Levels of capacity building and ways of measuring outcomes

Capacity building: we talk about it, we invest in it, we do it, but what do we mean by it and how can we measure it? This information sheet is designed for people working in different sectors who promote health. It aims to describe the levels of capacity building and the ways it can be measured.

What is capacity building?
Capacity building is a name for the familiar concepts of community and workforce development. Capacity building taps into existing abilities of individuals, communities, organisations or systems to increase involvement, decision-making and ownership of issues.

In a health promotion context, the notion of capacity building stems from the recognition that strategies can be more effective and sustainable if the effort extends beyond traditional health sector boundaries. The benefits are clear. By working across sectors, there is potential to build individual skills, strengthen community action, and empower organisations to promote sustainable health behaviours and support healthy environments.

Capacity building incorporates advocacy and relies on partnerships*.

Levels of capacity building
Capacity building can start from the inside with the individual and then spread through the community and organisational levels to the outer systems level. Or it may start with outer systems first until it eventually reaches the individual. On the next page are examples that highlight each of these levels. They are taken from three of VicHealth’s areas of work – tobacco control, mental health and wellbeing and physical activity.

Keep in mind that your project may involve capacity building at all four levels or just at one or two levels.

Individual capacity building
This is the most critical level of capacity building because it affects an individual’s knowledge and skill potential to bring about change, not only at a personal level but also in supporting broader population health efforts. At this level, capacity building strategies and activities (such as skill building, trust development, health communication) can involve individuals who are members of communities and organisations as well as individuals who might directly participate in or benefit from a program.

Community capacity building
Many health promotion projects work in partnership* with communities and organisations. Community groups may not have the infrastructure of formal organisations, but their collaborative action can be very powerful in bringing about desired change. A community in this sense might be a group of people living in a geographical area, a group with something in common, or a group working towards a common goal.

Organisational capacity building
Organisations have a leadership role, offer technical expertise, provide innovative learning and contribute to human resource development. Health promotion strategies that seek to improve organisational capacity might aim to: strengthen internal management, review resource allocation, address knowledge management, develop leadership qualities, or build partnerships.

System capacity building
Capacity building at this level involves multiple layers, complex power relationships, and involves policy development, inter-organisational planning, resource allocation, consultation and advocacy efforts. In a health promotion context, these decisions may be aimed at (but not limited to) supporting a healthy environment and are defined by the boundaries set by the systems.

Mostly initiated by strong players such as government, vocal lobby groups, or powerful non-government organisations, this level of capacity building can challenge cultural norms, values, paradigms and mind sets.

Decisions made at this level will affect whole populations, not specific communities.

* Refer to VicHealth’s publication The partnerships analysis tool.
Examples highlighting the levels of capacity building

<table>
<thead>
<tr>
<th>Projects addressing</th>
<th>Smoking rates</th>
<th>Mental health and wellbeing</th>
<th>Physical activity levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual capacity</strong></td>
<td>An individual’s knowledge about smoking and employee rights are substantially increased and employees feel able to ask their colleagues not to smoke around them.</td>
<td>Melbourne’s Horn-of-Africa communities form a group to address the challenges of settling in a new country. Members build their personal networks and their own skills in addressing issues (that may affect their mental health) such as employment.</td>
<td>Capacity of individual staff members from a local government area (LGA) is increased through VicHealth training and funding. VicHealth builds capacity for program delivery.</td>
</tr>
<tr>
<td><strong>Community capacity</strong></td>
<td>Staff representative group established to find the solution to workplace smoking issues. Through some funding allocation, the group are able put up ‘no-smoking’ signs and build a ‘smoker’s corner’ outside the building. The group also organises sessions with staff about health consequences of smoking and provides resources about where to get help to quit.</td>
<td>To link new arrivals with employment opportunities the group forms a partnership with two rural communities experiencing labour shortages. The group also ensures that these areas offer good access to housing and education, and a welcoming and supportive environment.</td>
<td>The LGA staff member works with a CALD* service provider and a local sports club to increase physical activity opportunities for CALD community members. The sports club builds capacity for adoption of healthy behaviours.</td>
</tr>
<tr>
<td><strong>Organisational capacity</strong></td>
<td>A workplace develops a policy to ban smoking inside and outside the building.</td>
<td>The partners support local schools to develop protocols and systems, and to access professional development to assist them in settling relocating children and their families.</td>
<td>The LGA reviews their governance structure and agrees that subcommittees would strengthen their internal decision-making processes.</td>
</tr>
<tr>
<td><strong>System capacity</strong></td>
<td>A government passing a smokefree workplace legislation following strong lobbying by the community.</td>
<td>The project is evaluated to identify good practices and to determine the resources required to establish and maintain a relocation program. Findings will be used to plan future relocation programs and to advocate to government for sound policies and programs to support relocation.</td>
<td>The Municipal Public Health and Wellbeing Plan incorporates strategies and allocates resources to improve formal and informal physical activity opportunities for CALD communities.</td>
</tr>
</tbody>
</table>

*C Culturally and Linguistically Diverse*
Measuring capacity building

Capacity building can be either a means for program delivery or a project outcome.

Capacity building is not always a formal or visible process which adds to the complexity of defining and evaluating it. If your initiative relies heavily on capacity building at any level to achieve a desired health outcome, you might have difficulty showing what your initiative achieved.

Because capacity building builds on existing capacities, it can be useful to define the existing capacity of the individual, organisation or community before or during early stages of the project. This can be measured again later in the project to assess the level of built capacities. Thinking about capacity building in this way makes visible some of the hidden capacity building work.

Be aware of some of the challenges

Capacity building can be a complex interaction of differing values, skills, expectations, power and relationships.

Transferring decision-making power to communities or organisations can be difficult for the capacity builder if decisions result in the original agenda being diluted.

Equally, the establishment of new systems or processes in an organisation can be threatening as employees struggle to retain power and protect their traditional work domains.

Where to find out more on capacity building


Our Community – Gateway for resources on community capacity building (requires membership) www.ourcommunity.com.au/index.jsp

The outcomes of capacity building may relate to:

| Individual | participation levels, skills (leadership, problem-solving, negotiation), knowledge, values, empowerment, increased engagement with (or connection to) the community, and desired behaviour changes |
| Community  | changes in membership, technical abilities, and interpersonal skills (confidence, communication) of individuals, collective knowledge, planning and evaluation skills, and resource management (financial or non-financial) |
| Organisational | changes in decision-making, organisational policies, resource allocation, partnerships, collective attitudes and values |
| Systemic | changes in inter-organisational planning and/or collaboration, new legislation, resource allocation, values, cultural norms, societal values |