

FACILITATOR'S MANUAL FOR COMMUNITY HEALTH COMMITTEES (COMM)

APPRECIATIVE DISCOVERY (LIGHT ASSESSMENT)



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Cover photo © Paul Bettings/World Vision

Cover photo: Nean Chou (far left) and Onn Kom (far right) are health workers who are part of the Village Health Support Group, organised by World Vision, in Cambodia. Nean and Onn visit pregnant mothers within their community, advising how to properly care for their babies.

CONTENTS

Self-Assessment Through Appreciative Discovery

Part 1: Appreciative Discovery	3
Activity 1: Icebreakers.....	3
Activity 2: Getting to Know the COMM: Background Information.....	3
Activity 3: Timeline	4
Activity 4: Identify the COMM’s Existing Capacities.....	4
Part 2: Review Minimum Recommendations for Group Functioning and Develop Action Plan for Strengthening	5
Activity 1: Review Recommendations for Effective Group Functioning	5
Activity 2: Introduce the Action Planning Tool.....	5
Activity 3: Develop an Action Plan.....	5
Part 3: Determine Additional Health-Specific Capacity Areas.....	6
Activity 1: Introduce the Checklist of Technical Skills per Session.....	6
Activity 2: Decide on Health Specific Training Sessions	6
Alternative Methodology for Capacity Assessment	7

Toolkit

Tool A-1. Checklist of Recommendations for COMM Organisational Functioning.....	10
Tool A-2. Checklist of Indicators of Health-Specific Capacity Per Session	11
Tool A-3. COMM Action Planning and Monitoring Tool: Group Functioning	10
Tool A-4. Comparison Capacity Indicators: COMM Materials versus the OCSA	14

SELF-ASSESSMENT THROUGH APPRECIATIVE DISCOVERY

Facilitator Preparation

1. Assess Level of Familiarity

Before you begin any activities with the COMM, assess your own level of familiarity with the COMM, as well as the levels of familiarity the COMM members have with one another. Taking the time to do this will ensure that any communication barriers due to unfamiliarity will be softened or overcome and that even new members will begin to feel like a part of the group before real assessment begins.

Note: The group may need to deal with issues of power imbalances and equalising relationships among members. These are important factors that contribute to organisational capacity and which may be revealed during the appreciative discovery. For purposes of getting started, do what you can to promote full and equal participation of all members, and then follow up more comprehensively as needed, based on what emerges during the assessment.

2. Speak to the Chairperson

For this activity you may want to speak to the COMM chairperson (or leader) a day or two ahead of time, to prepare him or her to lead the group members in this activity. If the chairperson can do so, ask him or her to create a brief report in advance. Alternatively, if the chairperson is not comfortable with writing – and you have the time – you may hold an informational interview with the chairperson to gather these details verbally. The report should include the group's mission and provide a summary of the group's history, activities and mandates, as outlined in the questions below. The chairperson should also be prepared to lead introductions by giving the members' names, positions within the COMM, and positions within the community (teacher, traditional leader, and so on). This preparation enables the COMM, rather than the facilitator, to take the lead.

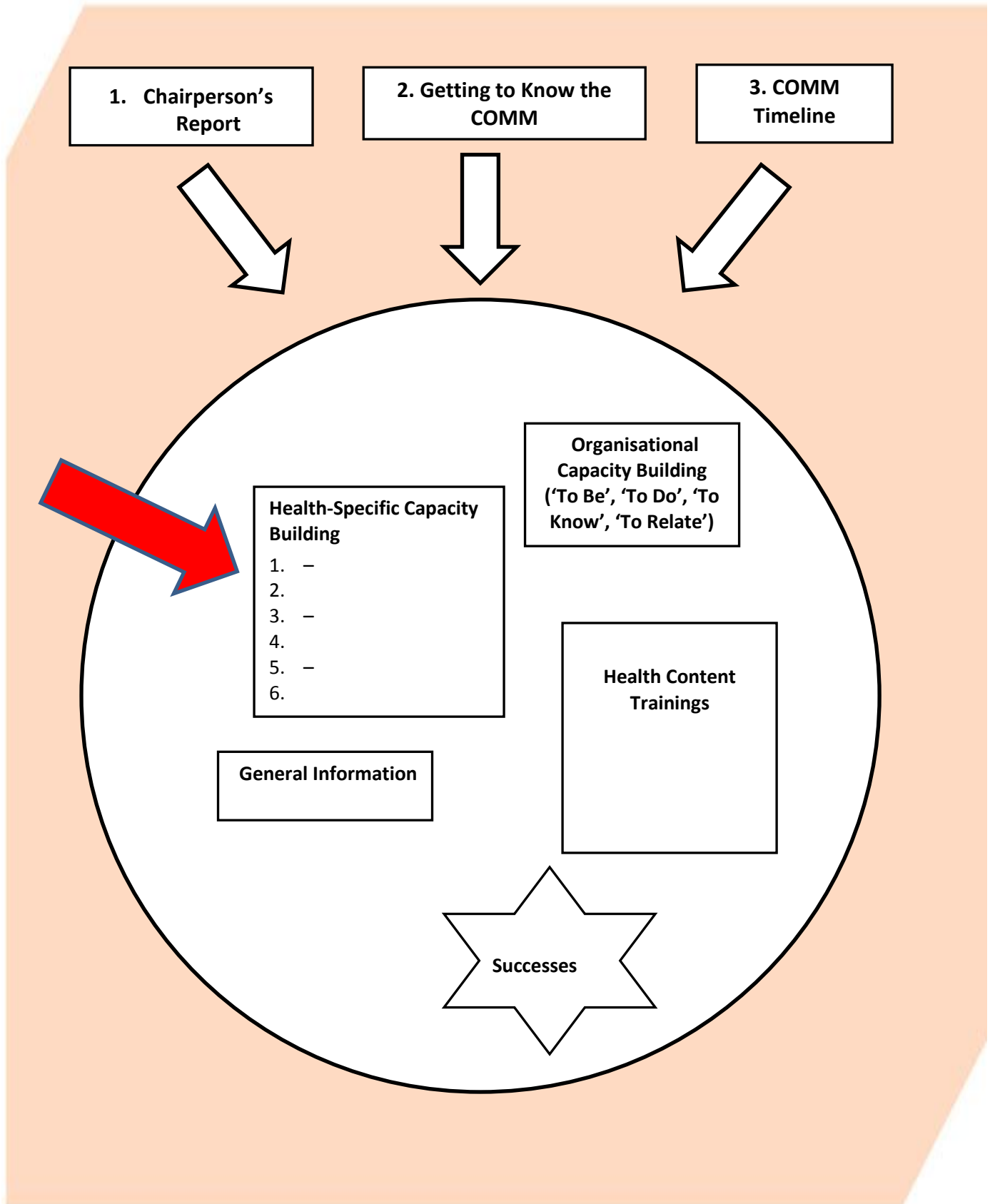
3. Review the Diagram Showing the Overall Structure of the Appreciative Discovery

Diagram 1 shows what the discovery will achieve. You will carry out some activities: (1) report from chairperson; (2) getting to know the COMM; and (3) timeline. All of these activities will give you information about the COMM. It is likely that the information will have to do with:

- general information (years, members, and so forth)
- health-specific capacity building
- trainings on health-related content (HIV, PMTCT, and so on)
- organisational capacity building
- successes and challenges.

All of these form part of the COMM's story and history, and you will want to hear about all of them. At the end of the assessment, however, you will narrow the focus to health-specific capacity building needs, in order to make choices about which sessions you will carry out. But first listen to the COMM's whole story!

Diagram I. Appreciative Discovery



PART I: APPRECIATIVE DISCOVERY

ACTIVITY 1: ICEBREAKERS

The goal of an icebreaker is to help everyone relax and feel more comfortable talking and interacting with the group. Choose one or two of your favourites, devise some new ones based on culturally appropriate customs, or use one of the following sample icebreakers, adapting it as necessary.

- **Opinions:** Write the words 'agree' and 'disagree' on large pieces of paper (or alternatively, draw a happy and a sad face). Place each piece of paper in an obvious spot, preferably on a wall. Then make a statement such as 'we like sweet potatoes' and have everybody move to the part of the room that matches his or her opinion. You can also create 'opinions' that relate to the theme of the meeting.
- **Exercises:** Ask everyone to get warmed up by doing some simple physical exercises. Stretch one arm forward. Relax. Stretch the other arm forward. Relax. Bring both arms forward and parallel. Now bring hands together quickly. Again, again, faster! Naturally, the sound of applause is created, and you say, 'Thank you, but the applause isn't necessary' (everyone will laugh). Resume the stretching.

ACTIVITY 2: GETTING TO KNOW THE COMM: BACKGROUND INFORMATION

Now you will gather some basic information about the COMM.

First, ask the chairperson to lead the process of introducing all of the members of the group and then present the report that he or she prepared ahead of time, if appropriate. This report may answer many of your questions.

Second, ask the group the following questions and encourage as much participation from all group members as possible. Try to proceed in a conversational manner, as if you were having an informal conversation with the COMM, rather than as though you are completing a formal questionnaire. As the group members are speaking, you can write down a few points, but try not to write too many notes at this time as it can undermine the openness of the conversation.

- How many members does the COMM have?
- How long has the COMM been working together?
- Can all the members read and write?
- Do all the members speak the national language, or is it necessary to translate into the local dialect?
- How is the COMM structured? (leadership structure, subgroups)
- What trainings has the COMM received? What do the members remember from the trainings? **Note:** Be sure to get complete information here, so you can understand the capacity building levels of the group.
- What are the main activities of the COMM?
- What kinds of records does the COMM keep?
- Is the COMM linked with other external organisations? Describe.
- Does the COMM work with CHWs or other health volunteers? In what ways?
- Are faith leaders or members of faith communities represented in the COMM?

ACTIVITY 3: TIMELINE

This activity provides another way of gathering basic information and helps the group to identify its own achievements. Plus, it can be fun! Present a blank timeline diagram (a horizontal line representing the past up until the present point; for example, from 2001 to the present). Explain that this represents the COMM's journey through time. Have participants list key events (or major highlights) in the COMM's journey. They may either write or draw visual representations of these on the corresponding points on the timeline. You may use a checklist of key events to help the group members remember and think about what they want to include on the timeline. Here are some suggestions:

- creation of the group
- election of leaders
- key trainings
- starting and ending of activities
- establishment of relationships with external groups.

As the group fills out key events on the timeline, ask members to share stories about these events. They should think about and share some of their best successes and the most exciting information they have.

ACTIVITY 4: IDENTIFY THE COMM'S EXISTING CAPACITIES

Note for the Facilitator

The identification of capacity areas in this activity may be a messy process, and you, as a facilitator, will need to listen carefully to help the group extract the themes. The group will probably not talk about themes using the exact words that you may expect to hear. They may not use the words like 'networking' or 'monitoring community health', for example, but as you listen to their stories you should try to extract these ideas from what the group is saying. An example is provided here:

COMM member: 'I remember two years ago when we had a cholera outbreak in our area. We notified the ministry of health, and their staff was able to get help from the Red Cross to assist the community and get the outbreak under control.'

Facilitator: 'From this example it sounds like your COMM is very good at monitoring community health.'

Following creation of the timeline, ask for volunteers to choose the best stories, the most powerful ideas, or the most exciting information. Now, ask the group members to tell you what they think some of the COMM's greatest strengths are, based on what you have all learned about its journey from the conversations and timeline. All of the strengths that the group possesses should be recognised.

As the themes are identified and pulled from the discussion, members can write each theme on a large circle and place the circle on a drawing or a tracing of a tree. Each capacity area represents a 'fruit' of the COMM's growth. If the COMM members are not literate, or if they prefer drawing to writing and can come up with suitable illustrations for the themes (or fruits), ask volunteers to draw on the circles for you. Ask the group for suggestions of simple images that represent each theme. Each one needs to be unique so that you can distinguish them later.

At the completion of Part I, the COMM should have a good picture of its strengths. Take some time for collective reflection. Congratulate the COMM on its existing capacities, and encourage the COMM members to celebrate!

PART 2: REVIEW MINIMUM RECOMMENDATIONS FOR GROUP FUNCTIONING AND DEVELOP ACTION PLAN FOR STRENGTHENING AS NEEDED

ACTIVITY 1: REVIEW RECOMMENDATIONS FOR EFFECTIVE GROUP FUNCTIONING

For this activity you can either photocopy Tool A-1, Checklist of Recommendations for COMM Organisational Functioning, or write the points on a flipchart. Explain to the group that there are some recognised characteristics that help to make groups like theirs internally successful. When these things are not in place there is more chance that the group may run into problems, with internal conflicts or with members giving up. Before beginning the trainings around the health-related work that the group will do, it is important to make sure that the COMM has put these elements into place so that they will begin their work as a strong and cohesive group.

Distribute copies of the checklist or refer to the points you have written on the flipchart. Have a discussion with the members around these points, asking them why they think these points are important, whether or not they agree with the importance of these group characteristics, and if their group has put these standards into place. You can handle this as a plenary discussion, or you can break into small groups, giving each group one or two of the categories to discuss among themselves and then report back to the others. Answer any questions they may have.

At the end of the activity, you and the group should identify which of the standards the group does not yet have in place and mark these with a star for action planning and follow up.

ACTIVITY 2: INTRODUCE THE ACTION PLANNING TOOL

Provide a copy of Tool A-3, COMM Action Planning and Monitoring Tool: Group Functioning (or 'Action Plan') to each COMM member. Review the form, making the following points:

- There is one Action Planning and Monitoring Tool for each category of action the COMM will take. This one relates to the actions the group will take in order to achieve effective group functioning. The group will receive more of these forms as it goes through the health-specific trainings.
- The Action Plan will always have one or more goals. Ask the group to read aloud the goals of the Group Functioning form. The Goals can also be thought of as a 'minimum standards' or 'key success factors'. Explain that the achievement of these goals can help to ensure the effectiveness of the COMM as a whole.
- Review the columns (Who, When, and so on) and explain each one.

ACTIVITY 3: DEVELOP AN ACTION PLAN

Draw the first four columns on flipchart paper. Ask the COMM what it will need to do in order to put the group functioning elements into place. Write two or three of the group's proposed activities on the flipchart. In columns next to each activity, write who will carry it out, what resources are needed and when the group plans to complete the activity. When you have finished, the group will have produced part of its Action Plan.

The COMM members should now transfer the information from the flipchart onto the form, and then complete the rest of the form. Explain that the COMM will keep track of its progress using the remaining two columns. The COMM is encouraged to meet regularly and review the Action Plan at every meeting.

If the COMM feels that it needs training from you in order to achieve any of the goals and standards, you should refer to the appropriate materials in the *World Vision Organisational Capacity Building in the Development Programme Approach* resource, and schedule the training(s) in the COMM's Action Plan.

PART 3: DETERMINE ADDITIONAL HEALTH-SPECIFIC CAPACITY AREAS

ACTIVITY 1: INTRODUCE THE CHECKLIST OF HEALTH-SPECIFIC CAPACITY PER SESSION

Explain to the participants that you have six sessions of health-specific trainings that you are able to offer. It is important that you decide together which are relevant for the COMM. Some of the trainings will not be relevant if they relate to roles that the COMM is not playing. When you are reviewing the Checklist of Indicators of Health-Specific Capacity, you will only focus on those that correspond to the COMM's roles! You will not assess the COMM's skills in roles they are not carrying out.

Also, if the COMM has received past trainings, or has a lot of experience in a particular function, then some of the sessions might not be necessary. You have already discussed and learned a lot about the COMM's history and experience – now is the time to put that all together and make decisions about the health-specific training sessions that will follow.

Distribute copies of Tool A-2, Checklist of Indicators of Health-Specific Capacity per Session, or write the checklist on one or more sheets of large paper. Explain that the checklist summarises the actions, activities and skills that a COMM would be able to demonstrate after completing a session. If the COMM has already done or is currently doing some of these activities, or is already demonstrating some of these skills, then it will probably not need training in the corresponding session(s)! However if the group is not doing these activities and it would like to learn how to achieve the checklist items, then training in the corresponding session or sessions would be relevant. Remember, however, only to focus on those sessions and skills that are relevant to the roles the group is playing.

ACTIVITY 2: DECIDE ON HEALTH-SPECIFIC TRAINING SESSIONS

You may carry out this activity any way that you wish. You may have a plenary discussion with the group and reach agreement together, or you may break the participants into smaller groups and assign one or more session checklists to each group to discuss and report back.

When you have completed this appreciative discovery you will develop a capacity-building plan together, to include any of the sessions selected here.

- Session 1: Linkages and Networking
- Session 2: Supporting Community Health Workers (CHWs)
- Session 3A or 3B: Root-Cause Analysis of Health Issues in the Community (light or robust version)
- Session 4: Responding to Issues and Barriers, and Mobilising for Action
- Session 5: Tracking Community Health Status
- Session 6: Reporting Community Health Status

ALTERNATIVE METHODOLOGY FOR CAPACITY ASSESSMENT

It is recommended that you carry out 'Part 1: Appreciative Discovery' regardless of which subsequent method you use for COMM assessment, as Part 1 intentionally begins with an exploration of the COMM's strengths and successes. Identifying capacity gaps can come later, but it is good to begin with the positive.

However, as an alternative to carrying out the 'light' checklist-based process for assessing the COMM's organisational functioning ('to be') and health-specific capacity ('to do', 'to relate') in Parts 2 and 3, you may choose to replace Parts 2 and 3 with the Organisational Capacity Self-Assessment (OCSA) process found in World Vision's *Organisational Capacity Building in the Development Programme Approach*.

OCSA – Assessment

The OCSA introduces the COMM to all nine capacity clusters listed in the *Overview for the Facilitator* section of this *Facilitator's Manual for Community Health Committees (COMM)*. The OCSA then assists the COMM to carry out a 'health check' to determine the COMM's relative level of maturity in each cluster, and select one or two priority clusters to focus on in detail. Within the priority clusters, the COMM will score itself from 1 to 4 using a table of indicators, and then come up with an action plan to strengthen its weak areas. When developing their action plan, the COMM members will distinguish that which they can do themselves, that which they can do with others, and that which they will need help to do. As part of this, the COMM members may request capacity-building assistance from you, but that will not be the only way that they will take action to strengthen their own capacity.

OCSA – Capacity Building

For each of the capacity clusters, where the COMM needs your support with capacity building, the World Vision reference points you to any number of possible resources for this purpose. It will be up to you to review those resources and select the most appropriate ones to use with the COMM, based on the COMM's actual needs.

In addition to the resources suggested in the World Vision materials, the six health-specific sessions found in this *Facilitator's Manual for Community Health Committees (COMM)* will be one of the primary resources you will use for COMM capacity building.

Indicator Comparison Tool

Tool A-4 provides a summary of the skills, or indicators, used in the light assessment in this document, compared with the indicators used for the OCSA, for each capacity cluster. The capacity indicators that can be tracked using the assessment in this *Facilitator's Manual for Community Health Committees (COMM)* are in fact a sub-set of all of the indicators that may be potentially tracked using the OCSA. This means that many, but not all, of the OCSA capacity areas or clusters can be addressed (partly) by training the COMM in the sessions in this manual. However, overall COMM capacity growth will be more extensive than just that which is found in this manual. The columns next to the indicator columns list the resources available to build the group's capacity in the respective capacity areas. Remember, too, that the COMM will also take action of its own to address its capacity areas – the COMM will not only be dependent on training from the facilitator for this!

When to Choose and Use the OCSA

If you choose to carry out the lighter Parts 2 and 3 of this assessment now instead of the World Vision OCSA process, the recommendation is that when you have completed all of your health-specific capacity-building work with the COMM, and the COMM has been active for 12 to 18 months, you should carry out the OCSA at that point. The OCSA is meant to be a iterative exercise. Ideally, the COMM will periodically reflect on its own capacity, repeating the OCSA process and selecting additional capacity areas to work on each time.

Whether you carry out the lighter Parts 2 and 3 or the more robust OCSA now will depend partly on the time you and the COMM have available, and partly on the COMM's level of maturity. If the COMM has done very little work to date, Parts 2 and 3 will probably suffice at this point, with the OCSA introduced later. If the COMM is quite experienced, it would probably be a good idea to introduce the group to all nine capacity clusters – and the concept that much of their capacity growth will be up to them and not up to you – now.

Tool A-I. CHECKLIST OF RECOMMENDATIONS FOR COMM ORGANISATIONAL FUNCTIONING

Membership

- There is at least one representative from **each community** within the COMM coverage area.
- There are at least **three women** to represent the beneficiaries of the CHW programming, and to report feedback from female community members.
- There is at least one lead **CHW** to represent the CHWs, regardless of who supervises the CHWs.
- There is at least one representative of the **community leadership**.
- There is at least one representative of the **Ministry of Health** or local health facility, as possible.
- In areas with **specialised programming**, ensure at least one representative from these programmes. Examples include Channels of Hope (CoH), Community-Based Prevention of Mother-to-Child Transmission of HIV (c-PMTCT), and other health programmes.
- Additional recommendations may include **youth** representatives, **CBO, NGO, FBO** representatives, and **private sector** representatives.

Organisational Structure

- The COMM has a leadership structure in place.
- At least one leader is a woman.
- Leaders are elected by secret ballot.
- New leader elections are held periodically.

Written Rules

- The COMM has a set of written rules to guide its internal procedures, drafted with the participation of all members.

Meetings

- The COMM meets on a regular basis.
- At least 75 per cent of COMM members are present at meetings.

Financial Management (For those COMMs with a health fund or otherwise managing money)

- The COMM has written procedures in place for the use of the health fund or other financial resources.
- The COMM has a bookkeeping system with a cashbook and supporting documentation.

TOOL A-2. CHECKLIST OF INDICATORS OF HEALTH-SPECIFIC CAPACITY PER SESSION

Note: Only review those sessions and indicators that are relevant to the COMM's roles.

Session 1: Linkages and Networking

- Our linkages with the local health facility are established and strong.
- In the past quarter we sent a representative to a health facility meeting.
- Our linkages with the supporting organisation (for example, World Vision) are established and strong.
- In the past six months we organised at least one community meeting to report and discuss health issues where all community members were invited and at least 10 community members attended.

Session 2: Supporting CHWs

- We provide support and oversight of the CHW or health volunteer programme in our area.
- We meet quarterly with CHWs or health volunteers in our area.
- We carry out activities with the community to help them better understand the CHW or health volunteer programme.

Session 3a or 3b: Community Health Assessment (Root-Cause Analysis)

- We have carried out a root-cause analysis (situational analysis) of the health issues in our area.
- We have identified and prioritised health issues for action together with the community.
- Our root-cause analysis (situational analysis) identified barriers to positive health practices.

Session 4: Responding to Health Issues and Barriers, and Mobilising for Action

- The activities that we carry out are related to the issues that we identified in the root-cause analysis.
- We create regular action plans for the work that we do.
- We generally complete our planned activities on schedule.

Session 5: Tracking Community Health Status

- We receive health data from CHWs each quarter and use this data for our own tracking forms.
- We investigate any adverse health events in the community.
- We report any disease outbreaks to the health authorities.

Session 6: Reporting Community Health Status

- We carry out periodic debriefing (informational) meetings with all health stakeholders in our communities.
- We create and update a Community Health Board with health information.

TOOL A-3. COMM ACTION PLANNING AND MONITORING TOOL: GROUP FUNCTIONING

Name of COMM: _____ Year: _____ Quarter: Q1 _____ Q2 _____ Q3 _____ Q4 _____

Instructions: Fill out the table below with the activities the COMM will undertake to achieve the minimum recommendations for effective group functioning. Tick the boxes under 'Goals' only when the activities are complete and the goals have been achieved.

Goals

- Our COMM membership includes one representative from each community within the COMM coverage area, at least three women, at least one lead CHW, at least one representative of the community leadership and at least one representative from the Ministry of Health or local health facility if possible.
- We have a leadership structure in place, and at least one leader is a woman.
- Leaders are elected by secret ballot.
- New leader elections are held periodically, per an agreed-upon rotation period.
- We have a set of written rules to guide our internal procedures, drafted with the participation of all members.
- We meet on a regular basis (such as monthly or quarterly).
- At least 75 per cent of our members are present at meetings.

Does the COMM have a health fund or otherwise manage money? Yes _____ No _____ (If No, no further action is needed)

- If yes, we have written procedures in place for the use of this money.
- If yes, we have a bookkeeping system with a cashbook and supporting documentation.

Tool A-3 continued

COMM Activities	Who	Resources	Planned Date to Complete	Date Actually Completed	Comments

TOOL A-4. COMPARISON CAPACITY INDICATORS: COMM MATERIALS VERSUS THE OCSA

The following tables compare COMM materials with OCSA materials, focusing on capacity clusters. The OCSA tool is more comprehensive than the COMM light assessment in all cases and, as such, there are more capacity areas and indicators for the OCSA than for the COMM light assessment in every capacity cluster.

The first column lists the capacity areas and indicators that can be assessed using COMM materials. The third column lists comparable OCSA capacity areas and indicators. When 'N/A' appears in column 1, there are no COMM materials to compare to particular existing OCSA materials.

For example, in Capacity Cluster #1: Identity and Constituency, the COMM materials include assessment of the COMM's Membership and Inclusion. The OCSA tool, in comparison, assesses not only Membership and Inclusion, but also the COMM's Values and Vision, and Community Presence.

In some cases the COMM materials and the OCSA tool assess similar capacity areas but these are given different titles. For example, in Capacity Cluster #2: Governance and Leadership, the capacity area Organisational Structure and Leadership is included in the COMM materials, while the OCSA looks at Governing Committee and Leadership. These are considered to be the same, or similar enough to be compared with each other.

The second and fourth columns indicate the resources available for building capacity. The OCSA tool has Resource Packs for every cluster with various capacity-building tools in each pack (column 4). The OCSA also points users to World Vision's *Facilitator's Manual for Organisational Capacity Building* (the 'OCB Guide') and indicates which of its 27 modules are relevant for each capacity cluster. The COMM materials include training sessions 1 to 6 found in this Facilitator's Manual (column 2).

The OCSA tool emphasises that capacity building of community groups can take place not only through training, but also through the group's own efforts. When developing a capacity-building plan, the facilitator and the group will identify what the group can 'do ourselves', 'do with others', or 'do with help' (column 4). In contrast, this is more variable when using the COMM materials. For instance, because the COMM package of materials does not include resources for building the capacity of COMMs in the first three 'to be' capacity clusters, the COMM can only put the minimum 'to be' recommendations into place on their own. This is indicated in the second column as 'do ourselves' to make clear that there is nothing else available in the COMM materials to address these areas. The remaining capacity areas are handled through the specific COMM training sessions. This is indicated in the second column as 'do with help', to make clear that training will normally be required in these health-technical areas.

‘TO BE’ CAPACITIES

Capacity Cluster #1: Identity and Constituency (‘To Be’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
<p>Membership and Inclusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> COMM membership includes one representative from each community within the COMM coverage area <input type="checkbox"/> At least three women to represent the beneficiaries of the CHW programming, and to report feedback from female community members <input type="checkbox"/> At least one lead CHW to represent the CHWs, regardless of who the CHWs are supervised by <input type="checkbox"/> At least one representative of community leadership <input type="checkbox"/> At least one representative of the MoH or local health facility 	<p>Organisational Checklist</p> <p>‘Do ourselves’</p>	<p>Membership and Inclusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have a strong membership base <input type="checkbox"/> We do not exclude anyone who could be a member 	<p>OCSA Process</p> <p>Cluster I Resource Pack</p> <p>OCB Guide Module I</p>
<p>N/A <i>The COMM light assessment does not include Values and Vision</i></p>		<p>Values and Vision</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any of us can explain what the organisation cares about <input type="checkbox"/> Our vision and values are written down and guide decisions 	
<p>N/A <i>The COMM light assessment does not include Community Presence</i></p>	”	<p>Community Presence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our community respects and values our organisation 	<p>‘Do ourselves’</p> <p>‘Do with others’</p> <p>‘Do with help’</p>

‘TO BE’ CAPACITIES

Capacity Cluster #2: Governance and Leadership (‘To Be’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
<p>Organisational Structure and Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM has a leadership structure in place <input type="checkbox"/> At least one leader is a woman <input type="checkbox"/> Leaders are elected by secret ballot <input type="checkbox"/> New leader elections are held periodically <input type="checkbox"/> The COMM has a set of written rules to guide its internal procedures, drafted with the participation of all members 	<p>Organisational Checklist</p> <p>'Do ourselves'</p>	<p>Governing Committee and Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> The people on our governing body have the skills they need <input type="checkbox"/> The people on our governing body are representative of our membership or community, or can represent the needs of the people we work for <input type="checkbox"/> The members of the governing body make sure that the organisation and leaders are held accountable for their decisions and actions <input type="checkbox"/> The members of the governing body represent our organisation well to other groups and people <input type="checkbox"/> Our leaders listen well; they ensure other members, staff and volunteers play a leading role when needed 	<p>OCSA Process</p> <p>Cluster 2 Resource Pack</p> <p>OCB Guide Modules 11, 12</p>
N/A		<p>Decision Making</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our leaders make good decisions that are not too late 	
N/A		<p>Conflict Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> When conflicts arise we nearly always can address and resolve them in the best way for the organisation 	<p>'Do ourselves'</p> <p>'Do with others'</p> <p>'Do with help'</p>

‘TO BE’ CAPACITIES

Capacity Cluster #3: Strategy, Structure and Systems (‘To Be’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
N/A		Overall Strategic Focus <ul style="list-style-type: none"> <input type="checkbox"/> We know what we want to achieve over the next one to three years <input type="checkbox"/> All of our activities will help us to achieve the success we want <input type="checkbox"/> We know what our organisation should <i>not</i> be doing 	OCSA Process Cluster 3 Resource Pack OCB Guide Modules 3, 5, 6, and 7
N/A		General Planning and Budgeting <ul style="list-style-type: none"> <input type="checkbox"/> We have a clear plan that has measurable goals for at least the next few years <input type="checkbox"/> We are using a year plan that includes a budget 	
N/A		Effectiveness of Structure <ul style="list-style-type: none"> <input type="checkbox"/> The way we are structured helps us work effectively 	
Meetings <ul style="list-style-type: none"> <input type="checkbox"/> The COMM meets on a regular basis <input type="checkbox"/> At least 75 per cent of COMM members are present at meetings 	Organisational Checklist 'Do ourselves'	Internal Communications <ul style="list-style-type: none"> <input type="checkbox"/> We are all regularly informed about our organisation and its work <input type="checkbox"/> When changes or new challenges happen, we have the right ways to tell each other and make decisions about what to do 	
N/A		Administration and Information Systems <ul style="list-style-type: none"> <input type="checkbox"/> We regularly update and store our administration records, meeting notes and general information about our organisation and its work 	'Do ourselves' 'Do with others' 'Do with help'

‘To Do’ CAPACITIES

Capacity Cluster #4: Managing the Resources (‘To Do’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
N/A		Resourcing our Work <input type="checkbox"/> We know where the funds and physical resources we need for the next few years will come from	OCSA Process Cluster 4 Resource Pack OCB Guide Modules 18,19, 20
Financial Management <i>For COMMs with a fund or otherwise managing money</i> <input type="checkbox"/> The COMM has a bookkeeping system with a cashbook and supporting documentation <input type="checkbox"/> The COMM has written procedures in place for the use of the health fund and other financial resources	Organisational Checklist 'Do ourselves'	Payments and Receipts, Bank Account, Purchasing Rules <input type="checkbox"/> Our receipts and invoices are filed and accessible <input type="checkbox"/> We have up to date bank records and regular balances are prepared by our treasurer <input type="checkbox"/> We have procedures for how to purchase any goods, materials, resources or services we need	
N/A		Accounting Rules <input type="checkbox"/> We implement the accounting rules that are normal in country	
N/A		Transparency of Finances <input type="checkbox"/> Regular financial statements are made available to all relevant people	
N/A		Financial Reporting to Funders <input type="checkbox"/> Our financial reporting meets donors’ expectations (if there are external donors)	
Supporting CHWs <input type="checkbox"/> The COMM provides support and oversight of the CHW programme in locally-defined ways <input type="checkbox"/> The COMM meets quarterly with CHWs <input type="checkbox"/> Activities are carried out to help the community understand the CHW programme	Session 2 'Do with help' (training)	Volunteer Support and Management <input type="checkbox"/> We provide good quality support and guidance to our volunteers (for organisations with volunteers)	'Do ourselves' 'Do with others' 'Do with help'

‘To Do’ CAPACITIES

Capacity Cluster #5: Shaping the Work (‘To Do’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
<p>Root-Cause Analysis</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM has carried out a root-cause analysis (situation analysis), and has based its activity plan on the results of the analysis <p>Tracking Community Health Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM receives data from CHWs and uses it to update its community health tracking forms <input type="checkbox"/> The COMM investigates cause of adverse health events <input type="checkbox"/> The COMM tracks disease outbreaks and reports them to the health authorities 	<p>Session 3a, 3b</p> <p>‘Do with help’ (training)</p> <p>Session 5</p> <p>‘Do with help’ (training)</p>	<p>Situation Analysis, Designing the Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> We regularly review what is happening in the community and the wider world <input type="checkbox"/> We design our work to address the challenges and needs that we identify <input type="checkbox"/> Our work is highly relevant to our members <input type="checkbox"/> Our work addresses the root causes of problems 	<p>OCSA Process</p> <p>Cluster 5 Resource Pack</p> <p>OCB Guide Module 3</p>
<p>Activity Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM drafts an activity plan every quarter and completes most of the activities planned 	<p>Session 4</p> <p>‘Do ourselves’ ‘Do with help’ (training)</p>	<p>Activity Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have detailed activity plans and budgets for each area of work 	<p>‘Do ourselves’ ‘Do with others’ ‘Do with help’</p>

‘To Do’ CAPACITIES

Capacity Cluster #6: Implementing and Learning from the Work (‘To Do’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
N/A		Team Roles <input type="checkbox"/> We all know our individual roles and responsibilities	OCSA process Cluster 6 Resource Pack
N/A		Skills and Experience <input type="checkbox"/> We all have the skills and experience we need to do our work	
Activity Planning <input type="checkbox"/> The COMM reviews its activity plan every quarter and makes adjustments as needed	Session 4 'Do ourselves' 'Do with help' (training)	Monitoring and Evaluating our Work <input type="checkbox"/> We are able to monitor and record our ongoing work <input type="checkbox"/> We regularly use monitoring information to review our plans and make adjustments <input type="checkbox"/> At the end of a piece of work, we look to see if we achieved the results we wanted	OCB Guide Modules 5, 12
Reporting our Work <input type="checkbox"/> COMM holds periodic debriefing meetings open to all community members and health stakeholders <input type="checkbox"/> COMM creates and updates a community health board	Session 6 'Do ourselves' 'Do with help' (training)	Learning Lessons <input type="checkbox"/> We regularly reflect on our work and identify lessons that help us improve our practice <input type="checkbox"/> We are able to effectively respond to changes around us, and to bring in new approaches to our work	

‘To Do’ CAPACITIES

Capacity Cluster #7: Participation and Protection in our Work (‘To Do’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
<p>Activity Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM’s activity plans involve community mobilisation and participation <p>Linkages and Networking</p> <ul style="list-style-type: none"> <input type="checkbox"/> The COMM regularly organises debriefing meetings where all community members are invited and a reasonable percentage attend 	<p>Session 4</p> <p>Session 1</p> <p>‘Do ourselves’ ‘Do with help’ (training)</p>	<p>Participation, Motivation, Mobilising, Inclusive</p> <ul style="list-style-type: none"> <input type="checkbox"/> We consult everyone who may be affected by what we do <input type="checkbox"/> We are successful in encouraging our members and the wider community to take action <input type="checkbox"/> We do not exclude anyone because of their identity, ability, group membership, etc. 	<p>OCSA process</p> <p>Cluster 7 Resource Pack</p>
<p>N/A</p>		<p>Child Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have a child protection policy <input type="checkbox"/> All our members, staff and volunteers are aware of the policy <input type="checkbox"/> We carefully check people who will directly work with children <input type="checkbox"/> We know how to respond to a child protection incident <input type="checkbox"/> We always assess risks when encouraging children to participate 	<p>‘Do ourselves’ ‘Do with others’ ‘Do with help’</p>

‘TO RELATE’ CAPACITIES

Capacity Cluster #8: Working with Partners (‘To Relate’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
Linkages and Networking <input type="checkbox"/> Linkages with the supporting organisation and other partners are established and strong	Session I ‘Do ourselves’ ‘Do with help’ (training)	Strategic, Positive Collaborative Relationships <input type="checkbox"/> Our partners are chosen after thorough investigation and analysis <input type="checkbox"/> Our working relationships with others are very positive, with open communication and trust between us	OCSA Process Cluster 8 Resource Pack OCB Guide Module 26
Linkages and Networking <input type="checkbox"/> Linkages with the local health facility are established and strong <input type="checkbox"/> COMM representatives regularly attend health facility committee meetings	Session I ‘Do ourselves’ ‘Do with help’ (training)	Partnering with State and Local Authorities <input type="checkbox"/> We have built long term quality relationships with our government partners	
N/A		Partnering with Traditional Authorities and Faith Communities <input type="checkbox"/> We have built long term quality relationships with our traditional authority and faith community partners <input type="checkbox"/> Our people show appropriate respect and sensitivity to the culture and identity of traditional and faith community partners	
N/A		Effective Donor and Funder Relationships <input type="checkbox"/> Our relationships with external donors are strong and based on mutual trust and respect (those with external donors)	‘Do ourselves’ ‘Do with others’ ‘Do with help’

‘TO RELATE’ CAPACITIES

Capacity Cluster #9: Communicating with Others (‘To Relate’)			
COMM Programming Indicators (Light Assessment)	COMM Resources for Capacity Building	OCSA Capacity Cluster Indicators (Full Assessment)	Other Resources for Capacity Building
N/A		Profile <input type="checkbox"/> We have a strong and positive image with others <input type="checkbox"/> We regularly find out what others think of us	OCSA Process Cluster 9 Resource Pack OCB Guide Module 27
N/A		Communications Approach <input type="checkbox"/> We have an agreed-upon communications plan which guides us in our decisions <input type="checkbox"/> We carry out many different activities to ensure the community is familiar with us and what we are doing	
N/A		Relationships with the Media <input type="checkbox"/> We are successful in building good relationships with people working in different media	
CVA Indicators	CVA Resources	Dialogue with State and Local Authorities <input type="checkbox"/> Our people have the skills and attitudes to effectively dialogue with government decision makers, and traditional and faith leaders (for those engaged in advocacy)	'Do ourselves' 'Do with others' 'Do with help'

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