qwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmrtyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnmqwertyuiopasdfghjklzxcvbnm

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Summaries per Country

# EthiopiaFederal Ministry of Health – FmoH

 **Who the Training Targets**: HCs, HCPs, HMs[[1]](#footnote-2). Budget for training provided by Government, Donor Funding and NGO’s. **Training manuals** exist for each.

**Training addresses**: All issues listed except home-based care; social determinants of health; political economy of health; and vulnerabilities.

**Impact of HC/ what has worked well**: “The health governing body or committee improved the health service quality, accessibility, equity and improved ownership of the health services by the community and stakeholders. As part of fiscal decentralization the governing body or committee improves the resource planning and administration. Transparency insured, client satisfaction improve, etc.”

**Challenges of HC**: “The major obstacle on health governing body or committee is as most the member of the committee are politically assigned, there is huge turnover, the decision sometimes taken in favour of the ruling party rather than assuring the public interest...[]“

**Commitment to training HC’s reflected in policy**? “Yes, when newly constructed health facilities start functioning and /or when new members appointed, the health governing committee will be established and the training will be organized and training material dispersed”

How does the training fit into **broader policy context** in the country? Health leadership and governance arrangements are essential to ensure effective and efficient for health services that contribute to the health and wellbeing of the population served. Health leaders require a unique set of skills to both manage their organization and to liaise with external agencies and the local community. Health leaders must be able to lead their organizations through change, identifying and solving any challenges that arise. The Federal Government of Ethiopia through the Health Care Financing Strategy has established the legislative framework for enhanced Health facilities autonomy with authority decentralized to health facilities in areas such as strategy, planning and budget development. To achieve this, health facilities should be governed by a Governing Board that is responsible to appoint the CEO who in turn leads on all hospital operations and functions.

**Tools provided**: health committee training mapping tool and the training legal frameworks, manuals and documents used training.

**Contact:** *Wondwosen Gebeyaw*; Healthcare financing specialist:kggwonds@gmail.com

Very glad and willing to be part of the project, working on training health facility governance or committee and health facilities on governance for more than 3 years.

# Kenya, NairobiNational Taxpayers Association

 **Who the Training Targets**: Health Committees. Budget for training comes from Government. **Training Manuals**: “YES but an ad hoc manual, the current manual is not specifically geared to HFMCs but was a result of Health Sector Support Fund (H.S.SF). Thus the manual is bias towards financial management as opposed to general governance and community dynamics. The manual applies to both health care providers and health managers. The composition of the health facility management committee (HFMC) includes the health providers, thus they use the same manual. The training that is held for the HFMCs borrows largely from the Community Strategy publication in Kenya.”

**Training addresses**: All issues listed except Political economy of health and Conflict management for HCs, HCPs and HMs; as well as the Health system in the country together with Planning and Budget Cycles for HCPs and HMs.

**Impact of HC/ what has worked well**: No reflection

**Challenges of HC**: “Lack of exact time to train this committees and financial allocations ear marked for this activity is the greatest impediment. The message that is carried across is that this is not an extremely important activity.”

**Commitment to training HC’s reflected in policy**? “This is not reflected in policy strictly but can be inferred. However, currently the Ministry of health is out sourcing this to AMREF-KENYA to train on behalf of the Government. Consequently, a consolidated training manual shall be in place.”

How does the training fit into **broader policy context** in the country? This fits well with the community strategy approach that aims at bringing ownership and participation in the health sector to the communities. The current health policy also highlights the aspect of people centred health systems. With health having been devolved to the local level, strong HFMCs will be in a position to influence policy

**Tools provided**: The training manual is not available online (The Community strategy is available online from the Kenya Ministry of Health website).

**Contact:** *Irene Akinyi Otieno*; Project Officer – Community Monitoring Project: irenbeoti@gmail.com or iotieno@nta.or.ke

# South AfricaPeople’s Health Movement

**Who the Training Targets**: Health Committees. Budget for training comes from donor funding. **Training Manuals**: No training manuals but other materials available for Health Committees.

**Training addresses**: All issues are addressed except the following: fundraising, home-based care, committee skills, planning and Budget cycles in health services, vulnerabilities, conflict management, health and human rights.

**Impact of HC/ what has worked well**: “Positive feedback on workshops content and method of training.”

**Challenges of HC**: “Need follow ups with health committees to see effects of trainings.”

**Commitment to training HC’s reflected in policy**? “New policy of the country such as NHI and re-engineering of Primary Health Care are the focus of the training. The aim is to have health committees being prepared to comment to the white paper when it is released.”

How does the training fit into **broader policy context** in the country? “This is a focus area of our organisation as we promote community participation in the Right to Health.”

**Tools provided**:  Some (People’s Health Charter) available online @ http://www.phmovement.org/en/resources/charters/peopleshealth?destination=phm\_home\_page

**Contact:** *Tinashe Njanji*; Co-ordinator: tinashe@phm-sa.org

# TanzaniaRegional Secretariet- Singida Municipality

 **Who the Training Targets**: HCs, HCPs, HMs. Budget for training provided by Government, Donor Funding and NGO’s. **Training Manuals**: None available; other materials are available but not provided.

**Training addresses**: Does not address problem solving, intersectoral work, home-based care, committee skills, social determinants of health, political economy of health, vulnerabilities, health literacy and social mobilisation. Also not addressed are conflict management, health and human rights and fundraising for HCs and HCPs. The health system in the country and budget cycles are additionally not addressed for HCs.

**Impact of HC/ what has worked well**: “The training was not fully conducted, only orientation, therefore not easily reflected in daily undertakings.”

**Challenges of HCs/Obstacles**: “The HFGCs are not taking full charge of their responsibilities because the training received was not formal and did not adequately cover all important areas.”

**Commitment to training HC’s reflected in policy**? “Yes it is reflected, as the ongoing decentralisation requires the lower levels to take full charge of the responsibilities in management of health services. However the implementation is still not satisfactory.”

How does the training fit into **broader policy context** in the country? “These trainings are important due to the ongoing decentralisation process in the country. Therefore the training manual needs to be developed and mainstreamed in health system/ Human Resource capacity building policy, into broader adult education policy in country.”

**Tools provided**: No materials provided and nothing indicated as being available online.

**Contact:** *Emmanuel Godfrey Kilewo*; Regional Health Secretary: emmack55@yahoo.com

# Uganda1. AGHA: Action Group for Health, Human Rights and HIV/AIDS, UGANDA

**Who the Training Targets**: HCs, HCPs, HMs. Budget for training provided by NGO’s. **Training Manuals**: Yes, for Health Committees, Other materials available for HCs and HCPs.

 **Training addresses**: All issues addressed expect: fundraising, intersectoral work, home-based care, social determinants of health, vulnerabilities, health literacy. Also not addressed is: problem solving, committee skills, political economy of health, health system in the country, planning cycles in health service and social mobilisation for HCPs and HMs.

 **Impact of HC**: No reflections; **Challenges of HC**: No reflections. **Commitment to training HC’s reflected in policy**? No reflections. How does the training fit into **broader policy context** in the country? No reflections

 **Tools provided**: Training manual and materials available online.

 **Contact:** *Dennis Odwa* [or Kamye Oriya]; Executive Director: dennis.odwe@agha.or.ug or odwedennis@yahoo.com

# 2. HEPS: Coalition for Health promotion and Social Development, UGANDA

**Who the Training Targets**: HCs and Community Leaders, funded with donor funding. **Training Manuals**: None for HCs, HCPs or HMs but there is one “other” although no specifics indicated.

 **Training addresses**: Training addresses 3 issues only: health and human rights, health literacy and social mobilisation.

 **Impact of HC/ what has worked well**: “Working with local community leaders and village health team members has ensured spread of information on health rights. The Health Unit Management Committee members who have been trained on their roles and responsibilities play their roles well.”

 **Challenges of HC**: “Sustaining the momentum of addressing community concerns has not been possible as the trained community leaders eventually lose interest in voluntary work. The HUMCs are mainly trained by the ministry and the majority have not been trained on their roles.”

 **Commitment to training HC’s reflected in policy**? No

How does the training fit into **broader policy context** in the country? HEPS training fits into the health promotion component of Ministry of health.

**Tools provided**: No

**Contact:** *Prima Kazoora*; Head of training and Capacity Building: pkazoora@heps.or.ug

# 3. MUST: MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY, UGANDA

 **Who the Training Targets**: Health committees with teh budget for training coming from research collaborations. **Training Manuals:** HCs and other materials on HCs

 **Training addresses**: Focus is only on health committees. Issues not addressed: intersectoral work, home-based care, social determinants of health, political economy of health, the health system in teh country, vulnerabilities, health and human rights and health literacy. Problem solving is covered but it is not specific; fundraising is covered but not done; committee skills are covered but implied in relation to management.

 **Impact of HC/ what has worked well**: “The members were eager to learn and be empowered in their roles; were able to use guidelines setting up HC to train and orient members on their roles and expectations.”

**Challenges of HC**: “The training was for a short time; managed to go to each health committee only twice due to limited funding from teh project. The guidelines used do not put emphasis on building members’ health literacy.”

**Commitment to training HC’s reflected in policy**? “Yes. The ministry has produced training guidelines which though are not easily accessible and not well disseminated. The guidelines will take many days and are expensive to implement. No budget line to train HC.”

How does the training fit into **broader policy context** in the country? “The training fits in the policy to build a health system at least in theory.”

 **Tools provided**: Yes

 **Contact:** *Vincent Mubangizi*; Lecturer family medicine: vmubangizi@must.ac.ug

# Zimbabwe1. CORDAID: Catholic Organisation for Relief and Development Aid, Zimbabwe

 **Who the Training Targets**: HCs and HPs funded by Donor funding. **Training Manuals:** Yes as well as other materials for HCs and HCPs

 **Training addresses**: All issues are covered well except: home-based care, political economy of health, health and human rights and health literacy.

 **Impact of HC/ what has worked well**: “Community participation- communities were able to provide locally available building materials like bricks, sand and aggregate stones.”

**Challenges of HC**: “Local fundraising as communities feel that donor supported activities are well funded hence there is no need to raise local funds.”

**Commitment to training HC’s reflected in policy**? “Yes- There is provision in the National Health Strategy and the RBF PIM to ensure all health facilities have a functional health centre committee.”

How does the training fit into **broader policy context** in the country? “Training fits in the broader policy as HCCs are expected to be the link between communities and health services.”

 **Tools provided**: To be sent via email.

 **Contact:** *Judith Gwaringa*; Provincial Health Field Officer: judith.gwaringa@cordaid.net

2. Plan International, Mutare/Mutasa/Chipinge Zimbabwe

**Who the Training Targets**: HCs, HCPs HMs funded by Donor funding. **Training Manuals:** Yes for each as well as monitoring tools for HCs

 **Training addresses**: All issues addressed except fundraising, intersectoral work, home-based care, political economy of health, health and human rights.

 **Impact of HC/ what has worked well**: “Participatory learning, Sound feedback mechanisms and monitoring.”

**Challenges of HC**: “Lack of recognition of HCCs by government.”

**Commitment to training HC’s reflected in policy**? Not reflected.

How does the training fit into **broader policy context** in the country? “The training is part of the Ministry of Health and Child Care strategy to promote maternal health and child care hence it is already streamlined in the health system sector.”

**Tools provided**: No but eager to meet on face to face platform to share – see below.

**Contact:** *Francis Magaya*; Gender Equality Coordinator;victine13@gmail.com or Francis.Magaya@plan-international.org “I have interesting training and monitoring tools that I could share and discuss with you if you could organize a face to face platform. Plan International is currently one of the leading organizations in working with HCCs and health centers in Manicaland province in promoting aces and utilization of maternal health services. I will be glad to share our experiences, unfortunately your mapping tool was ambiguous in some areas and does not capture all the areas I would have shared with you and that's the reason I left some spaces blank.Please feel free to contact me anytime during business hours (+263772588334). Kindly note that I am a qualified Facilitator with Plan Academy and if time can be created I will be happy to showcase our work with health centres in Manicaland through the "Women and Their Children's Health program” that we successfully implemented in Zimbabwe and were Regional winners as well as second runner up for the Plan Global Awards. I also would like to share a three minute video that gives snippets of health outcomes.”

3. TARSC, Zimbabwe – responded positively but mapping tool not completed

**Who the Training Targets**: **Training Manuals:** HCC manual and health literacy programme materials have been previously shared.

 **Training addresses**:

 **Impact of HC/ what has worked well**: “”

**Challenges of HC**: “”

**Commitment to training HC’s reflected in policy**? “”

How does the training fit into **broader policy context** in the country? “”

 **Tools provided**: HCC manual and health literacy programme materials have been previously shared.

 **Contact:** *Rene Loewenson*; rene@tarsc.org

1. HC = Health Committees; HCP = Health Care Providers; HM = Managers in the Health System [↑](#footnote-ref-2)