



## **Health and Care Forum** Wednesday 15<sup>th</sup> May 2008

## Working Group Discussion on Monitoring and Evaluation

Four color coded groups were required to address two questions, and then to deliver their conclusions to the other groups via one elected rapporteur.

The questions were:

1. How can we collect good practice experiences and measure what we are doing?

A first issue discussed was the reason why the Health and Care Strategy is being measured (for the National Societies, for standardization purposes, or to compete in a donor world?). Other key points:

- A survey: either a self-assessment tool to all National Societies, or a randomized in depth survey of a small number of National Societies each year, or a combination of the two methods;
- Drawing on lessons learnt;
- There is a need for quality indicators;
- There is a need for a support structure at the level of the International Federation secretariat with a focal point, operational plan and budget. However, methodology must also be flexible and adaptable to the local context;
- Definition and criteria of what is good practice is needed;
- Case studies can supplement more formal system of identifying good practice.
- competencies 2. Are the proposed appropriate for community volunteers

## and do you think that a harmonized plan for training would be useful?

- Competencies proposed for community volunteers are appropriate, but it is important that these are viewed in terms of the specific context of the National Society;
- Need for a Planning, Monitoring, Evaluation, and Reporting (PMER) focal point and, where this is not possible, for support to be available from the Secretariat:
- A harmonized plan should be set as a minimum standard guideline to promote adequate volunteer training. The content is not defined and should be country specific, as should the implementation of the plan;
- Competencies are good. However some additional skills could be needed (interpersonal skills; collection information in an unbiased way; planning and coordination);
- National Societies need to be empowered to take ownership of the M&E framework;
- Agreement with principle of standardized methodology but emphasized importance of flexibility and adaptability to local context;
- All volunteers should have basic training on Red Cross and Red Crescent Principles and values and can then move on to choose more specific areas of specialty according to their background and experience.

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