

# Developing Community Indicators



## Guiding notes

**Star Action Research Project**

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## **Introduction**

This simple guide gives a brief overview of the understanding of indicators and further presents an outline of key steps for efforts to develop a set of outcomes and core indicators involving various STAR action research project stakeholders.

This document discusses the basic understanding of indicators and some properties of good indicators. While keeping these issues in mind, the purpose of these notes is to enable the action research co-ordinators to move the indicator development process a step towards inputting community understanding and measurement of success into the pilot research of STAR. It is possible that following this simple reflection, the exercise for developing community-based indicators for STAR research projects may be better understood and eased. The goal is to have the various pilot project implementers regularly report on the core indicators for their implementation. The resulting information shall be used to help improve management, identify best practices, and provide information on accomplishments to the community.

### **What are Indicators**

Indicators could be generally considered as pieces of information or data that can be used to make decisions based on observed trends towards or away from specific goals. For example, some kinds of information about the health policy environment can indicate to decision makers the status and trend towards (or away from) the goal of "empowering HIV infected people".

In addition to the definition above, indicators could also be known as; tools you can use to measure your progress. An indicator is anything that helps you and your organization know how far you are from achieving your goals and whether you are headed in the right direction.

Choosing the right indicator is essential for effectively evaluating progress.

The right indicator should:

1. Be relevant to the project - related to the objectives of the project
2. Be easily understandable - relatable to some common knowledge / personal experience
3. Be easily measured - easy to access or measured directly at the site
4. Provide reliable information - telling the right thing

Choosing appropriate and effective indicators may seem complicated, but it isn't really that difficult. Just remember that your indicators should be related to the objectives of your project and that your objectives should be related to your group's goals. The diagram below illustrates the relationship between goals, objectives and indicators

Note: Inappropriately selected indicators or erroneous data can result into incorrect conclusions and the establishment of misguided decisions and policy goals.

### **Steps to developing community Indicators**

This process requires effort from all stakeholders. The steps listed here are divided into four stages: **planning; meeting; finalizing outcomes** as well as core indicators to measure progress toward those outcomes; and **implementing**.

## **PLANNING**

### **Step 1. Obtain Support and Participation**

The actual participation of all the primary stakeholders is crucial to success. Active involvement will provide incentive for the stakeholders to reach agreement on appropriate indicators and data collection procedures.

### **Step 2. Clearly select areas for which Community Indicators will be sought**

These areas might include health / HIV knowledge, health practices, counseling services, learning processes, sexual behaviour, vulnerability etc.

### **Step 3. Establish an Overall Schedule**

Several meetings and dialogue sessions to develop the indicators should be scheduled. Subcommittee meetings between meetings to work out details that cannot be adequately covered at the wider community gatherings may be very helpful. Note that each session or meeting needs a separate schedule to give it adequate time and attention.

### **Step 4. Consider Having "Experts" Assist**

These experts might be from a local or state government agency, ActionAid International, local NGO's, local consultants, or faculty members from a local

university. Whoever is asked to help should be highly pragmatic. A regional or national perspective on outcomes and indicators within the particular study area {HIV/AIDS} may be valuable.

## **MEETING**

### **Step 5. Select the Facilitator(s) for each session / meeting**

The facilitator should be familiar with outcome measurement and management and able to work with sensitive groups to develop consensus.

### **Step 6. Develop Agendas for each Session**

Agendas for a particular session should include both plenary sessions and smaller group sessions.

### **Step 7. Send Formal Invitations to All stakeholders**

Letters to each group, community, organization, or individual should be sent early enough to provide time for preparations and personal scheduling to attend.

### **Step 8. Circulate Summaries of each Meeting**

Shortly after each meeting / session, participants should receive a summary, including the latest draft of outcomes and core indicators. Consult with the communities on how best to disseminate information to them; village notice boards, local council record, church or mosque announcements etc.

## **FINALIZING THE OUTCOMES AND INDICATORS**

### **Step 9. Schedule and Hold Subcommittee Meetings**

#### **When Necessary**

For issues that need in-depth attention and analysis, a subcommittees can be created for more detailed discussion. The wider community members should of-course review the results of such smaller meetings.

### **Step 10. Seek Consensus on Core Indicators**

Drafts of the common outcomes and indicators should be circulated for comments and suggestions until consensus is reached on what communities, researchers, and probably the implementing institutions will report against.

**Step 11. Develop a simple handbook**

This handbook should include full definitions for each core indicator and clear guidance on how each indicator is measured.

**IMPLEMENTING****Step 12. Work with communities**

Because these communities will also be required to collect and report on the information, it is important to familiarize them with the core outcome indicators and data collection procedures.

**Step 13. Trial reviewing**

The trial reviews could be after six months period when STAR will have been implemented and will have began to show outcomes against which data on each agreed-on outcome indicator could be collected. This time allows for any problems in the process to be corrected. This stage shall be viewed as preliminary and not as a firm basis for further action.

**Step 14. Finally Review the Process and Make Improvements**

The indicators and data at this stage should be reviewed, probably at the mid point of project implementation {end of 2005}. This review should consider the accuracy, reliability, and usefulness (to stakeholders) of the information.

Appropriate modifications should be made, such as changing or deleting indicators or data collection procedures that provided inaccurate data or data that may not be useful to anyone, and improving the measurement procedures.

## Exhibit. 1; STAR Project Goal & Objectives, Expected results & Overall Indicators

### Project Goal

To pilot an innovative approach to individual and community empowerment in the face of HIV

### Objectives

- a. To ensure optimal design of six innovative pilot projects using the STAR approach
- b. To evaluate the effectiveness of the approach when implemented in contrasting contexts
- c. To rigorously monitor and evaluate the work in the 6 pilot locations
- d. To widely share the outcomes of these pilot experiences in order to influence the policies and practices

### Expected results from the AR Project

- Enhanced ability of women and girls to voice their concerns and make health related decisions affecting their lives, whether in the household or the public sphere
- Strengthened literacy and other communication skills of vulnerable people – Literacy applied to enhance better living (in reference to HIV/AIDS)
- Improved access and use of information and services on HIV/AIDS and Sexual and Reproductive Health and Rights
- Constructive engagement in the design and implementation of policies (of local and national governments and NGOs) tied to the fight against HIV/AIDS. (Enhanced community influence on the policies and practices of public agencies).
- Reduced incidences of prejudice and discrimination, despair and stigma around HIV/AIDS - Increase acceptance of PLWA within the society in general and in their respective communities in particular
- Improved communities' provision of care and support for local people living with HIV/AIDS and orphaned children.
- Strengthened organisations of positive people - their influence on HIV related practices and procedure being indispensable.
- Other outcomes that have been identified by past Reflect or Stepping Stones practice (e.g. changes in school enrolment, wider health practices, productivity, income generation, participation, social behaviors, relations with external agencies etc).

### Overall STAR project indicators

- a. The extent to which women and girls are able to voice their concerns and make decisions affecting their lives, whether in the household or the public sphere (and we will track evidence of other impacts on gender relations),
- b. Whether people are able to access and use information and services on HIV/AIDS and Sexual and Reproductive Health and Rights (and how this impacts on behaviour).
- c. The extent to which literacy and other communication skills of vulnerable people are strengthened (and how these skills are used / to what ends).
- d. The extent to which people can engage constructively in the design and implementation of policies (of local and national governments and NGOs) tied to the fight against HIV/AIDS. (Or how they have influenced the practices of different agencies).
- e. Level of reduction in incidences of prejudice and discrimination, despair and stigma around HIV/AIDS.
- f. The extent to which communities are providing care and support for local people living with HIV/AIDS and children who are orphaned.
- g. The extent to which organisations of positive people are built or strengthened (and how other organisations are influenced).
- h. The extents to which other outcomes occur that have been identified by past Reflect or Stepping Stones practice (e.g. changes in school enrolment, wider health practices, productivity, income generation, participation, social behaviors, relations with external agencies etc).

## Exhibit. 2; Abstract HIV-programme indicators

<b>Input / Output indicators</b>	
Sample 1	Increase or decrease in total funds spent for HIV prevention by the government or state or district in one year
Sample 2	Increase or decline of the annual volume of HIV testing and counseling among higher risk populations in the district or national HIV Counseling and Testing Programme.
Sample 3	Increase or decline of total HIV surveillance surveys and awareness campaigns in the past year
Sample 4	Presence of an information system that provides reliable and appropriate information on HIV/AIDS and services.
Sample 5	Percentage of community groups supported for HIV/AIDS prevention with increased technical and managerial skills
<b>Outcome / Impact indicators</b>	
Sample 1	Increase or decrease in number of target population opening-up to seek HIV/AIDS services, and are managed according to national standards
Sample 2	Percentage of HIV/AIDS clients from target groups who demand and receive adequate counseling on HIV/AIDS in the last one year
Sample 3	Increasing number of points where HIV/AIDS specified services are offered to target population in the last one year
Sample 4	Knowledge of Location and utilization of HIV/AIDS Services by target group members in the last one year
Sample 5	Increasing knowledge of STI/HIV Preventive Practices among the target groups in the last one year
Sample 6	Number of government HIV/AIDS service delivery points influenced by the programme to start operating; during the last one year
Sample 7	Increasing percentage of men/women in program target groups who can identify four or more correct methods of reducing risk of HIV infection
Sample 8	Increasing percentage of target group members that have discussed HIV/STIs with their partners, children, friends or relatives in the last 6 months
Sample 9	Increasing number of target communities in which decision-making structures have started to discuss health concerns or decide on HIV services management
Sample 10	Policy dialogues aimed at voicing local HIV concerns, done by target communities; involving NGOs, local leaders, and private sector in the last one year
Sample 11	Increasing percentage of government health units that have operationalized the recommendations suggested by target community groups.

**Note;** These are made-up indicators of an abstract programme just to guide the community indicator development process for STAR pilot projects. They should not be seen or taken as the STAR community indicators. Also not that this list of case-indicators isn't comprehensive: many more indicators could be developed to cover other dimensions of a programme.