

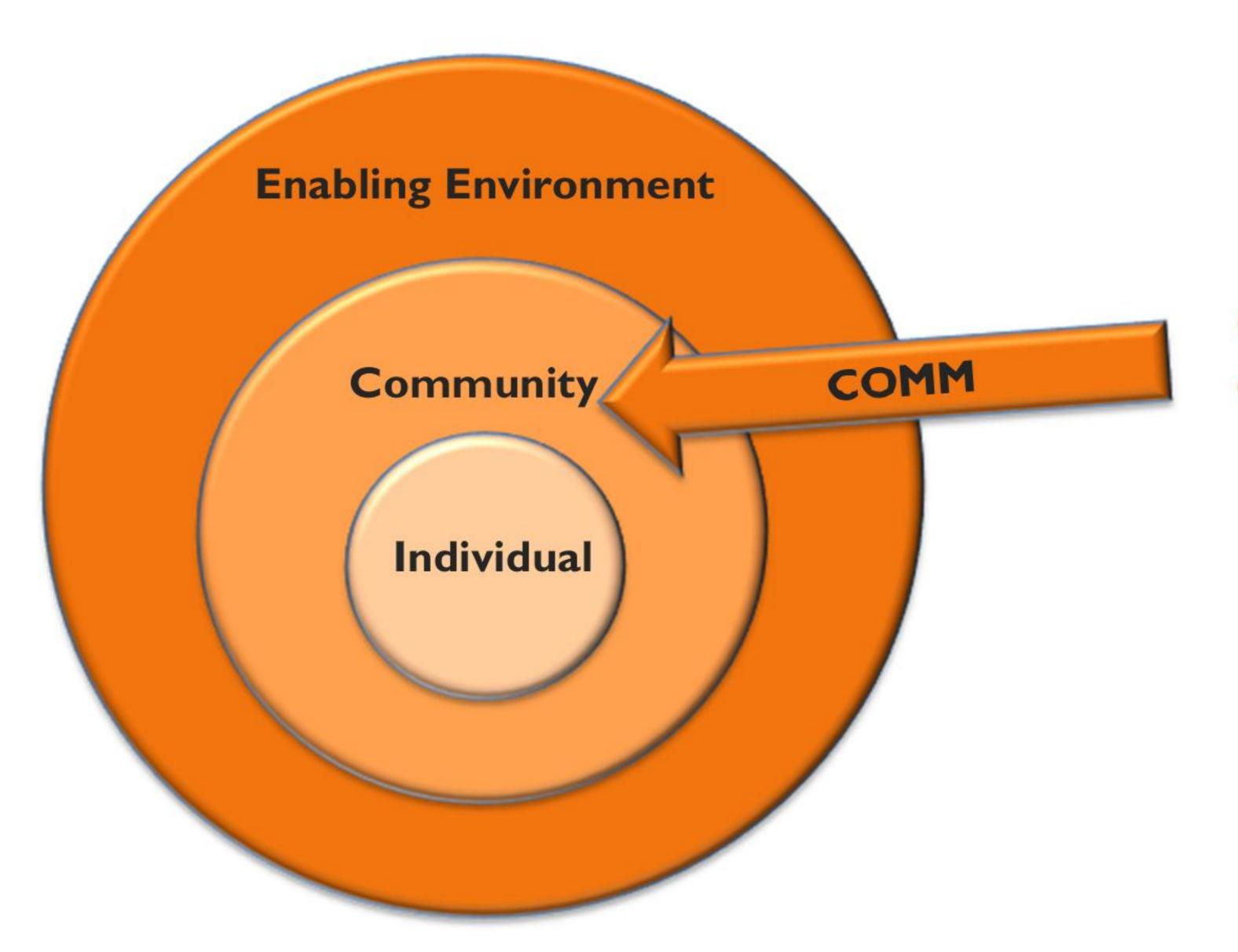
Community Health Committees (COMM) Update Global HN CoP Webinar, 5 May 2016



Michele Gaudrault
GC HN Learning & Development Advisor



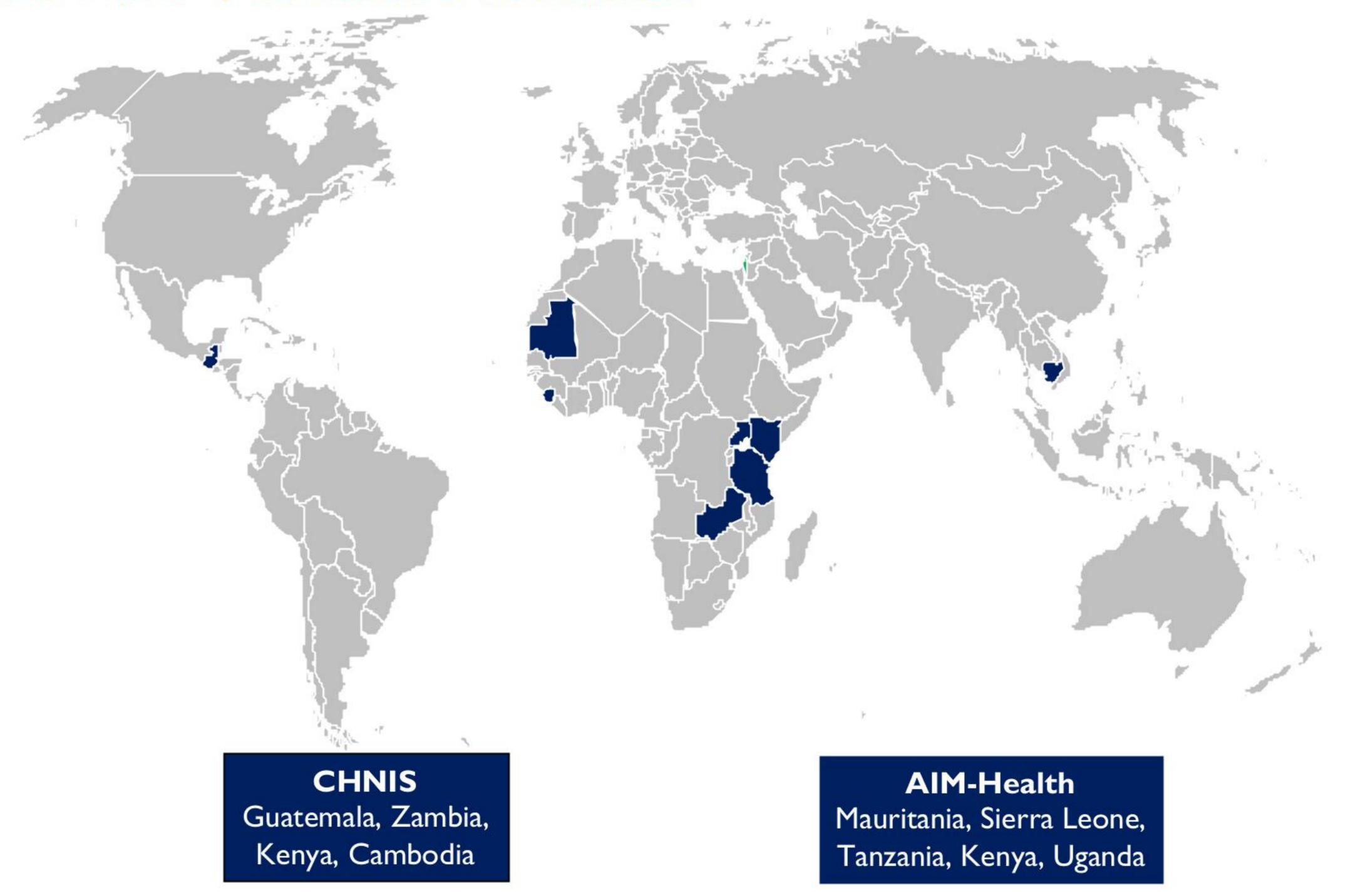
Where does COMM fit in the overall 7-11 / 360?



Core approach at community level



COMM Version I Rollout





COMM Version 2 New Features

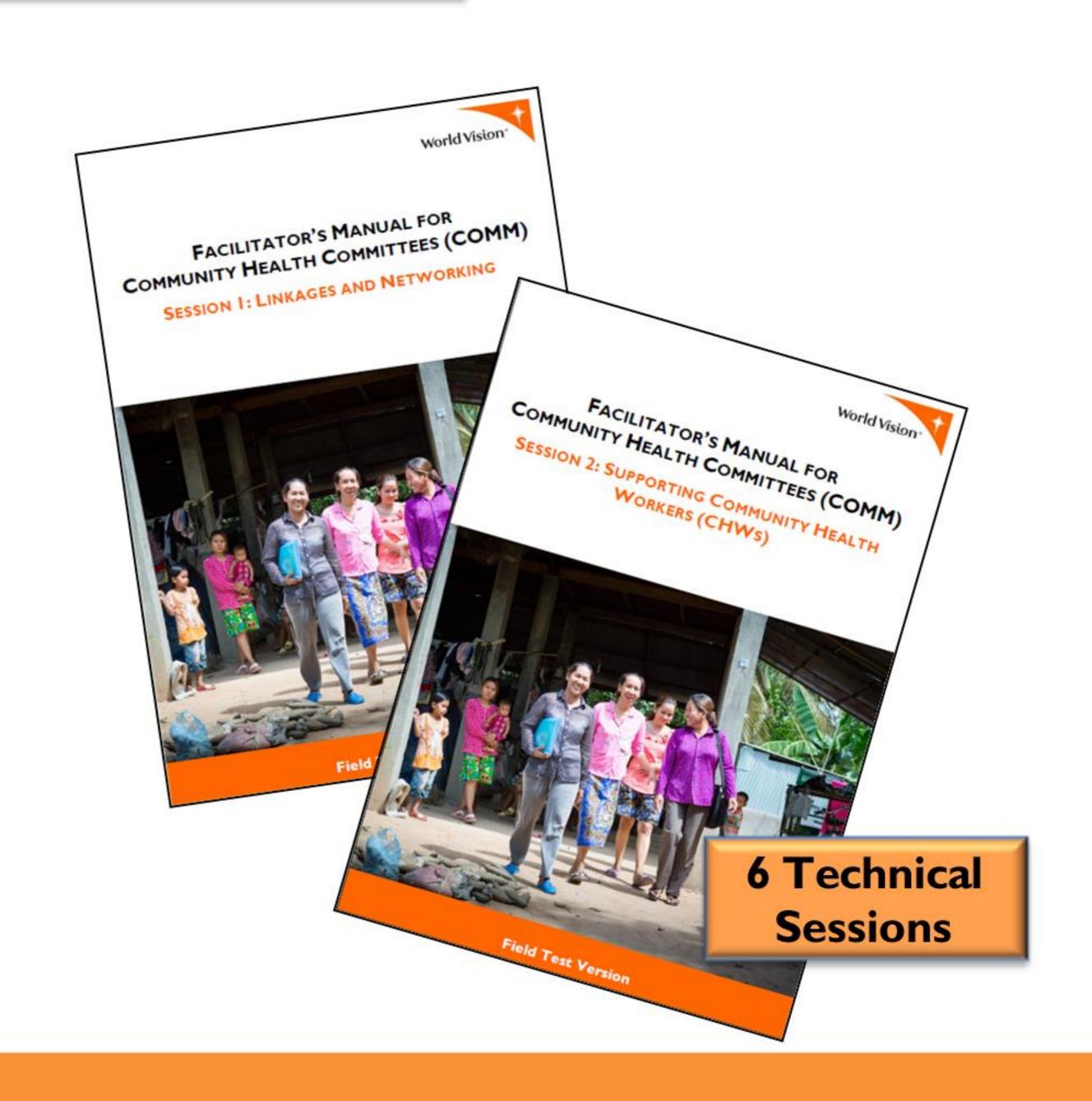
Overview for the Facilitator and Individual Sessions



FACILITATOR'S MANUAL FOR
COMMUNITY HEALTH COMMITTEES (COMM)

OVERVIEW FOR THE FACILITATOR







COMM Version 2 New Features

Streamlined Trainer's Guide

7-11 Technical Content

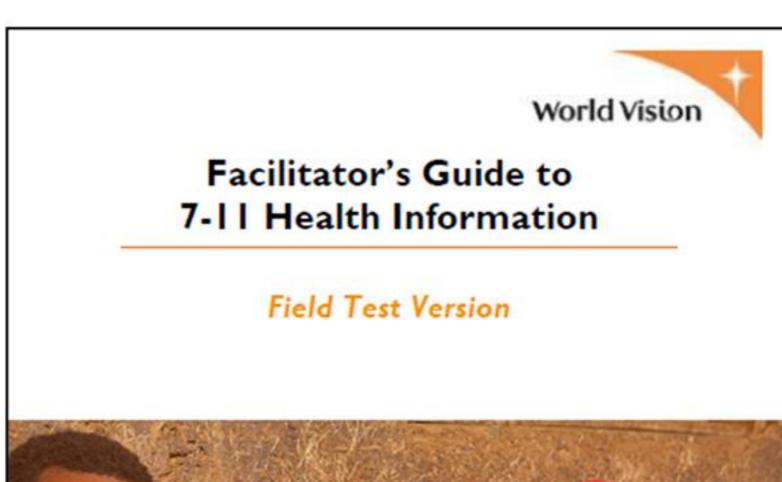


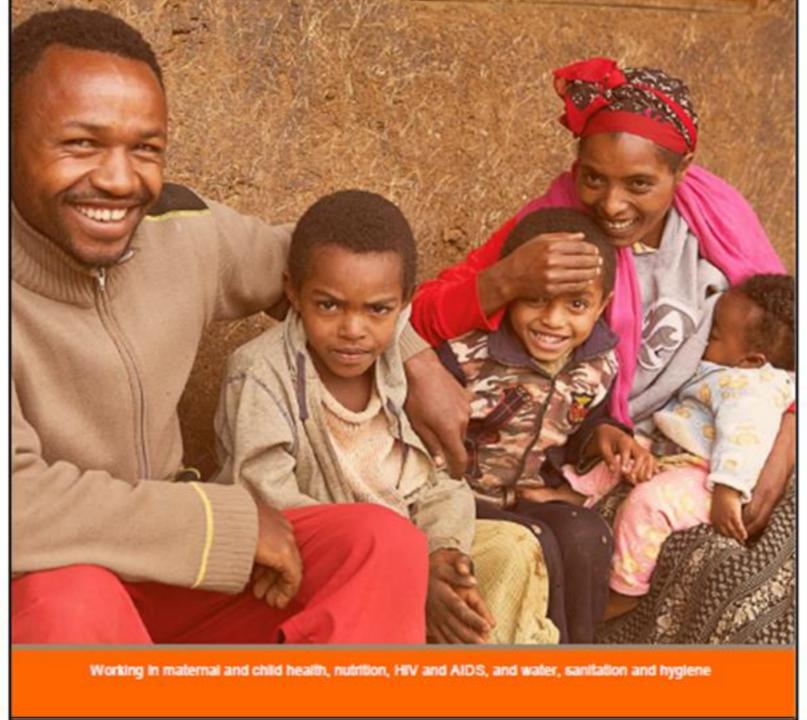
TRAINER'S GUIDE:

TRAINING FACILITATORS IN

COMMUNITY HEALTH COMMITTEES (COMM)









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

HANDOUT 7: MONITORING Instructions: This handout contains a COMM registry for identifying CO	s seneric monitoring too		and in different areas. It con	
by the facilitator who is providing tra		conditorm has capacity building at	eat provided to the COTIF	L both forms should be filled ou
When should this tool be used?	THE R. P. LEWIS CO. LEWIS CO., LANSING TO.			
Who should use this tool? The fa				
Name of facilitator:			of the COMM:	
Administrative level/community	y covered by the COP	(M:		
Age Groups: A: <19; B: 2	0-24; C: 25-29;	D: 30-40; E 41>		
Name of COMM membe	Gender Gender	Age Group	Entity	Comments
	-			

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COMM Version 2 Features

Full alignment with **DPA**

Guidance and processes for COUNTRY READINESS

COMM scenarios, including in contexts with <u>CCCs</u>

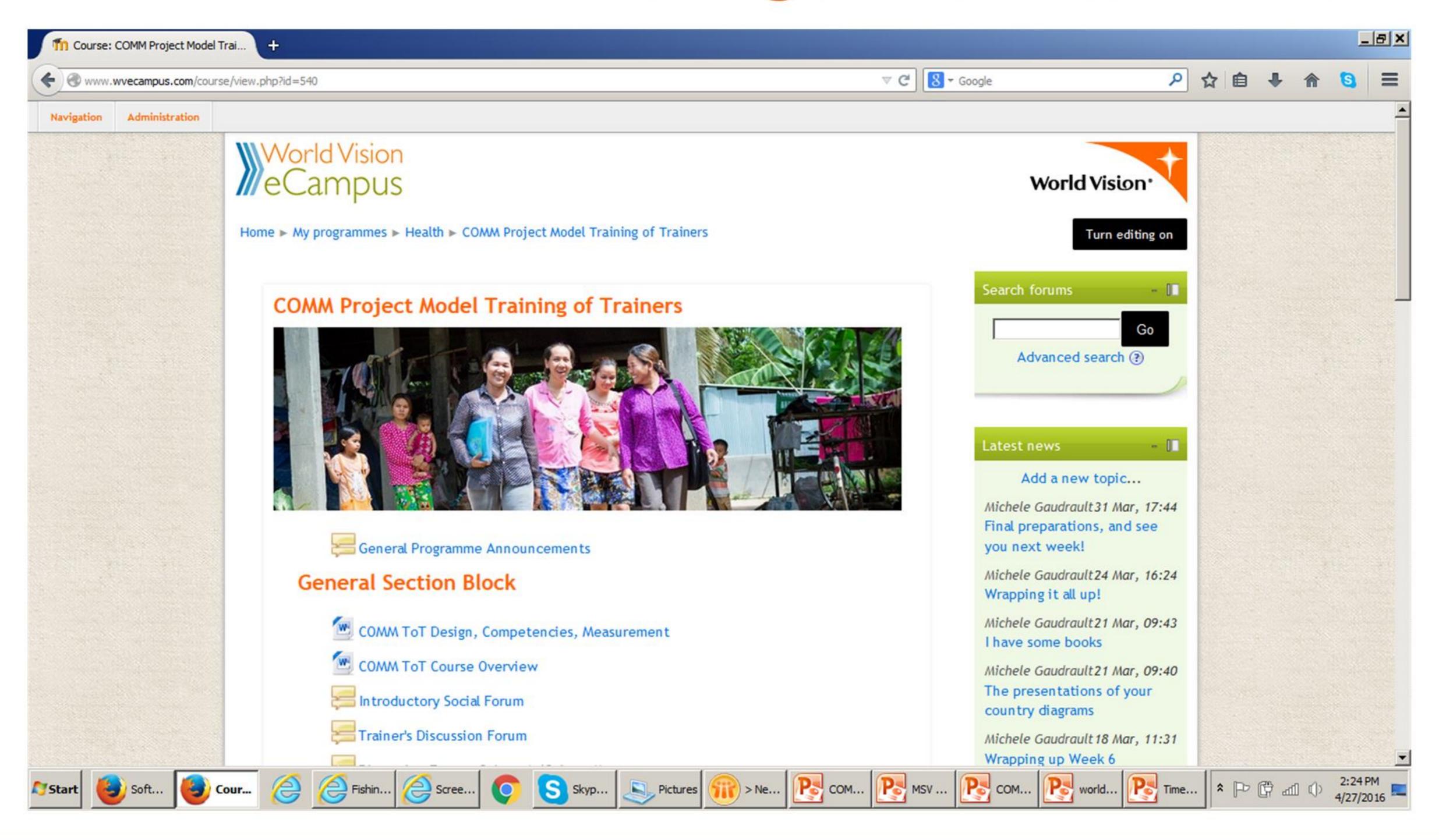
New guidance and processes for including OCB

Draft CHMC-AIM tool for assessing functionality of COMM programs

Collection and categorization of evidence LITERATURE



COMM Version 2 Training of Trainers: Blended





COMM Version 2 Training of Trainers: Blended



Phase I: 6 weeks online learning using eCampus

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

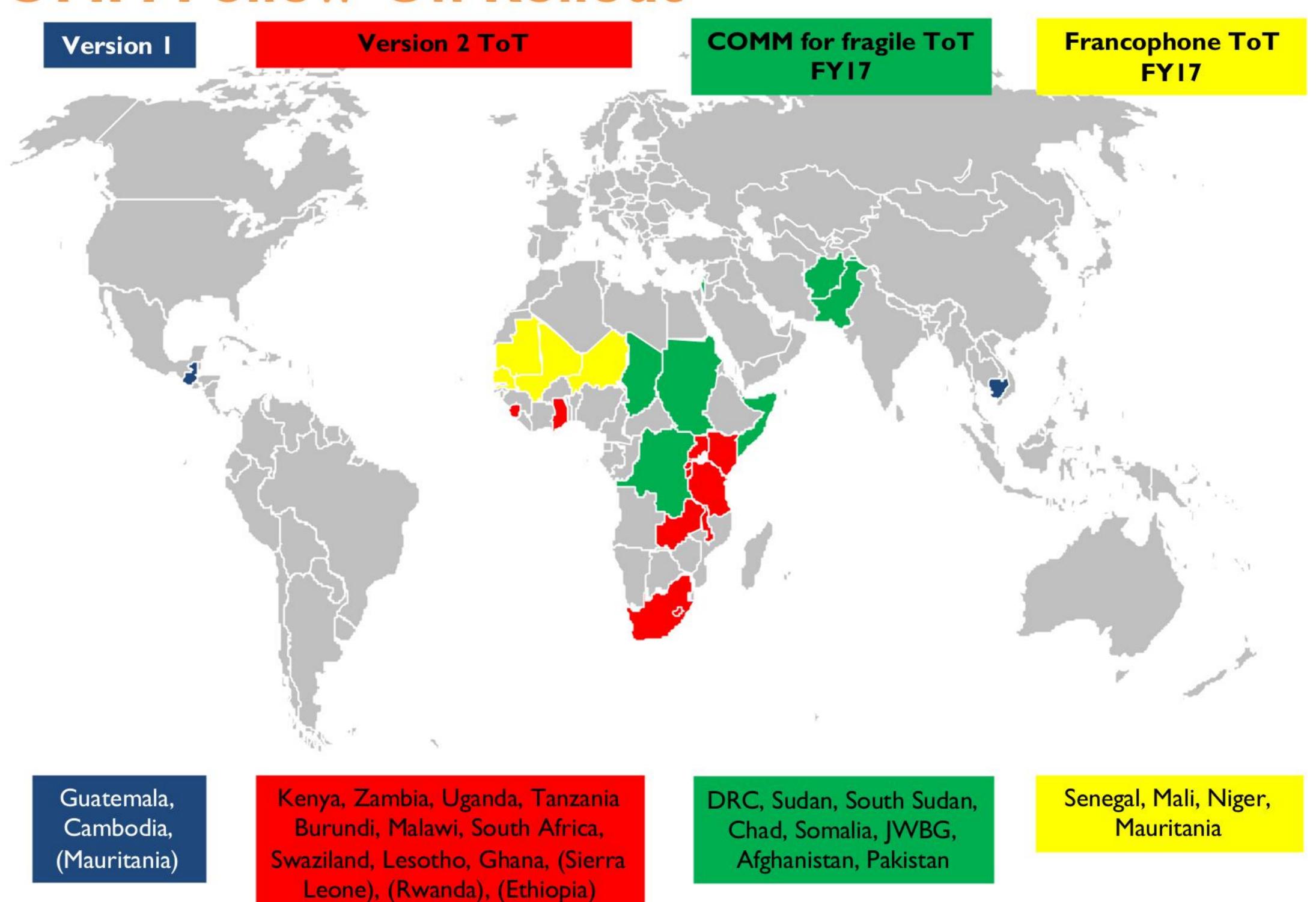
Phase 2b: 5 days classroom for Trainers; 2 per NO

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





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



No	Element
I.	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	1	2	3
	Non-functional	Minimal	Functional	Standard
CHMC Member Recruitment and Selection 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. 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. 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.	No or only a few criteria exist and are not well known or commonly applied 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. The community plays no role in recruitment	Some criteria exist and are communicated but are general and/or do not address specific issues such as gender Some community members are aware of the CMHC and some position openings, but primarily through discussion or personal relationships Community is not involved in the recruitment of CHMC members but may approve the final selection	Selection criteria are defined and communicated, but do not always specify representation of gender, ethnic/tribal and disadvantaged groups Communications regarding recruitment for CHMC members reach most of the community through regular community communication channels (e.g. through community leaders) Community is involved in recruitment of CHMC members; nominating and voting for candidates Most selection criteria (literacy, gender, sub-group representation, etc.) are met where possible There are no specifications on term limits or re-election of members	Selection criteria are defined and communicated and call for representation of gender, ethnic/tribal and disadvantaged groups Selection criteria are developed with broad segment of the community. CMHC member recruitment is intentionally communicated through multiple communications prior to group formation and recruitment of new members. Community is involved in recruitment of CHMC members; nominating and voting for candidates, and marginalized and key subgroups have a real say in recruitment All selection criteria (literacy, gender, sub-group representation, etc.) are met where possible Term limits on key members or re-election on performance basis



CMS Setup, Roles, Effectiveness and Outcomes (CHW Programs) 4. CSS 1. Structural/ 2. Committee Roles 3. Committee Programmatic Strength/ Factors Effectiveness 5. Health Outcomes CHMC-AIM Matrix 1. CHW Oversight Committee Self-5. Community Assessment Matrix Capacity Roles (CHW-AIM (OCSA) Recruitment column: Core (Program-Indicators or Training Group Meeting) specific Learning matrix Budget indicators) Organization Supervision/ Social Membership Program Eval. Accountability Structures Incentives Procedures 3. PLA; social/ Supervisor By-laws incentives cultural Resource mob. Community determinants Leadership involvement Conflict resolution 4. Other Referrals Action planning Communication Etc. /Information Linkages Legal/policy Motivation (CVA/Advocacy Programs)