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Health Committee Training in East and Southern Africa

Community participation is a key element of the Primary Health Care approach and being recognised as increasingly important for responsive health systems. Structures that allow for community voice and engagement with the health services go by different names in different countries. For example, they may be called Health Committees, Health Centre Committees, Health Facility Committees, Health Management Unit Committees, Health Facility Governing Committees or other terms in different countries.Although they may be formulated in different ways or have different roles, they are all intended to serve some kind of governance function for the health system, enabling communities to participate in the health system.

A number of organisations have been working on how to strengthen these structures across countries of Southern and East Africa over the past few years. You can read more about some of these activities at the URLs below. You may have previously completed a survey as part of this work related to *Regional Networking on Health Committees as vehicles for realizing the Right to Health*.

The Community Working Group on Health (CWGH) in Zimbabwe is coordinating work in the region to strengthen health committees as vehicles for communities to participate in the health system.The project aims to (i) develop a network of practitioners working with HCCs to document, share and document good practice; (ii) generatean evidence base to advocate for policy and legal recognition of HCCs; (iii) identify gaps and strengthen the capacity of committees through sharing strategies, implementation plans and materials; (iv) exchange information materials and case studies via mailing lists and website resources; (v) raise awareness of work on HCCs in other regions; (vi) build capacity for tracking and monitoring health system budgets and resources; (viii) develop a monitoring framework for effective HCCs.

As part of this project, the Learning Network for Health and Human Rights based at the University of Cape Town is leading a package on sharing training materials. We are seeking to map activities and approaches that provide capacity building for structuring community participation in different countries in the region. This information will be used to create an open repository of resources, information and material that can strengthen health committees in the region. We therefore ask that, if you have information about training and capacity building that is provided in your country or sub-region aimed at strengthening structures set up for community participation, you assist us by completing the template below.We will place these materials and the information on a Website that is publicly accessible so as to share experiences. If you do not wish to have your materials shared, please do not complete the mapping tool. This project is linked to an ongoing study of Regional Networking in which some of you may have previously participated – an information sheet is attached.

If you have any questions, please contact me at leslie.london@uct.ac.za

Thank you in advance for completing this template and please return it to me at leslie.london@uct.ac.zaby August 14th 2015. Feel free to share with any colleagues you think might be in a position to complete this as well.

Leslie London, Health and Human Rights programme, School of Public Health and Family Medicine, University of Cape Town.

The Learning Network for Health and Human Rights: [www.salearningnetwork.weebly.com](http://www.salearningnetwork.weebly.com)

Community Working Group on Health: <http://www.cwgh.co.zw/index.php/en/>

Centre for Health, Human Rights and Development: <http://www.cehurd.org/>

Health Committee Training in East and Southern Africa
**Complete this templateonly if there is training provided to Health Committees in your country/province/district. If no training, do NOT complete this.**

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| --- | --- |
| Your Name:IRENE AKINYI OTIENO | Your best contact phone number:0723745728/0701946556 |
| Position: PROJECT OFFICER-COMMUNITY MONITORING PROJECT | Your best contact email:irenbeoti@gmail.comiotieno@nta.or.ke |
| Organisation: NATIONAL TAXPAYERS ASSOCIATION | Organisation URL if applicable: |
| Country:KENYA | Province or District: (if applicable)NAIROBI COUNTY |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Who is the target of the training?(tick all that apply)
 |  | 1. Where does the budget for training come from?(tick all that apply)
 |  |
| Health Committees\* |  | Government |  |
| Health care providers |  | Donor Funding |  |
| Managers in the health system |  | NGOs |  |
| Other (specify) |  | Other (specify) |  |
|  |  |
|  |  |

Please complete the tables below for **each** target group separately. If the answers **are the same** for different target groups, then fill in **one column** but **indicate** it applies to all target groups.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Training Materials:**
 | **Health Committees\*** | **Health care providers** | **Health Managers**  | **Other (specify)** |
| 3.1 Is there a training manual? (indicate yes or no) | 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. Thecomposition 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 |  |  |  |
| 3.2 If available online, please indicate URL | Not available online(The Community strategy is available online from the Kenya Ministry of Health website. |  |  |  |
| 3.3 Are there other materials? (yes/no). APPLIES TO ALL | (yes/no). APPLIES TO ALL | (yes/no). APPLIES TO ALL | (yes/no). APPLIES TO ALL |  |
| 3.4 If available online, please indicate URL |  |  |  |  |
| 1. **Content of Training**
 | **Health Committees\*** | **Health care providers** | **Health Managers**  | **Other (specify)** |
| Does the training address the following issues (please tick those that apply; or make comments as applicable) |  |  |  |  |
| health governance |  |  |  |  |
| accountability |  |  |  |  |
| monitoring |  |  |  |  |
| problem solving |  |  |  |  |
| fundraising |  |  |  |  |
| intersectoral work |  |  |  |  |
| Home-based care |  |  |  |  |
| committee skills |  |  |  |  |
| social determinants of health |  |  |  |  |
| political economy of health |  |  |  |  |
| The health system in your country |  |  |  |  |
| planning cycles in the health service |  |  |  |  |
| Budget cycles in the health service |  |  |  |  |
| vulnerabilities |  |  |  |  |
| conflict management |  |  |  |  |
| health and human rights |  |  |  |  |
| health literacy |  |  |  |  |
| social mobilization |  |  |  |  |

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| 1. **Format of Training**
 | **Health Committees\*** | **Health care providers** | **Health Managers**  | **Other (specify)** |
| How long does the training take (indicate number of hours or days or weeks)  | The training should take 5 days but the practise has been compressed to 3 days due to financial constraints | The training should take 5 days but the practise has been compressed to 3 days due to financial constraints | The training should take 5 days but the practise has been compressed to 3 days due to financial constraints |  |
| When did this training first start? (month or year) |  |  |  |  |
| Does the training include the following type of follow up:  |  |  |  |  |
| mentoring | NONE |  |  |  |
| refresher training | NONE |  |  |  |
| Other ongoing support (specify) | NONE |  |  |  |
| Please comment on the sustainability of training Would you describe the training as mainstreamed (i.e. integrated into the routine functioning of the health system) or is it project-based | It is, mainstreamed, as its mandatory that the members of the HFMCs are trained. However, in most instances the trainings are delayed as Government fails to factor this budget within the required time | It is, mainstreamed, as its mandatory that the members of the HFMCs are trained. However, in most instances the trainings are delayed as Government fails to factor this budget within the required time | It is, mainstreamed, as its mandatory that the members of the HFMCs are trained. However, in most instances the trainings are delayed as Government fails to factor this budget within the required time | It is, mainstreamed, as its mandatory that the members of the HFMCs are trained. However, in most instances the trainings are delayed as Government fails to factor this budget within the required time |
| 1. **Who are the Trainers?**
 |  |  |  |  |
| Who delivers the training;  | Ministry of health officials. Specifically the Health Administration Officer, Sub county Accountants and Sub County Procurement officer. |  |  |  |
| What requirements must the trainers have to give the training?  | Having worked in Ministry of health and with requisite financial background. and knowledge |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Approach**
 | **Health Committees\*** | **Health care providers** | **Health Managers**  | **Other (specify)** |
| Does the training involve peer training and support?  | NO |  |  |  |
| Does the training involve a *training-of-trainer* approach? | YES | YES | YES | YES |
| What teaching methods are used in the training? (tick as many as apply from the list below) |  |  |  |  |
| Seminars |  |  |  |  |
| Writing exercises |  |  |  |  |
| Participatory Reflection and Action PRA | NONE | NONE | NONE | NONE |
| use of theatre | NO | NO | NO | NO |
| How does the training draw on participants’ experience, if at all? | Participants give their daily experience as a way to educate each other |  |  |  |
| How does training deal with different languages of participants? | MOST TRAININGMAKES USE OF ENGLISH AND SWAHILI. WHERE PARTICIPANTS C;LEARLY DON’T UNDERSTAND THIS, THEN TRAINERS GO OUT OF THEIR WAY TO INCORPORATE THE LOCAL LANGUAGE | MOST TRAININGMAKES USE OF ENGLISH AND SWAHILI. WHERE PARTICIPANTS CLEARLY DON’T UNDERSTAND THIS, THEN TRAINERS GO OUT OF THEIR WAY TO INCORPORATE THE LOCAL LANGUAGE | MOST TRAININGMAKES USE OF ENGLISH AND SWAHILI. WHERE PARTICIPANTS CLEARLY DON’T UNDERSTAND THIS, THEN TRAINERS GO OUT OF THEIR WAY TO INCORPORATE THE LOCAL LANGUAGE | MOST TRAININGMAKE USE OF ENGLISH AND SWAHILI. WHERE PARTICIPANTS CLEARLY DON’T UNDERSTAND THIS, THEN TRAINERS GO OUT OF THEIR WAY TO INCORPORATE THE LOCAL LANGUAGE |
| 1. **Monitoring and Evaluation**
 |  |  |  |  |
| How is training documented? | End of training evaluation and reports shared with health officials to the highest levels. | End of training evaluation and reports shared with health officials to the highest levels. | End of training evaluation and reports shared with health officials to the highest levels. |  |
| To whom is the training reported?  |  |  |  |  |
| To funders | YES | YES | YES |  |
| to communities |  |  |  |  |
| Pto health departments | YES | YES | YES | YES |
| Other (please specify) |  |  |  |  |
| Are the training reports publicly accessible? (Yes/no) | NO | NO | NO | NO |
| If the training reports are publicly accessible, plesae give URL | NO | NO | NO | NO |
| Is the training evaluated? (yes/no) | YES | YES | YES | YES |
| What process is used to evaluate training? | EVALUATION FORMS | EVALUATION FORMS | EVALUATION FORMS |  |

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| 1. **Reflection**
 |
| * 1. What has worked well?
 |
| * 1. What has been an obstacle / not worked well?

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. |
| 1. How does the training fit into **broader policy context** in the country: (for example, into the Health System / Human Resource capacity building policy, into broader adult education policy in 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 |
| 1. Is a commitment to **training HCs reflected in policy**? If so, how?
2. 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.
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Lastly, if you have training materials that are NOT available on line AND you are willing to share these with others in the region through this project, please indicate how we could get copies of the material.

Thank you for completing this mapping tool!