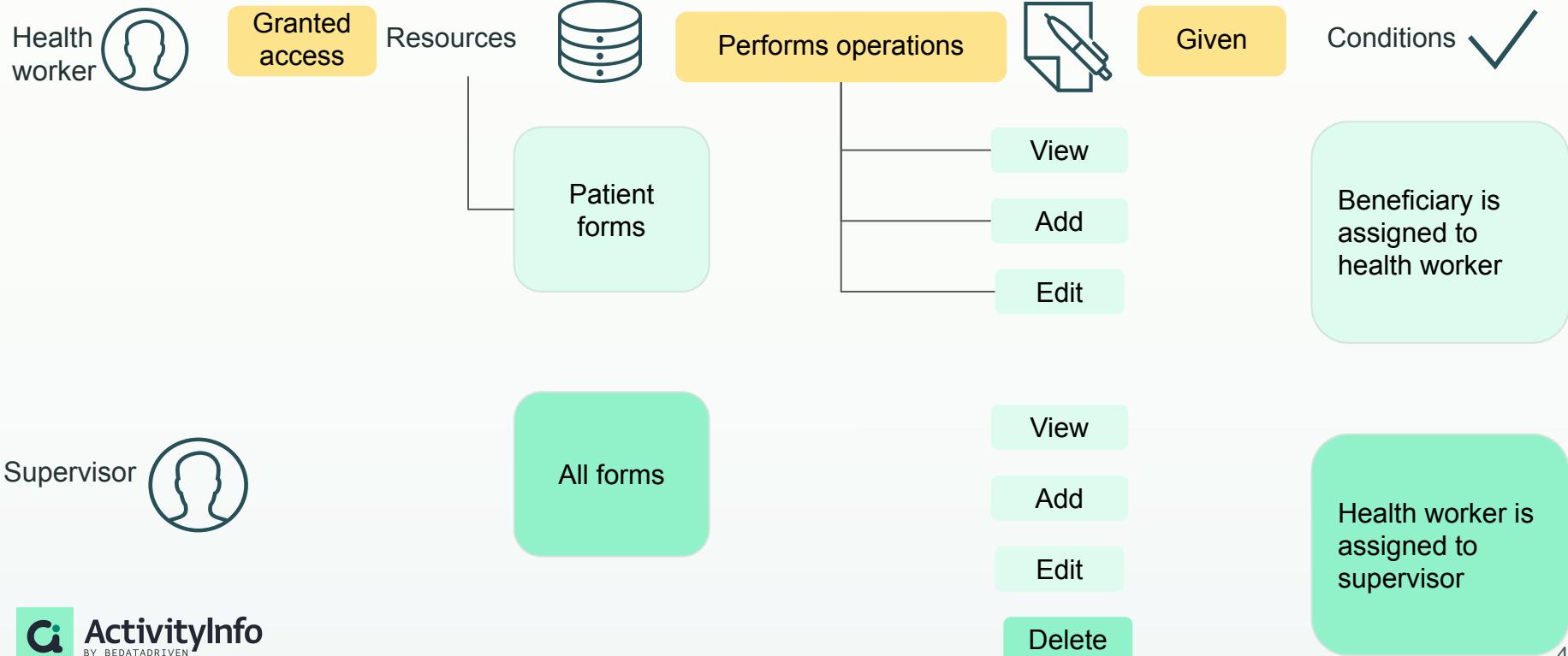
# Let's explore the IMS

Let's take a look at the database 📎

# Data use

## Data access

**Daily**

**Content**: They need to see cases in full display. They need specific data points that are associated with different data collection forms.

## Report

**Monthly**

**Audience**:TWG
**Content**:
- # of persons who received clinical management of mental, neurological and substance use conditions through medical service
- # of health facilities, social services facilities and community programmes that have staff trained and supervised to identify and manage mental health conditions and to support people with mental health and psychosocial problems

**Dissemination**: Create a report in ActivityInfo

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# Let's explore the IMS

Let's take a look at the report

Let's take a look at the dedicated view

# Data architecture for a common IMS across multiple projects



TWG reports

Project template

Project A

Project B

Project C

Reference Data

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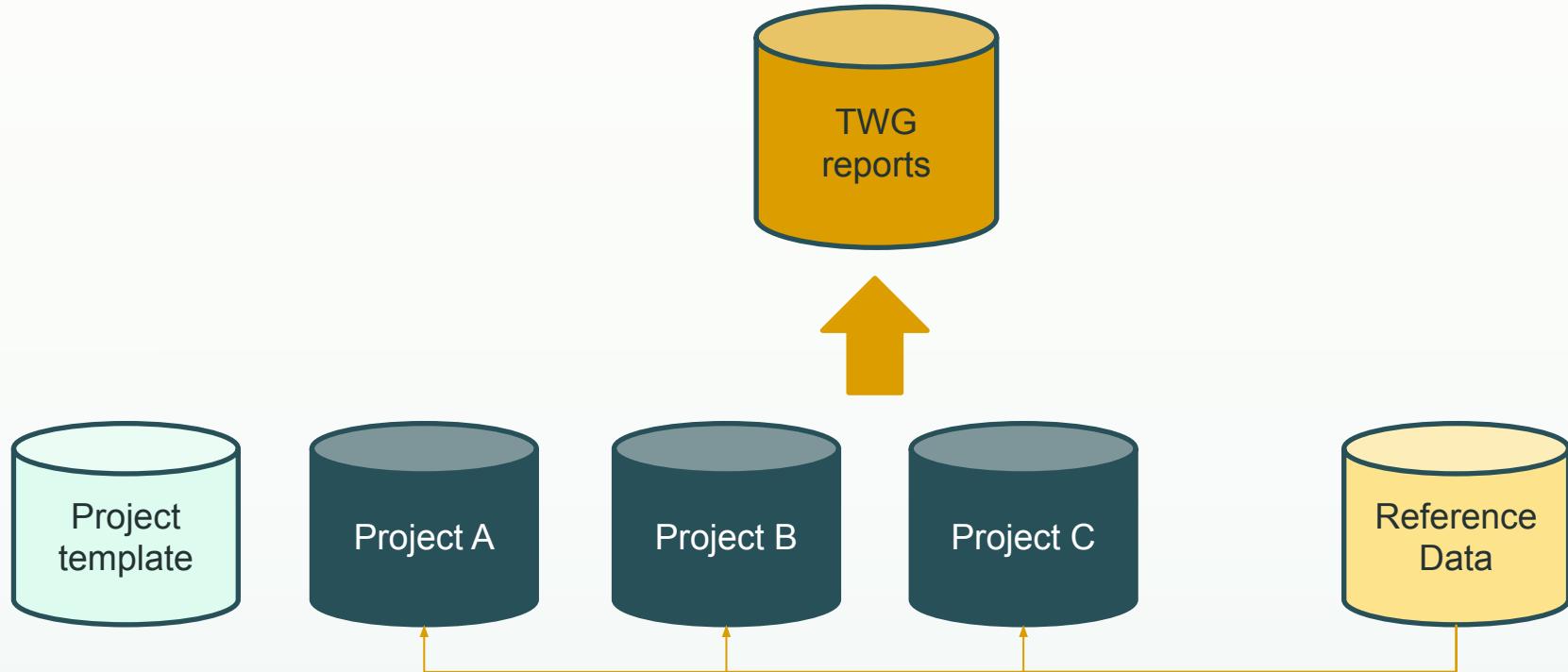
# Key takeaways

**Better data** <u>LEAD TO</u> **better decisions** IN TURN WE HAVE **better MHPSS outcomes**

- Monitoring and evaluation (M&E) isn't paperwork; it's how we check that support is actually helping people and not causing harm.
    - Impact is measured using indicators (what we look for) and means of verification (how we measure it).
    - Good measurement tools must be:
        - Relevant to people's real lives
        - Culturally appropriate
        - Safe, ethical, and respectful
    - Both numbers and personal experiences matter—quantitative and qualitative data are used together.

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# Key takeaways

<u>Personal data must be **protected** and **data** should only be **collected if it is truly needed**</u>

An **information management system (IMS)** helps turn raw data into useful insights.It supports:
- Secure data collection
- Clear roles and access rights
- Timely reporting, Learning and decision-making

A shared system allows **multiple organizations to work together** while protecting sensitive information.

# Time for a short poll!

# Resources

- MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS: Monitoring and Evaluation with Means of Verification: Version 2.0
- IASC 2022 MHPSS Minimum Service Package
- Indicator bank

# Questions?

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