

FACILITATOR'S MANUAL FOR COMMUNITY HEALTH COMMITTEES (COMM)

SESSION 4: RESPONDING TO HEALTH ISSUES AND BARRIERS, AND MOBILISING FOR ACTION



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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.

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SESSION 4: RESPONDING TO ISSUES AND BARRIERS, AND MOBILISING FOR ACTION



ACTIVITY 1: REVIEW WAYS OF RESPONDING TO HEALTH ISSUES AND BARRIERS: THE COMM'S IDEAS

Explain to the COMM that one of the most valuable things it can do for its communities is to respond to the issues and barriers that it has identified through its root-cause (situation) analysis. Review the barriers that the COMM prioritised in the previous session and review the ways that it identified for responding to these issues.

ACTIVITY 2: OTHER IDEAS

You do not need to spend much time on this activity, but you should review some of the different ways that the COMM may take action; some it may not have thought of initially. These ideas can be grouped into the following categories:

Community Sensitisation

Very often the CHWs will have the main role to play in sensitising families during home visits. Nevertheless, the COMM may wish to complement these efforts with community-level meetings in order to reinforce the CHWs' messages and to gain a critical mass for change. Additional ideas are given here:

- Youth conducting performances for the community on how adopting 7-11 practices can improve health and bring other benefits to the community, such as higher school achievement.
- Those who are musically inclined could write songs that could be played at community events or even broadcast on local radio.
- Someone with drawing or painting skills could create images that illustrate the points the COMM is trying to communicate, and this art work could be displayed on the community health board and other public spaces to promote the vision for health.
- If the COMM is working with World Vision, one excellent option for community sensitisation is Channels of Hope for Maternal, Newborn and Child Health (see text box below).

Community Mobilisation

The COMM should feel energised and inspired by its abilities to deal with barriers and the knowledge of when and how it can leverage its relationships. Now the members are going to channel that energy into ways that they can mobilise the community. (Remember, whenever referring to 'the community,' be sure to consider *all* segments of society.) Some ideas are provided here:

- mobilising community members to attend MoH outreach campaigns
- inviting a mobile clinic, if there is one in the region or country
- increasing participation of youth community members in health initiatives
- initiating community vegetable gardens and planting fruit trees to improve diet and health
- preventing mosquito-borne illnesses by eliminating standing water (move or turn over containers and other items that can hold water)
- recruiting volunteers for directly-observed treatment programmes for TB control
- improving sanitation in the environment by building pit latrines and, wherever possible, ventilated improved pit latrines.

Enlisting Others to Help

Remind COMM members that they are not alone. The COMM is operating within a collaborative network consisting of the MoH, local clinic staff, the CHWs, and possibly other health-focused NGOs and FBOs. Those relationships should be leveraged and can serve an important role in saving lives in the community. Discuss options regarding who they may approach for certain barriers. Here are a few examples:

- The COMM learns that some barriers to adoption of 7-11 practices come from deeply rooted cultural beliefs. The COMM can request a 'community conversations' type of programme from an NGO to respond to cultural barriers. For example, in the case of World Vision, C-Change programming can be offered, as well as the very effective Channels of Hope for Maternal, Newborn and Child Health (see box below).
- The COMM learns from the CHWs that caretakers of 12-month-olds have gone to the local clinic for de-worming treatment, but the clinic is out of supplies. The COMM should notify the MoH about this barrier.
- Some barriers can be best addressed by the CHWs, due to the nature of their regular household visits. Hence, the COMM will share such information with the CHWs for them to act upon.

Channels of Hope for Maternal, Newborn and Child Health

As a facilitator, you should remain sensitive to the fact that some of the barriers in the community might have strong religious connotations. Indeed, faith leaders are often amongst the most influential members in a community. They wield considerable sway over culture and what actions are prescribed or prohibited in their communities. With proper information and insight, faith leaders can be powerful change agents who play a significant role to support and improve the health of mothers and children. Their beliefs, values, role modelling and weekly messages can inspire entire communities to care for and love one another and break down barriers to good health in their communities.

Unfortunately, faith leaders and faith communities often lack necessary skills and information to engage in a helpful way on health issues. In fact, they can sometimes present misinformation, *actually creating* barriers that prohibit people from visiting clinics, receiving vaccinations and using birth-spacing methods. Their influence can also promote early marriage, encourage harmful traditional practices, promote treating women and girls inequitably, discourage the involvement of men in MNCH, and reinforce or create stigma towards various groups (including people living with HIV, unwed mothers, and so on).

Therefore, it will be important to prompt COMM members to recognise whether identified barriers have roots in specific faith perceptions (for example, not sending children for vaccinations because it shows lack of faith in God's power to heal). If these exist, and the COMM is working with World Vision, Channels of Hope for Maternal, Newborn and Child Health may be an option for addressing these underlying religious issues or misconceptions.

Local-Level Advocacy

Remember that in some instances local advocacy will be the most appropriate and effective means of mobilising change.

SPECIAL ACTIVITY (ONLY FOR COMMS MANAGING A FUND)**Note for the Facilitator**

If the COMM decides to work with money in any way, it is extremely important that the members are fully trained in advance, so that all money is handled correctly and transparently. Global experience has shown that one of the main causes of breakdown of a community group is improper use of a group-managed fund. Any time a COMM is handling money, basic training in bookkeeping is required!

Explain to the group that it might choose activities that involve working with money – either its own contributions or contributions from others. Tell the group that, in this case, you will train them in basic bookkeeping before they get started.

An emergency transport fund can be a very important way that a COMM can help community members to overcome the common barrier of long distances to health facilities. It is not required that the COMM have such a fund, but if it chooses to create one, you will go through the following steps with the group.

1. Develop a Fund Use Policy Document

First, the COMM should develop parameters and guidelines for the use of the money. There is not one set way to manage such a fund, and the COMM will need to make certain decisions to ensure it is managed well. Lead a discussion with the COMM to create a list of guidelines for using the fund. In some cases people may pay into the fund and then not be required to pay back if they need to use the fund. Or, perhaps the COMM would prefer that when people receive money, they have to pay it back. The COMM needs to decide how this fund will operate. Here are several additional questions to consider:

- If it is a revolving fund, where will the start-up funds come from?
- If it is a 'pay in and use for free' system, how much do people pay and how often?
- Does everyone pay, or only people who qualify to use the fund?
- How do people qualify to receive funds in an emergency?
- If the money has to be paid back, what is the time period for repayment?
- Is there a penalty for late repayment or failure to repay? What or how much is the penalty?
- Who will be the treasurer?

At the end of this exercise the COMM should have a list of guidelines that can be written up as a policy document, answering the questions above and any others pertinent to the scenario that the COMM prefers.

2. Train the COMM in Bookkeeping

You will use *Organisational Capacity Building –Part II: Facilitators' Manual for OCB Training – Capacity Area 5: Financial Management* (referred to below as the OCB Manual) for the first part of this training.¹ Go through the entire training in Module 15: Bookkeeping with the COMM. See Tool 4-1 for some quick bookkeeping guidance and templates.

3. Practise Examples Specific to an Emergency Transport Fund

Following the training in the OCB manual, lead an activity specific to emergency transport. Photocopy Tool 4-2, Emergency Transport Fund Cashbook Worksheet. Read the information for each entry aloud (or have the COMM members read) and allow time to record it in the cash book.

¹The OCB Manual can be found at www.wvdevelopment.org and www.wvi.org/health.

ACTIVITY 3: CREATE AN ACTION PLAN AND USE IT TO MONITOR PROGRESS

The COMM will create an Action Plan for responding to health issues in the community.

Divide the participants into three or four groups and give each group responsibility for one of the activities the COMM agreed it would undertake in response to the identified barriers. Each group should develop a detailed Action Plan for carrying out the activity in question on flipchart paper. When each group has finished it should present back to the entire group. Allow discussion and changes to the plans if the entire group decides on changes.

Now distribute Tool 4-3, COMM Action Planning and Monitoring Tool: Responding to Issues, Mobilising for Action. Ask one member to read the goals listed at the top. Remind the COMM that the achievement of the goals is a good indication that the group is functioning effectively. Now the COMM groups should transfer their Action Plans from the flipcharts to this form. The secretary of the COMM or a volunteer will be responsible for keeping this final version updated.

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

ACTIVITY 4: KNOWLEDGE ASSESSMENT FOR SESSION 4

As you close Session 4, 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 proceeding to the next session.

1. Community members' strengths, interests and talents can be utilised in creative ways to effectively spread information around the community about responding to barriers and mobilising for action. (Answer: TRUE)
2. If the COMM undertakes any activities involving money, specialised bookkeeping training is required. (Answer: TRUE)
3. Once the COMM begins to respond to the identified barriers and issues, the Action Plan no longer needs to be actively monitored and updated. (Answer: FALSE)

TOOL 4-I. QUICK BOOKKEEPING

EXERCISE I: THE CASHBOOK

The cashbook is the single most important bookkeeping record! If the COMM keeps no other records (apart from receipts), it should keep an accurate cashbook. This is the job of the treasurer, but other COMM members will play a role in verifying the work that the treasurer does. Every time money comes in to or goes out of the COMM, it *must* be recorded in the cashbook.

To repeat: Every time money comes in to or goes out of the COMM, it must be recorded in the cashbook.

The following details must be entered into the cashbook for each transaction. (A transaction is the same as cash coming in or cash going out.)

- the date
- a description
- the amount
- the resulting balance.

Draw the group’s attention to the fact that there is one column for money coming in and one column for money going out. The treasurer must always take great care to either add or subtract the amount from the balance accordingly.

Quick Exercise

Ask the group to complete the following sentences:

- If money comes in to the COMM, the amount coming in will be _____ (*added to or subtracted from*) the balance.
- If money goes out of the COMM, the amount going out will be _____ (*added to or subtracted from*) the balance.

For example, if the COMM has a balance of \$26.00 (or national currency) and it pays out \$7.00 on 12 May to purchase a book of receipts, the cashbook entry will look like this:

Date	Code	Description	Cash In (Add)	Cash Out (Subtract)	Balance
01 May		Balance forward			\$26.00
12 May	01	Purchase of receipt book	—	\$7.00	\$19.00

Ask the group the following question:

- Why isn’t anything recorded in the ‘Cash In’ column? (Answer: This is an example of cash going out, not coming in. To avoid confusion, the treasurer may choose to place a dash in the ‘Cash In’ column.)

EXERCISE 2: SUPPORTING DOCUMENTS

Recording all transactions in the cashbook is a necessary first step in keeping track of the COMM's finances. However, in order to make sure that what the treasurer records is accurate, it is necessary to back up all transactions with supporting documents.

Quick Exercise

Ask the group members why they think it is necessary to have supporting documents. (Answer: Without supporting documents, we don't know if the treasurer made an error, spent the money as recorded in the cashbook, or put incoming money in his or her pocket.)

Possible examples include:

- The treasurer might record an entry of \$10 (or national currency) for the purchase of vegetables for a programme but never actually purchase the vegetables, instead keeping the money.
- The treasurer might record the purchase of a calculator for \$20 when in fact the calculator only costs \$10. The difference again goes into his or her pocket.
- The treasurer might record a member contribution of \$2 when in fact the member contributed \$4. Again, the treasurer is pocketing the difference.
- The treasurer might make an error.

Variation

Instead of asking the group why it is necessary to have supporting documents, you may have the participants rehearse and perform a role play. Divide the participants into groups, and ask each group to think of various ways that fraud can occur within the COMM. The scenarios given above are a few examples, but given a little time the groups will surely be able to come up with additional ones.

Receipts for Cash In

When money comes into the COMM, only one supporting document is needed. Whoever gave the money to the COMM needs a **receipt** in order to prove that he or she paid. This receipt is mainly for the protection of the person or organisation paying the money in order to avoid situations of the COMM claiming that the person or organisation never paid. As we have seen in the previous quick exercise, however, the receipt also protects the COMM members from fraudulent action by the treasurer or other individuals with access to the COMM's money. The receipt verifies that the amount recorded by the treasurer in the cashbook is the amount of money paid into the COMM.

Receipts must always be filled out **in duplicate**, with one copy for the person or organisation that paid the money, and the other copy for the treasurer's files.

Payment Vouchers and Receipts for Cash Out

When money is paid out of the COMM's fund, the following two supporting documents are needed.

I. The Payment Voucher

The payment voucher is signed by three selected members of the COMM, authorising the payment. This will ensure that the treasurer will never pay out money without anyone else in the COMM knowing about the payment. **All payments must be authorised.** This is true even if the expenditure has already been planned in the budget.

Note: If the treasurer does not know the exact amount of the expenditure prior to purchase or payment, a best estimate should be made and this estimate recorded on the payment voucher. This is the amount that will be withdrawn from the fund. If the actual cost is less, the treasurer will return the difference. The correct method for recording such a transaction will be reviewed in a later step.

2. Receipts for Cash Out

Every time the COMM makes a payment, it should get a **receipt** from the supplier, store or other source. This receipt should be stapled to the payment voucher. The two documents together make up the supporting documentation required for any cash going out.

In some cases receipts are not available, for example, when the COMM makes purchases from a market or uses local transportation. Market vendors and drivers may not have receipts to give to the COMM. In this case, the COMM should use its own cash out receipts and ask the market vendor, driver or other source to sign or make a fingerprint imprint. Again, these receipts should be filled out in duplicate, with one copy for the vendor and one copy for the COMM's files. The COMM should be encouraged to purchase a book of receipts for cash-out transactions, which it will keep separate from the book of receipts for cash-in transactions.

(Tool 4-I continued)

Cash-In Receipt: No. _____

Received from: _____

Amount (in numbers): _____

Amount (in words): _____

Reference: _____

Name of COMM: _____

Received by: _____

Function: _____

Signature: _____

Date: _____

Payment Voucher: No. _____

We the undersigned authorise the withdrawal from the internal fund of the COMM:

Amount (in numbers): _____

Amount (in words): _____

Purpose: _____

1. Printed Name: _____

Signature: _____ **Date:** _____

2. Printed Name: _____

Signature: _____ **Date:** _____

3. Printed Name: _____

Signature: _____ **Date:** _____

TOOL 4-2. EMERGENCY TRANSPORT FUND CASHBOOK WORKSHEET

Month: _____

Name of Treasurer: _____

Date	Description of Use	Cash In	Cash Out	Balance
1 May	Opening Balance	—	—	\$115
14 May	Transport to area hospital for Ana	—	\$22	\$93
15 May	Community contribution –Mary	\$5	—	\$98

Entries for Cashbook Exercise

15 May: Mohamed pays his \$5 contribution to the emergency transport fund.

15 May: Malik pays his \$5 contribution to the emergency transport fund.

20 May: Sasha receives \$22 to go to the hospital.

27 May: Raymond receives \$7 to go to the local clinic.

28 May: Maybe receives \$22 to go to the hospital.

TOOL 4-3. COMM ACTION PLANNING AND MONITORING TOOL: RESPONDING TO HEALTH ISSUES AND BARRIERS

RESPONDING TO HEALTH ISSUES AND BARRIERS

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

Instructions: Fill out the table below with the activities the COMM will undertake in response to identified health issues in the community. Tick the boxes under ‘Goals’ only when the activities are complete, and the goals have been achieved.

Goals

- We fill out this Action Plan for responding to health issues and review it every quarter.
- We have completed the activities we planned for this quarter.
- Our activities related to the following (tick all that apply)
 - Improving access to the health facility
 - Improving access to water
 - Improving access to LLINs
 - Reducing stigma around HIV and promoting HIV testing
 - Activities with adolescent girls

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

(Tool 4-3 continued)

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

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