

FACILITATOR'S MANUAL FOR COMMUNITY HEALTH COMMITTEES (COMM)

SESSION I: LINKAGES AND NETWORKING



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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

Session I: Linkages and Networking

Activity 1: COMM Linkages	2
Activity 2: Managing the Networking Task.....	3
Activity 3: Building and Strengthening Linkages	4
Activity 4: Practise Through Role Playing.....	4
Activity 5: Create an Action Plan and Use It to Monitor Progress (Linkages).....	4
Activity 6: Knowledge Assessment for Session I	5

Toolkit

Tool I-1. COMM Action Planning and Monitoring Tool: Linkages.....	6
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SESSION I: LINKAGES AND NETWORKING



Notes for the Facilitator

The following box provides information to keep in mind when working with the COMM to strengthen its networking and linkages. You should read the information in the box and then carry out Activities 1, 2, 3 and 4 with the COMM. As you are going through the activities, you may need to provide the group with some of the advice or ideas presented here in the box. Use the box as your reference, and use your judgement to determine how much of it is relevant for the COMM with which you are working.

Facilitator Reference: COMM Linkages and Networking

I. The COMM and the Health Facility

If the COMM you are working with is an official Ministry of Health-linked village health committee (or similar title) then it is assumed that the link with the local health facility has already been established. If it has not, however, or if the COMM you are working with has never had a relationship with the Ministry of Health (MoH) or health facility, this link should be fostered. This may be done through:

- **COMM participation in health facility committees**

Many health facilities have health facility committees. These are different from the COMM in that they are formed by the health facility and tend to focus primarily on facility management. If such a committee exists, it is important that one or more representatives of the COMM participate in it, so as to create necessary links and foster the flow of information and concerns in both directions. It is important to realise, however, that health facilities may not always be found at the administrative level or in the same area in which the COMM is operating. Some COMM members may need to travel out of their areas to participate in facility meetings.

- **MoH participation in the COMM**

Another way of strengthening the link between the COMM and the facility is to have one or more health facility representatives on the COMM, participating regularly in meetings and activities. This may only prove possible where the health facility and COMM are in the same location. If there is no health facility in the area of the COMM – and hence no MoH or facility representative on the COMM – then it will be all the more important that a COMM representative travels to participate in the nearest health facility meetings.

- **MoH participation in COMM-initiated community debriefing meetings**

One important aspect of community linkages and COMM support of CHW programming will be holding quarterly debriefing meetings with the participation of key stakeholders, to include the CHWs, community members, NGOs and partners and, where possible, the MoH. One of the main purposes of these meetings is to receive feedback from the CHWs regarding their household visits, the results of their efforts, and the family-reported barriers and enablers to recommended health behaviours. The goal is to aid in organising COMM and community-wide action or in elevating issues to higher levels, as needed in response. MoH participation in the debriefing meetings is important in all areas where MoH representatives are found. If there is no health facility in the area of the COMM, the COMM member traveling to the health facility meetings could perhaps use those opportunities to invite one or more MoH representatives to attend a debriefing meeting.

- **COMM participation in advocacy programming**

Involvement in advocacy will result in key interactions with health staff through facility monitoring, interface meetings, and action planning. Advocacy programmes promote constructive dialogue among the various parties and can deepen the COMM's relationship with the MoH.

Facilitator Reference: COMM Networking and Linkages (continued)

2. The COMM and the Community

The COMM is meant to represent the interests of the community at large with regard to health-related issues. (Remember that whenever we refer to 'the community', efforts must be made to ensure inclusion of all segments of society, including the most vulnerable and marginalised.) Making an intentional link with faith communities is also important to enhance the strength of the COMM, as a faith community can be either a barrier or a catalyst to keeping the channels of communication open and sustained. The community should feel that the COMM is accurately representing, and is responsive to, the health issues that surface through its work. This can happen through:

- **Community participation in COMM activities:** The types of community activities that the COMM may lead or mobilise with respect to health are described in Session 4. The COMM should always seek open community participation, as opposed to carrying these activities out in a unilateral, closed manner.
- **Community participation in debriefing meetings:** Quarterly debriefing meetings organised by the COMM will be open to all interested community members, and this will be the main forum for communication between the COMM and the community.

3. The COMM and a Supporting NGO

While sustainability and independence are goals for most programmes, strong linkages between the COMM and a supporting NGO in the short and medium term will contribute to the growth and capacity of the COMM. The long-term 'institutional home' of the COMM should ultimately be the MoH – the strength of that link can be seen as a predictor of the success and sustainability of the COMM. However, an NGO can play a valuable supporting role in the early and middle stages.

4. The COMM and CHWs

The responsibilities of the COMM with regard to CHWs will vary based on whether the COMM or the MoH directly supervises the CHWs. In either case, however, the link between the COMM and CHWs is vital for CHWs to be accountable not only to the MoH but also to the communities that they serve, and to maintain communication channels between CHWs and the community. The COMM's roles related to CHW programming oversight are described in Session 2.

ACTIVITY I: COMM LINKAGES

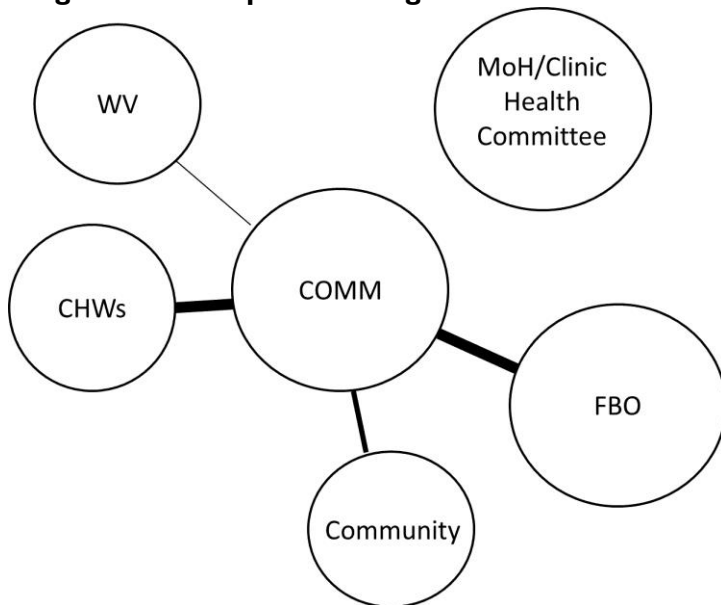
Diagramming Linkages

On a piece of flipchart paper, write the name of the COMM in the centre and draw a circle around it. Then ask a group member to write 'MoH' or 'clinic health committee' on the paper. If the COMM believes there is an existing linkage with the MoH or clinic health committee, the person should draw a line connecting the two circles. The strength of the relationship, according to the COMM members' opinion, can be illustrated by the type or thickness of the line. If there is no linkage, there should be no connecting line. If there is a weak linkage, draw a thin line. If there is a moderate link, draw a heavier line. And if there is a strong relationship, use a thick line (see Diagram 1). Do the same type of diagram for the following partners and stakeholders:

- community members
- faith-based organisations – this includes faith communities (churches, mosques, temples, or otherwise, as appropriate to the context)
- CHWs
- World Vision or other NGOs.

You can draw upon information from the appreciative discovery you carried out with the COMM to add to the list of stakeholders with whom the COMM already has a relationship, if applicable. Next, ask the COMM if there are additional stakeholders that should be added to the diagram, such as health-focused organisations operating in the area.

Diagram 1: Example of Linkages



In Diagram 1 we can see that this COMM has relationships with World Vision (an NGO), CHWs, the community, and an FBO. The links with the CHWs and FBO are strong. Its link with the community is moderate, while its link with World Vision (WV) is weak. The COMM has no relationship with the MoH or Clinic Health Committee. Through this exercise everyone will be able to see where relationships are currently strong, and where links need to be formed or strengthened.

Ask the COMM to consider why relationships with these stakeholders might be important to its work in health programming.

ACTIVITY 2: MANAGING THE NETWORKING TASK

Once the diagram is complete, ask the COMM to consider the stakeholders with whom it has a weak or non-existent relationship.

- Which of these do you think will be easy to approach?
- Which will be hard to approach?
- Why?

Have a member of the COMM mark the ones they identify on the diagram. You could use a check mark (✓) for the easy ones and an asterisk (*) for the hard ones. Place these inside the circles.

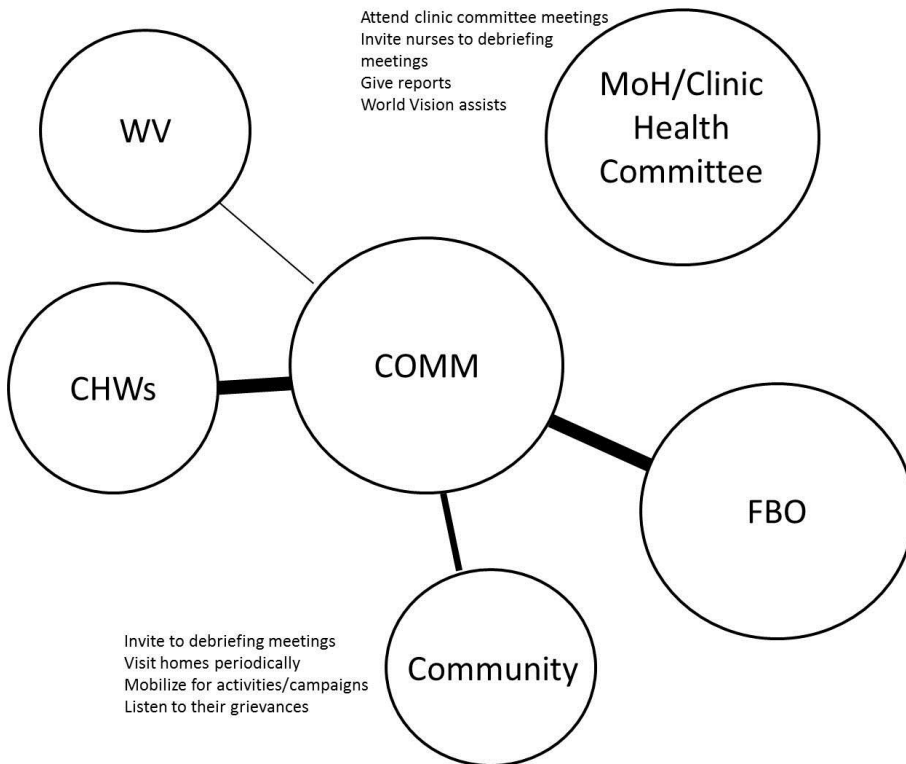
Note for the Facilitator

By setting up introductory meetings, you can boost the development and growth of important relationships between the COMM and key stakeholders. Use your own linkages and networks to facilitate introductions as needed. For example, if you do not personally have a relationship with someone in the MoH, perhaps one of your colleagues does, and could assist you to make the appropriate introduction.

ACTIVITY 3: BUILDING AND STRENGTHENING LINKAGES

Draw out suggestions from the COMM members about how they might go about building and strengthening linkages with each stakeholder in the diagram. Have a volunteer COMM member write these ideas next to the corresponding circle (see Diagram 2).

Diagram 2: Ideas for Building and Strengthening Linkages



For those stakeholders they have identified as challenging to approach, discuss whether it would be helpful for you to initiate the relationship and attend the initial meetings. Depending upon the confidence levels of the COMM members, they may be intimidated by MoH staff, for example, and would benefit from your assistance as a liaison in establishing or strengthening that relationship. Inform the COMM that you are able to assist in making contact where needed, but make sure you have the capacity do so before committing to this. If a weak link with an FBO is identified, and you are working with World Vision, ask if faith leaders in this community have already been through the Channels of Hope (CoH) process. If not, identify this as a next step to ensure that faith communities are brought on board.

ACTIVITY 4: PRACTISE THROUGH ROLE PLAYING

If the COMM does not need your direct assistance, it should now brainstorm ways it can approach these stakeholders to initiate or strengthen linkages. After the members share their ideas, invite them to role play different approaches. They may find that some work better than others, or they may come up with additional methods to try. Remember that two of the COMM’s most important goals for this session are (1) to identify groups with whom they need to spend time networking and strengthening relationships, and (2) to determine how they can do so – with support as needed.

ACTIVITY 5: CREATE AN ACTION PLAN AND USE IT TO MONITOR PROGRESS (LINKAGES)

Distribute Tool I-1, COMM Action Planning and Monitoring Tool: Linkages. Review the four goals listed there. These goals can also be thought of as minimum standards or key success factors. Ask the COMM to indicate the activities it will undertake in order to create, strengthen and maintain the links it has with the local health facility, other partners, the community in general, NGOs and any other stakeholders it identified in this session. The members should also come up with ideas about how to make sure that community members attend the debriefing

meetings and include these activities as well. Add these activities in the action plan. The COMM secretary or a volunteer will be responsible for keeping this final version updated.

You as facilitator should request a copy of this form every quarter so that you, too, can track the group's progress.

ACTIVITY 6: KNOWLEDGE ASSESSMENT FOR SESSION I

As you close this session, ask the COMM to respond to each of the following statements as either 'true' or 'false' in order to assess the members' general understanding of the material. Allow the group time to discuss and agree on a collective response to each before it answers. If the group answers incorrectly, you will know that you need to revisit this information with the group before going any further.

1. Having a strong link with faith leaders is more of a barrier to health than a help. Faith leaders should focus on faith and leave health issues to the health providers. (Answer: *FALSE*)
2. Community participation (from all segments of society) in COMM activities should be encouraged. (Answer: *TRUE*)
3. The Action Plan is a tool for managing the COMM's short-term activities only; it does not need to be reviewed or updated regularly. (Answer: *FALSE*)

TOOL I-I. COMM ACTION PLANNING AND MONITORING TOOL: LINKAGES AND NETWORKING

LINKAGES AND NETWORKING

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 goals of linkages and networking. Tick the boxes under 'Goals' only when the activities are complete and the goals have been achieved.

Goals

- Linkages with the local health facility are established and strong
- Linkages with the supporting organisation and other partners are established and strong.
- In the past quarter we organised at least one debriefing meeting to which all community members were invited, and at least 10 community members attended.
- In the past quarter we sent a representative to a health facility committee meeting

COMM Activities	Who	Resources	Planned date to complete	Date actually completed	Comments

(Tool I-I continued)

COMM Activities	Who	Resources	Planned date to complete	Date actually completed	Comments

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