Capacity Building of Health Committees in the Region

A Regional Audit of training

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Objective: To map activities and approaches that provide capacity building for structuring community participation in different countries in the region

- Who is capacitated?
  - Health Committees? Facility managers? Providers Others?
- Who capacitates?
  - Trainers? Health Committees? What skills / qualifications do they need
- How?
  - Duration? Refreshers? Draws on participant experiences? Language issues?
- What knowledge?
  - Health governance, accountability, monitoring, problem solving, fund raising, intersectoral work, home-based care, committee skills, social determinants of health, political economy of health, the national health system, health service planning, health service budgeting, vulnerabilities in health, conflict management, health and human rights, health literacy, social mobilisation
- What approaches?
  - Peer training? Training trainers? Use of theatre? Participatory reflection methods?
- Funding and sustainability
- Evaluation of training?
  - To whom are reports made? Publicly available; How evaluated? By whom? When?
- Successes and Challenges

Mapping Tool: 13 responses from 7 countries

LEARNING NETWORK

Country	Responses from	
Ethiopia	Federal Ministry of Health	Mainstreamed in Ministry's programmes
Kenya	National Taxpayers Association	Programme driven funding linked to budgetary oversight ? Not mainstreamed
South Africa	People's Health Movement	Training specific to political economy of health and NHI; reactive; donor dependent; local to W Cape province
	Learning Network for Health and Human Rights	Two provinces only: W and E Cape; Donor funded, extensive reach but not mainstreamed; extensive materials developed and available
Tanzania	Singida Municipality	Linked to decentralisation policy but not systematic; did not get beyond orientation; no materials
Uganda	AGHA: Action Group for Health, Human Rights and HIV	Focus on training on budgeting for HUMCs; appears to be NGO funded
	HEPS Uganda	Focus on health and human rights, health literacy and social mobilisation; donor funded; no integration or sustainability
	Mbarara Univ. of Sci & Techn	Research funded; limited reach; little govt support

Mapping Tool

LEARNING NETWORK

Country	Responses from	
Zimbabwe	CORDAID	Donor funded; directed at both HCs and Providers; Materials developed; Donor dependence?
	Plan International	Donor funded; work in Manicaland; training directed at both HCs and Providers; Materials developed; participatory learning noted; lack of recognition by government – limited integration
	TARSC	Focus on HCs not providers or managers Works closely with CWGH who implement ongoing support, training and mentorship for HCs Complemented by training in health literacy
	CWGH	Focus on HCs; ongoing mentoring and refresher training; able to mainstream training; emphasis PRA methods; running since 2000
Zambia	Lusaka District Health Council	Both HCs and HCPs; ongoing mentoring and refresher training; integrated in health system; goverment supported

- When?
  - 5 started 2012+; 6 between 2007-2011; 1 started 2000
- Support and Sustainability: Of the 13 reports:
  - Most common source funding = donors (11/13)
  - 7 were solely reliant on donor funding
  - 4 received government funding
  - Only three were said to be really integrated / sustained
- Who is targeted:
  - All trained HC members
  - 8 trained providers
  - 5 trained managers
- Who does the training?
  - Mainly project staff (12/13)
  - Only one example entirely within Ministry
  - In 5 cases, ministry staff also trained (health managers 3/13)
- Requirements to do the training
  - Skills: Adult education; Participatory Action and Reflection
  - Knowledge: HC roles; Human rights; understanding of health system; health literacy; policies
  - Experience: Community work; work with HCs

What covered in HC training?

- Commonly covered (10 or more programmes reported):
  - Governance, accountability, monitoring, problem solving, the national health system, planning process in the health system, social mobilisation
- More than 7 but less than 10:
  - Committee skills, budgeting in the health system, social determinants, health and human rights, health literacy
- 7 or fewer:
  - Conflict management, fundraising, intersectoral work, home-based care, political economy of health, vulnerable groups
- Manuals and materials developed in most cases but only 3 provided materials on the web – need for clearing house

approaches and methods

- Almost all used peer training (11/13); refreshers (11/13) and peer learing (10/13);
  less commonly Train-the-Trainer (7/13)
- Mix of seminars (10/13), reflective exercises (9/13)
  less commonly writing exercises (6/13), theatre (4/13)
- Duration varied:
  1 day (3/13); 2-4 days (5/13); 5 days (4/13)
- Draw on participant experiences:
  - In plenary and group work
  - Basis of participatory action and reflection (social mapping, Margolis wheel, spider diagram, Spiral models, etc)
  - Baseline research
  - Theatre

Sustainability?

- "… We institutionalize the training through government support by encouraging government to budget for them or we hand over the HUMCS to another NGO intending to work with them to continue training them…"
- "… It is projected based training; …the institutionalization process is ongoing for creating ownership by the Government…"
- "… 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…" [training focus on budgeting]
- "… Not mainstreamed, usually conducted as project based, therefore not sustainable …"
- "… 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 …"
- "… Although initiated when Results Based Financing (RBF) started, RBF is now national policy and HCC training is part and parcel of the mechanism. Although financially not yet sustainable, the system is well in place…"
- "… The training is integrated into the routine functioning of the health system …"
- "… Not mainstreamed. Despite repeated efforts to engage government, no take up…"

Successes

- PRA methods
  - "… communities have been solving health issues using their knowledge and experience. The HCCs trained have managed to implement skills … such as communication skills, health planning with the involvement of the community, improved interaction between health workers and community, increased utilization of services at the health centre, increased resource mobilisation…"
- Where complemented by Health Literacy and Human Rights:
  - "HCCs are more effective in areas where communities have shared information on key health risks and violations of health rights, have developed actions to deal with these risks, and have an improved understanding of how their health systems function…"
- Sound feedback
- Monitoring
- Cascading of training – trained HC members train others
- Where fiscal decentralisation, HCs can have real decision-making

Challenges

- Inability to reach all HC members so incompletely trained committees
- Lack of budget to fully implement
- Lack of budget to do follow up
- Competing programmes with different approaches; or reducing training time
- High turnover of HC members; volunteers lose interest if no incentives
- Government failure to recognise HCs
- Dependence on donor funds:
  - “communities feel that donor supported activities are well funded hence there is no need to raise local funds…”
- Health literacy not included in mandate of HCs in policy
- Training ‘informal’ so not recognised
- Training not prioritised in government budgets or programmes
- Political appointments of HC members result in CoIs

Conclusion

- Different Models:
  - Government driven
  - Project driven – in parallel or sometime unconnected to government imperatives, even if consistent with policy
  - In-between models – Civil Society Driven but government buy-in.
- Things that work well **all have strong participation**
- Availability of materials needs to be improved
- ‘Novel’ methods (e.g. theatre, photovoice) insufficiently explored
- Context for training over-ridingly important
- Sustainable resourcing a key