

Monitoring, supervisory and evaluation tools for community-based initiatives



**Monitoring, supervisory
and evaluation tools
for community-based initiatives**



**World Health
Organization**

Regional Office for the Eastern Mediterranean

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

Monitoring, supervisory and evaluation tools for community-based initiatives / World Health Organization.

Regional Office for the Eastern Mediterranean

p. (Community-Based Initiative Series; 14)

ISBN: 978-92-9021-744-2

ISBN: 978-92-9021-745-9 (online)

1. Community Health Planning 2. Financing, Organized 3. Health Status Indicators 4. Program Evaluation

5. Community-Based Participatory Research I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 546)

© World Health Organization 2010

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Health Publications, Production and Dissemination, World Health Organization, Regional Office for the Eastern Mediterranean, P.O. Box 7608, Nasr City, Cairo 11371, Egypt. tel: +202 22670 2535, fax: +202 227650424; email: PAM@emro.who.int. Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to Regional Adviser, Global Arabic Programme, WHO Regional Office for the Eastern Mediterranean, at the above address: email: WAP@emro.who.int.

Design and layout by Pulp Pictures

Printed by WHO Regional Office for the Eastern Mediterranean, Cairo

Introduction	5
Site profile	9
Monitoring and supervisory checklist	17
Monitoring and supervisory checklist	20
Quarterly report	23
1. Projects and coverage	25
2. Health and social indicators	25
3. Number of meetings, training and supervisory visits	26
4. Loan and recovery funds (in local currency)	26
5. Financial statement	26
Evaluation tool	27
Country profile	30
Source of funds	30
Project profile: health, social and economic growth	31
Baseline survey to evaluate CBI	32
Proposed plan of action for evaluation	33
Evaluation tool for field work	34
National commitment assessment	39

Introduction

Introduction

About the tools

This publication comprises monitoring, supervisory and evaluation tools for community-based initiatives (CBI). It has four sections: site profile, monitoring and supervisory checklist, quarterly report and evaluation tool. Each section has a specific purpose and should be used in a specific location following a particular methodology. These four separate tools have been combined into one manual in order to simplify the task of the local/national evaluators and to ensure a common methodology is followed. All four tools follow the same structure. This will enable data comparison over different periods of time and identification of the successes and failures of the local/national community-based initiatives programme. The tools are all based on the following nine major areas which are fundamental to the CBI implementation process:

- Community organization and mobilization
- Intersectoral collaboration and partnership
- Community-based information system
- Water, sanitation, and food safety
- Health development
- Emergency preparedness and response
- Education and literacy
- Skills development, vocational training and capacity-building
- Micro-credit activities

Note: all the forms in this manual can be modified based on the country's needs and requirements, and matched with local structure and health and socioeconomic status.

Site profile

The site profile is a form used to obtain a general overview of the selected implementation site. The implementing sites are expected to provide (upload) similar data to RASDOON, the regional web-based surveillance system. The general information obtained by this form is extremely useful during the initial stage of the monitoring process. The tool covers: demographic information, management of health facilities, availability of the basic infrastructure and social facilities, community organization (clarifying the number of trained cluster representatives, members of the village/community development committee (VDC/CDC), education, health and sanitation status, major community-based interventions and a brief on community needs and plans for the future.

Monitoring and supervisory checklist

24 key questions were incorporated in this short precise tool which can facilitate an evaluator's job to attain useful and specific data during supervision and monitoring visits to the implementation sites. The responses retrieved will provide an overview of the impact of interventions; highlighting areas of success and the major areas that require improvement. Since each question is highly variable, the questionnaire enables a quick overview of the actual situation in each intervention site. This questionnaire simplifies the supervision process of the implementation site since it can be completed within a day visit to the site.

The 24 questions are direct derivatives of the *Community-based initiatives self-monitoring tool: 100-point checklist*.¹ Thus, this tool will encourage VDCs, CDCs and project managers to use the 100 point check list as a mechanism for the long term.

Quarterly report

The quarterly report should be completed at the peripheral level every 3 months to attain important information from implementation sites. A manager can monitor the progress of the programme through receiving regular reports/feedback on the programme's achievements and obstacles. The CBI quarterly report will complement the findings of the supervisor's field visits and other reports received from the implementation sites. Well structured reports will also have a positive impact on the performance of CBI field staff and community representatives as they will provide solid evidential data to work with demonstrating CBI site performance. Moreover, information received through a standard quarterly report tool can facilitate the preparation of regional reports, expansion plans, advocacy and training activities.

Evaluation tool

The existing evaluation tool is a user-friendly practical and comprehensive tool. It has been adapted in accordance with the supervisory and monitoring tools discussed above. The tool covers nine fundamental areas essential to the CBI programmes, both at the national and local levels. The evaluation can be performed through field visits, interviews and checking reports and existing data available in implementation sites. The evaluation tool facilitates interviews with all stakeholders including community representatives, members of VDC/CDC, teachers, women and youth groups, partners, and programme managers.



¹ *Community-based initiatives self-monitoring tool: 100-point checklist*. Cairo, WHO Eastern Mediterranean Regional Office, 2009.

Site profile

Site profile

1. General Information

- Name of the country:
- Name of the governorate or state or province:
- Name of the district or locality or municipality:
- Name of the demonstration site:
- Type of the demonstration site (select only one) :

Rural

Urban

Note: BDN can be either rural or urban depending on the site's location and characteristics

- Specify in which year the programme started at this site:
- Which type of interventions is this site experiencing? (select only one)

Basic Development Needs (BDN)

Healthy Cities Programme (HCP)

Healthy Villages Programme (HVP)

2. Demographic information

- Number of households:

Male

Female

- Number of the population under 15:

.....

.....

- Number of the population above 15:

.....

.....

3. Management of health facilities

Is any health facility available at this site?

Yes

No

If yes, select the type of staff responsible for running the health facility at the site:

Doctors

Nurses

Midwives

Dispensers

Health workers

Health volunteers/activists

Others (specify)

4. Availability of basic infrastructure and social facilities

Please select the available facilities in this site (select all that apply):

- Mobile health team
- Trained birth attendants
- Primary school
- Secondary school
- Electricity
- Bank
- Safe drinking-water (partial)
- System for garbage collection and disposal of waste
- Paved roads to the closest city/town
- Public transportation to closest city/town

5. Community organization

- Number of trained cluster representatives (CRs):
- Number of established village or community development committees (VDCs or CDCs):
- Number of male members in VDCs or CDCs:
- Number of female members in VDCs or CDCs:
- Number of established village or community development sub-committees:
If sub-committees have been formed, indicate the relevant area of work:
 - Health
 - Women
 - Youth
 - Education
 - Others (specify) :
- Is there any local nongovernmental organization or community-based organization that is active at the site?

Yes No

If yes, specify name and area of work for each:

No.	Nongovernmental organization or community-based organization	Areas of work

6. Education

	Male	Female
• Number of children of school age (between 5 and 15 years):
• Number of children 5 to 15 years old enrolled in schools:
• Number of illiterate adults (15+ years):

7. Health and sanitation

(all data should be based on last 12 months)

- Number of live births:
- Number of deaths under 1 month of age:
- Number of deaths 1 month to 12 months of age:
- Number of deaths 12 months to under 5 years of age:
- Number of newborns with low birth weight (< 2500 g):
- Number of mothers who died due to pregnancy and its complications:
- Number of pregnancies assisted by trained birth attendants:
- Number of children who completed 12 months of age at the reporting date:
- Number of children who completed 12 months at the reporting date and were immunized against vaccine-preventable diseases:
- Number of households with access to safe and sustainable drinking-water:
- Number of households with access to sustainable sanitation facilities (latrine and solid waste management):

8. Major community-based interventions since beginning of 2005

Projects	No. of beneficiaries	Resources invested (US\$)				
		Community	Government	WHO	Other	
					Name	US\$
Health/nutrition						
Major outcome:						
Gender equity and women's development						
Major outcome:						
Water and sanitation						
Major outcome:						
Community-based health insurance schemes						
Major outcome:						
Literacy classes						
Major outcome:						
Upgrading schools						
Major outcome:						
Women's vocational training centres						
Major outcome:						
Computer literacy centres						
Major outcome:						
Road construction						
Major outcome:						
Agriculture						
Major outcome:						
Livestock						
Major outcome:						
Irrigation						
Major outcome:						
Micro-credit						
Major outcome:						
Other (please specify)						
Major outcome:						

9. Brief on community needs and plans for future

.....
.....
.....
.....
.....

Reported by:

Signature:

Date:



Monitoring and supervisory checklist

Monitoring and supervisory checklist

This is a shorter version of the 100-point checklist in the community-based initiatives self-monitoring tool¹. It can be used during quick supervision and monitoring visits to the CBI implementation sites. Given that each supervisory and monitoring visit has its own objectives, there are many alternative tools and instruments to simplify the supervisor's, or field monitor's task. Some of the existing tools are too detailed and time-consuming; thus, this tool will streamline performance and facilitate an assessment of community satisfaction which is the ultimate target of community-based initiatives. The outcome of this tool will provide an overview the progress of interventions and the major areas that require improvement.

Supervisors must also search for further evidence, for example by checking registers, reports or files and conducting interviews with different people including the community and service providers. The outcome of this tool will also enable cluster representatives and members of the community development committees to recognize the importance of proper documentation and registration of all interventions.

The tool is designed specifically for community-based initiatives implementation sites since crucial evidence is more readily available at the site and it encourages thorough registration and a solid filing system. The tool covers the nine major areas of intervention (see Introduction).

¹ *Community-based initiatives self-monitoring tool: 100-point checklist*. Cairo, WHO Eastern Mediterranean Regional Office, 2009.

Monitoring and supervisory checklist

Name of the CBI site	Filled by
District	Date
Governorate/province	Signature

Questions	Status		Remarks
	Yes	No	
A) Community organization and mobilization			
A local/village development committee is formed <ul style="list-style-type: none"> • Members are oriented on their tasks and responsibilities • Minutes of meetings are available • Committee members include both men and women 			<i>Check CDC performance, major outcomes and availability of evidence for involvement of VDC/CDC in local health and social planning by going through records and interview with members of VDC/CDC.</i>
A community centre for organizing different events is established (e.g. sports activities, local cultural events, information centre etc.).			<i>Check community satisfaction and available facilities</i>
Women and youth groups, which include health volunteers and cluster representatives, are formed with clear tasks to contribute to the local development process.			<i>Number of community groups/ major contribution to health and social development (available evidence).</i>
B) Intersectoral collaboration and partnership			
All representatives of the major development sectors ² meet the VDC or CDC on a monthly basis at least and provide technical assistance to their projects.			<i>Check the meetings reports and outcomes of intersectoral collaboration and quality of technical assistance and frequency of engagement with the community</i>
Monthly intersectoral team meetings are held and evidence of joint projects supported by VDC/CDC, UN agencies, NGOs and other potential partners is available.			<i>Check for evidence</i>
C) Community-based information system			
Key information is collected and analysed by the community (volunteers, cluster representatives, VDCs/ CDCs) and used for advocacy and planning purposes.			<i>Check for examples of information used for planning or advocacy for instance: if the survey information indicates a low female literacy rate, then check whether this is considered in local priority settings through the establishment of e.g. adult literacy courses.</i>
Community notice boards are well displayed sharing news and programme information with members of the community.			<i>Look for any sort of channel to inform the community about ongoing interventions.</i>

² Major sectors are: health, education, agriculture, social welfare, local government, public health

Questions	Status		Remarks
	Yes	No	
D) Water, sanitation and food safety			
The water sources are mapped and protected, a water treatment plan is established of which the VDC or CDC is aware, and the site environment is clean.			<i>Check the plan and number of water sources documented. Visit the programme catchment area to check the cleanliness.</i>
The community is involved in food safety. All food shops are monitored by food inspectors and regular medical check-ups are performed for food handlers.			<i>Check registers for the list of food establishments supervised by food inspectors and visit some of the food shops.</i>
E) Health development			
All essential medicines/vaccines and vital instruments are available at the health facility.			<i>Check it. A check list of essential medicines / supplies is available.</i>
All pregnant women receive timely antenatal care, including tetanus toxoid vaccination, and a safe delivery plan has been set for all pregnant women in the third trimester of their pregnancy. All women have access to a safe and clean delivery assisted by trained birth attendants.			<i>See health facility registers, interview a selected number of pregnant mothers.</i>
All newborns are registered by cluster representatives and health volunteers. Children have received vaccination at birth and during the first year of life as part of the national protocol. All children are followed up until the age of 5.			<i>Check child health register/ family files and available records at the health facility located in the implementation site.</i>
Cluster representatives and health volunteers report all suspected cases of tuberculosis, malaria and other communicable diseases to their nearest health facility. Follow-up activities are then carried out according to the training they have received from health facility staff.			<i>Check the records of the VDC/ CDC and then cross-check them with the health facility records.</i>
The CBI implementing area is free from crime, violence and discrimination against women, men or ethnic groups.			<i>Interview with members of VDC/CDC and selected households.</i>
F) Emergency preparedness and response			
Frequent emergencies which have occurred in the last 10 years have been identified and listed, and the number of victims and local infrastructure which was damaged or destroyed has been recorded.			<i>Evidence available.</i>
Cluster representatives and health volunteers are trained on the following: the local emergency preparedness and response plan, how to deal with emergencies and the provision of first aid when and where it is required.			<i>Availability of emergency preparedness and response plan and assessing the knowledge of trained health volunteers of cluster representatives.</i>
A contingency plan has been prepared and shared with competent local authorities for resource mobilization and necessary action. The community are well aware of the contingency plan, what to do, whom to report to and who will do what during an emergency.			<i>Review the emergency planned the schedule of community informative sessions.</i>

Questions	Status		Remarks
	Yes	No	
G) Education and literacy			
All eligible children (girls/ boys) are enrolled in school and no pupils have dropped out.			<i>Check documents and interview school head master. Review VDC/CDC records and cross check with the local community and schools.</i>
Adult literacy classes have been created and are functional and the number of adults who have completed training in different courses are displayed.			<i>Visit literacy classes, interview some of the adults who participated and ask them some basic questions about the benefits of being able to read and write.</i>
H) Skills, development, vocational training and capacity-building			
Local skills, interests and expertise are listed and appropriate action is taken by VDC/CDC and relevant development sectors.			<i>Check documents/ reports and registers.</i>
Computer training centre, language classes and sports facilities have been established and are self-managed and self-financed by the community. A tuition fee mechanism has been developed to facilitate an independent finance centre.			<i>Visit and interview the trainees and trainers.</i>
Funds have been invested in social projects during the last 12 months.			<i>Look for new social intervention investments recorded by the programme manager of the VDC/CDC.</i>
I) Micro/credit activities			
All financial issues are recorded, registered and followed/up by the finance secretary of the VDC/ CDC.			<i>Check available records and pay a visit to the selected beneficiaries.</i> <i>The supervisor may also assess the social change in the beneficiaries' lives through direct and indirect evidence, such as an increase in income, children attending school and receiving immunization, water and sanitation improvement etc., as indicators of change.</i>
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).			<i>Evidence of some interventions financially supported by the SDF. Interview with beneficiaries.</i>

Quarterly report

Quarterly Report

District: _____ Province/ Governorate: _____ Date: _____

Date of establishment of VDC/ CDC: _____

Report for the period (date): from: _____ to: _____

Projects and coverage¹

Total population	Male	Female	Total
Total households			
New CBI site established during last 3 months			
Title of partnership developed during last 3 months			
Funds generated during last 3 months in local currency			
Any major change/s compare to the previous report			

¹ The first and last dates of the reporting period should be indicated, including the month and year. Write name of the sites where the CBI programme has been newly introduced during the period. If there is change in programme implementation or any other change that might have an impact on the programme please specify in detail.

Health and social indicators¹

Indicators	Male	Female	Total
1. Number of live births			
2. Number of deaths due to any reason (all ages)			
3. Number of children under 1 year who died due to any reason			
4. Number of children under 5 years who died due to any reason			
5. Number of children who reached 12 months of age from the reporting date			
6. Number of children who reached 12 months of age from the reporting date and received the measles vaccination			
7. Number of deliveries assisted by trained personnel			
8. Households with access to safe drinking-water			
9. Households with access to a sanitary latrine			
10. Households with access to an acceptable solid waste management system			
11. Number of members of the community or village development committees (CDC/VDC)			
12. Number of cluster representatives (CRs) or health volunteers (HVs)			
13. Number of people who completed adult literacy classes during the last 3 months			
14. Number of people who completed skill training courses including vocational training courses			
15. Number of people who completed computer literacy courses			
16. Number of newly established social projects			
17. Number of newly established micro credit projects			

¹ The information in this table only covers the period of the report (last 3 months)

Number of meetings, training and supervisory visits¹

Meetings (number) held with		Training		Supervisory visits	
Intersectoral support team	Community representatives	Number	Type/topics	Date	Visitor's name and designation
Remarks					

¹ The number of meetings held during the last 3 months; including those participated in by both the intersectoral support team members or community representatives. All the training activities carried out during this period have to be recorded including any monitoring or supervisory visits carried out during the last 3 months. Also enclose detailed reports of quoted activities.

Loan and recovery funds (in local currency)¹

Number of families/individuals who require income-generating loans based on the criteria approved by the members of VDC/CDC	
Total number of loans issued during the last 3 months	
Number of loans recovered through installments during the last 3 months	
Number of delayed loans (6 months after the repayment date agreed by VDC/CDC and beneficiaries)	

¹ This table reflects the loans issued and the amount recovered in this period in addition to the delayed loan recovery according to the repayment scheme.

Financial statement¹

Category	Balance from previous period (1)	Received during this period (2)	Total (1+2)	Utilization of funds during this period				Balance
				Loan	Grants (social projects)	Operational cost	Total	
Principal funds								
Revolving fund								
Community development fund								
Total								

¹ The table has to be completed before the start of the reporting period, to identify the baseline. Then all the money received for the same categories. The amount utilized has to be recorded. The balance is the result of the money received and the utilization of funds.

Evaluation tool

Evaluation tool

This is a practical tool to evaluate the community-based initiatives programme. The evaluation tool has been adjusted in accordance with the existing monitoring, supervisory and quarterly reporting tools, bearing in mind the nine major areas. In order to prepare for the CBI evaluation process, it is vital to obtain an idea about the country where the project is being introduced. Hence, it is necessary to complete some tables and forms to have a good understanding of the country's situation.

In each area, key and direct compulsory questions are incorporated. The evaluation has to be performed through focus group discussions, interviews with target groups, programme managers, members of the community development committees, checking registers and available documents and, above all, field visits.

CBI programmes must be evaluated at both the local and national levels. The first part is based on local interventions; it involves field visits and focus group discussions. The second part consists mainly of interviews with the national CBI coordinator, members of development sectors and national policy-makers.

There will be many focus group discussions, as it is vital to talk with all agents involved in community-based initiatives programmes. It is advisable to start the interview process with the local committees followed by the different members of the community. Progress of the CBI interventions, community satisfaction and community involvement in local development and health activities can be assessed through direct interviews or focus group discussions with key local stakeholders.

Some recommendations prior to evaluation

- It is better to work as a team, thus create a team and distribute the necessary tasks evenly among team members.
- Plan the evaluation process and ensure the availability of all the required resources, logistics, financial support and salaries, etc. Collect the required information. Create a plan of action (POA), incorporating different activities and tasks following a specific time-frame (who will do what and when).

Country profile

Country profile	
Demography	<i>Total population, with strata of different age groups, ethnic/racial populations, area wise division.</i>
Health system	<i>The structure and role of the health system at various administrative levels.</i>
Sociocultural norms	<i>Social aspects of life, especially the norms and values significant for evaluators and influencing programme activities.</i>
Peace and security	<i>General security situation including conflicts, emergencies and social harmony among different ethnic groups.</i>
Economic system	<i>The prevailing market economy systems and the general picture of the country economy.</i>
Political and policy commitment	<i>Extent and nature of government support, linkages with the national development plans, government ownership.</i>
Partnership	<i>At national and local levels, the name of partners and nature of their engagement.</i>
Programme advocacy and promotion	<i>Advocacy and promotional strategies, specific actions and their relevance to programme objectives.</i>
Resource mobilization	<i>Nature, quantity of the resources generated so far and their source/s .</i>

Main programme areas and population covered

Describe main areas of project interventions.

Source of funds

Financial source (organization/agency/donor)	In local currency
Total funds allocated for the CBI programme in the reporting year	
Funds issued as support to the health projects	
Funds issued as support to the other projects like education, water and sanitation, skill development etc	
Funds issued as loans for income-generation activities	
Funds used for technical support including academia and research	
Funds used for operational and maintenance costs	

Project profile: health, social and economic growth

Project title	Project type/kind	Project site	Project period and duration	Project cost and contribution				Operation management and monitoring system	Current status	Outcome/ impact
				Total	WHO grant	Community share	Other partners (specify)			

Baseline survey to evaluate CBI

This survey will help the evaluation team to understand the social status at the implementation site. If the country has many CBI sites, select some of the sites randomly to perform the evaluation. To collect the data, use available information from international organizations, government authorities and the community. The quarterly/monthly report is another source of information that should be observed.

Indicators	National figure	Implementation site
Demography		
Total population and area in square kilometres		
Population by age group and sex (rural/urban)		
Key health indicators		
Infant mortality rate (per 1000 live births)		
Under 5 mortality rate (per 1000 live births)		
% of deliveries attended by trained birth attendants		
% of couples using modern contraceptives		
% of children 1 year of age and immunized against 6 vaccine-preventable diseases (based on national protocol)		
% of women of child-bearing age who have received tetanus toxoid vaccination		
% of pregnant mothers who have received antenatal care (attendance rate: at least four times during pregnancy)		
% of children under 5 years old receiving regular growth monitoring (based on national protocol)		
Water and sanitation		
% of household with access to safe drinking-water (rural/urban)		
% of households having sanitary latrines/toilets (urban/rural)		
Education		
Primary school enrolment rate		
% of children that have dropped out of primary school		
Adult literacy rates (male and women)		
Social welfare		
Any type of insurance schemes introduced (yes or no specify type)		
Economic development		
% families below the national poverty line (<1 US\$/day per person)		
Unemployment rate (% adults aged 20–35 years old without a paid job)		

Proposed plan of action for evaluation

Activity	Strategy	Responsible person	Time-frame
Data collection			
Data analysis			
Report writing			
Presentation			

Evaluation tool for field work

Target group interviews/focus discussion

VDC/CDC members

Community organization and mobilization

- Date village/community development committee (VDC/CDC) was established?
- Number of people selected and trained to be members of VDC/CDC, cluster representatives (CRs) and sub-committees?
- How were they selected, and what were the criteria for selection of VDC/CDC?
- Was the community involved in the selection of VDC/CDC?
- What are the main benefits for the community from CBI interventions?
- Is the VDC/CDC aware of the presence of CRs and health volunteers (HVs)?
- Is there any coordination between VDC/CDC and CRs or HVs? Please give some examples/evidence
- What health and development activities are performed by the community?
- Is there a community centre or a physical space available to conduct VDC/CDC meetings?
- Is there a community centre available such as: a sports facility, local cultural centre, community information centre, community hall/centre etc?
- Have any women or youth groups been established?
- Is there any evidence for the formation of these community-based groups?
- Is there collaboration between the women's and youth groups and VDC/CDC? What examples/evidence demonstrates this collaboration?
- Are any incentives offered to the members of VDC/CDC by the CBI programme (cash, kind and moral)?
- Are there criteria for the selection of beneficiaries by the VDC/CDC?

Water, sanitation and food safety

- Has a map of all the water sources been developed and is it readily available?
- Is there a water chlorination plan in place?
- Are the water sources and the areas surrounding the water sources clean?
- Are the food shops strictly controlled and monitored? How many shops meet and surpass the required standards?
- Is a system in place to fine those who do not meet the required standards?
- Have community campaigns involving people in food safety and environmental health been established?

Health development

- Do health volunteers register every newborn? And if so how they do it?
- Do the volunteers report all new cases of communicable and noncommunicable diseases? If so to whom?
- Have the VDC/CDC or volunteers any role in providing medicines and needed instruments?
- Has the VDC/CDC started or developed any policy to reduce crime and discrimination in the area?

Emergency preparedness and response

- Have the members of the VDC/CDC participated in any training session on emergencies and basic first aid?
- Is there a report of all the emergencies that have occurred during the past 10 years in the evaluation site/s? Is this report available?
- Has the VDC/CDC developed an emergency plan for their local area?
- Is the plan shared with all the authorities and involved agents to make it more effective?
- Has everybody been well informed of the roles and responsibilities should an emergency occur?

Microcredit activities

- Is 5%–10 % taken from each income-generating loan to develop social projects (social development funds)?
- What social projects have been initiated using the 5%–10% social development funds?

Skills development, vocational training and capacity-building.

- How did the VDC/CDC identify the community priorities in vocational training?
- Once the needs of the community and the local skills development programmes have been established, what action was taken by the VDC/CDC to respond to the needs?
- Is there any evidence of the involvement of the VDC/CDC in sociocultural activities?

To complete the evaluation team members may:**Check the available reports**

- Review the minutes of meetings of the VDC/CDC during the last 6 months
- Review reports on the election or the selection process and appointment of the members of the VDCs/CDCs
- Check availability of baseline survey and its results
- Check the map/s of the water sources
- List all the food shops in the area and visit randomly a few selected food shops
- Check the registration of all social and income-generating projects
- Check the finance booking and reports
- Check the registers of the health centre (newborns, vaccination etc.)
- Check the report of communicable and noncommunicable diseases
- Check for the existence of an emergency plan
- Check for the existence of reports listing all past emergencies
- Check the register of microcredit loans given by VDC/CDC

Field visit

- Visit some of the beneficiaries from social and income-generating projects
- Visit project sites
- Visit health centre and maternal and child health centre (if any)
- Assess the cleanliness of the streets
- Visit the local water sources

Local intersectoral team members**Intersectoral collaboration and partnership**

- Has a formal intersectoral team been established to support community projects?
- Are the members meeting at least once every two weeks to discuss ongoing projects?
- Are the minutes of meetings filed and readily accessible?
- What are the main successful projects achieved through intersectoral collaboration?

- Is there any memorandum of understanding (MOU) signed and functional between VDC/ CDC and any other donor/organization/NGO etc?
- What benefits were gained through partnership? What did the community gain?
- Is there a plan for further collaboration with potential partners?

Cluster representatives

Select some of the CRs or health volunteers randomly and conduct a focus group discussion or interview

Community-based information system

- Has a community-based information centre been established? If so when? And where is it located?
- Have you received any training to collect and analyse data on health and social information?
- What projects were developed after the data has been collected and analysed?
- Is the community informed about the results of data collection and decisions made based on the available data? If yes, how?
- Are the CRs aware of the existence of a notice board displaying all key information and announcements? If yes, then:
 - How often is the notice board information changed?
 - How is the key information for the notice board collected? For example: information forms/ focus group discussions (FGDs)/questionnaires/surveys/other methods, etc.

To complete the evaluation team members may:

- Check the minutes of the meeting with the intersectoral team members
- Review the list of the projects implemented in the last 6 months
- Check the different memorandums of understanding (MOUs) with partners/organizations
- Check the training manuals on community-based information systems
- Review the community training session reports and any available data on data gathering and analysis

Field visit

- Visit some of the project sites
- Visit the community information

Selected community members

Randomly select some members of the community from the list of the households and arrange a focus group discussion (FDG) or interview with them

Community-based information system

- As a member of the community, how often do you consult the notice board for information?
- As a community member, do you think that the information provided in the community-based information centre and notice board is useful?

Water, sanitation and food safety

- Have community campaigns involving food safety and environmental health professionals been established? If so, when and how did you participate?
- As a member of the community have you been informed about the water source predicament in your area? If yes, by whom, how and when?

Health development

- Do you feel safe in your village/area? Have you witnessed discrimination in your community?
- When was your last visit to the health facility?

Skills development, vocational training and capacity-building

- Are you satisfied with the different socio/cultural activities organized by the CBI programme?

To complete the evaluation team members may:**Field visit**

- Visit the community information centre and verify the existence of a community notice board
- Visit selected food vendors
- Visit the health centre and maternal and child health centre (if any)
- Visit some of the different ongoing social projects

Community subgroups**Food shop owners****Water, sanitation and food safety**

- Are the food handlers or food shopkeepers trained in food safety campaigns?

Midwives/nurses**Health development**

- As a midwife, have you received any special training to assist births? Where do you usually attend births? For example patient/s or your home/ health facility/clinic etc?
- How many births did you attend during the last 6 months?

Pregnant women/recently delivered mothers**Health development**

- Was your delivery assisted by a trained nurse/midwife?
- Did you receive any after-care following your last delivery?
- Was your baby registered as soon as he/she was born? Who did it and where?
- Was your baby vaccinated before reaching 1 year old? Has he/she received follow-up checks by a doctor or nurse?

Teachers/trainers**Education and literacy**

- Are children, both boys and girls, attending school regularly?
- Are all children who have reached 6 years of age attending primary school?
- Have any children dropped out of primary school?
- Have adult literacy classes been established in the area?
- How many adults (male and female) have attended literacy classes thus far?
- Is health education incorporated in the literacy classes?

Skills development, vocational training and capacity-building

- Is there evidence of involvement of VDC/CDC in sociocultural activities?
- Are you satisfied with the different sociocultural activities organized by the CBI programme?

Beneficiaries of microcredit

Select some of the beneficiaries of income-generating projects randomly from the list of loans given during the last 12 months and arrange a focus group discussion or interview with them

Microcredit activities

- Have you been provided with information about health-related issues?
- Do you think that these kinds of credits are useful for your community?
- Is 5%–10 % taken from each income-generating loan to develop social projects (social development funds)?
- What social projects were initiated using the 5%–10% social development funds?

To complete the evaluation team members should:

Check

- Randomly select some primary schools and check the registers for school attendance
- Review the register of adults attending literacy classes

Field visit

- Visit selected food vendors
- Visit the health centre and maternal and child health centre (if any)
- Visit some of the different ongoing social and income-generating projects
- Visit the adult literacy classes, review the available training materials and assess the students' knowledge
- Visit some of the schools
- Assess the impact of microcredit projects and the social status of the beneficiaries

National commitment assessment

Interview with the national authorities

Target groups: National CBI coordinator, health directorate, selected members of the development sectors, nongovernmental organizations, academics at the national level

Interview with the national authorities who have the capacity to share information about the government's political commitment and its involvement in CBI planning, management and expansion at the national level. Consequently, the following questions, which are in line with the nine major monitoring and supervisory areas that are used in the monitoring, supervisory and reporting tools, are recommended.

- Is community empowerment for health development incorporated in the national health policy and plan? (please check the national health plan and specify the section/chapter where CBI is highlighted)
- How do you grade (from 1 to 4) the strength of intersectoral collaboration for health action at the national and local level in your country (see table below)?

Level	Not present (1)	At the initial planning stage (2)	Successful but depends on personal interest of Governor/ head of the health department (3)	Well established and sustained with clear tasks and responsibilities for all development sectors (4)
National				
Provincial/ state				
District/ local				

- Can you list any good practices illustrating community involvement in health-related programmes/interventions? For instance: training of health volunteers, implementation of community-based malaria control programme, community involvement in child immunization or sanitation programmes, etc.
- How often do you visit the implementation site/s? (When was the last time you visited a CBI implementation site?)
- How do you perceive the capacity of national trainers/national authorities in terms of CBI expansion?
 - Self-sufficient
 - Country will become self-sufficient within the coming 6 months
 - Country has established a plan to train trainers
 - Not possible during the coming 12 months

- How do you perceive the work of other national health programme coordinators in terms of their application of CBI as a strategy to achieve national health-related objectives (interview with national coordinators of EPI, maternal and child health, primary health care, health education, communicable and noncommunicable diseases, etc. to identify the strengths of intrasectoral collaboration)?
 - Well established (many good practices are available and disseminated)
 - Some of the programmes are interested and are now working with the community to enhance their own objectives
 - We are planning and encouraging all health-related programmes to benefit from the CBI approach and join the implementation sites
 - Nothing is going on in this area
- List the major partners/donors and nongovernmental organizations at the country/local level involved in activities/interventions? (how often do you visit partners? Are any minutes of meetings available?)
- Do the existing reporting, monitoring and evaluation tools provide enough information to assess the programme?
- Based on your experience, how do you assess the role of the community in local health development? (Please use some indicators comparing before and after the CBI programme was introduced).
- Is there a national policy to promote micro-credit? Yes No
- Is there a national policy or plan for health insurance? Yes No



Investing in health, particularly that of the poor, is central to the achievement of the Millennium Development Goals. In support of this strategy WHO's Regional Office for the Eastern Mediterranean is actively promoting in countries of the Region community-based initiatives like Basic Development Needs, Healthy Cities, Healthy Villages and Women in Health and Development. These approaches are based on the principle that good health status—an important goal in its own right—is central to creating and sustaining capabilities of poor people to meet their basic needs and to escape from poverty. The Community-Based Initiatives Series is aimed at facilitating the management of such initiatives. Users of the series may include government authorities, community representatives, WHO and other international agencies and nongovernmental organizations.



Empowering people. Building healthier lives

For further information contact:
Community-Based Initiatives
World Health Organization
Regional Office for the Eastern Mediterranean
PO Box 7608 Nasr City
Cairo 11371, Egypt
Tel.: +2(02) 2670 2535/2276 5029
Fax.: +2(02) 2670 2492/4
E-mail: CBI@emro.who.int

