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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.za by July 31st 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: ITAI RUSIKE | Your best contact phone number: +263772363991 |
| Position: EXECUTIVE DIRECTOR | Your best contact email: itai@cwgh.co.zw |
| Organisation: COMMUNITY WORKING GROUP ON HEALTH | Organisation URL if applicable: www.cwgh.co.zw |
| Country: ZIMBABWE | Province or District: Harare(if applicable) |

|  |  |  |  |
| --- | --- | --- | --- |
| 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\* | X | Government |  |
| Health care providers |  | Donor Funding | X |
| Managers in the health system |  | NGOs | X |
| 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 | Yes  |  |  |
| 3.2 If available online, please indicate URL | Yes (2011 version), <http://www.tarsc.org/publications/documents>/HCC%20manual%20FINALAugust%202011.pdf | yes |  |  |
| 3.3 Are there other materials? (yes/no) | Yes | yes |  |  |
| 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 | X | X |  |  |
| accountability | X | X |  |  |
| monitoring | X | X |  |  |
| problem solving | X | X |  |  |
| fundraising | X | X |  |  |
| intersectoral work | X | X |  |  |
| Home-based care |  | X |  |  |
| committee skills | X | X |  |  |
| social determinants of health | X | X |  |  |
| political economy of health |  | X |  |  |
| The health system in your country | X | X |  |  |
| planning cycles in the health service | X | X |  |  |
| Budget cycles in the health service | X | X |  |  |
| vulnerabilities | X | X |  |  |
| conflict management | x | X |  |  |
| health and human rights | x | X |  |  |
| health literacy | X | x |  |  |
| social mobilization | X | X |  |  |

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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) | 3 to 5 days | 3 to 5 days |  |  |
| When did this training first start? (month or year) | 2000 |  |  |  |
| Does the training include the following type of follow up:  |  |  |  |  |
| mentoring | Yes | Yes |  |  |
| refresher training | Yes | yes |  |  |
| Other ongoing support (specify) | Monitoring &Evaluation spot checks and Support visits.Exchange visits  | Support visits |  |  |
| 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 | Training is mainstreamed | Training is mainstreamed |  |  |
| 1. **Who are the Trainers?**
 |  |  |  |  |
| Who delivers the training;  | Program officersHealth managers | Program officersHealth managers |  |  |
| What requirements must the trainers have to give the training?  | Should have been trained in PRA methods.Should have strong knowledge of the health system in Zimbabwe | Should have been trained in PRA methods.Should have strong knowledge of the health system in Zimbabwe |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Approach**
 | **Health Committees\*** | **Health care providers** | **Health Managers**  | **Other (specify)** |
| Does the training involve peer training and support?  | yes | yes |  |  |
| Does the training involve a *training-of-trainer* approach? | yes | yes |  |  |
| What teaching methods are used in the training? (tick as many as apply from the list below) |  |  |  |  |
| Seminars | X | X |  |  |
| Writing exercises | X | X |  |  |
| Participatory Reflection and Action PRA | X | X |  |  |
| use of theatre | X | X |  |  |
| How does the training draw on participants’ experience, if at all? | The training draws on the experience of participants through the use of PRA methods which include social mapping, Margolis wheel and so forth | The training draws on the experience of participants through the use of PRA methods which include social mapping, Margolis wheel and so forth |  |  |
| How does training deal with different languages of participants? | Usually training is done while mixing languages so that participants understand i.e. it is not restricted to English but rather may use Shona or Ndebele depending on the language that participants are comfortable withUsually people with different languages are not mixed we use the local language of a certain area during the training e.g. the Northern region(Mashonaland) is done on its own and southern (Matabeleland) on its on  | Usually training is done while mixing languages so that participants understand i.e. it is not restricted to English but rather may use Shona or Ndebele depending on the language that participants are comfortable withUsually people with different languages are not mixed we use the local language of a certain area during the training e.g. the Northern region(Mashonaland) is done on its own and southern (Matabeleland) on its on  |  |  |
| 1. **Monitoring and Evaluation**
 |  |  |  |  |
| How is training documented? | Through the development of training reports | Through the development of training reports |  |  |
| To whom is the training reported?  |  |  |  |  |
| To funders | X | X |  |  |
| to communities | X | X |  |  |
| to health departments | X | X |  |  |
| Other (please specify) | Local Authorities  | Local Authorities  |  |  |
| Are the training reports publicly accessible? (Yes/no) | Yes, some of them | Yes, some of them |  |  |
| If the training reports are publicly accessible, please give URL | <http://www.tarsc.org/publications/documents>/HCC\_Training\_RepNov\_2011.pdf | <http://www.tarsc.org/publications/documents>/HCC\_Training\_RepNov\_2011.pdf |  |  |
| Is the training evaluated? (yes/no) | Yes | Yes |  |  |
| What process is used to evaluate training? | Evaluation done by participants after training and also Peer evaluation by trainers | Evaluation done by participants after training and also Peer evaluation by trainers |  |  |

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| 1. **Reflection**
 |
| * 1. What has worked well?

PRA methods have worked wonderfully in using the knowledge and experience that communities have in solving health issues. Trained HCCs have managed to implement key skills attained during training such as communication skills, health planning with the involvement of the community, increased utilization of services at the clinic, increased resource mobilisation skills with communities taking the lead in constructing waiting mothers’ homes, building alliances and networking with various service providers in pushing the health agenda forward |
| * 1. What has been an obstacle / not worked well?

Limited training time as funds usually do not allow for the requisite 5 days needed to realise the full training course. Failure to train the whole HCC but rather limited numbers members. High turnover of HCC members has seen newly trained members exiting and non-trained members joining. |
| 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?

The training clearly fits in to the national health strategy as it seeks to enhance community participation in health. Also it is in line with the Primary Health Care principle that forms the cornerstone of the health sector in Zimbabwe |
| 1. Is a commitment to **training HCCs reflected in policy**? If so, how?

Yes, there are policies that speak to the formation and training community participation mechanisms such as HCCs. For example, The Zimbabwe Agenda for Sustainable Socio-economic Transformation (ZIMASSET) clearly speaks about empowering Health centre committees as a strategy for enhancing social service delivery. |

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!