



## Indicators Related to Foundational Activities in the CBO Sector Logic Model

Indicator 36: Client satisfaction with services provided by CBOs	
Description	<ul style="list-style-type: none"> <li>• Clients' satisfaction ratings with different aspects of community-based HIV/AIDS and HCV services.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>• Consumer satisfaction is an important measurement domain in health and human service assessment (Attkisson &amp; Greenfield, 1996).</li> </ul>
Measurement	<ul style="list-style-type: none"> <li>• The Client Satisfaction Questionnaire (CSQ) is a broadly adopted self-report questionnaire constructed to measure satisfaction with services received by individuals and families. The CSQ includes an 8-item, 4-point scale survey (Attkisson &amp; Greenfield, 1996).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>• Client survey</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>• High vs. low use of CBO services</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>• Time and effort required to conduct client survey</li> </ul>

Click [here](#) to download a comprehensive list of indicators in the Indicators Technical Report.





Indicator 37: Stigma and discrimination related to HIV and HCV	
Description	<ul style="list-style-type: none"> <li>Self-report measurement of stigma and discrimination related to HIV and HCV.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Prior research has shown that HIV-related stigma has been associated with the following for people living with HIV: despair, loneliness, stress, post-traumatic stress disorder, depression, anxiety, distress, self esteem and self image, emotional health, mental health, and life satisfaction (Logie &amp; Gadalla, 2009). Similarly, consequences of HCV-related stigma include loss of interpersonal relationships, mental health issues, emotional health issues (Butt, 2008). Stigma can impede the success of disease control measures when people avoid or delay diagnosis and treatment, leading to continuing risk of disease transmission (Butt, 2008).</li> </ul>
Measurement	<ul style="list-style-type: none"> <li>Stangl and colleagues (2012) outline specific questions for measuring stigma and discrimination across three populations: people living with HIV, the general population and healthcare providers. Questions can be viewed <a href="#">here</a>. ***Questions would need to be adapted for HCV.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>Client survey, general public survey and healthcare provider survey</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Suggestion to conduct surveys with three populations (PLWHA, the general population and healthcare providers)</li> </ul>





Indicator 38: Percent of HIV and HCV positive clients participating in service provision, research and evaluation, leadership and policy development	
Description	<ul style="list-style-type: none"> <li>The percent of HIV- and HCV-positive clients that participate in CBOs' service provision, research and evaluation activities, leadership and policy development.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>People living with HIV and HCV have directly experienced the factors that make individuals and communities vulnerable to infection and, once infected, the HIV-related illnesses and strategies for managing them. Their involvement in program development and implementation and policy-making will improve the relevance, acceptability and effectiveness of programs (UNAIDS, 2007).</li> <li>The benefits of engaging people living with HIV and HCV are wide ranging, from improved self-esteem and health to improved relevance of programs (UNAIDS, 2007).</li> </ul>
Measurement	<ul style="list-style-type: none"> <li>CBOs should track involvement of people living with HIV and HCV in different organizational activities.</li> <li>USAID (2005) conducted a baseline measurement of the greater involvement of people living with HIV/AIDS (GIPA) in Greater Mekong Region. Questionnaires were created for different groups - government officials, health service providers, NGOs and civil society leaders, and PLWHA (2005). Questionnaires can be accessed <a href="#">here</a>.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data</li> <li>Client survey</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>How clients are engaged (e.g. service provision, research and evaluation, leadership vs. policy development)</li> <li>HIV-positive clients vs. HCV-positive clients</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Time and effort required to conduct client survey</li> </ul>





**Indicator 39: Percent of peers that report skill development following participation in workshops/retreats offered by CBOs**

Description	<ul style="list-style-type: none"> <li>Percent of peers that report developing their skills following their participation in workshops/retreats offered by CBOs providing HIV and HCV programs and services.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Development of skills may be necessary for people living with HIV and HCV that are unfamiliar with health care settings or lack social and work-related skills (Brashers, et al., 2009). Interactions with others living with HIV has been found to lead to the development of decision-making and self-advocacy skills (e.g. information seeking) (Brashers, et al., 2000).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>Survey with participants of peer workshops/retreats</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Type of skills developed (e.g. self-advocacy skills, confidence to manage health, HIV coping skills, work-related skills, etc.)</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Reliance on self-report responses</li> </ul>

**Indicator 40: Number of partnerships held with other agencies (non-profit organizations, corporations, public sector - health authorities, government bodies, universities)**

Description	<ul style="list-style-type: none"> <li>Total number of partnerships held with different types of agencies, including non-profit organizations, corporations, and public sector (e.g. health authorities, government bodies, universities).</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Benefits of partnerships for CBOs have been found to include: sharing resources, information and strategies with partner agencies (PAN, 2013). A review conducted by Roussos and Fawcett (2000) found that collaborative partnerships between agencies are a promising strategy for engaging organizations in the common purpose of addressing community health issues.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Formal vs. informal partnerships</li> <li>Type of partnerships formed</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Reliance on self-report responses</li> </ul>





<b>Indicator 41: Percent of CBOs working collaboratively on projects with other CBOs</b>	
Description	<ul style="list-style-type: none"> <li>Percent of CBOs providing HIV/HCV programs and services that work collaboratively on projects or initiatives with other CBOs.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Benefits of partnerships for CBOs have been found to be sharing resources, information and strategies with partner agencies (PAN, 2013). A review conducted by Roussos and Fawcett (2000) found that collaborative partnerships between agencies are a promising strategy for engaging organizations in the common purpose of addressing community health issues.</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO administrative data</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Type of collaborative projects</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Challenge of tracking projects agencies have partnered on</li> </ul>

<b>Indicator 42: Percent of CBOs using at least one common indicator to measure progress towards collective outcomes</b>	
Description	<ul style="list-style-type: none"> <li>Percent of CBOs providing HIV/HCV programs and services that are using at least one common indicator to measure progress towards collective outcomes.</li> </ul>
Significance	<ul style="list-style-type: none"> <li>Measuring indicators consistently across CBOs allows organizations to learn from each other's success and failures (Kania &amp; Kramer, 2011). When the work of CBOs is measured in different ways, it is not possible to compare the relative effectiveness of different organizations in order to make informed choices, and CBOs cannot identify and learn from their peers' successful practices (Kramer, Parkhurt, &amp; Vaidyanathan, 2009).</li> </ul>
Data source	<ul style="list-style-type: none"> <li>CBO survey</li> </ul>
Possible disaggregation	<ul style="list-style-type: none"> <li>Types of common measures used to track progress towards collective outcomes</li> </ul>
Limitations	<ul style="list-style-type: none"> <li>Need to conduct survey with all CBOs to accurately report on indicator</li> </ul>





<b>Indicator 43: Percent of CBOs linked with a provincial network (e.g. PAN) are percent of them that complete a network survey</b>	
Description	<ul style="list-style-type: none"><li>Percent of CBOs providing HIV/HCV programs and services that are linked with at least one provincial network (e.g. PAN, Red Road HIV/AIDS Network, etc.), and the percent of them that complete a network survey.</li></ul>
Significance	<ul style="list-style-type: none"><li>Support from backbone organizations is a critical condition for successful collective impact initiatives (Turner, 2012). Backbone organizations are intended to: guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy and mobilize funding (Turner, 2012).</li></ul>
Data source	<ul style="list-style-type: none"><li>CBO administrative data</li></ul>
Possible disaggregation	<ul style="list-style-type: none"><li>Type of partnership between CBO and provincial network</li><li>Specific network survey completed</li></ul>
Limitations	<ul style="list-style-type: none"><li>Content of network surveys vary substantially between provincial networks</li></ul>





## References

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