

Community-Level Program Information Reporting for HIV/AIDS Programs

Tools and Processes for Engaging Stakeholders

Module 3: Indicator Harmonization



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Acknowledgments

CLPIR is presented as a “beta” version, a work in progress that continues to evolve based upon users’ experiences. The current version has been shaped by stakeholder input and field testing in several countries and is a culmination of lessons learned from the review of community-level HIV programs and information systems from several countries.

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Introduction

In recent years, the global community has observed an unprecedented increase in funding for HIV/AIDS impact mitigation. The funding comes from a number of sources, including multilateral and bilateral donors, global funding mechanisms, and foundations. This has resulted in a proliferation of programs that aim to provide prevention, care and treatment, and support services to the individuals and communities that need it the most. In recent years, we have also observed an increase in funding for community-level HIV/AIDS programs that are implemented by a number of service providers, including host country governments, implementing partners, nongovernmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). On the upside, the funding allows service delivery organizations to provide much needed services. On the downside, they face multiple reporting demands from donors and host-country governments. This burden can be especially debilitating for small community-level organizations that have limited staff or financial resources at their disposal.

The burden of reporting can be alleviated if the host country government, donor community, and other stakeholders can coordinate at a high level and arrive at a national consensus on a standard set of indicators, indicator definitions, and reporting tools and timelines for community-level HIV/AIDS programs. Standardization and coordination at the national or sub-national level helps streamline data collection, eases the reporting burden, and improves data quality; and it paves the way for more effective and consistent use of data at the program and service delivery levels. This process of standardizing indicators and indicator definitions is called indicator harmonization.

In summary, a successful indicator harmonization process:

- ❑ engages stakeholders to determine what are the common information needs across stakeholders and develop a standardized way to collect and report on that information;
- ❑ strengthens national or sub-national coordination of community-level programs and information reporting; and
- ❑ sets the stage for developing standardized routine reporting tools.

Orientation to CLPIR's Module Design

The purpose of the CLPIR tool kit is to provide countries with the tools and material resources they need in order to build or strengthen an information system to collect, report, store, analyze and use information from community-level HIV/AIDS programs. CLPIR is organized into five documents — an introduction booklet and separate documents for each of four modules. This module (module 3) explains the indicator harmonization process (module 1 contains the CLPIR tools, module 2 addresses the rapid situation and needs assessment, and module 4 involves program-level rollout).

Objectives of Indicator Harmonization

The overall objective of indicator harmonization is to generate a single core set of national

HIV/AIDS indicators, definitions, and reporting tools to support routine reporting of program-level information from community-level HIV/AIDS programs and service providers to the sub-national and national levels. Note, it is beyond CLPIR's scope to address outcome- and impact-level indicators, although those types of indicators may also be among the core set.

In addition to outcome and impact level data, harmonized program-level indicators are important to tracking HIV/AIDS at the national or sub-national level. The information that is required by the national or sub-national level should also be relevant and useful to frontline service providers working for community level organizations. However, community level stakeholders are likely to have additional information needs for program management and tracking purposes. This will be explored in more detail in the program-level rollout module of CLPIR (module 4).

This module (module 3) presents a two-step process to harmonize indicators. The first step is a small experts' meeting, followed by a broader stakeholders' workshop (the second step).

The experts' meeting is an intensive technical working meeting. The objective is to draft a short list of national program level HIV/AIDS indicators, definitions, and a standardized routine reporting tool for community-level HIV/AIDS programs. The outputs of the experts' meeting will be shared with community-level HIV/AIDS stakeholders during the stakeholders' harmonization workshop.

The objective of the stakeholders' workshop is to reach a consensus on a final set of national or sub-national program-level HIV/AIDS indicators for community-level HIV/AIDS programs and activities. To be effective and sustainable, consensus should be reached through a participatory process that has wide representation and participation from national and sub-national levels.

Purpose and Users of the Guides in Module 3

This module contains two guides — one for conducting the **experts' meeting**, and one for conducting the **stakeholders' workshop**. The purpose of these guides is to provide step-by-step guidance on how to go about planning and conducting the experts' meeting and stakeholders' workshop as part of a participatory process to harmonize indicators that track community-level programs and activities for orphans and vulnerable children (OVC), home-based care (HBC), and prevention.

This module is designed to provide the CLPIR steering committee (or harmonization task force of the steering committee) with the guidance and supporting materials to carry out this process. The steering committee or task force is charged with shepherding the harmonization process and facilitating the experts' meeting and stakeholders' workshop. Alternatively, in the absence of a steering committee, an institution needs to be identified that will be tasked with facilitating the indicator harmonization process. Ideally, the facilitating body should be a host country government agency. If that is not possible, a multilateral or bilateral donor or an international NGO can play this role. More important, the facilitating body must be skilled at bringing together diverse stakeholders, who often have competing priorities, and

be able to build consensus within the group. The convening body should have an in-depth knowledge of the different stakeholders working on community-level HIV/AIDS programs in the country and their relationships with each other. These stakeholders may include host country government agencies, such as the country's national AIDS council; multilateral and bilateral donors; implementing partners; and may also include NGOs, FBOs, CBOs, and other direct service providers.

Therefore, the target audience for the **expert's meeting** is the CLPIR steering committee or the harmonization task force of the committee, and other monitoring and evaluation (M&E) and program experts in OVC, HBC, and prevention that are identified by the steering committee. When identifying experts to invite to the meeting, the task force should consider including individuals from the service-delivery level, to ensure that field realities are thoroughly considered in this process of identifying national indicators.

The target audience for the **stakeholders' workshop** is a broad and comprehensive representation of host country government agencies, donors, implementing partners, NGOs, FBOs, CBOs, and other direct service providers working on community-based OVC, HBC, and prevention programs.

Indicator Harmonization Background

Indicator harmonization is the process through which different types of stakeholders with a common programmatic interest reach agreement on a single set of indicators, indicator definitions, and reporting tools. Indicators need to be harmonized in order to standardize the information that is collected across different service providers and programs so that information is relevant and meaningful when it is aggregated at the national and sub-national levels. Data generated by a harmonized M&E system serves the needs of multiple stakeholders, eliminating the need for parallel data collection systems. As with other programs, harmonization for community-level programs can streamline data collection and reporting, and can ultimately improve the utilization of information and increase data quality and consistency.

Some key questions that should to be considered when embarking on the process of harmonizing indicators for community-level HIV/AIDS programs and activities are as follows:

- ❑ What is the range and content area of community-level HIV/AIDS programs and activities?
- ❑ Who are the key stakeholders (e.g., donors, government, NGOs, FBOs, CBOs, other service providers) that need to come together to formulate a common agenda for monitoring and reporting of community-level programs? What are their common areas of interest and interrelationships with one another?
- ❑ What are the existing information sources (e.g., program-specific M&E systems)?
- ❑ What are the existing reporting requirements to donor and government agencies (e.g., reporting to the U.S. President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; or a country's health ministry or national AIDS commission)?

Preparing for the Experts' Meeting

Harmonizing indicators across multiple stakeholders is a challenging process. If it is not carried out in a thoughtful and well-planned manner, it will be difficult to gain consensus on a single set of indicators and standard reporting tools that will be used by all stakeholders. The rationale behind having a two-step harmonization process, starting with a small experts' meeting to do much of the foundation work and followed by a broader stakeholders' workshop to share and gain consensus on this work, is to ensure that as much groundwork as possibly is done prior to the stakeholders' workshop to make the process of making decisions and building consensus easier and more efficient.

Even before the experts' meeting, the harmonization task force should plan to carry out the following preparatory steps:

Identify experts in monitoring and evaluation of community-level OVC, HBC, and prevention programs: The experts' meeting is a working group consisting of individuals who have expertise in monitoring and evaluating community-level HIV/AIDS programs. These individuals will be tasked with reviewing and synthesizing the multitude of indicators and definitions that are used by different donors, implementing partners, NGOs, FBOs, and CBOs working on community-level OVC, HBC, and prevention HIV/AIDS programs and activities. In order to fulfill the objective of the experts' meeting and come up with a short list of program-level indicators, the experts' meeting should have a clear agenda and seek participation from individuals who are able to make informed decisions about which indicators are appropriate national level indicators. Having said that, the harmonization task force should select individuals who possess the technical skills and experience necessary to provide thoughtful advice on which indicators would be appropriate and feasible to track at the national level. Once these individuals have been identified, invitations should be sent out in a timely manner, with follow-up communication, to ensure that invited individuals are able to attend.

(Note on building consensus: Successful indicator harmonization requires a tremendous amount of consensus building. It is important to keep in mind that consensus, in this context, is not necessarily unanimity but simply reaching a situation of majority agreement that is acceptable to stakeholders — even though it may not be their preferred option. To create an atmosphere conducive to consensus, the task force should choose an experienced facilitator/moderator to lead the meeting. The facilitator/moderator and members of the harmonization task force should ensure that meeting norms are discussed and agreed upon at the beginning of the meeting.)

Identify donors, implementing partners, NGOs, FBOs, CBOs, and other service providers that work on community-level HIV/AIDS programs and gather indicators and routine reporting forms in use: Ideally, a situational assessment of stakeholders working on community-level programs should be done as part of CLPIR's rapid assessment (module 2). If a rapid assessment was not carried out, the harmonization task force (with help from other members of the CLPIR steering committee, if necessary) should conduct a desk review to identify the donors, implementing partners, NGOs, FBOs, CBOs, and other service providers working on

community-level HIV/AIDS programs, and their relationships with one another, particularly with regard to reporting structures and systems. Once stakeholders have been identified, the task force should set up face-to-face meetings or communicate in other ways with the appropriate individuals at each organization to explain the purpose and process of indicator harmonization. They should request indicators, indicator definitions, and reporting tools from all of the major stakeholder organization groups.

Consolidate all community-level HIV/AIDS program indicators and definitions into one document: Once indicators, definitions and reporting forms have been collected, the harmonization task force should review the information and develop a template that directly summarizes and presents the information so that it is in a format that can easily be reviewed during the experts' meeting.

Emphasize linkage to the country's national strategic plan and M&E framework: The harmonized indicators that result from the indicator harmonization process should reflect the priorities and strategies laid out in the country's national strategic plan and its national M&E framework, if these documents exist. Therefore, it is important to make this linkage explicitly during the experts' meeting by including it in the meeting's agenda and objectives. Make sure to have enough of these documents during the experts' meeting.

Develop an agenda for the meeting: If the preparatory work outlined above is done in advance, the objectives of the experts' meeting can be accomplished in one or one-and-a-half days. Using the guide to conducting the experts' meeting (the next section in this module) as a starting point and resource, the harmonization task force should develop a meeting agenda that details each session, including the time frame, facilitators, and resources needed for each session.

Adapt the CLPIR guide to conducting the experts' meeting: The guide in the next section of this document is a general guide that should be adapted by the task force to meet its specific needs.

Guide to Conducting the Experts' Meeting

Purpose of the Guide

This section is designed to provide guidance and supporting materials to help facilitate the experts' meeting. The objective of the meeting is to draft a short list of indicators for community-level HIV/AIDS programs that will be reported routinely to the national or sub-national level, as well as indicator definitions and standardized reporting tools. These outputs will be shared with a broader group of stakeholders to reach national consensus at the stakeholders' workshop (described in the next section of this module).

The CLPIR steering committee's harmonization task force is responsible for facilitating the meeting. In the absence of a steering committee, another convening and facilitating body will need to be identified. Ideally, the facilitating body would be a host country governmental institution. If this is not feasible, a multilateral or bilateral donor or international NGO can play this role. The important thing is that the facilitating body is in a respected, leadership role and is viewed by other stakeholders as having the skills needed to bring together a diverse group of stakeholders with competing priorities, and be able to build consensus within the group.

Target Audience, Time-Frame, Inputs, and Outputs

The target audience of the meeting is the steering committee and M&E experts in OVC, HBC, and HIV/AIDS prevention programs that are identified by the harmonization task force. In the absence of a CLPIR steering committee, the target audience is the host country's relevant government agencies, multilateral and bilateral donors, and implementing partners that are convened by the facilitating agency.

A number of preparatory steps have been outlined in the introductory section. If planned accordingly, the experts' meeting should take about one-and-a-half days. The exact time frame can be altered, depending on the specific circumstances. The task force can take those factors into consideration when developing the meeting agenda and adapting the guide.

Inputs into the meeting include the following:

- ❑ **CLPIR module 1:** Illustrative program indicators, generic data collection tools, and indicator reference sheets for prevention, HBC, and OVC programs.
- ❑ **CLPIR module 3:** This document.
- ❑ **Consolidated list of indicators:** These are indicators from donors, implementing partners, NGO, FBO, CBOs and other service providers working on community-base HIV/AIDS programs.
- ❑ **National strategic plan and M&E framework for HIV/AIDS:** The host country's HIV/AIDS strategic plan and M&E framework.

Outputs of the meeting include the following:

- ❑ A short list of national-level indicators for community-level programs and indicator

definitions;

- ❑ discussion of the frequency of reporting to the national level and a draft reporting tool; and
- ❑ an agenda for the stakeholders' workshop.

Workshop Sessions

Following is a detailed description of the recommended workshop sessions.

Session 1: Introduction

Session objectives: By the end of the session, participants will be able to:

- ❑ state the purpose of the experts' meeting and expected outcomes;
- ❑ agree on the meeting process and norms;
- ❑ discuss the importance of indicator harmonization, and why it is relevant to the rollout of CLPIR; and
- ❑ state the process and timeline that will be followed in rolling out CLPIR.

Exercise 1.1: Ice-Breaker Exercise

Recommended time: Fifteen minutes.

Instructions: Facilitators should introduce themselves to participants, and have each participant introduce themselves.

Exercise 1.2: Review Meeting Objectives, Agenda, and Expected Outcomes

Recommended time: Twenty minutes.

Materials needed: Handouts of the agenda.

Instructions: Facilitators should review the objectives, agenda, and expected outcomes.

Exercise 1.3: Discuss Meeting Process and Set Meeting Norms

Recommended time: Fifteen minutes.

Instructions: The purpose of this discussion is to build participant ownership of the process that will be followed in conducting the experts' meeting. If a participant suggests a modification to the agenda or the process, that recommendation should be taken into consideration by the entire group; and if the group decides that the suggestion is an improvement to the meeting process or improves overall efficiency, adjustments can be made to the agenda.

Exercise 1.4: Introduction to CLPIR

Recommended time: Fifty-five minutes.

Materials needed: Laptop computer and projector.

Instructions: Orient meeting participants to what CLPIR is and the plans for rolling out CLPIR. The presentation should include a summary of results from the CLPIR rapid assessment (module 2).

Session 2: Best Practices for Indicator Selection

Session objectives: By the end of the session, participants will be able to:

- ❑ distinguish between different types of information needed for decision-making at different levels of the health system;
- ❑ understand the significance and importance of having a minimum set of indicators that are tracked at the national level; and
- ❑ link the selection of a national set of community-based HIV/AIDS program indicators to decisions that need to be made based on the information.

Exercise 2.1: Best Practices for Indicator Selection

Recommended time: Forty minutes.

Materials needed: Laptop computer and projector.

Instructions: Give a presentation on best practices for indicator selection, using the projector for any useful slides.

Exercise 2.2: Group Discussion

Recommended time: Thirty minutes.

Materials needed: Laptop computer and projector, handouts of discussion guide and blank Table 1 (provided in Appendix A).

Instructions: Depending on the size of the experts' meeting, the facilitator may find it useful to divide participants into smaller groups for this discussion (especially if there are more than 15 participants).

Review the discussion guide, which is provided in Appendix A in a format suitable for printing copies for participants. Instruct each discussion group to follow the guide to complete Table 1 and to designate one person to present the group's discussion in plenary. After groups have had adequate time to complete the exercise, reassemble them in plenary for the next exercise.

Exercise 2.3: Plenary Group Discussion

Recommended time: Forty-five minutes.

Materials needed: Table 1 completed by each small group.

Instructions: Each small group will present a summary of the group's discussion. Allow enough time after each group presents for discussion, questions, and comments.

Session 3: Developing a Draft Short-List of National Program-Level HIV/AIDS Indicators for Community-Level Programs

Session objectives: By the end of the session, participants will have a draft short-list of national program-level HIV/AIDS indicators and indicator definitions for community-level HIV/AIDS programs and activities.

Exercise 3.1: Group Work

Recommended time: Three or four hours.

Materials needed: If available, each group should have a laptop and projector or flip-chart and markers, handouts of the country's national strategic plan and M&E framework, the relevant CLPIR illustrative program indicators (found in module 1, Tables 1-3), indicator reference sheets for each indicator (also found in module 1), and the discussion guide for exercise 3.1 (found in Appendix A of this module).

Instructions: Divide participants into smaller groups by program area (e.g., OVC, HBC, HIV/AIDS prevention, etc.). Provide each group with the indicators for their program area that were collected from donors, implementing partners, NGOs, FBOs, CBOs, and other service providers working on community-level HIV/AIDS programs. Also provide each group with a copy of the CLPIR illustrative program indicators (from module 1) and the country's national strategic plan and M&E framework. Instruct the groups to use the documents to draft a short list of indicators for community-level programs that are consistent with the country's strategy.

Remind the groups that the task is to identify a set of indicators that will be reported to and tracked by the national level. This set of indicators should be a subset of the indicators that are collected by each organization or program. Refer back to the best practices in indicator selection presentation from exercise 2.1 (session 2) and review how the need for data varies by level and that, at the national level, a minimum data set is the aim.

Instruct each group to be ready to present in plenary its recommended indicator list, the rationale used for selecting each indicator, and a detailed definition for each indicator.

Instruct each group to appoint a facilitator and note-taker/presenter. The facilitator will be responsible for keeping the group focused on the objective of the meeting and guiding the discussions towards that end. The facilitator will also be responsible for ensuring that each group members' views are taken into consideration during the group discussions.

The note-taker will be responsible for recording the discussions and sharing it with the broader group during plenary. If laptops are available, the groups may find it useful to have the note-taker type up the notes on the laptop and project it for the rest of the group to see. This may be especially helpful when debating on the wording of indicators and indicator definitions.

(Note: It may not be possible for the groups to finish the final two steps in the exercise guide during the time allotted, especially if the groups have a long list of indicators or the indicators under discussion are significantly different from the CLPIR illustrative program indicators. If

this is the case, the harmonization task force will need to address this when discussing follow-up and next steps.)

Exercise 3.2: Plenary Group Discussion

Recommended time: Two to three hours.

Materials needed: Each smaller group's findings.

Instructions: Instruct each group to present its indicators, detailed indicator definitions, and draft reporting tool. The groups should provide a justification as to why each indicator should be tracked at the national level. After each group presents, allow enough time for discussion, questions, and comments.

If there is consensus, make revisions and adjustments to the indicators and definitions as needed.

Session 4: Follow-Up and Next Steps

Session objective: By the end of the session, the participants will have:

- ❑ designated a date for a stakeholders' workshop on indicator harmonization;
- ❑ developed a list of activities that need to be carried out in preparation for the workshop, with timelines and responsible individuals assigned to each activity;
- ❑ developed a draft invitee list for the workshop; and
- ❑ drafted an agenda for the workshop.

After the experts have drafted a "short-list" of indicators, other stakeholders, especially at the sub-national levels (e.g., the state ministry of health, provincial department of health, district health units, NGOs, CBOs, and FBOs operating at the community level, etc.), should also be brought into the process and asked to review and comment on the selected indicators. Once their input has been solicited and their recommendations taken into consideration, planning for the broad stakeholders' workshop should be undertaken by the CLPIR steering committee or the harmonization task force.

The harmonization task force should ensure that all products from the experts' meeting, which include the short-listed indicators, rationale for the selection of each indicator, indicator definitions, a draft reporting tool, and other relevant notes from the experts' meeting, are finalized and organized into a format that will be shared during the stakeholders' workshop on indicator harmonization.

Presented below is a suggested list of tasks that should to be carried out in preparation for the stakeholders' workshop on indicator harmonization. The group should use this list as a brainstorming guide to develop its own comprehensive task list. The group should also assign individuals for each task and provide time frames.

- ❑ **Develop budget and secure funding:** The stakeholders' workshop on indicator

harmonization is generally a one-day workshop that will assemble a broad array of stakeholders working in the area of community-level HIV/AIDS programs and activities. The task force will need to develop a budget and secure funding for the workshop. The budget should include the cost of the venue and food. There may also be a need to cover travel and per diem cost for participants, especially those traveling from other parts of the country.

- ❑ ***Confirm the date of the workshop:*** Pick a date that does not conflict with other major activities that may require participation of individuals that you would like to attend the workshop.
- ❑ ***Secure a venue:*** The venue should be large enough to accommodate a large number of participants and should have breakout rooms, computer laptops with projectors, and other resources that may be needed during the workshop.
- ❑ ***Draft an agenda for the workshop.***
- ❑ ***Invite a “champion” of community-based programs to give the opening address:*** Ideally, this individual should be a high-level figure from the country’s health ministry, national AIDS commission, or other government agency that is a champion for community-level HIV/AIDS programs and activities. Alternatively, the speaker may be an exceptionally active and inspiring community-level worker. It will help get buy-in from stakeholders if the opening address is from a respected individual who can highlight the importance of the indicator harmonization process, and can make a link between having a standardized list of indicators and improved service delivery and improved health outcomes.
- ❑ ***Finalize invitee list and circulate invitation letters:*** All organizations that work on community-level HIV/AIDS programs and activities, including national and sub-national health management units, should be invited to the workshop.
- ❑ ***Adapt the CLPIR stakeholders’ workshop guide:*** The next section of this module contains a generic guide to help conduct the stakeholders’ workshop. This guide should be adapted as needed by the harmonization task force.

Guide to Conducting the Stakeholders' Workshop

Purpose of the Guide

This guide is designed to provide guidance and supporting materials to conduct a participatory stakeholder' workshop on indicator harmonization, to meet the objective of finalizing a national set of indicators and indicator definitions for community-level HIV/AIDS programs and activities.

The CLPIR steering committee or harmonization task force of the committee is charged with facilitating the stakeholders' workshop. In the absence of a steering committee, another convening and facilitating body will need to be identified. Ideally, the facilitating body will be a host country government agency; but if that is not possible, a multilateral or bilateral donor or international NGO can also play that role. The important thing is that the facilitating body is in a respected, leadership role and is viewed by other stakeholders as having the skills needed to bring together a diverse group of stakeholders with competing priorities, and be able to build consensus within the group.

Target Audience, Time-Frame, Inputs, and Outputs

The target audience for the stakeholders' workshop includes donors, implementing partners, NGOs, FBO, CBOs, other direct service providers and national and sub national government units working on community-level HIV/AIDS programs and activities. Each organization should send individuals who have relevant skills or whose position descriptions include monitoring and evaluation activities. This includes M&E officers, technical program managers, or program directors.

Generally, the stakeholders' workshop should take one day.

Inputs into the workshop include the following:

- ❑ **CLPIR module 1:** Illustrative program indicators, generic data collection tools, and indicator reference sheets for prevention, HBC, and OVC programs.
- ❑ **CLPIR module 3:** This document.
- ❑ **Short list of indicators:** These are the indicators for community-based HIV/AIDS programs and indicator definitions that were drafted in the experts' meeting.
- ❑ **National strategic plan and M&E framework for HIV/AIDS:** The host country's HIV/AIDS strategic plan and M&E framework.

Outputs of the workshop include the following:

- ❑ **Harmonized minimum national set of community-based program-level indicators and definitions:** These are developed or refined through a consensus building process.
- ❑ **Plan for developing or finalizing standardized reporting tools:** This includes agreement on the part of all stakeholders to begin using the harmonized indicator set.

- ❑ **Report of the harmonization workshop:** This includes the harmonized minimum national set of indicators, indicator definitions, reporting tools, and the list of participants from the workshop

Workshop Sessions

Following is a detailed description of the workshop sessions.

Session 1: Welcome and Introduction

Session objectives: By the end of the session, participants will be able to:

- ❑ explain the purpose of the workshop on indicator harmonization and state the expected outcomes;
- ❑ discuss the importance of indicator harmonization and why it is relevant to community level information systems; and
- ❑ state the process and time frame that will be followed in rolling out CLPIR or other community-level information activities.

Exercise 1.1: Opening Address

Recommended time: Twenty minutes.

Instructions: Open the workshop with an address by a high-level host country government official. Ideally, this individual will be a figure from the health ministry, national AIDS commission, or other government agency that champions community-level HIV/AIDS programs and activities. Alternatively, the speaker may be an exceptionally active and inspiring community-level worker or volunteer who works on community based HIV/AIDS program. If necessary, provide talking points to the speaker prior the workshop.

(Facilitator’s note: The opening address should highlight the importance of the indicator harmonization process and make a link between having a standardized list of indicators at the national level and improved service delivery and improved health outcomes at the program level. The address should also emphasize the importance of strengthening data collection and reporting systems and establishing a data use culture for community-level HIV/AIDS programs and the beneficiaries of the programs.)

Exercise 1.2: Review Meeting Objectives, Agenda, and Expected Outcomes

Recommended time: Thirty minutes.

Materials needed: Handouts of figures 1 and 2 (next page) and the workshop’s agenda.

Instructions:

- ❑ Discuss the workshop objectives and expected outcomes and review the agenda.
- ❑ Discuss the “Three Ones” principles (Figure 2). Discuss the importance of indicator harmonization in the context of these principles and how this process contributes to the

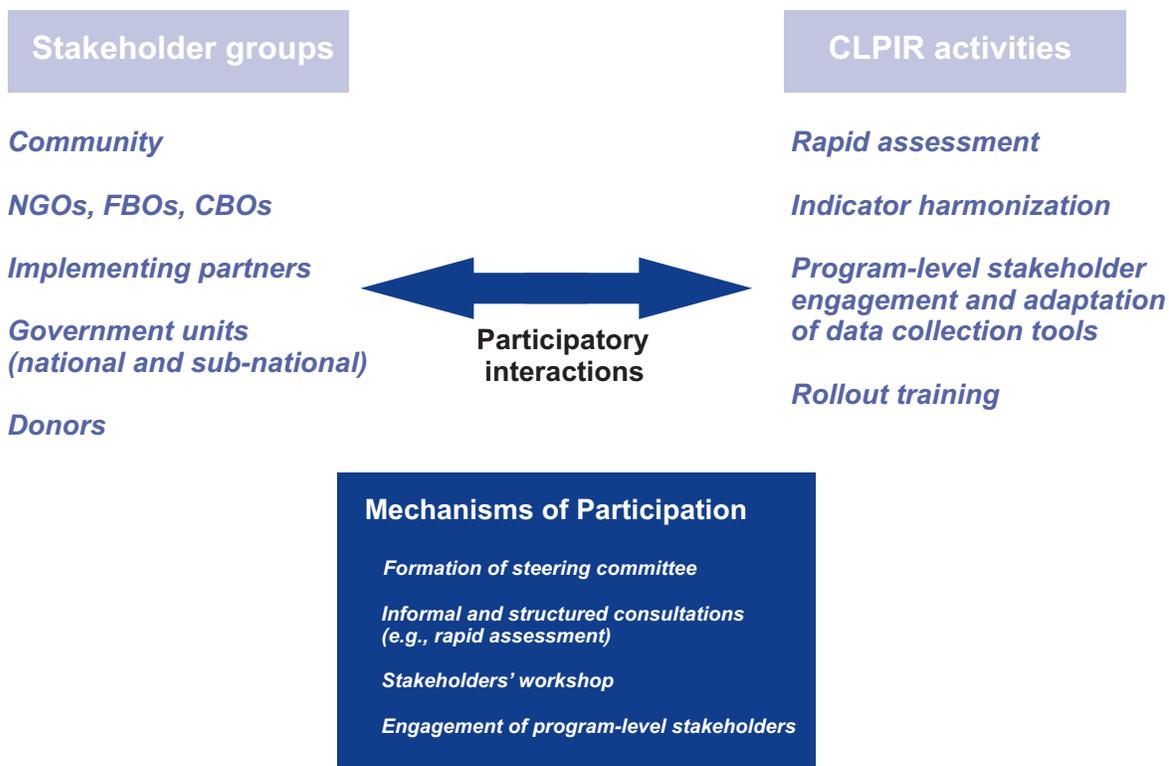


Figure 1. Stakeholder participation in building an information system for community-based HIV/AIDS programs.

Three Ones: Principles for the Coordination of National AIDS Response

On 25 April 2004, the Joint United Nations Programme on HIV/AIDS, the United Kingdom, and the United States co-hosted a high-level meeting at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves.

They endorsed the “Three Ones” principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management:

- ❑ One agreed-upon HIV/AIDS action framework that provides the basis for coordinating the work of all partners.
- ❑ One national AIDS coordinating authority, with a broad-based multisectoral mandate.
- ❑ One agreed-upon country-level monitoring and evaluation system.

Figure 2. UNAIDS’ Three Ones principles.

spirit of the third principle, one agreed-upon country-level monitoring and evaluation system.

- ❑ Discuss the relevance of indicator harmonization to community-level information systems and setting up a national information system to collect information from community-level programs.
- ❑ Review the process and timeline that will be followed in setting up or strengthening the national information system for community based programs.
- ❑ Talk about the important role of stakeholder participation in this process. Emphasize the participatory nature of the entire indicator harmonization process including the stakeholders' workshop and the value of consensus building to this process. Use Figure 2 on stakeholder participation in building an information system for community-based HIV/AIDS programs and the guiding principles for participation (described next) as resources for this discussion.
- ❑ Allow time for questions and comments.

Guiding principles for participation: Participation is a process, not an event. Participation is the process by which stakeholders influence and share control over priority-setting, policy-making, resource allocation, or program implementation. There is no blueprint for participation because it plays a role in many different contexts and for different purposes.

Listed below are some guiding principles for participation, applied to the context of strengthening an information system.

- ❑ ***Country ownership:*** Government commitment and leadership, and broad country ownership are critical to develop and implement information systems effectively.
- ❑ ***Outcome orientation:*** Participatory processes should be designed and conducted with specific outcomes in mind, such as to fill critical information gaps or to engage groups that have previously not been included in the decision-making process.
- ❑ ***Inclusion:*** The participatory process is more likely to be effective if the knowledge and experience of a range of stakeholders are tapped and their perspectives are systematically incorporated into the design and implementation of the information system.
- ❑ ***Transparency:*** Transparency of participation and the outcomes of participation are essential for building trust, ownership, and support among stakeholders.
- ❑ ***Sustainability:*** Participatory processes that build on existing mechanisms are more likely to be institutionalized and sustained over time.
- ❑ ***Continuous improvement:*** The process of designing and implementing an information system is an iterative process of participation, planning, implementation, assessment, and feedback. Participatory processes should be a continuous plan to improving the system and not just a one-time event at the design stage.

Session 2: Best Practices for Indicator Selection

Session objectives: By the end of the session, participants will be able to:

- ❑ distinguish between the different types of information needed for decision making at different levels of the health system;
- ❑ understand the significance and importance of having a minimum set of indicators that are tracked at the national level;
- ❑ link the selection of a national set of community-level HIV/AIDS program indicators to decisions that need to be taken based on the information; and
- ❑ describe the process through which the short-listed indicators and definition were drafted during the experts' meeting.

Exercise 2.1: Best Practices for Indicator Selection

Recommended time: Forty minutes.

Materials needed: Laptop and projector, updated version of the presentation used in session 2 of the experts' meeting.

Instructions: Give an updated presentation on best practices for indicator selection (similar to the session 2 exercise of the experts' meeting). Adapt the presentation that was used during the experts' meeting in advance. Add slides describing the indicator selection process leading up to the stakeholders' workshop.

Session 3: Breakout Session

Session objectives: By the end of the session, each group will have reviewed and commented on the short list of national program-level indicators for community-level HIV/AIDS programs and on indicator definitions.

Exercise 3.1: Breakout Groups by Program Area

Recommended time: Two or three hours.

Materials needed: Laptop and projector, or flip charts and markers; the short list of indicators, rationale for selection of indicators, indicator definitions, and other outputs from the experts' meeting; the presentation used in the previous session (i.e., the updated version of the presentation used session 2 of the experts' meeting).

Instructions: Organize workshop participants into groups by program area (i.e., by OVC, HBC, or prevention program areas). Participants should volunteer for the program area in which they have the most expertise. Ensure that the groups are roughly equal in size.

Provide each group with the outputs from the experts' meeting. These include the short list of indicators, rationale for the selection of each indicator, indicator definitions, and any other relevant information from the experts' meeting.

Instruct each group to choose a facilitator, note-taker, and presenter. The facilitator will be responsible for guiding the discussion to keep it focused on the objective of the workshop (a discussion guide for facilitators is provided below). The note-taker will be responsible for

recording key discussion points and keeping track of revisions that are made to the indicators and definitions. If laptops are available, the groups may find it useful to have the note-taker type up the notes on the laptop and project it for the rest of the group to see. This may be especially helpful when deciding on the wording of indicators and indicator definitions. The presenter will be responsible for presenting a summary of the groups' discussions in plenary.

Discussion guide for facilitators: Review and comment on each indicator and indicator definition, keeping in mind the following questions:

- Is there a strong rationale for including the indicator in the national core set?
- Is the indicator consistent with the national strategy for community-level HIV/AIDS programs? Does it correspond to a programmatic objective in the national strategy?
- Is the indicator clearly defined?
- Are there any other indicators that should be reported to the national level?

The groups should not get too bogged down on individual indicators and definitions if they can not reach consensus. Inform the groups that if this situation arises, the CLPIR steering committee's harmonization task force will reconvene after the workshop to try to find a resolution that is acceptable.

Session 4: Plenary Session

Session objectives: By the end of the session, participants will have agreed on a final set of harmonized program-level HIV/AIDS indicators to be reported to the national level and their indicator definitions for community-based OVC, HBC, and prevention programs and activities.

Exercise 4.1: Plenary Session

Recommended time: About one hour.

Instructions: The designated presenter for each group will give a clear and concise summary of the group's comments and recommendations on the short list of indicators and indicator definitions. The presentation should clearly highlight the recommended changes to either indicators or indicator definitions, if any, and the rationale for the suggested changes.

Facilitators' notes: Prior to the group presentations, plenary facilitators should go around and gauge whether each groups was successful in reaching a consensus or if there appears to be many unresolved issues. If there are a number of issues and consensus during the workshop seems unlikely, a facilitator should announce that there may be a need for the CLPIR steering committee to reconvene after the workshop to resolve matters, especially if there are a large number of unresolved changes and recommendations. During the steering committee's meeting, the committee may choose to get further input from the individuals or organizations that made the suggestions or recommendations. The facilitator should make this announcement before the plenary presentations.

Session 5: Conclusion and Next Steps

Instructions: At the end of the workshop, facilitators should acknowledge the crucial role that participants played in meeting the objectives of the harmonization workshop and thank them for their hard work and dedication. Remind participants that harmonization is an ongoing process and the success of that process will rely on their continued involvement and participation.

Outline the next steps and explain how each step will be accomplished:

- ❑ ***Fine-tune and finalize indicators:*** The steering committee will need to fine-tune and finalize indicators and indicator definitions. If consensus was not reached on any of the indicators during the workshop, it may be necessary for the committee's harmonization task force to reconvene a small group and invite selected participants from the experts' meeting and stakeholders' workshop.
- ❑ ***Develop/finalize a reporting tool:*** Once the indicators and indicator definitions have been finalized, the harmonization task force will need to develop or finalize the reporting tool. The tool will be used by stakeholders to submit periodic reports to the national level in a standardized format. If a draft of the reporting tool was produced as an output of the experts' meeting, the task force will need to finalize the tool based on the final set of indicators. If the reporting tool was not drafted during the experts' meeting, the task force will need to develop the tool, based on the final set of indicators.
- ❑ ***Adapt the CLPIR generic data collection tools:*** Once the national level indicators and indicator definitions have been finalized, the harmonization task force will need to adapt the CLPIR generic data collection forms, instructions, and indicator reference sheets to include the nationally harmonized indicators (if they are not already captured by the generic versions). This is an important step in preparation for the program-level rollout workshops. By adapting these tools to meet national requirements, implementing organizations only need to make adjustment during the rollout component to include their own program/organization specific data needs and indicators.
- ❑ ***Finalize and disseminate a report on the stakeholders' workshop:*** The proceedings from the stakeholders' workshop on indicator harmonization should be widely disseminated in a timely manner. The proceedings should include the final set of indicators, indicator definitions, and reporting tools, as well as the participant list from the workshop.
- ❑ ***Ongoing follow-up with stakeholders:*** After the workshop, the steering committee should continue following up with stakeholders involved in community-level HIV/AIDS activities on an ongoing basis, to ensure that they receive and understand the final outputs of the workshop and to work with them to ensure that the harmonized indicators and standardized reporting tools become established national practice. They will also need to follow up with program-level stakeholders to engage them in the program-level rollout process and workshops.

Appendix: Exercise Handouts

Handouts used in exercise 2.2 and 3.1 of the experts' meeting are provided in this appendix, in a format that allows printing for direct use.

Handout for Exercise 2.2

Discuss and respond to question a. Then, as you discuss and think through questions b-e, complete the columns of Table 1 as indicated.

- a. What is the national strategy for community-level HIV/AIDS program? What are the priority areas?

- b. What functions need to be carried out at the national level that are relevant to or affect community-level HIV/AIDS programs and activities? (Summarize these in the first column of Table 1.)

- c. Which institution/individual is responsible for carrying out each function? (Enter answers into second column of Table 1.)

- d. For each function, list potential decisions and the information needed to make these decisions. (Enter these into the third and fourth columns of Table 1.)

- e. In the final column of Table 1, list indicators that would assist in making each decision.

Handout for Exercise 3.1

Use the steps below to review and revise your indicator set from exercise 2.3:

- a. Review indicators with the intent of developing a minimum national set that all stakeholders working in that program area need to report to the national level:

Which indicators are not relevant, appropriate, or feasible?
Drop those indicators.

Which indicators may be important to track at the program level but not at the national level? Drop those indicators.

Which indicators are not clearly linked to a decision or use of the information? Drop those indicators, unless they are mandated.

While some indicators are mandated (e.g., by PEPFAR, UNGASS, the national government, etc.) and have standardized wording and definitions, there are others that are essentially the same but worded differently by different stakeholders. Decide which indicators are essentially the same and harmonize the indicator wording. Choose wording that is clear, to avoid confusion about what the indicator is intending to collect.

- b. Do the indicators sufficiently reflect the national strategy and priorities areas for community-level HIV/AIDS programs? Are there any components of the strategy/priority areas that are not addressed by the indicator set? If so suggest additional indicators that would be important to collect at the national level.
- c. How many indicators are in the set? Is this a manageable number at the national level? If not, are there any indicators that are not essential and can be dropped?
- d. For each selected indicator, develop detailed definitions including:
 - the rationale/what it measures;
 - the calculation used to derive the indicator (numerator and denominator);
 - the sources from which data are collected;
 - the reporting period to the national level; and
 - the national target, optimal value, or expected range for the indicator (if it has been defined).
- e. Once the group has decided on the minimum set of indicators, develop a draft reporting tool and specify the reporting period (i.e., monthly, quarterly, semi-annually, etc.). The reporting tool will be used by all stakeholders implementing community-level HIV/AIDS programs to submit periodic reports to the national level in a standardized format.

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