

HIF Baseline Assessment: Management Response Action Plan

No.	Baseline Assessment Recommendation	Management Response	Associated Action	Owner	Deadline	Progress to Date
1	<p>Establish a clear methodology to show how existing activities to monitor project progress contribute to monitoring project outcomes.</p> <p><i>(Although the logframe lists the monitoring activities already in practice in Kandahar there is no overall plan or description for how the set of individual methods fit together to monitor and evaluate project outcomes over the duration of the project).</i></p>	<p>Agreed: A Monitoring, Evaluation, Accountability, and Learning (MEAL) Framework will be developed for each new project that is approved. Establishing a clear methodology through this framework will improve the quality of monitoring by:</p> <ul style="list-style-type: none"> - Ensuring that project progress against indicators and outputs is monitored in coordination with project outcomes. This will help minimize the risk of collecting unnecessary information and strengthen the validity of final evaluations. - Identifying opportunities to introduce more methodological rigour, so the best possible evidence is collected to address project objectives 	<p>(1) A Monitoring, Evaluation, Accountability, and Learning (MEAL) Framework will be developed for DMT Afghanistan programme. This will clarify the approach taken to operational and project monitoring across the programme.</p> <p>(2) MEAL Frameworks should be developed for each new individual project approved for implementation by the DMT Afghanistan programme.</p> <p>(3) MEAL Frameworks should be developed for each existing individual project currently being implemented within the DMT Afghanistan programme (BPRM 3).</p>	<p>Monitoring and Evaluation Officer (MEO)</p> <p>MEO</p> <p>MEO</p>	<p>15/03/2012</p> <p>Ongoing (when funding approved)</p> <p>31/01/2012 (BRPM 3)</p>	
2	<p>Introduce rigour to qualitative methods to achieve valid information for monitoring project outcomes.</p> <p><i>(Improvements will capitalize on staff's strengths, capacity and interest for collecting qualitative information. Suggestions include:</i></p>	<p>Partially agreed.</p> <p>Currently, qualitative monitoring is ad hoc and does not target beneficiaries and/or community members with particular consistency.</p> <p>MEO agrees that there is</p>	<p>(1) Review and update existing guidelines for soliciting stories of transformation.</p> <p>(2) Develop standard quantitative monitoring tools and templates for use in mid-term reviews and internal evaluations (BPRM 3).</p>	<p>MEO</p> <p>MEO</p>	<p>31/01/2012</p> <p>31/03/2012 (BPRM 3)</p>	

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	<p>- Use a sampling frame¹ to select groups of beneficiaries for interviews or observations, to avoid only selecting positive or engaged beneficiaries.</p> <p>- Track change in the same beneficiaries consistently over the duration of the project, as opposed to single 'snapshot' interviews, observations, SoTs, or photos.</p> <p>- Integrate quantitative data into the methodology of the mid-year evaluation to strengthen the validity of the rich qualitative information collected.)</p>	<p>space to develop this type of monitoring practice.</p> <p>The suggestion to include quantitative data in project mid-term reviews and internal evaluations is accepted.</p> <p>The suggestion to use a sampling method for soliciting stories of transformation is not accepted. These stories are used for success-highlighting and promotion of project activities. As such, they are deliberately targeted (not randomly) on the basis of reports of 'transformation' or positive change. Tearfund's programme in Afghanistan accepts that there is space to develop improved practice for soliciting, documenting, and utilising stories of transformation.</p>				
3	<p>Introduce methodological rigour to the Knowledge, Attitude, and Practice (KAP) survey to achieve valid information for monitoring project outcomes.</p> <p>(- Use a sampling frame in the KAP survey to select and interview the same group of beneficiaries in pre- and post-surveys (basic experimental design).</p>	<p>Agreed.</p> <p>Use a sampling frame to select beneficiaries and community members for pre-KAP survey. Ensure that the same group is interviewed for post-KAP survey (if this is not in place already). This will enable Tearfund to measure change</p>	<p>(1) Sampling frame to be developed and utilised for future projects that utilise KAP and other survey data (ensure for ERF and BPRM 3).</p> <p>(2) KAP and other survey data questionnaires to be revised to include 'Don't know' response option and to ensure that all relevant project sectors are covered in the questions.</p>	<p>Area Coordinator (AC) and MEO</p> <p>AC and/or Sector Advisor (specific)</p>	<p>31/03/2012</p> <p>31/03/2012</p>	

¹ A sampling frame is a way of selecting participants from the communities in the project. The selection does not have to be random, but it should be purposeful, transparent, and representative to produce valid findings.

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	<p>- Include 'don't know' responses in KAP survey recording to minimize the need to make assumptions during analysis).</p>	<p>in this group of interviewees.</p> <p>Agreement to include 'Don't Know' response to questions.</p> <p>Ensure that the same approach is taken to collecting pre- and post-KAP survey data in all project locations.</p> <p>Ensure that all project sectors are included in the questions for pre- and post-KAP surveys.</p>	<p>(3) Refresher training to be undertaken with project staff in all project locations to ensure that the same approach is undertaken to solicit pre- and post-KAP survey data.</p>	<p>AC and/or Sector Advisors</p>	<p>31/03/2012</p>	
4	<p>Investigate ways to improve the validity of existing methods to collect health data.</p> <p><i>(Recommendations include:</i></p> <p>- Review and improve the collection of health clinic data. Information must capture the same and right population year-on-year so the claims of causality are valid and reasonable. Currently the data is not used because meaningful conclusions cannot be drawn from it.</p> <p>- Use the KAP survey as the main focus for collecting health data, but reduce the period of time (from 3 months) that respondents are asked to recall sicknesses.</p> <p>- Collect incidence of sickness from participants in community trainings prior to the session. Or, conduct a pre- and post-survey of the same group of participants that extends beyond the five weeks of training).</p>	<p>Agreed.</p> <p>The baseline assessment findings point to health clinic data not being used efficiently. Improving the current system to ensure that accurate and usable data is collected, and that that data is then reviewed and utilised is required.</p> <p>Area Coordinators, Sector Advisors, Programme Director and Monitoring and Evaluation Officer should discuss how the KAP survey can be used as a source for collecting health data, alongside other sources.</p>	<p>(1) DMT Afghanistan programme and project management staff to meet together in order to establish assess the relevance and practicality of collecting health data. If relevant, a revised system for utilising health clinic data should be developed.</p>	<p>AC, MEO, Sector Advisors, Programme Director</p>	<p>28/02/2012</p>	

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5	<p>Establish clear expectations about the frequency of visits by Kabul-based specialists to Kandahar project sites.</p> <p><i>(In the context of remote management, in-field monitoring by national staff are key to assure the quality of the project and accountability. Currently, the number of visits by Kabul-based specialists does not meet the expectation for four visits per year. However, this expectation must be balanced with the risk, real or perceived, that these visits pose to the staff concerned).</i></p>	<p>Agreed.</p> <p>The Programme Planning Meeting in January 2011 recommended that Sector Advisors ensure they visit each project location on a quarterly basis (documented in the minutes of that meeting).</p> <p>If this is no longer feasible and/or desirable, this decision should be reviewed.</p> <p>Frequency of visits should be agreed and circulated to DMT programme management personnel.</p>	<p>(1) Consultation to be undertaken with programme and project management personnel in order to agree frequency of visits of Kabul-based programme management personnel to the field (to include not only Sector Advisors but all programme management).</p> <p>(2) Once consultation has been undertaken, guidelines on frequency of visits to be written up and circulated to programme management.</p> <p>(3) Programme management personnel to follow the guidelines, where security permits, in regularly visiting each project location.</p>	<p>Programme Director (PD)</p> <p>PD</p> <p>Programme Management</p>	<p>28/02/2012</p> <p>15/03/2012</p> <p>Ongoing</p>	
6	<p>Ensure peer monitors have a clear understanding of: instructions and scope; reporting expectations; and project context for the task requested.</p> <p><i>(- Ensure instructions, scope, and reporting expectations are understood before monitoring begins. This will require time and discussion in-person.</i></p> <p><i>- Inform peer monitors about the wider project and objectives. This will prepare peer monitors for what they encounter in the field. It will also assure them that the task is only one component in a range of activities to monitor the project.</i></p>	<p>Agreed.</p> <p>To date, peer monitoring processes have not been formalised. Greater clarity is required between Tearfund and the peer organisation to ensure that expectations for any peer monitoring are clearly established and agreed.</p> <p>Regular catch-ups between MEO's at each agency are recommended.</p> <p>Training for peer monitors is recommended.</p> <p>A revision of the existing peer monitoring terms of reference</p>	<p>(1) Review and update the existing peer monitoring terms of reference.</p> <p>(2) Share the updated peer monitoring terms of reference with the MEO and/or other relevant staff member at peer agency(ies).</p> <p>(3) Conduct quarterly meetings with the MEO and/or other relevant staff member at peer agency(ies).</p> <p>(4) Develop training tools for use with Tearfund own staff (Kandahar) and peer monitors.</p> <p>(5) Conduct annual training with peer agency monitors.</p> <p>(6) Discuss and agree regular</p>	<p>MEO and AC</p> <p>MEO</p> <p>MEO</p> <p>MEO</p> <p>MEO</p> <p>AC and MEO</p>	<p>31/03/2012</p> <p>31/03/2012</p> <p>Ongoing</p> <p>15/04/2012</p> <p>Ongoing</p> <p>15/04/2012</p>	

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	<p><i>- Peer monitors will bring different experiences and understanding of development, terminology, and M&E. This is an inherent strength of peer monitoring to bring fresh insight. However, it may be necessary to establish an understanding of these differences so they don't instead become a hindrance).</i></p>	<p>is recommended.</p>	<p>opportunities for peer monitoring. (7) Ensure that before each peer monitoring exercise, a briefing is provided to the peer monitors (including the MEO at the peer agency) to clarify expectations and instructions (including reporting).</p>	<p>AC</p>	<p>Ongoing</p>	