CCN6. COMMUNITY OWNERSHIP AND PREPAREDNESS INDEX

USE WHEN YOU WANT TO EVALUATE:

Outcomes :
- ✓ Collaboration and networking

Intervention types:
- ✓ Activities to improve collaboration, coordination and networking

Worked well with these populations:
- ✓ Female sex trade workers
- ✓ People living with HIV or hepatitis C

Interventions for:
- ✓ HIV
- ✓ hepatitis C
- ✓ STIs

DESCRIPTION

This is an adaptation of an index developed to measure the strength of a marginalized community (female sex trade workers) to mobilize, self-organize and assume their own sustainable community organizations, on six dimensions: leadership; governance; resource mobilization; community collective network; engagement with the state; and engagement with key influencers. It has been adapted here to the context of people living with HIV or hepatitis C and also could be adapted for use by other priority population communities (e.g., youth, people who inject drugs, transgendered people, MSM from minority communities.).

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS
- ✓ Grass-roots community organizations with higher scores on this index have greater collective capacity to engage in protective behavior such as STI and HIV testing.
- ✓ Suitable for before and after testing of a program's effects.
- ✓ Easily completed and analysed.
- ✓ Could easily be given electronically.
- ✓ Could be completed by staff working in grass-roots community networks and organizations, volunteers, peer workers and community members.

Developed in:
- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION
- This questionnaire should be filled out at regular intervals (e.g. annually), by staff working in grass-roots community networks and organizations, volunteers, peer workers and community members engaged in community development and organizing.
- It will take about 15 minutes to fill out each time.
- Tell community members why you are using the questionnaire, being clear that it is to evaluate the intervention to help make it better, and not to evaluate them.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire, and assure participants that there are no negative consequences if they don't want to complete it. Give them a way to do something else at the same time that is similar to completing the questionnaire so that confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see Ethics Resources)

DESIGN OPTIONS: Measuring ongoing organizational preparedness : (this is the only option for this tool, because it assesses an ongoing organizational function, not a specific intervention)

SCORING and ANALYSIS: Each time the questionnaire is filled out, calculate your community's Preparedness Score as the average over all 18 questions. Averages can also be calculated for each dimension. Average scores can range from 1 to 5. Compare the average over time to see if the community's Preparedness improves, declines or stays the same.

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	Not at all	To some extent	Quite a bit	To a great extent
Leadership				
1. Leadership has demonstrated capacity to adopt a solidarity role during crises faced by people infected with HIV or hepatitis C	1	2	3	4
2. Leadership has demonstrated the ability to mobilize people infected with HIV or hepatitis C to assert their identity and to engage with issues through collective action	1	2	3	4
3. Leadership team is capable of setting its own agenda	1	2	3	4
Governance				
4. Selection process of the leadership is participatory	1	2	3	4
5. System of accountability of leaders to community members in place	1	2	3	4
6. People infected with HIV or hepatitis C are included in the leadership decision making	1	2	3	4
7. A well-defined decision-making system for operational matters in place, with the community-based organization being the decision maker	1	2	3	4
8. System in place to promote community involvement in strategic decision making	1	2	3	4
9. Committees for crisis response and advocacy have been formed and are meeting regularly	1	2	3	4
Resource mobilization: internal and external resources				
Community collective network				
10. Increasing engagement of people infected with HIV or hepatitis C with organizations from other locations	1	2	3	4
11. Networking with government bodies	1	2	3	4
12. Networking, collaboration with other solidarity groups and advocacy initiatives	1	2	3	4
Project, financial and legal risk management				
13. Leadership has demonstrated the capacity to manage strong financial, accounting and administrative systems	1	2	3	4
14. Leadership is competent and confident of contributing to project processes	1	2	3	4

Engagement with key influencers				
15. Able to make itself visible to diverse influential stakeholders as collective agency of people infected with HIV or hepatitis C	1	2	3	4
16. Demonstrated collective action in engaging with diverse stakeholders in asserting the identity of people infected with HIV or hepatitis C	1	2	3	4