



WE THRIVE MEAL GUIDANCE

INTEGRATED GROUP SESSIONS FOR CHILDREN
AND ADOLESCENTS IN ACUTE CRISES

For more information, email wethrive@savethechildren.org



Save the Children

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MEAL OBJECTIVES

The Monitoring, Evaluation, Accountability and Learning (MEAL) tools for *We Thrive* focus on tracking two areas: i) project implementation fidelity (attendance, facilitation, etc), and ii) experiences of children and adolescents attending the group sessions. These primary foci are necessary for indicator reporting and to ensure the project is being implemented consistently and effectively with all children and adolescents participating.

The We Thrive MEAL plan is simple to use and includes **one output and two outcome indicators** measurable by the tools in this toolkit. The MEAL tools include session attendance forms and facilitator observations to track and conduct process evaluation when implementing group sessions; and child and community focused tools to collect information about children and adolescents' experiences. The collected data and information will serve to strengthen programme quality, learning, and accountability, including through efforts to improve outreach to the most vulnerable children and adolescents.

Theory of Change

We Thrive's theory of change emphasises that to best support children's holistic needs in acute crises, they need access to safe, fun and engaging sessions, as well as protection and support to improve their overall wellbeing.



Logical framework

The below 4x4 logical framework is a tool for MEAL teams to tailor in proposals and during project design. To read this framework, start at the bottom left box and construct an if-and-then statement. For example: If children participate in learning sessions (output 1.1.1) and resources are available (assumption), then children gain skills and knowledge (outcome 1.1). If children gain skills and knowledge and have access to other necessary services (assumption), then they will have increased wellbeing (Objective 1).

Project summary	Recommended outcome and output indicators	Means of verification	Risk/ assumption
Goal. Addressing children's holistic needs and promoting their protection in acute crisis through the provision of integrated, inclusive, lifesaving learning, protection and wellbeing sessions	1. % of children and adults who demonstrate improved mental health and/or psychosocial wellbeing (<i>outcome</i>)	1.2.1 Facilitator Observation 1.1 Outcome measure (Under development)	
Objective 1. To enhance crisis-affected children's protection, learning and wellbeing through playful, accessible, and lifesaving integrated sessions.	1.1.2 % of individuals reporting that assistance is delivered in a safe, accessible, accountable, and participatory manner (<i>outcome</i>)	1.1.2 Protection mainstreaming: Child Perception Survey	Ongoing crises are minimal enough for sessions to occur
Outcome 1.1. Children gain skills and knowledge Outcome 1.2. Children's mental health and psychosocial wellbeing improve	1. % of children and adults who demonstrate improved mental health and/or psychosocial wellbeing (<i>outcome</i>)	1.1 Outcome measure (TBD) 1.2.1 Facilitator Observation 1.2.2 Focus group with children	Referrals/ other necessary services are available
Output 1.1.1. Children participate in We Thrive sessions Output 1.1.2 Children access relevant assistance in a safe, accessible, accountable and participatory manner Output 1.2.1 Children regularly attend We Thrive sessions (e.g. 3 times per week for 3 weeks, 70%, etc.)	1.1.1 # of children participating in learning opportunities (<i>output</i>) 1.1.2 % of individuals reporting that assistance is delivered in a safe, accessible, accountable, and participatory manner (<i>outcome</i>)	1.1.1 Attendance 1.1.2 Protection mainstreaming: Child Perception Survey	Resources are available, community members are available and engaged, facilitators are available and engaged, children are available and engaged in sessions

For Save the Children staff using Save the Children's standard Humanitarian Logframe templates, We Thrive's logframe links with standard child protection and education logframes through:

- [Child Protection Humanitarian Logframe](#) Outcome 6: Children access group activities that promote their protection, wellbeing and learning.
- [Education in Emergencies Logframe](#) Outcome 2: Children learn through playful approaches that strengthen holistic education, protection and wellbeing outcomes
- [MHPSS Logframe](#). MHPSS outcome : Children and adults improve MH and well being in adverse situation

MEAL TOOLS OVERVIEW

Indicator/ Focus Area	Priority	Tool Name	Method	Tool Description
Output 1 # of children participating in learning opportunities	Required	Session Attendance Form	Quantitative Tracker	A form for facilitators to record daily attendance per session per age group, disaggregated by gender. An excel database to capture attendance by session and identify trends disaggregated by location, age, and gender.
Outcome 1.1 % of individuals reporting that assistance is delivered in a safe, accessible, accountable, and participatory manner	Required	Protection Mainstreaming – Child Perceptions Survey	Quantitative Survey	A standardised tool that captures participating children and adolescents' perception if SC delivered assistance in a safe, accessible, accountable, and participatory manner.
Outcome 1.2 % of children and adults who demonstrate improved mental health and/or psychosocial wellbeing (<i>outcome</i>)	Recommended	<p>We Thrive measure is under development</p> <p>Possible global indicator measures are included in the PIRS</p> <p>Additional measures include: HAT, RUWELL</p>	Quantitative Assessment	<p>Outcome measure will include a focus on lifesaving learning and child wellbeing. Possible measures from the global indicator PIRS are linked here but a We Thrive specific holistic tool is under development</p> <p>Additional tools to measure wellbeing and lifesaving learning outcomes are currently under development and will be linked to this MEAL package once available, including RUWELL and the Holistic Assessment (HAT).</p> <p>In addition, if the project team has capacity, and measurement of literacy, numeracy and SEL outcomes is appropriate in the context, teams can consider HALDO.</p>
Implementation fidelity – Facilitation	As needed	Facilitator pre and post test	Quantitative	A knowledge assessment for facilitators prior to and after training.
Implementation fidelity – Facilitation	As needed	Facilitator Observation and Discussion Tool	Mixed Methods	An observational tool with guiding questions for observing children and adolescents attending group sessions.

Implementation fidelity - Participation	As needed	Child and Adolescent Discussion Tool	Qualitative (FGD)	A focus group discussion guide
Implementation fidelity - Participation	As needed	Community Consultations	Qualitative (FGD)	A community consultation guide with questions to assess if the programme is supporting the most vulnerable children and adolescents and identifying opportunities for referrals and to support outreach.
Implementation fidelity - Review	As needed	Programme Staff Survey	Mixed Methods	A structured mixed method survey self-completed by programme implementers, MEAL staff, and facilitators
Database	As needed	We Thrive Database	Data repository	Database template to enter data for cross country and repeated implementation comparative analysis. Optional but recommended for ease of global reporting.

Adaptation Guidance

Throughout the tools, you will see adaptation guidance **highlighted in yellow** with guidance in footnotes for adaptation. These are passages and words that need to be translated or edited to be contextually relevant. All tools must be contextually appropriate, but each tool has specific adaptation guidance.

- **Attendance tracking** forms that implementing offices already use should be implemented, if all relevant demographic information is collected. Similarly, data entry from the attendance tracking forms should follow standard practices by implementing offices.
- The **Protection Mainstreaming Survey** should not be replaced. This is a standard tool developed with multiple partners and used for global indicator reporting. Language can be changed to ensure child friendliness but the questions themselves should be consistent across all implementations.
- The **child level skill and knowledge outcome assessment** has not yet been developed for We Thrive. There are several options of existing tools listed in the [PIRS](#) that may be relevant and programme implementers should review these if outcomes will be measured.
- The **Facilitator Pre and Post test** can be reviewed to ensure that the skills measured are those that facilitators need to be successful. This tool will likely require minimal adaptation by trainers.
- The **Facilitator Observation and Discussion Tool** can be adapted to measure what occurs in the sessions based on the implementation plan. For example, if the facilitators are using Literacy Boost activities as well as We Thrive sessions, observations about literacy instruction should be emphasized. Discussion questions can be adapted but should be used consistently across all observations/ facilitator discussion groups.
- The **Child and Adolescent Tool** can be adapted with additional questions but must be activity based and child sensitive. If adapted, ensure that all discussions use the same questions.
- The **Community Consultation Tool** can be adapted with additional questions but must be focused on identifying what community members want to see from We Thrive sessions. If adapted, ensure that all consultations use the same questions.

MEAL Tools Example Schedule

	Required measurement	Responsible	Est. time	Recommended measurement	Responsible	Est. time
<i>Pre week 1</i>	Pre and post facilitator training assessment	Facilitator trainer MEAL analyst	1 day analysis, 1 day feedback to facilitators	Community consultations	MEAL	1 day collection, 1 day analysis
				Child outcomes pre assessment- under development	MEAL/ Facilitator	10 days (dependent on sample) collection 5 days analysis
<i>Week 1</i>	Attendance	Facilitator	In session	Facilitator observation	Facilitator/ technical lead	1 day collection and feedback, 1 day entry and analysis
<i>Week 2</i>	Attendance	Facilitator	In session	Attendance data entry	MEAL	1 day entry and review
<i>Week 3</i>	Attendance	Facilitator	In session	Attendance data entry	MEAL	1 day entry and review
<i>Week 4</i>	Attendance	Facilitator	In session	Child participation focus group discussion	Facilitator/ technical/ MEAL lead	1 day collection and feedback, 1 day entry and analysis
	Protection Mainstreaming Survey	Facilitator, MEAL	1 day collection, 1 day analysis	Attendance data entry	MEAL	1 day entry and review
<i>Week 5</i>	Attendance	Facilitator CP & MEAL	In session	Facilitator observation	Facilitator/ technical lead	1 day collection and feedback, 1 day entry and analysis
				Attendance data entry	MEAL	1 day entry and review
<i>Week 6</i>	Attendance	Facilitator	In session	Attendance data entry	MEAL	1 day entry and review
<i>Week 7</i>	Attendance	Facilitator	In session	Attendance data entry	MEAL	1 day entry and review

Week 8	Attendance	Facilitator	In session	Facilitator observation	Facilitator/ technical / MEAL lead	1 day collection and feedback, 1 day entry and analysis
				Child outcomes post assessment – under development	MEAL/ Facilitator	10 days (dependent on sample)
Review	Protection Mainstreaming survey	MEAL	1 day collection, 1 day analysis	Programme implementers feedback survey	Technical & MEAL	1 day analysis
	Database review	MEAL/ Programme	1 day data clean up, 1 day review			

RISK ASSESSMENT¹

There is an inherent power imbalance between adults and children, which may limit the freedom of children to respond openly and honestly. That limitation is heightened in humanitarian settings where children, families, and communities might rely on humanitarian actors for support and feel pressure to agree with humanitarian actors or provide positive feedback. It is critical that children are not harmed during children's consultations. To help children be safe, we must assess and mitigate risks. This requires awareness and consideration of the local and national socio-cultural, religious and political context. As part of standards in humanitarian response, all children's consultations must have a risk assessment and mitigation plan. We need to assess risks associated with participation, but we also need to analyse the risks of not supporting child participation and of not listening to children. Participation will always come with risk but risks of not supporting child participation may be greater and more challenging to mitigate. Risk assessments should consider potential physical, psychological, economic, legal or social harm to children and their communities, as well as to the organisation(s) involved and their staff. Risk assessments should be developed in consultation with a range of staff and partner staff. At a minimum, seek to ensure engagement from staff and local experts in:

- Child Protection
- MHPSS
- Safeguarding
- MEAL
- Safety and security
- Local programme managers or project coordinators

Where possible, consult with children to help understand what the risks and benefits of a consultation would be. For example, if you have pre-established children's groups you could ask for their advice in reviewing the plans and identifying risks before finalising your risk assessment. Some risks may only be known by children themselves and/or children may bring a unique perspective into the risk analysis and mitigation plans. Alternatively, you can review existing data already collected from the same area or the same context where children may have identified risks or expressed concerns to help inform your risk assessment. Risk assessment must be linked to conflict analysis – ask if your country teams already have conducted a conflict analysis. Then using that conflict analysis, reflect on how it could affect the children's consultation. Use the risk assessment template from the Children's consultations in humanitarian contexts to document your risk assessment and mitigation plan. The risk mitigation checklist should be used prior to data collection to ensure risks have been considered and mitigation measures are in place. You can add any additional risk mitigation measures you identify during the risk assessment to this checklist.

¹ Adapted from: [Guidance – Children's Consultations in Humanitarian Contexts | Save the Children's Resource Centre](#)

FEEDBACK AND REPORTING MECHANISMS

Every implementing team should be familiar with organizational feedback and reporting mechanisms. Save the Children's guidance can be found here: [Save the Children Feedback and Reporting Mechanism Guidance](#) | [Save the Children's Resource Centre](#)

ROLES AND RESPONSIBILITIES

MEAL and Technical Roles

MEAL staff should lead the selection and adaptation of all tools to assess We Thrive. Technical experts in child protection, education, mental health and psychosocial support and other sectors should be consulted and MEAL staff should orient all sectoral technical staff to the MEAL tools.

Once implementing teams have finalised their project design, MEAL and sectoral technical staff train facilitators focusing on facilitation and also orienting them to their role in monitoring and evaluating We Thrive sessions.

Please note, MEAL tools and guidance must be contextualized ahead of the Facilitator Training. Where possible, MEAL staff can support in the facilitation of Session 6: Monitoring, evaluation, accountability, and learning tools to ensure facilitators understand their roles and responsibilities.

Facilitators' role, skills and knowledge

Facilitators are the primary point of contact with children or adolescents attending We Thrive sessions and are well-positioned to observe and document participation and implementation.

- Facilitators should proactively build relationships of trust and respect with children and adolescents, including frequent check-ins to agree on mutual expectations and communication preferences, as part of efforts to create a safe space and safe dynamic for children to give open, honest, critical feedback.
- Facilitators should be aware that asking for feedback from children who are experiencing a lack of safety and stability due to a humanitarian emergency and who have not had many opportunities to express themselves might disclose feelings of distress or hopelessness that require applying Psychological First Aid principles.
- Facilitators should always be equipped to respond to disclosure of a child protection or child safeguarding incident during the feedback session and should follow-up and report the incident to the relevant channels, i.e. child safeguarding focal point, DATIX etc.

Responsibilities.

Primarily, **facilitators** are responsible for **daily attendance tracking** and need a simple way to enter children's information on a paper form or computer-based sheet as possible. **MEAL staff** are **responsible for aggregating this data** from facilitators weekly or monthly depending on the project life cycle.

Depending on training time, facilitators may also **implement the Protection Mainstreaming survey** with children, but they should only survey children and adolescents who are not attending their specific session to decrease the likelihood of bias.

Facilitators also provide valuable insight to what is occurring in the session through the *Facilitator Observation Tool*. This tool can be self-completed by facilitators, completed in facilitator learning circles, or completed in conversation with programme implementing staff.

Finally, **facilitators or MEAL/Programme implementing staff conduct child and adolescent discussions** which must be recorded in notes during each discussion. At the end, they should collect feedback from all groups. The facilitators should be prepared **to use the data to plan and/or adapt future group sessions and their own practice** based on the feedback provided by children/adolescents. Eventually, the facilitators should be prepared to present children/adolescent's aggregated feedback and their own reflections during Facilitator learning circles and meetings with staff.



WE THRIVE MEAL TOOLS

For more information, email wethrive@savethechildren.org.

1. REGISTER: Session Attendance Form

OVERVIEW

Description	A form for facilitators to record daily attendance per session per age group, disaggregated by gender and disability ² (when the information is available).
Consent	Caregivers must consent if their children's and adolescents' names will be tracked.
Collected by	Facilitators
Frequency	Every Session
Participants	Children and Adolescents
How to use	Prior to using the tool, MEAL and sectoral technical staff must review what needs to be collected and contextualise the attendance forms for facilitators. Data can be collected in paper form, in the We Thrive excel database , or in a Kobo form. To use this tool, facilitators must be oriented to attendance tracking to ensure they understand what needs to be measured and when. MEAL/ sectoral technical staff must review the completed form either on paper or electronic copy weekly to track attendance across sessions, entering data for systematic tracking as appropriate. Data analysis should identify attendance frequency, the number of children by age, gender or disability experiences that may or may not be reached in programming, etc. Data should be reviewed at least weekly to ensure all children are able to access the program. For reporting purposes, teams may create project specific benchmarks for regular attendance , such as attending sessions 3 times per week for 3 weeks.
Analysed by	MEAL/Programme Data Officer

² Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

Reporting week: <i>(dates)</i>			
A4. How many children are attending in total?:			
A5. Age Group: (select one and disaggregate by number of males and females)			
<input type="radio"/> 4-6 <input type="radio"/> 7-11 <input type="radio"/> 12-14 <input type="radio"/> 15-17			
A6. Number of boys and girls by age:			
A6a. Boys ages 4 to 6:	A6c. Boys ages 7 to 11:	A6e. Boys ages 12 to 14:	A6g. Boys ages 15 to 17:
A6b. Girls ages 4 to 6:	A6d. Girls ages 7 to 11:	A6f. Girls ages 12 to 14:	A6h. Girls ages 15 to 17:
A7. How many children have disabilities?			
Reflections at the end of the week:			
A8. How many children have at least one friend who they play with in an age-appropriate way during free play?		<input type="checkbox"/> None/ Not observed <input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All of the children	
A9. Girls enjoyed the session and were actively participating in the activities?		<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, mostly <input type="checkbox"/> No, not really <input type="checkbox"/> No, not at all <input type="checkbox"/> Don't know/ Not observed	
A10. Boys enjoyed the session and were actively participating in the activities?		<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, mostly <input type="checkbox"/> No, not really <input type="checkbox"/> No, not at all <input type="checkbox"/> Don't know/ Not observed	
A11. Were there specific groups of children who were not participating (ex. Children with disabilities, children who were also taking care of a sibling during the session)?			

2. PROTECT: Protection Mainstreaming Survey – Child perceptions⁹

OVERVIEW

Description	A standard tool that captures participating children and adolescents' perceptions of assistance. This survey can help identify areas for course correction around safety, accessibility, accountability, and participation. Findings should be used by programme managers, Technical Advisors, Safeguarding and Fraud teams, and MEAL staff to improve programming. Findings can be discussed as part of review meetings, PDQ and Ops meetings, and can be presented in regular and accountability reporting.
Consent	Yes, children assent/consent and caregiver consent is required
Collected by	MEAL/Programme Data Officer
Frequency	Dependent on project cycle: <ul style="list-style-type: none"> • Within 1 month of projects less than 3 months long • Within 3 months of projects less than 6 months long • Within 6 months of projects less than 12 months long • As needed beyond 6 months dependent on results
Participants	Individual Children and Adolescents
How to use	<p>This survey is standardised to assess child protection mainstreaming across projects. Questions should not be removed or added. Instead, adaptation should focus on child friendly language and wording for terms like “safe”, “treat well”, “help”, etc. To see and access various adaptations and translation of the tool see Tool Adaptation Examples. Once finalised, print the child materials with faces to show the child for their responses. If using paper-based data collection, print the word document and data collectors can score on the paper form and enter data into Kobo or the We Thrive database.</p> <p>Prior to using the tool, MEAL/ sectoral technical staff identify a representative sample of children in the project population to understand children's perceptions. The tool is administered one to one by a data collector. While using the tool, include follow up questions based on the child's previous responses for questions CP1-CP4 and CP6-CP8. See the PIRS for analysis guidance. This tool can be administered with a <i>representative sample</i> of children and does not need to be administered with every child in the We Thrive sessions.</p> <p>After using this tool, data should be aggregated based on calculation guidance in the PIRS. Individual de-identified responses should be discussed with facilitators when there are gaps or opportunities and program implementing teams should review the results immediately following collection to implement course corrections.</p>

⁹ For more information about this adapted ECHO tool, see the SCHP 2024 - Monitoring the ECHO Protection Mainstreaming Indicator across humanitarian interventions here: [SCHP ECHO Protection Mainstreaming - PIRS - June 2024.docx](#)

Limitations	Use this tool with children who are at least 8 years old. In some countries, this may vary and the tool may only be appropriate for older children, for example starting at 10 or 12 years old. Children are providing their feedback individually so they may feel pressured to respond in a way they think the data collector wants to hear or provide a positive response bias. To mitigate this, data collectors should build rapport with the child so they feel comfortable responding.
Analysed by	MEAL/Programme Data Officer

TOOL

Administration Details	
C1. Interviewer Name:	C2. Date:
C3. Unique ID ¹⁰	
C4. Child's Gender	C5. Child's Age
C6. Location: ¹¹	C7. Child has a disability? ¹² <input type="checkbox"/> Known <input type="checkbox"/> Observed
C8. Child's ethnicity	C9. Has the child experienced displacement? <input type="checkbox"/> Refugee <input type="checkbox"/> Internally displace <input type="checkbox"/> Migrant <input type="checkbox"/> Host community member <input type="checkbox"/> Other
C10. Child's mother tongue	
Consent	
<p>We'd like to ask you a few questions to help us understand how you feel about the work of Save the Children and its staff. We'll ask you about Save the Children's support - this could be your participation in sessions we organise, items you've received from us [give contextual examples] or services provided by Save the Children, such as visiting one of our safe spaces. There are no right or wrong answers, and it's okay if you don't know the answer to a question. It's okay to be positive or negative about our work and our staff. Your opinion is important to us and will help us to better support you and the other children. Your answers will not include your name; they will be anonymous. This means we will share the information you tell us, but we won't say who it came from.</p> <p>Will you answer these questions with me? (yes/no) <i>If the child does not agree to participate, do not continue with any questions. Thank them for their time and allow them to return to session/etc.</i></p>	

Use this paper form to enter data per child. Add the individual child response in the column on the left. Each response has a score next to it in the response column. Write 999 if Child says they don't know, shrugs or stays quiet.

Question	Response	Score
CP1. Did you feel safe when you received help from Save the Children?	Yes, completely (1)	
If the child hesitates say: For example, did you feel safe with the people that work for Save the Children? Did you feel safe when taking part in the activity?	Yes, for the most part (1)	

¹⁰ Include Unique ID if available to ensure we are not sampling the same children. Also can include child name to prevent double counting.

¹¹ Only gender and age are required for disaggregation C6-C10 can be removed or used depending on the teams' needs.

¹² Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

<p>CP1a. If not, what could have made you feel safer? Text:</p>	<p>No, not really (0) No, not at all (0) Don't know (999)</p>	
<p>CP2. Did you feel that Save the Children staff treated you well? <i>If the child hesitates say: Did you feel respected, cared for, or kindness from staff?</i> CP2a. If not, could you tell us what happened? Text:</p>		
<p>CP3. Are you satisfied with the help you received? <i>If the child hesitates, mention contextual example as appropriate, for example the activity or specific type of support.</i> CP3a. If not, could you tell us why you are not satisfied (for example, what did you not like)? Text:</p>		
<p>CP4. Do you think there are children in your community who also need help, but haven't received it? CP4a. If so, who was left out (e.g. which groups, etc.)? Text:</p>	<p>Yes, a lot (0) Yes, a few (0) No, not really (1) No, not at all (1) Don't know (999)</p>	
<p>CP5. Do you feel Save the Children gave you good information about the sessions and support you have received from us?</p>	<p>Yes, completely (1) Yes, for the most part (1) No, not really (0) No, not at all (0) Don't know (999)</p>	
<p>CP6. Do you feel that Save the Children has listened to children's ideas when deciding how to support you and others? <i>If the child hesitates, say: For example, listening to what you needed or what you would find useful</i> CP6a. If not, could you tell me what your ideas were? Text:</p>		
<p>CP7. Would you tell Save the Children that you have ideas, questions or feedback about our support? <i>If the child hesitates, say: For example, if you had ideas about service/space/activity, do you feel like you could share these with Save the Children?</i> CP7a. Next time you have a good idea to share or some feedback to give Save the Children, how would you like to tell us? Text:</p>		
<p>CP8. Did Save the Children make any changes after the children shared their likes and dislikes about our support? <i>If the child hesitates, say: For example, can you see that Save the Children made changes based on children's feedback? Can you see that children's concerns are listened to and acted on?</i></p>		

<p>CP8a. If not, could you tell me what the children shared / what happened? <i>Text:</i></p>		
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Child materials: *Print the table below and show it to the child.*

**Yes,
completely**



**Yes,
mostly**



**No, not
really**



**No, not at
all**



**Don't
know**



3. OBSERVE: Facilitator Observation Tool

OVERVIEW

Description	The facilitator observation captures what is occurring during We Thrive sessions. Programme implementation teams can use this tool periodically (no more than once a month) during any session or as a reflective tool after a session to identify strengths and opportunities in facilitation.
Consent	Before you start make sure that any centre administrator/ manager is aware and has approved your observation. All observation needs consent from the facilitator you are observing and all discussions need consent from responders.
Collected by	MEAL, Programme data officer, sectoral technical staff: For best results you need to have two observers, so that you can double-check the scoring. Each observer should use an individual tool to document what they observe.
Frequency	Periodically depending on programme schedule, maximum once per month.
Participants	Facilitators and children (observed only)
How to use	<p>Materials: observation forms/tablet</p> <p><i>Observer:</i> Choose a place to observe where you will not be a distraction for either the facilitator or the children. Make sure that you can see interactions between the children and facilitator, but that you will not be in the way during the session. As you observe the session, record what you see on the provided observation sheet. Use a pencil to make your initial marks, knowing that you may need to go back and change your mark as you continue to observe the session. For each item, circle or check only ONE column (1,0.5 or 0). If the item does not apply due to session topic, comment not applicable (N/A). At the end of the session, review all your marks and total the columns. You do not need to show the facilitator the rating, but most facilitators will appreciate some feedback and specific suggestions. Be sure to start and finish feedback with an overall <u>positive</u> observation (for example: “<i>I notice you really seem to care about these children!</i>”). The more <u>constructive and specific</u> the suggestions the better, general comments such as “<i>I noticed children were not active</i>” are not as helpful as specific suggestions such as “<i>I wonder if instead of having the children repeat the story in unison, you could have them read it to each other, that way they would be more involved, what do you think?</i>” If you can provide facilitators with specific sessions or ideas to use in future sessions this is ideal.</p>
Analysis by	MEAL

TOOL Facilitator observation

Administration Details				
F1. Observer Name:		F2. Facilitator name:		
F3. Number of boys in the session being observed:		F4. Number of girls in the session being observed:		
F5. Location:				
F6. Age Group: (select one)				
<input type="radio"/> 4-6 <input type="radio"/> 7-11 <input type="radio"/> 12-14 <input type="radio"/> 15-17				
F7. Sessions delivered during observation: (select all that apply and the number of sessions)				
a. Free Play / Free Time b. Positive social skills and relationships c. Self-awareness and empowerment d. Numeracy e. Literacy f. Sexual and Reproductive Health and Rights g. Life-Saving Learning h. Other				
Consent				
<p>Hi, (<i>introduce yourself</i>) Today I am here to observe the session you will give. The purpose is to gather information and data on the learning environment to better understand how we can improve the support to facilitators in the programme, as well as other learning aspects in the learning space. The purpose is not to evaluate you as an individual facilitator, but to gather information on the learning space and learning environment. At the end of the session, I would like to give you the opportunity to ask questions. If you like, I am happy to give you my general, personal thoughts of the session. Please facilitate as you would if I were not here. I will take my seat here (find a seat in the corner) and during the observation I will take notes. You can pretend that I am not here, and do not have to make sure I am comfortable or address me; just facilitate as normal. After the session, I might have a few follow-up questions to clarify what I observed. Is that clear or do you have any questions at this point? Are you ok with me observing your session?</p>				
What to Look For	Fully Met (1)	Partly Met (0.5)	Not Met (0)	Comments
Facilitation				
O1. Facilitator is interactive and not lecturing; Children are singing, chanting, playing learning games, role play, drawing, telling stories, etc.; AND/OR Children are working individually, in pairs, or in groups.	Yes	Partial	No	
O2. Did the facilitator present clear objectives at the start of the session in writing or orally?	Yes		No	
O3. Did some children engage more than others?	No		Yes	If so, whom?
O4. Does the facilitator call on/talk to children by name?	More than ¾ of children	¼ to ¾ of children	Less than ¼ of children	

O5. Did the facilitator use any positive discipline action? (i.e. positive verbal reinforcement, recognises children by displaying children work, special recognition for good behavior/hard work/etc. Says “good try”, “well done”)	Yes	Some of the time	No	
O6. Did the facilitator shout at any of the children or use loud or condescending language?	No		Yes	
O7. If a child answers a question incorrectly, does the facilitator provide constructive feedback and explain why the answer was incorrect?	Always	Some of the time	No	
Content observation				
O8. Did the facilitator follow the session plan?	Yes		No	If not what was excluded or added?
O9. Are girls actively engaged in the session?	More than $\frac{3}{4}$ of girls	$\frac{1}{4}$ to $\frac{3}{4}$ of girls	Less than $\frac{1}{4}$ of girls	
O10. Are boys actively engaged in the session?	More than $\frac{3}{4}$ of boys	$\frac{1}{4}$ to $\frac{3}{4}$ of boys	Less than $\frac{1}{4}$ of boys	
O11. What proportion of children demonstrate positive social interactions? (e.g. cooperation and teamwork, conflict resolution, encouragement etc).	More than $\frac{3}{4}$ of children	$\frac{1}{4}$ to $\frac{3}{4}$ of children	Less than $\frac{1}{4}$ of children	
Physical environment¹³				
O12. Does the facilitator have the materials to run the session effectively and in an engaging way?	Yes		No	If not, what do they need?
O13. Is space itself safe?	Yes		No	If no, why not?
O14. Is the temperature of the space suitable?	Yes		No	
O15. Is there sufficient seating for the participating children ?	Yes		No	
O16. Is the light (daylight or electric) sufficient for children to read?	Yes		No	
O17. Is there trash inside the learning spaces?	No		Yes	
O18. Are latrines/toilets, separated for gender, adequate in size and hygiene, and equipped with handwashing facilities for all children?	Yes		No	
Total: For each response in Fully met column, score a 1. For each response in the Partly met column, score 0.5 and for each response in the Not met column, score 0. Add all responses for each column	Fully met total:	Partly met Total:	Not Met total:	Total:

After the observation, add up the totals in each column and reflect on the strengths in the Fully met column and the opportunities in the partly and not met columns.

Any other comments?

¹³ This section is **optional** but if removed, make sure observers have space to document any issues in the physical space for programming revisions.

4. OBSERVE: Facilitator Discussion Tool - Facilitator Learning Circles

OVERVIEW

Description	This discussion tool is linked with the We Thrive Training Manual and Workbook. This tool is not part of systematic MEAL, but a reflection tool that teams may or may not use to collect data from facilitators. In cases where this tool is used solely by facilitators without data quality assurance or checks, it is essential that basic feedback from facilitators is still provided to implementing teams to address any major concerns and support actions discussed in the facilitator learning circles. In cases here this tool is used as a structured facilitation discussion guide, all discussion must be documented, ideally with a word for word transcription but detailed notes per question at minimum.
Consent	Facilitators must consent to participate in the conversation
Collected by	Facilitator. MEAL, Programme data officer, sectoral technical staff must attend if this tool is being used for data collection for program reporting.
Frequency	Weekly or Monthly
Participants	Facilitators
How to use	<p>Facilitator Learning Circles should be planned monthly, with each Facilitator bringing a completed Facilitator Observation and completed Session Attendance Forms to the Circle. A Learning Circle Lead should be either a Project staff member or a Facilitator who has experience in child-focused facilitation and/or teaching and learning. The objective of the Facilitator Learning Circle is to support quality of We Thrive implementation, support Facilitators to reflect on the sessions they are facilitating, identify issues or concerns to improve children and adolescent's access and participation, and the safety and relevance of the intervention. These questions are intended to be suggestions, and the lead of the Learning Circle can adapt them based on the questions, concerns or feedback from the We Thrive Facilitators. Information gathered in the Learning Circles is intended for learning and to support Facilitators adapt their approach. Actions identified from the Learning Circles should also be shared with SC staff and partners to adapt the programme and address access, safety or other critical issues that emerge e.g. timetabling, safety of physical space, accessibility, etc.</p> <p>In situations where implementing teams are collecting data from the facilitator learning circles in the MEAL plan, all responses should be recorded and shared in writing with the implementing support staff.</p>
Analysis by	MEAL

TOOL: Facilitator discussion

Administration		
FA1. Facilitator names:		
FA2. Lead facilitator/ interviewer name:	FA3. Location:	FA4. Date:
Introductions:		
<p>What is a facilitator learning circle? A Facilitator Learning Circle is a structured, collaborative meeting where facilitators come together to reflect on their experiences, share insights, and support each other's professional growth. These circles are particularly useful in We Thrive where facilitators may have diverse backgrounds and experiences. When working with children, facilitators need a supportive environment to discuss challenges, brainstorm solutions, and ask for outside help when needed. This discussion guide can help facilitators improve their facilitation and have space to discuss what is and is not working for them.</p>		
Running the Facilitator Learning Circle		
<ul style="list-style-type: none"> • Set the Tone: Create a supportive and open environment where facilitators feel comfortable sharing their experiences and challenges. Facilitation is a skill that improves with practice. Encourage facilitators to be patient with themselves and each other. There are no wrong answers! • Use Structure: Consider using a consistent structure for each meeting, such as: <ul style="list-style-type: none"> ○ Check-in: Start with a brief check-in where each facilitator shares how they are feeling. ○ Reflection: Use guiding questions to discuss the past week's activities. Recognize that you do not need to answer all questions in one session. 7 to 8 questions in one hour is recommended. ○ Action oriented: Identify any challenges and brainstorm solutions together. Discuss plans for the upcoming week and set goals. Use reflections to identify areas where facilitators might need additional training or support. • Document Insights: Regardless of your role, documenting the conversation, reflections and insights is a valuable resource for future reference <ul style="list-style-type: none"> ○ Facilitator-led circles: If you are a facilitator leading the circle, ensure everyone has paper and pen/pencil to document their notes and responses to questions. Share any actions and specific needs with implementing staff (see Action Planning section below). ○ Implementing staff-led circles: If you are an implementer staff member, it is best to work in pairs so one staff member can be the note taker, capturing as much information as possible, while the other facilitates the discussion. Ensure you prioritize what needs to be collected in your MEAL Plan. 		
Guiding questions: Reflecting on the Learning Session		
<p><i>Ask Facilitators to refer to their completed Facilitator Observation forms. Use these guiding questions to lead the discussion:</i></p> <p>FO1. How were children or adolescents participating in the group sessions? Please provide some examples (e.g. are children or adolescents interacting with each other or not?).</p> <p>FO2. Were different children or adolescents participating differently or included/excluded during sessions - girls / boys / children with disabilities / particular individuals? Why do you think that was?</p> <p>FO3. What positive and negative behaviours and/or emotions did you notice children or adolescents experiencing during the group sessions? I.e. Were children frustrated with themselves or others? Were some children distracted or withdrawn during an activity? Were children supporting each other and accepting other children's contribution?</p> <p>FO4. Were there any signs of distress or discomfort among children or adolescents? If yes, were these signs present in all children or in just some children or adolescents?</p>		

FO5. What did children/adolescents say about what they enjoy doing? Were there any differences across genders or for children with disabilities or other differences?

FO6. How do you know if children are understanding or learning in the sessions?

Guiding questions: Reflecting on the Free Play Session

Ask Facilitators to refer to their Facilitator Observation forms. Use these guiding questions to lead the discussion:

FO7. What types of games or activities do children or adolescents choose to do during Free Play (e.g. group vs. individual)? Why do you think they are choosing these activities?

FO8. What positive interactions or accomplishments did you notice? For example, did children display cooperation and teamwork? Did they encourage each other during activities? Etc.

FO9. Were different children or adolescents playing differently or included/excluded in play - girls / boys / children with disabilities / particular individuals? Why do you think that was?

Guiding questions: Reflecting on Attendance

Ask Facilitators to refer to their Session Attendance Forms. Use these guiding questions to lead the discussion:

FO10: Reflecting on the attendance at the Sessions you ran this month, do you notice any trends or patterns? Are some children attending infrequently? Are particular groups excluded? Are only boys or only girls attending some days? Why do you think that is?

FO11: How can we increase the participation of the children and adolescents who need the most support in the We Thrive Sessions? Are there any actions we can take together? Are there actions SC should take? Are there actions other community members could take?

Guiding questions: Overall Review

FO12. What have been your 'successes' of the week in terms of outcomes for children?

FO13. What one to two things do you think went well?

FO14. What one to two challenges did you have facilitating the sessions and supporting children and adolescents during the sessions?

FO15. What could be some of the ways facilitators could address these challenges (based on your experiences with participating children and adolescents)?

FO16. Is there any additional support you need as a facilitator to run these sessions?

Action Planning

FO17. Based on what we discussed, what should we do more of?

FO18. Based on what we discussed, what should we change or stop doing?

FO19. What kinds of learning sessions should we prioritise, for what ages, and why (e.g. Self-awareness and empowerment, Positive social skills and relationships, Literacy, Numeracy, Life-Saving Learning, Sexual and Reproductive Health and Rights)?

FO20. Based on what we discussed, what actions will Save the Children take?

If the Learning Circle is not led by an implementing staff member, provide a contact number here to ensure issues are communicated to the Project management team: _____

Submit all written notes to the MEAL and Programme officers for analysis and record keeping.

4. DISCUSS: Child and Adolescent Discussion Tool

OVERVIEW

Description	This is a tool for programme implementers or facilitators to understand the experience of children and adolescents in We Thrive sessions. Facilitators and programme implementation teams can use this tool periodically (no more than once a month) either during the free play/time sessions or as a check-in exercise before starting sessions that day.
Consent	Children's assent and caregiver consent
Collected by	MEAL/Programme Data Officer or Implementation team
Frequency	Periodically depending on programme schedule, but as a maximum once per month. One feedback form should be used with each group of children involved in the activity, i.e. complete a different form with different age groups or scheduled groups.
Participants	Children and adolescents
How to use	<p>Plan for more than one focus group discussion and ensure that the groups are separated by age group and gender so all children feel comfortable participating. No more than 6 or 7 children should participate in one group discussion which should last no more than 30 minutes. The goal is that group members discuss the topics among themselves, with the guidance of a facilitator. Data collectors must be familiar with the tool, know appropriate referral mechanisms, and know how to listen to and engage children in group dialogue.</p> <p>Prior to discussions, ensure that the discussion will occur in a non-threatening environment where participants feel comfortable speaking. Have all materials printed and materials for note-taking. It is preferable to arrange participants in a circle for a friendly and interactive setting. The data collector should try to ensure a relaxing and comfortable environment; controlling his/her voice, body language and choosing the culturally appropriate language. The data collector should be constantly aware of their own biases and the ways in which they may be perceived. The tone of the interview should be informal, not interrogatory. Data collectors should ensure that all participants contribute to the discussion, while letting people talking. Every focus group discussion should have two data collectors:</p> <ul style="list-style-type: none"> • A Discussion Group Facilitator – this person is leading the discussion and debate. He/she usually speaks the local language and is responsible for keeping the conversation going. The facilitator uses a discussion outline but remains flexible when guiding the conversation. • A Note taker – this person speaks the local language and is responsible for writing down what is said. He/She takes notes throughout; notes are compiled, analyzed and used to inform programs. It is important to write up detailed notes of the discussions, not summaries or interpretations. When possible and not causing harm – recording the discussion should be considered, with the consent of participants, as this usually leads to more accurate note-taking. <p>Facilitating a focus group requires considerable skills – both in moderating/facilitating the group and in adequately recording the responses. The flexible format makes it susceptible to facilitator bias, which can undermine the validity</p>

	and reliability of findings. Data from FGDs is not generalizable to all project participants, the goal is depth, not representativeness. Discussions can be diverted or dominated by a few vocal individuals. The information can be difficult to analyze; comments should be interpreted in the context of the group setting.
Limitations	Children are providing their feedback in small groups, which means that children who are not as confident or who are from marginalised or excluded groups or settings may face additional barriers to provide feedback. Children will also be providing their feedback to the facilitator that conducts the session, which creates a pressure for children to provide positive feedback.
Analysis	Qualitative data analysis is time consuming. All notes must be entered into the Excel database and then each responses, noted as close to word for word as possible during note taking, should be coded with a theme or short phrase to compare with other feedback. Direct quotes should be used as much as possible to understand children's experiences.

TOOL

Administration Details			
A1. Facilitator Name:		A2. Location:	A3. Date:
Number of children by Age Group:			
<input type="radio"/> 4-6 years old <input type="radio"/> 7-11 years old <input type="radio"/> 12-14 years old <input type="radio"/> 15-17 years old			
A6a. Boys ages 4 to 6:	A6c. Boys ages 7 to 11:	A6e. Boys ages 12 to 14:	A6g. Boys ages 15 to 17:
A6b. Girls ages 4 to 6:	A6d. Girls ages 7 to 11:	A6f. Girls ages 12 to 14:	A6h. Girls ages 15 to 17:
Part 1: Feedback from children and adolescents (30 min)			
Before we start, I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what each of you think, so please feel free to be frank and to share your point of view, regardless of whether you agree or disagree with what you hear. It is very important that we hear all your opinions. We want to know about the activities that we do together and what you like so we can make them even better for the future.			
Before you begin, facilitate a 3-5 minute mindfulness activity to calm minds and bodies before asking feedback questions. <ul style="list-style-type: none"> For younger children (ages 4-6 and 7-11): Cooling Down - Long, Small and Wide For older children/adolescents (ages 12-14 and 15-17): Mindful breathing 			
Divide the children/adolescents into groups of 4-6 participants. There should be one facilitator per group. For example, if you have 3 facilitators, this means you would have three groups of 4-6 participants, for a total of 12-18 participants. Make sure groups are separated by gender. Have the groups sit in a circle and follow instructions below to gather feedback from each age group.			
Younger children main questions (ages 4-6 and 7-11): Remind children of all the kinds of sessions they did during the programme. Choose all applicable from below:			

<ul style="list-style-type: none"> • Identify our emotions - and we worked on ways to calm ourselves down • Work together (team work) • Reading and/or writing • Math games • How to protect ourselves from dangers • Learned about our bodies (7-11 only - SRHR) • Free Play <p>Introduce the character that you will be using during the activity. See the Child Materials for a picture of Clucky the Chicken. You can also use a stuffed animal or puppet or draw a character. The character should have a name and not be human (e.g. a boy names Abram, or a chicken named Clucky).</p>	
<p>C1. Abram/ Clucky the chicken is a bit nervous about joining the group sessions and does not know what to expect. Can you describe some of the sessions that you <i>really liked</i> to help the Abram/Clucky feel more comfortable?</p>	
<p>C2. Abram/ Clucky has never done a programme like this with facilitators leading sessions for them. Tell Abram/ Clucky what the facilitator's job is during the sessions. What did the facilitator do?</p>	
<p>Facilitator Note: These are the main discussion questions. Always ask follow-up questions to ensure you understand the children's perspectives. It is important to understand <i>why</i> children liked the sessions they did.</p>	
<p>Older children/adolescents main questions (ages 12-14 and 15-17):</p> <p>Remind older children/adolescents of the kinds of sessions they did during the programme. Choose all applicable from below.</p> <ul style="list-style-type: none"> • Identify and managing our emotions • Work together (teamwork) and resolving conflicts • Reading and/or writing activities • Math games • How to protect ourselves from dangers • Learned about our bodies and how to protect ourselves (SRHR) • Free Time <p>Introduce the following scenario:</p> <ul style="list-style-type: none"> • Imagine you met a new friend and found out that they will be attending the We Thrive programme (group sessions). This friend is a bit nervous about joining and does not know what to expect. 	
<p>Y1. Can you describe for this new friend some of the sessions that you really liked doing?</p>	
<p>Y2. The facilitator wants to add some new sessions - what are some of your ideas of new sessions they could do?</p>	
<p>Y3. Your new friend has never done a programme like this that has facilitators leading sessions for</p>	

them. Tell the new friend what the facilitator's job is during the sessions. What did the facilitator do?	
Facilitator Note: These are the main discussion questions. Always ask follow-up questions to ensure you understand the children's perspectives. It is important to understand <i>why</i> children liked the sessions they did.	

Child Materials: Abram



Child Materials: Clucky the Chicken



5. CONSULT: Community Consultations

OVERVIEW

Description	A community consultation guide with questions to identify how community members perceive needs and potential growth from We Thrive sessions.
Consent	Consent must be obtained from participant(s) to the community consultation.
Collected by	Programme Manager/Officer
Frequency	Monthly with one meeting for each group (Group A and Group B) at a minimum. Should context and resources allow, SC should identify and include more community members from different groups.
Participants	<i>Group A:</i> A diverse range of community members, including those who do not usually access decision-making. <i>Group B:</i> Parents/caregivers of participating children and adolescents.
How to use	A semi-structured focus group discussion (FGD) is the recommended method for conducting community consultation. Should FGDs be too cumbersome to organise, individual interviews with community members can also be conducted.
Limitations	If Programme Managers/Officers are not intentionally meeting with individuals who work with and/or are from vulnerable groups, the information about access will be limited.
Analysed by	Programme Manager/Officer

TOOL

Administration Details					
Name of Facilitator/Interviewer:			Date:		
Location:					
Group Description			<input type="radio"/> Group A: Community members <input type="radio"/> Group B: Parents/caregivers		
Number of participants:			Number of men:		Number of women:
Origin of participants:			<input type="radio"/> internally displaced, <input type="radio"/> refugee, <input type="radio"/> migrant, <input type="radio"/> host community, <input type="radio"/> other:_____		

Suggested Questions

1. What do you think are the major risks right now for children and adolescents?
2. Which children and adolescents need the most support right now? Why?
For the interviewer's reference - there are various causes of discrimination which could include: sex, gender identity, age, disability, health status (including HIV/AIDS), nationality, ethnicity, caste, religious/spiritual beliefs, language, culture, political affiliation, sexual orientation, socio-economic background, geographic location, international protection status, specific education needs, mental health issues or other factors. Using these various causes of discrimination, probe on participants' responses.
3. How can community members support increasing the participation of the children and adolescents who need the most support?
4. What concerns about risks do you have about the group sessions for some children and adolescents? For example, maybe the language the facilitators teach will be unfamiliar to the child or the child has never been to school before.
5. Save the Children wants to include children and adolescents with disabilities in the group sessions. Do you have any suggestions about how to do this? Are there organizations of people with disabilities we should contact to support these children and adolescents? Other community leaders?
6. What do you hope the group sessions will achieve?
7. Do you have any ideas for how the community can further support the group sessions?
8. Is there anything else you would like to share?

6. FACILITATE: We Thrive Facilitator Training Pre-/Post-Test

OVERVIEW

Description	<p>The Facilitator Training pre- /post- tool collects feedback from trainees and ensures that trainees have the skills to succeed as We Thrive facilitators. Specifically, the tool measures whether;</p> <ul style="list-style-type: none"> • Facilitators can explain the importance of creating a safe and welcoming environment to support all participating children and adolescents' wellbeing, regardless of their gender and disabilities. • Facilitators can give examples of considerations for facilitating sessions for different age groups and developmental stages. • Facilitators demonstrate the ability to deliver the programme sessions for children and adolescents with opportunities for positive social interactions. <p>Data should be used to assess training quality, revise and improve sections of the training, and provide targeted support to facilitators to ensure all facilitators are based place to support children's learning and wellbeing.¹⁴</p>
Consent	NA
Collected by	MEAL/Programme Data Officer
Frequency	Pre and post facilitator training
Participants	Facilitator Trainees
How to use	<p>Implementing staff must first identify what background information about the trainees is necessary to collect and that the tool is in clear language. Then print and distribute the pre and post text before and after the training to ensure appropriate measurement. Either on the first morning of the training or the day before the training, request participants to complete the pre-test. The post-test should be distributed at the end of the last day of the training. If the post-test is administered later, participants may base their responses on implementation rather than the training itself.</p> <p>Facilitator pre- and post-test should be used before and after facilitator training. In cases where facilitators have already been trained, the pre and post test can be skipped but this should be part of the training content. Trainers use the data to tailor the training to trainees' needs and Programme Manager/ Officer, as well as trainers, should use the data to follow up with facilitators and provide support as needed. MEAL/ Data Programme Officers can use the pre and post data to evaluate facilitators' skills and learning related to the training.</p>
Analysed by	MEAL/Programme Data Officer

¹⁴ To provide targeted support, Names or Unique Identifiers must be collected.

Tool

Administration Details	
T1. Name:	T2. Unique ID: ¹⁵
T3. Position: <ul style="list-style-type: none"> • MEAL staff • Education staff • Child Protection staff • MHPSS staff • Facilitator • Other: _____ 	T4. Organization: <ul style="list-style-type: none"> • Save the Children • Partner: _____
T5. Location:	T6. <input type="checkbox"/> PRE-TEST <input type="checkbox"/> POST-TEST

Question	Responses			
PT1. I can confidently explain to a colleague in another team what the We Thrive package is:	Strongly Agree	Agree	Disagree	Strongly Disagree
PT2. I can confidently explain various ways in which group sessions can promote the wellbeing of participating children and adolescents	Strongly Agree	Agree	Disagree	Strongly Disagree
PT3. I feel confident delivering sessions from the We Thrive programme manuals	Strongly Agree	Agree	Disagree	Strongly Disagree
PT4. I understand my role in monitoring and evaluating We Thrive	Strongly Agree	Agree	Disagree	Strongly Disagree
PT5. I know how to adapt sessions to meet the needs of different children and different age groups and developmental stages	Strongly Agree	Agree	Disagree	Strongly Disagree
PT6. I understand how feeling and emotions impacts a child's wellbeing	Strongly Agree	Agree	Disagree	Strongly Disagree
PT7. I understand the cognitive, social and emotional needs of different age groups.	Strongly Agree	Agree	Disagree	Strongly Disagree
PT8. I feel confident facilitating sessions that encourage teamwork and positive social interactions.	Strongly Agree	Agree	Disagree	Strongly Disagree
PT9. I can manage group dynamics and conflicts effectively to foster a supportive environment.	Strongly Agree	Agree	Disagree	Strongly Disagree
PT10. We Thrive is about supporting individual children, rather than groups of children	True		False	
PT11. We Thrive should be used in acute crises or emergencies	True		False	
PT12. The main monitoring tool used by facilitators is the Community Consultation	True		False	
PT13. Younger children need simple, clear expectations and boundaries	True		False	
PT14. A safe environment means only physical safety, not emotional safety.	True		False	

¹⁵ Include highlighted sections if relevant.

PT15. Sessions for adolescents (ages 12-18) should always be highly structured, with little room for autonomy.	True	False
PT16. Social interactions happen naturally, and facilitators should not interfere with peer relationships during sessions	True	False
PT17. Which of the following are examples of positive reinforcement you can use in session (select all that apply)	(A) Let's make sure everyone has a turn to lead! (B) I love how you helped your teammate! That's great leadership (C) It sounds like you both really want to lead. How can we solve this together? (D) That's a great idea! Who else has ideas? Let's work together to make a plan.	
PT18. Why is it important to create a safe and welcoming environment for children and adolescents?	(A) To ensure their emotional and physical well-being (B) To meet programme guidelines (C) So they don't complain (D) To avoid liability issues	
PT19. What is an example of inclusive facilitation?	(A) Encouraging all children to participate in ways that suit their abilities (B) Letting only the most skilled children take leadership roles (C) Avoiding eye contact with children with disabilities (D) Using the same activity format for everyone without adjustments	
PT20. Which of the following is the best way to encourage positive social interactions in a group activity?	(A) Allowing children to pick their own groups every time. (B) Structuring sessions that require collaboration and shared decision-making. (C) Encouraging competition with minimal cooperation. (D) Letting the most skilled participants take the lead without input from others.	

PT21. What skills and knowledge would help you feel ready to implement We Thrive (sessions, MEAL, etc.)?

End of test.

Marking Guide for Pre-/ Post-Test (20 points possible)

Question	Responses			
PT1. I can confidently explain to a colleague in another team what the We Thrive package is:	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT2. I can confidently explain various ways in which group sessions can promote the wellbeing of participating children and adolescents	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT3. I feel confident to deliver sessions from the We Thrive programme manuals	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT4. I understand my role in monitoring and evaluating We Thrive	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT5. I know how to adapt sessions to meet the needs of different children and different age groups and developmental stages	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT6. I understand how inclusivity affects children's well-being	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT7. I understand the cognitive and emotional needs of different age groups.	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT8. I feel confident facilitating sessions that encourage teamwork and positive social interactions.	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT9. I can manage group dynamics and conflicts effectively to foster a supportive environment.	Strongly Agree 1	Agree 1	Disagree 0	Strongly Disagree 0
PT10. We Thrive is about supporting individual children, rather than groups of children	True 0		False 1	
PT11. We Thrive should be used in acute crises or emergencies	True 1		False 0	
PT12. The main monitoring tool used by facilitators is the Community Consultation	True 0		False 1	
PT13. Younger children need simple, clear expectations and boundaries	True 1		False 0	
PT14. A safe environment means only physical safety, not emotional safety.	True 0		False - it includes emotional and psychological safety. 1	
PT15. Sessions for adolescents (ages 12-18) should always be highly structured, with little room for autonomy.	True 0		False - Adolescents benefit from choice, autonomy, and opportunities for leadership. 1	
PT16. Social interactions happen naturally, and facilitators should not interfere with peer relationships during sessions	True 0		False – Facilitators play a key role in fostering inclusive and respectful interactions. 1	
PT17. Which of the following are examples of positive reinforcement you can use in session (select all that apply)	(A) Let's make sure everyone has a turn to lead! (B) I love how you helped your teammate! That's great leadership (C) It sounds like you both really want to lead. How can we solve this together? (D) That's a great idea! Who else has ideas? Let's work together to make a plan.			

	Correct answer: A, B, C, D (0.25 point per correct response, 1 points total)
PT18. Why is it important to create a safe and welcoming environment for children and adolescents?	(A) To ensure their emotional and physical well-being (B) To meet programme guidelines (C) So they don't complain (D) To avoid liability issues Correct answer: A
PT19. What is an example of inclusive facilitation?	(A) Encouraging all children to participate in ways that suit their abilities (B) Letting only the most skilled children take leadership roles (C) Avoiding eye contact with children with disabilities (D) Using the same activity format for everyone without adjustments Correct answer: A
PT20. Which of the following is the best way to encourage positive social interactions in a group activity?	(A) Allowing children to pick their own groups every time. (B) Structuring sessions that require collaboration and shared decision-making. (C) Encouraging competition with minimal cooperation. (D) Letting the most skilled participants take the lead without input from others. Correct answer: B – Sessions should promote teamwork and shared participation.

7. REVIEW: Programme Staff Survey

OVERVIEW

Description	The Programme Staff Survey intends to capture implementation experiences.
Consent	NA
Collected by	MEAL, sectoral technical staff, facilitators
Frequency	After project completion
Participants	Self-completed
How to use	<p>Implementing staff should review the survey to focus on the specific areas that are being implemented, i.e. if sessions are only implemented with 4-6 year olds, the remaining sections should be removed/ skipped in the survey.</p> <p>The purpose of this survey is to capture your feedback on the usability of the tools and processes in the We Thrive package. Your feedback will be used to inform revisions to the package, as the SC Global Teams continue to improve and develop these resources.</p> <p>There are three ways to participate in this survey:</p> <ol style="list-style-type: none"> 1. You can complete the survey online via Microsoft Forms / Kobotoolbox 2. You can download the survey to complete offline here, and email the completed form to your focal point/ wethrive@savethechildren.org
Analysed by	MEAL/Programme Data Officer

Programme Staff Survey tool

Administration Details	
P1. Name:	P2. Unique ID: ¹⁶
P3. Position [optional]: <ul style="list-style-type: none"> • MEAL staff • Education staff • Child Protection staff • MHPSS staff • Facilitator • Other: _____ 	P4. Organization: <ul style="list-style-type: none"> • Save the Children • Partner: _____
P5. Location	P6. Country office:

Part 2: Useability of tools and manuals

For each tool and manual, read the statements and decide whether you strongly agree; agree; disagree; or strongly disagree. If there are any tools which you did not use and therefore cannot provide feedback on, select 'I did not use this tool' and skip the questions about the tool you did not use. Consider how you would improve each of these tools and in your own words, explain what could be improved.

Programme Principles

☐ I did not use this guidance document

The **Programme Principles** clearly guided me to implement We Thrive.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the Programme Principles for the next iteration of the We Thrive package?

Implementation Guide

☐ I did not use this guidance document

The **Implementation Guide** provided sufficient support for me to implement We Thrive

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the Implementation Guide for the next iteration of the We Thrive package?

¹⁶ Include highlighted sections if relevant.

--

Facilitator Training

☐ I did not use this tool
The **Facilitator Training** provided sufficient support for me to implement We Thrive

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the Facilitator Training for the next iteration of the We Thrive package?

--

MEAL Guidance

☐ I did not use this guidance document
The **MEAL Guidance** provided sufficient guidance to implement the MEAL approach

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the MEAL Guidance for the next iteration of the We Thrive package?

--

Attendance tracking

☐ I did not use this tool
The **Attendance tracking Tool** was easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the Attendance Tracking Tool for the next iteration of the We Thrive package?

--

Protection Mainstreaming: Child Perceptions

☐ I did not use this tool

I found the **Protection Mainstreaming Tool** was easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the **Protection Mainstreaming Tool** for the next iteration of the We Thrive package?

Facilitator Observation Tool

☐ I did not use this tool

The **Facilitator Observation Tool** provided sufficient guidance for facilitators to use it.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

I found the **Facilitator Observation Tool** was easy to implement

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

How do you suggest Save the Children could improve the Facilitator Observation Tool for the next iteration of the We Thrive package?

SESSIONS PLANS

4-6 Session plans

☐ I did not use this manual

Which of the topics from this manual did you use? Select all that apply:

- ☐ Free Play / Free Time
- ☐ Self-Awareness and Empowerment
- ☐ Positive Social Skills
- ☐ Literacy
- ☐ Numeracy
- ☐ Life Saving Learning

Rank the **top three** topics that responded best to the needs of children:

(Rank from 1 to 3, where 1 is 'responded best')

Free Play / Free Time ()

Self-Awareness and Empowerment ()

Positive Social Skills ()

Literacy ()
 Numeracy ()
 Life Saving Learning ()

The sessions used were relevant to this age group.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The sessions were easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

Please provide feedback on how the **4-6 Session plans** could be improved:

7-11 Session plans

☐ I did not use this manual

Which of the topics from this manual did you use? Select all that apply:

- ☐ Free Play / Free Time
- ☐ Self-Awareness and Empowerment
- ☐ Positive Social Skills
- ☐ Literacy
- ☐ Numeracy
- ☐ Life Saving Learning
- ☐ Sexual and Reproductive Health and Rights

Rank the **top three** topics that responded best to the needs of children:

(Rank from 1 to 3, where 1 is 'responded best')

Free Play / Free Time ()

Self-Awareness and Empowerment ()

Positive Social Skills ()

Literacy ()

Numeracy ()

Life Saving Learning ()

Sexual and Reproductive Health and Rights ()

The sessions used were relevant to this age group.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The sessions were easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

Please provide feedback on how the **7-11 Session plans** could be improved:

12-14 Session plans

- ☐ I did not use this manual

Which of the topics from this manual did you use? Select all that apply:

- ☐ Free Play / Free Time
☐ Self-Awareness and Empowerment
☐ Positive Social Skills
☐ Literacy
☐ Numeracy
☐ Life Saving Learning
☐ Sexual and Reproductive Health and Rights

Rank the **top three** topics that responded best to the needs of children:

(Rank from 1 to 3, where 1 is 'responded best')

Free Play / Free Time ()

Self-Awareness and Empowerment ()

Positive Social Skills ()

Literacy ()

Numeracy ()

Life Saving Learning ()

Sexual and Reproductive Health and Rights ()

The sessions used were relevant to this age group.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The sessions were easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

Please provide feedback on how the **12-14 Session plans** could be improved:

15-17 Session plans

- ☐ I did not use this manual

Which of the topics from this manual did you use? Select all that apply:

- ☐ Free Play / Free Time
☐ Self-Awareness and Empowerment
☐ Positive Social Skills
☐ Literacy
☐ Numeracy
☐ Life Saving Learning

☐ Sexual and Reproductive Health and Rights

Rank the **top three** topics that responded best to the needs of children:

(Rank from 1 to 3, where 1 is 'responded best')

Free Play / Free Time ()

Self-Awareness and Empowerment ()

Positive Social Skills ()

Literacy ()

Numeracy ()

Life Saving Learning ()

Sexual and Reproductive Health and Rights ()

The sessions used were relevant to this age group.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The sessions were easy to implement.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

Please provide feedback on how the **15-17 Session plans** could be improved:

ALL MANUALS

Would you recommend the use of We Thrive in an emergency response?

Yes

No

Why / why not?

What other education, child protection, or MHPSS content, guidance or programme materials (if any) did you use **in conjunction with** the We Thrive materials? *e.g Literacy Boost Common Approach*

If relevant, please describe how easy or difficult it was to use We Thrive alongside existing materials or other program content:

What was the process and timeline for translating the We Thrive materials? Please briefly describe any barriers or issues in this process.

What was the process for contextualising the We Thrive materials? Please give a brief description of the process, including who was involved, how long it took, what contextualisation questions were posed.

Part 3: Training provided on We Thrive

☐ I did not participate in the facilitator training

Over how many days was the facilitator training delivered? (Enter number of days)

As a reminder, the training competency was: *"Facilitator demonstrates the ability to facilitate We Thrive sessions in a safe, supportive, and fun manner with opportunities for participants to have positive social interactions with the facilitator and their peers."*

The training was an appropriate length and duration for participants to gain the competency needed to implement the We Thrive package

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The training structure and methodology supported participants to navigate the package, its aims, and the content.

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

The training strengthened participants ability to confidently deliver all the topics in the We Thrive programme manuals

Strongly agree	Agree	Disagree	Strongly disagree
----------------	-------	----------	-------------------

Which sessions in the programme manuals (if any) required additional training or support for facilitators to deliver? Refer to the list of topics.

- Free Play/Free Time
- Self Awareness and Empowerment
- Positive Social Skills
- Literacy
- Numeracy
- Life Saving Learning
- SRHR (7-18 only)

What is missing or could be improved in the facilitator training?

ANNEX 1: INDICATOR REFERENCE SHEETS

Output Indicator	<u>Number of children participating in learning opportunities</u>
Indicator Definition	<p>Children are defined as anyone under the age of 18.</p> <p>Participating is defined as enrolled in and/or attending learning opportunities provided by SC and/or SC-supported partners for a duration determined by the implementation team. SC-supported partners are defined as those receiving financial or technical support from SC.</p> <p>Learning opportunities are defined as non-formal and formal education, and include accelerated programming, child-friendly spaces that incorporate learning activities, and other programming that includes children's learning as central to its aim. Learning opportunities include group sessions delivered by a facilitator that includes children's protection, well-being and/or learning as a central aim.</p>
Means of verification	<p>Calculation: Count using attendance records</p> <p>Data Collection Method / Tool: Attendance records in learning programming</p> <p>Who Collects: Teachers / Facilitators or Save the Children / Implementing Partner Personnel</p> <p>How to Count/Aggregate Value: Sum unique values across reporting periods.</p> <p>Baseline Value Info: N/A</p>
Frequency of Data Collection	Each activity / class, reported weekly
Unit of Measure	Individual
Data Format	Number
Direction of Desired Change	Increasing
Number of decimal points	Zero
Indicator is rounding	No
Nature	Incremental
Data Disaggregation	<p>Required:</p> <ul style="list-style-type: none"> • Age/ Age Group (4-6; 7-11; 12-14; 15-17) • Gender <p>Recommended:</p> <ul style="list-style-type: none"> • Location • Disability¹⁷

¹⁷ Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be

- Other: refugee status, ethnicity, etc.
-

observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

Outcome Indicator 1	Percent of individuals reporting that assistance is delivered in a safe, accessible, accountable, and participatory manner.
Indicator Definition	<p>Safe: Assistance prevents and minimises as much as possible any unintended negative effects of the intervention which can increase people's vulnerability to both physical and psychosocial risks.</p> <p>Accessible: Aid agencies arrange for people's access to assistance and services—in proportion to need and without any barriers (e.g. discrimination); and pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.</p> <p>Accountable: Aid agencies actively commit to using power responsibly. They do so by ensuring children and communities have access to relevant and timely information; participate meaningfully and ethically in decision making; and have access to inclusive and functioning feedback and reporting mechanisms. Feedback and concerns are handled in a timely manner and inform adaptation and improvement. Aid agencies close the feedback loop.</p> <p>Participatory: Affected populations – children and/or adults - have been involved in the different stages of the activity to inform decision making, including needs assessment, activity design, implementation, and monitoring and evaluation. Assistance supports the development of self-protection capacities and assists people to claim their rights.</p> <p>The purpose of this indicator is to facilitate the operationalization of all four elements of protection mainstreaming and provide a way to measure the identification, implementation and monitoring of required corrective actions/measures. The overall goal is to have a positive impact on how the assistance is delivered during the action.</p>
Means of verification	<p>Measuring this indicator requires looking at 4 domains, using a set of 8 standard questions (two per domain) and probing questions to generate actionable data to improve our work. In addition to the set of questions for adults, there is a child-friendly set of questions available (including emojis to support data collection with children).</p> <p>Please access the tools below in the "Tools" Section, including links to the emoji .jpg files and guidance to integrate them in your survey. https://savethechildren1.sharepoint.com/:f:/s/PQIEL/Eun5B1wJI8xEuwU4LH8oOtUBxs2-chLL9FHHVbAEhyq8Tw</p> <p>Full survey details, responses, and the questions for children are available here: Indicator PIRS</p> <p>Numerator: Sum of percentage of respondents giving positive/preferred answers to each of the eight survey questions Denominator: 8 (to give an average of the eight sub-scores. Multiply the average by 100 to achieve the %) It is critical that in addition to the overall indicator score, scores for each individual component (or question) are analysed to inform targeted action.</p>
Frequency of Data Collection	Annually

Unit of Measure	Individual
Data Format	Percent
Direction of Desired Change	Increasing
Number of decimal points	Zero
Indicator is rounding	No
Nature	Incremental
Data Disaggregation	Required: <ul style="list-style-type: none"> • Age/ Age Group (4-6; 7-11; 12-14; 15-17), Gender Recommended: <ul style="list-style-type: none"> • Location, disability¹⁸, other - depending on the context, the implementation team may want to disaggregate by refugee status, ethnicity, etc.

¹⁸ Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

Outcome Indicator 2	<p>Percent of children and adults who demonstrate improved mental health and/or psychosocial wellbeing¹⁹</p> <p>Functioning: Improved functioning (MHPSS) Save the Children Social behavior: Improved social behavior (MHPSS) Save the Children Subjective wellbeing: Improved subjective wellbeing (MHPSS) Save the Children Distress: Reduced distress or symptoms of disorder (MHPSS) Save the Children Coping: Strengthened ability to cope (MHPSS) Save the Children</p>
Indicator Definition	<p>This indicator measures the percentage of children and adults participating in SC mental health (MH) and/or psychosocial support (PSS) programs (standalone or integrated) who report or demonstrate improved functioning (as one of the 6 dimensions of mental health and psychosocial wellbeing) over a specified time period.</p> <ul style="list-style-type: none"> • Functioning: The ability to conduct ordinary tasks of daily living, examples: Concentrating, Learning new tasks, Self-care/care of household, Working/studying, Dealing with social interactions, Maintaining friendships. Functioning can be affected when people experience distress/mental health difficulties and is a key indicator in the diagnosis of mental health conditions. • Social behaviour: The behaviour of an individual in relation to other individuals or groups. It includes two sub-dimensions: Prosocial behaviours (behaviors that intend to help or benefit others, e.g., helping, sharing, comforting, cooperating) and Antisocial behaviors (behaviors that harm or disadvantage others). It is a strong focus of our work across sectors. • Subjective wellbeing: includes multiple sub-dimensions: Positive emotions (feeling joyful, happy, etc.), Life satisfaction (being contented with one's life), Positive self-concept (self-esteem, sense of self-worth), Positive outlook on life (feeling hopeful, optimistic, etc.) • Reduced distress: the extent of prolonged disabling distress and/or presence of mental, neurological, and substance use (MNS) disorder (or symptoms thereof). This dimension is most relevant in clinical/specialised settings, including work addressing more severe/complex forms of mental health difficulties. • Ability to cope: the ability to deal with challenges or problems. Our MHPSS work often focusses on strengthened positive coping strategies or reduced negative coping strategies. <p>Children: boys and girls under the age of 18. Adults: includes caregivers, volunteers and professionals aged 18 and over.</p>
Means of verification	<p>Improved mental health and/ or psychosocial wellbeing can be measured through quantitative and/or qualitative measures.</p> <p>For quantitative assessments, use standardised measures which have been validated for the context and the language in which the measure will be</p>

¹⁹ Guidance: [MHPSS Global Indicator Guidance_post Pilot.docx](#)

IASC matrix and toolkit: <https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit>

Further guidance to IASC Common MEAL Framework (also available in Arabic, French, Spanish, and Portuguese), with webinar recording and additional material: [Link](#)

administered; and for the age, gender and level of ability of the individuals participating in the assessment.

For standardised/manualised programs or programme components, specific MoVs/MEAL packages may be recommended by programme developers. For programs/programme components that are not standardised/manualised, and/or that do not include MoVs/MEAL packages recommended by programme developers, COs should refer to the IASC MHPSS matrix or online database to select an appropriate quantitative or qualitative measures or tool.

Guidance: [MHPSS Global Indicator Guidance_post Pilot.docx](#). IASC matrix and toolkit: <https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit>

The data should capture:

Age of programme participant

Caregiver/Adult Type (if they are an adult)

Dimension of mental health and/or well-being:

a) Improved functioning

b) Improved subjective well-being

c) Reduced distress and/or mental, neurological or substance use disorders

d) Improved ability to cope with problems

e) Improved social behaviour

f) Improved social connectedness²⁰

Numerator: Number of children and adults who report or demonstrate improved functioning, social behavior, subjective wellbeing over a specified time.

Denominator: Number of children and adults in relevant programs during the same specified time.

Frequency of Data Collection	Annually
Unit of Measure	Individuals
Data Format	Percent
Direction of Desired Change	Increasing
Number of decimal points	Zero
Indicator is rounding	No
Nature	Cumulative

²⁰ We Thrive measurement focuses specifically on improved ability to cope with problems, improved social behaviours and improved social connectedness.

Data Disaggregation	Age/ Age Group (4-6; 7-11; 12-14; 15-17), disability ²¹ , gender, location, migration/ displacement experience
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²¹ Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

ANNEX 2: SAMPLE CONSENT FORMS

Parent/Guardian Consent

Protocol Title: We Thrive, <Insert location/ institution name>

Purpose of the research: We are trying to understand how this programme affects children and adolescents. We are trying to learn more about your child's learning and development. As part of this study we would like to conduct a survey with your child **once during this school year** and track your child's participation in the program. The survey will ask your child about themselves, the program, and their skills and wellbeing.

Time: If your child is chosen to participate, he/she may be asked to complete a survey with an assessor. This will take approximately 15 to 30-minutes. He/she may also be asked to participate in a focus group that will take approximately 30 minutes.

Risks & Benefits: Your child may experience slight discomfort knowing that a interviewer is asking questions about their skills and lives. Risks are intended to be no more than minimal. Your child may find the experience interesting and educational.

Payment: You or your child will not receive any payment for your participation.

Confidentiality: All the information that your child shares with the interviewer will be kept confidential. At no time will his/her actual identity be revealed. However, if your child tells us about himself/herself or someone else being abused or neglected we are required to report this to <Insert institution name>'s accountability mechanism. The data that your child provides will remain with us indefinitely, and we may use them for internal reports and external sharing (e.g.: articles, presentations). In all correspondence we will only use aggregated data and will not use the actual name of your child.

Participation and withdrawal: Your child's participation in this study is voluntary, and he/she or you may withdraw from the study at any time without penalty.

Contact: If you have questions about this research, please contact **Staff Name** at **+staff number, insert contact mail**

-----Cut here and retain top half for your records-----

Agreement: The nature and purpose of this study have been sufficiently explained and **I agree to let my child participate** in this study. I understand that I am free to withdraw at any time without incurring any penalty.

Parent Signature: _____ Date: _____

Parent Name (Print): _____

Child Name (Print): _____

Head Teachers/Principal/Managers Consent

Protocol Title: We Thrive, <Insert location/ institution name>

Purpose of the research: We are trying to understand how this programme affects children. We are trying to learn more about your child's learning and development. As part of this study we would like to conduct a survey with your child **once during this school year** and track your child's participation in the program. The survey will ask your child about themselves, the program, and their skills and wellbeing.

Time: We will randomly pick **## of children** to participate. Children who are chosen to participate in the survey will be asked to complete the survey with an assessor. This will take approximately 15 to 30-minutes. He/she may also be asked to participate in a focus group that will take approximately 30 minutes.

Risks & Benefits: Children may experience slight discomfort knowing that a researcher is asking questions about their skills and lives. Risks are intended to be no more than minimal. Children may find the experience interesting and educational.

Payment: You or your **school/learning center** will not receive any payment for your participation.

Confidentiality: All the information that children share in the survey will be kept confidential. At no time will their actual identity be revealed. However, if a child tells us about himself/herself or someone else being abused or neglected we are required to report this to **<Insert institution name>**'s accountability mechanism. The data that children provide will remain with us indefinitely, and we may use them for internal reports and external sharing (e.g.: articles, presentations). In all correspondence we will only use aggregated data and will not use the actual name of children or your school/learning center.

Participation and withdrawal: Your school's/learning center's participation in this study is voluntary, and you or specific children may withdraw from the study at any time without penalty.

Contact: If you have questions about this research, please contact **Staff Name** at **+staff number, staff email**.

-----Cut here and retain top half for your records-----

Agreement: The nature and purpose of this study have been sufficiently explained and **I agree to let my school/learning center participate** in this study. I understand that I am free to withdraw at any time without incurring any penalty.

Signature: _____ Date: _____

Name (Print): _____ Position/Job Title: _____

Name of school/learning center (Print): _____

ANNEX 3: REFERENCES

- D'Sa, N. & Krupar, A. (2023). Holistic Assessment of Learning and Development Outcomes (HALDO): Administration and Adaptation Guidance. Retrieved from [Holistic Assessment of Learning and Development Outcomes \(HALDO\): Administration and Adaptation Guidance*](#) | Save the Children's Resource Centre
- Hill, P. & Severijnen, E. (2020). Save the Children Feedback and Reporting Mechanism Guidance. Save the Children Alliance. <https://resourcecentre.savethechildren.net/document/save-children-feedback-and-reporting-mechanism-guidance/>
- IASC MHPSS M&E Framework MOV Toolkit. (2025). MHPSS.net. Retrieved from [https:// www .mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit](https://www.mhpss.net/toolkit/mhpss-m-and-e-mov-toolkit)
- Jefferies, P., Vanstone, R., & Ungar, M. (2022). The rugged resilience measure: Development and preliminary validation of a brief measure of personal resilience. *Applied Research in Quality of Life*, 17(2), 985-1000.
- Lee, R. M., & Robbins, S. B. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of counseling psychology*, 42(2), 232.
- Liddle, I., & Carter, G. (2010). Emotional and psychological wellbeing in children: The standardisation of the Stirling Children's Wellbeing Scale. *Stirling Council Educational Psychology Service*.
- Liddle, I., & Carter, G. F. (2015). Emotional and psychological well-being in children: the development and validation of the Stirling Children's Well-being Scale. *Educational Psychology in Practice*, 31(2), 174-185.
- Severijnen, E. (2023). Guidance - Children's Consultations in Humanitarian Contexts. Save the Children International. <https://resourcecentre.savethechildren.net/document/guidance-childrens-consultations-in-humanitarian-contexts/>
- Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., ... & Stahl, K. J. (1997). The development and validation of the Children's Hope Scale. *Journal of pediatric psychology*, 22(3), 399-421.