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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](mailto: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](mailto:leslie.london@uct.ac.za)by 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: VINCENT MUBANGIZI | Your best contact phone number: +256 772 499 925 |
| Position: LECTURER FAMILY MEDICINE | Your best contact email: vmubangizi@must.ac.ug |
| Organisation: MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY | Organisation URL if applicable: www.must.ac.ug |
| Country: UGANDA | Province or District: MBARARA DISTRICT  (if applicable) |

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| --- | --- | --- | --- |
| 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 |  |
| Managers in the health system |  | NGOs |  |
| Other (specify) |  | Other (specify) research collaboration | x |
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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.

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| 1. **Training Materials:** | **Health Committees\*** | **Health care providers** | **Health Managers** | **Other (specify)** |
| 3.1 Is there a training manual? (indicate yes or no) | YES | NO | NO |  |
| 3.2 If available online, please indicate URL | NO | NO | NO |  |
| 3.3 Are there other materials? (yes/no) | YES | NO | NO |  |
| 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) |  | NO TRAINING DONE | NO TRAINING DONE |  |
| health governance | YES |  |  |  |
| accountability | YES |  |  |  |
| monitoring | YES |  |  |  |
| problem solving | YES NOT SPECIFIC |  |  |  |
| fundraising | XYESBUT NOT DONE |  |  |  |
| intersectoral work | NO |  |  |  |
| Home-based care | NO |  |  |  |
| committee skills | YES IMPLIED IN RELATION MANAGEMNT |  |  |  |
| social determinants of health | NO |  |  |  |
| political economy of health | NO |  |  |  |
| The health system in your country | NO |  |  |  |
| planning cycles in the health service | YES |  |  |  |
| Budget cycles in the health service | YES |  |  |  |
| vulnerabilities | NO |  |  |  |
| conflict management | YES |  |  |  |
| health and human rights | NO |  |  |  |
| health literacy | NO |  |  |  |
| social mobilization | YES |  |  |  |

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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) | 6 hours |  |  |  |
| When did this training first start? (month or year) | October, 2013 |  |  |  |
| Does the training include the following type of follow up: |  |  |  |  |
| mentoring | YES. We kept in contact with chairpersons and secretaries of HC. |  |  |  |
| refresher training | YES |  |  |  |
| Other ongoing support (specify) |  |  |  |  |
| 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 | This was a project funded activity. It was hoped that it would be sustained by the local district administration since they were involved and results shared with them. |  |  |  |
| 1. **Who are the Trainers?** |  |  |  |  |
| Who delivers the training; | HURAPRIM project staff, who are health workers |  |  |  |
| What requirements must the trainers have to give the training? | Experienced, knowledge in adult learning methods, understanding ministry of health HC guidelines. |  |  |  |

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| 1. **Approach** | **Health Committees\*** | **Health care providers** | **Health Managers** | **Other (specify)** |
| Does the training involve peer training and support? | YES |  |  |  |
| Does the training involve a *training-of-trainer* approach? | NO |  |  |  |
| What teaching methods are used in the training? (tick as many as apply from the list below) |  |  |  |  |
| Seminars | YES |  |  |  |
| Writing exercises |  |  |  |  |
| Participatory Reflection and Action PRA | YES |  |  |  |
| use of theatre | YES (role plays) |  |  |  |
| How does the training draw on participants’ experience, if at all? | Baseline study was done first. Participants were encouraged to share their experience during the training. |  |  |  |
| How does training deal with different languages of participants? | The training was done in local language spoken and understand by all members of HUMC |  |  |  |
| 1. **Monitoring and Evaluation** |  |  |  |  |
| How is training documented? | We wrote reports . |  |  |  |
| To whom is the training reported? |  |  |  |  |
| To funders | YES |  |  |  |
| to communities | YES. We had meetings in the community and local churches whereby the findings were mentioned although not in details. |  |  |  |
| to health departments | YES |  |  |  |
| Other (please specify) | We shared our findings in a grand committee attended by various stakeholders in the area including members of the Uganda parliament from the district. |  |  |  |
| Are the training reports publicly accessible? (Yes/no) | NO |  |  |  |
| If the training reports are publicly accessible, plesae give URL |  |  |  |  |
| Is the training evaluated? (yes/no) | NO |  |  |  |
| What process is used to evaluate training? |  |  |  |  |

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| 1. **Reflection** |
| * 1. What has worked well? THE MEMBERS WERE EAGER TO LEARN AND BE EMPOWERED IN THEIR ROLES. WE WERE ABLE TO USE GUIDELINES SETTING UP HC TO TRAIN AND ORIENT MEMBERS ON THEIR ROLES AND EXPECTATIONS. |
| * 1. What has been an obstacle / not worked well? THE TRAINING WAS FOR A SHORT TIME. WE MANAGED TO GO TO EACH HEALTH COMMITTEE ONLY TWICE DUE TO LIMITED FUNDING FROM THE PROJECT. THE GUIDELINES USED DO NOT PUT EMPHASIS ON BUILDING MENBERS’ HEALTH LITERACY. |
| 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 FITS IN THE POLICY TO BUILD A HEALTH SYSTEM ATLEAST IN THEORY. |
| 1. Is a commitment to **training HCs reflected in policy**? If so, how? YES. THE MINISTRY HAS PRODUCED TRAINING GUIDELINES WHICH THOUGH ARE NOT EASILY ACCESSIBEL AND NOT WELL DISSEMINATED. THE GUIDELINES WILL TAKE ANY DAYS AND ARE EXPENSIVE TO IMPLEMENT. NO BUDGET LINE TO TRAIN HC. |

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. YES. I HAVE ATTACHED THE VARIOUS GUIDELINES ESTABLISHING HC.

Thank you for completing this mapping tool!