**HCU 3 DAY VHT CATALYST TRAINING**

July 17, 2013

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| HCU VHT Catalyst Training Schedule - Day 1 | |
| **Time** | **Topic** |
| 8:30 – 9:30 | Introduction and Background of VHT Catalyst |
| 9:30 -10:00 | Qualities of a VHT Catalyst |
| 10:00 - 10:45 | Roles and Responsibilities of a VHT Catalyst |
| 10:45 – 11:15 | *Tea Break* |
| 11:15 – 12:00 | VHT Leadership: VHT Coordinator vs. VHT Catalyst |
| 12:00 – 1:00 | Team Building: Conflict Resolution – “I” messages |
| 1:00 – 2:00 | *Lunch* |
| 2:00 – 3:30 | Principles/Practices of Community Mobilization |
| 3:30 – 4:00 | Additional Knowledge, Skills and Competencies |
| 4:00 – 4:30 | *Evaluation* |

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| HCU VHT Catalyst Training Schedule - Day 2 | |
| **Time** | **Topic** |
| 8:30 – 9:00 | *Feedback and Recap* |
| 9:00 – 10:30 | Healthy Homes Competition |
| 10:30 – 11:00 | *Break Tea* |
| 11:00 – 11:30 | Healthy Homes Competition |
| 11:30 – 1:00 | Healthy Homes Competition Practice Home Visits |
| 1:00 – 2:00 | *Lunch* |
| 2:00 – 2:30 | Healthy Homes Competition Debrief |
| 2:30 – 3:30 | Supporting IGAs |
| 3:30 – 4:30 | VHT Program Sustainability |
| 4:30 – 5:00 | *Evaluation* |

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| --- | --- |
| HCU VHT Catalyst Training Schedule - Day 3 | |
| **Time** | **Topic** |
| 8:30 – 9:00 | *Feedback and Evaluation* |
| 9:00 – 10:30 | Community Emergency Transport Plan |
| 10:30 – 11:00 | *Break Tea* |
| 11:00 – 12:00 | Community Emergency Transport Plan |
| 12:00 – 12:45 | Work Planning and Time Management |
| 12:45 – 1:00 | *Evaluation* |
| 1:00 – 2:00 | *Lunch* |
| 2:00 – 3:00 | *Administration and Departure* |

## Introduction and Background of VHT Catalyst

*Objectives:*

Improve sustainability and self-reliance of the VHT program in the district

Identify roles and responsibilities of the Catalyst

Provide additional skills and knowledge in leadership for VHT Catalysts

Support planning and implementation of VHT activities

*Expected outputs:*

Capacity to promote and implement IGAs in the communities

Develop clear work plans

Capacity and skills for conflict resolution

Distinguish roles between VHT Coordinator and VHT Catalyst

Understanding the VHT Structure

*Knowledge and skills:*

Conflict resolution

Work planning and time management

Community mobilization

Facilitation skills

Mentorship skills

**Session: Introduction and Background of VHT Catalyst**

*Duration: 1 Hour*

Registration

Introductions

Expectations

Leadership

Objectives and expected outputs of the training

Check understanding

Summary

## Qualities of a VHT Catalyst

Qualities of a good VHT Catalyst:

A VHT Catalyst should be:

Open to genuine learning

Willing to volunteer more time compared to other VHTs

A good communicator and group facilitator

Creative, innovative and ready to take up a challenge

Well organized

**Session: Qualities of a VHT Catalyst**

***Duration****: 30 minutes:*

**Starter question**: Ask in the large group, who is a VHT Catalyst?

**Activity 1**:

Ask in the large group, what are the qualities of a good VHT Catalyst?

**Activity 2:**

Review key messages

**Key Messages:**

VHT Catalysts are

* Open to genuine learning
* Willing to volunteer more time compared to other VHTs
* Creative and innovative

**Check understanding**

**Summary**

## Roles and Responsibilities of VHT Catalyst

The VHT Catalyst, one per Parish, is to facilitate, encourage and support VHTs in community based initiatives and support the VHT Coordinator in her/his responsibilities

Specific roles and responsibilities of a VHT Catalyst include:

* Helping the VHTs to come up with community innovations, e.g. maintenance of community roads, community transport plans
* Take the leadership role to organize community activities such as model VHT, Village model home etc., mobilize community support for these competitions
* Helping VHTs to come up with viable IGAs and help their groups to come up with ways of sustaining projects
* Work with other VHTs to mobilize support for special children within their communities
* Work with other VHTs and the Coordinator to organize and conduct refresher trainings on topics of interest, liaise with the HC for support.
* Work with the Coordinator to help villages with VHT drop-outs, select replacements and help to orient them.
* Work with the Coordinator to solicit for support and recognition of VHT programme by Politicians and others
* Work with the VHT coordinator to resolve any conflict in the group

**Session: Roles and Responsibilities of VHT Catalyst**

***Duration****:45 Minutes*

Activity 1:

In a large group, facilitate brainstorming on the roles and responsibilities of the VHT Catalyst. The facilitator adds comments to the discussion. The facilitator will also take notes from the brainstorming on manila posters and keep the posters for the upcoming session on VHT Leadership: VHT Coordinators vs. VHT Catalysts.

**Activity 2**:

Then placethe participants into small groups and have them put what was discussed during brainstorming into songs, riddles, poems, etc.

Then in the large group, the small groups take turns presenting.

**Activity 3**:

Review Key messages.

**Key Messages:**

VHT Catalysts

* Conduct refreshers
* Help VHTs come up with viable IGAs
* Facilitate Healthy Home Competition

**Check understanding**

**Summary**

## VHT Leadership: VHT Coordinator vs. VHT Catalyst

*The role of VHT Coordinator:*

The Parish VHT coordinator (PVHT Coordinator), one per Parish, shall provide the overall leadership of VHTs at community level. The PVHT coordinator shall support and strengthen a functional VHT structure at community and parish level.

Specific roles and responsibilities of a PVHT coordinator:

* Support the VHTs to establish and operationalize a parish VHT committee (?- new concept- a committee)
* Ensure that VHT monthly and quarterly meeting take place and chair meetings
* Collect and submit VHT reports to the area trainer
* Communicate to VHTs on community activities and lead coordination of VHT activities in the parish
* Establish links with the parish government leadership; work with the already existing structures such as LC1 and LC2 to have a representation by VHTs on relevant community committees.
* Act as a linkage between VHTs and health centers and provide orientation of health workers on VHT program in the event that a VHT trainer is replaced
* Ensure that the VHTs develop annual work plan, implement and help the team to make a simple evaluation of what has been done and what has not been done, as well as guide on the way forward.
* Organize social events (e.g. sporting events) through which health messages can be disseminated massively.
* Mobilize VHTs to participate in Special days (e.g. Women’s Day, AIDS Day, African Child Day)

*The VHT Catalyst:*

*Selection of a VHT Catalyst:*

* Sensitize and orient all VHTS, trainers and coordinators on the roles and qualities of the VHT Catalyst during the initial VHT training.
* The VHT Catalyst should be selected at a 2nd Quarterly Meeting (6th months after initial training) when the VHT Trainer and Coordinator are already active but not at the same time to avoid conflicts during the selection exercise. The VHTs will decide on their selection process, which works best for them.
* Each parish shall have only one VHT Catalyst.

*Replacing a VHT Catalyst:*

The VHT Catalyst shall be replaced when she/he:

* Volunteered to handover
* Is not active and has not provided any genuine reason
* Due to age or illness
* When he/she is no longer a resident in the parish, either has got a job outside the parish or otherwise

*Re-selection process:*

A VHT initiates a discussion at a quarterly meeting, and the VHTs decide on the way forward (the process of selection). The VHT supervisor from the reporting health center will provide orientation

**Session: VHT Coordinators vs. VHT Catalysts**

***Duration****: 45 minutes*

**Activity** 1:

In the large group, have the participants brainstorm about the role and responsibilities of the VHT Coordinator. Bring out the VHT Catalyst role and responsibilities manila poster and the facilitator leads the discussion on comparing the two roles.

**Activity** 2:

Review key messages.

**Key messages**:

* VHT Coordinators and VHT Catalysts should work as a team;
* the sustainability of the group depends on both

**Check understanding**

**Summary**

## Team Building: Conflict Resolution

**Session:** Conflict Resolution

***Duration****: 1 hour*

***Objective****: To discuss approaches and assumptions about conflict and develop “I” messages.*

**Starter:**

* What is conflict?

**Activity 1:** Review key messages

Key messages

* Conflict is a normal part of life
* Conflict is healthy, as it represents a willingness to look at new ideas and new approaches

**Activity 2**

Put up the poster of the four assumptions and explain each one in turn.

Put up the poster showing the parts of the “I” message. Explain the three parts of an “I” message and give two examples.

1. When – then describe the specific behaviour.
2. I feel – then describe your feeling in words without laying blame.
3. Because – then describe the results of the behaviour. Try to clarify exactly why this specific behaviour disturbs you. Men and often women have difficulty identifying words for the feeling, so here are some examples of possible feelings.

Explain that “I” messages are assertive, lower the tension, and can stop the conflict from increasing to violence. They help to separate the person from the problem. “You” messages raise pressure and tension, blame, threaten, order, put down and/or make other person

For example: Rather than say, *“You are so irresponsible”* or “*You make me mad.”* say,

*“When you arrive late, I feel frustrated because I find it difficult to make last minute*

*plans for the meeting.”* In effect you are taking responsibility for your own feeling. “I“

messages disarm others and sink in. Often after a half hour of argument, the other

person will say, “Did you really feel that way?”

Ask trainees to pair up and practice the I message, let each one have a chance to create their own I messages, and then in plenary, ask volunteers to share with the group.

*The role of the VHT Catalyst*

Help team members to resolve conflicts that develop among group members

The VHT Catalyst to be role models in conflict management and resolution

***Check understanding***

***Summary***

***Use the key assumptions for summary***

***Assumptions***

1 Conflict is OK

2 People can solve their own problems

3 Reconciliation is possible in a variety of situations

4 There can be WIN / WIN situations

## Principles/Practices of Community Mobilization

**Session:** Principles/practices of community mobilization

***Duration:*** *1 hour 30 minutes*

Refer to VHT manual p.92-95

In large group, brainstorm different ways of community mobilization.

Activity 1:

In small groups, prepare presentations on different ways of mobilization and then present in the large group.

Role-play planning for and conducting a community meeting. – Refer to VHT manual p. 96-97

**Check understanding**

**Summary**

## Additional Knowledge, Skills and Competencies

**Session: Additional knowledge, skills and competencies**

***Duration:*** *30 minutes*

**Activity**:

Give each participant a piece of paper. On the piece of paper, have them write their name, their parish, and a knowledge gap/skill that is needed on it.

Facilitator then reads out the pieces of paper in front of the large group and talk about the ones that are cross-cutting if time allows. Then the remaining gaps are referred to the area trainers.

## Healthy Homes Competition

VHT Catalysts will have an important role in the Healthy Homes Competition. This will involve introducing the competition and its guidelines to VHTs in order to mobilize and sensitize communities to participate. VHT Catalysts therefore need to be knowledgeable about the objective, components, timeline, and phases of the competition.

### Objective

The HCU Healthy Homes Competition aims to promote hygiene and sanitation, the improvement of living conditions at the household level, and raise awareness about measures that can save the lives of children under the age of five.

### Components

The HCU Healthy Homes Competition will be comprised of 3 components of evaluation.

1. Model Homes
2. Model Village
3. Model VHT

### Model Homes Participants Qualification Criteria

* Is willing to participate
* Should be a moderate home that is composed of local materials if possible
* Must have at least one child under five years of age
* Must not be a VHT’s home
* Should be willing to work on recommended improvements

### Model VHT Participants Qualification Criteria

* Is willing to participate
* Attended all of the last 6 monthly meetings
* Has contributed to the last 6 reports from the village
* Has supported IGAs in the community

### Competition Timeline

|  |  |  |
| --- | --- | --- |
| **HCU Healthy Homes Competition Timeline** | | |
| End of July | Phase 1 | Sensitization of VHT Catalysts and VHTs |
| Mid August | Phase 1 | Sensitization of communities |
| Mid September | Phase 2 | Selection of judges |
| Mid September | Phase 2 | Selection of households |
| Mid October | Phase 3 | Assessment of model homes (village level) |
| End of October | Phase 4 | Assessment of model village |
| Beginning of November | Phase 5 | Assessment of model homes (parish level) |
| Mid November | Phase 6 | Assessment of model VHTs |
| End of November | Phase 7 | Coordinating ceremonies |
| Mid December | Phase 7 | Recognition and awards ceremonies |

|  |  |
| --- | --- |
| Roles and Responsibilities for Healthy Homes Competition | |
| *Role* | *Responsibilities* |
| VHT | * Create sensitization action plan with VHT Catalysts * Conduct community sensitization campaign * Selection of judges with VHT Coordinators * Selection and registration of Model Home participants * Inform participants of Healthy Homes Indicators * Submit completed forms to VHT Catalysts * Provide feedback to participants * Invite guests to recognition and awards ceremonies * Conduct further health education at recognition and awards ceremonies |
| **VHT Catalyst** | * **Introduce competition to VHTs** * **Create sensitization action plan with VHTs** * **Keep all forms** * **Selection of Model Village with VHT Coordinators** * **Selection of Model VHT participants with VHT Coordinators** * **Inform participants of Competition results** |
| VHT Coordinator | * Attend VHT Catalyst Orientation Day * Observation and documentation of Competition * Support VHTs in selection of judges * Support VHT Catalyst with Selection of Model Village * Selection of Model VHT participants with VHT Catalysts * Coordinate and schedule recognition and awards ceremonies |
| Area Trainer | * Give out prizes and thanks at recognition and awards ceremonies |

### Conducting the Competition

**Phase 1: Sensitization Campaign**

1. The VHT Coordinators will be responsible for observing and documenting the competition in its entirety. At this point, a Healthy Homes Competition Documentation form is to be distributed to the VHT Coordinators who will use the form throughout to record their observations.
2. Introduce the Healthy Home Competition and its guidelines during the VHT Catalysts training in mid July. The VHT Coordinators should also be in attendance for any training on the Competition.
3. **VHT Catalysts in turn introduce the competition and guidelines to the VHTs. Together, the VHT Catalysts and VHTs create an action plan on how to proceed and sensitize the communities, such as promotion of the competition during home visits.**
4. VHTs will sensitize their communities about the Healthy Home Competition and its guidelines and encourage community members to participate. At this time, all households will be encouraged to improve their homes in order to try and be selected as a participant.

**Phase 2: Selection of Judges**

1. The VHTs, guided by their VHT Coordinators, decide who will proceed to make the assessments during the competition as judges. It may be beneficial for all the VHTs to decide to participate in the judging and move together as a team but this is just an option. Another option may to select a few VHTs from each parish to be judges. It is up to the VHTs and VHT Coordinators to make their decisions based on what they feel would be most appropriate. (VHT Judges will not be able to compete as Model VHT participants).

**Phase 2: Selection of Households**

1. Qualified households (see Model Homes Participants Qualification Criteria) that are interested in participating in the competition can all be considered but only 5 households from each village will be selected to participate. If it occurs that a village has more than 5 qualified households, VHTs will randomly select 5 homes to participate in the competition. The names of the viable households can be written down on small pieces of paper, which will then be placed into a bag. At random, 5 pieces of paper can be selected and the names selected will be the participants for that village.
2. After the 5 households from each village have been selected, the VHTs will register these households in the competition by writing down the names of the households on a Model Homes Participants form. One form will be provided for each village.
3. The selected homes will be notified of their selection to participate in the competition. The VHTs should also inform the participants about what the Healthy Home indicators are so that they can improve their homes.
4. The VHTs will submit the completed form with the names of the 5 households to the VHT Catalysts. **The VHT Catalysts will be responsible for keeping the all forms for the duration of the competition.**

**Phase 3: Assessment of the Homes (Village Level)**

1. VHT Judges make appointments to visit each selected households in order to assess the home. These visits will also be opportunities to promote further health education. The VHT judges will use the Healthy Homes Indicators checklist in order to assign points to each household they assess.
2. The VHT Judges compile the results and then for each village, select the household with the highest total points to be the winner of that village.
3. The VHT Judges submit their results to the VHT Catalysts.

**Phase 4: Model Village**

1. **The VHT Catalysts and the VHT Coordinators will select the Model Village together. The selection will be based on evaluation of the 5 households for each village that were selected in Phase 2. Totaling the scores for the 5 households of each village using the results from Phase 3, a score for each village will be determined.**
2. The village with the best total score will be selected as the winner for each parish.

**Phase 5: Assessment of the Homes (Parish Level)**

1. The winning home of each village from Phase 3 will then be in competition with the other winning homes from other villages at the parish level. The winning households will be given feedback by the VHTs on how well they were scored at the village level and how they can now improve. They will be encouraged to further improve their homes for this next level of competition.
2. The VHT judges will use the Healthy Homes Indicators checklist in order to assign points to each household they assess.
3. At the end of the exercise, the VHT Judges compile the results and then for each parish, the 6 homes with the highest total points will be selected as winners. The winners for each parish will be ranked from 1st to 6th place. The results will be submitted to the VHT Catalysts.

**Phase 6: Assessment of VHTs**

1. **The Model VHT participants will be judged on one aspect their positive impact on their community – their influence on surrounding homes. A maximum of 10 Model VHT participants are allowed per parish. If there are more than 10 qualified candidates (see Model VHT Participants Qualification Criteria), then the VHT Catalysts and VHT Coordinators will randomly select 10 to participate in the competition. The names of the viable candidates can be written down on small pieces of paper, which will then be placed into a bag. At random, 10 pieces of paper can be selected and the names selected will be the participants for that village**
2. If one of the Model VHT participants is also a judge, they will not be able to act as a judge for this phase of the competition. Another VHT should be selected to take place of each judge that is exempt from this phase.
3. **The VHT Catalysts will inform the qualified VHT participants that their own homes plus 2 out of 5 of their neighboring homes will be assessed. As such, the VHT participants should conduct some further education on home hygiene and encourage all 5 neighboring households to improve their homes.**
4. The judges will register the Model VHT Participants by writing down their names on a Model VHT Participants form. One form will be provided to each parish and completed forms will be submitted to the VHT Catalysts.
5. On the days of judging, the judges will assess the homes of the VHT participants and, choosing randomly, 2 out of the participants’ 5 neighbouring homes. The judges will use the Healthy Homes Indicators checklist in order to assign points to each home they assess.
6. The judges will compile the results and the VHT with the highest overall score, which includes the points won for their own home and their 2 neighbouring homes, will be selected as the winner. There will be one Model VHT winner per parish and the results will be submitted to the VHT Catalysts.

**Phase 7: Recognition and Awards Ceremonies**

1. **The VHT Catalysts will inform fellow VHTs on the results of all 3 components of the competition.**
2. Each parish will decide upon their choice of dates during the end of October to the beginning of November on which they want to conduct their recognition and awards ceremony. Each parish should select at least 3 dates so that every parish’s preferences can be accommodated for.
3. The VHT Coordinators will coordinate a schedule, which will accommodate the selected dates for the various ceremonies. The finalized schedule will be distributed to the VHTs.
4. The VHTs will inform their community members, local council leaders, opinion leaders, religious leaders, Area Trainers, and any guests of honor of the date for their parish’s ceremony and invite them to attend.
5. At the ceremonies, VHTs will be encouraged to conduct some further health education on home hygiene at the ceremonies.
6. Area Trainers will give out the prizes, thank everyone for participating and encourage everyone to try and participate next year.

### Model Home Participants Form

|  |  |
| --- | --- |
| **Model Home Participants** | |
| Village Name: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

### Model VHT Participants Form

|  |  |
| --- | --- |
| **Model VHT Participants** | |
| Parish Name: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

### Healthy Homes Indicators Checklist

Each indicator is to be assigned points from 0 to 5:

5 = Exemplary

4 = Very Good

3 = Good

2 = Fair

1 = Poor

0 = Not existing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Village:** | | | | |
| **Indicator** | **Home 1** | **Home 2** | **Home 3** | **Home 4** | **Home 5** |
| Well-ventilated kitchen |  |  |  |  |  |
| Energy saving stove |  |  |  |  |  |
| Kitchen rack |  |  |  |  |  |
| Firewood place |  |  |  |  |  |
| No accumulated ash at firewood place |  |  |  |  |  |
| Drying rack with proper drainage |  |  |  |  |  |
| Compost pit |  |  |  |  |  |
| Urinal place with proper drainage |  |  |  |  |  |
| Drying lines |  |  |  |  |  |
| Latrine has a cover and a door/something similar |  |  |  |  |  |
| Latrine is clean with a finished floor |  |  |  |  |  |
| Latrine is not leaking and no bushes around |  |  |  |  |  |
| Latrine is at least 30 meters away from living house, kitchen |  |  |  |  |  |
| Hand-washing facility/tippy tap |  |  |  |  |  |
| Finished living house that is smoothened and well-ventilated |  |  |  |  |  |
| Mosquito nets |  |  |  |  |  |
| Bath shelter with stepping stones and proper drainage |  |  |  |  |  |
| Cleared foot path |  |  |  |  |  |
| Kitchen vegetable garden |  |  |  |  |  |
| Fruits |  |  |  |  |  |
| Boiled and safely stored drinking water |  |  |  |  |  |
| Children are immunized or undergoing immunization (check immunization card) |  |  |  |  |  |
| **Total Points:** |  |  |  |  |  |

### Healthy Homes Competition Documentation Form

|  |  |  |  |
| --- | --- | --- | --- |
| Parish Name: | | | |
| **Phase** | **How well were guidelines followed** | **Issues that occurred/**  **What could be improved** | **What went well/**  **Lessons Learned** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| Parish Name: | | | |
| **Phase** | **How well were guidelines followed** | **Issues that occurred/**  **What could be improved** | **What went well/**  **Lessons Learned** |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

### Session: Healthy Homes Competition

***Duration****: 2 hours*

**Activity:** Go through the guidelines for the competition.

Every 30 minutes, have a short energizer on team-building e.g., circle of trust, light the fire, who is the leader, disruptive character.

**Check understanding**

**Summary**

### Session: Healthy Homes Competition Practice Home Visit

***Duration:*** *1 hour 30 minutes*

***Materials****: Copies of the Healthy Homes Indicators Checklist*

Divide the participants into small groups and provide each group with a copy of the Healthy Homes Indicators Checklist for a practice home visit.

### Session: Healthy Homes Debrief

***Duration****: 30 minutes*

Activity: Each small group has a representative to share their experiences from the field with the larger group.

**Check understanding**

**Summary**

## Supporting other VHT and Community Driven Initiatives e.g. IGAs and others

***Duration:*** *1 hour*

***Main objective****: To spearhead VHT Catalysts to introduce different IGAs in their communities.*

**Activity 1**:

Group sharing: Have each participant share what IGAs exist in her/his group.

**Inventory of the different IGA groups in the old HCU area**

* Cash rounds (Kibale)
* Basket weaving (Mabira, Rugazi, Beijenge)
* Tie and dye (Kibale, Ryamiyonga, Kongoro)
* Flower making (Katyazo, Rugazi)
* Goat rearing (Katyazo)
* Mat weaving (Kyabugimbi, Kyeigomba)
* Mama kits (Ryamiyonga)
* Motors (Ruhumuro)
* Beads (Rugazi)

**Activity 2:**

Bring in a guest speaker to share her experience with IGAs. (Joy for the maize husk flowers)

**Activity 3: Review key messages**

**Key Messages:**

* IGAs are key to the sustainability of the group
* IGAs are a good source of income for the group

**Check understanding**

**Summary**

## VHT Sustainability, Mentorship, Peer Support, Process for Assessment of ‘Active’ VHTs, replacement process

|  |  |
| --- | --- |
| Active VHTs | |
| *Criteria* | *Indicators* |
| * Attends and actively participates in VHT training courses | * Attends VHT courses and trainings, such as MNCH, Community Development, and Refresher courses * Communicates the motivation to attend VHT trainings because she/he want to add to their understanding and skills * During VHT trainings, asks and answers questions, volunteers for role plays |
| * Conducts home visits in the community | * Conducts home visits/check-ins with all designated HHs at least once a month * Conducts home visits/check ins at least 2 times with pregnant women and 4 times between the date of birth and 6 months * Regularly conducts follow-up visits associated with danger signs and referrals * Participates in at least 1 out of every 2 VHT group home visits |
| * Conveys health information and knowledge from courses to communities | * Provides health information talks to communities at least once per month * Teaches community members about various health issues, such as nutrition, hygiene, pregnancy, pregnancy danger signs, how to avoid malaria |
| * Mobilizes community members to attend/participate in community events | * His/her designated household members regularly attend Child Health days and/or other community events * HH visits include reminders of upcoming Child Health Days * People in the communities regularly attend health information talks, e.g., at least once a month |
| * Actively participates in Child Health Days (CHDs) | * Attends 2 CHDs per year * Assists Health Workers with tasks during CHDs |
| * Promotes Income Generating Activities (IGAs) | * Presents the principles and benefits of IGAs at community meetings * Is involved with a group/village IGA, such as raising poultry and pigs or weaving baskets * Advises community members about IGAs as a way of promoting self-reliance |
| * Contributes to VHT reports | * Provides expected data to the VHT Village monthly report * VHT registrar is filled out correctly and updated regularly * Contributes to quarterly VHT group reports |
| * Regularly attends VHT quarterly meetings | * Attends at least 2 out of 4 quarterly VHT meetings * Actively participates during meetings, such as by sharing challenges that have occurred in their areas and contributing problem-solving ideas * Is punctual for meetings * If fails to attend a meeting, communicates to the other VHTs why he/she could not attend and takes responsibility |
| * Observable positive health development outcomes in communities | * Identifiable changes in homes that the VHT is responsible for, such vented/covered latrines, kitchen gardens   Increased percentage of women delivering their babies at health centers over time from the VHT’s area   * The homes in the VHTs area have high standards of hygiene, and identified as good examples for the rest of the community |
| * Displays model/‘exemplary’ behaviour | * VHT has a well-kept compound and home and demonstrates good health and hygiene practices * Encourages other VHTs to adhere to their responsibilities (e.g., If another VHT misses a monthly meeting, pursue why; counsel and encourage ‘non-active’ VHTs to keep working) * Considered approachable and cooperative by other VHTs and community members * Brings new ideas to the VHT team, such as cleaning their local health centre |

**Session: VHT Sustainability, Mentorship, Peer Support, Process for Assessment of ‘Active’ VHTs, replacement process**

***Duration****: 1 hour*

**Starter question**: Who is an active VHT?

**Activity** 1:

Facilitate brainstorming and also comment using VHT criteria and indicators.

**Question**: When should a VHT be replaced? (Refer to the VHT Operations Guideline)

**Check understanding**

**Summary**

## Community Emergency Transport Plan

### Objective

A Community Emergency Transport Plan (CETP) is a community developed plan for transport during emergencies. Supporting community-based development of CETPs is an approach to help reduce all avoidable deaths, including maternal and child deaths, while also overall benefitting communities. The main objectives of a CEPT would be to promote the understanding that communities can intervene to prevent avoidable deaths, foster timely and reliable transport at times of emergency, and to encourage an enabling environment in the community.

Each community that is ready to address the issue of emergency transport will be encouraged to develop their own CETP that is appropriate to the needs and context of that specific community.

### Key Messages

* A CETP can help reduce avoidable deaths in communities
* A CETP can reduce delays in reaching health care
* A CETP can help a community address transportation difficulties
* A CETP can be a sustainable project that increases communities’ self-reliance

### Why Is Having a CETP Important?

High numbers of maternal deaths in Uganda are caused by:

* Delays in reaching health care
* Problems with transportation
* Challenging road conditions

A CETP can help with these issues.

Also, a high percentage of maternal emergencies occur in the home, rather than at a health facility. It is then necessary to have a plan that transports patients from the home to the nearest health facility.

It is important for communities to develop their own CETPs rather than depending on outside help for emergencies. Outside help usually only lasts for a short time period and so the benefits of such help also only last for a short time. Therefore, a community must think about how they can help themselves for a long time period. By having their own CETP, a community can be self-reliant and the transport plan will also be more sustainable.

### Benefits of a CETP

Having a CETP can have many benefits. For example:

* Individual households have the support of other community members during emergencies
* Delays in transport times from a home to a health facility is reduced
* Community members have set procedures to follow when an emergency occurs
* Emergency transport is made more affordable for community members
* Agreement on most suitable modes of transport to use during emergencies
* Reduce the number of deaths, including maternal deaths
* Increased self-reliance within a community
* Community ownership of a sustainable project
* Ensure that help is available in times of emergencies

### Components of a CETP

* Planning for emergency funds
* Planning for emergency transportation
* Promotion of involvement of both women and men

### Modalities and Support for CETP

* Use of non-motorized modes of transport: Tricycles, stretchers (ngozis), bicycles, bicycle ambulances
* Use of motorized modes of transport: Motorized tricycle rickshaws, 4-wheel drive vehicles, ambulances, motorcycles (boda bodas), boda boda ambulances
* Transport vouchers
* Pre-negotiated arrangements with transport providers
* Community managed emergency funds, emergency loans, and savings groups

### Case Examples

In Uganda as well as other parts of the world, many communities have used CETPs in order to reduce deaths. For example, there are examples of CETPs in Tanzania, Nigeria, Malawi, and outside of Africa such as in Nepal. A CETP in one community may be very different from a CETP in another community. There is no right or wrong plan. Each community knows what would work best for them. Through brainstorming, a community can develop a CETP that is most suitable for them.

### Considerations

Factors to consider in developing a CETP:

* Distance to the health facility
* Time to reach the health facility
* Mode of transport
* Cost of reaching the health facility
* Cost of accessing emergency obstetric care

Some principles to keep in mind when developing a CETP:

* The CETP must be initiated by the community
* The community must agree on how to establish and implement the CETP
* The community must implement and monitor the CETP
* The community must make the decisions about the CETP

Also, different CETPs may include very different elements and it is up to the community to decide what they want to include in their CETP.

Some elements to consider may include:

* A management committee/board (including procedures for electing committee members)
* Roles and responsibilities of members
* Record keeping
* Rules on membership
* Set of guidelines
* Criteria for members
* Premiums/payments (amount and frequency of deposited money or other resources)
* Procedures for community use of the CETP
* Partnerships
* Monthly meetings
* Available resources
* Ways to resolve conflict as it arises within the committee or the community
* How will it be decided, and by who, if something is an emergency or not

### Potential Challenges

A community should also consider some of the challenges that they might encounter when developing and implementing a CETP. Challenges are to be expected when trying to develop a successful CETP and a community should be prepared to work hard to overcome them.

Such challenges may include:

* Certain modes of transport, such as bicycles, may be uncomfortable for pregnant women
* Certain modes of transport may not be appropriate for difficult road conditions
* The local environment and weather
* High fees for hiring transport
* Price of fuel
* Difficulty in developing beneficial partnerships, such as with transport providers
* Finding responsible people for management roles
* Low amounts of resources in a community
* Community members reluctant to contribute higher amounts of money
* Community members not wanting to share responsibility for emergency transport of others
* Not all community members will want to participate
* Concerns about privacy and accommodating family members

### Recommendations

While there are many different ways to develop and support a CETP and CETPs can all be very different from one another, there are two general recommendations to think about.

There is a need to empower communities to take their own initiative in developing and implementing a CETP:

* Need to focus on empowering community members and all interested members
* Need to ensure that a community is both ready and motivated to take initiative in developing and implementing a transport plan
* If an appropriate transport plan is not ready when a community feels that it is ready to take action, the community may lose both its commitment to act and its enthusiasm

The chosen mode of transport must be appropriate to the context and needs of the communities:

* The mode of transport needs to significantly reduce delays in reaching health care
* Should try to take into consideration concerns about privacy and the possibility of accommodating family members
* Need to consider cost as transport that is of minimal cost is more likely to be used
* The transport plan needs to be suited for the local environment (hills, distance from homes to main road, accessibility, road conditions during wet season)
* The transport plan needs to be suited to the amount of resources a community has access to (money, accessibility to health facilities, time, number of community members)

Overall, a Community Emergency Transport Plan that is both effective and sustainable depends on:

* The interest, initiative and commitment of community members
* How well the plan takes into consideration the context in which it is to be implemented in
* Community management of funds, processes and records
* The leadership of the group and the governance that is provided

If the CETP meets the needs of those in the community, it will be sustained.

### CETP Facilitation Guidelines for VHT Catalysts

1. Villages that may be viable candidates for developing and implementing a Community Emergency Transport Plan (CETP) are to be identified by the Community Health Officers (CHOs). 2 or 3 villages at most are to be identified for each parish and in some parishes; it may be found that there are none.

Indicators of viable candidates include, but are not limited to:

* Have had one or more deaths due to lack of ready transport in the past year
* The LC1 has demonstrated particular interest in health issues
* Community funds have been used for social issues in the past year
* Community members have expressed concerns over lack of ready transport in the past year

1. The VHT Catalyst will arrange to meet with the VHTs in the villages that were identified as possible candidates for a CETP. At the meeting, the VHT Catalyst will sensitize the VHTs on CETPs with the option of using a copy of the CETP Reference Guide (see p.9). Following, the VHT Catalyst assesses alongside the VHTs whether or not the particular community may be both interested in pursuing a CETP, as well as ready to be involved in such a project.
2. If the VHT Catalyst and the VHTs feel that the community might be a good candidate for a CETP, the VHT Catalyst is to arrange an initial meeting with the LC1 with the village VHTs. At this initial meeting, the VHT Catalyst is to sensitize the LC1 about the CETP concept and what it would entail. Again, the CETP Reference Guide can be utilized at this point.
3. If the LC1 is on board with the concept of a CETP for their community, they can arrange for the first community meeting on CETP. All interested community members and important stakeholders will be encouraged to attend and participate. The local VHTs, with the support of the VHT Catalyst should play a role in motivating community members and other stakeholders to participate. Key people to mobilize may include the Chairman LC1, religious leaders, respected elderly community members, pregnant mothers, heads of local self-help projects such as burial committees, school teachers, and local political leaders.
4. At this initial community meeting, the VHT Catalyst and VHTs will facilitate a discussion on the community’s experiences with emergencies to date and review any particular case(s) in the past 2 years. This will also be the first opportunity to ascertain whether community members are interested in pursuing a CETP. On average, it takes 2 to 3 meetings to develop a consensus among the community to agree to form a CETP. If a consensus is reached to pursue a CETP, then a community CETP planning meeting is to be arranged.
5. At the first and subsequent community planning meetings to develop a CETP and its management, the VHTs will facilitate the meetings. The VHT Catalyst should give the option of attending some of the meetings to provide additional support if VHTs feel it is necessary. These meetings will provide the opportunity to foster a community commitment to prevent maternal deaths in the community by enabling members to understand the importance of not allowing deaths to occur from lack of intervention. These meetings will be integral to the planning process. Important subjects such as modalities, funding, membership, management and guidelines should all be discussed.
6. The VHT Catalyst will regularly check in with the VHTs to see how the CETP is progressing and to provide any necessary support.
7. At around the 6-month mark after the development of a CETP was initiated in a community, HCU will arrange to meet with the VHT Catalyst and the local VHTs to document the progress of the CETP. HCU will be responsible for documenting the CETP using the CETP Documentation Form (see p.11). This form will provide useful feedback to HCU and help inform future CETP initiatives.

### HCU CETP Documentation Form

|  |  |
| --- | --- |
| **Name of Community:** | |
| **Planning Process**  - How did the community proceed to plan and develop the CETP  - How many meetings took place to develop the CETP  - How were community members mobilized  - How much time was spent on the planning process |  |
| **Community members**  - How many are involved  - What criteria are there for which community members may be involved with the CETP  - Who will benefit from the CETP |  |
| **Modalities**  - What form(s) of transport are to be used and why  - Are there any issues with using this/these form(s) of transport  - How a family that is in need of emergency transport accesses this form of transport |  |
| **Support/Funding**  - How will the CETP be supported /funded  - How is the CETP to be sustained for the long-term (e.g., monthly meetings) |  |
| Name of Community: | |
| **Management/Leadership**  - How will the CETP be managed (e.g., a management committee, chairperson)  - Who has taken on leadership roles for the CETP  - How will the community document the use of the CETP (e.g., record keeping) |  |
| **Challenges**  - What challenges or barriers occurred during the development and implementation process  - What could be improved |  |
| **Successes**  - What went well during the development and implementation process  - What contributed to the success of the CETP  - What lessons were learned |  |
| **Additional Comments** |  |

## CETP Reference Guide

**Objective**

A Community Emergency Transport Plan (CETP) is a community developed plan for transport during emergencies. Supporting community-based development of CETPs is an approach to help reduce avoidable deaths while also overall benefitting communities.

**Key Messages: A CETP can…**

* Help reduce avoidable deaths in communities
* Reduce delays in reaching health care
* Help a community address transportation difficulties
* Be a sustainable project that increases communities’ self-reliance

**Benefits of a CETP**

* Individual households have the support of other community members during emergencies
* Delays in transport times from a home to a health facility is reduced
* Community members have set procedures to follow when an emergency occurs
* Emergency transport is made more affordable for community members
* Agreement on most suitable modes of transport to use during emergencies
* Reduce the number of deaths, including maternal deaths
* Increased self-reliance within a community
* Community ownership of a sustainable project
* Ensure that help is available in times of emergencies

**Components of a CETP**

* Planning for emergency funds
* Planning for emergency transportation
* Promotion of involvement of both women and men

**Modalities and Support for CETP**

* Use of non-motorized modes of transport: Tricycles, stretchers (ngozis), bicycles, bicycle ambulances
* Use of motorized modes of transport: Motorized tricycle rickshaws, 4-wheel drive vehicles, ambulances, motorcycles (boda bodas), boda boda ambulances
* Transport vouchers
* Pre-negotiated arrangements with transport providers
* Community managed emergency funds, emergency loans, and savings groups

**CETP Reference Guide**

**Factors to consider**

* Distance to the health facility
* Time to reach the health facility
* Mode of transport
* Cost of reaching the health facility
* Cost of accessing emergency obstetric care

**Elements to consider**

* A management committee/board
* Record keeping
* Rules on membership
* Set of guidelines
* Criteria for members
* Premiums/payments
* Management of funds
* Partnerships
* Monthly meetings
* Available resources
* How will it be decided, and by who, if something is an emergency or not

**Potential Challenges to Anticipate**

* Certain modes of transport may not be appropriate for difficult road conditions
* The local environment and weather
* High fees for hiring transport
* Finding responsible people for management roles
* Low amounts of resources in a community
* Not all community members will want to participate
* Development of a CETP can take a long time

**Recommendations**

* Need to ensure that a community is both ready and motivated to take initiative in developing and implementing a transport plan
* The mode of transport needs to significantly reduce delays in reaching health care
* Transport that is of minimal cost is more likely to be used
* The transport plan needs to be suited for the local environment (hills, distance from homes to main road, accessibility, road conditions during wet season)
* The transport plan needs to be suited to the amount of resources a community has access to (money, accessibility to health facilities, time, number of community members)

### Session: Community Emergency Transport Plan

**Duration**: 2.5 hours

Activity 1 (Starter):

Betty’s Story

Betty had bleeding on and off in the last month of her pregnancy. She and her husband knew it was a danger sign and she should go to the health center. She rested a while and the bleeding stopped but she knew she needed to go to the health center.

The health center was 10 km. away, down a bad murram road. Betty’s husband went to ask the neighbour who had a motorbike to take her to the health center. The neighbour was away for the week. Betty’s daughter went to the road to see if there were any vehicles that could give her a ride. Several matooke trucks were nearby but refused to take Betty. Betty’s neighbours gathered to pray for her. Betty began to bleed heavily and have severe pains. Betty and her baby were both dead the next day when transport was finally found.

* How do you feel about this story?
* Why did Betty and her baby die?

**Question**: Who has heard about the emergency transport plan?

**Activity 2**:

Review Key messages

Key messages:

* A CETP can help reduce avoidable in communities
* A CETP can reduce delays in reaching health care
* A CETP can help a community address transportation difficulties
* A CETP can be a sustainable project that increases communities’ self-reliance

**Activity 3:**

In the large group, facilitate brainstorming discussion on CETP.

Question: What should you consider before starting an emergency transport plan in your community? Then discuss. Then ask, what is the role of the community in developing a CETP?

Break into small groups. Ask, what is the role of the community in developing a CETP? Present back to the large group what was discussed. Then in the large group, ask, what elements may be considered when starting an emergency transport plan?

TEA BREAK

**Starter Question:** In the large group, ask, what do you think are some of the benefits of having an emergency transport plan?

**Activity 4:**

Present the Nigeria and Ntungamo case studies

**Nigeria**

In Makarfi District, Nigeria in 1995, meetings between the village leaders in the district were held to discuss the issue of maternal deaths. It was agreed that high costs of transport and difficulty in reaching health facilities were barriers that needed to be addressed. From these meetings, plans for a community emergency loan fund and community transport services were developed. The village leaders had a large role in introducing the project to the communities through a village-to-village campaign.

An emergency loan fund management committee was formed and pregnant women and/or their husbands were encouraged to register with the committee. Local transport owners were encouraged and mobilized to form an a community transport service that would be available 24 hours a day, 7 days a week. Transport owners were encouraged to sign on for at least a 6-month period. The names and locations of all the participating transport owners were provided to registered members of the loan fund group.

It is not clear how well the project continued but it was decided that success would depend on the role of the management committee. The committee must follow up on loan repayments, maintain contact with the transport owners, and keep current records.

**Uganda: Ryomiyonga**

The community of Ryomiyonga used to rely on stretchers (ngozis) for transporting people during emergencies. But, a lot of people were dying and the community realized that they faced serious problems with transport. So in 2006, the community held a meeting to sensitize the whole community about the dangers of the situation and to brainstorm about possible solutions. The idea of a savings group came up and it was decided through a majority/popular vote that the community would start a savings group. A chairperson for the project went from household to household, sensitizing community members as to understand why they should participate in the project.

At first, each member of the group contributed 8000 UGX per month, but it now depends on the situation. For example, if a community needs to transport many people in one month, more contributions may be needed in the following month. But if a savings pool has grown too big because there have been no patients in some time, the money can be used as loan money for a community member and interest will be collected. Motorcycles are the most preferred mode of transport that is used by the community. But if a person is in critical condition, they may choose to use a vehicle.

The savings group project began with one group of 30 members. Now, the original group has 47 members and 3 additional savings group in the community have also been created. Each savings group holds monthly meetings. Every family in the community has benefitted and the number of deaths has been reduced.

**Activity 5:**

Introduce question: What could be the challenges for having a CETP? Then discuss.

**Check understanding**

**Facilitator summarize**

* Recommendations
* Key messages

## Work Planning and Time Management

Duration: 45 minutes

Refer to VHT Manual p. 97.

Example:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Responsible Person | Time Frame | Prioritize on how they will follow each other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |