

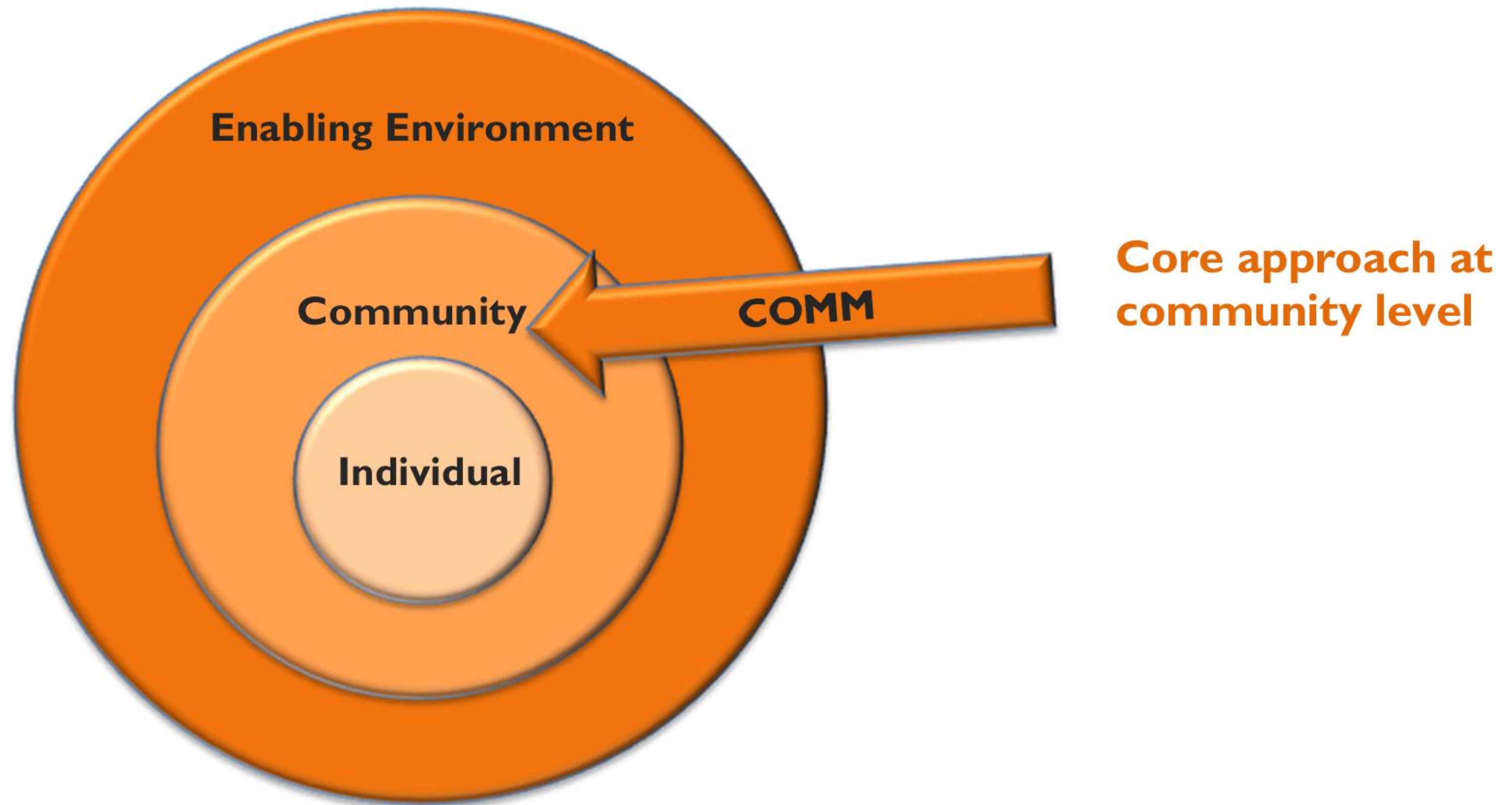
Community Health Committees (COMM) Update

Global HN CoP Webinar, 5 May 2016

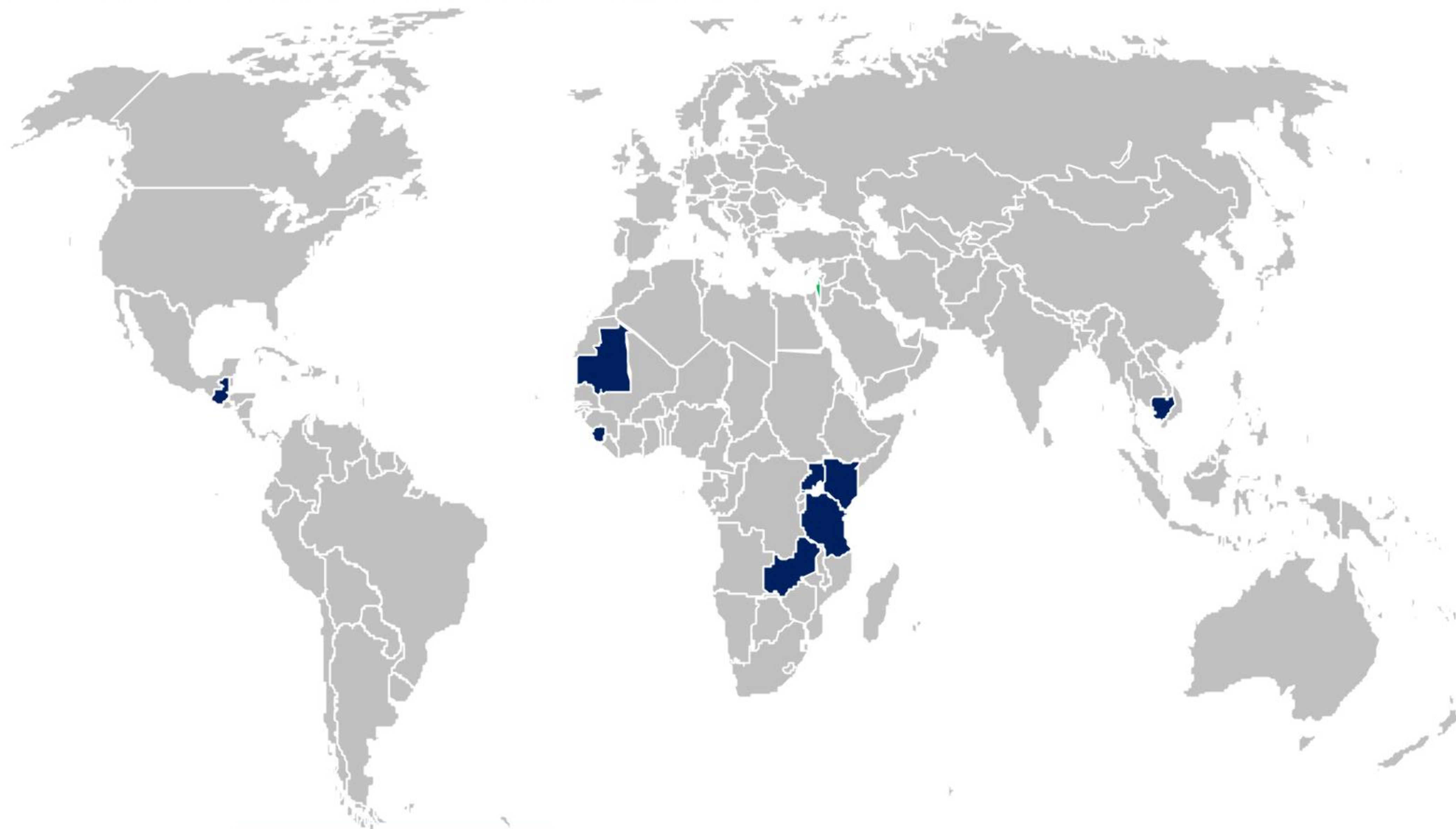


Michele Gaudrault
GC HN Learning & Development Advisor

Where does **COMM** fit in the overall 7-11 / 360?



COMM Version I Rollout

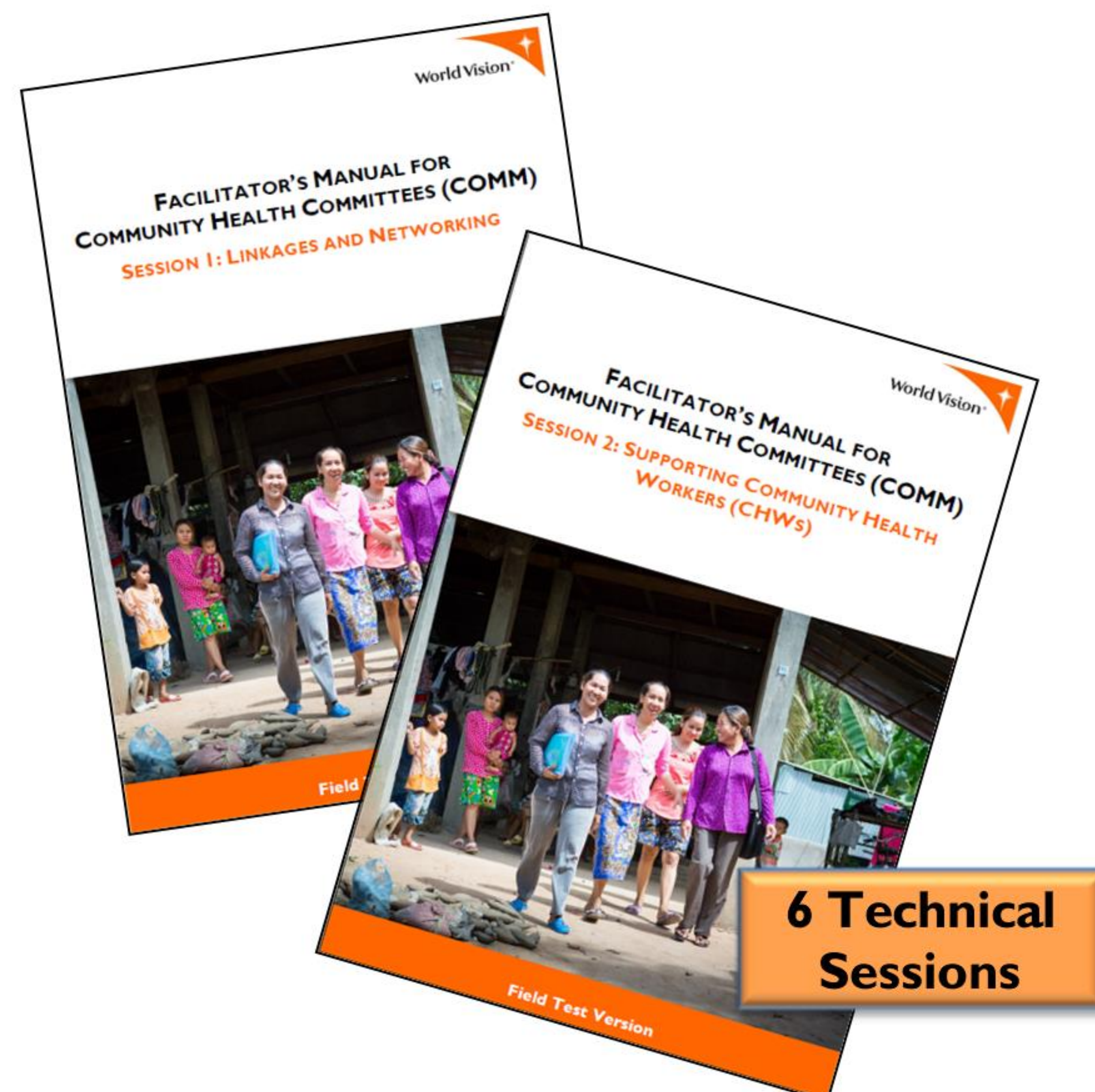
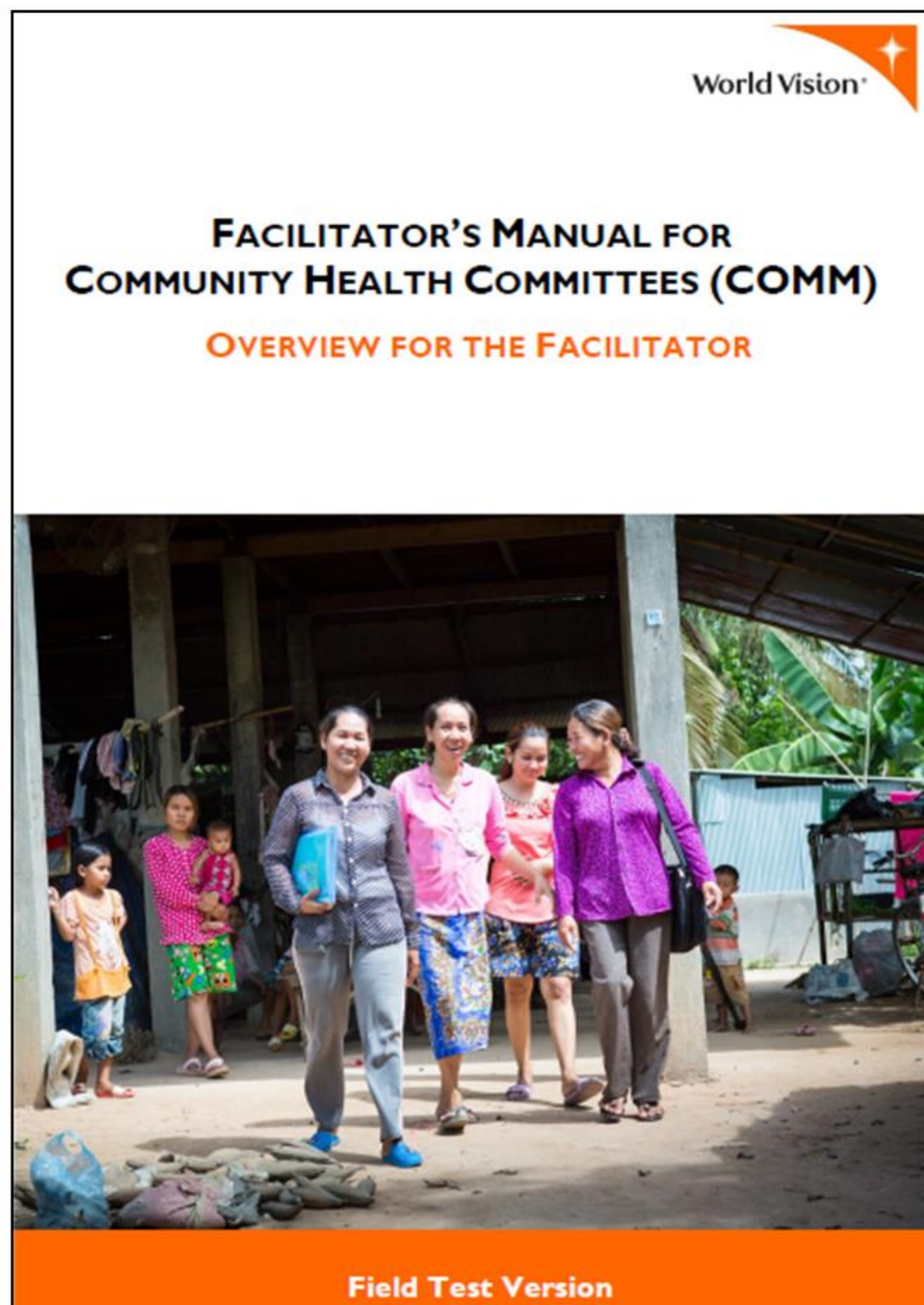


CHNIS
Guatemala, Zambia,
Kenya, Cambodia

AIM-Health
Mauritania, Sierra Leone,
Tanzania, Kenya, Uganda

COMM Version 2 New Features

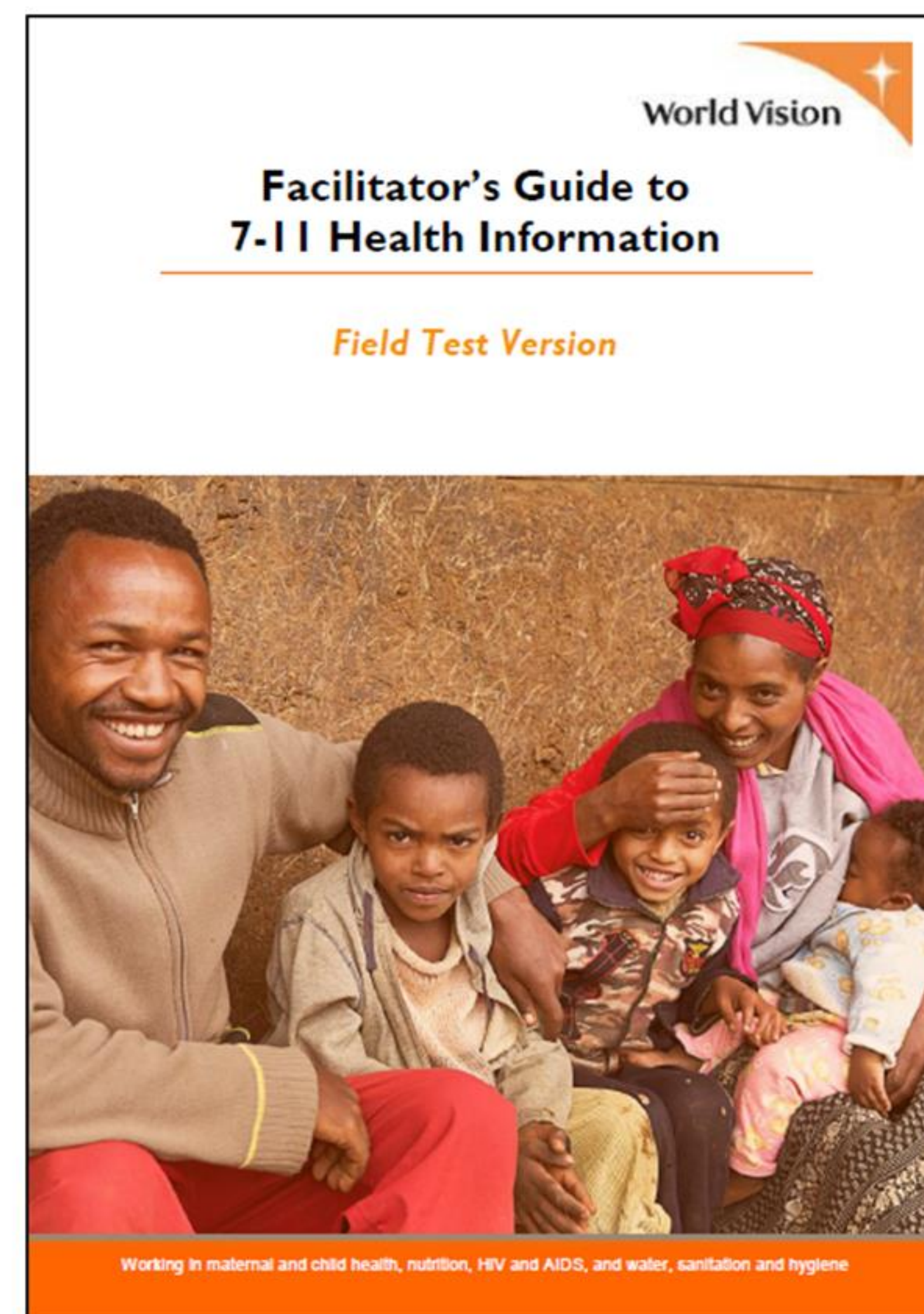
Overview for the Facilitator and Individual Sessions



COMM Version 2 New Features

Streamlined Trainer's Guide

7-11 Technical Content



COMM Version 2 New Features

Session 3b
**Improved robust
Root-Cause Analysis
process for COMMs**

Session 3a

Alternative light Root-Cause Analysis aligned with ADAPTs

Session 2
Improved Session on
Supporting CHWs,
aligned w/ CHW-AIM

Monitoring
Tools and spreadsheet.
Outcome monitoring 'owned' by COMMs

SUSTAINABLE HEALTH | Guide for Training Facilitators for COMM

HANDOUT 7: MONITORING AND EVALUATION TOOL A: TRAINING OF THE COMM

Instructions: This handout contains generic monitoring tools related to COMM capacity building in different areas. It contains two forms. The first form is a COMM registry for identifying COMM membership. The second form has capacity building areas provided to the COMM. Both forms should be filled out by the facilitator who is providing training to the COMM.

When should this tool be used? During the startup and capacity building period.

Who should use this tool? The facilitator implementing the COMM model.

Name of facilitator: _____ Name/type of the COMM: _____

Administrative level/community covered by the COMM: _____

Age Groups: A: <19; B: 20-24; C: 25-29; D: 30-40; E: 41+

Name of COMM member	Gender	Age Group	Entity	Comments

48

[illegible]

COMM Version 2 Features

Full alignment with DPA

Guidance and processes for
COUNTRY READINESS

COMM scenarios, including in
contexts with CCCs

New guidance and processes
for including OCB

Draft CHMC-AIM tool for
assessing functionality of
COMM programs

Collection and categorization
of evidence LITERATURE

COMM Version 2 Training of Trainers: Blended

Course: COMM Project Model Trai... +


www.wvecampus.com/course/view.php?id=540

Navigation Administration

World Vision
eCampus

Home > My programmes > Health > COMM Project Model Training of Trainers

COMM Project Model Training of Trainers



General Programme Announcements

General Section Block

- COMM ToT Design, Competencies, Measurement
- COMM ToT Course Overview
- Introductory Social Forum
- Trainer's Discussion Forum

World Vision

Turn editing on

Search forums

Go

Advanced search ?

Latest news

Add a new topic...

Michele Gaudrault 31 Mar, 17:44
Final preparations, and see you next week!

Michele Gaudrault 24 Mar, 16:24
Wrapping it all up!

Michele Gaudrault 21 Mar, 09:43
I have some books

Michele Gaudrault 21 Mar, 09:40
The presentations of your country diagrams

Michele Gaudrault 18 Mar, 11:31
Wrapping up Week 6

Start Soft... Cour... e Fishin... Scree... Chrome Skype... Pictures > Ne... COM... MSV... COM... world... Time...

2:24 PM 4/27/2016

COMM Version 2 Training of Trainers: Blended



Phase 1: 6 weeks online learning using eCampus

Phase 2a: 4 days classroom for 'Master Trainers'

Phase 2b: 5 days classroom for Trainers; 2 per NO

Phase 3: ToFs in NOs (pend 'Country Readiness')

Kenya, Tanzania, Uganda, Burundi, South Africa, Swaziland, Lesotho, Malawi, Zambia, Ghana, (Rwanda), (Sierra Leone)

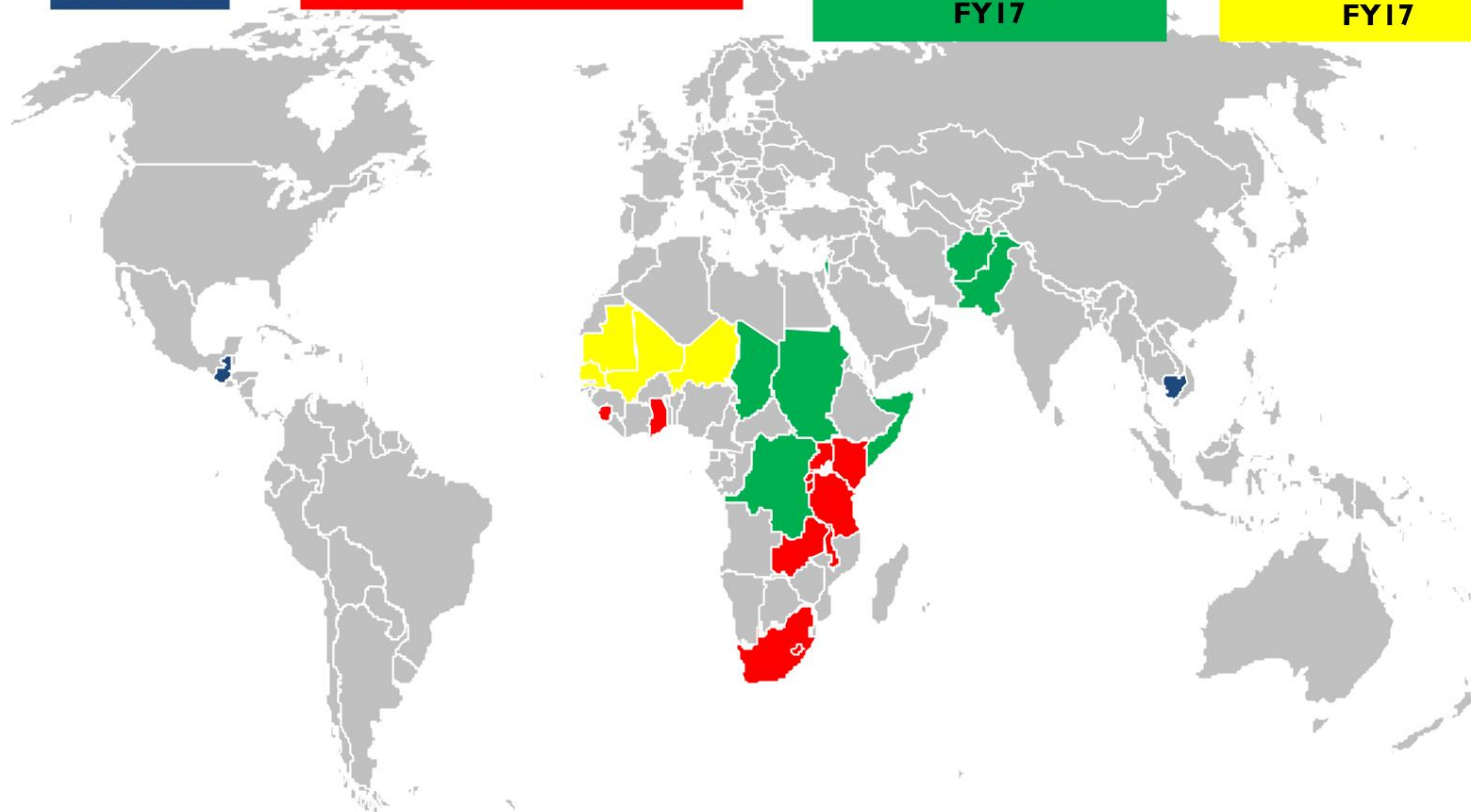
COMM Follow-On Rollout

Version 1

Version 2 ToT

COMM for fragile ToT
FY17

Francophone ToT
FY17



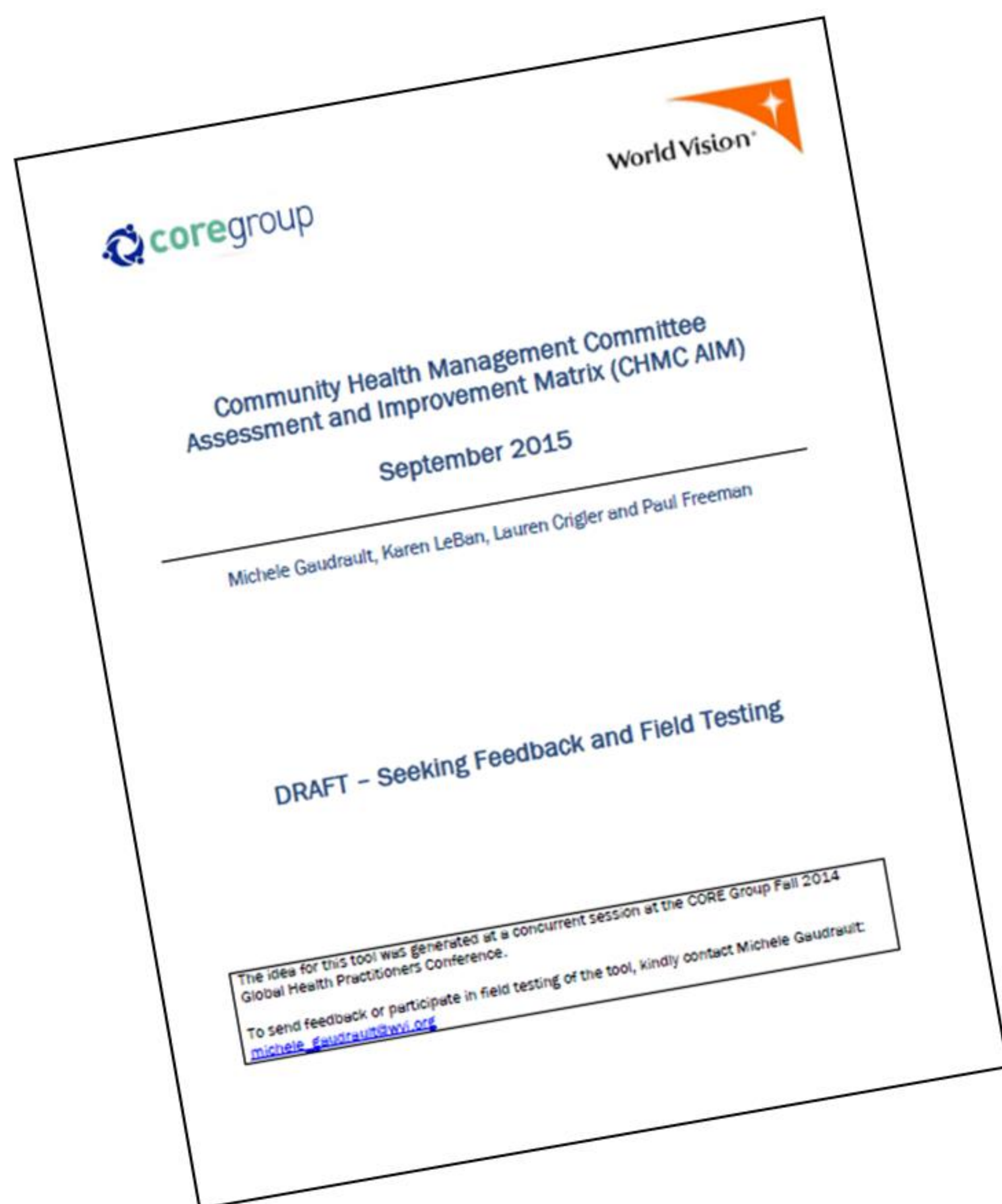
Guatemala,
Cambodia,
(Mauritania)

Kenya, Zambia, Uganda, Tanzania
Burundi, Malawi, South Africa,
Swaziland, Lesotho, Ghana, (Sierra
Leone), (Rwanda), (Ethiopia)

DRC, Sudan, South Sudan,
Chad, Somalia, JVBG,
Afghanistan, Pakistan

Senegal, Mali, Niger,
Mauritania

Community Health Management Committee Assessment and Improvement Matrix (CHMC-AIM)



No	Element
1.	CHMC Formation
2.	CHMC Organization and Structure
3.	CHMC Operational and Strategic Planning
4.	CHMC Member Recruitment and Selection
5.	CHMC Member Training & Capacity Building
6.	Budget for CHMC Programming
7.	Supervision of CHMC Members
8.	Incentives for CHMC Members
9.	Wider Community Support and Involvement
10.	CHMC Support of the Referral System
11.	Communication & Information Management
12.	Linkages to the Health System
13.	Country Ownership
14.	CHMC Program Performance Evaluation

4. CHMC Member Recruitment and Selection

Component Definition	0 Non-functional	1 Minimal	2 Functional	3 Standard
<p>CHMC Member Recruitment and Selection</p> <p>The processes by which CHMC members are identified and selected, including selection criteria, community involvement in selection, and degree of representation (of various segments of the community) of CHMC members.</p> <p>The strongest most sustainable motivation for CHMC members to actively participate is internal motivation and so this should be a highlight of selection of members.</p> <p>Selection criteria should focus on: inclusiveness of all subgroups in the community and motivation of members to do work, and will differ depending on the health functions that different types of health workers are to perform.</p>	<p>No or only a few criteria exist and are not well known or commonly applied</p> <p>No efforts have been made to engage/mobilize the community to participate in CHMC member recruitment. The community is unaware when recruitment is taking place.</p> <p>The community plays no role in recruitment</p>	<p>Some criteria exist and are communicated but are general and/or do not address specific issues such as gender</p> <p>Some community members are aware of the CMHC and some position openings, but primarily through discussion or personal relationships</p> <p>Community is not involved in the recruitment of CHMC members but may approve the final selection</p>	<p>Selection criteria are defined and communicated, but do not always specify representation of gender, ethnic/tribal and disadvantaged groups</p> <p>Communications regarding recruitment for CHMC members reach most of the community through regular community communication channels (e.g. through community leaders)</p> <p>Community is involved in recruitment of CHMC members; nominating and voting for candidates</p> <p>Most selection criteria (literacy, gender, sub-group representation, etc.) are met where possible</p> <p>There are no specifications on term limits or re-election of members</p>	<p>Selection criteria are defined and communicated and call for representation of gender, ethnic/tribal and disadvantaged groups</p> <p>Selection criteria are developed with broad segment of the community.</p> <p>CMHC member recruitment is intentionally communicated through multiple communications prior to group formation and recruitment of new members.</p> <p>Community is involved in recruitment of CHMC members; nominating and voting for candidates, and marginalized and key subgroups have a real say in recruitment</p> <p>All selection criteria (literacy, gender, sub-group representation, etc.) are met where possible</p> <p>Term limits on key members or re-election on performance basis</p>

CMS Setup, Roles, Effectiveness and Outcomes

