

**Annex 14.3: WHC Assessment Guide**

**Ward Health Committee**

**Capacity Assessment**

**FACILITATOR'S GUIDE**

**Concern Worldwide Bangladesh May 2009**

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## ANNEXES:

- I. WHC Capacity Assessment Tool Summary Table
- II. The WHC Capacity Assessment tool
- III. Planning Table (template)

## **Preface: Introduction**

This Guide is a reference for facilitators leading a capacity self-assessment with a Ward Health Committee (WHC) in Bangladesh, using the Ward Health Committee Capacity Assessment tool. This tool was developed by the Municipal Chairmen and Ward Health Committees of the Rajshahi Division in Bangladesh, with support from Concern Worldwide, Inc.

The purpose of the WHC Capacity Assessment tool is twofold. First and foremost, it is an assessment tool that enables community health committees to get a bird's eye view of where their organization stands on the path to becoming a well-established institution within the community. Second, the tool serves to present a clear picture of what each step on the path of the organizational development process looks like (see Part II, Section ii C). In this way, the assessment tool functions as an organizational development planning tool.

The use of the WHC Capacity Assessment tool is critical in that it serves to highlight crucial organizational development issues that can often become neglected in the rush of an organization's day-to-day operational activities (eg. establishing policies, systems, secondary leaders, etc.). This has been found to be especially important for community organizations that were established with external support from an international organization or by another entity that provided support for a limited time. By maintaining a strong focus on capacity building from the outset, the use of the WHC Capacity Assessment tool ensures the sustainability and continued growth of the organization long after external support has ceased.

As such, the specific objectives of the WHC Capacity Assessment process are:

- To create a shared understanding of the capacities required for the WHC to fulfill its purpose to become a lasting institution within the community;
- To determine the WHC's current and target capacity assessment scores using the WHC Capacity Assessment tool;
- To create a list of actions detailing the steps to be taken for the WHC to reach its target scores and, incorporate these into the current annual plan and future annual plans; and
- To establish a schedule to conduct follow-up assessments and track progress.

The WHC Capacity Assessment tool was developed as part of the Child Survival Sustainability Assessment (CSSA - see Addendum II) and corresponds to Dimension III: Community and Social Ecological Systems, Component 5: Community Capacity. The tool and this Facilitators Guide are both easily adaptable for use by community health committees in other settings.

This Guide is divided into four parts:

### **Section I: Workshop Plan and Preparation**

This section includes a chart providing a summary of the workshop plan, materials needed, and some guidance on organizing the workshop. The one workshop consists of two segments: the Assessment Session, which for first time assessments can be conducted over a

period of 4 hours (not including breaks), and the Planning Session which should have 2-3 hours allotted to it.

### **Section II: Conducting the Capacity Assessment Session (Workshop Plan Part I, II, & III)**

This section follows the schedule of the actual session. For each segment of the Session, key concepts are outlined and guidance for the facilitators is given.

### **Section III: Conducting the Planning Session (Workshop Plan Part IV)**

This section provides guidance on leading participants through the process of determining the actions necessary to reach the target scores identified in Part II, and incorporating those to be completed within the current year into the current annual plan. Individuals are assigned to oversee each action, and target dates are set. A monitoring plan and a date for conducting follow-up assessments are also determined.

### **Section IV: Municipal Authority Poll and Conclusion (Workshop Plan Part V)**

The workshop concludes by taking a poll requested by the Municipal Authority on external factors influencing a country's ability to improve the health status of the population.

Both from the outset of and throughout the assessment, it is essential that facilitators actively work to:

1. Create a sense of ownership of the process among all community members. The success of this process is contingent upon every participant believing in the value of it and being personally committed to it.
2. Create an open environment where each participant feels comfortable sharing his or her opinion and that his or her experience is equally valued. Facilitators should take special care to ensure the participation of those who tend to stay quiet.
3. Pay close attention to the local context, norms and culture for conducting a community session.
4. Monitor the time according to their judgment, making allowances where necessary (i.e. if members continue to have important comments), yet take care to contain the discussions within the allotted time as much as possible. It is especially important to avoid cutting time from the planning session, as a well thought-out action plan is key to the success of this process.

*The Ward Health Committee Capacity Assessment methodology and tool were built upon the pioneering work of the Iqbal Hossain, Dipankar Datta, Hasinul Islam and the Child Survival Team of Concern Worldwide.*

# **SECTION I**

# **WORKSHOP PLAN AND PREPARATION**

## **i. Planning the Workshop**

### **A. Setting the date, time and place**

The Capacity Assessment workshop is generally most effective if it is scheduled as a separate event from regular Ward Health Committee meetings. Ideally the workshop should take one day. If it is not possible to schedule the assessment for one full day, the Planning Session and Capacity Assessment Session can be held on separate days, but it is recommended that these days are consecutive. The assessment in full requires approximately six and a half hours, not including breaks and time for lunch. The location may be the Committee's regular meeting place or another desirable location, if available.

### **B. Facilitators**

Ideally, it is advisable to have one Lead Facilitator and two Co-Facilitators. In selecting the Lead Facilitator for the Capacity Assessment Workshop, it is recommended that this person be a dynamic and impartial representative of the Municipal Health Department, serving on the Ward Health Committee (the Member Secretary). Co-facilitators can be selected by the community health committee. Once the facilitators have been selected, it is recommended that all three facilitators attend a two day training session prior to conducting the workshop.

### **C. Attendance**

In order to maximize active engagement and the inclusion of all participant voices in the assessment process, it is crucial that all members of the Ward Health Committee are present at the workshop and planning session. Additionally, the WHC or Municipal Authority may find it beneficial to invite special guests (i.e. Municipal Chairman, representative from other Government bodies, representatives from organizations the WHC has an established relationship with, etc.). Invited guests, however, should only be present if they help foster (and do not inhibit) a free and open discussion of internal WHC issues.

### **D. Materials Needed**

The following materials will be needed at each WHC Capacity Assessment workshop:

1. Several flip charts and markers (preferably one for each small group to be formed)
2. Preprinted large posters showing each capacity area, capacity area definition and/or the title of the indicators listed for each capacity area
3. A large print version of the complete tool (for demonstration purposes)
4. Hard copy of complete tool on standard size paper for each participant
5. Writing utensils (pens, pencils, high lighter) for all participants
6. Poster size score sheet: Same format as the tool but no text in boxes where stages would be described, instead # of votes for the stage are recorded there.

7. Poster size planning template: Drawn on a flip chart with the indicators heading all rows and the following columns: Action, Start Date (Month, Year), Completion Date (Month, Year), Overseer/s

## WHC Capacity Assessment Workshop Plan (summary table)

Time	Section	Topic	Objective	Facilitator	Method/Proc	Materials Req
<b>50 min</b>	<b>Part I</b>	<b>General Introductions</b>				
5 min	I - A	Opening Ceremony	Formal start	Lead	Ceremonial	
10 min	I - B	Objective of workshop	Ensure participants understand assessment will help them identify where they are in the organizational development process, and build a vision and plan for the future.	Lead	Lecture	
5 min	I - C	Schedule of the Day	Ensure participants know what their schedule will be for the day	Lead	Lecture	Pre-written poster w/ schedule
30 min	I - D	Participant Introductions	Create an appreciative inquiry environment and a warm atmosphere between participants	Lead or co-facilitator?	Group Appreciative Inquiry Exercise	
<b>40 min</b>	<b>Part II</b>	<b>Introduction of Tool</b>				
5 min	II - A	Purpose of Assessment; Tool Development and Structure	Ensure participants understand tool was developed through participatory process involving other WHCs	Lead	Lecture	Pre-designed poster for each capacity area
35 min	II - B	Tools and Techniques of the Self-assessment Process	Introduce tool structure, capacity areas and scoring. Make the connection between participant's initial understanding of each capacity area and expert definition.	Lead and Co-facilitators	Lecture and large group discussion	Pre-designed poster for each capacity area and picture representation of five stage
<b>2 ½ hrs</b>	<b>Part III</b>	<b>Discussion of Indicators and Scoring</b>				
1 hr	III - A	Understanding Indicators and Individual Positions (Position Analysis)	Ensure participants fully understand meaning of each indicator and difference between stages. Participants select scores based on own preference to share in large group.	Lead and Co-facilitators	Facilitated study group discussion (2-3 groups)	Flip chart for each study group
1 1/2 hr	III - B	Building Consensus and Scoring	To reach unanimous decision on WHC's current score for each indicator and target score in future. Calculate composite scores for each capacity area and overall assessment score based on indicator scores.	Lead	Facilitated large group discussion	Flip chart or big board If possible pre-written poster/s with indicators listed and space for final score (sugg: one poster per capacity area)
		<b>BREAK (Lunch)</b>				

<b>2 hr</b>	<b>Part IV</b>	<b>Planning Session</b>				
2 hrs	IV- A	Planning Session- Large Group	To identify actions necessary to reach target scores, incorporate actions for current year into annual plan, assign individuals to follow up or oversee actions and set target dates.	Lead	Large Group Discussion	Capacity Assessment tool and current and target scores; current annual plan; flip chart/marker, paper/pen for participants
<b>30 min</b>	<b>Part V</b>	<b>Conclusion</b>				
15 min	V- A	<b>Municipal Authority Poll on External Factors</b>	To gain the WHC's views on external factors influencing a country's ability to improve the population's health status.	Lead		
7 min	V - B	Concluding Remarks	Concluding remarks regarding this being a big step forward IF regular follow up and implementation of plans continues. Commending everyone's commitment, thus far and reminder that success depends on their continued commitment, etc.	Lead	Lecture	
8 min	V - C	Formal Closing Ceremony		Lead	Lecture	
<b>6 hrs 30 min</b>						

## **SECTION II**

### **CONDUCTING**

### **THE CAPACITY ASSESSMENT SESSION**

## i. General Introductions

**Materials:** Poster of schedule of the day

### A. Opening Ceremony

To open the workshop, begin by offering a warm welcome to the group and introduce the Lead Facilitator and co-facilitators for the assessment. If appropriate, also introduce any special guests.

### B. Workshop Objective: Why are we here?

This section sets the tone for the entire assessment by providing participants with a clear explanation of the objectives the group has before them in the workshop, and the importance of their participation in the process. Explain that the fundamental goal of the workshop is to **assess the progress the WHC has made in its development as an organization, and its capacity to fulfill its mission.**

*Ask:* What do we mean by **capacity**?

To illustrate this:

- *Draw the first part of a simple schematic on flip chart to illustrate one end of a spectrum.*  
Explain that this side of the spectrum would be an organization that is disorganized, does not have proper policies or systems in place, and therefore has a very low capacity to fulfill its mission to serve the community.
- Then, explain that the continuum of organizational development extends to the other end of the spectrum; and
- *Draw the second part of the schematic to illustrate the other end of the spectrum.*  
Explain that this side represents a well-run organization with policies and systems in place for all aspects of its work, with great capacity to fulfill its mission, to help more individuals and to have a greater impact on the community.

Once this schematic is understood by the group, explain that the objectives of the capacity assessment tool are to determine the following:

1. where the organization is on this spectrum;
2. what factors determine an organization's capacity;
3. where the organization is now, and where the organization would like to eventually be; and
4. what actions are needed to reach the organization's development goal(s).

Furthermore, explain that this process is iterative and necessitates reassessment at regular intervals in order to measure progress towards the organization's goals.

## C. Schedule of the Day

Next, review the schedule for the day as a group. Make sure that each participant has a copy of the schedule for the assessment, and review the major segments of the day, including lunch and break times. This can also be a good time to answer any logistical or “housekeeping” questions (ex. food, time-keeping, restroom locations, etc.). It is also helpful if a poster with the schedule is displayed on an aisle or wall for people to refer to throughout the day.

## D. Participant Introductions

Once the schedule has been reviewed and all questions have been answered, begin with a warm-up exercise involving participant introductions. This can be done in many different ways. As an example, one option is to have each participant find a partner, and after a few minutes, have each person introduce their partner to the group with one or two key pieces of information. The goal is to ensure that each participant is recognized and becomes comfortable speaking in front of the group, thereby setting the tone for the day.

### ii. Introduction of the Tool

**Materials:** Posters of capacity areas, large demonstration copy of tool, copies of tool, pens for participants

#### A. Purpose of Tool: Why conduct a capacity assessment?

In this section, the Facilitator should explain that the WHC Capacity Assessment tool allows the group to conduct a **capacity assessment**, why they are conducted, and that a capacity assessment allows an organization to determine its status on the path to becoming a well functioning institution.

Define/clarify the following, for or with the group:

- **Institution:** an organization is considered an *institution* when it has become a firmly established entity recognized by community members as playing a significant role in their society.
- **Capacity Areas:** experts studying community organizations worldwide have discovered that the most successful, institutionalized community organizations excel in several key functions common to all, called *capacity areas*.

- **Capacity Assessment:** is a measure of how well an organization performs these functions.

Once these concepts are understood, the Facilitator should explain that a capacity assessment is an opportunity to step back and focus on the organization's development, to determine the capacity areas the organization needs to improve in order to reach its vision of a successful organization, and to plan the specific actions necessary to achieve it. As such, a capacity assessment process has *four objectives*:

1. To create a shared understanding of the capacities required for the WHC to fulfill its purpose and become a lasting institution within the community;
2. To determine the WHC's current capacity scores and the target scores we envision the WHC achieving in two years, using the Capacity Assessment tool;
3. To determine the priority actions necessary to reach the WHC's target assessment scores and incorporate them into the annual plan, including assignment of due dates and individual members to oversee each action; and
4. To establish a schedule to conduct follow-up assessments and track progress.

## B. What is the Ward Health Committee Capacity Assessment Tool?

In order for participants to understand the significance and background of this particular tool, share that the **Ward Health Committee Capacity Assessment Tool** is:

- A tool developed specifically for Ward Health Committees in Bangladesh to help WHCs conduct their own capacity assessments; and
- Based on internationally recognized capacity areas and has been further developed to reflect the reality of WHCs in Bangladesh through a series of consultations with several Ward Health Committees and other stakeholders.

## C. How is the Ward Health Committee Capacity Assessment Tool structured?

*Ensure that each participant has been given a copy of the tool.*

In this section, review each of the capacity areas and their multiple subcategories (i.e. indicators). Share that based on discussions with several Ward Health Committees, these indicators were identified as the key functions of the WHC for that capacity area, and therefore determine the WHC's performance in the capacity area. Moreover, explain that for each indicator, five possible stages of development have been identified.

These stages are like the stages of growth for a tree:

- ❖ Stage 1 resembles the very beginning, when the seeds are first planted. At this stage the WHC exists in name and may have some members but fundamental systems and activities, such as regular meetings or any type of activity plan, are not established. Everything occurs ad hoc, if at all.
- ❖ By stage 3 the young sapling has begun taking root, as the WHC has begun taking root in the community. It is known by many members of the community. The most important functions such as holding regular meetings, developing an annual plan, and links to local healthcare providing institutions are in place but they are still being developed.
- ❖ By the final stage the tree is tall with deep roots resistant to the strongest winds. It bears delicious fruit every year. Similarly, a WHC at this stage is deeply rooted within the community and seen by a majority of residents as a valuable resource they depend on. Most importantly its work is not jeopardized by the inevitable winds of change (members leaving, leaders changing, etc.).

Explain that the group will consider each of the five stages of each indicator, and will come to a group consensus as to which stage best fits the current status of the committee.

### Capacity Area Scoring

Once the stages are understood, explain that each stage corresponds to a respective score (for example Stage 2 = a score of 2 for that indicator). Scores are combined of all the indicators, and the average is taken to determine our score for that capacity area. Combining the indicator scores in this way assumes that every indicator contributes equally to the WHC's overall performance on that capacity area. Combining the scores of all the capacity areas and taking the average will provide an overall score and corresponding stage of development. Moreover, assigning numerical scores allows the organization to more easily track and compare progress throughout regular intervals. *The facilitator can demonstrate this for clarification by doing a sample calculation on the white board or flip chart.*

## **D. Capacity Area Definitions**

Next, define and review each capacity area. *If appropriate, have co-facilitators describe the capacity areas.* Ensure that each participant sees the Capacity Area definitions on the copy of the tool that they've each been given. *It also can be very useful to display posters showing capacity areas and definitions.*

*See Annex I for a summary table of all Capacity Area definitions and list of indicators for reference. Capacity Area definitions also appear on the hard copies of the tool distributed to the participants.*

## **1. Participatory Planning**

Within this section, review what is meant by **Participatory Planning**. Explain that this identifies the basic systems that must be in place to ensure that the WHC's activities are well planned and executed. Together, identify and review the 3 indicators that are considered the most important factors to successfully conducting a broad range of activities:

a. **Meeting Attendance**

*Note: It is important to have members regularly attend all meetings in order to ensure that their input is included.*

b. **Regular Meeting with an Agenda**

*Note: Regular meetings are important in ensuring that WHC activities are planned and implemented in a timely manner, and an agenda facilitates the prioritization of tasks and activities.*

c. **A Detailed Written Annual Plan**

*Note: A written, detailed annual plan ensures a greater likelihood of successful activities.*

## 2. Leadership (Governance)

Next, review **Leadership and Governance**. Explain that this capacity area measures the way the WHC is governed by its leaders. Leaders can create a motivating environment by promoting teamwork and ensuring the active participation of all members regardless of age, gender, religion, vocation or ethnicity in decision making, planning and implementing. Four indicators have been defined as factors indicating good governance:

a. **Membership Replacement Process**

*Note: new members selected to replace departing members should be selected through a fair and impartial process that ensures that all members meet necessary qualifications and maintain proper representation within the WHC.*

b. **Secondary Leader and Other Committee Roles Detailed in Writing, are Assigned and Understood**

*Note: the experience of many community organizations has shown that naming a secondary leader who will support the leader and provide leadership should he or she not be able to carry out his duties at any time is essential to the continued success of the organization. Further, a WHC with specific well defined leadership roles, that are assigned and understood by those taking on the roles and the associated responsibilities, ensures that the WHC is not dependent on the efforts of a few but functions as a team and can therefore will not be vulnerable to unexpected change.*

c. **Participatory Decision Making**

*Note: If one member does not participate in decision-making, or if his or her opinions are pushed aside, then the entire group he or she represents will lose its voice and it is less likely that the resulting work of the WHC will be as successful without participatory decision-making, nor equitable, benefiting some portion of the community more than others.*

### **3. Resource Mobilization and Management (includes Financial Management)**

Explain that this capacity area refers to the WHC's ability to raise funds, seek and utilize other local resources, and most importantly maintain accurate financial records available for the community to see (transparency). Review the four indicators that have been identified to measure the Committee's capacity in this area:

a. **Fundraising the Annual Plan**

*Note: Including fundraising in the annual plan signifies that it is a priority for the WHC.*

b. **Financial Documentation and Transparency**

*Note: With proper financial records there is less of a likelihood of corruption, and it is easier for the organization to grow (i.e. raise more funds, conduct larger activities and reach more people). Transparency involves being open regarding the financial transactions of the WHC, and allowing the public access to the financial records. This builds trust in the community, which results in greater support from the community, especially through monetary donations.*

c. **Resource Mobilization and Utilization**

*Note: In addition to funds, there are many non-monetary resources that may be donated or secured thorough an arrangement which can be a tremendous help the WHC in its work, such as finding a school or government office willing to donate meeting space, school children willing to put up posters with important health messages throughout the community, etc.*

d. **WHC Meeting Room, Bank Account, seal and pad**

*Note: As basic resources the WHC must have to carry out its mission in the community, this is also an initial measure of the proper financial management (having a bank account, seal and pad) and resource mobilization (securing a meeting room).*

### **4. Collaboration and Coordination**

To explain Collaboration and Coordination, review that, as a community based organization, many of the WHC's functions are carried out through strong relationships with other community entities such as healthcare facilities, CHVs and TBAs, other community organizations and other WHCs. Moreover, through these relationships that the WHC is able to reach people with key health messages, help them gain access to life saving healthcare services and more. Review the following indicators under this capacity area and how they measure the WHC's relationship with the four most important groups to the WHC's work.

a. **Collaboration and Coordination with other WHCs**

*Note: By joining resources, WHCs can carry out activities that are much more effective. In addition, by maintaining regular communication with other WHC's, one WHC can learn from the other's mistakes and successes.*

**b. Collaboration and Coordination with Healthcare Facilities**

*Note: The WHC and health care facilities share a mutual goal, to protect the health of the community, and it cannot be reached if they do not support each other. For the WHC, maintaining a strong relationship with healthcare facilities allows them to negotiate better terms for community members who do not have the means to pay for healthcare, ensure all children in their community are protected with vaccines, etc.*

**c. WHC Support to CHVs and TBAs**

*Note: How well a WHC support CHVs and TBAs directly impacts the WHC's ability to reach the people, as CHVs and TBAs are the foot soldiers who interact with them regularly and have their trust.*

**d. Collaboration with other Institutions**

*Note: By other institutions, we mean institutions such as the Department of Social Welfare, the Directorate of Youth Development, the Islamic Foundation and many more. Government institutions other than the Municipal Department of Health whose can be a valuable partner as they may have programs that can indirectly support the health and wellbeing of some of some community members. Popular civic and religious associations such as the Islamist Foundation are a key resource for disseminating health messages as they have much influence over their patrons.*

**5. Monitoring and Evaluation**

Next, review the importance of Monitoring and Evaluation (M&E). The co-facilitator leading this section should explain that the WHC cannot progress if it does not take the time to review what has been accomplished on a regular basis, at minimum annually and incorporate the lessons learned from the previous year's activities. Review the indicators that determine a WHCs capacity in this area:

**a. Review of the Annual Plan:**

*Note: The WHC should have a system in place for revisiting the annual plan on a regular basis to track progress, to adjust plans accordingly, and on an annual basis, review and record the results of their work for the year. Such a system should ensure that planning and implementation is not haphazard, and that the resulting activities are more effective.*

**b. Annual Review Results Considered During Future Planning**

*Note: Many organizations conduct an annual review of their work, record the lessons learned, and even make decisions based on the results on what they would like to do differently; however, it is crucial that the organization looks at the evaluation report to make sure all those valuable hard earned lessons and decisions that have already been made are incorporated into a new plan.*

**c. Support to Health Management Information System (HMIS) and Use of Health Information in Planning**

*Note: The Health Management Information System (HMIS) is the system the Municipal Authority has been established to capture vital health information regarding the community, such as vaccination coverage, the number of births and deaths, where women deliver and so*

*on. The Municipal Health Staff compiles the data from the CHV diaries and reports the ward's results to the WHC . WHCs have an essential role in the success of the HMIS. WHCs are responsible for ensuring the data is of good quality (i.e. making sure data in CHV diaries is comprehensive and accurate) by supporting the CHVs in collecting and properly documenting data in their diaries. In addition, WHCs should be considering the valuable health information to monitor the health situation in the ward and make decisions on future activities or adjustments to activities already in the annual plan.*

### iii. Discussion of Indicators and Scoring

#### A. Understanding Indicators and Individual Positions

##### (Position Analysis)

**Materials:** Flip chart and markers for each small group, copies of tool and pen for each participant (should have from prior session)

Next, the facilitator should divide the group into three groups to in order to review the stages for each category carefully.

Have the co-facilitator, along with each group, read each indicator and the corresponding stages aloud, and answer any questions the group may have.

Remind the groups that it is not necessary to reach a group consensus at this time, but rather just to keep in mind or note the stage they believe the WHC is at for each indicator. Once co-facilitators feel that everyone in the group has a good understanding for each indicator and the stages, bring the groups back together in the large group and to vote on each indicator. If the group's votes are not unanimous, discuss this until a consensus is reached.

*Note to the group:* as they read through the stages of the indicators, they may find that on some of the indicators the status of the Committee does not exactly match any of the stages, or may match some of the components of that stage but not all. This is because in reality progress on any one of these categories is a continuous spectrum. **The divisions made between stages is based on the overall experience of the WHCs thus far. Although any one WHC may differ slightly in its exact course of progress, experience has shown that selecting the stage most closely matching the status of the WHC does give us accurate enough results.**

#### B. Building Consensus and Scoring

**Materials:** Poster size score sheet, marker, copies of tool and pen for each participant (should have from prior session)

After the larger group has reconvened, have the group decide on both the WHCs current and target scores.

Read the first capacity area (not necessary to read the definition) and then the first indicator. One of the co-facilitators should keep the scores on the poster size score sheet. If everyone does not vote for the same stage, begin the discussion by having those who would like to explain why they believe the stage they voted for is the current status of the WHC as opposed to the other stages that got votes, raise their hand. One at a time, select one person supporting each stage to speak. Continue selecting one person per stage until all viewpoints have been shared. Allow members to speak to counteract a viewpoint but make sure all the views for selecting each stage is heard. Take another vote if necessary. If others are still not convinced, begin negotiating to reach a consensus.

When a consensus is reached on the WHC's current score for the indicator, facilitate a brief discussion to decide on the target score, which the co-facilitator will record on the score board. Once there are current and target scores for all the indicators of one capacity area, have a co-facilitator give the composite current and target scores for the capacity area. Then, move on to the next capacity area. Once there are composite scores for all capacity areas, have the co-facilitator review all the scores including the indicator scores if there is time, and give the overall score and corresponding stage for the assessment. Then have everyone select their target overall score for two years from now.

## **SECTION III**

# **CONDUCTING THE PLANNING SESSION**

## i. Determining Priority Actions

**Materials:** Flip charts, markers, assessment scores, planning table template, copies of annual plan

### How Do We Get There?

Have the group select 3 or 4 capacity areas and focus on developing a realistic action plan for these areas. Later, consider the other capacity areas, if everyone feels the Committee could realistically complete more actions.

Begin by taking a vote on our priority capacity areas. (Call each out and have each participant vote for 3 priority capacity areas. Once each person has submitted their top 3 priority capacity areas, read aloud.)

For each of the priority capacity areas selected, read the indicators and the target stage, after each indicator and solicit suggested actions participants believe the WHC should take to reach the target for that indicator. (Make a list of all, even if they have different ranges in times in which targets can be met.)

### ***Monitoring the session:***

- *Read title of first priority capacity area, followed by the first indicator and everything written in the box for the selected target stage. Ask members to raise their hand if they would like to suggest an action. Call upon them one by one. Repeat each member's suggestion in summary and ask if everyone agrees. If so, have the co-facilitator record it on the flip chart. The planning table template should be drawn on the flip chart before starting this session. Once there is a satisfactory list of actions for that indicator, move on to the next indicator and repeat the process.*
- *If a member gives a broad or vague suggestion, to the extent possible continue discussion until one or more concrete actions are determined leading to the broad action. The broad action should be recorded on the planning template with the sub-actions indented underneath.*
- *When you have gone through all the indicators for the capacity area, go back to the list of actions developed for the indicators in that capacity area and discuss when this action can be completed. Ask everyone to refer to the current annual plan. First decide with the group whether the action can be completed in the current year, started in the current year and continued to the next, or started in the next year. To the extent possible try to assign an exact due date to each action, especially for actions to be completed in the current year.*
- *Next decide with the group who should be the overseer of each action. For some actions, the Committee may select multiple overseers (i.e. a subcommittee) right away. In this case, make sure a lead overseer is named.*

- *Explain that the overseer will be the person responsible for making sure the action is completed, creating a subcommittee if necessary and/or if the action involves everyone acting individually, providing timely reminders.*
- *A co-facilitator should record the dates and overseers on the planning template and if an action for the current year, make an indication of the action, date and overseer in the appropriate section on a copy of the annual plan.*
- *After due dates and overseers have been determined for all actions listed for the capacity area, introduce the next priority capacity area and repeat the entire process until actions, due dates and overseers have been listed for all indicators under all the priority capacity areas selected.*
- *As the Committee to quickly look over the remaining capacity areas. Ask if anyone has any suggestions for actions for other capacity areas that the WHC could **realistically** (emphasize realistic) accomplish considering the actions already identified for the priority areas. Allow those who have suggestions to speak and follow same procedure for actions everyone agrees to as above (for priority capacity areas).*
- *Assign one member to create a revised version of the current annual plan including the current year actions from the capacity assessment planning session. The Committee should consider creating a timeline with all actions from the annual plan or just capacity building actions and long term plans to better visualize the work ahead. If created, the timeline should be posted in the WHC meeting room.*

## ii. Monitoring Plan

**Materials: None**

In this section, the facilitators may propose the following monitoring plan to the group, and solicit feedback:

In addition to reporting on activities and continuous planning and implementation per the annual plan at every monthly meeting, every quarter time will be set aside at a monthly meeting to specifically discuss progress on the capacity building actions, next steps and adjustments to the annual plan and/or the capacity building planning table, if necessary. All overseers will give a brief status report. In addition, time will be set aside at the end of the year during the end of year review and annual planning session dedicated to capacity building actions.

*Solicit group feedback and any other suggestions.*

## iii. Follow up Assessment

In this section, it is important to determine the timeline for a follow-up assessment. Ask the group how often they believe an assessment should be conducted, and share that every 1 or 2 years is recommended. Remind the group that future capacity assessments, followed by a planning session, will mostly likely only take half a day since the group is now familiar with the tool. Have the group vote on the preferred frequency of assessments (ex. 1 year, 2 years, etc.)

## **SECTION IV**

# **Conclusion**

## i. MHD Poll on External Factors

**Materials:** Copies of external factor indicators.

*Have the co-facilitators hand out copies of the external factor indicators to all participants, and explain the following:*

1. There are a few issues the Municipal Authority would like the WHC to comment on as a representative of the people of this ward. The municipality is currently participating in an international program through the international organization, Concern Worldwide. Responses will help demonstrate our success to the world by allowing comparison with other countries; and
2. In addition to the capacity of community organizations such as the WHC, some larger situations that can hinder or aid a country's ability to improve the health status of its citizens. The poll will be administered because the Municipality would like participants' opinion on two of these.

Explain that the two factors (below) are presented in the same format as the capacity assessment indicators. In this poll, the Committee should select the stage most appropriate for the population of their ward.

### A. Impact of Environmental Disasters

The *Impact of Environmental Disasters* measures to what extent the population is impacted by natural disasters, such as floods, hurricanes, droughts, etc. Two factors are thought to contribute to the impact of such events on the population, how often they occur and how prepared the population is for it (i.e. do they know or have the means to take necessary precautions to limit damage on their property or protect the safety of their family). For example, in a place where the continuous impact of natural disasters is high, it is thought that it is more difficult for Government, private and community organizations to improve the health status of the population.

Have the participants take a few moments to read the indicator, and answer any questions. Once ready, put the stage for this indicator to a vote, and discuss until consensus is reached.

### B. Political Freedom

The *Political Freedom* indicator tries to measure the population's ability to participate and contribute to organizations without any fear of retribution. In a country where the people are persecuted for joining or contributing in some way to any organization of their choice,

important organizations such as the WHC, which mobilize citizens to help each other and their community could not be formed, therefore impacting the country's ability to improve the health status of the population.

At this point, have the group vote on stages for this indicator, and discuss until consensus is reached.

## **ii. Concluding Remarks**

To conclude, the Facilitator(s) should offer their thoughts on how the assessment went, their hopes for the future of the organization, what they believe are the key actions necessary for the WHC to succeed in building its capacity and to become a strong institution within the community, and thank everyone for their efforts and commitment to the WHC.

If appropriate, also conclude with a brief closing comment by the Commissioner and/or any special invited guest(s).

## **iii. Formal Closing Ceremony**

Thank everyone warmly for their participation in the Capacity Assessment. Facilitators or special guests should conclude the workshop with a ceremony per local tradition.

# Annexes

- I. Capacity Assessment Tool  
Summary Table
- II. Capacity Assessment Tool
- III. Planning Table (template)

## Annex I: Capacity Assessment Tool Summary Table

#	Capacity Area	Definition	Indicators
1	Participatory Planning	The systems in place to ensure WHC activities are planned in advance, with proper division of responsibilities, phases of implementation, and input from all WHC members.	<ol style="list-style-type: none"> <li>1. Meeting attendance</li> <li>2. Regular Meetings with an Agenda</li> <li>3. Written Annual Plan</li> </ol>
2	Leadership (Governance)	The processes followed to ensure the WHC remains representative of and responsible to the community, through proper internal management ensuring all members understand their responsibilities and fully participate in decision making.	<ol style="list-style-type: none"> <li>1. Membership Replacement Process</li> <li>2. Secondary Leader and Other Committee Roles Detailed in Writing, Assigned and Understood</li> <li>3. Participatory Decision Making</li> <li>4. Community Perception of WHC</li> </ol>
3	Resource Mobilization and Management (includes Financial Management)	The WHC's ability to raise funds, locate and utilize local resources and maintain proper financial records available to the public.	<ol style="list-style-type: none"> <li>1. Fundraising in Annual Plan</li> <li>2. Financial Documentation and Transparency</li> <li>3. Resource Mobilization and Utilization</li> <li>4. WHC Office, Bank Account, Seal and Pad</li> </ol>
4	Collaboration and Coordination	The WHCs ability to establish relationships with key local, regional and national institutions, resulting in a greater scope of services in support of the community.	<ol style="list-style-type: none"> <li>1. Collaboration and Coordination with Other WHCs</li> <li>2. Collaboration and Coordination with WHC Support to CHVs and TBAs</li> <li>3. Collaboration with other Institutions</li> </ol>
5	Monitoring and Evaluation	The WHC's ability to systematically document the results of its activities and ensure this information is regularly reviewed and used as the basis for future planning. The WHC actively supports the collection of data for the HMIS and uses relevant information to inform its planning process.	<ol style="list-style-type: none"> <li>1. Review of Annual Plan</li> <li>2. Annual Review Results are Considered during Future Planning</li> </ol>

**Annex II:**

**CONCERN WORLDWIDE  
Municipal Health Partnership Program**

**Capacity Assessment  
For Ward Health Committees (WHC) in Bangladesh**

The following tool is used to assess changes in capacity of neighborhood health committees and develop action plans. This was originally developed with the WHCs of Saidpur and Parbatipur and was revised for WHCs in the new areas.

**Capacity Area I: Participatory Planning**

Definition: The systems in place to ensure WHC activities are planned in advance, with proper division of responsibilities, phases of implementation, and input from all WHC members.

	1 <sup>st</sup> Stage	2 <sup>nd</sup> Stage	3 <sup>rd</sup> Stage	4 <sup>th</sup> Stage	Final Stage
<p><b>1) Meeting Attendance</b></p> <p><b>Percentage of committee members present at every meeting.</b></p>	<p>Very Poor (Less than 40% present)</p>	<p>Poor (41-55% present)</p>	<p>Moderate (56-70% present)</p>	<p>Good ( 71-85% present)</p>	<p>Excellent (86-100% present)</p>
<p><b>2) Regular Meetings with an Agenda</b></p> <p><b>Are there meetings held on a monthly basis with a prepared agenda?</b></p>	<ul style="list-style-type: none"> <li>- WHC meetings are held ad hoc, often planned last minute.</li> <li>- There is no prepared agenda.</li> <li>- Action points are not assigned to individuals nor due dates set.</li> </ul>	<ul style="list-style-type: none"> <li>- Meetings are held every month but the day and time is not fixed and not much advanced notice is given.</li> <li>- There is no prepared agenda.</li> <li>- Action points are not assigned to individuals nor due dates set.</li> </ul>	<ul style="list-style-type: none"> <li>- There is a fixed day and time for monthly meetings. But changes occur often and giving proper advanced notice is not a priority.</li> <li>- An agenda is prepared before the meeting but is not based on last meeting's action points.</li> <li>- Some action points are assigned to individuals with due dates set.</li> </ul>	<ul style="list-style-type: none"> <li>- Meetings are held every month on a fixed day and time. Effort is made to minimize changes and give proper advanced notice when there are changes.</li> <li>- An agenda is prepared before the meeting based on prior meeting's action points.</li> <li>- Most action points are assigned to individuals with due dates set.</li> </ul>	<ul style="list-style-type: none"> <li>- Members are given an annual schedule of meetings. Minimizing changes and giving proper advanced notice when there are changes is a priority.</li> <li>- An prioritized agenda is prepared before the meeting based on prior meeting's action points.</li> <li>- All action points are assigned to individuals with due dates set.</li> </ul>

**Capacity Area I: Participatory Planning Cont'd**

	<b>1<sup>st</sup> Stage</b>	<b>2<sup>nd</sup> Stage</b>	<b>3<sup>rd</sup> Stage</b>	<b>4<sup>th</sup> Stage</b>	<b>Final Stage</b>
<p><b>3) Written Annual Plan</b></p> <p><b>Is there a written annual plan based on community demand?</b></p>	<p>- There is no written annual plan.</p>	<p>- A simple annual plan (i.e. no activity leaders assigned) is written with few committee members having input.</p>	<p>- An annual plan is written with set targets and committee members assigned as activity leaders and/or to serve on subcommittees.</p> <p>- Some but not all committee members participate in planning discussions.</p>	<p>- An annual plan is written with set targets, activity leaders/committees assigned. There is some consideration for plans beyond the current year.</p> <p>- All committee members contribute to shared discussions and decision making for annual plan.</p>	<p>- An annual plan is written with set targets and activity leaders/committees assigned. A simple long term plan (beyond the current year) is written as well.</p> <p>- Committee members get input from the sector they represent through formal mechanisms (i.e. arrange a meeting, etc.) in preparation for the annual planning process.</p>

**Capacity Area II: Leadership (Governance)**

Definition: The processes followed to ensure the WHC remains representative of and responsible to the community, through proper internal management ensuring all members understand their responsibilities and fully participate in decision making.

	1 <sup>st</sup> Stage	2 <sup>nd</sup> Stage	3 <sup>rd</sup> Stage	4 <sup>th</sup> Stage	Final Stage
<p><b>1) Membership Replacement Process</b></p> <p><b>Is the process of replacing members fair and transparent?</b></p>	<ul style="list-style-type: none"> <li>- The replacement process is not participatory. Some members or outside entities have special influence.</li> <li>- There is no consideration for ensuring new members meet specified criteria (i.e. represent same group of member leaving, true commitment to serving the community, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- The full committee votes on selection of new member but the nominations and votes are often unfairly influenced by a few individuals.</li> <li>- There is little consideration for ensuring new members meet specified criteria.</li> </ul>	<ul style="list-style-type: none"> <li>- The full committee votes on selection of new members but sometimes nominations and/or votes are unfairly influenced by a few individuals.</li> <li>- There is some effort to ensure new members meet specified criteria.</li> </ul>	<ul style="list-style-type: none"> <li>- A transparent selection process has been defined with specific rules (number of members must be present, rules for a tie). Special influence is minimal.</li> <li>- Ensuring new members meet specified criteria is a priority.</li> </ul>	<ul style="list-style-type: none"> <li>- There is a well defined, transparent member replacement process in place.</li> <li>- First priority is to ensure those nominated meet all criteria and are the most qualified from their representative group.</li> </ul>
<p><b>2) Secondary leader and other committee roles detailed in writing, assigned and understood?</b></p> <p><b>Are the roles of secondary leader and other committee roles (secretary, treasurer, sub-committee leaders, activity leaders, etc.) well defined, assigned and understood by those selected for the positions?</b></p>	<ul style="list-style-type: none"> <li>- No roles are defined or assigned other than the leader (Commissioner).</li> </ul>	<ul style="list-style-type: none"> <li>- Secondary leader is assigned.</li> <li>- But the role is not well defined or he/she does not have proper understanding of it.</li> </ul>	<ul style="list-style-type: none"> <li>- Secondary leader and a few other roles are assigned.</li> <li>- Most roles and responsibilities are well defined.</li> <li>- Some individuals assigned a role do not have proper understanding of their responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>- All roles are assigned.</li> <li>- All roles and responsibilities are well defined.</li> <li>- All individuals assigned a role have a good understanding of their responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>- All roles are assigned</li> <li>- All responsibilities are well defined and in writing.</li> <li>- All individuals assigned a role have a good understanding of their responsibilities.</li> </ul>

**Capacity Area II: Leadership Cont'd**

<p><b>3) Participatory Decision Making</b></p>	<p>- Committee leader makes decisions without consultation without members' input/vote.</p>	<p>- Committee leader sometimes consults with a few members for some decisions but always has final say.</p>	<p>- Committee leader regularly consults with a few members to make decisions but full committee rarely approached for input.</p>	<p>- Committee leader regularly consults with a few members to make decisions and brings important decisions to the full committee for input/vote.</p>	<p>- All decisions made by full committee vote and/or input from those directly impacted.</p>
<p><b>4) Community Perception of WHC</b>  <b>SOURCE: Population Survey</b></p>	<p>- More than 90% of community are unaware of the WHC or consider it a shadow entity with members only interested in their image &amp; status.</p>	<p>- At least 25% of community members know the WHC, its purpose and services.  - Those who are aware of the WHC, know its mission but do not feel members are truly dedicated or accomplish anything of value.</p>	<p>- At least 50% of community members know the WHC, its purpose and services.  - Among those who are aware of the WHC, most feel the WHC has some dedicated members and is making some effort to implement valuable activities/changes.</p>	<p>- At least 75% of community members know the WHC, its purpose and services.  - Those who know the WHC, have mostly positive image of WHC and feel most members are dedicated to the WHC mission and work to implement valuable activities/changes.</p>	<p>- Nearly everyone know the WHC, its purpose and services.  -Those who know the WHC feel WHC members are very dedicated to the people and feel their activities have impacted their lives.</p>

**Capacity Area III: Resource Mobilization and Management**

Definition: The WHC's ability to raise funds, locate and utilize local resources and maintain proper financial records available to the public.

Indicator	1 <sup>st</sup> Stage	2 <sup>nd</sup> Stage	3 <sup>rd</sup> Stage	4 <sup>th</sup> Stage	Final Stage
<p><b>1) Fundraising in Annual Plan</b></p> <p><b>Are fundraising activities included in the annual plan?</b></p>	<ul style="list-style-type: none"> <li>- There is no mention of fundraising activities in the annual plan (if there is an annual plan).</li> </ul>	<ul style="list-style-type: none"> <li>- Any fundraising activities implemented are ad hoc.</li> </ul>	<ul style="list-style-type: none"> <li>- There is at least one fundraising activity included in the annual plan in addition to member donations.</li> <li>- An area/s is identified for use of the funds raised (i.e. vaccination campaign, emergency fund for community members, etc).</li> <li>- Other potential sources and methods of fundraising are discussed.</li> </ul>	<ul style="list-style-type: none"> <li>- There are several fundraising activities included in the annual plan.</li> <li>- An area/s is identified for use of the funds raised for most of the fundraising activity with full committee input.</li> <li>- There is some diversification of sources and methods.</li> </ul>	<ul style="list-style-type: none"> <li>- Fundraising is a priority.</li> <li>- Several fundraising activities are included in annual plan involving diverse sources and methods.</li> <li>- An area/s is identified for use of the funds raised for all fundraising activity with full committee input.</li> </ul>
<p><b>2) Financial Documentation and Transparency</b></p> <p><b>Are proper financial records kept and shared with the committee and the public?</b></p>	<ul style="list-style-type: none"> <li>- There are no financial records kept.</li> <li>- Funding updates are not shared with full committee or the public.</li> </ul>	<ul style="list-style-type: none"> <li>- There are some financial records but proper bookkeeping methods are not used due to lack of skill or negligence.</li> <li>- Financial records are not easily accessible to committee members and rarely shared at meetings.</li> <li>- Financial records are not shared with the public.</li> </ul>	<ul style="list-style-type: none"> <li>- Financial records are being kept using proper bookkeeping methods.</li> <li>- Financial records are shared at meetings but a regular schedule of updates and reviews is not followed.</li> <li>- Financial information is rarely shared with the public.</li> </ul>	<ul style="list-style-type: none"> <li>- Proper financial records are kept and analyzed using basic tools/methods.</li> <li>- The regular schedule of updates/review (quarterly balance updates, semi-annual budget review, annual report and analysis) is mostly followed.</li> <li>- Selected financial information (i.e. good news only) is annually shared with the public.</li> </ul>	<ul style="list-style-type: none"> <li>- Detailed financial records are being kept and being analyzed using more advanced tools/methods.</li> <li>- The regular schedule of updates/reviews is always followed.</li> <li>- The annual financial report is shared with the public.</li> </ul>

<p><b>3) Resource Mobilization and Utilization</b></p> <p><b>Are WHC members aware of local resources and utilize them to implement activities?</b></p>	<ul style="list-style-type: none"> <li>- WHC has not created a list of local resources.</li> <li>- WHC members do not utilize local resources to implement activities.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has created a basic list of resources based on information from several sources.</li> <li>- But utilizing local resources to implement activities is minimal.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has created a detailed list of resources.</li> <li>- Local resources are occasionally utilized.</li> </ul>	<ul style="list-style-type: none"> <li>- Members are very familiar with list of resources and refer to it when planning activities.</li> <li>- Local resources are often utilized but the list is not regularly updated.</li> </ul>	<ul style="list-style-type: none"> <li>- Utilizing local resources is an institutionalized practice and the list of resources is updated annually.</li> </ul>
<p><b>4) WHC Office, Bank Account, Seal and Pad</b></p> <p><b>Does the WHC have a regular meeting place, bank account, seal and pad?</b></p>	<ul style="list-style-type: none"> <li>- WHC does not have a regular meeting place within the ward, a bank account, nor seal and pad.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has a temporary meeting place.</li> <li>- There is no seal, pad or bank account.</li> </ul>	<ul style="list-style-type: none"> <li>- The WHC has a permanent meeting space but it is not a convenient space (i.e. bad location, too small, etc.).</li> <li>- WHC has its own seal, pad, and bank account.</li> </ul>	<ul style="list-style-type: none"> <li>- The WHC has a proper permanent meeting space.</li> <li>- The WHC has its own seal, pad and bank account.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has an established meeting place in a central location that is well known throughout the ward.</li> </ul>

**Capacity Area IV: Collaboration and Coordination**

Definition: The WHCs ability to establish relationships with key local, regional and national institutions, resulting in a greater scope of services in support of the community.

	1 <sup>st</sup> Stage	2 <sup>nd</sup> Stage	3 <sup>rd</sup> Stage	4 <sup>th</sup> Stage	Final Stage
<p><b>1) Collaboration and Coordination with other WHCs</b></p> <p><b>Does the WHC collaborate and coordinate with other WHCs?</b></p>	<ul style="list-style-type: none"> <li>- WHC has no communication with other WHCs.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC realizes the benefit of establishing relationships with other WHCs.</li> <li>- WHC has taken some steps towards this.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has regular meetings with 2-3 WHCs to share lessons learned and coordinate activities.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC is in contact with more than 3 other WHCs.</li> <li>- The process of starting an annual meeting between all WHCs in the municipality has begun.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC collaborates with several WHCs.</li> <li>-In addition to meetings between neighboring WHCs, there is an annual meeting of all WHCs in the municipality.</li> </ul>
<p><b>2) Collaboration and Coordination with Health Service Providing Institutions</b></p> <p><b>Does the WHC collaborate and coordinate with healthcare facilities?</b></p>	<ul style="list-style-type: none"> <li>- WHC has no established relationship with health service providing institutions.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has reached out to some health service providing institutions.</li> <li>- Collaboration is rare.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has established a formal relationship with the major local health service providing institutions servicing its ward.</li> <li>- WHC collaborates with these institutions for special occasions only (i.e. NIDs).</li> </ul>	<ul style="list-style-type: none"> <li>- WHCs relationship with local health service institutions servicing its ward have become institutionalized.</li> <li>- WHC collaborates with these institutions on short and long term initiatives (NIDS, CIMCI, etc.) and continuously seeks further opportunities for collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC has established a formal relationship with all health service institutions servicing its ward and some regional/national institutions.</li> <li>- The institutions and the WHC continuously rely on each other to improve their quality of service.</li> <li>- There are ongoing collaborations with many of institutions.</li> </ul>
<p><b>3) WHC Support to CHVs and TBAs</b></p> <p><b>Does the WHC support CHVs and TBAs in their work?</b></p>	<ul style="list-style-type: none"> <li>- TBA and CHV representatives are not active in WHC and do not liaise with the other TBA and CHVs in the</li> </ul>	<ul style="list-style-type: none"> <li>- The CHV/TBA reps occasionally participate in discussions and share the views of other TBAs and WHCs.</li> </ul>	<ul style="list-style-type: none"> <li>- CHV/TBA reps are active in WHC and make some effort to inform other TBAs/CHVs in the community regarding</li> </ul>	<ul style="list-style-type: none"> <li>- CHV/TBA reps are very active in the WHC and regularly liaise with other TBAs/CHVs in the community regarding</li> </ul>	<ul style="list-style-type: none"> <li>- CHV/TBA reps are some of the most active members in the WHC and successfully engage other TBAs/CHVs in WHC</li> </ul>

	<p>community regarding WHC activities.</p> <ul style="list-style-type: none"> <li>- The WHC does not support CHVs and TBAs in their work.</li> <li>- No performance reward activities are conducted.</li> </ul>	<ul style="list-style-type: none"> <li>- WHC rarely supports CHVs and TBAs in their work.</li> <li>- The need for a performance reward system is realized but any action is ad hoc.</li> </ul>	<p>WHC activities.</p> <ul style="list-style-type: none"> <li>- WHC sometimes supports CHVs and TBAs by helping with difficult patients and identifying training needs.</li> <li>- Best CHV and Best TBA awards have been created but there is no established selection process and not awarded on some years.</li> </ul>	<p>WHC activities.</p> <ul style="list-style-type: none"> <li>- The WHC has begun establishing a system to help CHVs/TBAs with all difficult patients and identify and follow up on training needs.</li> <li>- A performance reward system has been established with written selection criteria for the annual Best CHV and Best TBA awards.</li> </ul>	<p>activities.</p> <ul style="list-style-type: none"> <li>- The CHV/TBA support system is institutionalized, including efforts to maximize WHC involvement in all difficult patients and track training needs.</li> <li>- The performance reward system is institutionalized with a several awards presented every year and other activities to encourage good performance.</li> </ul>
<p><b>4) Collaboration with other institutions (Dept. of Social Welfare, Directorate of Youth Development, Islamic Foundation, etc.)</b></p> <p><b>Does the WHC collaborate well with institutions other than those providing healthcare to the community?</b></p>	<ul style="list-style-type: none"> <li>- The Committee does not collaborate with other institutions.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee has begun reaching out to other institutions but no formal ties exist.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee has established a relationship with a few other institutions.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee has established a formal relationship with several other institutions.</li> <li>- The Committee makes special effort to support Least Advantaged groups.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee has established a formal relationship with many other institutions.</li> <li>- The Committee has established official mechanisms to support the Least Advantaged groups.</li> </ul>

**Capacity Area V: Monitoring and Evaluation**

Definition: The WHC's ability to systematically document the results of its activities and ensure this information is regularly reviewed and used as the basis for future planning. The WHC actively supports the collection of data for the HMIS and uses relevant information to inform its planning process.

Indicator	Stage 1	Stage 2	Stage 3	Stage 4	Final Stage
<p><b>1) Review of Annual Plan</b></p> <p><b>Is the annual plan reviewed at the end of every year?</b></p>	<ul style="list-style-type: none"> <li>- The Committee does not look at the annual plan throughout the year to check its progress and for further planning.</li> <li>- There is no year end review.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee rarely looks at the annual plan to check its progress and for further planning.</li> <li>- At the end of the year, the Committee devotes a meeting to reviewing the year's accomplishments but the results are not written.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee looks at the annual plan to check its progress and for further planning a few times a year but not at set intervals.</li> <li>- A year-end review meeting is held and the results are recorded.</li> <li>- A basic evaluation report is prepared and shared with the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee looks at the annual plan quarterly to check its progress and for further planning.</li> <li>- There is an attempt to gather information on all activities conducted prior to the year-end review meeting.</li> <li>- An evaluation report including summary results for all activities conducted is prepared and shared with the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>- The Committee looks at the annual plan quarterly to check its progress and for further planning.</li> <li>- Information on all activities conducted are gathered and summarized at the year-end review meeting.</li> <li>- A comprehensive evaluation report is prepared and shared with the public.</li> </ul>
<p><b>2) Annual Review Results are Considered during Future Planning</b></p> <p><b>Are annual review results used in creating the next year's annual plan and long term plans?</b></p> <p><b>Are members assigned to follow up on necessary changes agreed upon during the annual review?</b></p>	<ul style="list-style-type: none"> <li>- Annual review results and recommendations do not exist or are not referred to in planning or other decisions.</li> </ul>	<ul style="list-style-type: none"> <li>- Annual review results and recommendations are rarely considered in creating new annual plan and in planning throughout the year.</li> <li>- There is no follow-up of recommended changes/improvements in annual review.</li> </ul>	<ul style="list-style-type: none"> <li>- Some annual review results and recommendations are considered in creating new annual plan and in planning throughout the year.</li> <li>- No formal follow-up system exists to ensure implementation of recommended changes/improvements.</li> </ul>	<ul style="list-style-type: none"> <li>- Most annual review results and recommendations are considered in creating new annual plan and in planning throughout the year.</li> <li>- An individual is assigned to follow-up on recommended changes/improvements and oversee implementation process.</li> </ul>	<ul style="list-style-type: none"> <li>- A system is in place to ensure all annual review results and recommendations are considered in creating new annual plan and in planning throughout the year.</li> <li>- An established system of follow-up on recommended changes/improvements exists and is given priority.</li> </ul>

<p><b>3) WHC Support to Health Management Information System (HMIS) and Use of Health Information in Planning</b></p> <p><b>Does the WHC ensure data quality control in CHV diaries and consider health information in planning?</b></p>	<ul style="list-style-type: none"> <li>- Committee does not consider health information during planning or it is not being compiled by MHS.</li> <li>- No system is in place to ensure quality of data in CHV diaries (i.e. comprehensive, accurate, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>- Ward health information is rarely considered in planning.</li> <li>- Reminders/advice are sometimes given to CHVs regarding quality control but no steps are taken to check quality.</li> </ul>	<ul style="list-style-type: none"> <li>- Some health information is considered during planning.</li> <li>- There is some effort to ensure quality of the data but it is not on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>- Ward health information is regularly considered during planning.</li> <li>- Some steps are regularly taken to ensure quality.</li> </ul>	<ul style="list-style-type: none"> <li>- Ward health information is always considered during planning.</li> <li>- A quality control system is in place.</li> </ul>
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***Municipal Authority Poll: External Factors Influencing Efforts to Improve the Health Status of the Population***

<p><b>1) Impact of Environmental Disasters</b></p> <p><b>To what extent is the population effected by Environmental Disasters (i.e. floods, hurricanes, drought, etc.)?</b></p>	<ul style="list-style-type: none"> <li>- Environmental Disasters occur many times a year and/or the population has little ability to prepare.</li> <li>- Impact of Environmental Disasters on population is very high.</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Disasters occur more than once a year and/or the majority of the population is not adequately prepared.</li> <li>- Impact of Environmental Disasters on the population is high.</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Disasters occur at least once a year and/or the at least half the population is adequately prepare.</li> <li>- Impact of Environmental Disasters on the population is moderate.</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Disasters occur less than once a year and/or the majority of the population is adequately prepared.</li> <li>- Impact of Environmental Disasters on the population is low.</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Disasters rarely occur or the vast majority is very well prepared.</li> <li>- Impact of Environmental Disasters on the population is very low.</li> </ul>
<p><b>2) Political Freedom</b></p> <p><b>Are people persecuted for organizing? Is there an environment of fear in the community?</b></p>	<ul style="list-style-type: none"> <li>- People live in a heightened state of fear and intimidation.</li> <li>- Severe punishment by torture or death is common for any kind of organizing deemed not in keeping with government</li> </ul>	<ul style="list-style-type: none"> <li>- There is a general state of fear and intimidation.</li> <li>- Government or ruling body persecutes those involved in organizing deemed not in keeping with government interests, sometimes by torture or</li> </ul>	<ul style="list-style-type: none"> <li>- Government or ruling group does persecute for organizing but usually on issues related to political control/policies (i.e. health, education, etc. usually safe).</li> </ul>	<ul style="list-style-type: none"> <li>- Government or ruling body mostly respects people's right to organize. Organizing bodies are still watched and there are some cases persecution.</li> <li>- Up to 75% are willing</li> </ul>	<ul style="list-style-type: none"> <li>- Government or ruling body respects the people's right to organize even if organizing group voices disagreement with Government/ruling body policies.</li> <li>- Persecution for</li> </ul>

	<p>interests or other group controlling the area.</p> <p>- Less than 1% are willing to take the risk of becoming a member of an organized group.</p>	<p>death.</p> <p>- Up to 20% are willing to take the risk take the risk of becoming a member of an organized group.</p>	<p>- Up to 50% are willing to take the risk of becoming a member of an organized group.</p>	<p>to take the risk of becoming a member of an organized group.</p>	<p>organizing is very rare unless deemed to be violent or danger to national security.</p> <p>- Up to 90% are willing to take the risk of becoming a member of an organized group.</p>
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### Annex III: Planning Table (template)

<b>Capacity Area/ Indicator</b>	<b>Action</b>	<b>Start Date (Month, Yr)</b>	<b>Completion Date (Month, Yr)</b>	<b>Overseer/s</b>
<b>Capacity Area I</b>				
Indicator 1				
Indicator 2				
Indicator 3				
<b>Capacity Area II</b>				
Indicator 1				
Indicator 2				
Indicator 3				