

## Background and Summary of KRA/KRI Issues

This document is an introduction Susan Greener wrote for how and why Key Result Indicators and Key Result Areas need to be clearly understood by the Compassion International Staff. Included here are suggestions for necessary documentation at the project level, statistical information supporting a quality program and variables associated with positive child development. (A must read for project managers!)

Program has been discussing ways to create measurable KRAs and KRIs that are clearly understood, reflect high quality programming standards and are easy to use. There has been some pressure within Compassion to come up with a quick check-list that can be implemented during audits, a list that lends itself easily to a yes or no response with a hard statistical outcome. Unfortunately, program quality is not just about compliance. It also includes variables whose quality cannot be rated by mere presence (the yes or no categorization), but require more detailed criteria and standards.

However, this does not mean that there are no indicators that can fit the yes/no checklist criteria. For example, there are certain documents that should exist at the project level. Their mere presence is important in and of itself. A sample list can be found below

### Necessary Documentation that Should Be in Place at the Project Level:

1. Annual Opportunity Plan (CIPM 3.2 – the old terminology is PPBF)
2. Attendance Policy and Records (CIPM 3.8.5)
3. Child Records
  - A. Child History (CIPM 3.10)
  - B. Health Screening (shows evidence of 2 screenings per year)/Medical Referrals/Treatment (CIPM 3.20.3.2 and 4.2.5)
  - C. Immunizations (CIPM 3.21.2)
  - D. Child Development Assessment (CIPM 4.6.1)
  - E. Anecdotal Records (CIPM 4.2.5)
  - F. School Records (CIPM 4.2.5)
  - G. Completion Plan (CIPM 4.3)
4. Child Registration Criteria (CIPM 3.10)
5. Community Baseline (CIPM 3.3)
6. Curriculum by Age by Topic
  - A. Christian Education (CIPM 3.8.1)
  - B. Health (ORT, First Aid) (CIPM 3.8.3)
  - C. Socio-emotional Skills (CIPM 3.8.4)
  - D. Vocational Training/Tutoring (CIPM 3.8.2)
  - E. Literacy (CIPM 3.8.2)
7. Policy for Obtaining Medical Treatment (CIPM 3.8, 4.2.3)
8. Project Description (COMPASS form) (CIPM 3.17)
9. Routine of Program/Schedule (CIPM 3.11.3)
10. Documentation of parental participation (IPM 2.2, 3.6.2.1)

[Others not in the current version of the CIPM that may want to be added for the next edit: Notes on meetings/communications with caregivers/families; feedback on staff performance/staff development plans; in-service training schedule/topics; job descriptions; disciplinary policy/project behavior rules.]

Other program characteristics can be stated in a way to fit the desire for statistics and percentages. For example, the following items are highly quantitative yet represent program quality issues.

Statistical Information Supporting Quality Program:

1. Staff-to-Child Ratios
2. Staff Turnover Rates
3. Percentage of children receiving appropriate Scriptural material
4. Child departure rates (both “positive” and “negative” departures)
5. Medical stats: # of cases treated X types of sickness
6. Number of children making new Christian commitment/percentage of children in project professing Christian commitment

However, this type of information provides an incomplete picture of program quality. More in-depth evaluation is necessary to determine if the program is of the type known to produce effective child development outcomes. Fortunately, there is a great deal of research that tells us characteristics of high- quality child development programs. When this body of work is combined with Compassion’s experience, it is possible to establish Key Result Areas and Indicators that promote quality programming.

It is important to understand the purpose of this particular measurement tool. Evaluation and monitoring in Compassion occur at several levels: child level, project level, country level, area level, and COS level. Assessment at all of these levels should be inter-related, with common concepts that build upon one another, from most to least detailed. This particular measurement tool is designed for project-level feedback. It is not as detailed as a program evaluation would be. Instead, with some training in observation, it is a tool that can be used by a person who is relatively uninformed about program quality issues. For example, in item #10, an observer can check off that curriculum exists for various age groups in various developmental areas. However, this only partially informs one concerning the **quality** of that curriculum. We do know that we cannot have high quality curriculum if it does not exist or is not age graded. But deeper quality issues require more in-depth assessment by professional evaluators.

Therefore, although this tool can be used for audit purposes, it also provides a quick program assessment that can inform a Project Facilitator, a Program Coordinator, a Country Director, an Area Director of Program, or any other Compassion staff person who is assessing program quality. However, it is not intended to replace more in-depth self-monitoring and evaluation. And, evaluation and self-monitoring should be directly tied to these same Key Result Areas.

The following pages contain a sample-rating sheet for KRA/KRIs at the project level. Items were obtained by cross-referencing the CIPM with Compassion evaluation tools and rating instruments used in standard program evaluation around the world. References to the CIPM are included. Items not directly taken from the CIPM are found in materials from Head Start, High Scope, websites on international child development, etc. A Likert-type rating scale is used, along with explanation criteria for ranking an item at either 1, 3, or 5. The explanation criteria provide clear instruction for assigning a particular number and reducing rater subjectivity. These criteria are important for another reason. It is important to remember that program quality is not just the absence of bad practice, but that bad practice should be replaced with practices that promote development and resiliency. A rating scale compares program practice against criteria

set by industry standard and gives even the most competent project room and direction for program improvement. It also provides an objective rating for self-comparison and growth. Documentation of improvement and progress is an important growth and planning tool.

The following list, with the addition of the importance of spiritual variables, is an excellent reference to keep in mind in program evaluation for holistic ministry. This is taken from a group that recently reviewed dozens of international child development programs, looking for common themes for high quality child development initiatives. Do our KRAs and KRIs adequately cover the key areas known to promote positive child development?

#### Variables Associated with Positive Child Development (Andrews and Ben-Arieh)

1. Adequate nourishment
2. Good health and access to health services when needed
3. Dependable attachments to parents or other adult caregivers
4. More than one consistently involved adult who provides economic resources, interaction, support, regulation, and positive role modeling to the child
5. Firm, consistent, flexible discipline strategies
6. Social support and guidance when faced with adversity
7. Protection from physical and psychological harm
8. Cognitively stimulating physical and social environments
9. Play activities and opportunities to explore
10. Meaningful participation in community life appropriate for age and ability
11. Access to resources for special needs

*(Measuring and monitoring children's well-being across the world. Social Work, 44(2), 1999),*