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8 Steps for Establishing Model Areas for Community-Based Initiatives

World Health Organization
Regional Office for the Eastern Mediterranean

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World Health Organization
Regional Office for the Eastern Mediterranean
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Preface

The strategies for community-based initiatives (CBI) for health and development, advocated by the WHO Eastern Mediterranean Regional Office, provide a new orientation for multidisciplinary and multisectoral efforts to ensure that health considerations are fully incorporated at the core of all development and environmental activities. Indicators on which CBI policies are based cover the full life cycle and full range of conditions that affect the community, especially the poor.

This document provides orientation about the introduction of community-based initiatives in a model area and subsequent expansion in the adjoining neighbourhoods. The training needs for the launch of these initiatives is outlined and the eight steps for setting up model areas are described in detail. In addition, requirements for the planning of the national programme are presented to facilitate such efforts at the country level.

Introduction

The WHO Regional Office for the Eastern Mediterranean is actively promoting among member countries community-based initiatives (CBI) such as basic development needs (BDN), healthy cities programmes (HCP), healthy villages programmes (HVP) and women in health and development (WHD). These approaches are based on the principle that health is an objective that should be pursued using all available means, and the attainment of optimal health should be central to the entire process of poverty reduction, environmental health and human development. The BDN and HVP initiatives require communities to assume a greater responsibility in defining their needs, identifying priorities, mobilizing local resources and developing the necessary local organizations. The HCP initiatives are applied health activities aimed at strengthening community involvement and capacity building in urban settings, giving special emphasis to environmental health. In all initiatives, particular emphasis is given to strengthening and enhancing the role of women as major stakeholders in achieving and sustaining the desired health and development goals. The common goal is to create supportive political, physical and economic policies and plans for all segments of the community, engendering a positive impact on the overall environment and quality of life.

Programme phases

Phase 1 Model area development and local expansion

CBI in any country should preferably start with a small-scale research and development project in one or more selected areas. This will involve limited risk and a reasonable cost and will be more convincing than any theoretical demonstration. It will also facilitate obtaining the essential political commitment and acceptance of this approach as a strategy for national development. It also promotes consensus among the various sectors involved in these initiatives to work jointly for the attainment of integrated goals. The model area should be gradually expanded into the surrounding areas, a strategy which promotes technical cooperation among developing communities.

Phase 2 National programme

The expected outcome of the first phase is the large-scale expansion of CBI activities and their incorporation in the national plan as a strategy for achieving integrated community-based development. The rational use of existing resources and organizational infrastructures, facilitated by devolution of authority for bottom up planning and management, greatly facilitates the process. Additional resources for expansion should be mobilized mainly from the national, regional and local levels, and from partnerships developed with national and international agencies.This document describes a step-by-step approach for the introduction and management of the CBI model phase in a country. The detailed processes and strategies for undertaking large-scale expansion through a national programme are provided in the CBI guidelines and tools[1].

Relevant CBI documents

WHO's Regional Office for the Eastern Mediterranean has developed a number of documents related to CBI strategies and actions which can be adapted locally and used for implementation of CBI in both phases.

Management guidelines and tools for CBI

To facilitate the process of planning and implementation of CBI activities, a set of uniform, user-friendly guidelines and comprehensive technical/administrative tools have been developed[1]. These address some of the most frequent questions asked about CBI by different sectors and agencies. These tools are not inflexible, indeed, they will require adaptation, each country selecting the most appropriate, relevant and applicable sections. The government, WHO and other contributing agencies These guidelines should be used as the reference material while assessing inputs,

[1] Guidelines and tools for management of basic development needs, Cairo, World Health Organization Regional Office for the Eastern Mediterranean, 2003 (unpublished document no. EM/CBI/004/E/G).

processes and outcomes of national CBI programmes. In addition to the management guidelines,

the following tools relate to various aspects of CBI management:

- Planning
- Organization
- Human resource development
- Community survey and prioritization
- Project preparation and implementation
- Supervision and monitoring
- Financial management
- Documentation and reporting
- Promotion and advocacy
- Programme evaluation

CBI training manual

A CBI training manual has been developed[2] which provides a comprehensive package of essential information and practical training on various aspects of CBI in a country. It assists in the orientation and capacity-building of programme managers, intersectoral teams, and communities. The contents, study framework and duration of the training can be adapted according to the needs and levels of target groups in each country. Part A contains guidelines for facilitators; part B, outlined below, contains the training modules.

Outline of CBI training manual

Module 1	**Basic concepts**	
	Unit 1.1	Health and quality of life
	Unit 1.2	Sustainable development and poverty reduction for health
	Unit 1.3	Community-based initiatives in the Eastern Mediterranean Region
	Unit 1.4	Implementation process
Module 2	**Public health**	
	Unit 2.1	Concept of health, health for all and primary health care
	Unit 2.2	Health promotion and protection
	Unit 2.3	Disease prevention and management
Module 3	**Social mobilization and development**	
	Unit 3.1	Community mobilization and social contract
	Unit 3.1	Health development
	Unit 3.2	Social development
	Unit 3.3	Economic development
	Unit 3.4	Health and development indicators
Module 4	**Management of CBIs**	
	Unit 4.1	Planning
	Unit 4.2	Organization
	Unit 4.3	Human resources development
	Unit 4.4	Community surveys and needs prioritization
	Unit 4.5	Project preparation and implementation
	Unit 4.6	Supervision and monitoring
	Unit 4.7	Financial management
	Unit 4.8	Documentation and reporting
	Unit 4.9	Promotion and advocacy
	Unit 4.10	Programme evaluation
Module 5	**Leadership skills**	
	Unit 5.1	Management techniques
	Unit 5.2	Problem-solving approach
	Unit 5.3	Effective communication
	Unit 5.4	Operational research and development

[2] Community-based initiatives for health and development. Training manual for programme management, Cairo, World Health Organization Regional Office for the Eastern Mediterranean, 2003 (unpublished document no. EM/CBI/020/E/G In preparation).

The 8 steps for establishing model areas

- Step 1 Preparation and orientation
- Step 2 Organizational set-up
- Step 3 Situation analysis and area development profile
- Step 4 Needs-based interventions and resources mobilization
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☞ Step 1 Preparation and orientation

Usually, a CBI is launched in a country with the joint effort of WHO and the national authorities. The Ministry of Health takes a lead role and mobilizes the government resources, while WHO provides catalytic and technical assistance. The preparations for programme planning and implementation involve a number of critical activities described below.

1.1 Mobilization and orientation

The WHO country office, with the support of the Regional Office, introduces the approach initially to the Ministry of Health authorities. This is carried out through a series of formal and informal meetings highlighting the correlation between health, development and poverty reduction. A study visit for the decision-makers and technical personnel may be arranged to demonstrate the advantages of the health and development approach. This is followed by the introduction of the programme to political, government and intersectoral decision-makers through formal meetings and workshops. This exercise is aimed at seeking the general consensus of the national authorities, administrative support and technical partnerships of the ministries concerned. The CBI training manual (module 1) can be used for conducting orientation sessions.

1.2 Approval and planning

Subsequent to the consensus by the country authorities, formal approval and agreement will be required. In this respect, government should issue a letter and/or may sign an agreement with WHO for implementation of the CBI in the country. This will provide a reference for future activities. It will be important to fulfil all legal requirements of the country necessary for initiating any programme supported by international agencies. The government may also be requested to issue a circular to the various sectors and offices involved to proffer effective collaboration and support during programme implementation. This should be followed by the preparation of a work plan and costing of the planned activities to provide an estimate for budgetary requirements. The CBI guidelines and tools (annexes 1.6) may assist in preparing plans of action in a logical sequence.

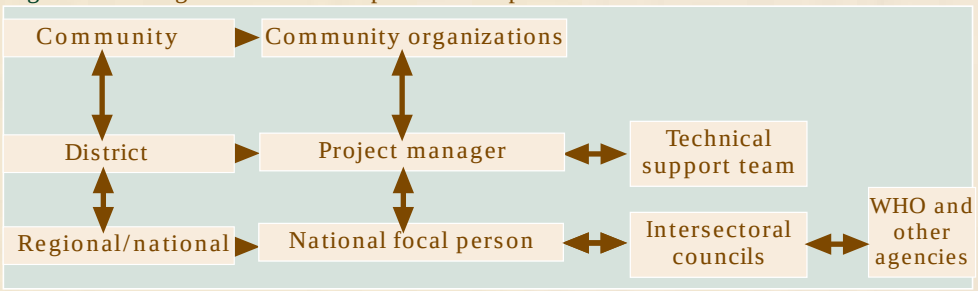
1.3 Mobilization of resources

The Ministry of Health and WHO should jointly explore all potential resources. In addition to securing sectoral resources, partnerships can be developed with other agencies and organizations. The resources available in the WHO collaborative programme can also be replanned making sufficient allocations for CBI. This should be followed by the release of the required resources according to the plan of action.

☞ Step 2 Organizational set-up

Approval for programme implementation and allocation of funds should be followed by the formal initiation of programme activities. In this respect, the foremost requirement will be the establishment of the organizational and management set-up. Figure 1 shows an outline of the organizational set-up.

Figure1 CBI organizational set-up for model phase



2.1 National focal person

A national focal person should be appointed, preferably from the Ministry of Health. He/she will be responsible for managing the programme in the country. The criteria for this appointment may be relevant qualifications and experience; strong leadership qualities; sufficient level of dedication; full time availability; ability to manage the CBI activities in the country, and the ability for programme advocacy to other stakeholders. Formal orders should be issued for this appointment describing the main responsibilities. The WHO country office, with support of the Ministry of Health, should arrange detailed briefing and formal training of the national focal person on CBI concepts and processes. In this respect, the CBI training manual and guidelines and tools provide relevant information on the appointment and training of the national focal person.

2.2 Orientation of intermediate, district and local authorities

Subsequent to the approval of the government, the Ministry of Health should approach and orient the relevant authorities at intermediate levels (province, governorate, region and district) seeking their support and approval for starting the model phase in their jurisdiction. It is always better to get formal approval or notification by the administrative authorities concerned for future reference.

2.3 Selection of model area

One or more model areas should be selected for the initiation of CBI according to the requirements of the country. This will be a significant milestone as the future of

the programme largely depends upon model area development. The process will start by approaching the community; the staff of hospitals, schools and other public institutions can be helpful in this respect. The main entry points for approaching the community include religious centres such as mosques and churches, schools and other educational institutions, community centres, public places, government offices and shops. All essential facts will be clarified through frequent visits and informal meetings with the community. At the same time, it will be important to orient the community on the programme approach. The presentation explaining this approach should be comprehensive but simple to ensure adequate understanding by all community members. Relevant parts of the CBI training manual should be used for community orientation after local adaptation. The consensus of the community is essential to programme implementation, therefore the community should be given sufficient time to deliberate and discuss among themselves. The final decision should be based on the criteria mentioned in the CBI guidelines and tools and the checklist described in annex 1.1 of the guidelines and tools should be used for obtaining vital information of the relevant area.

2.4 Programme manager and technical support team

At the local level, the programme manager and the intersectoral team play the central roles in CBI implementation. Relevant district authorities should appoint a programme manager, preferably from the health sector. The selection criteria should be relevant qualifications and experience, leadership and communication qualities, level of dedication, full-time availability in the project area, and capability to introduce and manage a CBI. The manager should also be able to promote the approach and mobilize the community and local partners.

In order to provide sectoral support to the communities, a technical support team of officials from key departments operating in the local area should be formed and notified to the relevant authorities. This team is usually comprised of representatives from the health, education, social welfare, women's development, youth development, environment, and agriculture and livestock sectors. The criteria for selection of an intersectoral team member include adequate qualifications and experience in the relevant field as well as in community mobilization. Preferably, a team member should not hold a key position in the department which may restrict his/her contribution to field activities. The technical support team, under the leadership of the programme manager, coordinates the programme activities and provides support to the community. Annexes 2.1 and 2.2 of the CBI guidelines and tools contain the terms of reference for the programme manager and technical support team, while the CBI training manual may be used to aid in the training of team members.

2.5 Community mobilization and organization

Community mobilization will be the primary responsibility of the programme manager and the technical support team. It will be important to adequately orientate and prepare all groups of the community so that they understand the objectives of organized participation, proposed structures, criteria and procedures for selection and their respected roles.

A community development council should be selected to provide leadership to the community in implementing the programme. The members should be capable of managing the programme and maintaining the spirit and confidence of the community. Selection of representatives should be a highly democratic process, with broad consultation and the consensus of all groups.

The community leaders, supported by the programme manager and technical support team, should divide the locality into various manageable clusters on a geographical basis. Residents of each cluster should select a cluster representative according to specified criteria. The community may decide to nominate one male and one female representative from each cluster depending upon local sociocultural norms and values. To carry out various specific activities, the community may also organize technical committees and support groups for health, education, sanitation,financial management,
agriculture and livestock, and women's and young people's development.

The programme manager and technical support team should train the selected community development council, cluster representative and technical committees on the approach, process, implementation and management of the programme. The selection criteria and functions of the community development council and cluster representative are described in annexes 2.1 and 2.2 of the CBI guidelines and tools, while annex 3.1 contains the training plan and the CBI training manual has the relevant training materials which can be used after their adaptation to the local situation.

☞ Step 3 Situational analysis and area development profile

Implementation of a CBI at local level will be based on the information relevant to each community. The collection and analysis of data and its conversion into a useful form will need the joint collaboration of the programme manager, technical support team and the community. A baseline survey is conducted to examine and interpret the prevailing conditions of the village. Based on the survey results and the prioritized needs, an area development profile is prepared that becomes the road map for future actions and progress reviews. This baseline survey serves as an important tool to monitor the programme activities and outcomes. After its adaptation, assessments should be repeated after every one or two years to measure the impact of programme intervention in relation to the baseline status and the targets outlined in the social contract and the area development profile.

3.1 Planning and preparation for survey

The first requirement for needs based planning will be conducting a baseline survey in each model area. The community and the programme management should jointly prepare a plan of action that includes proposed activities set out in a logical sequence, the resources required, responsibilities of all persons involved and the proposed time frame. The prescribed survey forms should be reviewed, adapted, translated and printed according to local needs. The format of the area development profile should also be revised accordingly. Input by the community is important in this review process. The survey forms are provided in annexes 4.1 to 4.3 of the CBI guidelines and tools.

3.2 Conducting the survey

Ideally, the cluster representative conducts the survey. In some situations the cluster representative may not be educated or cannot devote sufficient time to this activity, in which case suitable volunteers are selected from the community and trained along with the cluster representative and community development council members. The technical support team and community development council should closely supervise the exercise to ensure the validity and reliability of the information collected.

3.3 Analysis, prioritization and area development profile

The data is tabulated for each cluster and compiled for the whole village. Then it is analysed for assessment of the local situation and planning of interventions. The results revealed from the survey and needs assessment should be used to prepare an area development profile. This will reflect the socioeconomic status and health situation of the community, indicating high-risk target groups. In order to prioritize the assessed needs, the procedures and principles described in annex 4.4 of the CBI guidelines and tools should be followed.

☞ Step 4 Needs-based interventions and mobilization of resources

The community has many needs, both perceived and unperceived, and it may be difficult to address all of them at one time. However the relevant interventions can be carried out in the order of priority set by the community and the availability of resources.

4.1 Social contract and development packages[3]

Joint collaboration of the community, intersectoral technical teams, programme management and other stakeholders, including WHO, is essential for the effective implementation of CBI activities. In order to formalize these partnerships, a social contract should be agreed upon by all partners at the implementation of the programme in each area. The social contract should contain key targets to be achieved in a specified period and describe the roles of each partner in programme management.

[3] The contract and development packages can be found in Community-Based Initiatives. Community empowerment for health and development. Cairo, World Health Organization Regional Office for the Eastern Mediterranean, 2003 (unpublished document no. WHO-EM/CBI/019/E/G.

To achieve these targets, the development packages, details of which are shown in Table 1, related to various components and elements of the health, social and economic sectors will guide communities and technical support teams. Health should be the main focus and relevant actions should be carried out irrespective of the priorities defined by the communities, whereas the interventions related to the social and economic sectors should be needs-based and subject to practical and financial considerations.

Table 1 Components of development packages

Health	Availability of health services Health promotion and protection Integrated management of child health Making pregnancy safer Control and prevention of communicable and noncommunicable diseases Environmental health and safe drinking water
Social	Education and literacy Adequate housing conditions Social welfare actions Women's development and empowerment Youth development
Economic	Agriculture and irrigation Livestock, dairy farming and fisheries Income generation and microcrediting

4.2 Health and social projects

The community development council should take the lead in designing projects for health and social upgrading of the area, with technical support team members from relevant sectors assisting in this process. All necessary measures should be taken to improve the health status of the local population. Additionally, the community can propose social projects according to their needs and the availability of resources, meeting the agreed criteria. A format is provided in annex 5.1 of the CBI guidelines and tools that can be adapted for each area according to the nature of the project.

4.3 Economic projects

In order to reduce poverty and enhance the economic growth of the area, income generation projects should be designed in accordance with the agreed criteria. Programmes may not be able to sponsor all proposed projects at the same time, therefore, the community should give priority to the poorest of the poor. The cluster representative, community development council and technical support team members should screen the proposals and feasibility studies. Annexes 5.2 to 5.6 of the CBI guidelines and tools provide information on requirements for application, feasibility and format of proposal for income-generation projects.

4.4 Mobilization of resources and implementation

Project proposals should be technically reviewed by the programme authorities, assisted by WHO. The community development council, with the support of the technical support team member concerned, should make a plan of action for each project and implement the activities accordingly. The principle of cost-sharing by the community in all interventions should be practised to confirm ownership and commitment. In the case of income-generation projects, the loan disbursement should be made after a contractual agreement with the beneficiary, and the loan issued through a bank. If purchases and procurements are involved, these should be made jointly at competitive prices. Project requirements are provided in annexes 5.7 and 5.8 of the CBI guidelines and tools. These can be adapted locally and translated into the national/local language before their application.

☞ Step 5 Financial management

Under CBI, financial support can be extended in the shape of grants and loans. The grants are meant for social development projects, while loans are given for income generation schemes awarded through a contract guaranteeing its return via a mutually agreed schedule. The financial management in CBI involves a principal fund account, revolving fund account and community development fund. It is advisable to use the same accounts for all financial input regardless of their source of contribution. Annexes 7.1 to 7.6 in the CBI guidelines and tools can assist in the development of this system. An outline of the CBI financial management system is shown in Figure 2.

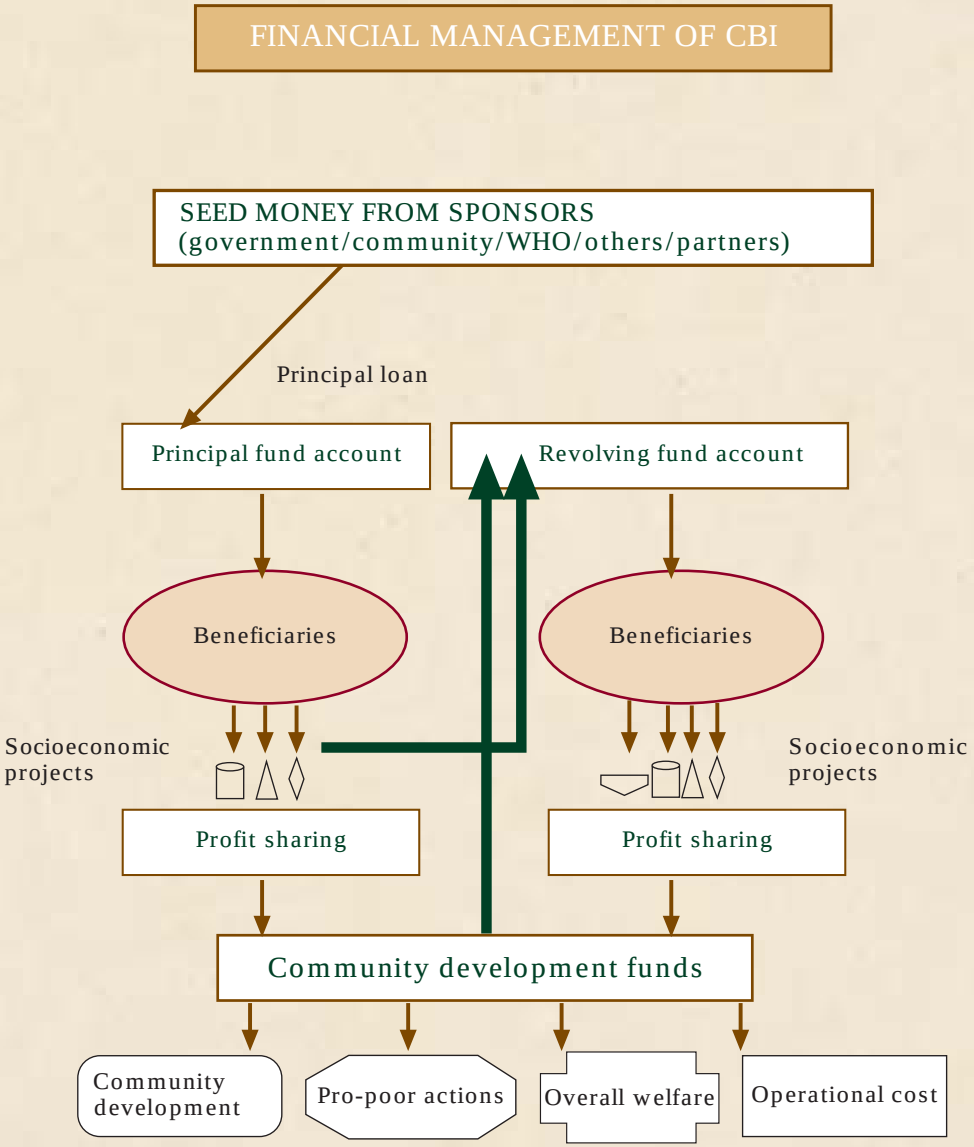
5.1 Principal fund account

The principal fund account comprises the funds released from the supporting agency (e.g. WHO) for specific social and income-generation projects. The representative of the community development council and the head of technical support team should manage this account jointly. Funds should be deposited in this account, which should ideally be opened separately for each area, for a short transitory period as they should be disbursed to the target beneficiaries soon after the verification of viability and feasibility for each social and income generation project. The funds are given through a contract signed between the beneficiary/beneficiaries and the community development council. The prominent role of the community development council in managing financial transactions will confer on them a direct responsibility for programme implementation and for safeguarding and guaranteeing loans. The latter is also a direct instrument of self-management with a strong factor of accountability.

It is important to ensure that the following conditions are met when processing loan applications:

- The community development council and the intersectoral technical support team at the local level ensure that the loan will be invested in a productive scheme and given to a recognized beneficiary/beneficiaries.

Figure 2 Financial management system



- An independent assessment of the project cost is carried out, ensuring that the terms of the scheme remain cost effective and transparent.
- The share to be paid by the beneficiary/beneficiaries is readily available.
- The beneficiary/beneficiaries are committed to making the final deal and implementing the scheme, thus respecting both its quantitative and its qualitative terms.
- The beneficiary/beneficiaries agree to the amount of loan instalments to be recovered regularly after the grace period and on the timeliness of these reimbursements.
- The community development council has accepted to guarantee and supervise the progress of the implementation and process of loan settlement.
- As part of the programme training and capacity building process, the people responsible for managing accounts at all levels are trained on the CBI guidelines and tools for basic planning, management and accounting of development projects.

To develop management skills in the individual, family and community and promote the culture of good governance at the grass roots level, the community development council and technical support team must closely monitor the process of loan investment for different project capital inputs as outlined in the plan. The latter is the most critical step and a major risk, which, if not adhered to, could restrain the implementation of micro-development income-generating activities in the community.

5.2 Revolving fund account

Revolving funds are the funds collected through return of loans, community development fund contributions and other resources generated at the community level. These funds aim at self-reliance through resource mobilization and community management. They also assist in maintaining the sustainability of the CBI areas after the initial support (seed money) from the sponsoring agencies. The revolving funds are deposited in a local account, managed by the community development council in collaboration with the technical support team. The funds are reinvested in new social and/or income generating projects multiplying the amount itself and the number of beneficiaries.

5.3 Community development fund

The community development fund is a mechanism to strengthen the sustainability of the programme and encourage direct and indirect participation in local development through contributions and sharing of benefits among community members. The fund comprises the part of the profit earned by the beneficiaries on income generation schemes supported by CBI.

At the time of approving any income-generation project, the community development council and the technical support team, along with the beneficiary, determine the percentage of the contribution depending upon the nature, feasibility and expected profit of the project. The community

development fund contribution, therefore, will vary for different projects. If required, the community development council may consider receiving community development fund contributions in non-monetory form, equivalent to the percentage agreed with the beneficiary. The community development fund contribution is deposited in the revolving fund account and maintained locally by the community development council. The monetary and non-monetary community development fund contributions can be used for supporting community development activities, pro-poor actions, welfare initiatives, catastrophic expenditure and operational costs for maintaining the programme at community level.

☞ Step 6 Information and monitoring

Continuous monitoring of CBI activities is required to provide timely feedback and support for the development process. This can be attained by establishing an efficient information collection and reporting system and monitoring protocols at all levels.

6.1 Information

Documentation and reporting of the project activities is not only a major tool for effective programme management, it also helps in assessing the situation and identifying areas of improvement. It is a continuous process and requires accuracy, commitment and sense of responsibility. The programme documentation should be maintained at all levels. It is important that the information on programme achievements and sectoral role should be disseminated to departments concerned and the partners. A periodic newsletter or a bulletin may also be published. Annexes 8.1 to 8.16 of the CBI guidelines and tools can assist in establishing the information mechanisms after adaptation according to local requirements.

6.2 Supervision and monitoring

Supervision and monitoring is necessary to assess the programme's progress and achievements towards the determined goals. An efficient supervision and monitoring system should be established with the support of the community and the technical support team. This is a continuous process and should be carried out at all levels and in both phases. Annexes 6.1 to 6.3 of the CBI guidelines and tools present checklists which can be modified according to local needs before regular utilization by the technical support team and the community development council.

☞ Step 7 Local expansion

During the first phase, the programme is preferably initiated in one model area. After achieving reasonable success in that area, it is extended to the adjacent localities to fully demonstrate the relevance, cost effectiveness and replicability of the programme

within a country. During local expansion, the primary locality becomes the nucleus for satellite development and motivation to succeeding communities.

7.1 Promotion and demonstration

Being situated geographically in the same area, there is usually an informal interaction among the communities in that they share social and political values, culture, traditions and norms. Although successful CBI programmes in model areas can be a major source of motivation, the technical support team should also mobilize the community development council and cluster representative to interact with the adjoining areas and educate them on local developments and outcomes. The communities from these areas can also be invited to visit the model site.

The community development council members, technical support team and programme manager should brief them about the approach, process and goals of CBI. The projects on health and social sector development and income generation should be demonstrated. Visiting communities usually observe the developments very critically. All queries should be answered appropriately, preferably by the beneficiaries and community representatives.

7.2 Technical cooperation among the developing communities

Technical cooperation between developing communities is the key approach for extending the programme in the adjoining localities. Once an agreement is reached for expansion, the programme activities should be carried out in the new area following the sequence of events in the model site. To continuously benefit from each other's experience, the communities of adjoining areas should develop a mechanism for orientation, training, regular interaction and sharing of experiences in accordance with the CBI training manual and guidelines and tools.

☞ Step 8 Evaluation

Evaluation of CBI programmes should be performed by independent adjudicators after a period to sufficient for assessing the efficiency and impact of the interventions on the local and national health and developmental profiles. The baseline figures and the targets fixed in the social contract for each area can serve as references for comparing and analysing the collected information. It will also assist in revision of the programme strategies before its large-scale expansion and incorporation in the national development agenda. Annex 10.1 of the CBI guidelines and tools provides a detailed account of the process.

8.1 Planning and arrangements

After a reasonable period of model phase implementation, the Ministry of Health should make a proposal for evaluation of the programme, indicating the objectives, methodology, requisite resources, potential evaluation team, budgetary requirements and funding sources, tentative time schedule and assignments. Approval for the proposal and funding should follow with all necessary arrangements such as team building and training, deployment of resources,communicating with the local people and departments involved in the project, and collection of information available in the project areas.

8.2 Indicators and sampling

The evaluation should be based on essential programme elements and their corresponding indicators. The list of indicators should be revised and adapted by the team in consultation with the CBI staff. Based upon the agreed indicators, a questionnaire should be developed and printed, preferably in the local language. The evaluation is usually made by drawing on a sample of the study population, according to the criteria described in the proposal. It should be ensured that the sample is representative of the whole population. Similarly, all categories of projects should be included in the assessment.

8.3 Data collection and analysis

The evaluation team should collect the information through techniques like interviews, data from registers, records, observation and focus groups. The collected information should be screened, classified, tabulated, and compiled according to the work plan. The results revealed from the study should be analysed on a scientific basis according to the evaluation indicators. The evaluation team should jointly review these results and prepare a comprehensive report, indicating all key aspects, including findings, strengths, weaknesses and recommendations. The detailed report should contain relevant references, annexes and attachments. An executive summary should also be written giving key information in brief.

8.4 Dissemination and review

The evaluation report should be reviewed at national and regional levels. The results should be used for designing future strategies. The evaluation report can also provide a good foundation for programme advocacy and developing a master plan for large-scale expansion.

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

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