

Community-based initiatives self-monitoring tool

100-point checklist



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

Community-based initiatives self-monitoring tool: 100-point checklist / World Health Organization. Regional Office for the Eastern Mediterranean

p.

Arabic edition published in Cairo (WHO-EM/CBI/063/A)

WHO-EM/CBI/063/E

1. Community Health Planning 2. Health Education 3. Community-Based Participatory Research 4. Information Systems 5. Civil Defense 6. Environmental Pollution I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 546)

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WHO-EM/CBI/063/E/10.09/2000

Design by: Punto Grafico

Printed by: Insight Graphics

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Introduction

Community-based initiatives (CBI) programmes were first implemented in the Region 20 years ago. The three major elements that support programme sustainability are community involvement and mobilization, programme transparency and local ownership. Monitoring and supervision are also key elements of the programme. Through the community-based initiatives programmes various social and income-generating projects are being implemented in CBI-implementing sites.

The 100-point checklist is a self-monitoring tool to assess the extent to which the characteristics of an effective CBI-implementing site are in place. Members of local and village development committees, cluster representatives and health volunteers can use the checklist by ticking off items on the list to give their programme-implementing site a score out of 100 and to identify gaps or shortcomings. The checklist covers: community organization and mobilization; intersectoral collaboration, partnership and advocacy; the community-based information system; levels of water, sanitation, food safety and air pollution; health development initiatives; emergency preparedness and response activities; education and literacy; skills development, vocational training and capacity-building; and micro-credit activities.

It is suggested that stakeholders in the programme use this tool periodically to monitor and record the status of their programme and use the information in formulating plans to improve programme deficiencies. Effective use of the tool will ensure that CBI-implementing sites are comprehensive and will facilitate the implementation and development of quality health and development activities. It is imperative that the information collected is shared with the communities who are implementing the programmes as they are best placed to find local solutions to any local problems and are the people on the ground who are best able to assist and facilitate effective implementation and management of programme activities.

Supervisors can use the tool to identify the strengths and weaknesses of any community-based initiatives programme and to highlight major problems and shortcomings during visits to programme-implementing sites. The active involvement and support of provincial/state and district authorities in the monitoring and supervisory processes of the programmes is a key issue that should also be ensured. Monitoring and supervision should result in the adoption of a problem solving-based approach in addressing any constraints or shortcomings noted. In identifying relevant, feasible and effective interventions great effort must be made to ensure that the support and input of the community is enlisted, as without their involvement the likelihood of success of a programme is diminished.

All stakeholders in programmes should be conscious of the fact that programme activities can always be improved through improving communications, streamlining programme operations, ensuring programme transparency and in seeking the advice and support of the local intersectoral team. Effort must be made to place community representatives and local development committees at the forefront of needs identification and programme implementation and management.

100-point

Community-based initiatives 100-point checklist

Use this self-monitoring tool to assess the extent to which the characteristics of an effective community-based initiatives site are in place. Tick off items on this checklist to give yourself a score out of 100 and identify any gaps or shortcomings in your CBI-implementing area.

A Community organization and mobilization for health and development

Area to be assessed	Result
1. Cluster representatives are selected and trained on needs assessment, prioritization, data analysis, project preparation, monitoring, recording and reporting mechanisms	
2. A local/village development committee has been formed and members are oriented on their tasks and responsibilities	
3. Members of the local/village development committee are receiving regular refresher training and are providing leadership for all development activities in their local area	
4. Gender balance has been observed in the selection of the local/village development committee and cluster representatives	
5. Cluster representatives are active partners in local health planning and procedures and ensure utilization of timely health care services by their clusters	
6. Cluster representatives are in regular contact with members of the local/village development committee	
7. Cluster representatives are undertaking regular refresher courses	
8. Members of the local/village development committee meet on a weekly basis to assess progress of projects and perform necessary actions to achieve set objectives	



Area to be assessed	Result
9. The local/village development committee monitors and supervises socioeconomic projects and records achievements and constraints and identifies local solutions for local problems	
10. The local/village development committee looks for resources and builds partnerships with potential partners for further development in their local areas	
11. A community centre has been established for different purposes according to the community's needs, e.g: to hold meetings, to conduct vocational training, to serve as a community information centre, to hold local cultural and religious events, etc.	
12. Women's and youth groups have been established and registered with clear tasks to contribute to local development interventions	
13. Sport facilities are available, accessible and used by all; particularly the youth	
14. The local/village development committee has developed an annual plan for health and socioeconomic development with identified resources to achieve set targets	
15. Members of the community have the right to assess the performance of cluster representatives and the local/village development committee, as continuation of their voluntary services is performance-based	



B Intersectoral collaboration, partnership and advocacy

Area to be assessed	Result
16. Members of the intersectoral team are nominated by different sectors	
17. Members of the intersectoral team regularly visit the implementation site and provide advice and technical support to beneficiaries and for relevant projects	
18. Members of the intersectoral team meet the local/village development committee and provide technical advice and financial support for the needs of the community	
19. Achievements and constraints are recorded and reported to relevant sectors for action	
20. Cluster representatives and the local/village development committee are trained on resource mobilization and partnership skills	
21. Potential partners are mapped, contacted and at least one joint project with partners is being conducted in each implementing site	
22. Regular meetings are scheduled between the local/village development committee, UN agencies and partners	
23. Financial issues related to joint activities with partners are recorded, reported and shared with the community for transparency	
24. The local/village development committee ensures that the terms and conditions identified by the partners are well addressed and respected by beneficiaries	
25. Success stories are documented, published and used for advocacy and a comprehensive strategy and tools for advocacy, taking into consideration the local culture, have been created and are being followed by the local/village development committee	



C Community-based information system

Area to be assessed	Result
26. A community-based information centre has been established and cluster representatives are trained to collect key information, analyse it and use it for development planning	
27. Key information is displayed in the community-based information centre and shared with the community	
28. Key information is used for advocacy and monitoring purposes by the local/village development committee	
29. Baseline survey forms, results and information on current projects are well documented, up to date and are available with the local/village development committee	
30. Notice boards display and share news and programme information with members of the community	
31. A database profile is filled, regularly updated and used for planning and monitoring	



D Water, sanitation and food safety and air pollution

Area to be assessed	Result
32. The CBI-implementing site is clean with enough green areas	
33. There is well-established community-based solid waste management	
34. Sources of water are mapped and protected, a regular chlorination plan has been established and the local/village development committee is aware of it	
35. All families have access to safe drinking-water and are aware of the dangers of unsafe water and how to purify water based on what is available at the local level	
36. Cluster representatives are trained on the maintenance of healthy environment/healthy settings and related interventions, such as healthy market places, healthy hospitals, healthy schools, etc.	
37. All households have access to sanitary latrines and/or a sewerage system	
38. The community is involved in food safety and all food shops are monitored by trained cluster representatives and regular medical check-ups are performed for food handlers	
39. Iodized salt is available in the market and the local/village development committee is promoting its use	
40. Smoking is prohibited in closed areas and public places and the local/village development committee has developed a plan for creating a smoke-free site	
41. The type of fuels used in households are not harmful to health and appropriate scientific/feasible measures are in place for the reduction of air pollution	



E Health development

Area to be assessed	Result
42. Cluster representatives and health volunteers are trained on priority health issues and health-related programmes and are active in health promotion and education and follow-up procedures through regular contact with local health care providers	
43. Cluster representatives and health volunteers register and report the number of births, deaths and other population movements to health facilities	
44. A community-based health insurance system or health/social insurance scheme is in place	
45. Local/village development committees, in collaboration with health care providers, have established sustainable referral systems	
46. The community is trained and actively involved in community participatory research projects	
47. A subcommittee for health development has been formed and manages/supervises local health care services	
48. All essential medicines/vaccines and needed instruments (based on the local health system) are available at the health facility	
49. The quality of health care services, clients' satisfaction with the services, training for health staff and the interactions of health care providers with the community are assessed and actions taken accordingly	
50. All pregnant women receive timely antenatal care, including TT vaccination, and a safe delivery plan for all pregnant women in the third trimester of their pregnancy has been prepared. All women have access to safe and clean delivery assisted by trained birth attendants	



Area to be assessed	Result
51. All mothers receive postnatal care for at least 40 days after delivery	
52. All children have completed their immunization against vaccine preventable diseases by the age of one year	
53. All newborn babies are registered by cluster representatives and health volunteers and have received vaccination at birth and during the first year of life as per the national Expanded Programme on Immunization (EPI) schedule	
54. Local/village development committees, cluster representatives and health volunteers are actively involved in polio campaigns (if any are being conducted)	
55. All children under the age of 5 have access and are receiving regular child care services, including growth-monitoring and a workable follow-up system has been put in place	
56. Packets of oral rehydration solution are available with all cluster representatives and health volunteers to prevent dehydration in any member of the cluster	
57. All eligible couples for family planning receive and use at least one contraceptive method	
58. Malnourished children and mothers suffering from vitamin A deficiency, iron deficiency anaemia are identified and receive treatment and follow-up	
59. The TB DOTS strategy is being implemented through trained cluster representatives or volunteers as treatment partners	
60. The malaria control programme is implemented with the active involvement of cluster representatives or volunteers and the leadership of local/village development committees	



Area to be assessed	Result
61. Cluster representatives and health volunteers report all suspected cases of tuberculosis, malaria, AIDS and other communicable diseases to their nearest health facility, and carry out follow-up activities according to the training they have received from health facility staff	
62. Communities are informed about modes of transmission and preventive measures for HIV/AIDS; all diagnosed cases of HIV are supported by cluster representatives and health volunteers	
63. All chronic patients (with diabetes, hypertension, cardiovascular diseases, cancers, kidney disorders, etc.) are identified, mapped and a follow-up plan has been set in place by cluster representatives and health volunteers who ensure that all individuals receive timely medical check-ups and medication	
64. All cases of mental disorders and substance abuse are identified and receive community support and assistance with education to reduce stigma at the community level	
65. All people with physical disabilities are mapped and community support is provided to them to ensure their ability to continue with their livelihoods	
66. Dangerous areas in CBI-implementing sites are identified, and appropriate actions/measures are applied to reduce death, injury and disability caused by accidents	
67. The CBI-implementing area is free from crime, violence and discrimination against women, men or ethnic groups	
68. The community is adopting and promoting early childhood development, child-friendly homes and communities	
69. The healthy school initiative is in place in all schools in CBI-implementing sites	
70. Occupational health and safety procedures, especially accident prevention, is in place in all workplaces and workers have easy and quick access to first aid equipment and services	



F Emergency preparedness and response

Area to be assessed	Result
71. Common emergencies which have occurred in the last 20 years have been identified, and the number of victims and local infrastructure which was damaged or destroyed has been recorded	
72. A subcommittee for emergency preparedness and response has been established, oriented and tasks are allocated among members	
73. A village or city profile has been developed and a copy of this profile is kept outside of the CBI-implementing area	
74. Cluster representatives and health volunteers are trained on preparedness plans, how to deal with emergencies and the provision of first aid when and where it is required	
75. Local/village development committees, cluster representatives and health volunteers are well aware of their tasks in an emergency, who to contact and what to do before a rescue team reaches the emergency site	
76. A contingency plan has been prepared and shared with competent local authorities for resource mobilization and required action, the community are well aware of the contingency plan, what to do, whom should report and who will do what during an emergency	
77. Vulnerable groups (people with physical disabilities, chronic patients, individuals who are malnourished, older people, people with mental disorders) are mapped and the information is shared with the competent authorities in advance of an emergency	



G Education and literacy

Area to be assessed	Result
78. All eligible children (girls and boys) are enrolled in school and no pupils have dropped out	
79. School headmasters hold regular meetings with local/village development committees, parents and other stakeholders to assess the quality of training, school environments, the health status of children and relationships between parents, children and teachers to overcome existing shortcomings or problems	
80. Standards for the quality of education are in place in schools located in CBI-implementing sites	
81. A subcommittee for education has been formed and schools are regularly supervised; the subcommittee coordinates with the district education department	
82. Adult literacy classes have been created and are functional and the number of adults who have been trained in different courses is displayed	
83. Youth and women's groups are encouraged to be active members of the literacy campaign on a voluntary basis	
84. Beneficiaries of adult literacy training classes receive regular/weekly health education sessions that are delivered by health volunteers or local health care providers	
85. The school headmaster is coordinating with local health care providers through local/village development committees to perform hearing and sight tests, and other physical, mental health, nutrition and growth-screening tests for primary school children	



H Skills development, vocational training and capacity-building

Area to be assessed	Result
86. Local skills, interests and appropriate technologies are assessed and promoted	
87. Skills training centres have been established for males and females and are supported by intersectoral teams and are linked with the local market	
88. Local/village development committees give priority to the provision of microcredit loans to trainees of vocational training centres	
89. Vocational training centres are self-financed and self-managed by the community	
90. Computer training centres, language classes, sport facilities, etc. have been established and are self-managed and self-financed by the community	
91. The number of beneficiaries from skilled/vocational training centres is displayed in the centres	
92. Local/village development committees, in collaboration with other relevant sectors, put their effort into enhancing the quality and type of skills training in their local areas	
93. Innovative people have been identified, supported and promoted	



Micro-credit activities

Area to be assessed	Result
94. Poor and needy members of the community are identified according to defined criteria and priority is given to them in the provision of income-generating loans	
95. Linkages are made between local skill/vocational training centres and micro-credit activities ensuring that the local area is moving towards self-sufficiency	
96. All financial issues are recorded, registered and followed-up by the finance secretary of the local/village development committee	
97. Loans are returned on a regular basis and a follow-up mechanism is in place established by the local/village development committee	
98. A bank account has been opened for the local/village development committee and all financial interactions related to micro-credit schemes take place through the relevant bank and the community are well aware of it	
99. 5%–10% is taken as a service charge from each income-generating loan and is collected in a separate account to conduct social development activities (social development funds)	
100. Cluster representatives ensure the timely return of monthly repayments from beneficiaries within their clusters and keep the repaid money in a revolving fund for future activities	



100-point 30
99 80 96 84 90
94 45 86 92 82
88 35 20 01

We can make sure that all of the above criteria are met in each CBI-implementating site ... all it takes is planning and your commitment

How and when will you reach 100% in your score? ...

