Save the Children

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COMMUNITY CAPACITY STRENGTHENING GUIDE

Community Module

This Guide is part of a compendium of capacity strengthening resources, experiences and lessons assembled to guide Save the Children staff in writing proposals and implementing programs that include national partner capacity building as a focus.

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EXECUTIVE SUMMARY

Why this Guide?

Communities play a crucial role in children's development and well-being and in their own development. They provide the social, cultural and organizational support structures and services closest to families and children. They also establish social norms and make decisions on how to allocate and manage their resources and address challenges that affect their members. A number of current and emerging global trends highlight the need to pay increased attention to community capacity strengthening to address their needs and goals, and to promote greater resiliency.

This Guide is part of the *Capacity Strengthening Guide* series conceived of by Save the Children's Partnership Working Group to enable our partners to own and implement effective development interventions and programs. Modules of the series correspond to the three major entities with which Save the Children frequently partners – civil society organizations, government, and community groups. This Guide focuses specifically on capacity strengthening within communities.

The goal of the *Community Capacity Strengthening Guide* is to articulate Save the Children's overall approach in supporting capacity strengthening of communities and to provide tools to strengthen their ability to work toward positive change in the lives of children, families and communities. This manual, focused on communities, has two primary audiences: 1) program designers who need to incorporate capacity strengthening into proposals; and 2) program managers and implementers who work directly with communities to facilitate capacity strengthening. It points toward innovations, resources and best practices that can be found within Save the Children and beyond.

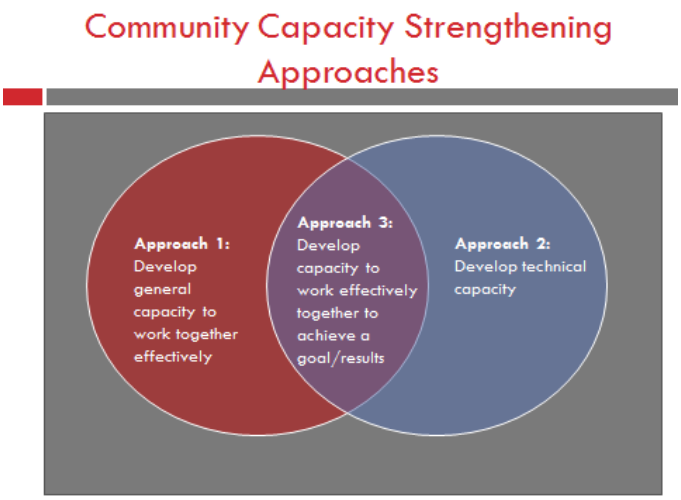
Save the Children's Approach to Capacity Strengthening

Figure 1: Key Elements of Community Capacity Strengthening Approaches

Partnership and capacity strengthening are integral to Save the Children's Theory of Change and Child Rights Programming Framework. Communities play a crucial role in children's development and well-being and in their own development. Save the Children can mobilize communities, but it is the communities themselves who strengthen their capacity, bring about change, and sustain this change. The Community Capacity Strengthening Framework consists of six key elements: purpose, principles, platforms, people, process and products (see Section I).

In Section II, we describe the "6 Ps", key elements that designers of community capacity strengthening approaches should take into account according to the community context: the **purpose** of the program or effort, the **program principles** that guide the design and implementation of the approach, the **platforms** that lay the organizational foundation for capacity strengthening, the **people** whose capacity is being strengthened and those who are helping communities to strengthen their capacity, the **process** used to help communities strengthen their capacity, and the **products** (tools, resources, training curricula, guides, etc.) that assist communities along the way.

Figure 2: Community Capacity Strengthening Approaches



In Section III, the Guide identifies three generic program approaches that Save the Children has used successfully to deliver capacity strengthening support. The first approach emphasizes *community capacity strengthening as an end in and of itself*. This approach is often organized around a community capacity assessment through which communities identify their strengths and any areas they can improve in order to work more effectively together on whatever issue they choose to address. The second approach focuses on *developing community capacity to ensure delivery of quality services*. This approach usually emphasizes the development of technical knowledge and skills within a specific sector such as health (e.g., community health worker training and support), education (e.g., teacher training and support), disaster and risk reduction (e.g., training of CSO workers in disaster response) or other technical area. The third approach is more comprehensive and combines technical capacity strengthening with organizational, leadership and management skills that *enable community groups to work more effectively together to achieve a common goal or objective* (e.g., using the "Community Action Cycle" process to mobilize communities around a particular goal).

Section IV introduces new developments in monitoring and evaluating community capacity strengthening programs, and presents tools and case studies focused on measuring community capacity, with communities as full partners in designing and managing this process.

Section V describes a variety of actions a country office and technical assistance staff can take to improve the effectiveness of their capacity strengthening support of communities. It covers topics such as defining roles and responsibilities, assessing and strengthening internal capacity to strengthen community capacity and monitoring and evaluating progress at the community and program levels. Finally, Section VI contains an annotative description of recommended and other helpful tools which are appropriate at different steps in the process.

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Acronyms

C-BIRD	Community-Based Integrated Rural (and later Responsive) Development
CAC	Community Action Cycle
CAMs	Civic Action Micro-grants
CBO	Community-based Organization
CCM	Community Case Management
CO	Country Office
CSO	Civil society organization
CSPP	Community Schools Partnership Program
DHMT	District Health Management Team
DHO	District Health Office
ECD	Early Childhood Development
FBO	Faith-based Organization
FGDs	Focus Group Discussions
GOE	Government of Egypt
HBC	Home-based Care
HCP/Zambia	Health Communication Partnership Zambia
ICRW	International Committee on Research for Women
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOH	Ministry of Health
MOSAFC	*Modelo de Salud Familiar y Communitario,* Nicaragua's national maternal and child strategy
MSC	Most Significant Change

NGO	Non-governmental Organization
NHC	Neighborhood Health Committee
NICASALUD	Federation of Nicaraguan non-governmental organizations (e.g., CARE and PATH)
OVC	Orphans and Vulnerable Children
PEMS	Community Participation and Management Self-assessment Tool
PLWHA	People Living with HIV/AIDS
PMI	Process Monitoring of Impacts
PRA	Participatory Rapid Appraisal
PROCOSAN	Program for Community Health and Nutrition, Nicaragua
RH/FP	Reproductive Health/Family Planning
SCI	Save the Children International
SC/US	Save the Children-United States
SECI	Sistema Epidemiologico Comunitario Integral (Integrated Community Epidemiological Information System
SMAG	Safe Motherhood Action Group
TA	Technical Assistance
TAP	Technical Assistance Package
USAID	United States Agency for International Development
UNICEF	United Nations International Children's Emergency Fund

Section I: SAVE THE CHILDREN'S APPROACH TO COMMUNITY CAPACITY STRENGTHENING

Key Points:

- Partnership and capacity strengthening are integral to Save the Children's Theory of Change and Child Rights Programming Framework.
- Communities play a crucial role in children's development and well-being, and in their own development.
- Save the Children and its partners can mobilize communities, but it is the communities themselves who strengthen their capacity and bring about change.
- Recognizing and building on existing community groups, structures, history, social networks works towards greater community ownership and sustainability.
- The Community Capacity Strengthening Framework consists of six key elements: purpose, principles, platforms, people, process and products.

Why Strengthen Community Capacity?

Strengthening of capacity is integral to Save the Children's vision of a world in which every child attains the right to survival, protection, development and participation. Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. The capacity of communities is central to both Save the Children's theory of change and our Child Rights Programming Framework. Save the Children has a long history of implementing programs directly, with and through a mix of partners and stakeholders. There is growing recognition in development practice that these other actors are essential to achieving lasting, positive impact at meaningful scale for children. Therefore, partnership and capacity strengthening are emerging priorities in successful programming. These partners, which play independent yet complementary roles, include: NGOs, government and research entities, communities, private companies, and others. In these relationships, we strive to practice our partnership principles of value-driven and empowering, transparency and accountability, and mutual benefit.

Communities play a crucial role in children's development and well-being and in their own development. They provide the social, cultural and organizational support structures and services closest to families and children. They also establish social norms and make decisions on how to allocate and manage their resources, and address challenges that affect their members. A number of emerging global trends highlight the need to pay increased attention to community capacity strengthening:

- Major crises such as natural disasters and other effects of climate change, and economic and political crises, have precipitated the need for communities to respond, adapt and be resilient.
- Fragile states and conflict/civil war leads to communities not being able to depend on or trust government services.

- Globalization exposes communities to new ideas and opportunities, affects local economies and markets in both positive and negative ways. While some countries have benefitted and have seen economic improvement, there are also widening gaps between rich and poor where communities lack access to or are not able to take advantage of these opportunities.
- Decentralization of government functions, budgets and decision-making potentially offers more opportunities for communities to advocate for and better address their own needs.
- Demographic shifts in Sub-Saharan Africa resulting from the crises mentioned above (migration, urbanization, refugees), have led to the breakdown of some communities causing diminished social support and potential opportunities to develop new communities.
- Increasing youth population and their expectations for education, the right to be heard, and to make a contribution to society, offer opportunities to improve engagement with young people who would otherwise become marginalized and disenfranchised.
- Rapid development of, and increasing access to, information and communication technology offers new opportunities for communities to connect, actively collaborate, and learn from each other and a broader network of people including those outside their community. As mentioned above, there is a gap between those communities that have access to these technologies and those that do not.

In the midst of the dynamic and rapidly evolving local and global contexts, development practitioners are faced with a major paradigm shift from relatively linear thinking about program design (e.g., log frames and assumptions that "x" inputs will result in "y" outputs, outcomes and impact) to systems thinking that takes into account the complex and dynamic nature of change that is not necessarily predictable. There is a greater awareness of the fact that any well-intentioned intervention may yield potential harms as well as benefits, and that today's solution to a challenge or problem may not be the best solution in a different systemic context – even the same community at a different point in time. Systems thinking promotes the understanding that in complex and dynamic systems, a community must be able to monitor, learn and adapt its strategies according to its evolving context. It may be helpful, but it is not sufficient to implement today's recommended practices. This paradigm shift has implications for how we think about community ownership and sustainability.

In this manual, we are focusing on communities with the understanding that in order for lasting positive impact to occur in the lives of children, particularly those who are most marginalized, communities must be engaged and be able to drive and sustain improvements over time. Why?

- From a rights-based perspective, children, caregivers, families and communities have the right to participate in their own development and to hold accountable their governments, NGOs and others who provide services to them. Citizens and communities are principal actors in the development process, not passive recipients or beneficiaries.
- The ability of individuals, families and communities to participate promotes dignity, self-efficacy and collective efficacy.
- Communities are already organized with traditional leadership, both formal and informal, local organizations, and established social networks. To the extent that development initiatives fail to

recognize and integrate these existing social structures within our program design, we risk undermining them and limiting community ownership, program quality and sustainability.

- One size solutions may not fit all. Community participation and capacity strengthening contribute to the development of innovative and locally appropriate solutions to current and evolving development challenges.
- Communities possess and are able to leverage resources to improve their quality of life.
- Children, their caregivers, families, and their communities establish social norms that favor or discourage the uptake of improved practices.
- Many development program evaluations have cited the lack of community involvement in all aspects of the program as a key factor in the failure of the program to produce positive and/ sustained results.

Community participation on its own many not result in significant positive impact. There are many examples of community-based activities and programs that have not achieved improved health, education, economic or other desired outcomes at meaningful scale. This raises a number of issues that are currently the subject of discussion and debate.

Defining Community Capacity Strengthening and Related Terms

There are many diverse definitions of community capacity and related terms in the literature. Key to applying these definitions in our program design and approaches is recognizing that capacity already exists in communities and that our role is to further support and strengthen these skills and abilities. The Community Capacity Strengthening Reference Group arrived at the following working definitions for this manual.

Communities and Community Groups – These partners may be formal or informal groups formed around a specific [goal or interest], role or set of services. Because they exist for the single purpose of serving their members, these partners usually rely on internal process more than structure to achieve their ends.

[We are defining community in its broadest sense. In the changing context of migration, urbanization, and globalization, the concept of "community" has evolved significantly beyond just a group of people who live in a defined territory. Community also refers to groups of people who may be physically separated but who are connected by other common characteristics, such as profession, interests, age, ethnic origin, a shared development concern, or language. Thus, you may have a teachers' community, a women's community, or a merchants' community; you may have a community of people living with HIV/AIDS (PLWHA), displaced refugees, etc.[1]]

[1] Howard-Grabman, L & Snetro, G., 2003. *How to Mobilize Communities for Health and Social Change.* Baltimore, MD. Health Communication Partnership, USAID.

Community Capacity - The set of assets or strengths that community members individually and collectively bring to the cause of improving the quality of life.[2] Another definition of community capacity that may be helpful is, "the sum total of commitment, resources, and skills that a community can mobilize and deploy to address community problems and strengthen community assets."[3] In its broadest sense, the livelihoods sector sees community capacity as being made up of five types of "capital"[4]:

- **Natural capital:** The state and condition of natural resources.
- **Human capital:** The skills, health, and education of individuals who contribute to the community.
- **Social capital**: Networks and relationships that facilitate cooperative action and the social bridging and linking via which ideas and resources are accessed.
- **Physical capital:** Capital items produced by economic activity from other types of capital including infrastructure, equipment, supplies.
- **Financial capital:** Level of variability and diversity of income sources, and access to other financial resources that contribute to wealth.

Community Capacity Strengthening – The process through which communities obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.

Community Mobilization – A capacity-building process through which community members, groups or organizations plan, carry out and evaluate activities to [achieve a common goal] on a participatory and sustained basis, either on their own initiative or stimulated by others."[5]
Community capacity strengthening and community mobilization are related terms but they are not synonymous. Community mobilization is one of many approaches to strengthening community capacity.

Community Capacity Strengthening in the Context of Save the Children's Theory of Change

Save the Children's Theory of Change calls on Save the Children to "be the voice", "be the innovator", and "achieve results at scale". Save the Children recognizes that it must work in partnership with NGOs, governments and communities to achieve lasting positive results at large scale. There are several important questions to consider when implementing Save the Children's Theory of Change in the community context, taking into account community capacity strengthening:

- *How does Save the Children strengthen the capacity of children, families and communities to advocate on their own behalf?*

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[2] Easterling, Gallagher, Drisko & Johnson, 1998, with a change of "residents" to "community members."
[3]Mayer, S, 1994, "Building Community Capacity with Evaluation Activities That Empower", chapter in *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability*, 1995, (ed D. Ketterman, et al).
[4] Nelson, et al, 2010, The vulnerability of Australian rural communities to climate variability and change: Part I – Conceptualising and measuring vulnerability. Environmental Science and Policy 13:8-17. http://dx.doi.org/10.1016/j.envsci.2009.09.006.
[5] Howard-Grabman, L & Snetro, G., 2003. *How to Mobilize Communities for Health and Social Change.* Baltimore, MD. Health Communication Partnership, USAID. The original definition was health-focused and is replaced in this version by "to achieve a common goal".

- *Who are the community change-makers we are partnering with?*
- *How does Save the Children encourage innovation at the community level?*
- *What results does Save the Children aim to achieve?*
- *How large is large scale?*

In their effort to produce sector-specific results in the short-term, some programs have not strengthened the capacity of communities to sustain and continue to improve these results in the longer term. On the other end of the spectrum, some programs have decided that strengthened capacity should be the primary result of program and have not demonstrated a positive impact related to sectoral objectives. Finally, there are some programs that have been able to support communities to both demonstrate positive results related to a technical sector while strengthening their capacity to sustain these results, and to address other issues in their communities.

Donors have become more aware of the importance of capacity strengthening to improve the return on their investments over the longer term, their increasing understanding of the complex and dynamic nature of development, and the increasing demand for local ownership of the development process.

- *How large is "large scale"? How can Save the Children strengthen community capacity at large scale?*

The question of scale needs to be considered in light of your definition of community, the current situation, desired results and the resources available including the timeframe, financial support, human resources, organizational systems support, relationships with partners and other factors. It will be necessary to also consider designing for scale at the beginning of the program. Large scale could be interpreted as a global, national, regional, district or sub-district level program. When working to strengthen community capacity to achieve particular objectives or outcomes, a national program will probably not have the resources available to work intensively with every community in the country, nor will every community need intensive support. The program will prioritize which communities will participate, based on a set of criteria (e.g., need, interest, potential to be successful, partners available to support the effort, etc.). It may be helpful to think more in terms of "large scale impact" rather than purely "large scale" in order to define the scope of the effort. For example, if the majority of a country's child mortality is concentrated in 10% of its communities, you could achieve a meaningful and significant impact by focusing on those communities or even a subset of them, depending on the resources and time available.

Save the Children has demonstrated that positive impact at large scale can be achieved in collaboration with the government, NGO partners and communities themselves through focused, well-designed and implemented empowering community capacity strengthening approaches. (Insert link to Taking Empowerment to Scale – Lessons from Three Successful Experiences) Elements of a Community Capacity Strengthening Framework.

It is important to preface this section by acknowledging that all communities possess assets and strengths and that they develop their own capacity with or without support from others. There are however, times when external organizations can provide valuable assistance to communities to help them develop knowledge and skills that may be new for them.

There are many approaches to community capacity strengthening and deciding where to start can seem daunting to program designers and implementers. The Community Capacity Strengthening Framework below provides key elements that program designers and implementers should consider when choosing or developing a community capacity strengthening approach.

Figure 3: Key Elements of Community Capacity Strengthening Approaches

In general, your program approach to capacity strengthening will be guided by your program principles and will depend on the purpose of the program and the community context. In the next section, we will go into more depth about each of the elements and how they work together to create a capacity strengthening approach.

Section II. DESIGNING A PROGRAM APPROACH FOR COMMUNITY CAPACITY STRENGTHENING

This section is intended to help those who are designing community capacity strengthening approaches and those who are writing proposals for support for community capacity strengthening. In addition to understanding the community context, we present six key elements that program designers should consider as you choose or develop an approach.

Depending on the program, you may start by seeking to understand the community context and defining those community members most interested and affected, with whom to work. You might then work closely with communities to define the purpose of the program or to identify a particular community goal (internally generated). You might also start with a purpose that has been identified by your country office or by a donor (e.g., increased access to education for girls, reduction of newborn mortality, food security, improved capacity of the community to participate in democracy and governance, etc.). Program design is a creative and iterative process that is not necessarily linear or strictly sequential in terms of design steps. You will need to consider how each of the "6 P" elements of purpose, principles, platforms, people, process, and products will work together to support communities in strengthening their capacity to achieve desired results. That said, we recommend that you start by defining the purpose of the program to help frame the rest of the design process. To do this, you may first need to consider the community context if you have the flexibility in your program to do so. Each element is described below along with guidance on questions and issues for program designers to consider as you develop a capacity strengthening approach to suit your particular programmatic and community context.

Purpose: Which capacities will be built, and for what purpose?

Before you can develop an approach to help communities strengthen their capacity, you must be able to answer the questions, "Capacity for what purpose?" "What do the community and/or the program want to achieve?" "Why?" The answers to these questions may range from more narrowly focused to very broad. For example, communities may want to improve their literacy teachers' ability to educate parents because literacy rates remain low in spite of high participation in literacy classes. An example of a broader program purpose is, "Enhanced quality and equity of primary education, improved coordination of education and primary healthcare, and increased use of key health services and products," (from the Community Schools Partnership Program (CSPP) in Ethiopia). A much broader purpose might be to strengthen community capacity to produce positive and lasting results for the community's children.

Defining the purpose of the program will help program designers begin to think about what types of capacity communities may need to successfully achieve the desired results. Within the field of community capacity strengthening, there are many conceptual frameworks that come from multiple sectors working on a diverse range of community development programs. In addition to the types of capital (natural, human, social, financial and physical) that come from a livelihood sector perspective on community capacity, the literature identifies many different "domains" of community capacity beginning with two very broad categories of "domains" or areas of human/social capacity:

1. ***Technical capacity*** consists of the knowledge, skills and attitudes necessary to perform a particular sectoral function or task related to "what" the community wants to achieve. For example, in the education sector, if a community wants to improve literacy, a community capacity domain might be the ability to teach literacy classes. Within that general domain, are particular competencies needed by those who are carrying out this function such as the ability to read, to write, to develop or follow a lesson plan, speak the language of your students, etc. In the health sector, examples of technical competency would be the ability to diagnose and treat respiratory infection in children.

2. ***General capacity to work together*** consists of what some people refer to as "soft skills" or process skills. Ironically, they are often harder to master than many technical competencies. These are cross-cutting competencies that are needed to support the process of working together to achieve any desired result. For example, leadership (creating a shared vision, aligning resources, motivating people), management (planning, budgeting, monitoring), conflict management, collaboration, evaluation and other competencies all usually fit under general capacity.

Most programs pay some attention to both, but the degree to which they are weighted in any given program varies widely. For example, programs that aim to improve service delivery such as enhancing literacy teachers' ability to teach their classes or improving community health worker counseling skills, usually put greater emphasis on strengthening technical capacity while broader and more integrated programs, such as CSPP, usually place greater emphasis on the general capacity domains. It is important to note that even programs with a very strong service delivery focus can benefit a lot from capacity strengthening of some of the general capacity domains and that many of the "general" capacity domains are also technical disciplines in their own right.[6] (See Section III for a discussion of the three approaches Save the Children has developed to address these two purposes.)

The ***community context*** is a critical factor to consider when selecting a purpose and the specific capacities to be developed. All communities possess some level of existing commitment, resources and skills (capacity) that they will call upon and further develop, and they will likely identify gaps in capacity that need to be strengthened for them to successfully achieve desired results. When the program purpose has been clearly defined, two questions program designers should ask are:

- What is the current situation related to the program purpose?
- What capacities will communities need to strengthen in order for them to be successful in achieving the desired results of the program?

To design a community capacity strengthening approach, you need to understand the current community context in relation to the program purpose. For example:

- How committed are communities to the program purpose?
- What are the assets, strengths, resources and skills that communities bring to the program?
- How has the community worked together in the past on this issue or other issues more generally?
- How diverse are the communities that will participate in the program in terms of their various members' level of commitment, existing capacity and ability to participate?

[6] The pendulum of donor interest has swung back and forth over time with increasing interest now in the more general domains of community capacity in support of community ownership for sustainable results and improved resiliency of communities to adapt to the rapidly changing environment and recover from setbacks. For a more detailed list of domains and indicators of community capacity, see Illustrative Results Indicators.

Many programs work with communities to conduct a situation analysis or baseline assessment to determine the answers to these questions. Over the years, Save the Children and other organizations have developed and used community capacity assessment tools to help communities assess their capacity in the general domains as well as sector-specific tools that assess technical capacity of those who provide services and carry out sector-related functions in the community.

Principles: What program principles will guide the capacity strengthening process?

Program design and implementation of the capacity strengthening approach rest on a foundation of program principles that guide relationships and decisions along the way. The Save the Children Partnership Working Group has articulated three overarching principles to guide its work with partners. These principles are presented in Table 1. Throughout the 1990s, Save the Children/US's programs were designed with five program principles in mind: 1) child-centered, empowerment; 2) gender equity; 3) measurable impact; 4) large scale; and 5) sustainability. The focus on scale, for example, led to new thinking about how to work with communities so that larger scale could be achieved. Out of this principle, Save the Children developed a partnership strategy that was applied to a number of successful programs that strengthened community capacity and achieved measurable results at the district, regional and national levels in several countries, in collaboration with multiple partners.

Table 1: Save the Children's Partnership Principles

SAVE THE CHILDREN'S PARTNERSHIP PRINCIPLES*
Value driven and empowering relationships, implying aligned values, mutual respect and recognition of respective contributions and potential.
Transparency and accountability, which imply that openness and honesty in working relationships are pre-conditions of trust. Only with transparent working and information sharing will a partnership be accountable to its stakeholders.
Mutual benefit means that those expected to contribute to the partnership should also derive added value from it, in addition to bringing about changes for children. Only in this way will the partnership ensure the continuing commitment of partners and therefore be sustainable.
*From *Partners and Partnership in Save the Children*

When designing a community capacity strengthening approach, be sure to agree on your program principles and discuss them with your partners and staff so that everyone understands what they mean in the context of community capacity strengthening. Explore how these principles can be applied as you make choices about program objectives and indicators, partners, which capacity domains to focus on, how to go about the process of capacity strengthening and how you will measure success.

Platforms: Which community structures will be involved and what role(s) will they play?

Platforms are the community structures that are involved in the program. In contrast to the NGO Capacity Strengthening Guide which focuses on developing the capacity of an organization, community capacity strengthening often involves multiple actors, formal and informal structures, and an

understanding of their roles and the relationships among them. Identifying the right platform(s) can be a key ingredient for scaling up and sustaining program results in the longer term.

Table 2: Examples of Platforms in Community Capacity Strengthening

Examples of Platforms in Community Capacity Strengthening	
• Households • Neighborhoods • Groups • Informal organizations or associations • Community-Based Organizations (CBOs) • Faith-Based Organizations (FBOs) • Community Service Organizations (CSOs) • Traditional organizations (indigenous people councils, burial societies)	• NGOs • Local Government (village, community, other sub-district) • District Government/Municipal Government • Provincial Government • Workplace • Coalitions • Social Networks

An important aspect of program design is to identify which platform(s) will be the primary focus of the program. In some cases, the appropriate platform is obvious or may even be a "given". For example, a program's purpose might be to strengthen the capacity of parents' groups to support improvement of primary education in their communities. In other cases, the most appropriate or most effective platform may not be at all clear, or may not yet exist. For example, a women's empowerment program seeks a platform where women can participate and finds that in this community context, there are no women's groups or organizations. In this case, a program strategy may be to establish women's groups. Or, in another community context you may find that there are many women's organizations and must then think through whether the program should work with some or all of them, whether there are existing relationships among them and to what extent they have worked together successfully in the past, or not.

In general, field experience recommends working with pre-existing groups and organizations for several reasons:

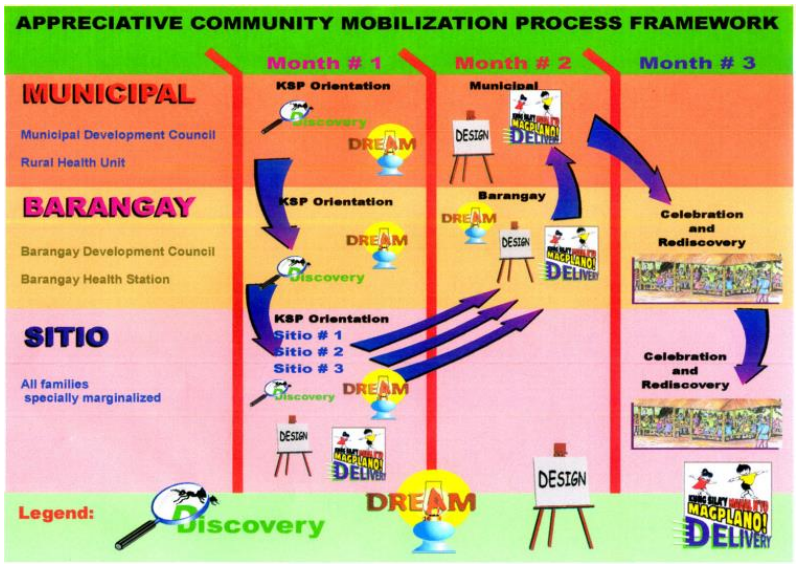
- It is faster; there is no need to go through the whole organizing process.
- Existing groups and organizations have demonstrated their commitment to an issue and/or to working together.
- They have demonstrated that they can sustain themselves (if they have not received external support prior to this program).
- They have a history of working together, legitimacy and are likely to have existing relationships with other groups that they can build upon.
- It supports coordination by the community amongst its social networks.
- This avoids duplication of efforts, especially by development organizations which sometimes feel the need to add a new group for their purposes.

There are times, however, when communities may want or need to establish new structures. For example:

- When there are no groups or organizations that are currently addressing the issue.
- When existing groups or organizations are not interested in the issue.
- When existing groups working on the issue are not coordinating their efforts leading to redundancy and a waste of resources, or they are unintentionally working at cross purposes. They may also see the potential of having more success by joining forces in a coalition or network.
- The existing group or organization is dysfunctional and it may actually be faster and more effective to establish a new group.
- The existing structures do not allow for participation of those people the program most wants to reach.

Some capacity strengthening programs support the development from one type of platform to a new one as an objective of the capacity strengthening process. For example, a farmer's group may decide to develop into a cooperative, a CBO may formalize its structure by becoming an NGO, or community health workers may form an association.

Figure 4: Appreciative Community Mobilization Process Framework



To enhance the potential for a program to reach large scale, it is important to work with platforms that are (or could become) common in many communities, recognizing that some adaptation may be needed along the way. The decentralization process in many countries has spawned a number of local government structures that serve as counterparts to many community-based programs. These structures can range in their capacity from being present in name only to being quite strong, or they may have existed at one time and then became defunct. Some programs have as their primary purpose the development of these bodies (e.g., Village Development Councils), while others help them strengthen their capacity in support of another program goal or strategy. There is one program design consideration that demands a good understanding of the community context and how the various actors and platforms relate to each other. For example, in the Philippines in the late 1990s, the "Kalasugan Sa Pamilya" (KSP) Family Health Project understood that for communities to successfully improve children's health, they would need to help communities strengthen their relationships and processes from the Barangay (community) level to the

district level. In this example, the project's primary focus was on developing the Barangay Council's capacity to reach out to and involve community members at the Sitio (neighborhood) levels, particularly priority families that were poorer and/or more socially isolated, in community planning. Figure 4 illustrates how their "appreciative community mobilization" process flowed from one platform to the next so that the various structures associated with the community context from the neighborhoods to the Barangay (community) Council to the municipal level could support the program effort. Their approach eventually led to the Barangay Councils creating additional positions for elected neighborhood representatives to participate formally in community planning and decision-making.

People: Whose capacity is being developed and who will assist them to develop their capacity?

In any capacity strengthening support program, program designers need to identify the key actors and stakeholders, the roles that they currently and could potentially play and to what extent they are presently effective in these roles, taking into account the program purpose and associated desired results. In many cases, key actors will be carrying out formal leadership roles related to various platforms (community structures and organizations) (e.g., Village Head, Religious Leader, Women's Group President, School Principal). However, the tendency is for programs to have a somewhat naïve definition of community as a unified group with common "goals", which ignores how communities are often deeply hierarchical. The goals and participation of women, children, indigenous groups, and the poor, for example, are often buried in a homogenous definition of community. This is not to say that we would not work with the most powerful in communities, but how we define "the community" and who we interact with as leaders of it are fundamental to who benefits from our community strengthening. Often this means supporting the inclusion and empowerment of those most affected by the issue and those most marginalized in communities.

Therefore, to be effective, the program may need to reach out to the broader community- those who participate in various community organizations, associations or groups, as well as, those who do not have any formal association but who may be affected by, or interested in, and can benefit from the program. Sometimes program teams refer to program beneficiaries or key program actors as the "target group". In the capacity strengthening context, people who are strengthening their capacity are not passive recipients of program interventions by external or community-based organizations; they are by definition active participants in developing their own capacity to achieve the mutually agreed upon desired results of the people and program. In order to ensure that the target group is actively engaged in the community strengthening process, a power analysis or social network diagram is developed when getting to know communities. (Insert link for Venn Diagram tool here.)

For example, a program that aims to strengthen community support for orphans and vulnerable children may choose to focus its support more narrowly on direct caregivers. It may also choose a broader approach to support some or all community-based organizations that may have some interest in this issue within a given geographic area; this may include a district, a region, or nationally through capacity strengthening support to a national association so that it can better support its chapter members at the community level.

Here are some other examples of how programs have defined the question of whose capacity is being built, as viewed through general programmatic lenses:

- ***Service delivery*:** those who provide a service in the community (e.g., community health workers, literacy trainers, agricultural extension agents, etc.); those who support those who provide a service (CBOs, CSOs, local government agencies, NGOs, village development committees, etc.).
- ***Civil society strengthening (fostering inclusion of diverse groups, advocacy, transparency and accountability)*:** marginalized or disenfranchised groups (e.g., women, people of specific minority ethnic groups, children, and people living with HIV/AIDS), members of advocacy groups, members of citizen action groups, leaders and representatives in local government bodies, etc.
- ***Community mobilization*:** community organizing of those most affected by and interested in the issue to reach out to the broader community to achieve a common goal.

In addition to identifying whose capacity is being developed, programs need to identify who will be helping communities to develop their capacity. To answer this question, you will need to consider Save the Children's role generally in the program. Will Save the Children be working directly with community members and/or will you be working with and through partner organizations? What will be their roles in the capacity strengthening process? Do those people identified to support the capacity strengthening process have the knowledge and skills necessary to carry out their roles and responsibilities? If not, how will you address any gaps? To answer these questions, you will also need to consider some of the other key elements of the capacity strengthening approach (e.g., process, platforms, and purpose).

Process: How will community capacity be developed?

Designing an effective process to support community capacity strengthening requires a good analysis and understanding of the community context, program purpose and principles, platforms, and people, as well as familiarity with the various potential capacity strengthening strategies and processes. These must all be considered taking into account the resources available to the program to provide support. There is no "recipe or code" to dictate which approach to use. Through the years, Save the Children and many other organizations have developed and implemented various processes. In the community capacity strengthening literature, there are several approaches described. For example, *Crisp, et al* (2000) present a typology of four approaches that include top-down, bottom-up, partnerships and community organizing[7]. In this section, we present three general process approaches that Save the Children and others have used successfully (see Section III for details and examples):

- ***Developing community capacity to work together as an end in itself:*** This approach aims to develop the general capacity of community members and groups to work effectively together as an end in itself, regardless of any particular aim or goal. In this approach, the program supports communities in developing their abilities in general capacity domains such as leadership, governance,

[7] Crisp, Beth, et al. (2000). "Four approaches to capacity building in health: consequences for measurement and accountability," *Health Promotion International,* Oxford University Press, Vol. 15, No. 2.

management, planning, using data for group decision-making, leveraging and managing resources, facilitation of group processes to include new voices, monitoring and evaluation, conflict management, problem-solving, etc. The measure of success in these programs is demonstrated improvement in community members' abilities in specified capacity domains. These programs often use community capacity assessments or self-assessments to identify which areas to strengthen and communities are involved in determining priority focus areas. These programs also often work with members of the community that have not had much experience participating in community and group processes, in order to better prepare them to play active roles in civil society and to participate more fully in community activities. A challenge of this approach is that while there are generic capacity domains that can be measured, in reality, these capacity domains are always in relation to what the community needs or wants to achieve (capacity for what?).

- ***Developing technical capacity to ensure delivery of quality services at the community level:*** Many programs that seek to achieve a particular sectoral goal or objective include processes to develop technical capacity to deliver a service to the community. Success of this approach is measured through the ability of community-based service providers to provide services and the subsequent effect that improved availability, access and quality has on particular social sector indicators. A challenge of this approach is if the necessary community structures and systems are not in place to support service delivery programs, you may need to consider combining these technical capacity strengthening processes with a broader approach to community capacity strengthening.

- ***Developing community capacity to work together to achieve a common goal:*** These approaches help communities strengthen both their technical knowledge and skills and general capacity to work effectively together to achieve a common goal or results. The measure of success for this approach is positive change in some development indicator or status (health, education, livelihoods) as well as demonstrated positive changes in general domains of community capacity to work together effectively. Many of the projects and programs that have applied the Community Action Cycle in the field have used this approach, recognizing that in order for communities to mobilize to achieve a particular goal (which may be determined by the community itself or by an external agent), community members must be able to work together effectively and must also have the technical knowledge and skills to produce the desired results. A challenge to applying this approach is that there might be a tight project timeframe. Normally at least two years of project effort is recommended.

Products: What tools and other resources will support the capacity strengthening process?

Especially in a large-scale effort, user-friendly resources, tools and other products (e.g., training curricula, manuals, field guides, job aids, checklists, etc.) can be very helpful in supporting communities as they strengthen their capacity,. As online and other digital resources become more accessible, videos and learning applications are becoming more popular ways to share experiences and practices. For any product, it is important to define the audience, the purpose of the product/tool, the medium through which it will be shared, the content and format, and how it will be used, taking into account

characteristics of the community context (e.g., literacy levels, locally appropriate images, language(s), climate, and other factors). Products should be developed and/or adapted with the participation of those who ultimately will use them and should be field-tested to ensure that they are user-friendly and effective. It is also important to plan for how the products will be disseminated and how to support their use in the field, should questions or problems arise.

Examples of products that have been developed to support Save the Children's community capacity strengthening programs include:

- How to Mobilize Communities for Health and Social Change Field Guide, Save the Children/Health Communication Partnership, 2002;
- Mobilizing Communities for Health, Education and Social Change, Training of Trainers Guide;
- Children at the Center – A Guide to Supporting Groups Caring for Vulnerable Children, Save the Children, 2007;
- Taking Community Empowerment to Scale, Lessons from Three Successful Experiences, Health Communication Partnership 2007; and
- How to Mobilize Communities for Improved Maternal and Newborn Health, Save the Children, ACCESS, 2009.

Section III: COMMUNITY CAPACITY STRENGTHENING IN ACTION

In this section, you will discover how Save the Children has implemented the three community capacity strengthening approaches in the field. Important to keep in mind is how our community capacity strengthening efforts fit together and complement other efforts, including NGO and government partnerships. Each program, country and community context is different and changes over time so there is no one "right" way to develop community capacity that you can lift directly from these examples and apply in your own setting. However, these case studies can help to shed light on the various decisions a program must make in order to optimize capacity development within its own universe of opportunities and challenges, and help you think about how you might adapt each type of approach to your own setting.

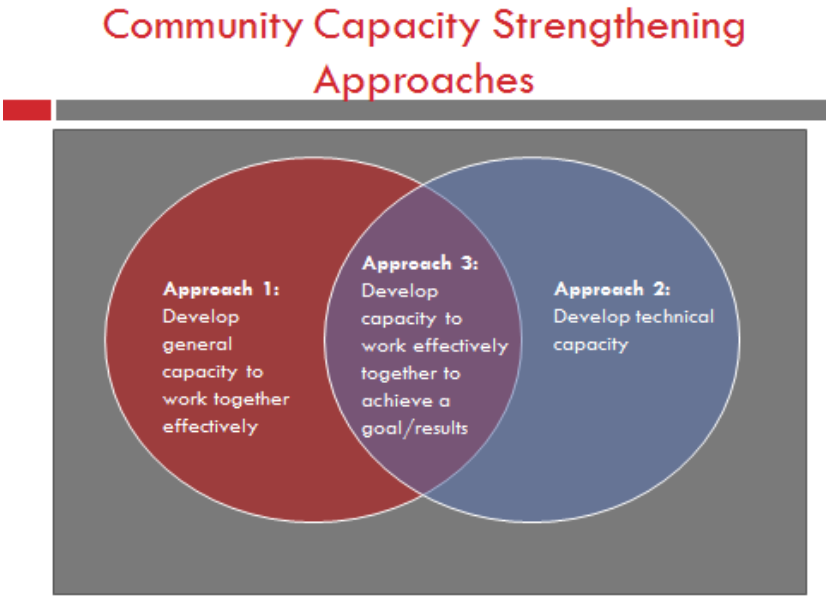


Figure 5: Community Capacity Strengthening Approaches

Approach 1: Developing Capacity to Work Together

The first approach seeks to develop community members' general capacity to work together. This approach is grounded in community empowerment, and is distinguished from the other approaches in that the particular objectives of a community relationship are not pre-determined, but are rather left to the community to define, either from the outset or as a result of a community empowerment process. SC/UShas used variations on this approach since at least as far back as the 1970s, and up to the present. For the purposes of this section, we will consider examples from SC's C-BIRD approach that was prominent in the late 1970s, community or umbrella grant programs from the 1990s and later, and civil society development programs from the 2000s.

Acknowledging variations over the years and contexts, a coherent set of ***principles*** tend to define this approach, particularly an emphasis on communities' ownership of their own development. In development jargon this is often referred to as community empowerment; civil society approaches speak of constituency representation. In such approaches, Save the Children defines the results sought only in the most general terms, leaving (or guiding) the communities to specify what these should be, according to its needs and priorities. The ***purposes*** of such programs, therefore, tend also to be generic, such as rebuilding communities after disaster, strengthening community cohesion following conflict, or promoting civic action in emerging democracies.

A representative community body constitutes the ***platform*** upon which to lay the organizational foundation for capacity strengthening. This is usually a community-based organization, such as a local NGO or the local elected council, but in some cases SC/UShas worked through a government representative such as a mayor or an appointed council chief. The ***people***, whose capacity is being strengthened and who are helping to strengthen communities, are the members of the representative community body and the SC/US or intermediary liaisons. The representatives are usually seen as "community leaders", who may represent specific constituencies (e.g. women, youth or minority leaders), but sometimes also include CBO staff, such as accountants. The SC/US staff liaisons - "field coordinators" in C-BIRD, Technical Assistance Package (TAP) Teams in the NGO Service Center - tend to have expertise in community mobilization, project management or organizational strengthening. In some cases SC/UShas reached communities through intermediary organizations, as in Nepal's Sandeep project or Ethiopia's PC3 Project.

The ***process*** used to help communities strengthen their capacity tends to consist of: 1) a broad external assessment, such as a baseline survey, to get a general sense of common community needs; 2) a facilitated introduction to the community, via a sponsoring government official or a national partner organization; 3) a participatory needs assessment and analysis, often but not always facilitated by SC, to get broad community buy-in. Often these assessments identify strengths and weaknesses of community capacity to work together, emphasizing leadership, management, participation, problem-solving, conflict management, and monitoring and

evaluation; 4) a community agreement, where roles and obligations are identified for SC/US and the community, often including a community match; 5) provision by SC/US of training, generally in the areas of community mobilization or CBO management; 6) networking support, where SC/US uses its influence to link the community with external resources, e.g. from the government; and 7) a participatory evaluation at the conclusion of a cycle, where the community partner reflects on what it has accomplished and learned. Key ***products*** that assist communities along the way include sub-grants for community projects or campaigns (e.g. the NGO Service Center's Civic Action Microgrants); participatory needs assessment and evaluation methodologies, such as PRA.

Case: C-BIRD

Save the Children has strong roots in its heritage of community development, participation and community-based programming. In the 1970s and through the early 1990s ('75-'91), SC/US developed its integrated approach to programming known as "Community-Based Integrated Rural (and later Responsive) Development", more popularly known as "C-BIRD". At the time, most of SC's funding was through private sponsorship resources. Some donors also funded this type of integrated development programming.

C-BIRD's methodology was clear and was rooted in principles of community empowerment and self-determination - "a hand up, not a hand out". The C-BIRD process began with SC/US identifying an "impact area" in consultation with host country national and local governments, with the aim of reaching those communities most in need of assistance. Impact areas were geographically defined and were relatively small in most cases, often not arriving at full district coverage. SC/US would then meet with local authorities to conduct a community needs assessment which led to the development of a list of community priorities. These assessments were broad and led to a wide array of priorities, from water sources to new schools to soccer fields to agricultural credit and beyond. One assessment tool used was the Community Participation and Management self-assessment tool (PEMS) [insert link here], which included seven capacity domains: needs assessment, consciousness, programmatic involvement, organization, participation, financial management capacity, and linkages.

Community leaders and SC/US agreed to work together on certain projects with both parties providing inputs. The partners drew up a contract which stated the time frame, activities to be completed under the contract, which inputs each party would contribute and defined the roles and responsibilities of each party. The community implemented the agreement activities with financial and technical assistance from SC. At the end of the contract period, partners reviewed which activities had been successfully completed, which had not, and what future steps they would take. To support C-BIRD, a series of training workshops was held for all SC/US staff. A monitoring system was established and a community participation and management self-assessment tool was developed and used with communities to assess their progress every year.

"The record for C-BIRD's social infrastructure projects (e.g. schools, health clinics, roads, sanitation and water works) is particularly impressive. Extensive community participation and commitment to these

projects may have been due to distinct and tangible needs and to the straightforwardness of their solution. In other words, individuals could affect, observe and control the resolution of their needs.[8]"

These infrastructure projects in turn led to improved incomes or consumption by segments of the population. "While some segments of the C-BIRD community population benefit from memberships in cooperatives and credit associations, evidence reveals that the poorest segments (female heads of households and the landless) are not reached by such projects.[9]"

This approach is less successful at addressing more complex needs or services. Reviews of the C-BIRD productivity projects (e.g. sorghum cooperatives, credit and consumer cooperatives and women's enterprises) indicate a variety of problems - some of which, such as management and supervisory difficulties, could be controlled. Problems less responsive to future SC/US intervention include transportation and market difficulties. The effectiveness of C-BIRD's welfare projects in addressing health and nutritional problems is questionable. Except for a successful childcare center in Sibundoy, Colombia, health and nutrition related projects were absent or inadequately staffed.

Although structurally conceived as a bottom-up rather than top-down approach, and entailing community planning/decision making involvement as the key to success, C-BIRD's significance lies in outside generation of innovative ideas, strong leadership and intervention in the planning and implementation of significant projects. This particular kind of top down approach promotes bottom up participation insofar as it fosters community identification with behavioral commitment to the ideas proposed.

The second factor responsible for C-BIRD's promoting bottom up development is the rational feedback that communities obtain through planning, reporting and evaluation mechanisms. When objective information on set goals, necessary timing and resource inputs, and progress indicators are channeled back to the community, individuals can then attribute events (progress) to their actions and perceive themselves as the initiators rather than passive recipients of development assistance.

C-BIRD does possess potential for expansion to neighboring communities or to different groups within the community as long as planners can learn from the successes and failures of previous projects. As a means for linking communities to local and national government agencies, C-BIRD serves as a catalyst function based on the active and effective presence of other agencies and their cooperation with SC/US representatives. In sum, it appears that C-BIRD's particular successes are due

[8] "CBIRD Revisited", Mayra Buvinić, ICRW, 1980; p. 4
[9] Ibid

to the possibility of flexible adaptation at the local level, commitment by both SC/US staff and community participants, and the realization, effected through rational feedback in the planning and evaluation processes, that individual involvement permits one to change and control his/her environment. At the same time, environment, market, staff inadequacies, insufficient country cooperation, and the frequent absence of technical expertise or access to technologies inhibit the successful evolution of the C-BIRD approach. Formally addressing these problems, by tightening the structure and implementation of C-BIRD, may adversely affect the very flexibility and interaction which underline C-BIRD's success. Future SC/US programs attempting to control for these problems as well as advancing to more comprehensive and technologically sophisticated projects, will have to balance both structure and individuality (Mayra Buvinić, "CBIRD Revisited: An in-depth evaluation of the effects of a Development Program Grant on Save the Children Federation's program in Colombia and Honduras", ICRW, 1980).

Case: Civic Action Micro-grants in Egypt

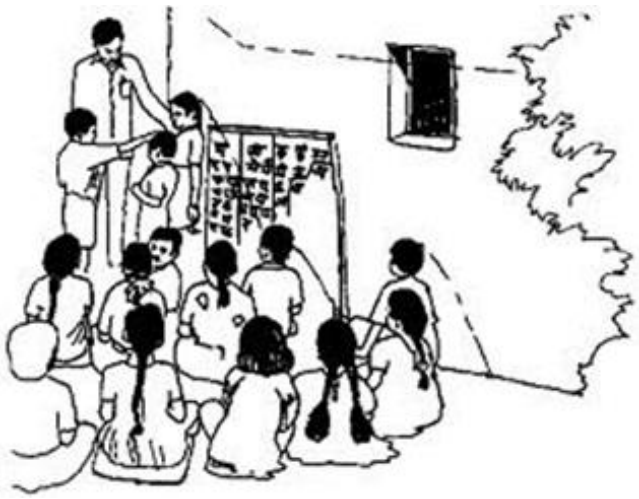
The NGO Service Center was a six-year (1999-2005), US$ 33.7 million project funded by USAID to strengthen the capacities of civil society organizations to effectively participate in public decision making, thereby contributing to Egypt's social and political development. The NGO Service Center provided grants to a diverse range of Egyptian NGOs, as well as a package of training, capacity strengthening and project and grant management support provided by field staff teams. Larger NGO grantees' capacities were tracked via an organizational assessment, administered annually.

Civic Action Micro-grants (CAMs) were small grants ($3-10,000) and the Center's principal direct assistance to the organizational capacity-building and civic action initiatives of small and emerging NGOs, especially CBOs, the majority of which were village-based associations. CAM grants had two purposes: 1) to promote civic action initiatives by mobilizing members and citizens around a development issue of local concern and communication of their views to decision makers; and 2) to undertake activities that strengthen the NGO's capacity for advocacy and citizen empowerment. Many CAM grants included both purposes, with a larger number of grants emphasizing capacity-building. These grants were planned to be short as well as small: from 3-6 months in duration. In practice, however, most CAM grants were for periods of 8-10 months. Small NGOs, most without previous experience with donor grants and few, if any, full-time staff, typically required additional time to recruit personnel, put into place required management (financial) systems to receive their grants and ensure compliance, and complete their planned grant activities. While many small NGOs strengthened their organizational bases with CAM grants, some achieved significant regional and even national attention for successful initiatives in civic action. A number of these small Center grants achieved meaningful impact on development policy and decision-making. The Center conducted eight rounds of CAM grants and issued 166 grants totaling $1.2 million.

In total, 142 of the 166 small CAM grants – an 86% success rate over the life of project – completed all of their grant activities within the grant period. Almost without exception, these CAM grants provided critical resources and opportunity for organizational capacity improvement – or the first experience of undertaking an advocacy initiative – by these many small, CBOs. For the great majority of CAM grantees, this was also their first experience implementing a donor-funded project – and one that

required significant management attention and accountability. For the NGO Service Center, the CAM grants significantly expanded the scope of its geographic and sectoral outreach to civil society, allowing it to meaningfully assist many small and remote associations. Many of these CAM grantees went on to become future clients of the Egyptian NGO Support Center, the project's spin-off entity.

The NGO Service Center's CAMs illustrate the approach of developing capacity to work together. Their *purposes*, to promote civic action and strengthen CBOs' capacities for advocacy and citizen empowerment, reflected the project's *principles* that the specific results should be determined by the CBOs as representatives of their constituents; the sole measure of community capacity, thus, was the CBO's successful implementation of its civic action. The *platform* was the CBO grantee, which would in turn mobilize *people*, or relevant constituent groups. The *processes* consisted of outreach to CBOs and the competitive grant cycles, followed by grant implementation by the CBO. The Center's field teams provided project and grant management support, but generally did not provide tailored capacity strengthening, this being reserved for the larger NGOs. Rather, the CAM grantees were encouraged to participate in the general training programs offered by the Center on governance, management, and advocacy. The *products* consisted primarily of the CAM grant cycle.



An important result of the CAMs was enhanced community social capital. Many of the advocacy campaigns seem to have succeeded in attracting government attention and, more importantly, encouraged the community to be more open about its grievances. It is clear that in many cases the Center's support brought NGO activity to the forefront of attention and allowed NGOs to gain the attention of their communities. Another benefit of the CAMs was the empowerment of some previously marginalized groups, such as women or youth. In one CAM network in Sohag and another CAM grantee in Aswan that works on women's civil rights, identity cards were issued for women who previously had no legal identity, let alone a modicum of status.

With a few exceptions, the NGOs visited (especially the CAMS) rely heavily on donor support (e.g., more than 60% of their resource base) to provide the range of services they now supply. Some existed before the donors arrived but they only provided fewer and reportedly lower quality services. Some received GOE funding as 'service providers.' Others today receive funding from various GOE ministries.

This current donor dependency is less threatening for NGOs that have successfully established a solid, community-based constituency that will sustain the NGO when donor support ends. They have made an effort to attract broad community participation through public forums and other venues. One NGO took the step of purging its Board of 'ineffective members' and reached out to the community to recruit members who would offer 'more vigorous and potent input.' Site visits revealed however that very few

of the NGOs have reached the participatory plateau whereby they can rely on the community for sustainability.

The majority of our interviewees agreed that the Center's grants responded to their NGOs' needs and made a positive contribution. On the other hand, it was also evident that the communities these NGOs purportedly serve played a negligible role in choosing the projects the Center funded.

A concern is that the grants should also invest in their service delivery activities, rather than focus only on training and technical assistance. The fundamental premise of this point is that better services for an NGO's target group will enhance the very goals the TA and training schemes aim to achieve. Enhancing an NGO's constituency and achieving its sustainability is impossible without proper investment in its role as a service provider. Overall, the grants vitalized the NGOs, and in some cases seem to have succeeded in improving the condition of the groups the NGOs serve. Grantees, however expressed the clear perspective that grants should go beyond just TA and training to encompass improvement of service to the community themselves (Mid-term Evaluation of the NGO Service Center, Cairo, Egypt, DAI 2003).

Conclusions and Applications

The two cases, with quite different aims and processes, nevertheless illustrate the results and the limitations of this first approach of developing communities' capacities to work together. They show communities that they are viable entities whose members can make decisions and act on them to address common needs. They demonstrate the power of the majority, but usually require outside facilitation to empower minorities or the marginalized.

Success of this approach is measured in terms of improved capacity of the community to work together, regardless of whether a particular sectoral goal or result has been achieved. A challenge of this approach is that while there are generic capacity domains that can be measured, in reality, these capacity domains are always in relation to what the community needs or wants to achieve (capacity for what?). With some exceptions, capacity in the various domains is relative, not absolute. While communities may measure progress over time in any given domain, it may be more difficult to answer questions about whether capacity was sufficiently developed to make a difference in the lives of members of the community.

Toward the end of the 1980's, SC/US reassessed its approach. Staff recognized that while many activities were accomplished and some valuable capacity building was taking place, it was not focused and SC/US was not able to measure changes in important indicators of children's and community health and well-being. SC/US could not provide quality technical assistance in so many different technical areas. SC/US programs couldn't achieve large scale, measurable impact when the agenda was so broad and labor intensive.

Donor interest in this approach decreased when vertical results-oriented programs became more popular in the early 1990s. Today, there is renewed donor interest in community capacity strengthening as an end in and of itself, with the recognition that communities need to be resilient and must learn how to learn to keep pace with the rapid changes in the environment. SC/US has continued to find this

approach relevant in countries or regions in transition. After the fall of the Soviet Union, SC/US undertook projects in the Caucasus and the Balkans, such as the Armenian Community Development Program, to help restore not only communities' infrastructure but also their sense of empowerment after generations of reliance on the government. The Iraq Community Action Program similarly sought to re-establish community cohesion after years of war and sanctions.

Approach 2: Developing Technical Capacity

Many programs that seek to achieve a particular sectoral goal or objective include processes to develop technical capacity to deliver a service to the community. Examples are programs to train and support community health workers, caregivers of orphans and vulnerable children and people living with HIV/AIDS, literacy teachers, etc. In the past, many of these programs designed and implemented by technical specialists used conventional training processes and cascade training programs that were held for a short period of time to teach participants the knowledge and skills they needed to perform a service. After years of implementing this practice, practitioners have learned that this approach is often not, on its own, effective. With some exceptions, cascade training has been shown to have diminishing effectiveness the further from the original training experience it gets. This is not to say that training in and of itself is not effective. Rather, often the ways in which training is designed and supported following training events have not been well conceived or implemented, or have been under-resourced. Success of this approach is measured through the ability of community-based service providers to provide services and the subsequent effect that improved availability, access and quality has on particular social sector indicators. Examples of processes that have been effective in developing technical capacity to deliver services at the community level are presented below. They are often combined in various ways to strengthen the overall technical capacity needed to deliver quality services. If the necessary community structures and systems are not in place to support service delivery programs, you may need to consider combining these technical capacity strengthening processes with a broader approach to community capacity strengthening.

Competency-based training that applies adult learning principles: rather than emphasizing academic learning topics or subjects, this type of training is organized around what trainees need to be able to do as a result of the training. The training provides participants with the information they need to know in order to be able to perform specific duties or tasks and the opportunity to practice new skills within the training context in as close to a real life setting as possible, while offering participants support and feedback. [Insert competency based education and training process model link here…]

Supportive supervision: a supervision process that builds on the service provider's strengths and encourages improvements in performance by providing positive and constructive feedback and support. Supportive supervision often involves the development of a supportive team culture through which peers as well as a supervisor support each other in developing each other's knowledge and skills to improve overall performance of the service delivery team. [Insert supportive supervision link here]

Quality Improvement processes: ongoing processes through which those who provide services identify ways in which their services can continually be improved and develop, implement and monitor strategies to improve their performance. There will usually be quality indicators that service providers

will monitor over time to determine whether or not their performance is improving. [Insert QI link here]

Monitoring and evaluation processes: assessments carried out by the service providers themselves and/or by others are often used to provide information on the current situation, if services are already being provided. These assessments are often repeated at different intervals over time to identify progress and areas in need of support. Service providers may be involved in collecting and analyzing data from their work and may also work with the broader community to do this. For example, a Village Development Committee may work with parents and teachers to monitor school performance. The results of the joint analysis may lead to recommendations on how teachers can be more effective. [Insert M&E basics link here]

Formal pre-service education: some programs support the educational expenses of community members so that they can complete the education necessary to qualify them for service to their communities. For example, some programs have provided scholarships to community health workers to go on to complete their nursing degree (often with the commitment to return to serve their community for a specified amount of time).

Partnering: a community may decide that it would be more effective and efficient to strengthen its service delivery capacity by inviting an existing NGO that is not currently working in the community to expand its coverage and provide services in this new community. [Insert Save Partnership resources links here]

Coaching: a coach can help a community service provider clarify performance objectives and develop and implement strategies to improve performance. [Insert coaching overview link here]

Communities of practice: service providers belong to a network of peers and others interested in the topic and share challenges and solutions, discuss practices and how to improve their results. These networks may be online or may meet in person. [Insert CoP link here]

Learning by doing/experiential learning: the service provider becomes more proficient as s/he gains more experience and seeks out solutions to day-to-day challenges. [Insert participatory learning and action, action research links here]

The technically-focused, capacity strengthening approach is often based on the **principles** of equity and access to health or education services for those families and communities who either, because of distance to services or limited provision of national services, cannot participate in education or health services. Advocacy at a national level for underserved populations' right to health or education services, and appropriate policy change to address these gaps, is also a principle in this type of an approach. The ***purposes*** of such programs can be focused on such issues as: saving children's lives through increased use of curative health interventions by assuring that they are accessible, delivered close to where families live, at high quality and promptly sought by families; or, increased access for families to early childhood education and development services. Individual community health or education volunteers,

and government health and education services, often at the district or local level in decentralized environments, represent the ***platform*** that allows such an approach to function. National ministry of health or education partners also are key for affirming policies which permit innovations in this approach to operate in-country, and provide the necessary infrastructure which comes from a functioning health or education system such as medicines and books, health worker and education policies, and logistics. The ***people***, whose capacity is being strengthened are often community health or education volunteers, and national and local health or education staff, depending on the program.

The ***process*** used to strengthen technical skills at the community level consist of: 1) working with key national, and local government partners to advocate or amend policies which influence service delivery and/or quality; 2) development and approval of national training guides; 3) provision of training of trainers by SC/US staff in coordination with national or local government partners; 4) community selection of volunteers; 5) provision of training to volunteer community cadres by local partners (with SC/US guidance and often budget) in health or education skills, depending on program goal; 6) supportive supervision of training of trainers and monitoring checklists developed by SC/US for local partners. This can include community rights-holders who monitor and hold health cadres to account, or child participation in programming, including Child Right Governance programs; and 7) a project evaluation of health or education objectives to be shared with donors and key government partners. Key ***products*** that assist individual cadres include: national CCM Training of Trainers Curriculum; CCM Supportive Supervision Guide for district partners; early childhood development training materials; and innovative teacher training resources, etc.

Case: Community Case Management in Nicaragua (To the Last Corner)

Save the Children International's Board approved *Hasta el Último Rincón* (To the Last Corner) in Nicaragua as a Signature Program in November 2013 in recognition of its epitomizing the full Theory of Change to support our Health and Nutrition Breakthrough***: No child under five should die from preventable causes, and public attitudes will not tolerate high levels of child death***.

Deaths from common childhood illnesses are preventable if families are able to reach and use services that deliver high-impact interventions. However, nearly a third (30%) of Nicaraguan rural families lives in "C" communities, those more than two hours from the nearest health facility. Distance, seasonal road impassibility, lack of public transport, and cost can result in non-treatment, delayed treatment, and advanced disease or death.

In response to the lack of access to life-saving curative care, Save the Children catalyzed and helped introduce Community Case Management (CCM) in Nicaragua through an existing, community health worker volunteer brigade, the *brigadista*, composed of trained volunteers who provide care to sick children under-5 and reside in remote communities. The CCM strategy – delivered through the Ministry of Health (MOH) – targets "C" communities and trains, equips, deploys, supervises, supplies and monitors *brigadistas* to assess, classify, treat, counsel, and occasionally facilitate referral for sick children. *Brigadistas* also encourage the use of best household and community practices to prevent disease and promote health, especially for women and children.

The goal of CCM is to save lives by averting death due to pneumonia, diarrhea, dysentery and other severe diseases among children 2-59 months of age. The overall approach was to introduce, integrate and scale up CCM within Nicaragua's existing national maternal and child strategy (*Modelo de Salud Familiar y Communitario* or MOSAFC) for remote, rural communities.

The CCM Program in Nicaragua illustrates the technical-focused, capacity-building approach at the community level, and at the national level with ministry and non-governmental partners. Its *principle* is that no child under five should die from preventable causes, and public attitudes will not tolerate high levels of child death. This includes a pro-equity strategy to redress imbalance in access to, and use of, evidence-based interventions for sick children in rural Nicaragua. The project's *purpose* was to save lives through increased use of preventive and especially curative interventions by assuring that they are accessible, delivered at high quality according to protocol, appropriately and promptly sought by families, and supported by appropriate community structures and national policies. The *platforms* used were the community health volunteers, the *brigadistas,* as well as a national level CCM Technical Advisory Group comprised of representatives from the national ministry of health and members of NICASALUD (a federation of 26 Nicaraguan non-governmental organizations, e.g., CARE and PATH), MOH, Inter-American Development Bank, USAID's Quality Assurance Project, Pan-American Health Organization (PAHO) and UNICEF. The CCM Technical Advisory Group's role was to review Nicaragua's case management, learn global state-of-the-art for CCM, review the proposed CCM strategy and vet the monitoring and evaluation plan.

The *process* used by the program involved: 1) the training of 120 MOH staff to support CCM and 360 *brigadistas* to deliver CCM (case management, follow-up, stock management, record keeping); 2) obtaining assurance from local MOH offices in León, Jinotega and Matagalpa for uninterrupted medicine supply, serving a national priority to reduce self-medication and antibiotic misuse; 3) assembling of CCM kits for *brigadistas* with zinc, oral rehydration salts, furazolidine, amoxicillin, liter mixing container, counselling cards, reminder cards; 4) supporting regular bi-monthly supervision of *brigadistas*; 5) developing, testing, adapting and institutionalizing a monitoring framework to track use, availability and quality of CCM; 6) training family caregivers to recognize and quickly respond to illness signs, to deliver home care, and to adhere to recommended treatment and/or referral; 7) conducting twice-yearly meetings with the MOH to review progress and to plan; 8) advocating through NICASALUD for scale-up opportunities, resulting in adding CCM – with Save the Children's technical support – to *Famisalud*, the USAID maternal and child health project in the Atlantic Coastal Regions and Chontales and Río San Juan Departments; 9) documenting results in peer-reviewed literature; and 10) sharing annual evaluation and experience with departmental MOH teams (2009-12). *Products* included the CCM training package supervision tools and job aids.

In Nicaragua, CCM is an innovation because it transformed the role of volunteer *brigadistas,* equipping them to deliver case management, historically the prerogative of physicians. Moreover, the CCM package treats dysentery and sick young infants, both of which are rare CCM components globally. Indeed, "grafting" CCM for young infants onto the existing CCM platform requires adding both postnatal care, care for newborns (<28 days) with signs of possible severe bacterial or localized bacterial infection, and care for sick infants 28-59 days old. This latter group is almost always omitted from CCM globally. Delivering evidence-based, curative interventions not only saves lives, but also enhances *brigadistas'* credibility when they promote high-impact, preventive interventions, such as timely immunizations, breast and complementary feeding, and antenatal care.

CCM has yielded much evidence, including publications and program guides, to inform global CCM practice in supervision, quality assurance and monitoring. The CCM pilot in León Department resulted in a national CCM health policy for all "C" communities. The NICASALUD federation now supports CCM in its community health programming. Currently *brigadistas* treat about 5,000 cases of illness annually; the case breakdown for 2011 is as follows: pneumonia (2,198), diarrhea (925), dysentery (379), and other diseases, such as upper respiratory and skin infections (1,032). They successfully referred 111 cases of severe pneumonia and other serious illnesses to health centers. This early and effective case management helped reduce under-five mortality due to pneumonia, diarrhea and dysentery by 50% since 2006, according to data from departmental Epidemiological Surveillance Systems in Matagalpa, Jinotega, and León, which was corroborated by annual PROCOSAN (Program for Community Health and Nutrition) census sweeps.

CCM as a technical approach has also achieved sustainability. Human capacity for the strategy is secure, with 70 health personnel and 360 *brigadistas* currently working in CCM regions. Official program inputs are in place, including a training package, *brigadista* technical manual, supervision checklist, and monitoring framework. Political support is strong: the MOH adopted CCM as a component of PROCOSAN and now supports initiatives to expand CCM into Nueva Segovia and Estelí, Madriz, funded by the Inter-American Development Bank.

Conclusions and Applications

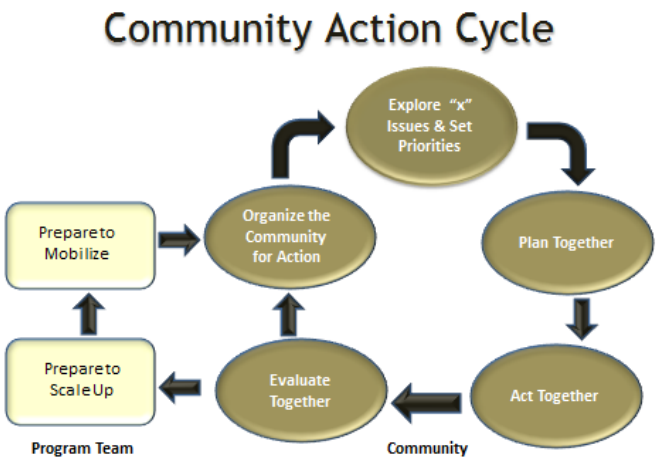
Technically focused approaches to community capacity building provides great opportunities to build partnerships, develop, test and apply quality products, and develop expertise at national and international levels. The focused nature allows for close monitoring using quantitative indicators, measurement and documentation of results. The Nicaraguan CCM monitoring framework developed by Save the Children has gone on to inform global best practices, including a compendium of indicators. The concept of linking patient registers, supervision checklists and monthly summaries supporting a handful of result indicators arose in Nicaragua. At the same time Nicaragua has represented an important step in the development of Save the Children's global CCM portfolio which currently includes 48 CCM projects in 20 countries

Approach 3: Developing Community Capacity to Work Together to Achieve a Common Goal

This approach combines strengthening a community's ability to work together (leadership, management, organizations, governance, problem identification and problem solving, conflict management, etc.) with strengthened technical capacity in areas related to the achievement of a mutually agreed upon goal or objective. In this approach, success is measured through the achievement of a particular goal as well as strengthened community capacity to work together to sustain improvements as well as apply what they have learned to other aspects of community development. These approaches often involve community members in all aspects of a program cycle to develop their capacity to plan and implement programs to improve their well-being and quality of life.

The Community Action Cycle (CAC) is an example of this process. The CAC is organized around a program cycle that involves community members in all aspects of the program, to strengthen community capacity to engage throughout the process, as the community works toward achievement of a common goal. The CAC consists of seven phases: 1) prepare to mobilize; 2) organize the community for action; 3) explore the issue and set priorities; 4) plan together; 5) act together; 6) evaluate together; and 7) prepare to scale up.

Figure 6: Community Action Cycle



In a donor-supported program, if the community is not carrying out the cycle on its own, the external organization(s) that is (are) supporting the community are the primary actors in phases 1 and 7, while the community is the primary actor in phases 2 through 6 and the external organization plays a supporting role, adapted to the needs of the community during these phases. Through participating in the cycle, community groups learn how to work together to organize themselves, gather and analyze information about the current situation and prioritize what is most important to them, plan, implement actions, monitor and evaluate their progress. They often integrate people who have not participated in community processes before so that their voices are represented and they also provide opportunities for those most affected by and interested in an issue to participate in addressing the issue. Throughout the process, community groups learn how to work together to identify and resolve problems, manage

conflicts, use data for decision-making, develop leadership and management skills, and many other skills. For a complete description of the CAC process, see [*How to Mobilize Communities for Health and Social Change* - insert link here].

This approach strengthens a community's abilities to own, manage and sustain program strategies and activities, while also addressing a focused development goal. In essence it works to combine the first two approaches outlined in this section. *Principles* in this approach seek to build resilient communities despite unstable national social service systems, politics and environmental adversity leading to draught, famine and forced migration. The *purposes* work to assess and strengthen a community's ability to explore, plan and act collectively towards a specific goal (which might be externally driven initially), and - with an eye towards sustaining individual and community participation towards that goal after the project or program has ended - strengthen community organizational and planning capacity to address a specific health, education or development goal. Often the purpose attempts to address the underlying issues creating barriers to change which may include gender, power relations, and cultural and social norms.

The *people* involved in this approach are those most interested or affected by the health, education (development) issue and who would be most committed to engaging in addressing the issue. This could be women of child-bearing age, or fathers who have lost a wife who would want to be part of a group that addresses maternal health. Similarly, people involved in an HIV and AIDS prevention, care and treatment program might be persons living with or affected by the disease. The *platforms* involved to reach these people may include existing or newly formed 'core groups' which act as the driving engine for the community organizing and collective action process. Additional platforms in this approach might also include government stakeholders working to provide services to communities and address the development issue, and non-governmental organizations building the capacity of community-based organizations who are working for positive change. The *process* for this approach often includes the training of local governmental or non-governmental partners, often specific to the goal (health or education ministries for example), in community empowerment to explore, plan, and act together to achieve desired development outcomes. Community capacity building might include a technical focus, for example, learning about the benefits of early childhood development and how an early childhood development center would work. *Products* could include training curricula and job aids which build community skills in getting organized; exploring and prioritizing issues related to the goal, and planning and acting together, including monitoring their own progress.

Case Study: Strengthening Community Capacity in Zambia at Scale

In collaboration with the Ministry of Health of the Government of Zambia, the Health Communication Partnership Zambia (hereafter, HCP/Zambia) designed and implemented activities aimed at supporting a multi-sectoral response to address health needs in Zambia. The goal of the five-year project, which ended in December 2009, was to support individuals and communities to take positive health actions by strengthening community-based systems and networks, mobilizing religious and traditional leaders, engaging youth, and promoting positive gender norms.

The areas where HCP/Zambia worked represented vast, needy, and underserved locations. Compared with other, more industrialized districts, formal health services were lacking. The District Health Management Team (DHMT) oversaw health needs and programs, yet had uneven capacity for deep community engagement in health issues, including assessing community strengths and gaps, planning with communities on health priorities, implementation and monitoring outcomes. Each health zone had a Neighbourhood Health Committee (NHC) comprised of volunteer community-based agents who coordinated community-level responses to health problems by mobilizing community-level dialogue and facilitating collective action. The NHCs were a Ministry of Health-initiated effort to increase participation in health at the community level. At the time of the HCP/Zambia initiative, many of the selected NHCs lacked the necessary skills and capacity to fully participate in health. HCP/Zambia was implemented in 22 districts, located throughout the nine provinces of Zambia.

HCP/Zambia *principles* were generated to guide staff and partners in the application of project approaches and to address the underlying issues affecting health behaviors. These included: acknowledging community strength and experience; promotion of broad participation, including those most marginalized and affected; gender equity; youth involvement and engagement; and empowering dialogue, reflection and action. The *purpose* of the project was to revitalize and improve the organization and skills of NHCs/NGOs/CBOs to assess their community health and HIV/AIDS needs and resources, prioritize those needs, plan, implement, and monitor progress while acknowledging and linking community strength and experience. *People* engaged in the project acted as a catalyst to change and included youth, women, people living with and affected by HIV and AIDS, and caregivers of orphans and vulnerable children. Their primary goal was to recognize and utilize health and social services, identify key health problems and the underlying barriers to change, and develop action plans to mitigate those problems, including recognizing when they should seek to mobilize internal and/or external resources and, ultimately, increase health-enhancing actions.

Working through the *platform* of existing community systems and organizations, HCP/Zambia created a network of existing groups and organizations empowered to facilitate dialogues and collective actions around local health and social issues. *Platforms* also included use of strategic communication and media to create an enabling environment for health and social change, and to support community action plans. In recognition of the power of radio programming for education, the project developed two serial (26 episodes each) radio programs - one targeting persons living with HIV and their caregivers, and the other a distance learning programme for NHCs and CBOs on a variety of health issues and community concerns. *Community Listening Groups* were either developed or strengthened, sometimes tapping on already existing groups for radio programs on agriculture or basic education. Over 103 *Safe Motherhood Action Groups* (SMAGs) were also formed and strengthened to facilitate the dialogue on maternal health,

birth plans for safe and clean deliveries, child health, and male involvement in reproductive health, including family planning.

Community strengths were leveraged through *Community to Community Exchanges.* NHCs shared their experiences, starting with action plans, leadership structures, record keeping practices, resource mobilization ventures, and successes and failures. These successes and failures included the involvement of traditional leadership in community health programs, how to manage a nutrition program for children under five, the construction of maternity waiting areas, and income generating activities.

The HCP/Zambia *process* included: 1) community social network assessments to understand community structures, and identify existing networks of NHC/NGO/CBO groups; 2) a gender analysis which explored the division of labour between men and women; their roles and participation patterns, and men's and women's access to and control over resources and benefits; and the constraints and opportunities for the promotion of gender equality; 3) capacity assessments of NHC/NGO/CBOs to identify community mobilization strengths, as well as capacity building needs, and establish joint plans for skill building; 4) a flexible capacity strengthening 'menu' based on NHC/NGO/CBO/FBO priorities:

- Community Action Cycle[10] (CAC);
- Leadership;
- Conflict Resolution;
- Financial Management, proposal development and linking to locally available resources;
- Monitoring community capacity;
- Participation of marginalized groups;
- Strategic Planning and development of Action Plans; and
- Technical health and HIV/AIDS updates;

5) mentoring and support to community groups on strategic plans for HIV/AIDS, MCH, malaria, RH/FP and safe motherhood; and 6) gender workshops where men and women worked together to achieve common goals. Trainings identified and reached consensus on male dominance, gender-based violence, lack of self-confidence, access to economic opportunities by women, and the absence of male involvement in reproductive health matters. Participants generated a plan on how to address the identified issues, followed up by District Program Officers during supportive visits. Results of the community assessments revealed that community leadership roles were dominated by men in the NHCs, CBOs and NGOs. This was addressed by a number of efforts including:

- inviting women to every community activity spearheaded by HCP/Zambia in which they would have been previously left out and requesting a 60% representation of women on NHCs to increase voices of those most affected and interested;
- integrating gender discussion in capacity building trainings;

[10] The Save the Children Community Action Cycle is the centerpiece of its community mobilization approach which fosters a *community-lead* process through which those most affected by and interested organize, explore, set priorities, plan and act collectively for improved health.

- encouraging women's groups to apply for grants offered by the American Embassy; and
- raising awareness in communities on stereotyped terminology such as chairman or manpower.

Products: Overall capacity of NHC and DHO members was built using a *Simplified Guide to Participatory Planning and Partnerships* and *Health Care within the Community updated by HCP/Zambia* to include steps in the CAC. The orientation provided participants with skills on how to mobilize communities around health concerns and other social issues. Listening guides for the radio programs *Living and Loving* and *Action for Health with Sister Evelina* were developed, sharing experiences and best practices from people across Zambia – health staff, NHCs, CBOs, and community members. The 26 episodes were broadcast weekly and written primarily for NHCs, but also were used by CBOs and community members. Each radio program explored an important health topic. The program also featured success stories from NHCs, CBOs, community members, and health center staff from around Zambia, encouraging collective community action for better health. *Community Health Information Cards* were developed which provided community volunteers with a comprehensive set of tools for discussing health topics with their communities. The large A3-sized cards focused on a variety of health topics such as: HIV and AIDS; malaria; child health; reproductive health; community concerns; and details about how to facilitate the dialogue. A *Community Theatre Facilitation* manual with detailed drama toolkits further encouraged community dialogue.

HCP/Zambia conducted trainings through District Health Offices and at the community level for 1,803 communities in 22 HCP/Zambia districts in participatory planning and partnership, leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic planning, gender, and monitoring and evaluation. A total of 7,179 community members were trained during the life of the project. In the final year, 120 communities were given financial assistance to sustain community activities for better health. To qualify, communities developed proposals detailing how material support would address a local issue and the degree to which there would be substantial community participation and in-kind contribution. Activities funded included construction of health posts and universal child immunization shelters, income generation for orphans and vulnerable children and people living with HIV, water well protection, construction of maternity annexes, procurement of community bicycle ambulances, construction of bridges to improve access to health services, insecticide-treated mosquito nets for malaria prevention, and audio visual equipment for information communication campaigns.

Conclusion and Applications

The aim of HCP/Zambia was to strengthen the overall capacity of community members to create health-promoting environments, *and* to see positive health and social change outcomes. The guiding hypothesis was that improved capacity would yield an increase in health-enhancing actions or behaviors. Thus, community capacity building, while considered a valuable end in itself, was conceived primarily as a means to enhance health outcomes given that the funding was designated for health. The assessment of changes in (a) community capacity and (b) the link between community capacity and health outcomes were central to project evaluation. Changes in community capacity were measured through six domains: participation; collective efficacy; conflict management; leadership; effective leadership; and social cohesion. Significant change in all six domains of community capacity was found in all intervention

districts compared to comparison districts. Additionally, community capacity mediated by community action and controlling for confounders, had a significant effect on women's contraceptive use, children's bed net use, and HIV testing. The results indicated that the HCP/Zambia intervention had direct effects on community capacity, and that enhanced capacity was associated with having taken community action for health. The overall approach to strengthening community capacity has the potential to serve as a means to an end - improved health behaviors and reported collective action for health - and an end-in-itself, both of which are essential to a resilient community.

Section IV. MONITORING AND EVALUATION OF COMMUNITY CAPACITY STRENGTHENING

Key Points:

- The community is a legitimate stakeholder and actor in monitoring and evaluating their own capacity.
- Indicators, methods and tools for measuring community capacity are available and can be used to evaluate programs with objectives focused on strengthening communities.
- Based on recent research strengthening community capacity can generate collective action and *greater* sectoral results.
- A learning agenda for community capacity strengthening is growing, and should be considered for future funding opportunities and project design.

Framing the Approach

Measuring progress in community capacity strengthening is a relatively new and growing field. Some recent areas of inquiry which Save the Children is pursuing include:

- Which program approaches lead to the greatest positive change in specific community capacity domains/indicators?
- Does general community capacity strengthening contribute to improved program results (e.g. positive changes in children's health status, education, family livelihoods)? How?
- What effect does community capacity strengthening have on sustainability of program results? On community resiliency to recover in times of crisis?
- To what extent do communities apply strengthened capacity that is learned in one program to their work in other programs?
- How is community capacity, once strengthened, best sustained as leaders and participants change over time?
- Which indicators of community capacity best lead to more resilient communities?

Stakeholders are increasingly being encouraged to measure and document their efforts to strengthen community capacity, if capacity strengthening is a component of the program design. However, there are diverse perspectives on how capacity development occurs, what framework to use, and how to measure it. For example, some programs build their evaluation framework around assumptions that can be expressed in a log frame with linear associations between inputs, outputs and outcomes. For example, if you train someone, they will be able to learn and use a new skill that is intended to resolve a problem or improve a particular situation. In recent years, systems thinking is being applied to monitor and

evaluate capacity development, which seeks methods that take into account non-linear processes. These processes are often unpredictable due to the many interactions within a given context that may not be under program control (and may not even be known) but that can affect outcomes. For example, someone who is trained and acquires a new skill, tries to apply the new skill and finds that the new skill is not effective in addressing the need because the context has changed. Another aspect raised by the systems thinking school is that the focus on specific indicators through monitoring, may distract a program's focus from larger contextual changes that may indicate the need for different types of capacity, in order to achieve a desired result.

Given the diverse range of evolving community contexts and programs, there may never be a global consensus on a framework. However, there is a fair amount of overlap of community capacity domains across many of the programs and studies that have been undertaken to measure community capacity. As such, there is a growing menu of indicator options for monitoring and evaluation to consider. Save the Children has undertaken efforts[11] to consolidate the social science literature on community capacity strengthening and frequently used domains and sub-domains of capacity, and adapt indicators to measure community strengthening efforts in the field. This work can be found in Section VI of the Community Strengthening Toolkit, entitled, *Tools for Monitoring and Measuring Community Capacity* and includes:

- Definition of Community Capacity Domains (A); (insert link)
- Community Capacity and Social Change Bibliography (B) (insert link)
- Domains of Community Capacity by Social Science Research (C) (insert link)
- SC/US Illustrative Community Capacity Domains and Indicators (D)(insert link)

From the SC/US literature review and subsequent community capacity research undertaken, detailed in the following section, ten domains were identified as common themes for strengthening and measuring community capacity: (1) understanding of community history; (2) organizational structure, social and inter-organizational networks; (3) community participation; (4) community leadership; (5) social cohesion; (6) sense of ownership; (7) collective efficacy; (8) resource mobilization; (9) information equity; and, (10) critical thinking/skills. A total of 53 sub-domains related to the above domains were also highlighted [Section VI Toolkit: *SC/US Focused Domains of Community Capacity for Health* -E. It is recognized that the selection of domains and sub-domains best required for strengthening and measuring capacity is dependent on both the specific community context and program goal.

Figure 7 below presents an additional resource and highlights the most common, general community capacity domains identified in a systematic review of 17 studies of community capacity building programs that have been evaluated.

[11] SC/US Technical Working Group on Measuring Community Capacity, 2006-2009

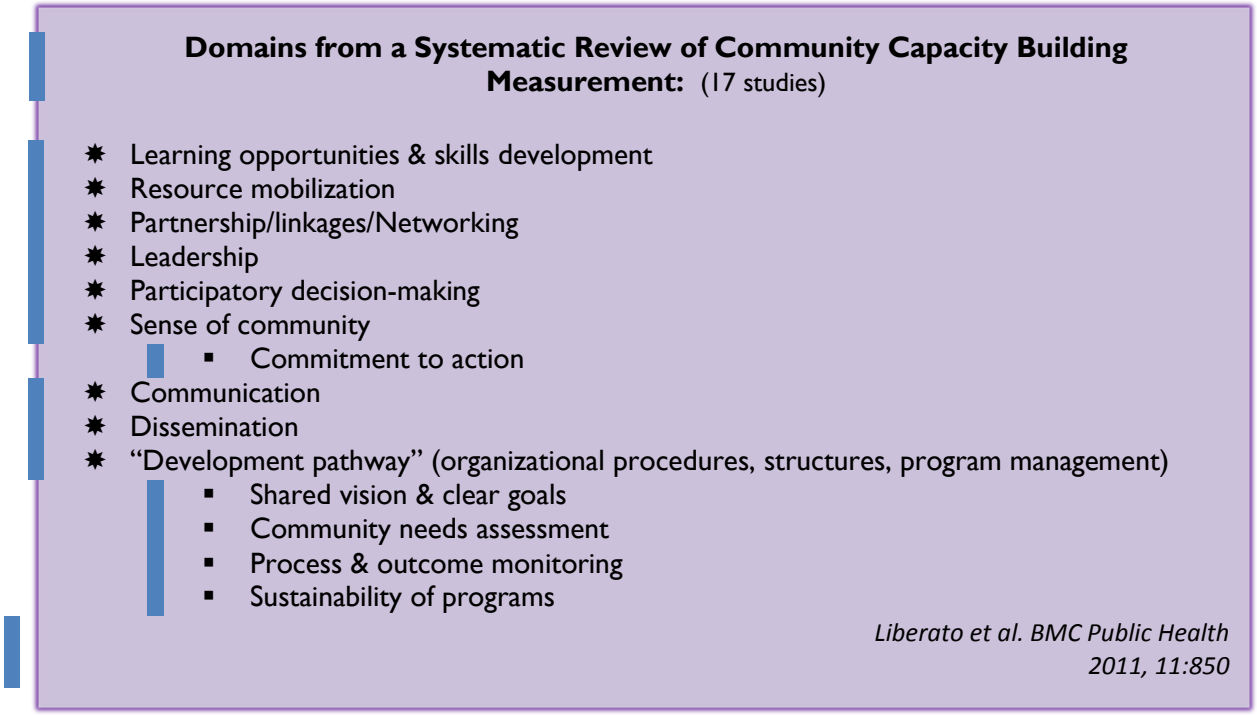


Figure 7: Domains from a Systematic Review of Community Capacity Building Measurement

Knowing where to start can be challenging, particularly with new programs and communities. There are several questions that you can consider as you design the approach to monitoring and evaluation that may be helpful in addition to the standard M&E questions about the type of evaluation you are doing (formative/assessments, process or outcome monitoring, process, outcome or impact evaluation). We will not go into the standard approaches to M&E here since there are many resources available, but instead will focus on those aspects particularly relevant to think about when monitoring and evaluating capacity development.

Who will participate in and benefit from monitoring and evaluating community capacity?

Monitoring as a form of accountability and learning for *all stakeholders,* including communities, requires planning program design, and appropriate monitoring tools to enable communities whose capacities are being strengthened to evaluate progress. Increasingly there is recognition of the role communities can and should play in using their own data and measuring change in their own capacity. Community monitoring of its own capacity is also emerging as a capacity-strengthening exercise in itself.

During the program design process, it is important to keep in mind that monitoring and evaluation is undertaken by multiple stakeholders for a variety of reasons. Your monitoring and evaluation plan should identify the various stakeholders, including for example:

- **Program team members** view monitoring and evaluation from a program implementation perspective. They may have certain reporting obligations to donors and will need to know how the community is progressing in order to better support the capacity strengthening process, identifying areas with which they can help and other areas that may require support

by other organizations or individuals. Program team members will also want to learn lessons across communities about what is working and not working well that they can share with communities, their own organizations and their partners in order to improve the capacity strengthening process over time.

- **Communities monitor and evaluate their own progress** and will also be active players in learning how to monitor and evaluate as they are applying these skills. They acknowledge and celebrate successes and identify areas for further improvement. Whether they are carrying out a self-assessment of their capacity in key domains, monitoring progress on the implementation of their action plans, or evaluating the extent to which they achieved their desired objectives, they will also be strengthening their capacity to monitor, evaluate and use data for decision-making and planning. It may not be possible at the time of project proposal development to pre-determine exactly who will participate and how monitoring and evaluation will occur in any given community. However, it is important to include a discussion about how the program will work with community members, in order to develop an M&E plan and process that will work for them.

  Save the Children has experience bringing together representatives from many communities involved in the same project or program to carry out a participatory evaluation process that facilitates peer sharing and learning across communities. This type of evaluation process sparks new ideas and encourages communities to try new approaches that they learn from their neighbors.

- **Donors and other implementing agencies** are interested in learning from the monitoring and evaluation process so that they can implement more effective programming and make more informed investments in future programs.

- **Academics** are interested in monitoring and evaluation to advance the thinking and documentation about community capacity strengthening, identify trends and develop frameworks that can help inform policy decision-making and educate future community development professionals. If your program aims to publish research in the area of community capacity strengthening, or intends to do impact evaluation, you should consider working with research and evaluation professionals and plan for significantly more time and financial resources to cover this level of evaluation.

What capacity will be monitored and evaluated?

While this may seem obvious, it is important to ensure that your M&E plan includes ways to measure the overall success of the program as it relates to the intended purpose of the program. Given what you know about the community context and the purpose of the program, will the emphasis of your program be on technical capacity, community capacity to work together effectively, or both?

Measuring Capacity to Work Together: If the main purpose of the program is to develop community capacity to work together effectively (strengthening capacity as an end in itself), then you will

need to consider how to choose among the many possible domains and indicators. Some programs start by using an existing community capacity assessment, such as Save the Children's *Community Participation and Management Assessment* Tool that serves as a general guide for community self-assessment, reflection and discussion (see Section VI: Community Strengthening ToolKit). Other programs may use the program process design as a framework for monitoring and evaluation. For example, as communities proceed through the *Community Action Cycle* process they develop some general competencies that can be monitored and evaluated throughout and/or at various points during the program. Table 3 below presents examples of community capacity indicators according to the CAC phases. For a more extensive list of possible indicators, see Section VI: Community Strengthening Toolkit: *Community Action Cycle – Community Capacity Indicators* (F)

Table 3: Community Capacity Indicators According to the CAC Phases

Phases of the CAC	**Indicators**
Organize for action	#/% of community orientation meetings conducted
	Community 'core group' is well organized: Chairperson, Vice-Chair… meet on its own regularly make decisions openly…
Explore & set priorities	Information on program area analyzed and issues identified
	Priorities set on a consensus basis
Plan together	Existence of a written action plan with clear Goal and objectives Strategies and activities Timeline and responsible people
Act together	#/% resources leveraged
	#/% activities implemented
	Progress monitored to inform new plans

Measuring Technical Capacity: If the main emphasis of the program is to develop technical capacity to deliver services or carry out a particular activity or function (e.g., strengthen a community's ability to advocate for an issue), then your M&E plan will emphasize specific technical knowledge and skills (competencies) and potentially measures, associated with supporting the application of these competencies. There are often resources available on how to measure specific technical competencies that you can adapt to meet the needs of the program. For example, the health sector offers global and

national protocols, policies and guidelines for how to deliver child health services and many M&E tools have been developed to help health services supervise and monitor performance. Similarly, in education there are often specific teacher competencies and standards that can be used as a basis for monitoring teacher performance. Technical monitoring and evaluation competency can be done using a combination of methods and tools including, but not limited to: self-assessments, knowledge pre- and post-tests, observation of the learned competencies in a teaching setting or, preferably, in the real life setting in which the skills are used, feedback from those who receive the service, supervisor observation checklists and reports, peer feedback, and service records.

One of the most frequently used evaluation frameworks for developing competencies through training and other learning approaches is the "Four Level Training Evaluation Model" developed by Donald Kirkpatrick initially in 1959, and updated in 1975 and again in 1994. The box below provides a brief overview of the levels of evaluation in the model. The full model can be found in Section VI, Community Capacity Toolkit: *Kirkpatrick's Four Level Training Evaluation Model*

Table 4: Kirkpatrick's Four Level Training Evaluation Model

KIRKPATRICK'S FOUR LEVEL TRAINING EVALUATION MODEL
Level 1: Reaction This level measures how well those being trained liked the training. Post-training surveys or more open-ended evaluation forms are often used to collect data on trainees' reactions to the training.
Level 2: Learning This level measures knowledge, skills and attitude change learned as a result of the intervention.
Level 3: Behavior This level of evaluation goes beyond level 2 learning to measure to what extent the learner can apply what s/he learned in his/her real life context.
Level 4: Results This level measures the extent to which what was learned and applied by the learner led to achievement of the results that the program desired. It is the most challenging of the four levels to measure.
Level 5: Return on Investment Several evaluation experts in the field have proposed the addition of a fifth level. This level would compare the costs of learning interventions to achieve particular results.

Methods and Tools for Measuring Community Capacity

Community capacity domains and indicators can be measured in quantitative and qualitative terms. Experience has shown that quantitative findings are often validated using qualitative tools, and provide a greater understanding gleamed of results. Regardless of the method used, all indicators must be considered in light of the community context over time in order to be relevant and meaningful.

In order to advance the state of the art in measuring the association between capacity building and development and social change outcomes, SC/US conducted field research in programs implemented in Vietnam, Uganda, Nicaragua, Zambia and the Philippines. The programs aimed to address health, education, or HIV and AIDS using a range of strategies, including improving the enabling environment for positive change. The research hypothesized that increasing community capacity is an important strategy for communities in order to achieve and sustain results. In the Zambia research, a direct association between an increase in community capacity and health outcomes was demonstrated.

The table below outlines the SC/US research undertaken to measure community capacity, and the accompanying case studies on these pages summarize the research methods, results and analysis of data. Complete reports on this research and accompanying tools can be found in Section VI, Community Capacity ToolKit under *SC/US Research to Measure Community Capacity* and *Tools for Assessing Community Capacity*.

Table 5: Summary Table of Measuring Community Capacity Studies Conducted by SC/US

Overall Setting	Programmatic Area	Method Used to Identify Domains and Sub-domains	Capacity Domains Measured
VIETNAM Quang Tri Province, Child Survival Program 2007	Child Health	FGDs with community members, key informants, community leaders and program partners	Collective Efficacy Information Equity Sense of Ownership Social Cohesion
UGANDA Nakasangola District HIV Program 2007/08	Basic Education HIV	FGDs with community leaders, key informants and SMC members	Resource Mobilization Leadership Participation Social Cohesion Sense of Ownership Collective Efficacy Critical Thinking/Skills Organizational Structure Information Equity
NICARAGUA Department of Chinandega Food Security Program 2007/08	Child Nutrition	FGDs and IDIs with community members Group discussions with program staff Individual rankings by program staff	Leadership Social Cohesion Collective Efficacy Organizational Structure

ZAMBIA Twenty-two Districts Multi-sectoral Program 2008/09	Maternal and Child Health & Nutrition Reproductive Health HIV Malaria	Community-generated indicators using FGDs and with community members Semi-structured interviews with key informants using an adaption of the *Most Significant Change* approach	Leadership Participation Social Cohesion Collective Efficacy Organizational Structure Resource Mobilization Critical Thinking/Skills
PHILIPPINES Mindanao Basic Education Program 2008/09	Quality of Basic Education	FGDs and IDIs with community members, teachers, and SMC members Group discussions with program staff	Leadership Participation Social Cohesion Collective Efficacy Community History Resource Mobilization Information Equity

Community Capacity Helping to Improve Child Nutrition in Nicaragua

A Case Study

Background SC/US asked, "How does community capacity modify the effect of health activities to improve child nutritional status?" The programmatic context was a five-year (2002-2008), USAID Food Security Project in 105 communities, in four municipalities in Chinandega, Nicaragua. The project aimed to increase food availability and maternal and child health and nutrition through the increased use of maternal and newborn care interventions and food availability through *brigadistas* (community health workers), *Casas Rurales de Niñez*, revolving funds, women farmers, and food rations.

Methods Formative research was used to select the community capacity domains for study. Researchers administered a 17-item Likert scale to 30 informants (15 male and 15 female from four communities [two successful, two unsuccessful]) who prioritized leadership and social cohesion – to which collective efficacy and organizational structure were added. Informed by a literature review, Save the Children staff used individual ranking of feasibility and program relevance to identify 14 sub-domains for these four community capacity domains. A matched case-control design of 10 communities was used: five successful and five unsuccessful (% per year decline in level of weight-for-age Z-score <-2 among children less than 24 months old from 2004 to 2007: > 2% or <1%, respectively). Successful and unsuccessful communities were matched, based on four geographic and five socio-economic variables and programmatic inputs. Researchers were blind to community success status. Lot quality assurance sampling was applied to randomly select 19 individuals (age 20-60 years old, balanced male and female) from each community (n=190) for a quantitative survey. In addition, in each community one focus group discussion of 8-12 men or women (n=10 discussions) and two in-depth interviews of a balanced sample of younger (20-34 years) or older (35-60 years) males or females (n=20 interviews) was undertaken. Analysts, blind to community status, considered the five "red" vs. five "blue" communities, reviewed all quantitative and qualitative results for group sub-domain, scored each (1 [low] to 5 [high]), derived scores for group domains and for overall group community capacity, and broke the code. Domains and sub-domains with <0.2 difference (out of 5) between the two groups were removed and the quantitative household survey data was re-examined.

Results Community capacity between successful and unsuccessful communities varied little overall (3.6 vs. 3.4) for specific domains: networks (3.7 vs. 3.5), leadership (3.5 vs. 3.1), or collective efficacy (3.5 vs. 3.1) – although successful communities did score higher, except for social cohesion (3.6 vs. 3.8). After eliminating non-discriminating domains and sub-domains, the difference in scores was more apparent overall (3.6 vs. 3.1) and especially for leadership (3.7 vs. 3.1) and collective efficacy (3.4 vs. 2.7) for successful vs. unsuccessful communities, respectively. The most important sub-domains were flexibility and competence for leadership and others' capacity and problem-solving for collective efficacy. Illustrative qualitative data on leadership flexibility ranged from "anyone can become a leader [and continuation] depends on how he/she performs" (successful) to "volunteers stay in a position forever, unless they don't want to" (unsuccessful). On household surveys, successful community respondents identified community committees as leaders more commonly than counterparts from unsuccessful communities (38 vs. 30%) while unsuccessful community respondents identified presidents of community committees as leaders more commonly than their counterparts from successful communities (39 vs. 28%). Successful community respondents identified "planning equitable benefits" as a *brigadista* leadership characteristic far more commonly than counterparts from unsuccessful communities (73 vs. 50%).

Discussion The preliminary analysis showed that better leadership (especially flexibility and competence) and collective efficacy (especially others' perceived capacity and problem-solving) were associated with greater improvement in child nutritional status – when socioeconomics, geography, and project inputs were similar. Successful communities had more broad-based leadership and highlighted the *brigadistas'* role in achieving equity – possibly relevant to mitigating childhood malnutrition. Social cohesion, greater in unsuccessful communities, might have constrained fresh thinking, as noted in the literature, including trying healthier practices. The study was at the end of a five-year development project so all communities probably had increased their capacity, which may have masked some differences. More in-depth analysis, including factor analysis was planned.

Measuring Community-Generated Capacity Indicators in Zambia

Case Study

Background: In Zambia under the *Health Communication Partnership (HCP) Program (2004-2009)*, Save the Children worked to strengthen the overall capacity of community members in 22 districts to create health-promoting environments that produce positive health outcomes. Households and communities were encouraged to take positive health action by: (1) strengthening community-based health systems and networks; (2) educating and mobilizing religious and traditional leaders and youth; and (3) changing harmful social and gender norms. The guiding hypothesis was that improved capacity would yield an increase in health-enhancing actions or behaviors. Thus, community capacity strengthening, while considered a valuable end in itself, was conceived primarily as a means to improve health outcomes given that the funding was designated for health. Changes in: (a) community capacity; and (b) the link between community capacity and health outcomes, were central to project evaluation. The purpose of the study was to: (1) characterize, develop and validate a set of indicators of community capacity that would be incorporated into the HCP quantitative end-line survey; and, (2) develop scales for the domains of community capacity that were valid, reliable and internally consistent.

Methods The three-phase study characterized, validated, and applied community capacity domains. Phase I focused on elicited *community-generated* capacity indicators. A mix of participatory and semi-structured interviews and an adapted *'Most Significant Change'* approach (Dart, J. and Davies, R., 2003) was used. Community stakeholders identified the most significant changes that had taken place in their communities in the last two to three years through stories about how the changes happened, highlighting enabling factors, which then informed their selection of community capacity domains, sub-domains, and indicators. A total of 16 focus group discussions with men and women and 14 semi-structured interviews with key informants, mostly community leaders, in four study sites in both rural and urban settings was undertaken. This resulted in the identification of the most significant health and social outcomes, domains associated with the outcomes, and community level indicators. See Table 6 below. Community-identified indicators for measuring change in capacity were validated (tested) in Phase II with 720 randomly selected adults. The validated domains were incorporated in Phase III during the program, quantitative evaluation (2,462 adult women, 2,354 adult men) conducted in October 2009.

Results: The capacity domains identified by community members included: community participation, leadership, social cohesion, collective efficacy, individual efficacy, conflict resolution, and resource mobilization, amongst others. Five of the six community capacity domains measured improved significantly in all intervention districts compared to comparison districts. Individual efficacy showed change, but not significantly. The final survey showed that the intervention had direct effects on community capacity; and enhanced capacity was then associated with communities taking action for health. Finally, increases in community capacity mediated by community action and controlling for confounders, had a significant effect on women's contraceptive use, children's bed net use, and HIV testing.

Discussion: Changes in community capacity as a result of community mobilization efforts resulted in direct effects on community capacity, and were associated with communities taking collective action for health. In addition, statistically significant changes in health outcomes were demonstrated in intervention communities with increased capacity over non-intervention communities. The results indicated that building community capacity served as a means to an end - improved health behaviors and reported collective action for health - and an end-in-itself, both of which are essential to overall wellbeing. The significant results of applying SC/US community mobilization approaches in Zambia were published in the *International Quarterly of Community Health Education*.[1]

Table 6: Community-generation Indicators from Zambia

***Community-generated indicators* evoked, validated and measured in Zambia**	
Social Cohesion:	**Collective Efficacy:**
➢ Repay debts to others ➢ Did not help each other in times of need (reversed) ➢ Did not trust one another (reversed) ➢ Strong relationships ➢ Able to discuss problems	➢ Work hard to accomplish a projects ➢ Confidence in community problem solving ➢ Committed to same collective goals ➢ Solutions to problems
Individual Efficacy:	**Conflict Management:**
➢ My contribution can help ➢ I can participate	➢ Quick resolution to conflict ➢ Trouble dealing with conflict (reversed) ➢ Feuding for a long time (reversed) ➢ Getting involved to resolve issue
Leadership:	**Participation:**
➢ Women Leaders ➢ Leaders treat people equally ➢ Leaders listen ➢ Leaders lead by example ➢ Leaders are good at resolving disagreements	➢ Skills and knowledge ➢ Confidence to solve it ➢ I can participate

Strengthening and Measuring Community Capacity for Improved School Enrollment for Orphaned and Vulnerable Children in Uganda

A Case Study

Background SC/US implemented a four-year (2005-2009), PEPFAR-funded *Breaking Barriers* program, designed to increase school enrolment and retention for orphans and other vulnerable (OVC) children in 8 sub-counties (42 villages) in Nakasongola District, Uganda. Key interventions included supporting increased access to education, psychosocial support (PSS) and home-based care (HBC) services for OVC. Program strategies included strengthening existing infrastructure and building community capacity to better respond to the multi-sectoral needs of OVC. The Uganda research sought to demonstrate the association between community capacity and improved OVC school enrolment and retention.

Methods Both research phases used qualitative techniques. *Phase I* relied on participatory methods through which 54 informants identified 9 domains in order of importance in bringing about positive changes in OVC school enrolment. Domains prioritized were: resource mobilization; information equity; social cohesion; leadership; participation; skills; sense of ownership; organizational structure and collective efficacy. Community members also identified 26 indicators to measure their own capacity. In *Phase II,* 144 respondents aged 25 to 50 years from four rural communities, ranked their capacities according to the identified indicators. Participatory approaches such as ranking tools, Likert scales and open-ended questions were administered using structured group discussion. A total of six communities in Nakasongola were selected based on the following criteria: located in Nakasongola District; participated in SC's participatory community mobilization approach; applied the SC/US *Breaking Barriers* OVC program strategies; and demonstrated an increase in the number of OVC attending and retained in school. The selected communities were categorized into high and low OVC school enrolment outcome (high outcome: $\geq$ 25 children enrolled in early childhood development (ECD) programming and 35 children in Primary 1 or 3). All discussions were conducted in the local language, Luganda. After each group discussion, note takers provided English transcripts for Phase I and II which were then transferred to an Excel matrix for analysis. Responses from groups of men, women and leaders between communities with high and low OVC school enrolment were compared. Questions used a Likert scale to rank community perception of capacity (low=1, medium=2, high=3) for each indicator. These categorical values were then aggregated by sub-domains and/or domains.

Results Both woman and men from high outcome communities were three times more likely to rank their community's capacity as high compared to counterparts from low outcome communities (58 vs. 21% for women and 68 vs. 21% for men). High ranking domains of capacities were: community values; sense of commitment; sense of community; openness to change; enhanced free flow of information; frequent supportive information; awareness and correct knowledge of program/issue; structure, procedure and authority; resource mobilization; equity; diversity; vision and innovation; trustworthiness; participation in implementation and extent of participation. Curiously, leaders from high outcome communities were less likely to perceive their community's capacity as high compared to leaders from low outcome communities (32 vs. 47%). High outcome communities also perceived their capacity as low in the domains of collective efficacy, resource mobilization, and critical thinking and skills.

Discussion Higher community capacity appeared to be associated with improved OVC enrolment and social support in this qualitative study. The community capacities identified by high ranking communities correlated with SC/US investments in education programs for adults and children, building capacity of school management committees, and training community members on the special needs of OVC. While this study did not measure change over time, it does suggest that investing in community capacity may have contributed to achieving greater OVC school enrolment and retention. The paradoxical finding of lower community capacity reported from successful communities' leaders is consistent with a modest or humble leadership style that could have encouraged others' talents and ideas to emerge, i.e., a net benefit. This would warrant further exploration. Finally, a result of communities participating in the study revealed community interest and ability in monitoring their own capacity for change.

Qualitative Measurement Tools

A number of qualitative methods and tools have been developed or adapted to measure changes in capacity strengthening, including some from the SC/US studies. Underlying their use is community reflection and analysis on results, incorporating findings to address capacity gaps that may still exist, and sharing skills gained with other communities through community-to-community exchange.

Community self-assessments (and also those assessments done by outsiders) are often based on a Likert or similar numeric rating scale. For example, *on a scale from 1 to 5 with 1 being low competence and 5 being highly competent, rate the community's ability to plan together.* Some community members new to working together in a program will over-rate their ability, and in some cultural contexts communities will initially underrate their abilities. After a year or so of experience working together, they tend to under-rate their performance and by the third year, their assessment becomes more balanced. Given these changes in perspective over time, the numerical values are not absolute and don't mean much if taken by themselves. What is more important is the discussion of examples to support the rating. It is important to document these examples in detail because they provide information about the context and can provide insight into how community members assess their capacity over time.

Given the contextual and subjective nature of self-assessment, it may be difficult to objectively assess progress of any given indicator over time based on numerical changes in the Likert scale ratings. However, there is another approach that can be used to complement a baseline self-assessment. After some time has passed, such as a year or two years, the community can revisit the original self-assessment indicators but be invited to reflect on how they would now rate their capacity "before" (e.g., at the beginning of the program, a year ago, etc.) on that indicator and how they would rate it now and provide examples that support their rating for each time. This type of assessment helps community members compare and contrast changes in their capacity over time, and takes into account what they have learned in the interim. The assessment process will usually be more representative of diverse community views and experience if individuals rate capacity independently prior to any group discussion. There are many creative methods community members can use to individually rate capacity regardless of their literacy and numeracy skills. One such self-assessment tool uses a measurement scale based on the phases of the planting cycle (Section VI, Community Capacity Toolkit: Malawi Umoyo Network Capacity Self-Assessment). An interesting result when using such types of tool is the perceived difference in the change from "before" to "now". It is important to note which indicators experienced the greatest positive changes and which stayed the same or even regressed and have a discussion to learn about what factors led to the differences.

USAID's Monitoring and Evaluation Division recently released a preliminary paper that considers M&E within the context of complex, adaptive systems – the types of sociocultural, political environments that are very familiar to development workers who work with communities implementing capacity development programs. The paper, "Complexity Aware Monitoring" by Heather Britt (Sept 2013) (link:) Complexity-Aware Monitoring acknowledges the non-linear nature of complex adaptive systems and offers several alternative monitoring methods and techniques that can be helpful in monitoring changes in community capacity including: Sentinel Indicators; Stakeholder Feedback; Process Monitoring

of Impacts; Most Significant Change; and, Outcome Harvesting. Presented in Table 7 below is a brief description taken from the "Complexity Aware Monitoring" paper of each method.

Table 7: Complexity Aware Monitoring Methods

COMPLEXITY AWARE MONITORING METHODS	
METHOD	**DESCRIPTION OF METHOD/TECHNIQUE**
Sentinel Indicators	The concept of sentinel indicators is borrowed from ecology as the essense of a process of change that affects a broad area of interest which is also easily communicated. For example, the death of a canary in a mine indicates that conditions are not safe to sustain life. They may be proxy indicators for a much more complex set of conditions. For example, in the Philippines, Save the Children worked with community leaders to identify the sentinel indicator of a thatched roof (rather than a tin roof) to identify families of priority need. Britt states that "a sentinel indicator represents processes of change that may be difficult to study in their entirety; is easily communicated; and, signals the need for further analysis and investigation."
Stakeholder Feedback	Stakeholder feedback contributes diverse perspectives of multiple stakeholders to better understand the dynamics in a changing social system. Methods to gather stakeholder feedback can be one-time surveys, interviews, group discussions or ongoing mechanisms that gather information over a longer period of time. Community score cards, social maps, client surveys and other methods can all gather stakeholder feedback. Be aware of the potential for sampling errors (too many or too few of a particular perspective) or partiality. Additionally, inaccurate interpretation of the feedback can lead to incomplete or faulty understanding of the situation.
Process Monitoring of Impacts (PMI)	This method focuses on monitoring results-producing processes. "It is essentially about identifying processes considered relevant for the achievement of results or impacts and then monitoring whether these processes are valid and actually taking place" (Williams & Hummelbrunner, 2011). Impact-producing processes describe how a result at one level is used by individuals or organizations to achieve results at the next level. Monitors need to be attentive to both the known (complicated) and unknown (complex) results-producing processes within an area of observation. Additionally, because PMI is focused on intended results, monitors should be on the lookout for unintended results (both positive and negative).
Most Significant Change (MSC)[12]	A participatory M&E technique that involves the collection and analysis of stories describing the most important project outcomes. It is particularly useful when different interpretations of significant change are considered valuable. Instead of measuring indicators, the method collects and analyzes qualitative data on broadly defined "domains of change." Story collectors ask a question such as, "During the last period, in your opinion, what was the most significant change that took place for participants in the project?" Respondents describe both the change and the reasons they consider it significant. Participants analyze the stories and identify the most representative of the different domains mentioned. They verify the stories and can go on to do quantification of these domains if desired.

[12] Most Significant Change Technique, Dart and Davies, 2003.

Outcome Harvesting	This method is also participatory and starts by participants identifying both positive and negative outcomes of a particular program or intervention without taking into account predetermined desired program objectives. They verify the outcomes with diverse stakeholders and gather information related to the outcome such as: who the change agents were and how the changes were brought about. They then use a methodology similar to that used by forensics or epidemiology to determine the causes and process of how the outcomes came to be produced and look for possible contributions that the project's interventions may have made to the identified outcomes.

Community Data for Decision Making

A difficulty frequently encountered in program implementation is the communities' lack of awareness, and therefore commitment, to project objectives and goals, due to low community participation. In 1999, Save the Children's, *Community-Based Health Information System* in Bolivia was evaluated. (Section VI, Community Capacity Toolkit: *Sistema Epidemiologico Comunitario Integral (SECI)* Field Guide). The results confirmed the initial hypothesis, that access to health information and improved channels of communication between communities and the health system can improve health indicators. Community members are often not aware of information the formal health system, or donor programs for that matter, has about their community. The only way to obtain this information is when health personnel *inform them*. By opening up communication channels, community members are better informed, and benefit. SECI is a community health surveillance system where community participation in the collection and analysis of health information is fundamental. It is generated from *within* and supported by the community.

SECI applies easy to use tools to register and study illness and health status, including a Community Health Bulletin Board which uses pictures and symbols to monitor health (Section VI, Community Capacity Toolkit: *Community Bulletin Board*). It is a holistic information system that not only collects and registers information, but also provides feedback to the community, which in turn, stimulates analysis, discussion and decision-making at the community level, thereby helping communities to use data for decision-making.

The following are additional qualitative tools developed and or adapted by SC/US which may be found in Section VI, Community Capacity Toolkit:

- Assessing Community 'Core Group' Capacity and Telling the Story Guide (G);
- Measuring Community Capacity - Focus Group Guide (Uganda, 2008) (H); and
- Thirteen Dimensions of Community Participation Evaluation Tool (Map/Bolivia) (I).

B. Quantitative Measurement Tools

Save the Children hopes to more rigorously measure its community capacity efforts, recognizing that many capacity strengthening interventions contribute to achieving program goals, but that these efforts are often not well measured or documented. Additional quantitative tools may be found in Section VI, Community Capacity Toolkit:

- Measuring Community Capacity-Household Quantitative Evaluation Instrument, HCP/Zambia; and

- Measuring Community Capacity Key Informant Quantitative Evaluation Instrument, HCP/Zambia.

Child Participation in Strengthening and Monitoring Capacity

Child participation in program design, implementation, monitoring and evaluation in and of itself normally involves some level of capacity strengthening for children as essential stakeholders. Subsequently, how children view capacity strengthening initiatives directed towards them, and their own monitoring of change in their capacity, should be considered. A number of existing resources on working with children to monitor and evaluate programs can be accessed to support this work.

- Save the Children, Guide for Children's Participation in Health and Nutrition Programming. Claire O'Kane and Paula Valentine, August 2014, **www.savethechildren.org.uk**

- Save the Children Norway – A Kit of Tools: Participatory Research and Evaluation with Children, Young People and Adults http://resourcecentre.savethechildren.se/library/kit-tools-participatory-research-and-evaluationchildren-young-people-and-adults-compilation

- Lansdown, G. and O'Kane, C. (2014) A Toolkit for Monitoring and Evaluating Children's Participation. Save the Children, Plan International, Concerned for Working Children, World Vision and UNICEF. http://resourcecentre.savethechildren.se/library/toolkitmonitoring-and-evaluating-childrens-participation-introduction-booklet-1. This new inter-agency toolkit for monitoring and evaluating children's participation builds upon Gerison Landdown's earlier framework

- Clare Hanbury (2007) Monitoring and Evaluating Children's Participation in Health and Development - designed for project managers to assess the quality, impact and outcomes of children's participation programmes. It includes a range of indicators that monitor progress at different levels of experience. http://www.talcuk.org/books/child-to-child-monitoring-andevaluating-childrens-participation-in-health-and-development.htm.

- Participatory Monitoring and Evaluation Methodologies – working with children and youth 'SoS': http://resourcecentre.savethechildren.se/library/guideparticipatory-monitoring-and-evaluation-methodologies-working-children-and-youth-sos

- Utilising participatory data collection methods to evaluate programmes with very young adolescents http://resourcecentre.savethechildren.se/library/utilizingparticipatory-data-collection-methods-evaluate-programs-very-young-adolescents

- Save the Children (2011) Children's Participation: Moving Forward Together – http://resourcecentre.savethechildren.se/library/childrens-participation-moving-forward-together-promisingpractices-save-children-thematic

Section V: STRENGTHENING INTERNAL CAPACITY FOR COMMUNITY CAPACITY STRENGTHENING

Key Points:

- Both Save the Children members and country offices have roles to play in ensuring that we maintain and extend our leadership in community partnering and capacity strengthening;
- At the country level, we need to ensure that both staff and partners have the knowledge, skills and attitudes to embrace best practice;
- Both Save the Children members and country offices should work to grow our evidence base around community capacity strengthening, by incorporating capacity measurement into program design, monitoring, documenting approaches and results, and including community capacity strengthening in program evaluations.

As Save the Children seeks to promote its expertise in community capacity strengthening, it is important to recognize that we must also strengthen our own capacity to support these efforts. The following is a set of suggested steps that Save the Children members and country offices can take to build our staff and partner capacity, deepen and validate our approaches, and enhance our technical leadership.

Save the Children Members:

- *Identify best practices:* using the inventory template in Annex 2, more members should inventory their community experience and identify original approaches and best practices, for incorporation into future versions of this Guide. The current inventory reflects only a fraction of our collective experience;
- *Develop a community capability statement:* these are useful for communicating our experiences to potential partners and donors, and can draw on the inventories mentioned above;
- *Develop a learning agenda:* the inventorying exercise revealed that few of our approaches have been subjected to rigorous evaluation. In order to maintain our technical excellence in this area, an essential context for our thematic results for children, we must invest more in testing and validating the community capacity strengthening approaches we use in our programs;
- *Incorporate SC/US community capacity strengthening approaches into new proposals:* the '6 P' model can be a useful tool for designing approaches for our future programs. Members should work with country office staff to build context-appropriate approaches into proposals, to generate the resources needed for this work.

Country Offices:

- *Identify point person(s):* community-level programming occurs across many different programs in country offices, often at varying levels of quality. Country offices should identify focal points whose responsibility it will be to advance the quality of their community work, share and disseminate technical resources, facilitate learning, and build staff skills.

- *Map and assess programs working with communities:* a logical first step for country offices toward strengthening their community programming is to inventory current and past work. This is often essential for responding to donor funding requests that have a community component. The '6 P' model can be a useful framework for such an inventory. This should be complemented by discussions with partner communities themselves, to get their feedback on what was successful or not.
- *Share Save the Children´s community capacity tools and approaches* and this Guide during staff and partner in-take and/or orientation. When new directors and others who oversee programs enter the country office, highlight the existing commitments that their field programs have made to strengthen community capacity and the importance of their role in ensuring that this component is being implemented, monitored and evaluated and that experiences are shared to promote organizational learning within and beyond the country office.
- *Build staff and partner capacity:* the models and tools in this Guide can be a good starting point for developing training materials on community capacity strengthening. *Training of Trainers* materials have already been developed and field tested for many of the approaches; they are included in the Tool Kit Section. The tools and approaches should be adapted as necessary to suit your community and program context. Take time to reflect on how effective these tools and approaches are in practice and adjust your approach as necessary based on what you, your partners and the communities learn. Since most of our interactions with communities tend to be through partner organizations, it is important to remember to include them in any training efforts. Additionally, it is important to consider community capacity strengthening skills and experience when hiring new staff.

Some things to consider when building staff and partner capacity:

Your team's role: Will your team be working directly with communities to support strengthening of their capacity or will they be working through partners who will work with communities?

What types of capacity do you need to develop in staff and/or partners?

- Expertise in any relevant technical sectors (if applicable to the approach you are using).
- Understanding of the political, socio-cultural and economic context (knowledge of the community and macro environment).
- Active listening, communication and facilitation skills.
- Program design.
- Leadership and management knowledge and skills.
- Organizational behavior/group dynamics skills.
- Capacity-building skills (training, non-formal education/adult learning, coaching, etc.).
- Planning, monitoring and evaluation skills.
- Knowledge of participatory methods and techniques.
- Personal attributes, such as openness, flexibility, patience, good listening skills, diplomacy, and most importantly, belief in people's potential.

If you are working through partners, you will need to determine what your role will be in relation to them. It is important not to assume that because your partner has many years of experience working with communities in the country that their methods and approaches are effective to strengthen community capacity. What evidence does the partner organization provide to demonstrate their effectiveness in this area? Partner Assessment Tool (OneNet, Program Partnerships) Even when partners have demonstrated their ability to work effectively to help communities strengthen their capacity, they may have areas in which they would like to grow or improve.

How will you work with your partner to identify which areas of their own capacity they aim to strengthen? How will they develop their capacity in these areas? What is your team's role in your partner's capacity development? For example, will your staff provide training and/or technical assistance to the partner? Will they work alongside partners to accompany them in communities for a time? Does your staff have the knowledge and skills necessary to provide the support needed by your partner? Will they help identify resources and other organizations that can help the partner develop in certain areas? How will your staff and the partner(s) monitor progress in developing program team members' capacity?

[Please note, in this guide, we are focusing on the partner's ability to help communities strengthen their capacity. If you would like guidance on how to strengthen the partner's own internal organizational capacity, please see the *NGO Capacity Strengthening Guide*.]

- *Test tools from the Guide in on-going programs:* this can contribute both to staff development and evidence generation for community capacity strengthening. The Measuring Community Capacity section in particular has several tools of varying complexity that staff can use to begin to identify the impact of their programs on communities' capacities.
- *Build a learning agenda around community capacity strengthening:* as noted for Save the Children members above, country offices should look for opportunities to assess the impact of their community approaches. Ideally, this should precede any efforts to scale up or replicate these approaches.
- *Make sure that you have a good monitoring and evaluation framework and M&E staff with knowledge and skills relevant to community capacity strengthening*. Ensure that staff is familiar with appropriate M&E tools and approaches.
- *Identify in-country resources and potential partners:* there are likely to be other groups and organizations partnering effectively with communities, including local civil society organizations, governmental bodies, academic institutions, the private sector, or consultants and individual practitioners. Country offices should be familiar with the body of community experience in their countries, in order to learn from and possibly partner with the best actors.
- *Advocate for and educate your own staff, partners and donors on the importance of strengthening community capacity* to foster local ownership, community resiliency and better sustainability of program results.

Planning an Exit or Transition Strategy

Capacity development takes time. During initial planning of a program, consider what can realistically be achieved within a limited timeframe and how to sustain gains and foster continued growth into the future beyond the life of a project or program. Here are some things to think about as you plan your exit or transition strategy:

- External organizations should avoid playing roles that community members or local community-based organizations can play, even if it takes a little more time for them to take on these roles. Support organizations should view their roles more as "accompaniment" than as "implementation." There are often great pressures from donors and partners to produce quick results but this often leads to results that will not be maintained when the program support is withdrawn. By establishing some agreed upon community capacity measures as key indicators of success, you may be better able to resist the temptation to take over roles that community members or local CBOs should assume themselves.
- Plan for your exit or transition strategy from the beginning of the program, and include this in the program design.
- Identify and forge partnerships with existing CBO and NGO partners whose capacity can be strengthened over the life of the project instead of creating new ones.
- Aim for broader capacity strengthening of a larger group of people, rather than investing in a few select leaders or individuals, so that if people drop out or leave the community there is a sufficient core group that will continue the work after external support ends.
- If funding is only available for a short period (e.g., one year), seriously consider whether community capacity strengthening should be a goal of the program and if so, what aspects will

be possible to change. Consider whether there are likely to be other opportunities for the community to continue its work with another partner (and if so, how you will work with that partner during the year for which you have program support). You may want to narrow the scope of the effort to help the community strengthen a few key areas and acknowledge that even these areas may need follow-on support to consolidate gains. In some cases, it may be better to pass up the funding or look for alternative longer term support rather than accept the short-term funding.

- Establish some key indicators of "transition readiness" that will alert the program to when a community is ready to "graduate" or no longer requires external program assistance.
- Ensure that timelines are well understood by program teams and communities to prevent unrealistic expectations of assistance and to develop the understanding from the beginning that external program support is not indefinite.
- Explore ways in which communities that have "graduated" can assist other communities to contribute to strengthening their own capacity and helping to expand the reach of the program.
- Build a transition planning process into the work that you do with communities from the beginning so that communities are involved in determining how they will continue to develop their capacity and sustain results into the future.
- As part of the capacity strengthening process, work with communities to identify, link to and leverage resources available in their country context (e.g., government agencies, private sector, local NGOs, etc.).

Section VI: COMMUNITY CAPACITY STRENGTHENING TOOLKIT

Tools and Resources

Save the Children's Approach to Community Capacity Strengthening

- Partnership Engagement Guide, November 2012
  Developed collaboratively within the Save the Children movement, this guide focuses on selecting partners. It gives guidance on assessing the partnership 'fit', and organizational and technical assessments to use in selecting partners, particularly where sub-grants are involved. The guide is a suggested framework for a CO to utilize, and adapt to its own context and partnerships.

- NGO Capacity Strengthening Guide

- How to Mobilize Communities for Health and Social Change. Baltimore, Howard-Grabman, L & Snetro, G., 2003. Health Communication Partnership/USAID.

- Training of Trainers Guide: How to Mobilize Communities for Health and Social Change, Save the Children, 2004.

- Sponsorship Compendium, How to Mobilize Communities for Education, Health and Social Change, Save the Children, November, 2010.

- "Taking Community Empowerment to Scale- Lessons from Three Successful Experiences," (Health Communication Insights) Baltimore, MD: Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, Snetro-Plewman, G., et al., June 2007.

- Demystifying Community Mobilization: An Effective Strategy to Improve Maternal and Newborn Health, ACCESS, October, 2006.

- How to Mobilize Communities for Improved Maternal and Newborn Health, ACCESS, April 2009.

Designing a Program Approach for Community Capacity Strengthening

- Crisp, Beth, et al. (2000). "Four approaches to capacity building in health: consequences for measurement and accountability," Health Promotion International, Oxford University Press, Vol. 15, No. 2.

Monitoring and Evaluation of Community Capacity Strengthening Overview

- *Complexity Aware Monitoring*, September 2013 by Heather Britt.

- Liberato et al. BMC Public Health 2011; 11:850.

- Mayer, S, 1994, "Building Community Capacity with Evaluation Activities That Empower", chapter in Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability, 1995, (ed D. Ketterman, et al).

Save the Children Domains and Indicators for Measuring Community Capacity

- Definition of Capacity Domains (A); (insert link).
- Community Capacity and Social Change Bibliography (B) (insert link).
- Capacity Domains by Social Science Research (C) (insert link).
- Illustrative Capacity Domains and Indicators ((D))(insert link).
- SC Focused Capacity Domains for Health (E) (insert link).
- Capacity Domains and Measurement Approaches Outline (F) (insert link).
- More Capacity Domains and Sample Indicator Questions (G) (insert link).
- Community Action Cycle Indicators (H) (insert link).

Tools for Measuring Community Capacity

- Measuring Community Capacity-Household Quantitative Evaluation Instrument, SC Zambia 2008.
- Measuring Community Capacity Key Informant Quantitative Evaluation Instrument, SC Zambia 2008.
- Measuring Community Capacity – Qualitative Instrument, SC Nicaragua, 2009 (Spanish).
- Measuring Community Capacity – Qualitative Instrument, SC Vietnam, 2008.
- Assessing Community 'Core Group' Capacity and Telling the Story Guide (G).
- Measuring Community Capacity - Focus Group Guide (Uganda, 2008) (H).
- Thirteen Dimensions of Community Participation Evaluation Tool (MAP/Bolivia).
- SC/US Community Dialogue and Collective Action Matric Tool, 2009.

Tools for Monitoring Community Capacity

- SC/US Community Action Observation Checklist
- SC/US Community Mobilization Project Monitoring Checklist
- SC/US Community Mobilization Quarterly Reporting Form

Community Capacity Self-Assessment Tools

- Social Networks and Power Relations Mapping (Venn Diagram)
- Powers That Be – Facilitated Reflection on Community Social Systems
- Community Management and Participation Self-Assessment Tool
- Community Mobilization Self-Assessment "Planting" Tool
- Community Use of Data for Decision-Making Bulletin Boards
- Gifts of the Hands-Heart-Head
- Community Group Observation Checklist

SC/US Research on Measuring Community Capacity

- Community Capacity as Means to Improved Health Practices and an end in Itself: Evidence from a Multi-Stage Study, Zambia: Underwood, C. , Boulay M., Snetro-Plewman, G., Marsh, D., International Quarterly of Community Health Education, Vol. 33 (2) 105-127, 2012-2013
- Community Capacity in Quang Tri Province, Vietnam – A Measurement Pilot-Test During the Final Evaluation of a Five-Year Child Survival Project, Marsh, D., Ha, Pham Bich, Kiem, Tran Thu, Fullerton, J, Alegre, J., Snetro, G. Save the Children, July, 2008
- Linking Community Capacity to Orphans and Vulnerable Children School Enrolment Outcomes, Nakasongola, Uganda, Kabore, T, Snetro, G., Vijayaraghavan, J, June, 2008
- Global Case Study on Measuring Community Capacity For Better Health and Social Change Outcomes, Save the Children, Juan Carlos Alegre* David R. Marsh † Gail Snetro-Plewman ‡, Judith Fullerton § Larry Dershem** Salim Sadruddin, December 2008.

Inventory of Save the Children Community Capacity Strengthening Projects

- Individual Documents on OneNet located under Community Mobilization and Capacity Strengthening Competency-Based Training
- Rothwell, William and Jim Graber. Competency-Based Training Basics (ASTD Training Basics Series) Paperback

Adult Learning & Dialogue Based Approaches to Learning

- Darlene. Dialogue Education Step by Step: A Guide for Designing Exceptional Learning Events, Global Learning Partners, Inc. September 2012.
- Vella, Jane, et al. How Do They Know They Know? Evaluating Adult Learning. Jossey-Bass, 1997. [ISBN: 0-7879-1047-3]

- Vella, Jane. Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults
- Jossey-Bass, June 2002. [ISBN 0-7879-5967-7]
- Vella, Jane. On Teaching and Learning: Putting the Principles and Practices of Dialogue Education into Action. Jossey-Bass, November 2007. [ISBN: 978-0-7879-8699-5]
- Vella, Jane. Taking Learning to Task: Creative Strategies for Teaching Adults. Jossey-Bass, 2000. [ISBN: 0-7879-5227-3]
- Vella, Jane. Training Through Dialogue: Promoting Effective Learning and Change with Adults.
- Jossey-Bass, 1995. [ISBN: 978-0-7879-0135-6]

Child Participation

- Save the Children, Guide for Children's Participation in Health and Nutrition Programming. Claire O'Kane and Paula Valentine, August 2014, **www.savethechildren.org.uk**
- Save the Children Norway – A Kit of Tools: Participatory Research and Evaluation with Children, Young People and Adults http://resourcecentre.savethechildren.se/library/kit-tools-participatory-research-and-evaluationchildren-young-people-and-adults-compilation
- Lansdown, G. and O'Kane, C. (2014) A Toolkit for Monitoring and Evaluating Children's Participation. Save the Children, Plan International, Concerned for Working Children, World Vision and UNICEF. http://resourcecentre.savethechildren.se/library/toolkitmonitoring-and-evaluating-childrens-participation-introduction-booklet-1. This new inter-agency toolkit for monitoring and evaluating children's participation builds upon Gerison Landdown's earlier framework.
- Clare Hanbury (2007) Monitoring and Evaluating Children's Participation in Health and Development - designed for project managers to assess the quality, impact and outcomes of children's participation programmes. It includes a range of indicators that monitor progress at different levels of experience. http://www.talcuk.org/books/child-to-child-monitoring-andevaluating-childrens-participation-in-health-and-development.htm.
- Participatory Monitoring and Evaluation Methodologies – working with children and youth 'SoS': http://resourcecentre.savethechildren.se/library/guideparticipatory-monitoring-and-evaluation-methodologies-working-children-and-youth-sos
- Utilising participatory data collection methods to evaluate programmes with very young adolescents http://resourcecentre.savethechildren.se/library/utilizingparticipatory-data-collection-methods-evaluate-programs-very-young-adolescents

- Save the Children (2011) Children's Participation: Moving Forward Together – http://resourcecentre.savethechildren.se/library/childrens-participation-moving-forward-together-promisingpractices-save-children-thematic

ANNEXES

1. Glossary of Terms
2. Suggested Readings and Community Capacity Strengthening Inventory
3. Evolution of Capacity Strengthening (From NGO Capacity Strengthening Guide)

Glossary of Terms

Capability The collective aptitude to carry out specific functions, e.g., financial management, advocacy, or disaster response.

Capacity The ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner that leads to improvements in the lives of children and their families.

Capacity assessment

An analysis of desired capacities against existing capacities that offers a systematic way of gathering critical data and information on capacity assets and needs and serves as input for the formulation of a capacity development response.

Capacity strengthening

The process through which organizations, people and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.

Capacity strengthening support

Purposeful interventions that support the increase of in-country partners' abilities to successfully act on behalf of children and their families.

Community and Community Group(s)

These partners may be formal or informal groups formed around a specific [goal or interest], role or set of services. Because they exist for the single purpose of serving their members, these partners usually rely on internal process more than structure to achieve their ends.

[We are defining community in its broadest sense. In the changing context of migration, urbanization, and globalization, the concept of "community" has evolved significantly beyond just a group of people who live in a defined territory. Community also refers to groups of people who may be physically separated but who are connected by other common characteristics, such as profession, interests, age, ethnic origin, a shared development concern, or language. Thus, you may have a teachers' community, a women's community, or a merchants' community; you may have a community of people living with HIV/AIDS (PLWHA), displaced refugees, etc.[13]]

[13] Howard-Grabman, L & Snetro, G., 2003. *How to Mobilize Communities for Health and Social Change.* Baltimore, MD. Health Communication Partnership, USAID.

Community Capacity

The set of assets or strengths that community members individually and collectively bring to the cause of improving the quality of life.[14]

Another definition of community capacity that may be helpful is "the sum total of commitment, resources, and skills that a community can mobilize and deploy to address community problems and strengthen community assets."[15]

Community Capacity Strengthening

The process through which communities obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.

Community Mobilization

A capacity-building process through which community members, groups or organizations plan, carry out and evaluate activities to [achieve a common goal] on a participatory and sustained basis, either on their own initiative or stimulated by others."[16]

Community capacity strengthening and community mobilization are related terms but they are not synonymous. Community mobilization is one of many approaches to strengthening community capacity.

Competence

The specific knowledge, skills and attitudes required for performance, e.g., data-informed decision making, commodity management or educational curriculum design.

Organizational Development

A planned effort to increase an organization's effectiveness, efficiency and ability to respond to change. Going beyond training or human resource development, OD involves strengthening the systems, structures and human resources as they work together organization-wide.

Partnership

A long-term relationship between two or more organizations/institutions with a mutually agreed set of principles and accountability, working towards defined objectives that facilitate lasting change for children.

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[14] Easterling, Gallagher, Drisko & Johnson, 1998, with a change of "residents" to "community members."

[15] Mayer, S, 1994, "Building Community Capacity with Evaluation Activities That Empower", chapter in *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability*, 1995, (ed D. Ketterman, et al).

[16] Howard-Grabman, L & Snetro, G., 2003. *How to Mobilize Communities for Health and Social Change.* Baltimore, MD. Health Communication Partnership, USAID. The original definition was health-focused and is replaced in this version by "to achieve a common goal".

Suggested Readings

Baser, Heather and Peter Morgan. *Capacity, Change and Performance.* Maastricht: European Center for Development Policy Management, 2008.

Eade, Deborah. *Capacity Building: an Approach to People Centered Development.* Oxford: Oxfam, 1997.

Engel, P., Keijzer, N., Land, T. *A Balanced Approach to Monitoring and Evaluating Capacity and Performance: A Proposal for a Framework.* (ECDPM Discussion Paper No. 58E), Maastricht: ECDPM. http://www.ecdpm.org/dp58E, 2007.

Morgan, Peter. "Capacity and Capacity Development - Some Strategies." Note prepared for the Political and Social Policies Division, Policy Branch, CIDA,, October, 1998.

Morgan, Peter. *The Idea and Practice of Systems Thinking and their Relevance for Capacity Development.* http://www.ecdpm.org/Web_ECDPM/Web/Content/Navigation.nsf/index2?readform&http://www.ecdpm.org/Web_ECDPM/Web/Content/Content.nsf/0/55508ad7813bc1b7c12570c000496e82?OpenDocument, ECDPM, March 2005.

Save the Children International. "Partnership Engagement Guide." Partnership Working Group, 2012.

Save the Children. *Partners and Partnership in Save the Children.* Undated.

—. *Working in Partnership with Civil Society Policy Paper.* 2010.

Ubels, Jan, Naa-Aku Acquaybe-Baddoo and Alan Fowler, ed. *Capacity Development in Practice.* London: Earthscan, 2010.

United Nations Development Programme. *Capacity Development Practice Note.* New York: UNDP, 2008.

USAID Center for Development Information and Evaluation. "Measuring Institutional Capacity." *Recent Practices in Monitoring and Evaluation TIPS, no. 15.* Washington, DC, 2000.

United Nations Development Programme. Measuring Capacity. New York: UNDP, n.d.

Community Capacity Strengthening Inventory
Save the Children
December 2013

OVERVIEW

This product is an inventory of Save the Children's best and promising practices in community partnering and strengthening. It profiles 31 projects that are using or have used a wide range of approaches in a multitude of contexts to achieve results in a variety of technical areas such as health, child protection, and education.

The following aspects guided the creation of this inventory:

Audience: Technical staff across the Save the Children (SC) movement, Country Office program staff, proposal writers, and other staff who design, monitor, evaluate, or oversee programs, as well as staff of implementing partners and others with whom Save the Children (SC) collaborates

Time Period Covered: Approaches used in recent or current SC/US programs; approaches used in older programs that can be adapted to the context of the 2010s

Selection Criteria:
- *Tested:* Used in the field by Save the Children either alone or in partnership, whether developed by SC/US or not
- *Successful for Capacity Strengthening:* Found useful and effective in building community capacity to effect positive change, preferably with documented evidence
- *Successful for Results:* Found useful and effective in achieving program results, with documented evidence
- *With Broad Application:* Used in at least one context and preferably in multiple contexts
- *With Future Potential:* Of potential use for future Save the Children programs

Definitions and Terminology:
- Community Capacity: The set of assets or strengths that community members individually and collectively bring to the cause of improving the quality of life.[17]
- Capacity-Strengthening Support: Purposeful interventions that support the increase of communities' and networks' capacities to successfully act on behalf of children and their families.[18]

Relationship to Other SC/US Endeavors:
- Analyzed for and selectively cited in the Save the Children *Community Capacity Strengthening Guide (to be published in 2014)*
- Complementary to the SC/US Partnership Framework, whereby partnership is one approach used in strengthening

The creation of this inventory led to the creation of an important complementary resource – a **Community Capacity Strengthening documents collection**, which is a subset of the OneNet's Partnerships documents library:

[17] Easterling, Gallagher, Drisko, & Johnson, 1998, with a change of "residents" to "community members."
[18] Save the Children's draft *NGO Capacity Strengthening Guide*, 2013. Available on OneNet's Partnerships documents library.

(https://onenet.savethechildren.net/whatwedo/partnerships/SCDocuments/Forms/AllItems.aspx). The collection includes over 70 resources: project evaluations, research papers, case studies, standards, guidance, manuals, reports, and tools for project implementation. A subset of these resources provide the **evidence base** that demonstrates community capacity strengthening can be done at scale, that improvements in community capacity can be measured, and that SC/US strengthening efforts that enhance community capacity can be directly associated with measurable positive results for children.

List of Community Capacity Strengthening Approaches (from the inventory chart)

Inventory Information – for some of the columns

Community Capacity Strengthening Approach: What approach is Save the Children taking to strengthen community capacity? (not strategies)

Main Actors: Who at the community level is involved from a participation point of view? Whose capacity is being strengthened?

Program Goal/Objective – Two Levels:

- Overall: What is the project trying to achieve?
- Specific: Community capacity for what?

Evidence of Impact: Documented impact on community capacity **and** project results, extracted preferably from project evaluations

Resources: Links or citations to descriptions of processes, documentation, tools, and other resources to help with whether to select the approach and how to implement it

Inventory of Save the Children Approaches to Community Capacity Strengthening (CCS)

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
DISASTER RISK REDUCTION							
1. Community Child-Focused Disaster Risk Reduction Planning and Action (SCUS generic for DRR)	Training at the community level to help each community create and implement a child-focused community DRR plan	Children, teachers, schools; community committees; local arm of national Civil Protection Department	Trained communities that produce and act upon child-focused disaster preparedness/ mitigation action plans	Changed DRR knowledge and practice	Multiple DRR Community Planning projects: Bangladesh, Haiti, Indonesia, Myanmar, Nepal, Philippines, Vietnam	Locales with high disaster risk	
2. CSO Capacity Building in Disaster Risk Reduction (DPLP, Myanmar)	Training by NGO partner (MCDRR) of township level CSO workers who in turn selected and trained community leaders. Knowledge and skills transfer to and from CSOs	Myanmar NGO Consortium for DRR (MCDRR), community leaders	Increased capacity of CSOs to prepare for and respond to disasters	Significant immediate impact of the training on knowledge and practices noticeable at all levels; increased confidence of participants, including visible impact on women's confidence and willingness to lead on DRR activities, but women were still seen as weak and in need of protection	Disaster Preparedness and Learning Project (DPLP) in Myanmar/Burma	Disaster-prone villages in Myanmar/Burma	*Evaluation of the Disaster Preparedness and Learning Project, Save the Children in Myanmar (2013)*
EDUCATION							
3. Community Action Implementers for Literacy Boost	TOT in community action, covering the monitoring tools and systems that must be in place in order to monitor and support this component,	Selected reading awareness community workshop trainers/ facilitators; parents and other	Improved reading skills through support of children's life-wide learning, using parent activities and workshops, Book Banks and materials	Gains in children's literacy skills	Literacy Boost Project in multiple countries: Pakistan, Nepal, Indonesia,	Multiple countries in several regions with a range of literacy rates	*Literacy Boost Community Action: Creating a Culture of Reading Outside School*

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	including a detailed plan of methodologies to be used for training Community Action Implementers	adults in the community	creation, and extracurricular reading activities		Malawi, Zimbabwe, Ethiopia		*Walls*
4. Community Action Cycle applied to Community Education Groups (SC/US generic for basic education)	Formation, guidance, support, and capacity building of groups that facilitate having parents and community members involved in education decision-making activities and school events	Parents and others from a cross-section of the community in groups such as PTAs, SMCs, CECs, and SDS's[19]	PTA, SMC, CEC, or SDS is formed and actively involved in 50% or more of decision-making processes, problem solving and planning for school events	PTA, SMC, CEC, or SDS plays an active role in school management and as advocates for the learners' education within the school and in the broader community/ local government	Standard SCUS approach for Basic Education projects	Stable and emergency contexts	*SC/US Quality Learning Environment Monitoring Program for Basic Education Programs* Docs#249956
5. Girls' Education Advisory Committees and Girls' Clubs (CSPP in Ethiopia)	Capacity building focused on strengthening government, community, and school stakeholders to increase girls' enrollment and all children's retention in school; promoting health education and communication through community committees, using an extensive system of cascade training	PTAs and Girls' Education Advisory Committees (GEACs), as well as teachers, school directors, Girls' Clubs, government offices, community stakeholders	Enhanced quality and equity of primary education, improved coordination of education and primary healthcare, and increased use of key health services and products	Built capacity and improved key education inputs, including teacher skills and reading materials; reached nearly a million children; trained 59,000 community stakeholders; CM resulted in significant financial, in-kind, and labor contributions in order to improve the local schools	Community Schools Partnership Program (CSPP) (followed on SCOPE, BESO I, and BESO II) (2008-2012)	Ethiopia	

[19] Parent-Teacher Association (PTA), School Management Committee (SMC), Community Education Committee (CEC), School Development Society (SDS)

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
FOOD SECURITY (TITLE II)							
6. CBO Capacity Building for Increased Community Resilience (Nobo Jibon Title II, Bangladesh)	Formation, mobilization, and training of local committees, and support to multi-year planning action planning; r**ole & responsibility of VDC:** 1) Assist in community mobilization and program planning & implementation 2) Hold monthly meetings to review plans and progress, … 6) Ensure male-female same opportunities and rights in the community… (13) Play active role to resolve sudden community problems	VDCs, VHCs, and VDMCs,[20] all with a cross-section of their communities and to give a voice to under-represented groups, e.g., women and extremely poor households	Overall: Reduced food insecurity and vulnerability Capacity: Broader disaster preparedness, early warning and response capacity DRR: Approximately 373,470 households in targeted communities protect their lives and assets and quickly resume livelihood activities following natural disasters	(under implementation)	Nobo Jibon (Title II) in Bangladesh (2010-2015)	Nine sub-districts in Barisal Division	*VDC Assessment Tool, 2013 (English)*
7. Community Action Planning for Livelihoods (T2FS-DFAP, Title II, Ethiopia)	Strengthen community capacity to prepare quality and comprehensive Community Action Plans (CAP) through Participatory Learning and Action (PLA) tools and approaches; annual CAP exercise	Governmental leaders and individuals representing a cross-section of the communities	Assist in the implementation of the GOE's Productive Safety Net Program with a focus on Somali Region and the Borena Zone of the Oromiya Region	(under implementation)	T2FS-DFAP (Title II program) in Ethiopia (2011-2016)	Ethiopia	Tools used to measure community capacity (e.g., service matrixes, livelihood matrix, preference ranking)

[20] Village Development Committees (VDCs), Village Health Committees (VHC), Village Disaster Management Committees (VDMC)

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	strengthens the capacity of the community to be involved in planning, problem identification, prioritization, ranking, and decision making						
8. CBO Capacity Building for Increased Community Resilience (PROMASA II, Title II, Guatemala)	Establishment of subcommittees to be trained in and take responsibility for creating preparedness and protection plans, and for orientation of community group members to concepts of vulnerability and risk reductions, as well as their roles and responsibilities in the event of a disaster	Community committees, including Community Development Councils (COCODEs)	Overall: Reduced food insecurity in vulnerable populations Specific: Greater community resilience and reduced vulnerabilities through, in part, strengthened preparedness and enhanced capacity at the household, community, and municipal level	Final evaluation's sample size was too small to draw conclusions on community capacity building, but the evaluators recommended program strengthening in this area	PROMASA II (Title II program) in Guatemala (2006-2011)	Guatemala – rural, indigenous areas in the Department of Quiché	*Title II Food Security Program PROMASA MYAP 2006-2011 Endline Report*
9. CBO Capacity Building for Increased Community Resilience (PAISANO Title II, Guatemala)	Improve capacities of Community and Municipal Development Councils, COCODEs and COMUDEs; also Commissions for Food Security and Nutrition at community, municipal and departmental levels, COSANs, COMUSANs and CODESANs	Formal commissions, committees, and councils; municipal and community leaders; (secondarily) farmer groups and producer associations	For formal CBOs to engage more effectively in food security and risk management issues and strengthen economic development, with the IR of increasing community resilience through increased capacities, with the overall aim of reduced food insecurity	(under implementation)	PAISANO (Title II program) in Guatemala (2012-2018)	Guatemala, vulnerable, rural households in four departments of the Guatemala Highlands	

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
10. CBO Capacity Building for Increased Community Resilience (WALA Title II, Malawi)	Formation or revamping of community committees, and support to conduct assessments and report occurrence of minor disasters; training of PVO staff in tools[21] that measure the internal governance of community groups and are being used with VDCs and water user committees	VCPCs, six ACPCs, and two DCPCs[22]	Improved food security of 30,743 chronically food-insecure households -targeted community have capacity to withstand shocks and stresses	(under implementation)	Wellness and Agriculture for Life Advancement (WALA) (Title II) in Malawi (2009-2014)	Malawi - 6 traditional authorities in Zomba and Chiradzulu District	
11. CBO Capacity Building for Increased Community Resilience (Nema Title II, Mali)	Training aimed at reducing vulnerability and sustaining resiliency through community-based organizations, so they can implement strategies to reduce the effects of shocks; build capacity to establish linkages with GOs to help implement their plans, including advocating for infrastructure	Agro-Enterprise groups (AEGs), SILC groups, Village Health Committees (VHCs) and Early Warning Groups (EWGs)	Overall: Reduced food insecurity of vulnerable rural households in the regions of Mopti and Gao Specifically: Increased community capacity to resist shocks through improved community infrastructure and early warning systems, and the provision of safety nets	(MTE in June 2011 raised the need to evaluate the CCS aspect of the project)	NEMA (Title II) in Mali (2008-2013)	Mali	Tools, including one to assess capacity of Early Warning Groups
HEALTH							
12. Partnership-Defined Quality	Methodology to improve the quality and	Quality Improvement	Increased access to health services and	Increased access, utilization, and quality	Multiple, with end-of-	Global (Africa, Asia,	(See footnote[23])

[21] The Civil Society Index and Food Security Community Capacity Index

[22] Village Civil Protection Committees (VCPC), Area Civil Protection Committee (ACPC), District Civil Protection Committees (DCPC)

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
applied to Health (PDQ)	accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. PDQ links quality assessment and improvement with CM. -Together health workers and community reps identify and prioritize problems and constraints that make it difficult to achieve quality health services – use QIT mechanism to take action	Teams (QITs) comprised of both representative community members and health workers	increased community involvement to ensure quality of service delivery	of health services	project evaluations likely available	LAC, Middle East)	
13. Community Action Cycle applied to MNH (ACCESS, Bangladesh, Malawi, Nigeria)	Supporting communities to set local priorities for action; helping community members develop and implement their own community action plans; and working with communities to build their capacity to independently monitor	Community leaders, community members in Community Action Groups (CAGs)	Overall: Healthy pregnancy and birth practices, better self-care, recognition of complications and timely health service seeking Specific: Improved MNH outcomes through community mobilization	Indications of impact too lengthy to list; include: organized emergency transport systems, re-opened inactive clinics, increased deliveries by a skilled birth attendant, and increased ANC visits; also MOH adoption of CM guidelines and	**Access** to Clinical and Community Maternal, Neonatal, and Women's Health Services (ACCESS) (2004-2010)	Bangladesh,[24] Malawi, Nigeria	*ACCESS – CM and Maternal and Newborn Health Field Guide*

[23] Partnership Defined Quality: a tool book for community and health provider collaboration for quality improvement; Partnership Defined Quality Facilitation Guide (2004); Report: Maximizing the Effectiveness of Partnership Defined Quality (PDQ) (May 2008)

[24] Not sure about whether Bangladesh is wholly included in this information, or not.

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	and evaluate their progress toward achieving improved MNH outcomes			training materials			
14. Community Action Cycle applied to MNCH (MCHIP, Mozambique)	Community-led process through which those most affected by and interested in addressing MNCH prepare to mobilize and organize themselves for action; explore the MNCH issue(s), set priorities, plan, act, and evaluate together. Also: - Partnership Defined Quality (PDQ) approach for community participation in health facility quality improvement initiatives - Community-based, user-friendly health information systems	Community-level health cadres: Community Leadership Groups (CLCs), Community Health Workers (ACS), Multi-Task Healthcare Helpers (APEs), TBAs, CBOs, etc.	Overall: Promote the adoption of standardized, high-impact community-based approaches to improve MNCH country-wide Specific: Strengthen the capacity of existing community groups and community health workers to engage in individual and collective action for improved health outcomes for women, newborns and children	(under implementation)	Maternal and Child Health Integrated Program (MCHIP) in Mozambique (2011-2014)	Mozambique	*Partnership Defined Quality – A Tool Book for Community and Health Provider Collaboration for Quality Improvement*, Save the Children, 1998.
15. Appreciative Community Mobilization for Health and Environmental Sustainability (KSP and PESCO-Dev, the Philippines)	Combination of community mobilization and appreciative inquiry approaches to effect change in family planning, child survival, and environmental conservation; training in ACM "4-D" process,	Village ACM teams, drawing from existing community structures, including local leaders, CHWs, local government, Dept. of Health facility staff, and	KSP: boost utilization of family planning and child health services using ACM as a main strategy; boost community capacity PESCO-Dev: Increase in percentage of municipal fisher	Overall: Participating communities demonstrated higher levels of contraceptive use, FP service utilization, and improved coastal resource management practices. Specific: Examples of	Mobilizing communities for family planning and child survival: The Kalusugan Sa Pamilya (KSP) Project (1997-2002)	Urban and rural villages, Philippines	*Taking Community Empowerment to Scale - CCP Family Planning Action Guides*

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	including leadership, conflict resolution, group management, proposal development, human and financial resource mobilization, and advocacy for policy change; community-level monitoring of health and environmental outcomes, community participation, and capacity; used champions to foster leadership	neighborhood representative from marginalized groups	populations practicing key behaviors related to environmentally sustainable living to increase fish catch and improve the health and nutrition status of school-age children	demonstrated increased community capacity: (KSP) All communities developed action plans and completed 92% of them on time. (PESCO-DEV) Local governments passed 87 resolutions, leading to standards for reproductive health facilities, local budget allocations, etc.	Then added: People and Environment Co-Existence Development (PESCO-Dev) Project (1999-2004) (and subsequently ANIHEAD)		
16. Community Action Cycle, AED's BEHAVE Framework, and PDQ applied to Health (MvHTP, South Sudan)	Community mobilization strategies to promote appropriate health care-seeking behaviors and adoption of preventive health practices; CBOs trained and supported to promote behavior change, as well as provide managerial and operational skills to support these interventions	Health Management Committees (HMCs), women's groups, youth groups	Overall: Improved health status of children, women and their families in Mvolo and Wulu Counties Specific: CM to promote appropriate health care-seeking behaviors and adoption of preventive health practices; strengthened community capacity for sustainable PHC services	(need final evaluation)	Mvolo Health Transformation Project (MvHTP) (2008-2010)	South Sudan	

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
17. Community Action Cycle applied to Health (HCP, Zambia)	Community members trained in such skills as participatory planning and partnership, leadership skills, conflict resolution, financial management, proposal writing, participatory methodologies, strategic planning, positive gender norms, and monitoring and evaluation	-Community members selected according to CAC methodology -Active associate/ psychosocial counselors	Improved health status of Zambians through supporting Zambians taking action for health	Enhanced community capacity, which was then associated with having taken community action for health, which was associated with a significant effect on women's contraceptive use, children's bed net use, and HIV testing	Health Communication Partnership (HCP) (2006 –2009)	Zambia	(See footnote[25])
HIV/AIDS							
18. Community Systems Strengthening at Scale applied to OVC (PC3, Ethiopia)	Combination of: • Community Action Cycle • Quality Improvement • Community-based management information systems • Measurement of community capacity through a community capacity index Training and OD (coaching, mentoring, and subgrants) to	Local government entities and local NGOs/ CBOs (560 local community organizations, of which 239 were schools and many were "Iddirs")	Overall: Improved well-being of 500,000 OCV and families affected by HIV/AIDS Specific: Increased availability, quality, and consistency of community-based OVC support services; improved CSO capacity to plan, implement, monitor and evaluation, manage, and report on OVC programs and	Increased CBO capacity to address OVC needs in a comprehensive and structurally sustainable manner; CBOs/Iddirs frequently sought after as learning sites, piloting national quality standards and supporting integrated models for ECCD;[26] evidence of communities using	Positive Change: Children, Communities and Care (PC3) (2004-2011) [and the High Risk Corridor Initiative (HRCI) (2001-2004 Phase I, 2005-2008 Phase	Ethiopia	(See footnote[27])

[25] Taking Community Empowerment to Scale - CCP, and Underwood et al: "Community Capacity As Means to Improved Health Practices and an End in Itself"

[26] Early childhood care and development

[27] *Community Action Cycle Approach for Community Empowerment: Guidelines for PC3 Partners (2004); PC3 End-of-Project Evaluation* (July 2008); *Final Evaluation: USAID/Ethiopia High-Risk Corridors Initiative*

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	increase capacity to identify OVC; prioritize their needs; mobilize resources; initiate income-generating or savings activities for caregivers, etc.		services	data for decision-making [HRCI: Increased sense of volunteerism, strong networks of local stakeholders; community-initiated responses; applied conflict management training]	II)]		
19. Community Systems Strengthening applied to OVC (HCSP, Ethiopia)	Formation, training, and mobilization of community groups to build community ownership over strategies and collective action that respond to meeting community health needs -Deployment of community mobilizers and volunteer outreach workers to support family-focused prevention, care and treatment in communities	Regional and district administrators, Case Managers, Community Mobilizers, Community Core Groups (CCG), Kebele-Oriented Outreach Workers (KOOWs), Mothers' Support Groups	Worked with communities to develop family-centered and community-led activities enabling greater access to care, treatment, and support, and included training for CHBC activities	[2009: MTE indicated area for emphasis going forward is CBO capacity building, as well as gender] [2010: Operations research to describe and document the impact of the program on community mobilization and the availability of care and support services for HIV infected and affected people]	HIV/AIDS Care and Support Program (HCSP) (PEPFAR) (2007-2011)	Ethiopia	*USAID/Ethiopia External Mid-Term Evaluation of HIV/AIDS Care and Support Program (HCSP)* (2009)[28]
20. Community Action Cycle for	Communities typically formed Village AIDS	District AIDS Coordinating	Addressed the needs of orphans, vulnerable	Enabled communities to analyze the impact	Community-Based	Malawi	(See footnote[29])

[28] No final evaluation was conducted.

[29] *Community Action and the Test of Time: Learning from community experiences and perceptions; Case Studies of Mobilization and Capacity Building to Benefit Vulnerable Children in Malawi and Zambia; A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation* and *Save the Children USA Malawi Experience*.

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
Support to OVC (COPE and STEPS, Malawi)	Committees which took community action towards the care, support, and protection of especially vulnerable children	Committee (DACC), health catchment area committees (CACs), village committees such as Village AIDS Committees (VACs)	children, and youth as well as HIV prevention and care for people with chronic illness	of HIV/AIDS; galvanized and empowered them to act collectively to address the impact; community groups ensured that the most in need were the first to benefit from any assistance and support	Options for Protection and Empowerment (COPE) (1995-2003) Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPS) (2003-2005)		
21. Community Action Cycle for Support to OVC (BRIDGE I and II, Malawi)	Empowering leaders through the Community Action Cycle:[30] • Capacity building for greater impact • Transforming Traditional Guidance • Forums for dialogue and exploration • Interactive community events • Virtual and live exchange visits	Diverse group of community members, community leaders, grandmothers	Overall: Engaged Malawians to move from knowledge to prevention action; assisted stakeholders to move from strategy to coordinated implementation; and helped communities move to a more hopeful future Specific:[31] • Increased community efficacy to mobilize around HIV prevention. • Gender equity accepted	Examples: Community risk assessment and action planning was effective in addressing specific behaviors and practices – e.g., some bicycle taxi drivers now have a fee schedule and require pre-payment for services to reduce the practice of offering sex in exchange for transportation. Some communities advocated with the MOH to conduct	Behavior Change Initiative HIV/AIDS (BRIDGE I and BRIDGE II) Project (2003-2009)	Malawi	

[30] These are from BRIDGE II, as documentation on BRIDGE I was missing. BRIDGE II is still under implementation.

[31] See footnote #2 above.

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
			• Reduced stigma • Alternative safe traditional rites practiced • Improved community cohesion • Leadership capacity built and fully engaged	circumcision for boys, moving away from the risky practice of traditional circumcision			
22. Community Action Groups for Support to OVC (Project Malawi)	- Strengthening of structures to promote sustainable and replicable community-based support to OVC through local district, village, and community action groups -Building capacity of community members to provide ECD services through CBCCs, PSS, and CHBC to children and families affected by HIV/AIDS	Youth clubs, kid clubs, primary school teachers [Acronyms: Community-Based Childcare Centers (CBCCs), Psychosocial Support (PSS), Community Home-Base Care (CHBC)]	Equitable access to age-appropriate services by all children made vulnerable by HIV and AIDS; timely identification, effective monitoring, and appropriate assistance, and protection from stigma, neglect, and all forms of exploitation of the most vulnerable of the children	-Reached over 4,000 children in more than 50 villages in Blantyre district -Communities were strengthened in their capacity to implement behavior change interventions for HIV/AIDS prevention with the formation of 44 youth clubs involving almost 1,000 children and 37 kids clubs with 2,300 children and life skills training for over 500 primary school teachers	Project Malawi II[32] (2008-2011)	Malawi	
23. Community Capacity for OVC Outreach (BB, Uganda, Kenya, and Zambia)	Capacity building and strengthening of local NGOs, CBOs, and FBOs, as well as schools and teachers in informal settings, to provide outreach to	Teachers, youth, parents, local leaders, other community members; School Management	Increased access to education, effective psychosocial support (PSS) and home-based care (HBC) for orphans and vulnerable children (OVC) and their	- Communities have improved their skills in providing psychosocial support, home based care, and community mobilization	Breaking Barriers (BB) (Uganda 2005-2010)	Uganda, Kenya, Zambia	

[32] Phase III's timeframe is 2011-2014.

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	OVC – through organizational development and technical training	Committees, Safety Improvement Teams, Community Care Coalitions, HIV and Adult Literacy Groups	families by strengthening existing educational and religious institutions, resources and infrastructures	- The community's organizational capacity to plan, implement and monitor projects and activities has improved at both the school and community level			
PROTECTION							
24. Community-Based Child Protection Committees (SCI, Vietnam)	Local Child Protection Committees are formed, members trained, communications used to change behaviors	Vice-chairman of ward/commune People Committee, Labour/Children officials, and representatives of Police, Health, Education, Women Union, Youth Union and Justice at ward/commune level, child representatives	Overall: Strengthening community-based child protection system to contribute to prevention of child abuse, exploitation, violence, neglect and trafficking Specific: -Demonstrated child-protection knowledge and capacity of local Child Protection Committee members -Children's initiatives on monitoring the number of vulnerable children are agreed to by Child Protection Committees -Increased number of vulnerable children identified and documented by local authorities	-Observed that Local Child Protection Committee members worked and demonstrated their skills in their daily work performances -The project has changed work among local governmental authorities: brought a sense of connection and cooperation, changed organizational behavior from less openness and sharing to working together	Strengthening Community-Based Child Protection Systems (2010-2012)	Urban areas of Vietnam	*Final Evaluation of Project of Strengthening Community-Based Child Protection System 2010-2012 (Jan. 2013)*

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
25. Child/Youth Participatory Research (CPSC, SCUK, conflict zones)	Child-friendly community mobilization: Participatory research methods involving children/youth in research, taking into account the objectives of the research and defining the most appropriate and achievable way of involving children; while avoiding tokenistic participation; feed the results of the study back to children/youth to validate both the conclusions of the research and the role of children in it (built on PRA)	Researchers, children and youth as informants and as actors in planning and managing research, in analyzing data	Overall: Explore issues of fostering, group care and other types of care arrangements for children and adolescents separated from their families in situations of large-scale emergency Specific: Children's opinions are directly accessed and children were enabled to contribute their ideas both on policy matters and on the components of good practice	Skill development and heightened sense of self-efficacy, as well as better quality and nature of the information gathered	SCI research initiative: Care and Protection of Separated Children in Emergencies Project (CPSC)	Contexts of armed conflict, forced migration, HIV/AIDS	(See footnote[33])
26. Community Surveillance Structures (PACTE, SCC, West Africa)	Creating community-based child protection mechanisms through participatory mechanisms, including action research, training, and support, and provision of stakeholder	Comités de Vigilance et de Surveillance, Comités Relais Enfants; with gender-balanced representation of adults and	Overall: Reduce the vulnerability of migrating children from abuse and exploitation Note: Sustainability issues to be addressed through a follow-on project	Successfully mobilized public and civil society actors to work together; improved vigilance and protection measures; quick deployment by community groups and other actors to	Projet de Lutte Contre le Trafic des Enfants en Afrique de l'Ouest (PACTE) (2004-2009)	Burkina Faso, Guinea, Mali – primarily rural areas	*PACTE Final Evaluation,* (SCC, in French, July 2009;) *PACTE Annual Report for 2009*, by SCC (in

[33] *Children's Participation in Research: Reflections from the Care and Protection of Separated Children in Emergencies Project*, by Gillian Mann and David Tolfree (SCS, 2003) and other resources such as *Child Carers: Child-Led Research with Children Who Are Carers: Four case studies: Angola, Nigeria, Uganda and Zimbabwe*, Save the Children UK, (2010).

CCS Approach	Short Description	Main Actors	Overall Program Goal/Objective	Evidence of Impact	Project(s)	Context	Resources
	intervention tools	children; government and other civil society actors		respond when dangerous situations arise			French, May 2009)
LIVELIHOODS							
27. Community Advocacy Councils for Livelihoods (Tanisha, Bangladesh)	Mechanism through which girls living in extreme poverty are linked to support and to training; the councils are formed as part of the project activity and members are trained, equipped, and supported in carrying out the councils' functions, which focus on forming support systems within their communities for peer group activities	Men and women, including local leaders, interested in supporting the adolescent girls	Overall: Incomes and social capital/influence are sustainably improved for 900 extremely poor adolescent girls and their households in Barisal Specific: Targeted adolescent girls report that they are receiving support from the CACs for their empowerment, numbers of linkages built between adolescent girls and local entrepreneurs where CACs role was prominent	(under implementation, no MTE found)	Tanisha project in Bangladesh (2010-2014)	Rural areas, Barisal, Bangladesh	
28. Community Capacity to Support Youth Financial Capability Initiatives (YouthSave, Kenya)	Training in methodologies for disseminating information, mentor approach, awareness and education campaign (Jifanikishe week) Youth Clubs	Male and female youth, adult mentors/facilitators	Overall: Increased financial capability of youth and their families Specific: Increased community capacity to effectively support financial capability initiatives targeting low-income youth	(currently under implementation)	YouthSave (2010-2014)	Colombia, Ghana, Kenya, and Nepal	*Life Poa Financial Education Toolkit: Jifanikishe Community Awareness Guide (no date)*

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CROSS-CUTTING							
29. Living University (Ishraq, MCHIP, Egypt)	A veteran CBO acts as a mentor to a novice CBO in a new community to disseminate a particular community intervention	CBO staff, including Board, executives, and program staff/ community mobilizers and trainers	Disseminating community interventions that involve behavior or value change, e.g., girls' education, newborn care, FGM eradication; builds on positive deviance model	Program adoption and results in new communities: approx. 20 for Ishraq; approx. 30 for CHL and SMART. "Taking Community Empowerment to Scale", HCP 2007; "Ishraq Endline", Pop Council, 2004	Ishraq, Egypt Communications for Healthy Living, Egypt SMART (MCHIP), Egypt	Traditional, conservative villages in Upper Egypt	*CHL Family Health Package; Ishraq "Executive Guide"*
30. Community Action Cycle applied to Gender Roles (GREAT Project, Uganda)	Community Mobilization Teams mobilize communities to improve their capacity to address positive gender norms, equality, and transformations and sustain their effort over time	Community leaders and mobilizers	More equitable gender norms, improve sexual and reproductive health (SRH), and decrease gender-based violence among adolescents 10-19 years old - Contribute to changed behavioral and social norms and help to strengthen a community's capacity to promote and sustain behavior change	(under implementation)	Gender Roles, Equality and Transformations (GREAT) Project (2010-2013)	Northern Uganda, post-conflict	GREAT Community Action Cycle (CAC) Implementation Guide (2013), GREAT Project website
31. Integral Development with Children Methodology (DIN, generic for SC/US Canada in LAC)	Strengthening local capacities with concentration on the development of leadership skills and promotion of child rights, educating using workshop, music, games, and other recreational interactive	Children and youth, with recent emphasis on inclusion of the marginalized population of indigenous children and youth; teachers; student school	Active participation and protagonism of children in the construction of a life with dignity for the community in general, converting themselves into adults with strengthened capacities to construct a world that respects, values	-The DIN manual "Our Bodies Our Lives" used to work with groups of rural children and youth on ARSH and HIV/AIDS prevention now being used by the Dept. of Health Service in Cochabamba for their	N/A	Latin America (Bolivia, Argentina, Nicaragua)	*DIN Educative Manual*; 7 specialized manuals and 7+ magazines on related topics (ARSH, DRR, gender, etc.) and on the

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	dynamics (Recognize, Study, Act, Evaluate), using Freirian principles	boards that together form an Organization of Originating Boys, Girls and Youth	and listens to children	training activities -In the 2006 elections in the Municipality of Arampampa, 4 people elected (with 98% of the votes) had been trained as DIN child leaders in the 1990s -Teachers familiar with DIN methodology -Education outcomes improved [but link not clear]			methodology

Evolution of Capacity Strengthening

The practice of strengthening capacity is not new. Its history and evolutions can be traced through much of development assistance. Its influence is reflected in the evolutionary pathway that Save the Children has itself taken with its programming over the past decades.

The idea of capacity strengthening has its roots in the writings of Paulo Freire and the Liberation theology movement in Central America (Eade 1997). This influenced the era of *community development*, popularized in the 1950s and 60s, which emphasized empowerment of communities and participatory self-help approaches. This was a significant departure from relief philosophy that shaped much of development work, emerging from the humanitarian response to WWII in Europe and poverty in the American Appalachia. At Save the Children, community development approaches were greatly expanded during this time. In the 1970's, the focus shifted to enhancing the technical skills of people in rural areas to be self-sufficient through the application of *appropriate technology*. Save the Children led thinking during this era through its innovative Community-Based Integrated Rural Development (CBIRD) approach.

In the 1980's, *institutional development* emerged as a long-term process of strengthening the sectors– government, private sector and civil society - within a country. These early efforts to 'build capacity' focused on individual skills development. Later, this was expanded to organizational development, but with a continued focus on technical skills. However, the effectiveness and sustainability of these skills was often limited by a lack of institutional support. Individual skills development was only as strong as the institutions and systems within which the individuals operate. The bookkeeping skills of the accountant could be effective in the context of quality financial data collection and reporting.

In the 1990's, the term *capacity building* first came into use, ushered in by the dominant focus on programmatic sustainability. The simultaneous emphasis on working with local entities already established, led to the rise of organizational capacity building that focused on developing the internal capacity within organizations, such as government and NGOs, so that they could better fulfill their mission. A renewed emphasis on collaboration with other development organization enabled Save the Children to significantly scale-up programs and their more lasting impact.

Beginning in 2005, the topic became central to a series of high-level international meetings on the effectiveness of development assistance. In that year, the Paris Declaration on Aid Effectiveness was crafted as an attempt to reform the development process, seen as too strongly dominated by donor priorities and uncoordinated, unpredictable and non-transparent implementation. Recipient countries and institutions were rarely able to take the lead. The Paris Declaration called for capacity strengthening to be an explicit objective in national development and poverty reduction strategies. The core principles of ownership, alignment, harmonization, managing for results and mutual accountability from these meetings have been shaping bi-lateral and multi-lateral development assistance by taking into account how development outcomes are achieved as much as what is to be achieved. This has elevated

the significance of working through sectors (e.g., health or education) to support locally prepared development plans and strategies that reflect local ownership and accountability (OECD, 2011).

The follow-up meeting took place in Accra, Ghana in 2008. The Accra Agenda for Action (AAA), accelerated the pace of change outlined in the Paris Declaration, particularly in the areas of: 1) country ownership; b) effective and more inclusive partnerships; and 3) achieving and accounting for development results. The last of these meetings was held in Busan, South Korea in 2011. It sought to assess the progress in improving the quality of aid in delivering development results, particularly related to the Millennium Development Goals (MDGs). In recognition that a great deal of capacity already exists in organizations and their responsibility for and ownership of it, the new term *capacity strengthening* came to reflect this nuanced paradigm shift in approach.

While each donor organization is operationalizing these principles differently, the US Agency for International Development (USAID) has launched *USAID Forward*. This initiative has seven areas of focus, with Implementation and Procurement Reform (IPR) being the most relevant to this guide. The reform's goals provide more sub-grants to local partners, with the goal of directing approximately 30 percent of Agency global funds for implementation through local governments, businesses, and NGOs by 2015. This increases the opportunity and pressure on Save the Children to strategically invest in capacity strengthening of local partners in preparation for this shift. Save the Children has been preparing for this change by collecting best practices and analyzing the potential hazards in order to positively influence this policy and make it a viable development approach. (For more information and resources on the Save the Children's response to IPR, please click here.