



STANDARDIZED INDICATORS OF PROGRAM IMPACT AGENCY-WIDE: An Example from Christian Children's Fund

The Christian Children's Fund (CCF) has 20 field offices in Latin America, Asia and Africa, which, in turn, oversee more than 1,300 community-based programs. Approximately 500,000 children are enrolled in these programs, and benefit directly from them. CCF's goal is to develop cost-effective and innovative programs that impact positively on the health and education of the children and families with whom CCF works.

To measure its effectiveness in promoting health and education outcomes, CCF developed a standardized instrument and methodology that can be used at the community level by the families themselves. This system is designed to highlight program strengths and weaknesses by *red flagging* key results. In drawing CCF's attention to flagged data, follow-up investigation will determine why these results (both the good and the bad) were obtained. This information must be easily understandable and accessible to both parents and staff. In this process CCF will be able to prioritize its actions and resources so that it can continually improve upon the effectiveness of its interventions over time.

Since CCF is a highly decentralized organization, and the content of CCF's programs is determined by the families who benefit from them, it is a challenge to standardize any part of CCF's work. Historically, there have been a number of attempts to standardize program evaluation. In retrospect, it seems that these were too comprehensive, and the extensive effort required to gather the data was a fatal flaw. In addition, issues of technology and computerization were part and parcel of the initial design despite the fact that the organization as a whole was at its infancy in terms of integrating this type of technology into CCF's programming environments. Learning from this institutional experience, it was decided that the newly designed system would be very simple and basic, and would require only a piece of paper and pencil to operate. Information gathered at the community level would be aggregated at higher levels of the organization, but no new information would be added as data moved upward through the organization. Within these broad design parameters, the content of the system was very much open.

PROGRAM IMPACT MEASUREMENT SYSTEM DESIGN CCF's strategy for developing standardized indicators of measurement was to bring together some of CCF's best field staff from both the program and administrative areas of CCF's operation. CCF contracted a consultant with expertise in developing program evaluation systems that operate under remote field conditions with human resources who have minimum literacy skills. This group designed and field tested the system over

the course of a year, at which time a manual was developed and introduced to the field. This system will be phased in over the next four years so that all 1,300 projects will be using it by 1999.

In retrospect, a number of key design decisions were made early in the project that have helped to focus the initiative. These were:

- To focus measurement indicators on program impact, not program activities;
- To focus program impact on children, not adults. The exception is when there is a proven association between caretaker knowledge or behaviors and child outcomes;
- To measure program impact in terms of health and education outcomes, both broadly defined;
- To measure only what we are prepared and able to act upon.

A series of *sieves* were used to sort through dozens of potential indicators to arrive at the final core group. These were:

- Does the indicator measure what we want to measure?
- Is there a proven association between the indicator and what is being measured?
- Does the indicator yield data that it is absolutely necessary to know, rather than just nice to know?
- Does the indicator yield data that are useful for program planning and management?
- Is the object of measurement possible to measure, both technically, financially and managerially?
- Is using the indicator worth the time and effort to measure?
- Does the indicator measure process or impact?

INDICATORS The net result of the sifting process was to identify 10 indicators that form the core of the standardized program impact measurement system. These are:

1. Infant and under-five mortality;
2. Nutritional status;
3. Immunization coverage;
4. Diarrhoea management;
5. Acute respiratory illness management;
6. Safe water access;
7. Sanitary disposal of human excreta;
8. Literacy of over-fifteen year olds, disaggregated by gender;
9. Early childhood development program enrollment;
10. Formal and nonformal education enrollment.

Over the course of the year, 12 of CCF's field offices will implement this system in approximately 145 of CCF's community-based projects (about 11% of all projects). This will cover approximately 63,000 families of enrolled children (about 12%). The remaining eight offices will conduct a survey of a sample of children in a sample of community-based projects, using 5 of the 10 standardized indicators.

DATA ANALYSIS TOOLS OR 'RED FLAGS' Since CCF's effort is to link the program impact data results with program planning, resource allocation, and management decisions, it is imperative that CCF's analyses provide us with usable information. CCF have identified four types of analysis, any one of which can yield a red flag. These are:

- Statistical tests of significance;
- One or more positive or negative standard deviations from the mean;
- Comparison of CCF findings to data reported by others (e.g. UNICEF, UNDP, WHO, etc.);
- Comparison of CCF findings to international standards or goals (UNICEF, WHO, etc.)

Of course the key analysis is to track trends within the same programs over time. However, in using these analytic tools this past year CCF was able to discover that while it has many programming areas it will want to strengthen, CCF's programs report many strengths as well.

RESULTS TO DATE While CCF designed the long-term system for measuring program impact over the past year, CCF also undertook a parallel initiative. From June to December of 1994, all 20 of CCF's field offices conducted a baseline survey on a sample of children in a sample of projects using five standardized health, nutrition and education indicators. The sample covered approximately 12,500 enrolled children in about 550 projects. What follows is a brief summary of the major findings:

- Approximately eight out of ten enrolled primary school-aged children were promoted to the next grade last year. UNICEF's goal is to enable eight out of ten children to complete primary school by the year 2000.
- 78% of under-five-year-old children were found to have complete immunizations. CCF's goal is to attain 90% coverage for under-one-year-old children.
- 65% of the enrolled children were reported to have received oral rehydration therapy to treat a case of diarrhoea. While CCF's goal is 100% usage, according to a WHO survey covering most of the countries in which CCF works, they report 35% usage rates.
- As would be expected, malaria was found to be most prevalent in Africa, compared to Latin America and Asia.

CCF found collecting data on the nutritional status of children to be challenging. Obtaining accurate weight and height measurements of children was difficult, and determining their nutritional status using standardized WHO tables was problematical. CCF found that only a small percentage of the reported data was reliable, and this is why the organization is not reporting it.

CONCLUSION Implementing the standardized measurement system is CCF's goal. CCF is looking ahead to develop the next generation of measurement indicators. CCF wants to move beyond basic health and education, to identify indicators that can measure the more developmental impact of programs on children. In addition, based on the sample survey results, specific health and education programs report findings that have been red flagged, using the analytical tools mentioned above. CCF will follow up and look more closely at these to determine what programming lessons they hold for CCF's organization.