

# DOWNLOAD PDF MEASURING PERFORMANCE OF INTERVENTIONS IN CAPACITY BUILDING

## Chapter 1 : Measuring capacity building in communities: a review of the literature

*performance levels of interventions in capacity building. It notes that most measures are derived with respect to inputs, processes, outputs, outcomes/results and impacts and that there is an inordinate preoccupation with impact in the measurement of performance.*

Received Jun 24; Accepted Nov 9. This article has been cited by other articles in PMC. Abstract Background Although communities have long been exhorted to make efforts to enhance their own health, such approaches have often floundered and resulted in little or no health benefits when the capacity of the community has not been adequately strengthened. Thus being able to assess the capacity building process is paramount in facilitating action in communities for social and health improvement. The current review aims to i identify all domains used in systematically documented frameworks developed by other authors to assess community capacity building; and ii to identify the dimensions and attributes of each of the domains as ascribed by these authors and reassemble them into a comprehensive compilation. Methods Relevant published articles were identified through systematic electronic searches of selected databases and the examination of the bibliographies of retrieved articles. Studies assessing capacity building or community development or community participation were selected and assessed for methodological quality, and quality in relation to the development and application of domains which were identified as constituents of community capacity building. Data extraction and analysis were undertaken using a realist synthesis approach. Results Eighteen articles met the criteria for this review. The various domains to assess community capacity building were identified and reassembled into nine comprehensive domains: Six sub-domains were also identified: Conclusions The set of domains compiled in this review serve as a foundation for community-based work by those in the field seeking to support and nurture the development of competent communities. Further research is required to examine the robustness of capacity domains over time and to examine capacity development in association with health or other social outcomes. Background Supporting the involvement of communities in efforts to enhance their own health has long been a strategy employed in the public health arena since it became recognised that traditional, top-down health directives have had minimal meaning for the communities concerned. Consequently these approaches has often resulted in little or no health benefits [ 1 ]. The enthusiasm to replace the old controlling approach with bottom-up community action has resulted in the development of a wide range of diverse projects and programs on the ground. The recognition of the merits of a community-based approach has become obvious in relevant policy documents, as for instance, those concerned with Aboriginal health in Australia [ 2 , 3 ]. The development of a set of attributes that enable a community to define, assess, and act on issues they consider to be of importance has been termed community capacity building although there are a variety of other related-terms with similar meaning [ 4 , 5 ]. For the purpose of this review, community is defined as "specific groups and networks of groups organising around specific issues, generally but not always spatially bound" [ 4 ]. However, these two documents were high level calls to action and did not stipulate ways and means to incorporate bottom-up approaches in practice. Strategies for practical community capacity building were eventually highlighted as health promotion moved beyond lifestyle change to the creation of supportive environments for health [ 9 ]. The practical assessment of community capacity gained more impetus with the Healthy Community initiatives of the s [ 10 ]. A range of advantages to the community has been specified as a result of community capacity building. The most recognised ones include: As these benefits are the result of the process of community capacity building, understanding its constituents or building blocks and being able to assess capacity development is paramount in facilitating capacity building in communities for social and health improvement. As indicated above, there are multiple understandings of community capacity with multiple domains having been identified to describe the characteristics of community capacity. For this reason, community capacity has proven difficult to measure [ 14 ] and its value often rendered invisible or under-estimated [ 15 ]. Consequently, identifying direct

relationship between community capacity and positive health outcomes has remained limited. To our knowledge no reviews have systematically examined and synthesised domains that are constituents of capacity building, especially in the community context. Given the increasing prominence of programmes integrating community capacity development into program delivery, a review of the literature in this area is required. Thus the current review aims i to identify all domains used in systematically documented frameworks developed by other authors to assess community capacity building; and ii to identify the dimensions and attributes of each of the domains ascribed by these authors and reassemble them into a comprehensive compilation. The underpinning purpose of this review is to identify appropriate domains to assess community capacity building in order to support successful project implementation in any situation, but particularly those addressing health in an Australian Indigenous remote community context. Community capacity for the purpose of this review is taken to mean those local initiatives that may or may not be embedded in community organisations and that concentrate on specific health or social concerns [ 16 ]. This approach suggests that the search process should be as tight and systematic as in conventional systematic reviews but Pawson makes clear the primary purpose of the effort is to contribute to the building of explanatory theory through a process of synthesis. The aim of this review was to synthesise what others have found in the practice of assessing community capacity, particularly investigating what are the various domains deemed important and, how they have been developed and applied. The end result is a set of synthesised domains as a useful conceptual tool rather than the full formulation of an actual theory. Inclusion and exclusion criteria The articles included studies of the assessment of capacity building or community development or community participation. Types of study design considered in the review included: Papers were included if they met at least two of the three following criteria: Additionally, papers had to meet a minimum of four of seven criteria [ 18 ] that included suitability of the methodology to the research question, a description of sampling selection, a description of data collection and analysis, evidence of applying rigor coding by two or more coders , triangulation, reflexivity and relevance researcher and research process. Papers were excluded if they meet any of the following criteria: The initial search strategy yielded a total of papers. Screening occurred at two levels, with the first based on title and abstract as judged by three authors JC, JR and SL. A cross check was performed with 30 papers screened by these three authors who identified the same relevant papers. Each author screened one third of the total , reducing the number to 94 articles. A further 17 references were added, identified from the reference lists and from professional contacts. Copies of papers were obtained. Eight papers were excluded as they were either not published in English 4 or not in peer reviewed journals 4. A total of 54 papers which explored the constructs of community capacity or applied a framework for collective community action were included. Nine reviews [ 4 , 15 , 19 - 25 ], nine studies that measured organisational capacity rather than community capacity [ 9 , 12 , 26 - 32 ] and one study assessing research capacity [ 33 ] were excluded. This left 35 papers for further review. Data extraction A template was developed by the authors to perform data extraction, seeking information on: Papers were classified into two groups: Results Of the 35 papers selected, 17 [ 34 - 50 ] did not meet the criteria. Only the latest [ 51 ] out of two studies [ 51 , 52 ] from the same author was included and therefore 17 papers were reviewed comprehensively with the domains used to assess capacity building identified, and summarised, before being reassembled through synthesis. Group 1 Ten studies were included. Each of them was based on one of seven existing models where the domains used to assess community capacity building were not modified or developed for a specific context. Details of these studies including the domains identified by the authors are given in Table 1 Additional file 1. The following provides a very brief description of the seven models and an indication of the main contribution from these papers. Hawe model The Hawe model was first described in and drew from community development and practice based research, literature on learning organisations, and the experiences of earlier cardiovascular disease prevention initiatives. Hawe et al have highlighted the importance of context in the assessment and development of community capacity and viewed capacity building as representing a multiplier effect rendering a community more competent to not only address the problem of interest but able to tackle other issues. Rifkin

model The Rifkin model was developed in to depict the level and quality of community participation schematically as a spidergram. Drawing on case studies, Rifkin ascertained that the community participation process was influenced by five domains: The model was designed to enable analysis of change enabling capacity development to be quantified and thereby linked with outcomes [ 55 ]. Three papers [ 13 , 55 , 56 ] using the Rifkin framework were identified. Ui et al [ 56 ] aimed to identify factors facilitating community participation in health centre management. Chilaka [ 55 ] described an innovative method to quantify capacity development and relate to health outcomes while Andersson et al [ 13 ] aimed to understand the development of inter-sectoral participation in three municipalities implementing diabetes prevention programme interventions. The only study [ 57 ] meeting the inclusion criteria aimed to identify the dimensions of community capacity that were enhanced as part of a community-based participatory research program. This evaluation study described the steps taken to develop and evaluate the activities of an international network promoting collaborative capacity among regional partners involved in activities related to the prevention of labour discrimination towards immigrants. Survey, interview and discussion forum methods were used.

Moore model The Moore et al model was first described in and aimed to deliver biodiversity conservation outcomes. Model development was based on a literature review and synthesis, with subsequent refinement using interviews [ 59 ]. The cognitive and structural dimensions of social capital and knowledge, skills and experience dimensions of human capital were identified as important elements of community capacity. This model was used in two studies identified in this review [ 51 , 52 ], both by Robins. The latter study [ 51 ] was chosen to represent this model as the measures used were extended from the former study. Robins aimed to give a practical meaning to capacity building through identifying measures, placing these measures within a broader systems framework, and exploring stakeholder feedback on specific measures to inform framework implementation. The focus was on natural resource management and drew from both the health sector and the risk and emergency management sector primarily in Australia in developing the domains. Twenty two measures were originally presented in a discussion paper to stakeholders and an additional seven measures identified by workshop participants and survey respondents. The model was based on a synthesis of the characteristics of effective groups developed by Johnson and Johnson [ 60 ] adapted from Sofaer [ 61 ]. The model included organizational structure, resources, leadership and decision-making procedures as factors which could help make coalitions more productive and lead to constructive conflict resolution. Trust, adaptation, and dedicated staff were found to contribute to sustainability. One article [ 62 ] was based on this model. Through a multi-site case study Schulz et al [ 62 ] evaluated group dynamics in three community-based participatory research interventions that aimed to increase the responsiveness of local health departments to communities and to improve family and community health addressing social determinants of health. The application of the evaluation tool on an ongoing basis provided a structured opportunity for members of the coalitions to reflect on group interactions, and to engage in collective problem-solving regarding group effectiveness.

Active Partners Benchmarkers model The Active Partners Benchmarkers model [ 63 ], first described in , includes twelve benchmarks for communities and public policy makers to assess the extent to which community participation is taking place. The twelve benchmarks are listed in relation to the four key dimensions of participation including influence, inclusivity, communication and capacity. This model was used to assess capacity building in one study [ 64 ] which aimed to develop a self-assessment tool for organizations to evaluate the quality of community involvement.

Group 2 Seven studies, detailed in Table 2 Additional file 1 identified domains of community capacity building which were developed while implementing and evaluating particular projects. The domains in these studies were developed drawing from either the literature [ 5 , 65 - 67 ] or case studies [ 10 , 16 , 68 ]. Four of these studies [ 10 , 66 - 68 ] tested the developed domains in the field. According to Jackson "people in communities have many talents and skills and accomplish many things together" and community capacity relates to action accruing from collective action rather than being an aggregate of individual abilities. Key factors supporting community action include: Factors hindering collective work included: Supporting and hindering factors were diversity, physical

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environment, community infrastructure and agency characteristics. Jackson developed a framework to assess community capacity through workshops, focus groups and interviews with residents and agency workers. The domains to assess community capacity were generated through pilot-testing and cross-analysis of multiple case studies, producing a survey which was then applied to different sets of stakeholders. The methods to develop the framework to assess community building included a review of the literature, holding meetings with experts and conducting focus groups to provide feedback on the framework. Littlejohns et al [ 10 ] identified key elements of community capacity specifically related to a rural heart health project. The development of the framework involved meetings with working group members to gather information regarding working effectively in their community and pilot-testing the framework with community members.

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## Chapter 2 : Capacity Building

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The indicator can be used directly to address failures that are routinely reported in this key and growing development intervention. Use of this indicator on more than a dozen standard interventions funded today by international development banks, UN organizations, country donors, and non-governmental organizations NGOs reveals that while many smaller organizations are working to change institutions and society in ways that effectively build long-term capacity, most of the major actors in the field of development have failed to follow their own guidelines. The indicator points to specific areas for holding development actors accountable in order to promote development goals of sustainability and good governance. This article also offers several examples of where current capacity building projects fail, along with a sample test of the indicator using UNCDF as a case study. Keywords Capacity building; institution building; governance; civil society; development policy Full Text: Ministry of Foreign Affairs. URL consulted 17 June Embert Cultural Anthropology. Brewer Managerial Accounting. The Journal of Sustainable Development 12 1: Student Adventures in Democratic Experiential Education. Linnell, Deborah Evaluation of Capacity Building: Lessons from the Field. Alliance for Nonprofit Management. A Framework for Improving Performance. International Development Research Centre. Gurr Polity IV Project: Political Regime Characteristics and Transitions Farrar, Straus and Giroux. Agency for International Development. Experiences, Lessons Learned, and Best Practices. Musgrave, Richard and Peggy B. Musgrave Public Finance in Theory and Practice. Quick Understanding Organizational Behavior. Thomson South-Western, 2nd edition. Hollenbeck, Barry Gerhart and Patrick M. Wright Human Resources Management. The Means to Success in World Politics. Organization for Economic Cooperation and Development. A strategic and results-oriented approach to learning for capacity. Paris Declaration on Aid Effectiveness. Singer The Foreign Aid Business. Capacity Development Results Framework. Schachter, Mark Capacity Building: Ottawa Institute on Governance. A Manual for Drafters. New York and Oslo: United Nations Development Programme. Center for Democracy and Governance. The World Bank Publishing. Guiding Principles for Donor Intervention. World Bank Capacity Building in Africa: Refbacks This work is licensed under a Creative Commons Attribution 4.

## Chapter 3 : Measuring Performance of Interventions in Capacity Building: Some Fundamentals

*This paper is an attempt to define a set of fundamentals around which generic measures can be developed to assess performance of interventions in capacity building. The development of performance measures in capacity building is a complex exercise.*