

**DEVELOPING ORGANISATIONAL INDICATORS:
THE CHALLENGE OF INTEGRATION**

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This paper follows on from an earlier paper on organisational indicators presented at the AES 1999 Conference and appearing in the March 2001 issue of the *Evaluation Journal of Australasia*. In this paper, the focus is on the key challenge of developing an integrated set of organisational indicators. Drawing on World Vision's experience, one of the paths or strategies towards integration – via *substantive* indicator topics - is described and illustrated. This paper, like the first, is informed by my involvement in developing organisational indicators for World Vision International, a large non-government organisation working in over 100 countries. As occurred in the case of World Vision, the process of developing organisational indicators can crystallise and highlight different views concerning organisational goals, focus and methodologies.

Key Words:

indicators, organisations, monitoring, evaluation, overseas aid

1. Introduction

In the first paper, I described and discussed some of the critical questions and choices for organisations planning a new indicator system or changing an existing system, including:

- What is an indicator?
- Why introduce organisational indicators?
- What should be the focus of organisational indicators?

In responding to these questions, the paper distinguished between:

- performance proving and performance improving purposes
- direct and indirect indicators
- primary, secondary and tertiary indicators
- universal, general and project-specific indicators
- outcome, output and activity indicators
- efficiency and effectiveness indicators.

Some of these terms are used in this paper and are defined in the endnotes.¹

The content and focus of both papers have grown out of my involvement in developing organisational indicators for World Vision International (WVI), a large non-government organisation (NGO) working in around 100 countries. I was a member of the Ministry Standards Working Group (MSWG), one of eight working groups established by WVI in 1998. The MSWG was established to develop standard indicators in each of its 3000-plus child sponsorship projects in over 80 countries. The two papers are informed by two unpublished internal papers written to clarify issues and choices open to the MSWG.

In this follow-up paper, the focus is on promoting *substantive integration* in organisational indicators. A third paper will discuss other ways to develop an integrated organisational indicator system (including through *meta-indicators*, *most significant changes* approach and *user ratings*). The key difference between the path described in this paper and other possibilities relates to the use of substantive indicators as distinct from other types of indicator-based and non-indicator-based monitoring systems.

Substantive indicator topics relate to the content or substance of the program (eg improving access to water). Meta-indicator topics (eg degree to which project, department or organisation achieves its objectives expressed as a percentage) usually require activity-related, substantive or ‘direct’ indicators and ‘ride on their back’ so to speak. Meta-indicators can also be called ‘indirect’ or ‘piggy-back’ indicators.

2. SUBSTANTIVE INTEGRATION

There are many possible substantive themes that could provide the cement between the separate indicator categories to suggest a structure and a cohesive vision rather than a collection of pieces. Themes or ‘integrative hooks’ that could help to create an indicator system where the total is greater

than the sum of the parts.

I will illustrate the strategy of substantive integration by presenting some of the integrative hooks that I raised inside World Vision International to stimulate discussion in 1999.

2.1 ‘Child-focused indicators’

World Vision International’s Children in Ministry Working Group made representations to the MSWG advocating that it give serious consideration to some version of ‘child-focused’ or ‘child as indicator of development’ type indicators.

In my 1999 internal paper, I raised this hook as a ‘discussion-opener’ although no one inside World Vision actually advocated that ‘child-focused’ be chosen as *the* hook. In fact, during the first two years of the MSWG, there was little discussion of the need for an integrative hook. In my view at least, there was a danger that the organisation would create a shopping-list of sectoral indicators. An earlier version of this paper was written for internal audiences to raise integration as an issue and to present some options for discussion.

‘Child-focused’ was a ‘weak’ integrative theme given that World Vision’s work with children is diverse. The needs of urban street children in Yangon, Myanmar are not the same as those of urban child labourers in Aligarh, India or of rural resource-poor children in Makeni, Kenya. World Vision’s response varies with the needs of particular groups of children and communities in different localities.

A further issue and debate in World Vision International was the degree to which the organisation’s programs and indicators should focus directly on children or on the parents, families and communities which raise, socialise and support them during childhood. The Children in Ministry Working Group advocated that the MSWG include more child-focused indicators. Some were concerned that going too far down the line of child-focused indicators and targets might encourage World Vision towards a child-welfare rather than community-development approach (performing towards the measurable).

All this illustrates a broader point that it is difficult to develop widely-accepted indicators and targets for organisations containing diverse programs, categories of users and ideologies. There is not broad agreement within WVI concerning organisational goals nor methodologies. This is probably a positive feature, but is, in any event, too large a topic to elaborate here. Suffice to say that organisational diversity works against the development of organisational indicators with widespread legitimacy and inspirational power.

In any event, organisational indicator systems require more substantial, results-based hooks than the fact that the indicators focus on children.

2.2 ‘Children as indicators of development’?

This hook, advocated by WVI's *Children in Ministry Working Group*, worked in well with the following indicator topics being considered by the MSWG: infant mortality, child mortality, nutritional status, possibly immunisation (re primary health care coverage), education enrolment/attendance and literacy (eg as an indicator of the development of the social wealth – human-capital – in an area). This theme did not appear to encompass access to potable water, community-ownership, household food security and a number of other primary indicators suggested by MSWG members.

2.3 'State of World Vision's Children'?

This option, reporting on 'State of World Vision's Children' follows the example of the US-based NGO Christian Children's Fund (CCF) of reporting annually on the 'State of CCF's Children', itself modelled on UNICEF's annual report 'State of the World's Children'.

Not all external audiences, of course, would appreciate NGOs 'appropriating' or adopting children as their own (as in CCF's children). Some people at least would find such an image to be offensive and paternalistic.

CCF's annual report 'State of CCF's Children' 'provides a snapshot in time so that progress towards the year 2000's goals, adopted by the 1990 World Summit for Children, can be readily assessed and so CCF can compare itself against previous years and measure trends'. CCF also presents its indicators as part of a *program impact* monitoring system. See Textbox 1 below.

The advantage of reporting on the state of the children is that indicator topics such as household access to potable water, which are *not specifically* or *not only* child-focused (but affect children as well) can be included.

Integrating WVI's program and reporting into the global Children's Summit campaign would probably benefit the campaign as well as WVI. Another example of a global campaign ('Health for All') with its own indicators and targets is presented in Textbox 2 below.

Organisations have choices concerning the degree and way they wish to feed into and from wider programs, campaigns and reporting systems. There are a number of advantages of adopting widely-accepted national, international or global indicators, including reducing the cost to organisations of developing, testing and refining their own from scratch. Some advantages of developing localised indicators in a participatory manner were described in the companion paper.

Textbox 1: State of Christian Children's Fund's Children

CCF's Annual Impact Monitoring and Evaluation System (AIMES) is a child-focused indicator system. Below is an extract from their AIMES Manual by consultant Donna Sillan (August 1996, p. 1):

Why?

AIMES is an entire system set up for measuring program impact. It answers the question: “are our interventions making a positive, measurable difference?”

What?

It is a monitoring system which is based on home visiting to capture the data. There are 11 standardized indicators which every CCF project throughout the world will be tracking for progress.

Which Indicators?

All interventions must strive to lead to the top three top indicators which are:

To Reduce:

1. deaths among under-five years old children
2. malnutrition among children under five years old
3. illiteracy of over 15 years olds

Through increasing the number of:

4. 1-2 year olds who are completely immunised
5. women who delivered TT [Tetanus Typhoid] protected children
6. families who know how to home-manage cases of diarrhea
7. families who are competent at early detection of ARI and referral of cases
8. persons less than 15 who are enrolled in some form of education
9. families with usage of safe water
10. families who practice sanitary disposal of excreta
11. 2nd and 3rd degree malnourished children who progressed out of 2nd or 3rd degree.

End Textbox

Start Textbox

Health for All Targets by the Year 2000: Excerpts

(7) *Primary Health Care is available to the whole population, with at least the following:*

- safe water in the home or within 15 minutes’ walking distance, and adequate sanitary facilities in the home or immediate vicinity;
- immunisation against diphtheria, tetanus, whooping-cough, measles, poliomyelitis, and tuberculosis;
- local health care, including availability of at least 20 essential drugs, within one hour’s walk or travel;
- trained personnel for attending pregnancy and childbirth, and caring for children up to at least 1 year of age.

(8) *The nutritional status of children is adequate, in that:*

- at least 90% of newborn infants have a birth weight of at least 2500 g;

is consonant with the view taken in the *World Declaration on Child Survival, Protection & Development*, a document which could be used as a contextual, integrative framework if WV chose Children's-Summit indicators.

One advantage of using this theme is that it includes several 'children as indicator of development' type of indicators (all seven indicators presented in the table below, except water and community ownership) which could be interpreted and written up to communicate this theme.

The community-ownership indicator category (number nine in the textbox below) would be very relevant one in any theme emphasising the 'community doing it for themselves'. The 'assisting' role and the emphasis on the community as active agent go well with the 'we are partners' ethos that is

The following table² shows some primary indicators congruent with the '(WV) assisting communities and their children to build sustainable livelihoods'. In the table, 'child-focused sustainable development' is used as short-hand for the WV 'assisting communities and their children

to build sustainable livelihoods' theme referred to earlier.

Table 1: Possible Substantive Indicators for Overseas Aid Organisations

‘Child-focused Sustainable Livelihood’ Indicators (Each indicator is also a ‘Health for All by the Year 2000’ indicator) ³	CCF’s Indicator Topics	Type	Comments
1. Infant mortality rate: number of deaths up to the age of one year per 1000 live births in a given year	Deaths of under-five children	Impact	<p>A useful indicator of the health status not only of infants but also of whole populations and of the socio-economic conditions in which they live. It is also a sensitive indicator of the availability, utilisation and effectiveness of health care, especially perinatal care.</p> <p>Infant and child mortality rates, along with under-five mortality rate, life expectancy at a given age and maternal mortality rate, are classed as ‘basic health status</p>
2. Child mortality rate: the number of deaths at ages of 1-4 years in a given year, per 1000 children in that age group at the mid-point of the year concerned		Impact	<p>More than infant mortality, child mortality reflects the main environmental factors affecting the health of a child, such as nutrition, sanitation, the communicable diseases of childhood, and accidents. It reflects, even more than the infant mortality rate, the level and amount of poverty and is consequently a sensitive indicator of socio-economic development in a community.</p> <p>Children’s Summit <i>Year 2000</i> target: ‘Reduction of 1990 under-five mortality rates by one-third or to a level of 70 per 1,000 live births, whichever is less’.⁴ Infant and child mortality could be also combined to report local performance towards this target.</p> <p>Information on both infant and child mortality is difficult to collect; often collected through sample survey or sample death registration. CCF has nominated a census approach (baseline and quarterly updates) undertaken by community volunteers (at least updating). See Appendix Four for CCF’s AIMES User’s Manual for CCF Projects.</p>

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'Child-focused Sustainable Livelihood' Indicators (Each indicator is also a 'Health for All by the Year 2000' indicator) ³	CCF's Indicator Topics	Type	Comments
3. Immunisation: percentage of children under one year of age who are 'fully immunised' (minimum of three contacts between health service and child)	1-2 year olds who are completely immunized Tetanus typhoid rate for pregnant women	Throughput as proxy for output target ie reduction of morbidity & mortality from major infectious diseases of childhood	<p>WHO's <i>Health for All</i> classifies this as a 'coverage by primary health care' indicator (along with promotion of food availability and proper nutrition, water and sanitation etc). Immunisation indicator could be used as a proxy for protection against the major infectious diseases and an indicator of primary health care coverage. Particularly in the latter case, immunisation rate could be used as a 'child as indicator of development' indicator (re PHC coverage).</p> <p>CCF uses census approach; a variety of sampling options are possible, including cluster sampling (sampling geographical areas and interviewing total population – or population category – of that area)</p> <p>Not a Children's Summit indicator or target</p>
4. Nutritional status (a) weight for height: percentage of children with low weight for height	Malnutrition among children under five years	Output?	These nutritional-status indicators are among the most widely used physical indicators of nutritional status in a community. (The comparison of weights and heights of adults is not as revealing.) The percentage of low weight for height

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	old: 2nd & 3rd degree malnourished U5 children who progressed out of 2nd & 3rd degree.		<p>Mostly drawn from WHO’s <i>Health for All Towards the Year 2000</i></p> <p>reflects exclusively current undernutrition or disease. It can also be used for monitoring the nutritional status of communities at a given time, by identifying the proportion of children below an agreed standard. Changes can be seen over a short time. The percentage of low height for age reflects the cumulative effects of undernutrition and infections since birth or even before birth. A high percentage can be interpreted as an indication of poor environmental conditions and/or early malnutrition. ‘Reduction of severe and moderate malnutrition among under-five children by half of 1990 levels’ is on the Children Summit’s <i>Year 2000</i> goals. Preferably regularly updated measurements and records for each child maintained by community health workers (or CCF’s community volunteers) with records kept in the child’s home, in a local health centre or by community vol.</p> <p>Alternatives to census approach include several types of sample surveys.</p> <p>Problems: age, especially of older children, not always easy to determine; not easy to measure height in under-two year olds.</p>

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‘Child-focused Sustainable Livelihood’ Indicators (Each indicator is also a ‘Health for All by the Year 2000’ indicator) ³	CCF’s Indicator Topics	Type	Comments
5. Percentage of families with access to safe water within a reasonable distance	Percentage of families with access to safe water	Output	<p>Mostly drawn from WHO’s <i>Health for All Towards the Year 2000</i></p> <p>The vital importance of water to the sustainable livelihood of communities – adults and children – is becoming increasingly publicly acknowledged. Water influences health, agriculture, livestock, and everyday work/life patterns generally – especially for girls and women – deeply and widely (see O’Shaughnessy, Wamalwa and Njoroge, <i>Water Matters</i>, draft evaluation of Makueni ADP, 1997).</p> <p>‘Universal access to safe drinking water and to sanitary means of excreta disposal’ <i>Year 2000</i> target. WHO’s list of 12 global indicators includes ‘safe water in the home or within fifteen minutes walking distance’.</p> <p>Advantage of using ‘reasonable distance’ (ie local standard) rather than say ‘within fifteen minutes walk’ is that it helps adapt the standard to the wide range of local conditions and expectations and wide range of transport options across projects: boat, walking, bicycle, car etc.</p> <p>Replacing ‘walk’ by ‘travel’ overcomes the varied medium of transport problem, but not the variety of local and national contexts against which ADP performance should be understood (and evaluated?).</p> <p>But usage of a WHO global target does give WV the hook that we are partners in a global campaign and measuring ourselves against our performance in relation to campaign targets.</p>

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‘Child-focused Sustainable Livelihood’ Indicators (Each indicator is also a ‘Health for All by the Year 2000’ indicator) ³	CCF’s Indicator Topics	Type	Comments
6. Education: number of pupils enrolled in educational institutions expressed as a percentage of the estimated population aged 5 to 19 (capable of being disaggregated by gender, level and type of institution)	Number of persons less than 15 who are enrolled in some form of education	Throughput or output to WV, depending how design was written ⁵	<p>Mostly drawn from WHO’s <i>Health for All Towards the Year 2000</i></p> <p>As a UNICEF/Ugandan Govt. study puts it ‘Lack of schooling results in persistent low literacy among adolescents and adults, a problem which is especially prevalent among women. With limited exposure to vocational training, school dropouts have few or no job skills. In consequence, they usually end up unemployed or working in low-paying manual jobs.’ In 36 out of 39 Ugandan Districts, Ugandan Govt personnel ranked ‘inadequate education’ <i>the</i> leading problem for adolescents.⁶</p> <p>‘Universal access to basic education and completion of secondary education by at least 80 per cent of primary-school-age children’ is a Children’s Summit Year 2000 target.</p> <p>In terms of collection, one advantage is that enrolment data can be collected relatively quickly and inexpensively. CCF proposes maintaining census information (vital events register: births, deaths, in- and out- migration updated by community volunteers). Less accurate alternative: written and/or oral sources for population estimates.</p> <p>Problems: enrolment data does not necessarily reflect actual attendance, which may be significantly less, especially for girls; doesn’t reflect quality of education, to which many ADP educational activities support and promote; not an output/impact indicator in terms of learning achieved. Difficulty in obtaining and maintaining accurate denominator (total population-category) information.</p>

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‘Child-focused Sustainable Livelihood’ Indicators (Each indicator is also a ‘Health for All by the Year 2000’ indicator) ³	CCF’s Indicator Topics	Type	Comments
7. Literacy rate: percentage of population aged 15 and over able to read and write in any language	Literacy rate among over 15s by gender	Output? CCF calls it ‘impact’	<p>Mostly drawn from WHO’s <i>Health for All Towards the Year 2000</i></p> <p>Literacy rate strongly influences health status of community. Literacy rate of women is especially important for health because women most often provide primary health care in the home.</p> <p>Literacy is a gateway to, or a necessary skill in, most Income Generation Activities (whether as waged worker, a micro-entrepreneur etc) and opens up confidence and new learning opportunities. In a rapidly changing world, it is a vital skill to assist in future adaptation for individuals, households, communities and nations.</p> <p>‘Reduction of the adult illiteracy rate to at least half its 1990 level (the appropriate age group to be determined in each country) with emphasis on female illiteracy’ is a Children’s Summit target.</p> <p>Both educational enrolment (or attendance) and literacy indicators could be ‘child as indicator of development’ indicators. Both could be used as (imperfect of course) indicators of the development of the social wealth – human-capital – in an area: ‘The [Kenyan] Government efforts have been geared towards the eradication of illiteracy which constrains human and national development’⁷</p> <p>(I see these comments and rationales as very preliminary: any indicator system will want a well-substantiated commentary as to the possible significance and meaning of the indicators individually and as a whole.)</p>

<p>8. Community ownership (see draft in Appendix Three)</p>		<p>Throughput, output, impact (depending on how community involvement is understood and framed in the design), but often conceived as impact in WV Area Development Programs?</p>	<p>It is similar to the 'Health for All' standard and indicator 'community involvement in attaining health for all', which is one of the 12 country-level indicators ('number of countries in which ... mechanisms for involving people in the implementation of strategies have been formed or strengthened, and are actually functioning'), numbers 7-11 of which have been listed in the textbox below.</p>
<p>9. Percentage of households consuming minimum daily food requirements (per local standard) during the most difficult three-month period ('hungry season')</p>		<p>output?</p>	<p>This is one of the USAID Title II indicators with targets and measurement process (sample) proposed by WVI's Evaluation Director Frank Cookingham.</p> <p>Advantage of the standard, from one point of view, is that it includes children and adults. Disadvantage may be that (a) it does not clearly discriminate between men, women, boys and girls' actual usage of food as distinct from estimates of future household access to food. Possibility that child nutritional status could be used as a child-as-indicator of community nutritional status, as suggested by WHO <i>Health for All</i> commentary (above)? (b) is not part of the Children's Summit or WHO's global goal-list.</p> <p>Note: Generally, methods-oriented questions (eg census, sample) need to be answered in context of the type of local information system that is desired and feasible ie data collection method for one indicator is influenced by that chosen by other indicators eg sample or census. If we choose a census for one, it may influence us to lean more towards census for others, provided that they can be collected in same visit. Census systems are more attractive when the implementing agency (such as CCF?) plans to incorporate its indicator system into its action system, into its program design, implementation plan and guidelines for community workers.</p> <p>Advantage and disadvantage of sample survey (especially one-to-one or household interviews approach is that it tends to signal a more disengaged, 'extractive' function (ie information generated mainly for external audiences).</p>

3. CONCLUDING REMARKS

There are many paths to developing an integrated organisational indicator system. This paper has described and illustrated a *substantive* strategy to promote integration drawing on World Vision's experience. As occurred in the case of World Vision, the process of developing organisational indicators can crystallise and highlight different views concerning organisational goals, focus and methodologies. There are advantages of linking organisational indicator systems with broader national, international or global objectives and associated indicators. This paper is the second part of a series. It is worth reading in the light of the first paper appearing in the March 2001 issue of the *Evaluation Journal of Australasia*.

¹ Universal organisational indicators cover all areas of organisational activity. General indicators apply to specific agency programs. Project-specific indicators are specific to particular projects. Primary indicators relate to changes in service users. Secondary indicators relate to activities of frontline staff or volunteers. Tertiary indicators relate to organisational activities 'behind the scenes' that support frontline activity.

² To some degree, whether an indicator, standard or target is nominated as throughput, output or outcome depends on the logic and specifics of the design. The reason I devote a column to these guesstimates is that it helps to assess what kind of indicators we're looking at, individually and as a group overall.

³ World Health Organisation (1981) *Development of Indicators for Monitoring Progress Towards Health for All by the Year 2000*, WHO, Geneva. Most of the indicator descriptions and comments in this table are drawn from this source.

⁴ The Children's Summit is the short-hand reference to two key written products from the Summit in 1990, the *World Declaration on Child Survival, Protection and Development* and the associated Plan of Action for Implementing the World Declarations in the 1990s.

⁵ Arguably, primary-level educational activity for national government would be teaching the children. Activities to increase school enrollment/attendance undertaken by non-teaching staff – as would normally be the case – would be tertiary level.

⁶ See O'Shaughnessy, T. (1996) *Review of the Masaka Orphans Skills Training Project: Draft Report in Progress*, mimeo for reference to quotation and further discussion.

⁷ The Kamunge Committee (James Kamunge, chairperson)(1988) *Report of the Presidential Working Party on Education and Manpower Training for the Next Decade and Beyond*, Republic of Kenya, Nairobi., p. 80.