

ADVANCING PARTNERS & COMMUNITIES

Strengthening Health Services as Part of the Post-Ebola Transition in Sierra Leone

Community Engagement Implementation Toolkit

OCTOBER 2016











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Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-I2-00047, beginning October I, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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Acknowledgments

The Advancing Partners & Communities/Sierra Leone project team developed the Community Engagement Implementation Toolkit through workshops and field testing in collaboration with the Ministry of Health and Sanitation and the district health management teams from Bombali, Port Loko, Tonkolili, and Western Area, along with project implementing partners Action Contre la Faim, the Adventist Relief and Development Agency, GOAL, the International Medical Corps, and Save the Children. In addition, the toolkit benefitted from the consultation of other national health partners, including Concern, several northern region PHUs, the Johns Hopkins University HC3 project, the London School of Economics International Growth Centre, and UNICEF.

Photo Credit: © Rachel Deussom/FHI 360. Mabinteh Sheriff, MCH aide and FMC member, helps mothers and their babies stay healthy at the Kortohun CHP in Bombali District, Sierra Leone. February 2017.

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ACRONYMS

CHW community health worker

DHMT district health management team

EVD Ebola virus disease

FMC facility management committee
IPC infection prevention and control
MOHS Ministry of Health and Sanitation

PHU peripheral health unit

RMNCH reproductive, maternal, newborn, and child health

VDC village development committee
WASH water, sanitation, and hygiene
WDC ward development committee



INTRODUCTION

Sierra Leone has experienced the worst Ebola virus disease (EVD) epidemic in history, with 14,124 confirmed cases and 3,956 deaths (WHO 2016). Diminished community confidence in the post-Ebola health sector resulted in a one-quarter reduction in institutional deliveries, 39 percent fewer children treated for malaria, and one-fifth reduction in basic immunization (MOHS 2015a). In addition, a documented 296 health workers were infected with EVD, of whom 211 perished, including 11 specialized doctors (MOHS 2015a).

The USAID-funded Advancing Partners & Communities project supports community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relations to family planning. With the aim of strengthening Sierra Leone's health system as part of its post-Ebola response, the Advancing Partners & Communities project scope of work has three main objectives: I) community health worker (CHW) policy and maternal and child health guidelines development; 2) capacity building and community engagement; and 3) health post infrastructure/rehabilitation improvements.

Specifically, objective 2 seeks to "Increase capacity and effectiveness of the health workforce and community platforms to improve quality of reproductive, maternal, newborn, and child health (RMNCH) services, including infection prevention and control (IPC), at the primary health care and community levels." The Advancing Partners & Communities defines community engagement as a coordinated series of activities that take place at a health facility or in a community and contribute to building community ownership of health issues and services.

As the Advancing Partners & Communities project goals are to strengthen the health system on the supply side, the community engagement strategy will focus on district- and facility-level interventions with attention to the role of the facility management committee (FMC), the community health worker (CHW), and the guiding role of the district health management teams (DHMT) in support of other community-based interventions.

For community engagement to be streamlined into every project activity, these two questions should always be asked when working at a facility:

"Where are the community people? How can the community people be involved?"

« Wae de pipul dem na dis ton? Aw di ton pipul dem go dae pan dis wok?" ~ Krio translation

The main stakeholders and their functions in community engagement at the district, facility, and community levels are mapped in the project's community engagement conceptual framework, shown in figure I. Additional descriptions about these stakeholders' roles and responsibilities are described in the accompanying Community Engagement Implementation Strategy (Section III) and the tools included in the annexes of this document.

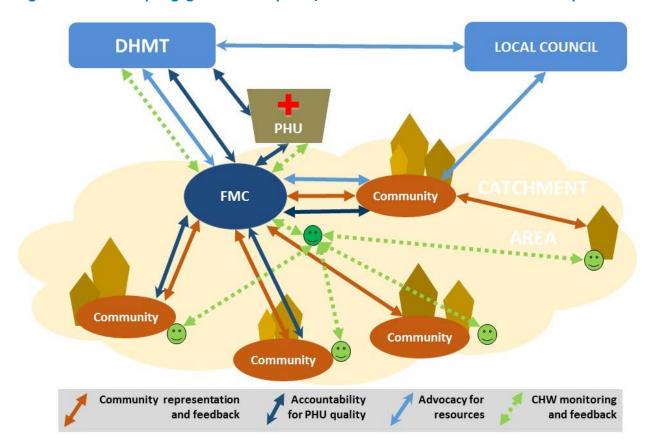


Figure 1. Community engagement conceptual framework: stakeholders and relationships

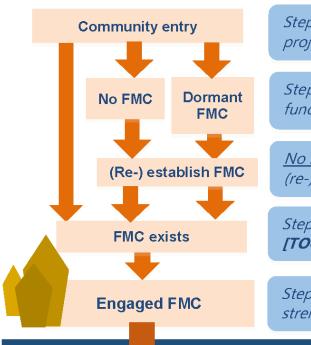
TOOLKIT PURPOSE

The purpose of this toolkit is to guide the community engagement process for improved community ownership of PHU quality and catchment area health outcomes in support of the project's Community Engagement Implementation Strategy. It is based on the existing stakeholders and community structures in the health sector, and reflects the Advancing Partners & Communities project goals, as well as its implementing partners' experiences across the project zone's five intervention districts. The intended users of this toolkit are implementing partners and the DHMT. While the toolkit provides a series of phases and step-by-step activities for community engagement, it is by no means exhaustive. Community engagement should reflect the local context, and implementers are strongly encouraged to adapt processes and related tools to meet their needs.

While community engagement activities should be contextualized based on each community's situation, Advancing Partners & Communities in Sierra Leone also seeks to adapt activities to the project cycle. Concerning the existing facility- and community-level structures with which to collaborate and support for community engagement activities, it is proposed that the project follow the phases and use the standard tools below. Figure 2 summarizes recommended community engagement interventions by phase, detailed in the text below.

Figure 2. Community Engagement Implementation Activities by Phase

Project start-up: Baseline survey and facility-level analysis PHASE I: Community entry & FMC assessment



Step 1. Develop message and communicate about project to all people in all communities

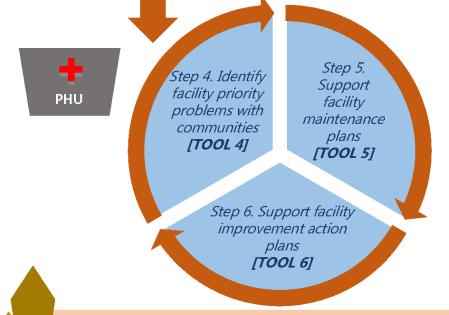
Step 2a. Verify FMC existence, activity and functionality [TOOL 1]

No FMC exists / dormant: Step 2b. Support FMC (re-) establishment [TOOL 2]

Step 3a. Orient FMC on roles & responsibilities [TOOL 3, part 1]

Step 3b. Conduct additional FMC capacity strengthening [TOOL 3, part 2]

PHASE II: FMC strengthening for action



PHASE III:

Mentoring

Monitoring

Supervision

[TOOL 7]

Accountability for PHU quality Advocacy for resources

Community representation & feedback CHW monitoring & feedback

Project implementing partners and the DHMTs have been consulted on recommended approaches and best practices for community engagement during workplan finalization. In addition, they are leading data collection for the project's baseline facility survey, which captures the following information that is relevant to community engagement for every PHU in the project zone:

- FMC and VDC/ward development committee (WDC) activity
 - Presence/activity of established FMC (CE7)
 - Communities representation on the FMC (CE8)
 - Number of FMC meetings in last quarter (CE9)
 - o Interactions with established VDC/WDC (or several VDCs/WDCs?) (CE10)
 - Existence of women's health groups (CEII)
 - Any community group linking to PHU (CE12)
 - Regular CHW meetings with PHU (S7)
- PHU infrastructure
 - o For development of PHU equipment and infrastructure maintenance plans¹
- Community health activities and outreach
 - Existing PHU staffing levels and outreach capacity (CEI-CE2_8)
 - o CHW home visits for community health priorities (CE3-CE5)
 - CHW drug and supply distribution (CE6_I-4)

This information should be synthesized in a simple profile document for each PHU catchment area, so that the DHMT has a clear picture of the baseline status of each facility and can identify gaps and areas for improvement. The survey results will also inform the type of intervention package (described in section I) that each facility will receive.

Project baseline results

To help partners consider how community engagement activities should be integrated alongside other project activities within individual chiefdoms, facility catchment areas, and communities, in April 2016 the partners reviewed the baseline survey results to see which facilities had existing community structures. Figure 3 shows the proportion of facilities in project intervention areas that have existing FMCs and PHU in-charges have reported activity within the last quarter of the baseline survey.

Additional project baseline results that helped the project and partners develop the community engagement implementation strategy can be found in Annex I, including:

- The presence of community-based organizations for PHU linkages by district.
- The presence of women's health/care groups for improved maternal and newborn health by district.
- FMC existence and activity levels by chiefdom and project intervention type.

¹ Baseline results will also help to consider where HC3 could focus on "rapid makeovers" of PHUs by communities.

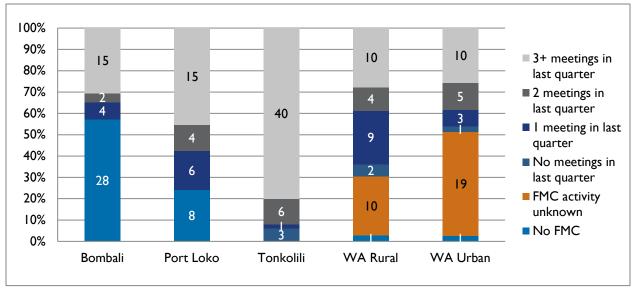


Figure 3. Facility Management Committees existence and activity by district

Source: Advancing Partners & Communities baseline survey, February 2016.

PHASE I: COMMUNITY ENTRY AND FMC ASSESSMENT

Based on the facility and community profile from the baseline survey data (annex I), other sources and experience, project implementing partners should support the DHMT and FMC and VDC/WDC with community entry. A harmonized communication strategy should involve community members, present the project, and share facility information from the baseline survey results.

Step 1. Develop and communicate project message to all people in all communities

The PHU staff in-charge and village chief should familiarize all people in all communities with the Advancing Partners & Communities project, and specifically with community engagement:

- Overall goals and planned interventions within the PHU catchment area (which varies depending on the intervention package) within the project timeframe.
- Expectations on project stakeholder roles and responsibilities (per descriptions in the Community Engagement Implementation Strategy, Section III, pending final review by MOHS).
 - o Implementing partner: Make the terms of support clear to each entity.
 - o DHMT, local councils: There are specific DHMT roles that support community engagement:² a CHW focal person and a social mobilization focal person. According to the Tonkolili DHMT, their scope of work and tasks are to:
 - Identify and train CHWs in community mobilization skills and techniques.
 - Conduct a community needs assessment to identify existing health hazards and risky behaviors and presenting them to communities for collective actions to minimize them.

² As implementing partners and the DHMT collaborate to conduct community engagement activities, it is recommended that any support provided conform to national standards (e.g., maintain the national daily sustenance allowance rates).

- Organize community by facilitating formation of structures such as chiefdom task forces, FMCs, HMCs, VDCs, and mothers' clubs.
- Conduct community meetings for feedback, decisionmaking, and planning.
- Raise community awareness through sensitization and education.
- Attend district-level meetings and report progress of community-level engagement activities.
- Report district activities to national level.
- o PHU staff: some catchment communities may have a difficult or distrustful relationship with staff at the PHU. During community entry, implementing partners and the DHMT should investigate these relationships. In cases where there is distrust, hold preparatory meetings (one with PHU staff only, and a second only with communities) at which stakeholders may feel more comfortable speaking openly. This can help implementing partners (IPs)/DHMT understand the staff-community relationship, so that any issues can be addressed when all stakeholders are convened in subsequent meetings.
- o FMC: Emphasis will be made to ensure transparency and representation of entire catchment area in the FMC. Ideally, community members and their VDCs/WDCs will be represented in the FMC so that all communities within the catchment area can be heard. Project IPs have expressed interest in developing a commonly agreed/harmonized system for supporting the FMCs to meet, including looking at the type and level of incentives that partners provide for regular meetings.
- Community participation: Local stakeholders will identify community health priorities that facility improvements could respond to them,³ lending from baseline survey results and community/facility consultations. The FMC, with support and collaboration with catchment area community members, should lead the community health and facility improvement discussions as much as possible.

Step I. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring</u> Dashboard to enter:

• Column O: Date(s) of community entry meetings held

Step 2a. [FMC exists] Verify FMC and assess functionalities

To better understand the status of the FMC at the start of community engagement activities, the implementing partners and DHMT should verify the results of the project baseline survey to determine if the FMC exists, is active, and has adequate membership and representation. If these are met at a minimum, additional FMC functions will be assessed. If not, the FMC will be established or reestablished.

- In catchment areas where no FMC exists, the project will work with the PHU, communities, and the VDCs/WDCs in the catchment area to establish an FMC according to the national criteria, as outlined in table 1. The Tool 1 score received by this PHU catchment community will be a "0." Implementing partners and the DHMT should proceed to Step 2b to establish an FMC according to national criteria.
- In catchment areas where an FMC is known to exist (based on the baseline survey and community entry), project partners will administer TOOL 1: FMC Verification and Functionality Assessment, which provides a basic scale across 11 categories.

³ Inter alia: supporting transport for referrals, annual 'clean-up-days', maintenance and repairs into the future, and improving minor medical equipment.

• In catchment areas where an FMC exists, but it is not active (i.e., "dormant"), or does not have adequate membership or representation of the catchment community, the project will work to re-establish the FMC according to national criteria. This will be determined by asking questions I to 4 of Tool I, and the FMC score will be based on these questions only.

Tool I, Part I: FMC verification:

- I. Activity
- 2. Attendance
- 3. Representation
- 4. Membership

If the FMC does not meet the minimum national criteria set forth in these first four categories, the project's implementing partners with the DHMT should record the total score and proceed to Step 2b.

• In catchment areas where an FMC exists, is active, and meets national criteria for membership and representation (based on questions I-4 of Tool I), the project implementing partners and DHMT will complete all remaining questions within the FMC functionality assessment [TOOL I]. In catchment areas where an FMC has limited engagement and/or functionality, efforts should be made to identify reasons and seek sustainable, community-based approaches to promote full functionality by providing support and skills building to: solicit community feedback (PHU exit interview form, TOOL 4), maintain facility (TOOL 5), and develop a facility action plan (TOOL 6).

TOOL 1, Part 2: FMC functionality:

- I. Community feedback
- 2. Meeting organization
- 3. Financial documentation
- 4. CHW monitoring
- 5. Advocacy and resource mobilization
- 6. Accountability for PHU quality
- 7. Trainings and other capacity-building activities

In addition, the project will document the functional FMC's motivational local name to promote ownership and distinguish its identity.

Step 2a. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- o Column P: The date that the FMC functionality assessment tool was administered
- o Column Q: FMC functionality assessment score (a total of 55 points possible)

Step 2b. [No FMC exists/FMC dormant/not adhering to national criteria] Support FMC (re-) establishment according to national criteria

After the FMC verification and functionality assessment, the implementing partner and DHMT will have more information about the FMC at the PHU. If, after engaging with the facility staff and surrounding communities, it is confirmed that no FMC exists, implementing partners should convene meetings with the DHMT to sensitize communities to the importance of having an FMC. TOOL 2: FMC (Re-) Establishment Guide provides guidance on FMC establishment.

In catchment areas where no FMC exists, or where an FMC has limited engagement and/or functionality, the project will work with the PHU, communities, and the VDC/WDC to establish an FMC according to the criteria outlined in TOOL 2. In some cases, this may mean reactivating an FMC that has been dormant in recent months or years. The VDC/WDC can continue to represent community perspectives and provide feedback on the quality of services at the PHU. These communities

will require the most intensive approach, which will be taken at the start of revitalization: sensitize and engage all communities in the catchment area in a review of the composition of the previously established, non-active committee and validate it. If needed, facilitate a transparent committee representative selection process; provide a basic package of organizational development for FMC; and introduce use of a simplified committee scorecard. There will be an emphasis on building trust by responding to highest (or most easily solved) community health priorities.

Step 2b. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- Column R: Date(s) of meeting(s) held to establish the FMC and select/elect members according to national criteria.
- Column S: Number of female FMC members selected/elected.
- Column T: Number of male FMC members selected/elected.
- Column U: Total number of communities contained within the PHU catchment area.
- Column V: Number of communities represented by the FMC.
- Column W: FMC's motivational local name (including translation into English, if possible).

By the end of Step 2b, all PHUs should have an existing FMC.

Step 3a. Orient FMC on roles & responsibilities

Project partners will use the standard content in <u>TOOL 3: FMC Orientation and Strengthening Guide</u> (<u>Part I</u>) for FMCs to learn more about their roles and responsibilities. It is likely that these meetings will take place at the chiefdom, facility, or community level, and should include all FMC members for each catchment area when possible.

Part I includes sessions on:

- Introduction: What is an FMC?
- FMC selection criteria
- FMC roles of executive and general members
- FMC community feedback mechanisms (PHU exit interview)
- Facility maintenance plan
- Facility improvement action plan

Step 3a. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring</u> Dashboard to enter:

- <u>Column X</u>: Date(s) that FMC orientation sessions on roles and responsibilities took place (Tool 3, part I only)
- Columns Y & Z: Total number of FMC members (female and male) completing orientation on roles and responsibilities (Tool 3, part 1 only)

Step 3b. Conduct additional FMC capacity strengthening

Using the remaining sessions outlined in <u>TOOL 3: FMC Orientation and Strengthening Guide (part 2)</u>, project partners will coordinate and adapt content to FMC needs, based on the functionality assessment [TOOL 2], as well as the needs identified to complete the facility improvement action plan (e.g., improved PHU financial management). It is recommended that this second phase of FMC capacity strengthening take place at the PHU itself.

Part 2 includes sessions on:

FMC meeting organization

- Advocacy and resource mobilization
- Financial management (treasurers only)
- Monitoring and reporting (executive members/secretary only)

Step 3b Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- Column AA: Date(s) that FMC strengthening sessions took place (Tool 3, part 2 only)
- Columns AB & AC: Total number of FMC members (female and male) completing orientation on roles and responsibilities (Tool 3, part 2 only)

PHASE II: FMC STRENGTHENING FOR ACTION

In Phase II, implementing partners and the DHMT will work to ensure that the FMCs are further supported to strengthen and apply their skills across key FMC functions. The development and action to fulfill a facility improvement action plan, a facility maintenance plan, and additional capacity-building activities will take place in Phase II. As illustrated in figure 2, the steps of Phase II happen on a routine (monthly) basis, and may be coordinated with other project interventions. Depending on the FMC's level of existing functionality, the approach to Phase II activities may vary in intensity. Project partners should schedule and coordinate trainings to minimize the staffing gaps of PHU health workers and promote rotational trainings (i.e., PHU staff take turns attending).

FMC functionality: It is expected that the FMC will be active and meet on a regular basis. Each month, project and partner staff along with the DHMT should verify FMC functionality by documenting if a meeting was held, and how many female and male members attended.

Each month, the project and partner staff should use <u>TOOL 7: Community Engagement Monitoring</u> Dashboard to enter:

- Column AD: If an FMC meeting took place during the month
 - o In subsequent months, this should be entered in columns AM, AV, BE, and so forth.
- Columns AE & AF: Number of female and male FMC members in attendance at the meeting
 - o In subsequent months, this should be entered in columns AN & AO, AW & AX, and BF & BG, and so forth.

Step 4. Identify communities' facility priority problems

Project partners will use the standard approach in <u>TOOL 4. PHU Exit Interview Form</u>, which should be administered at the PHU multiple times during the month by an FMC member, with results of approximately 12 to 20 interview forms reviewed on a monthly basis.

Step 4. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- <u>Column AH</u>: If PHU exit interviews have been compiled and shared with the FMC during this month (Yes/No)
 - In subsequent months, this should be entered in columns AQ, AZ, BI, and so forth.

Step 5. Support facility maintenance plans

Project partners should use <u>TOOL 5: Facility Maintenance Plan</u> to cover key elements for PHU quality and outline daily, weekly, quarterly, and monthly responsibilities and action items for the FMC, PHU staff, and communities.

Step 5. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- Column Al: Date facility maintenance plan is developed/updated during this month (Yes/No)
 - o In subsequent months, this should be entered in columns AR, BA, BJ, and so forth.

Step 6. Support FMC facility improvement action plans

A key outcome of the project's revitalization and skills-building actions in Phase II is developing facility improvement action plans, which define facility and community health problems and develop solutions in a participatory manner. The action plans will take into account the community and facility health priorities (that can be addressed by the PHU), and designate specific action steps, responsibilities, a timeline, resource requirements, and desired outcomes. Efforts should be made to ensure that the action plans develop facility improvement goals that are responsive to community health priorities, which should be identified by the communities in an inclusive, participatory manner. The action plans will help FMCs to demonstrate measurable facility improvements and take steps toward greater community ownership.

Project partners should support FMCs to take PHU exit interviews and their stated priority problems to compile and synthesize all problems from each community within the PHU catchment area. Then they should use TOOL 6: Facility Improvement Action Plan to define objectives for their plans.

Step 6. Outcome: Project and partner staff should use <u>TOOL 7: Community Engagement Monitoring Dashboard</u> to enter:

- Column AJ: If FMC facility improvement action plan is developed/updated during this month (Yes/No).
 - o In subsequent months, this should be entered in columns AS, BB, BK, and so forth.
- Column AK: If any objectives of the FMC facility improvement action plan objectives have been achieved this month (Yes/No).
 - o In subsequent months, this should be entered in columns AT, BC, BL, and so forth.

PHASE III: MENTORING AND MONITORING FMC ACTION PLAN ACHIEVEMENTS

In phase III, the project implementing partners will work with the DHMT to provide catchment arealevel mentoring to promote individual empowerment and ensure that community leaders have the knowledge, skills, finances, resources, and commitment to sustain community health efforts. In contrast to the revitalization and skill-building activities of phase II, phase III's activities will be led by the FMC with less support from the implementing partner and the DHMT. FMCs should continue to solicit regular community feedback, monitor facility maintenance, meet regularly to discuss issues, and share reports of their action plan progress to the DHMT and communities. As needed, the project will facilitate discussions among the committees and catchment area stakeholders to review action plan items and mitigate bottlenecks.

In particular, implementing partners and DHMT should create peer-to-peer support mechanisms across a district or chiefdom by pairing active and effective FMCs with less-developed FMCs. Monitoring community engagement is done using TOOL 7: Community Engagement Monitoring Dashboard.

FMC achievements could be celebrated at local festivals or knowledge-exchange events, where FMCs can reflect on success and challenges, propose solutions, support each other, and get guidance from project partners or the DHMT. Implementing partners are encouraged to document and share the community engagement success that they observe at PHUs and with community stakeholders.

Phase III Outcomes: Project and partner staff should use <u>TOOL 7: Community Engagement</u> <u>Monitoring Dashboard</u> to enter:

- Column AL: If any supervision or mentoring visits were conducted by implementing partners/DHMT/Councils during this month.
 - o In subsequent months, this should be entered in columns AU, BD, BM, and so forth.

REFERENCES

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ANNEX: COMMUNITY ENGAGEMENT IMPLEMENTATION TOOLS

TOOL I: FMC VERIFICATION & FUNCTIONALITY ASSESSMENT

Adapted from the Concern HICAP tool

Objective(s):	 To verify the FMC in terms of: Activity Attendance Representation Membership If the FMC is verified according to national criteria, in addition: To assess the following FMC functions: Community feedback mechanisms Meeting organization Financial documentation CHW linkages Advocacy & resource mobilization Accountability for PHU quality Trainings & capacity building
Outcome(s):	 FMC verified (If meets national criteria for verification) FMC assessed FMC score calculated
For use by WHOM?	Project implementing partners and the DHMT to the FMC. If the entire FMC is not available, FMC executive members or at least the FMC chairperson, PHU in-charge, and four other members, at least one of whom is from outside the PHU host community.
WHEN?	 Phase I, Step 2a. Where FMCs already exist, at monthly special FMC meeting. The DHMT is encouraged to conduct this tool on a routine (annual?) basis; FMCs can also self-assess using the tool. It is anticipated that administering this tool will take between I and 2 hours to allow time for meeting minutes, attendance lists, and action plans review.
HOW?	One copy to the PHU, one copy to DHMT, and one copy to partners.

- Documentation as file box at PHU level.
- Additional instructions:
 - Before launching the assessment, verify and reference any baseline data or previous documentation/data on the FMC.
 - o If no FMC exists, the score is 0. (On Tool 7, put "0" in column P for Step 2a.)
 - o <u>PART ONE</u>: Ask the FMC executive board members and all general members the questions in the left column. Based on the response given for each row, check the box in the appropriate column. For example, if the response to the first question on meeting frequency is "every 3 months," check the box "about once every quarter."
 - o <u>PART TWO</u>: After you have asked all questions, write the number of points given for each row in the far right column. For example, if on the first question you checked "about once every quarter," which is under the column marked "4 points," then you would write "4" in the far right column of the first row.
 - <u>PART THREE</u>: After you have given a point value to all 11 questions by writing the number of points in the far right column, add these numbers to calculate the FMC's functionality score.
 - o FMC name: If the FMC does not have a "local motivational name," encourage the FMC to choose one.

IMPORTANT: When interpreting "facility management committee" into other languages spoken in Sierra Leone, please use a consistent definition:

English	Facility management committee
Krio	Di pupil dem wey de luk insay welbodi ose/buzness
Temne	Aniki Mekeleneh Ashath Kedamreneh
Limba	Biabay Thunadae Baneka Kabiamupeloka
	In other districts, interpretation of the term "FMC" may be necessary in other languages.

FMC VERIFICATION AND FUNCTIONALITY ASSESSMENT

FMC name*	Date		Facilitator name			
PART I: VERIFICATION						
A. ASK EACH QUESTION & MARK THE RESPONSE	0 points	I point	3 points	5 points	B. ASSIGN POINT VALUE FOR EACH ROW	
I. Activity How often do you hold meetings? ENTER DATE OF LAST MEETING Date verified by meeting minutes?	□ Once a year FMC IS DORMANT.	☐ Twice a year FMC IS DORMANT.	☐ About one every quarter	☐ About one every month	—————————————————————————————————————	
2. Attendance How many general members does the FMC have? ENTER # How many FMC members were present at the last meeting? ENTER # □ Verified by meeting attendance list?	☐ Poor (Only executive members were present) FMC IS DORMANT.	☐ Moderate (Fewer than half of all members were present) FMC IS DORMANT.	☐ Good (Most members were present)	☐ Excellent (All members were present)	→ if 0 or I point given, then FMC is DORMANT. Finish Part I (Qs I-4) and proceed to Tool 2.	
3. Representation How many communities are in the PHU catchment area? ENTER # How many communities/VDCs/WDCs are represented on the FMC? ENTER #	Only one community/W DC/VDC in the host village of the PHU FMC IS NOT FULLY REPRESENTATIVE.	□ Some of the communities/WDC/VDCs within the PHU, but not those from the most hard-to-reach communities FMC IS NOT FULLY REPRESENTATIVE.	□ Most of the communities/WDC/V DCs within the PHU catchment area	□ All communities/ WDC/VDCs in the PHU catchment area, including the most hard-to-reach ones	The second seco	
4. Membership						

Check the boxes to respond to the questions in each column. How many boxes were checked? ENTER # Then refer to the scoring to assign point values:	Does the FMC have the following elected chairpersons? Chair Is the chairperson female? Vice chair Secretary (PHU in-charge) Treasurer	Are at least one-third (one out of three) of all members women? Do members include staff from the PHU facility? PHU staff in-charge Peer supervisor of CHWs across the catchment area	Does the FMC include these types of community members? □ Town chief □ Religious leaders (imam/pastor) □ Women's representative □ Men's representative □ Youth leader/representative (aged 18–35 years) □ Children's representative (aged 15–18) □ Mammy queen □ Teacher □ Community health worker □ Other representatives from hard-to-reach catchment communities, preferably a CHW □ Disabled persons □ Other marginalized group	—→ if 0 or I point, FMC does not have adequate membership. Proceed to Tool 2.
	□ 0–5 boxes checked → 0 points FMC MEMBERSHIP IS LIMITED.	□ 6–10 boxes checked → I point FMC MEMBERSHIP IS LIMITED.	☐ II—I5 boxes checked ☐ I6—20 boxes checked → 5 points	

If the FMC received 0 or 1 point for any of the 4 questions in Part 1, add up the total number of points received now.

Do not proceed to Part 2 of this tool.

ADD ALL POINTS IN RIGHT COLUMN

This is the FMC's functionality assessment score. Enter this on the community engagement monitoring dashboard.

If the FMC received 3 or 5 point values for each of the 4 questions in Part 1, continue to Part 2.

PART 2: FUNCTIONALITY					
A. ASK EACH QUESTION & MARK THE RESPONSE	0 points	l point	3 points	5 points	2. ASSIGN POINT VALUE FOR EACH ROW
5. Community feedback Do you solicit feedback on PHU quality from communities/WDC/VDCs?	□ No feedback mechanism with communities in catchment area.	☐ Infrequent feedback shared with only some communities.	☐ Quarterly feedback with only some communities.	Quarterly feedback shared with all communities.	
6. Meeting organization How was the last FMC meeting organized? □ Verified with FMC action plan?	Last meeting had no agenda, minutes. or follow up.	☐ Last meeting had agenda or meeting minutes only; or of limited quality.	☐ Last meeting had clearly defined agenda and meeting minutes; no follow up action steps outlined.	□ Last meeting had clearly defined agenda and meeting minutes with clearly outlined action steps	
7. Financial documentation How are FMC finances managed and documented?	There are no financial/asset records kept. Financial/asset updates are not shared with full committee.	There are some financial/asset records kept but proper bookkeeping methods are not used. Financial/asset records are not easily accessible to committee members and rarely shared.	Financial/asset records are being kept using proper bookkeeping methods. Financial/asset records are shared regularly at meetings. Financial/asset records are not shared, or are rarely shared, with the community.	Detailed financial/asset records are being kept and being analyzed. The regular schedule of updates/reviews is mostly followed. The annual financial report is shared with the community.	
8. CHW linkages How does the FMC link with CHWs?	□ No CHW linkages / engagement / communication with FMC.	Infrequent CHW linkages and communication with FMC in last year.	☐ Quarterly CHW linkage/communication with the FMC	□ Routine monthly CHW linkage/communication with the FMC.	
9. Advocacy & resource mobilization How has the FMC advocated for resources?	□ Never undertaken an advocacy-related activity or resource mobilization.	One advocacy-related activity and resource mobilization done in the last year.	Two or three advocacy activities and resource mobilization undertaken in the last quarter.	Routine advocacy and resource mobilization-related activities undertaken on quarterly basis.	

IO. Accountability for PHU quality How much has the FMC worked with PHU staff to improve facility quality?	No meeting held in the last year with PHU staff to check quality health care delivery, develop a supportive workplan or other community support mechanism.	☐ One meeting held with PHU staff and action point developed for PHU quality checks and support in the last year.	☐ One meeting held with PHU staff in last quarter; and with majority (e.g., 3 of 5) of the facility improvement objectives achieved as outlined in the action plan.	□ Routine monthly meetings held with PHU staff and all action points addressed as agreed.	
II. Trainings and other capacity-building activities What kinds of capacity building has the FMC undertaken since it was formed?	□ No trainings or other capacity-building activities since formation/reactivation	Some kind of training/partial training conducted and related to FMC operations in the last year	Structured initial and refresher trainings conducted and related to FMC operations in the last quarter	☐ Routine field mentoring conducted, based on supportive supervision recommendation.	

4. ADD ALL POINTS IN RIGHT COLUMN

This is the FMC's functionality assessment score. Enter this on the community engagement monitoring dashboard.

TOOL 2: FMC (RE-) ESTABLISHMENT GUIDE

Objective(s):	 Create community awareness of FMC membership criteria, geographic representation, executive and general membership roles, and key functions. Support FMC member selection/election.
Outcome(s):	FMC (re-)established according to criteria; FMC local motivational name chosen
For use by WHOM?	Implementing partners through the DHMT
WHEN?	 Based on the FMC verification in Step 2a (Tool I), use this tool at PHUs where: no FMC exists, or; the FMC is dormant, or; the FMC membership and/or representation is not adequate according to national criteria. (For PHUs with an active FMC that meets national criteria for membership and representation, this tool is not needed.)
HOW?	If possible, the meeting should take place at the PHU itself or in the village where the PHU is located.

Representation at the community meeting

- <u>All</u> communities served by the PHU (i.e., in the PHU catchment area) should be included. Some
 catchment areas are beyond walking distance and may involve transport fares; thus identifying
 number of representative per catchment community is vital. If agreed by community members, two
 or three smaller remote communities could be represented by one person, whose responsibility
 would be to gather feedback from each of those communities.
- The following community stakeholders from <u>all</u> communities served by the PHU should be invited to the meeting:
 - o Traditional leaders
 - o Religious leaders
 - o Mammy queens
 - Women's groups
 - o Men
 - o Youth
 - o Children
 - o WDC/VDC representation from <u>all</u> communities
 - o Community health workers
 - Teachers
- Other stakeholders who must be present:
 - o PHU staff, especially the PHU in-charge
 - Local councilor
 - o If possible, the DHMT (though the PHU in-charge is member of DHMT, so there is already some representation)

- **Ask:** How many communities are served by the PHU? [Write them down in the third column of the FMC member table below.]
- Ask: Who is responsible for facility management and the health of all of these communities?
 - Possible responses:
 - The health facility staff
 - The DHMT
 - CHWs
 - Mother care groups
 - The community itself
 - The WDC/VDC
 - The FMC

Meeting messages

Adapted from PowerPoint presentation "Stakeholder meeting on establishment of facility management committees" by Dr. SAS Kargbo, MOHS, 2012.

Facility management committees (FMCs)

- To give ownership to the people, the Ministry intends to establish facility management committees for all PHUs in the country.
- The FMCs will be used to ensure that health workers are accountable to the communities they serve.
- With over 1,100 PHUs in the country, a similar number of FMC committees need to be established.

FMC functions

- Community representation and feedback
 - Liaise between the community and the health facility, providing facilities with feedback from community, and vice versa.
 - O Clearly communicate health polices to community members.
 - Report any other matter that is affecting health service provision and use within their catchment population.

Accountability for PHU quality

- o Information on non-functioning of facility because staff is absent, or stockout of drugs.
- Work with the health facility to prevent theft or misuse of drugs supplied to health facilities.

Advocacy for resource mobilization

o Provide information on facility functionality to district and national levels for action.

• CHW monitoring and feedback

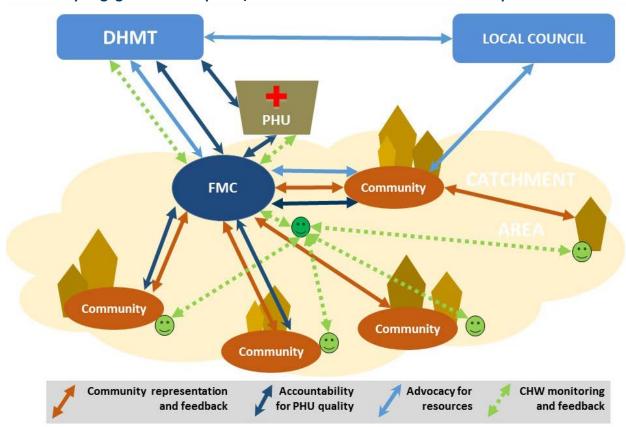
 Support DHMT, PHU staff, and peer supervisors to support CHWs as per the National CHW Policy 2016-2020 (MOHS 2016).

Additional points:

- Link between community, health facility, and other organizations in the community. The FMC ensures that the common goal of sustainable health service is being addressed.
- It is a community initiative to establish their involvement to promote and ensure sustainable health services in line with the Basic Packages of Essential Health Services.
- At least one member of the FMC should be literate.
- FMC members are volunteers.

- FMC members are volunteers. The facilitator should ask the community what this means.
 - O What does "volunteer" mean?
 - Possible responses:
 - ▶ A person who is motivated to help the community.
 - A person who acts for the good of the community.
 - A person who does not receive money for the things that s/he does.
- In addition, this visual could be used to explain the relationships of the FMC with other structures:

Community engagement conceptual framework: stakeholders and relationships



Explaining selection criteria

• The facilitator should provide guidance on selection criteria and electing executive members

Criteria for FMCs membership selection:

- Permanent resident of the facility catchment community.
- Selected by community.
- Literacy is not required, but at least one member of the FMC should have basic literacy.
- Representation from all religious sectors, social groups (e.g., traders, teachers, women associations, local leaders)
- Representation from each community/village within the facility catchment; preferably a CHW.
- At least 30% women.
- New members selected every year for fair representation and commitment.
- Re-selected FMC members must have shown commitment in the previous term.
- Ability to mobilise communities and resources
- FMC members should not be of military/political participation.
- The membership of the FMC should range between 10 and 15 members, including catchment community representation, although this may vary based on the number of communities within the catchment area. Based on our implementation experience, the Advancing Partners & Communities project recommends striving to achieve the <u>highest level of FMC general membership</u>, representation, and functionality possible, based on available resources.
- Government stakeholders should not be included into the membership. They should act in the capacity
 of advisors/monitors.
- Ask: What qualities should an FMC member have?
 - Possible responses:
 - o Good understanding, listening skills, and judgment.
 - Willing to work for the good of the community. (i.e., to volunteer)
 - Unmoved by emotion.
 - o Persuasive.
 - o Strong negotiation skills.
 - O Able to say "yes" and "no" as appropriate.
 - o Conveys accurate information to the community and the government.
 - o Institutes feedback mechanism.
 - Uses simple language and appropriate channels.

Managing the election process

A WDC/VDC member or leader who resides in the main community should volunteer or be appointed as the focal person to lead the FMC electoral process. This person will ask community participants to nominate people to be part of the FMC. Most people will want to be part of the FMC. The WDC/VDC member/leader should compile the list of those nominated (use <u>FMC member table</u>).

- Communities must follow the locally agreed upon election process and accept the final list of selected FMC general members.
- The elected people will undergo the FMC orientation and strengthening (Tool 3).
- The WDC/VDC member/leader focal person must <u>complete this list within I week</u> and submit to the PHU staff/facilitator.
- Executive members: Once all general members have been decided upon, facilitator will distribute the FMC executive member criteria below.

• The FMC general members will work together to select their executive members. Once the focal person has compiled the list of proposed FMC members, the VDC/WDC/community stakeholder will conduct an election for the four positions.

Responsibilities of individual FMC executive members

Chair

- Represents the committee in different forums.
- Is a focal point for communication with local authority, health facility, and DHMT.
- Assigns duties to members and evaluate their work.
- Calls members for meetings and records their attendance.
- Resides in the PHU community.

Vice chair

- Takes responsibility when chairperson is not present.
- Helps chairperson oversee the work of members.
- Contributes to the work of committee as an individual member.

Secretary

- Controls meetings and take minutes.
- Makes announcements and updates members.
- Compiles and files reports.

Treasurer

- Keeps money and other committee property. Does not exploit or abuse it.
- Conveys messages to the community, especially women. Participates in meetings.

Monitor/auditor

- Audits the treasurer and makes sure books are in order.
- Gives periodic reports to the committee on findings of the audit.
- Is impartial and fair.
- The facilitator and PHU staff should review and finalize the list in coordination with the PHU staff.
- The facilitator will record the final list and share it with the DHMT.
- Next steps:
 - The FMC general and executive members will be oriented to their roles and responsibilities.
 (Tool 3)
 - Display the list of FMC members who complete FMC orientation on PHU notice board and give to the FMC heads for reference and documentation.

FMC Member Table

PHU:	Chiefdom:	District:	FMC local name:	_Date:
------	-----------	-----------	-----------------	--------

#	Name	Village/community	Age	Sex (M/F)	Community role (e.g., Mammy queen, youth, traditional leader, CHW)
I					
2					
3					
4					
5					
6					
7					
8					
9					
10					
П					
12					
13					
14					
15					
16					

TOOL 3: FMC ORIENTATION AND STRENGTHENING GUIDE

Objective(s):	Strengthen FMC member capacity to fulfill their key roles and functions					
Outcome(s):	 FMC members' capacity adequately strengthened to successfully their respective roles and functions 					
For use by WHO?	Implementing partners through the DHMT					
WHEN?	Based on the FMC (re-)establishment in Step 2b (Tool 2) use this guide with FMC members after they have been selected and their membership / representation meets the recommended FMC criteria.					
HOW?	 It is suggested that the meeting take place at the chiefdom level, or (if possible), in the village where the PHU is located. Before the first session, administer the pre-test to all participants. It is useful for the facilitator to review the pre-tests and calculate the participants' cumulative scores so that s/he can understand the baseline knowledge demonstrated by participants. Complete all FMC orientation and strengthening sessions within the guide. This may be done through one setting, or intermittently, divided between the first [Part I] and second [Part 2] series of sessions. Once all sessions have been completed, administer the post-test and calculate the scores. 					

FMC pre- and post-test [GROUP-BASED] (adapted from Save the Children)

Instructions for group-based test

FACILITATOR: Ask each question of the group of participants. Ask them to raise their hand for the answer that they think is correct. Write the number of hands raised on the line next to each answer.

1. The following people can be members of a health facility management committee, known as an FMC, excep

correct.	write the number of names raised on the line next to each answer.
١.	The following people can be members of a health facility management committee, known as an FMC, except for:
	a. Traditional leaders
	b. Religious leaders
	c. Policemen
	d. Mammy queens
2.	The following people can be executive members of an FMC, except for:
	a. Chair person
	b. Town chief
	c. Vice chair
	d. Secretary
	following statements <u>true or false</u> ?
3.	All of the catchment communities for a health facility should be represented on an FMC.
	□ True
	□ False
4.	The FMC should ensure that health workers are accountable to the communities they serve.
	□ True
	□ False
5.	An FMC helps the PHU to make sure it is well-managed and delivers good services.
	□ True
	□ False
6.	FMCs consist of volunteer members selected from the community.
	□ True
	□ False
7.	FMCs liaise between the community and the health facility.
	□ True
	□ False
8.	All members of FMC should be literate.
	□ True
	□ False
9.	FMC members are not volunteers and should be given monthly salary.
	□ True
	□ False
10.	FMCs can help with health facility maintenance.
	□ True
	□ False

FMC pre- and post-test [PAPER-BASED] (adapted from Save the Children)

Please answer all ten questions by ticking or circling the correct answer.

I.		e following people can be members of a health facility management committee, known as an FMC cept for:
	c.	Traditional leaders Religious leaders Policemen Mammy queens
2.	Th	e following people can be executive members of an FMC, except for:
	c.	Chair person Town chief Vice chair Secretary
Are	e the	e following statements true or false?
١.	All	of the catchment communities for a health facility should be represented on an FMC.
		True False
2.	Th	e FMC should ensure that health workers are accountable to the communities they serve.
		True False
3.	An	FMC helps the PHU make sure it is well-managed and delivers good services.
		True False
4.	FM	Cs consist of volunteer members selected from the community.
		True False
5.	FM	Cs liaise between the community and the health facility.
		True False
6.	All	members of FMC should be literate.
		True False
7.	FM	C members are not volunteers and should be given monthly salary.
		True False
8.	FM	Cs can help with health facility maintenance.
		True False

FMC pre- and post-test – ANSWER KEY (adapted from Save the Children)

I. The following people can be members of a health facility management committee, known as an FMC, except for:

c. Police officers

2. The following people can be executive members of an FMC, except for:

b. Town chief

Are the following statements true or false?

1. All of the catchment communities for a health facility should be represented on an FMC.

True

2. The FMC should ensure that health workers are accountable to the communities they serve.

True

3. An FMC helps the PHU make sure it is well-managed and delivers good services.

True

4. FMCs consist of volunteer members selected from the community.

True

5. FMCs liaise between the community and the health facility.

True

6. All members of FMC should be literate.

False

7. FMC members are not volunteers and should be given monthly salary.

False

8. FMCs can help with health facility maintenance.

True

FMC pre- and post-test **SCORING GUIDE**

Instructions for paper-based test

Using the answer key, count the total number of correct answers. Each correct answer is worth one point. For each question number, enter the total number of test takers, or participants, on each line.

Question number	PRE-TEST Correct answers	POST-TEST Correct answers
I		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL correct answers (add the column)	(a)	(d)
TOTAL number of test takers x 10 :	x I0 =(b)	x I0 =(e)
DIVIDE the total number of correct answers by the total number of test takers = AVERAGE SCORE (%)	a / b = c AVERAGE PRE-TEST SCORE:	d/e=f AVERAGE POST-TEST SCORE:
	(c)	(f)

INTRODUCTION TO THE GUIDE

As its name implies, this FMC Strengthening Guide aims to help the facilitator steer the FMC capacity building process toward achieving set objectives. The facilitator should thoroughly read the training guide and related documents in the FMC training tool kit.

The guide provides information on criteria setting and electing executive membership to build capacity of FMCs, whether as an initial training, or a refresher training for current or new members.

The primary purpose of the FMC is to ensure the functionality of the PHU, including day-to-day operations, drug, infrastructure, general sanitation, equipment management, and human resources. FMCs ensure access to the Free Health Care Initiative by its intended beneficiaries: pregnant women, lactating mothers, and children under five years old. The FMCs must also take into account community feedback within its catchment area as pertains to facility-based health services and follow up with the DHMT when needed. The MOHS expects that the FMCs will increase PHU ownership to the people.

With efforts to harmonize community engagement across the implementing partners, Advancing Partners & Communities developed this guide in collaboration with implementing partners for use across all districts of implementation for FMC training.

OBJECTIVES

At the end of Part 1, the participants will be able to:

- Understand FMC functions.
- Understand the roles and responsibilities of FMC members.
- Use and interpret the facility exit interview form on PHU service quality.
- Develop/update a facility maintenance plan.
- Develop a facility improvement action plan based on the findings from the maintenance plan, as well as community feedback on facility priority problems.

At the end of Part 2, the participants will be able to:

- Conduct effective meetings.
- Manage the finances of an FMC.
- Understand how advocacy can help mobilize resources needed to improve PHU quality.
- Monitor and report FMC activities.

METHODOLOGY

The facilitator must adapt various methodologies to increase participation and enhance learning among participants who have low or basic literacy. Practical exercises and role play should be prioritized with limited lecturing on the part of the facilitator. To ensure that participants have a common and correct understanding, it is recommended that the "teach-back", or "show-me" method be used during facilitation.

The "teach-back" method is a communication method where the facilitator asks participants to restate the information that was conveyed but in their own words.⁴ Combined with learning on discussion groups and practical exercises, it is considered useful because it allows the participants to demonstrate what they are learning. It also creates communication feedback loops to help the facilitator know if the information provided was understood properly. In the event that one participant does not understand something, the facilitator can ask other participants to restate the information. The facilitator also needs to confirm when information is correctly understood. Some ways to use the "teach-back" method are:

- We just talked about FMC members [or any other subject].
 - Can somebody tell me what it means?
 - Can somebody give an example?
 - What does this idea mean to you?
 - How do you understand this idea?
 - Can you tell me in your own words? (Or in your own language?)
 - If you were explaining this to your husband or wife, what would you say?
 - Can you teach the other participants what this means?

RESOURCES REQUIRED

This covers the resources, including human, material, and financial, needed to deliver an effective training program:

- Facilitators should include the DHMT staff and the implementation partners. These should be people with knowledge of community engagement and previous experience working with FMCs.
- Participants should be drawn in accordance with set criteria for selecting and electing an FMC member.
- Training should be held at a venue at the health facility or chiefdom level. The training areas should have comfortable chairs, benches, tables, and, where possible, access to power supply for presentations that requires projection.
- Stationary pens, note books, flipchart stand and pad, masking tape, markers, pens, and clear paper bags.
- Breakfast and lunch should be available for all participants during the duration of the training. Ideally, local leaders and participants could contribute, but the project may start by providing refreshments and hand over this responsibility to the FMC members into the future.
- Budget for refreshment, lunch, and the transport reimbursement should be available. Rate to be paid will depend on local context and the partner policy.

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⁴ "Teach-back" – A tool for improving patient-provider communication. http://www.ethics.va.gov/docs/infocus/InFocus 20060401 Teach Back.pdf

RECOMMENDED SESSION SCHEDULE

Since the level of literacy may be very low in some of the FMCs, the initial orientation sessions (Part 1) should last for two days and be followed with regular supportive supervision. Part 2 should take place after one to two months and should last for one day. The training is divided into sessions for ease of reference.

PART I – FMC orientation & community feedback

Day I		
Session	Topic	Duration
Session I	Introduction and overview: What is an FMC?	2 hours
Session 2	FMC selection criteria	2 hours
Session 3	FMC roles of executive and general members	2 hours
Day 2		
Session 4	FMC community feedback mechanisms	2 hours
Session 5	Facility maintenance plan	2 hours
Session 6	Facility improvement action plan	3 hours

PART 2 – FMC strengthening for action

Day 3		
Session	Topic	Duration
Session 7	FMC meeting organization	I hours
Session 8	Advocacy and resource mobilization	2 hours
Session 9	Financial management	2 hours
Session 10	Monitoring and reporting	2 hours
Additional hands-on support for use of Tools 4, 5, and 6 as needed		

PART I: FMC ORIENTATION AND COMMUNITY FEEDBACK

DAY I

Session 1. Introduction and overview: What is an FMC?

OBJECTIVES	By the end of the session, participants should: Be introduced to each other Agree on FMC orientation rules of participation Understand what an FMC is according to the Sierra Leone health system Understand the importance of the FMC for PHU quality Understand the role of the FMC within the Advancing Partners & Communities project
DURATION	2 hours
PREPARATIONS/ RESOURCES REQUIRED	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Printed copies of the FMC terms of reference (one for each participant) ☐ Refreshments when possible

Activity 1: Name game

- **Opening:** The facilitator will ask if someone would like to open the meeting with any prayers or blessings.
 - The facilitator should introduce her/himself and say that s/he comes from the Advancing Partners & Communities project.
 - o Facilitator will ask the participant sitting to the left in the circle to repeat the facilitator's name/place of residence, and then state his/her name and where s/he is from.
 - This will continue around the circle, where every participant is required to list the names of additional participants until the last one lists the names and origin of all the participants in the circle.
 - o If participants cannot remember all of the names/origins of the other participants, they should ask other participants for help.

Orientation rules:

- o The facilitator will share the objectives of the activity (as listed above).
- o The facilitator will ask: what rules can help us to have a successful orientation?
 - Possible responses:
 - Everyone has an opportunity to talk.
 - We respect one another's ideas.
 - We do not interrupt one another.
 - We pay attention.
 - We do not look at or talk on the phone.

The facilitator will ask a participant to write these rules on a piece of flipchart paper. This
encourages efficiency and ownership from the start of the orientation. The paper should remain
posted throughout the orientation.

Activity 2: What is an FMC?

- The purpose of this session is to:
 - o Understand what an FMC is according to the Sierra Leone health system
 - o Understand the importance of the FMC for PHU quality
 - Understand the role of the FMC within the Advancing Partners & Communities project
- **Explain:** The PHU is receiving some other support from the Advancing Partners & Communities project. The project is supporting the FMC as a way to make sure that the community feels a responsibility for managing the PHU, even when the project ends.
- Ask: "What is an FMC? What does an FMC do?"
 - o Recommended response:
 - ▶ The FMC is a group of 10–15 members selected by the community to establish a link between the PHU, community, DHMT, and implementing partners to ensure that the common goal of improving community health is addressed in a way that promotes community ownership.
 - o **IMPORTANT:** When interpreting "facility management committee" into other languages spoken in Sierra Leone, please use a consistent definition:

English	Facility management committee
Krio	Di pupil dem wey de luk insay welbodi ose/buzness
Temne	Aniki Mekeleneh Ashath Kedamreneh
Limba	Biabay Thunadae Baneka Kabiamupeloka
	Other languages to be identified as needed

- **Distribute:** A printed copy of the FMC terms of reference (<u>Day I Annex: FMC Terms of Reference</u>) with each participant.
 - Again, a literate participant is encouraged to take notes, or the facilitator writes down the key points described as they are mentioned:

Adapted from PowerPoint presentation "Stakeholder meeting on establishment of facility management committees" by Dr. SAS Kargbo, MOHS 2012.

Facility management committees (FMCs)

- To give ownership to the people, the Ministry intends to establish facility management committees for all PHUs in the country.
- The FMCs will be used to ensure that health workers are accountable to the communities they serve.
- With over 1,100 PHUs in the country, a similar number of FMCs need to be established.

FMC functions

- Community representation and feedback
 - Liaise between the community and the health facility, providing facilities with feedback from community, and vice versa.
 - o Clearly communicate health polices to community members.
 - o Report any other matter that is affecting health service provision and use within their catchment

population.

- Accountability for PHU quality
 - o Information on non-functioning of facility because staff is absent, or stockout of drugs.
 - o Work with the health facility to prevent theft or misuse of drugs supplied to health facilities.
- Advocacy for resource mobilization
 - o Provide information on facility functionality to district and national levels for action.
- CHW monitoring and feedback
 - Support DHMT, PHU staff, and peer supervisors to support CHWs as per the National CHW Policy 2016–2020 (MOHS 2016).

Additional points:

- Link between community, health facility, and other organizations in the community. The FMC ensures that the common goal of sustainable health service is being addressed.
- It is a community initiative to establish their involvement to promote and ensure sustainable health services in line with the Basic Packages of Essential Health Services.
- At least one member of the FMC should be literate.
- FMC members are volunteers.

Additional questions:

- What have been your experiences with the FMC, the PHU, and the community?
- What are examples of ways FMCs can help the PHU and the community?
- Who are the FMCs? Brainstorm and list roles. Discuss the roles identified and include left-out role from the list below.
 - Traditional leaders
 - o Religious leaders
 - Mammy queens
 - o Women's groups
 - o Men
 - o Youth
 - o Children
 - o VDC representation from <u>all</u> communities
 - Community health workers
 - o Teachers
 - Disadvantaged groups, or people with special health needs, such as disabled persons or Ebola survivors

WHO do FMC members represent?

o Their community. Therefore, there should be an FMC member from every catchment community when possible, and community feedback should be solicited from all.

Explain and discuss each of the FMC member responsibilities:

- Serve as an entry point for health program implementers (i.e., special health initiatives) visiting their community.
- Liaise between the health-related program and the community members.
- Mobilize community to participate in health activities.
- Settle disputes among health staff and between the community and health staff.
- Disseminate health information in the community.
- Coordinate with other community development programs like education, child protection, agriculture, and others as needed.
- Work closely with PHU staff; coordinate with all health delivery structures (CBO, BFV, etc.).
- Mobilize resources.
- Ensure that drug peddlers/quacks do not practice in the community.
- Identify and report health problems (outbreaks) to the nearest health facility.
- Take responsibility for the development of the community health programs.
- Monitor and evaluate outcomes of village health activities.
- Support renovation of health facilities.

The FMC is responsible for addressing facility needs, including:

- Day-to-day maintenance
- PHU staffing challenges (i.e., housing constraints, motivation, things communities need to do for PHU so that better/more services can be available).

Use this visual to explain the relationship between the FMC and other community structures:

Ask: We are now at the end of this session. What did you learn?

- Possible responses:
 - According to the Sierra Leone health system, every PHU should have an FMC to make sure that the services are reaching the community.
 - The FMC is also responsible for helping the PHU to be well managed and maintained, so that it can deliver good services.
 - The Advancing Partners & Communities project is supporting the FMC as a way to make sure that the community feels responsible for managing the PHU, even when the project ends.

Session 2. FMC selection criteria

OBJECTIVES	 At the end of the session, participants should: Understand the importance of having diverse FMC membership Understand the importance of FMC representation across all communities
DURATION	2 hours
PREPARATIONS/ RESOURCES REQUIRED	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Picture of the cassava leaf stew ingredients and meal

Activity 1: Cassava leaf sauce

- Ask: "I learned that in this chiefdom, the cooking is very nice. What some of the best foods to eat here?"
 - Possible responses: Cassava leaf sauce groundnut soup, okra stew, potato leaves, pepper soup, jollof rice.
 - Of the responses, choose one that is a sauce or requires a mix of at least five ingredients. For this example, we will use cassava leaf sauce.
- Ask: Okay, so you make a very nice cassava sauce. Let us imagine that the cassava sauce is the FMC, and we want to make sure that we have all the right ingredients.
 - O How do we make the best cassava leaf sauce together? How do we make the best FMC? What do we need?
 - What ingredients are needed to make the cassava leaf sauce?
 - Possible responses: Cassava leaf, ogiri, meat, fish, beans, palm oil, groundnuts, onion, peppers, water, salt, pepper
 - o Imagine that each ingredient is a person from the community. We want to be sure that we have people who will contribute different views and ideas. Let us imagine that the women are the cassava leaves. They are a very important ingredient for the sauce. Without them, it would not taste like cassava leaf! [Also note that it is mostly the women who know the ingredients and prepare the sauce, just as it is mostly women who access health care services at the PHU.]
 - o Continue to think of examples for the ingredients and FMC members:
 - What about the palm oil? It is like the PHU staff, who help everything stay together.
 - What about the meat? It is like the traditional leaders, guiding the taste and taking in the
 flavors of the other spices. The groundnuts are like the religious leaders; they have roots
 and know the history of the earth. The salt is like the teacher, because s/he knows the
 community well. [ADAPT AS APPROPRIATE]
- Ask: What happens when we mix all the ingredients?
 - Possible response: It gives the sauce flavor and taste.
- Ask: What happens if we take away some of the ingredients?
 - o Possible response: The sauce will not taste right.

Explain: The same is true for an FMC. If you do not have the representation of different types of people, it will not be as good as if they were all there. For example, if we had too many women, too many men, or no youth, it would be like the cassava leaf sauce was missing an ingredient. It would not not taste right.

CASSAVA LEAF SAUCE INGREDIENTS



Facility management committee



Activity 3: FMC Membership and Representation

- Every government-owned or -supported health facility must have a functional FMC attached for smooth operations and maintenance of the facility. The PHU staff will coordinate with the community stakeholders (councilors, chiefs, headman, mammy queens) to establish a FMC.
- **Ask:** What do you think the criteria for establishing FMCs <u>membership</u> selection should be? *Take notes on a flipchart and ensure that all points are mentioned:*
 - o Permanent resident of the facility catchment community.
 - Selected by community.
 - o Literacy is not required, but at least one member of the FMC should have basic literacy.
 - Representation from all religious sectors, social groups (e.g., traders, teachers, women associations, local leaders)
 - o Representation from each community/village within the facility catchment; preferably a CHW.
 - At least 30% women.
 - o New members selected every year for fair representation and commitment.
 - o Re-selected FMC members must have shown commitment in the previous term.
 - Ability to mobilise communities and resources
 - o FMC members should not be of military/political participation.
 - O According to the MOHS Directorate of Policy, Planning and Information, FMC membership should range between 10 to 15 members, including catchment community representation. In some cases, there may be many more communities within the catchment area, suggesting that general membership may need to increase to ensure adequate representation. In these cases, the project suggests that the IPS and DHMT help the catchment area to select a number of FMC members to achieve:
 - The most diverse membership (i.e., types of community people).
 - Greatest representation (i.e., from the most catchment communities).
 - Highest functionality (according to the FMC functions outlined in the strategy and specifically tools I and 3).
 - Optimal use of available resources.
 - For example, in one case a PHU covers over 40 communities. If FMC members are self-motivated and/or supported by the rest of the FMC to participate, they should not be excluded. However, in the case of external implementing partner or DHMT-supported activities to strengthen FMCs, available resources may limit the number of FMC members supported (e.g., to receive transport reimbursement for a training). In this case, the FMC should determine who will best benefit from the sponsored activity and select accordingly. Alternatively, if the FMC can work with the implementing partner/DHMT and agrees to support additional members themselves, then greater membership could be a possibility.
 - Government stakeholders should not be included into the membership. They should act in the capacity of advisors/monitors.
 - o FMC members should include:
 - Traditional leaders
 - Religious leaders
 - Mammy queens
 - Women's groups
 - Men
 - Youth
 - Children

- VDC representation from <u>all</u> communities
- Community health workers
- Teachers
- Disadvantaged or marginalized groups, such as disabled persons and/or Ebola survivors
- Ask: What qualities should an FMC member have?
 - Possible responses:
 - Good understanding, listening skills, and judgment.
 - Willing to work for the good of the community. (i.e., to volunteer)
 - Unmoved by emotion.
 - Persuasive.
 - Strong negotiation skills.
 - Able to say "yes" and "no" as appropriate.
 - Conveys accurate information to the community and the government.
 - Institutes feedback mechanism.
 - Uses simple language and appropriate channels.
 - Shares concerns and ideas of other community members.
 - Speaks up for others.

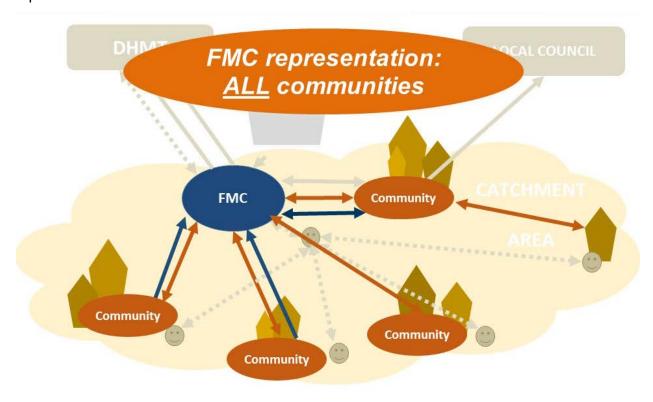
The following image can help communicate the importance of diverse FMC membership:



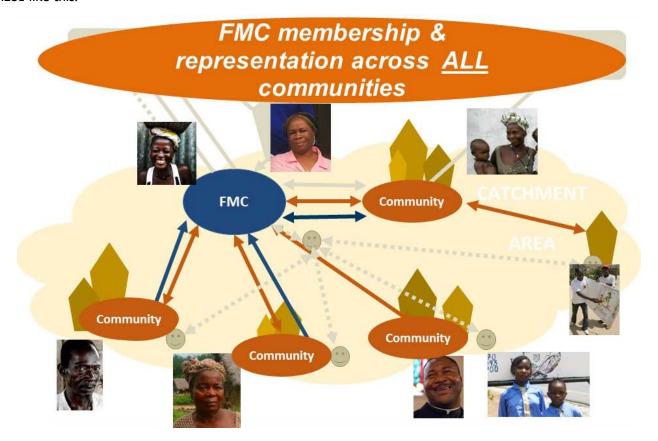
In addition, FMC members should **represent** their catchment area population.

- Ask: How many communities are included within the PHU catchment area?
 - o It may be useful to list all the community names, write on paper, and count the total.
- Ask: What does "representation" mean?
 - Possible responses:
 - The community is represented when someone from it contributes to the FMC.
 - People are coming from many different communities to share their perspectives.

The following image can help to communicate the meaning and importance of adequate FMC representation:



Broad membership <u>and</u> representation across all communities within the catchment area can be visualized like this:



FMC motivational name

Once selected, the FMC is encouraged to discuss and agree upon a local motivational name. This is a good practice because it supports member ownership of the FMC and promotes local cultural values and pride. It is also an opportunity for the FMC members to make a first decision together.

If the FMC members have not selected a local motivational name, the facilitator could allot time during this session for the members to discuss this.

Session 3. FMC Roles of the Executive and General Members

OBJECTIVES	At the end of the session, participants should: Understand the roles and responsibilities of executive FMC members Understand the roles and responsibilities of general FMC members	
DURATION	2 hours	
PREPARATION/ RESOURCES REQUIRED	☐ Flipchart and markers☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle	

Activity 1: Roles of FMC executive members

- Ask: What do you think are the roles and responsibilities of FMC?
 - Listen carefully and record key points on the flipchart. Add the following points to what they
 give you.
 - The membership of the FMC should not exceed 15, and therefore it is vital to maintain only a small number of executive members within it.
 - The FMC will elect its own leadership through a free and fair election process.
- **Explain:** The advisors to the FMC will lead and support the election process for executive members. FMC activities should be divided amongst the following executive member positions:
 - Chair person
 - Vice chair
 - Secretary
 - Treasurer
 - Auditor/monitor
- These members will:
 - Be elected by the FMC general members
 - Hold office for one-year period, after which they can run for re-election. However, if the bearer of an executive positions is under-performing or has become dormant, that person may be replaced with another member until the year is complete and new elections are held.
- Ask: What makes a good FMC executive member? Write answers (or ask a participant to do so)
 - Possible responses:
 - Responsible and reliable.
 - Good communicator
 - Can write and/or manage finances.
 - Cooperative and helps the FMC perform its functions.
 - Good leader.
 - Self-motivated and do not rely on support from external partners to get things done.

- Ask: What do you think the functions of each position should be?
 - o Guide participants to list the following functions for each of the positions:

FMC executive member	Roles and responsibilities
Chair	 Represents the committee in different forums, including the VDC and elders of the community. Mobilizes people Communicates with local authority, health facility, and DHMT Coordinates all community activities. Assigns duties to and evaluate the work of members. Calls members for meetings and records their attendance, along with the secretary. Presides over FMC meetings. Is signatory to any account the community may to open.
Vice chair	 Performs similar functions as the chair and takes chair's place in his/her absence. Helps chair oversee coordination of FMC activities and work of members. Contributes to the work of committee as an individual member.
Secretary	 Helps chair manage meetings and takes minutes of every meeting held in the community Makes announcements and updates members. Announces date and prepares agenda in consultation with chair. Compiles and files reports Should reside permanently in the community where the PHU is located
Treasurer	 Manages and keeps secure all FMC resources (money, materials, and other properties) of the FMC, and does not exploit or abuse them. Manages financial books and keeps a record of all FMC resources used by and in the possession of the committee. Shows records to the committee at any time called upon. Conveys messages to the community, especially women. Participates in meetings.
Auditor/ monitor	 Audits the treasurer and make sure the FMC's financial books are in order. Gives periodic reports to the committee on findings of the audit.

- **Ask:** If they have such positions in their communities.
 - o If so, how were they selected? What criteria were used?
 - o Are they functioning?
 - o If they don't have a particular executive member, why?

- Remind participants that because one person cannot be assigned all the responsibilities listed above, activities must be distributed among all members.
 - At least one of executive position must go to a woman. The number of women on the FMC should be representative of the committee. If this is not possible, give women specific and full responsibilities (not just sub-responsibilities of men's tasks).
- **Explain:** In addition, FMC general members play an important role to fulfill the FMC functions, indicated but not limited to the list below.

FMC general member	Roles and responsibilities
All members	 Do what is decided/suggested by the committee and chairperson. Contribute ideas during meetings. Represent their communities by reporting the problems and needs of their communities. Report FMC activities to their communities. Are connected to their own community's structure (e.g., VDC/WDC). Use the PHU exit interview form to solicit community feedback.
PHU staff in-charge	 Provides updates on the daily PHU functions. Is custodian of all PHU deliverables. Co-signs deliverables to the facility. Ensures proper documentation for accountability/audit purposes. Informs the FMC of staffing or other facility-level challenges.
Town chief	Convenes monthly meetings, resolves conflict, co-signs all deliverables to the facility, monitors use of all facility deliverables.
Religious leaders (imam/pastor)	 Ensure peace between the FMC and the community, resolve conflict, is informed of importance of using the Basic Package of Essential Health Services and encourages people to access PHU and community health services, and encourages traditional healers to refer sick people to PHU services.
Women's representative	 Organizes the women's and mother's health groups within the catchment area to promote PHU use. Provides feedback to FMC on women's concerns about PHU services; promote water, sanitation, and hygiene (WASH) activities Promotes breastfeeding.
Men's representative	 Organizes the men's groups within the catchment area to promote PHU use. Provides feedback to FMC on men's concerns about PHU services.
Youth leader/representative	 Organizes youth groups within the catchment area to promote PHU use. Provides feedback to FMC on youth concerns about PHU services, in particular adolescent-friendly reproductive health services.
Community health monitor	Encourages timely use of PHU services; promotes WASH.
WASH focal persons (2)	Responsible for ensuring proper WASH techniques at the PHU and promoting good WASH practices within the catchment area.

FMC members should be asked early on, "how can motivation be sustained?" In most cases, external, project-based implementing partners may have motivational resources, but this is not sustainable in the long term. Who is responsible within the FMC for sustaining motivation? What FMC mechanisms can promote sustainability?

Activity 3: Review of Daylactivities and key messages

• **Ask:** We have discussed the functions of the FMC, its membership, and the roles and responsibilities of executive members. What are the key messages from our discussions today?

KEY MESSAGES (ensure that all are mentioned)

- The FMC is a group of community members selected by a community to establish a link between the PHU, community, DHMT, and implementing partners to ensure that the common goal of improving community health is addressed and promoting community ownership.
- The FMC should ensure that health workers are accountable to the communities they serve.
- For a facility to develop, be maintained, and succeed, it must have an effective, viable, responsive and dedicated committee.
- The work of FMC members is sacrificial. FMC members should not expect to receive personal rewards, but rather they should work for the good of their PHU and their community.
- FMCs do not have all the answers to facility problems and must be prepared to network and create linkages with external players.
- FMC members should represent all <u>communities</u> and types of <u>people</u> served by the PHU.
- An FMC is motivated to help the PHU deliver good services.

Date 20/4/2016

Facility Management Committee: Terms of Reference

These terms of reference (TOR) guide the function of the FMC in the management of health services.

Membership and mandate

Facility management committees (FMC) consist of 10 to 15 volunteers selected by and from the community. Local authorities such as ward councilor can advise FMCs but cannot be part of them. Organization (i.e., political) staff members cannot be members of the FMC.

FMC will choose executive members to hold the following positions: chair, vice chair, secretary, treasurer, and auditor/monitor. Executive members will hold office for a one-year period, after which they can run for re-election.

Purpose

To link between the community, the health facility and other organizations in the community. The FMC ensures that the common goal of sustainable health service is pursued.

It is an initiative to establish community involvement in sustainable health services, in line with the Basic Packages of Essential Health Services.

Accountability

The FMC is accountable to the ward councilor and the DHMT. For technical purposes, the FMC reports directly to the PHU in-charges. FMCs also coordinate with the VDC and provide feedback to the community on health services provision.

Meetings

- The committee should meet at least once in a month to discuss health issues in the community and health facility. Other meetings can be arranged as needed.
- The PHU in-charge should attend the meeting, or delegate one of her/his staff in her/his absence.
- Meetings require a minimum attendance of 5 members.
- The chair person is responsible for calling meetings.
- All meeting should have minutes recorded (English, Krio, or other local languages). A copy of the minutes should be kept in a file in the health PHU.
- The committee should meet quarterly with the DMO or a representative from DHMT.

Expected FMC activities

- Oversee work in the health facilities, such as:
 - o Making sure that the staff is at work regularly.
 - o Participate in disciplinary issue in the clinic.
 - Supervise the availability of drugs and participate in the reception of drugs at the clinic.
- Liaising between DHMT, the facility and the community to ensure the services of the health facilities are accessed by community members
- Facilitating and encouraging community based health activities such as health promotion and vaccination outreach.
- Mobilize the community to maintain health facility buildings and environments:
 - o Contribute to construction and rehabilitation of buildings and fences.

- o Clean health facility compound.
- Contribute to the staffing of the health facility, including advocating for staff and seeking ways to motivate and retain staff.
- Participate in nomination of candidates for short- and long-term trainings.
- Report unusual health problems or epidemic prone diseases immediately to the health facility.
- Teach the community about health facility ownership.
- Protect the health facility, MOHS, and partner staff.
- Attend meetings and record minutes.
- Resolve disputes between the PHUs and the community.
- Monitor free health care.

Engagement

- The number of reports received from the FMC.
- Number of meetings and their Minutes shared with DHMT
- Number of participation in PHU management by any member of the FMC
- The number of formal visits to PHUs.
- The number of meetings with the DHMT
- Meeting attendance by FMC members

FMC entitlement from the implementing partners

- 1. Orientation and strengthening on key FMC functions
- 2. Support materials:
 - o Exercise book, ledger book, pen for the secretary and treasurer
 - o File boxes, paper, and pen for FMC treasurer on establishment

Disciplinary measures

- If there are problems during the FMC mandate, they can be dismissed through the consultation with the community and ward Councilor/DHMT will have the final say for community to elect the replacement.
- If a member is absent from meetings and other FMC work for 3 consecutive without genuine reason, will be dismissed from the committee, and other member will be elected.
- Other disciplinary measures will be decided accordingly by the committee.

END OF DAY I

DAY 2

Session 4. FMC community feedback mechanisms

OBJECTIVES	 At the end of the session, participants should: Understand the importance of community feedback for PHU quality Understand how to use a PHU exit interview form Practice using a PHU exit interview form and interpreting results
DURATION	2 hours
PREPARATION/RESOURCES REQUIRED	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Printed copies of TOOL 4: PHU exit interview forms ☐ Refreshments when possible

Activity 1: Reminder of Day 1 activities and key messages

- Ask participants to remind each other what they discussed and learned yesterday.
 - Continue to probe and ask different participants until all key messages are mentioned. Refer to notes and terms of reference as needed.
 - FMC functions
 - FMC membership and representation
 - FMC executive member roles

Activity 2: Explanation of PHU exit interview form

• Distribute printed copies of TOOL 4: PHU Exit Interview Form, and guide the participants through each part of the scorecard.

Activity 3: Role play for PHU exit interview form

• Guide participants through a PHU interview, and instruct them to form pairs, with one person playing the role of FMC member and the other an existing PHU client to practice using the tool.

Session 5. Facility maintenance plan

OBJECTIVES	At the end of the session, participants should: • Understand how to use the monthly facility maintenance checklists [TOOL 5]
DURATION	2 hours
PREPARATION/RESOURCES REQUIRED	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Printed copies of TOOL 5: Facility Maintenance Plan

This should be a highly practical exercise that would ideally take place at a PHU.

Activity I: Explanation of facility maintenance plan

Explain:

- The FMC supports the PHU and ensures that the facility is well-maintained so that it can provide high-quality services.
- The facility maintenance plan [TOOL 5] is a PHU assessment checklist.
- A designated FMC member uses the checklist to assess the PHU facility once a month, and will
 present results at the FMC monthly meeting.
- The checklist questions will help the person responsible to determine if there is a problem, and will recommend ways to correct it.

Distribute copies of TOOL 5: Facility Maintenance Plan, and guide the participants through each part, question by question, to ensure that participants understand the meaning of each.

- Header, including facility name, person responsible, and date for each month.
- IPC/WASH component.
- Facility improvement.

Activity 2: Role play for facility maintenance plan

Guide the participants through a monthly maintenance check at the PHU itself, using the facility maintenance plan checklist, and instruct them to practice using the tool among themselves.

• If there are problems identified that require FMC attention, help participants reflect on how they would present the issue to the FMC.

Session 6. Facility improvement action plan

OBJECTIVES	At the end of the session, participants should be able to: • Integrate PHU exit interview form results [TOOL 4] and the facility maintenance plan [TOOL 5] into the facility improvement action plan [TOOL 6]
DURATION	3 hours
RESOURCES REQUIRED	 ☐ Flipchart, paper, markers ☐ Printed copies of TOOL 6: Facility improvement action plan

Activity 1: Turning facility priority problems into action plan objectives

- Use Part I of TOOL 6 to list all problems indicated by the PHU exit interview forms [TOOL 4], and the problems revealed by the facility maintenance checklist [TOOL 5].
- Compile and identify the top five priority problems at the PHU.

Activity 2: Role play with Tool 6

- Participants will identify one priority problem, one objective, and one series of actions to achieve the objective.
- Participants will present their results with the group and receive feedback.

PART 2: FMC STRENGTHENING FOR ACTION

Part 2 of the training should take place at the PHU. If resources and time are limited, implementing partners with the DHMT can refer to FMCs' functionality assessments to prioritize which sessions are needed to strengthen the FMC's functionality.

DAY 3

Session 7. FMC meeting organization

OBJECTIVES	At the end of the session, participants should:
	 Understand what it means to be an effective and viable committee Use simple checklists to support good meeting organization
DURATION	I hour
PREPARATION/RESOURCES REQUIRED	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Printed copies of checklist

Activity 1: Discussion on effective and viable committee

- Ask: How have your meetings been going? What must be in place for a successful meeting to happen?
- Ask each FMC member: What have you been doing to fulfill your role on the FMC?
- Ask: What do you understand by a viable committee?
 - o Possible responses: For a committee to be effective it should:
 - Be able to mobilize the community.
 - Work with communities to save funds.
 - Work with people outside the community to raise funds
 - Reduce dependency from outside aid
 - Improve the environment and quality of life
 - Conduct regular committee and general meetings.
 - Be able to settle disputes.
- Ask: What do you understand by an effective committee?
 - o Possible responses: For a committee to be effective it should be able to:
 - Plan activities in consultation with members and ensure smooth implementation of the planned activities.

- Motivate/mobilize people into action.
- Monitor activities to ensure that they are going as planned
- Delegate responsibilities.
- Communicate freely and effectively

FMC meetings

IN.	TERNAL FMC MEETING CHECKLIST
	Was notification of meeting made more than one week in advance?
	Was meeting held I month or less since last meeting?
	Were requests for agenda items solicited from FMC members?
	Was the location of the meeting identified in advance?
	Was attendance taken?
	Was the agenda followed, including time management?
	Was an effort made to encourage the participation of all attendees?
	Were minutes taken?
	Were action steps outlined, including the person(s) responsible for action, resources required, and
	timeline?
EX	TERNAL COMMUNITY MEETING CHECKLIST
	Was notification of meeting made more than one week in advance?
	Was meeting held 3 months or less since last meeting?
	Were requests for agenda items solicited from community members?
	Was the location of the meeting identified in advance?
	Was attendance taken?
	Was attendance taken? Was the agenda followed, including time management?
	Was the agenda followed, including time management?
	Was the agenda followed, including time management? Was an effort made to encourage the participation of all attendees?

Questions to ask the FMC:

- How will you maintain your FMC member motivation?
- How can DHMT support your FMC in the longer term?

Session 8. Advocacy and resource mobilization

OBJECTIVES	 At the end of the session, participants should: Understand how advocacy to various community stakeholders can help to mobilize resources for the PHU Have basic advocacy and resource mobilization skills
DURATION	I hour
PREPARATION/RESOURCES	☐ Flipchart and markers☐ Shady space cleared, with either benches or rugs to sit on,

The session was developed based on content provided by Amie Kamara, Save the Children. ["Advocacy for the recognition and support to CHWs: Building movements for change" PowerPoint presentation, no date.]

Activity 1: Understanding advocacy through experience sharing

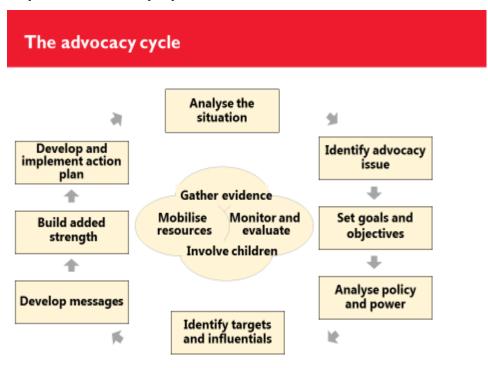
- In **plenary**, **ask:** What is advocacy?
 - Advocacy is "a set of organised activities designed to influence the policies and actions of others to achieve positive changes."
 - This includes <u>speaking out</u> on behalf of the issue.
 - Empowering concerned community members to speak for themselves.
 - Working to change policies and procedures so that they will have a positive effect on the community.
 - Making sure that the policies designed to make the positive change are put into practice.
 - In other words, sharing information and messages targeted to <u>decisionmakers or leaders</u> with the goal of influencing them to act for the benefit of the community (whether to instate a policy or change the way resources are allocated).
- What does it mean to do advocacy?
- What is the difference between: advocacy, campaign, and sensitization?
- What are the similarities?
 - Advocacy is targeted at <u>decisionmakers or leaders</u> to influence them to act for the benefit of the community. It means to "lobby/influence change in policies and practices. This can be done through conducting meetings, advocacy forums using evidence based research / findings."
 - Sensitization is information targeted at <u>individuals</u>, <u>families</u>, <u>or communities</u> with the goal of influencing them to change their own behavior or actions. For example, sensitization is sharing messages/activities designed to change behaviors, attitudes, and practices of the public/individuals (e.g., "Malaria kills: use ITNs," "breastfeeding makes your child grows strong & healthy.")
 - Campaigns are conducted "to mobilize/build movements of wider public in taking actions for change. It goes beyond influencing policies and practices. It is an external activity, such as a media campaign, rally, or protest (peaceful or radical). Campaigning helps accelerate actions by policy makers and is done when we notice slow response to policy change. It often involves placards, banners, flyers with key messages."

Who is an advocate?

- An advocate is "a person or groups who champion/lead/facilitate/initiate activities designed to
 influence the policies and actions of others to achieve positive change...based on the experience
 and knowledge" of the community
- An advocate can be anyone in the community who would like to share his/her message with decisionmakers and leaders. FMC members play an important role within their communities to influence other decision makers, such as local authorities, the DHMT, PHU managers, and traditional leaders.
- An advocate:
 - Is passionate about and committed to the issues affecting the community. S/he is not looking for profit or material gains.
 - Believes/leads/supports causes publicly or through lobbying. S/he is not shy.
 - Promotes and mobilizes a campaign for transformation/actions. S/he is eager for change.
 - Propagates change through teamwork/network/coalition. S/he does not work alone.

- Perseveres and endures until change comes.
- Allies for change are those who are in favour of your cause and are willing to help you achieve the changes.
- Ask participants to form pairs to discuss an advocacy issue that they lead/participate in, if applicable.
- In plenary, ask two/three pairs to share their experiences:
 - O Why did you choose that particular advocacy issue?
 - O What was the change?
 - O What was challenging during the advocacy process?
 - o How did you go about the advocacy process, in terms of partnerships? allies? collaboration?

Activity 2: The Advocacy Cycle



Using a diagram or flipchart, **display** the Advocacy Cycle diagram and explain each step, using the notes below.

- 1. **ANALYSE THE SITUATION** Advocates are inquisitive, affected by problems, and want to intervene.
 - O What issues are of concern/threat to citizens/individuals?
 - List them by priority (1,2,3,4,5 etc.)
 - Choose the most pressing need Make sure it is overarching to the others
 - o Is the issue one that can be changed by your advocacy? Are you sure of public support? Do you have the capacity (staff, financial, technical) do what needs to be done? Will your advocacy effort have bigger effect on the changes?
- 2. **IDENTIFY THE ADVOCACY ISSUE.** Delve into the details of the problems (where is the problem? Why is it happening? How big is it? What are the priorities? What are the effects of the problem?) For example:
 - o The children are not going to school.
 - o They keep falling ill.
 - o They drink bad water.
 - o The well is too far away to go to every day.
 - o The government said a year ago it would build a well closer but has done nothing.
 - o The local government official has not released the funds that have been set aside
 - O Ask Why? Why? why? until you arrive at the root causes of the problem.
- 3. **SET GOALS & OBJECTIVES.** What CHANGES do you want to see on the issues identified?
 - What are the changes that you foresee in the longer term? For example, within the project year, or in 3 or 5 years? Objective should be broad but optimistic, and at least partly achievable.
 - When defining what you aim to change/solve/achieve, the objective should be
 "SMART:" specific, measurable, achievable, realistic, and time-bound. The objective should
 take into account the kinds of resources (human, financial, material) and capacity that are
 available.
- 4. ANALYSE POLICY & POWER. Who has to power to make the change(s) we aim to see? Consider the kinds of people who could have power or influence:
 - o Politicians and parties (elected, appointed) in formal government
 - o The DHMT
 - o The local council
 - Civil servants (ministries/MDAs)
 - o Faith organisations and leaders
 - o Business associations and big companies
 - Military/armed forces
 - o Lawyers, judges, doctors, academics, teachers, traditional heads, and other professionals
 - o Media including radio
 - o Trade unions and workers' associations
 - Women's, children, youth groups
 - o INGOs and civil society organisations

5. IDENTIFY TARGETS & INFLUENTIALS

- Which individuals/groups will support the call for changes? (use your connections)
- Who are your allies for change, in favour of your cause and are willing to help bring the change?

• Who is the opposition, the critics who are against the change you desire, and who will do their best to hinder your movements?

Note: An individual/group/institution might fall into one or more of these categories.

6. **DEVELOP MESSAGES.** What message do you want to send, to whom, through which medium? Which forum/events?

<u>Key elements of good messages:</u> Good messages summarize the issue, are catchy, snappy, concise, and to the point. They should attract the public. They should capture the problem and proposed solution in easy to understand terms.

- State the issue What is the problem? This should be very clear and understandable.
- State the consequences What will happen if the problem is not solved?
- Propose solutions What needs to change and how will you do it?
- <u>Identify your target/problem solver</u> Direct message to the group/individual/institutions that have the power to make the change.
- <u>Choose message medium</u> What channels will you use to disseminate your messages (e.g., radio, posters, banners, television)?
- 7. **BUILD ADDED STRENGTH** In building a coalition, you create a bigger movement that is more likely to effect change. (Remember: "No person is an island, no person stands alone").
 - o Identify and invite groups /individuals who are passionate and support your issue to join your advocacy. Additional supporters could be community members, CHWs, chiefs, groups (women, children, youth), members of the media.
 - Organize a meeting and secure their commitments/support.

<u>Key opportunities</u>: Use these forums to announce your advocacy efforts and build strength with additional supporters:

- Council meetings.
- In-charges meetings.
- Public events MNCH week, DAC, World AIDS Day.
- Community meetings/events that are in line with health/development.
- Barry sittings.

8. **DEVELOP & IMPLEMENT ACTION PLAN**

- o How will you achieve your set objectives?
- What steps and actions your team takes? Will the steps and actions help you to achieve your objective? How?
- Are the steps doable? Do you have the money/funding to complete them?

Evidence gathering: tools for advocacy. Advocacy tools can give you legitimate grounds to engage with people who have power to promote positive change. Tools for advocacy will be described in the following activity.

- 9. **MONITOR/EVALUATE/REVIEW.** Are we on track on what we committed to do? Are the changes happening? Review your strategy and approach. Successful advocacy is well timed; it takes into account when the atmosphere may be more conducive to positive change and seizes the opportunities.
- 10. **KEY MOMENT/OPPORTUNITIES.** At which forum/events will you convey your messages (e.g., council meeting, town hall barry, visits by MPs, president)?
 - Using the displayed diagram, remove one or two steps from the cycle and ask participants if it is advisable to skip a step. Help them understand the negative effect of skipping a step.

- o **Role play:** Identify four participants to enact a role play to talk through and describe specific details of the advocacy cycle for the following themes:
 - Ending community-based deliveries.
 - Increasing staff at the health facility.
- o **Ask other** participants to comment on the role play.
- Evaluate the session by making five statements and asking participants to identify which step of the cycle that these statements fall.

Activity 3: Tools for advocacy and campaigning

- Ask participants to list tools for advocacy and campaigning and display the list on flipchart pads.
- Ensure that the list captures the following advocacy tools:
 - o Report: Write a report on your particular issue and present to key decisionmakers.
 - o <u>Position paper</u>: Write and present a position paper to key stakeholders on the issues and changes you want to see. It should be a joint call from networks /coalition.
 - o <u>Lobby</u>: Lobby decisionmakers for changes through letters and meetings
 - Media: Media campaigns may help to deliver your messages via radio, press conferences, television programs, newspapers). Use social media (such as WhatsApp) to disseminate messages
 - Advocacy forums: Conferences, seminars, forums, events.
 - o Networking: Identify and build more support/allies.

Activity 4: Developing an advocacy plan

- Distribute a sample advocacy plan to all participants.
- Ask participants to identify community-level advocacy issues that FMCs can work on.
- Break participants into group of five and ask them develop an action plan that addresses these issues. Using the sample plan as guidance.
- Integrate this plan into FMC Tool 6 (facility improvement action plan).

Activity conducted	Details	By when	Who will do it?	What help is needed?

Session 9. Financial management

OBJECTIVES	This session is exclusively for the treasurer of the FMC.			
	At the end of the session, participants should:			
	Demonstrate basic financial functions needed to maintain the FMC			
DURATION	2 hours			
PREPARATION/RESOURCES	☐ Flipchart and markers			
REQUIRED	☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle			

Activity 1: Budgeting discussions

Ask participants "What is a budget?" and write their responses on a flipchart. Then supplement their answers with the following points:

- 1. It is the translation of plans into financial terms that express what you put in and what you receive over a certain period of time.
- 2. It functions as an activity or action plan for the committee.
- 3. It presents the estimated future financial statements of the committee.
- 4. It is a way for a committee to measure how/if it is achieving its goals.

Explain that budgeting is important to planning any activity. Imagine that you are going on a trip. You fill your bag with the clothes, food, and money you'll need. This pertains to the concept of budgeting—ensuring that you'll have enough resources (in your bag) to make it to your destination.

A budget can take many different forms.

- 1. It may cover a short time span (e.g., a newly formed FMC develops a budget to ensure that it will have enough cash to cover operating expenses for the next month or two).
- 2. It may have a long-term perspective (e.g., an FMC makes a multiyear budget for a health center).
- 3. It may focus on required resources only (e.g., an FMC wants a power saw to produce boards, so it includes the cost of a power saw).
- 4. It may account for income as well as expenditures (e.g., an FMC creates a profit plan based on activities to undertake in achieving this plan).

Ask participants: "Why is it important to make a budget?" Write responses on a flipchart, and supplement with the following points:

- I. To know how much the work cost.
- 2. It helps to assign contributions and tasks to different people.
- 3. It helps in avoid overspending.
- 4. It guides negotiating with contractors.
- 5. Reduces opportunities for theft or diversion of funds.
- 6. Identifies possible source of income/funding.

Activity 2: Group exercise Divide participants in to groups. Assign the following scenarios.

Group I - You want to construct a pit latrine for your PHU in your community. Make a budget for the construction of the latrine.

Group 2 - The district medical officer has sent a letter to your FMC indicating that a particular agency is ready to support advocacy training for your members. The agency has asked your FMC to prepare and submit a budget for the activity to the district medical officer for approval.

Ask the participants to present their work in a plenary and allow the participants to discuss the different presentations.

Activity 3: Bookkeeping

Ask the participants if they have done any book keeping for their FMCs. If the response is yes, ask them to explain how. Note the key points as they explain.

Define bookkeeping and explain its importance:

- **Bookkeeping** is the recording of all monetary transactions or other resources so they can be referred to when necessary.
- **Ask** participants why it is important to keep records of all monetary transactions. Allow them to come up with suggestions and note them on the flipchart. Supplement with the following points:

- o Bookkeeping helps make committees transparent and accountable.
- o It helps build credibility.
- o It is a reference tool.
- o It makes reporting easy.
- Makes it easier to track revenue and expenditures.
- o Helps with planning.
- o Guides expenditure.
- **Explain** that it is advisable to keep proper documentation of all monetary transactions done by the committee, and to present a report to the entire community periodically so they know the status of their funding. A committee member who is not an executive member should conduct spot checks without prior notice to ensure transparency and accountability.

Activity 4: Practical exercise

- Gauge literacy and numeracy:
 - Write down different Leone values on the flipchart and ask participants to call out the amount written.
 - o Call out specific amounts and ask participants to write them on the flipchart.
- Guide participants through an exercise on developing basic sample formats for keeping records on monetary transactions.

Cash ledger (receipts) - Explain that all monies generated or donated by the FMC within the month should be recorded in the cash ledger (receipt).

Date	No	Item description	Amount received
2/6/15	01	Fines from home deliveries	Le 215,000.00
16/7/15	01	Financial support from other organizations through advocacy	Le 400,000.00
19/7/15	02	Fines from meeting defaulters	Le 40,000.00
20/8/15	01	Membership contribution	Le 250,000.00
TOTAL			Le 905,000.00

Cash ledger (expenses)

Date	No	Item description	Amount disbursed
25/6/15	01	Cement for the repair of hand pump at the PHU	Le 125,000.00
20/7/15	01	Pipes for sinking of hand pump	Le 150,000.00
4/8/15	01	Fuel for PHU staff monthly outreach activities	Le 50,000.00
10/8/15	02	Fuel for PHU generator	Le 50,000.00
TOTAL			Le 375,000.00

General cash ledger (receipts, expenses, and balance)

Date	Item description	Amount received (receipts)	Amount disbursed (expenses)	Balance
2/6/15	Fines from home deliveries	Le 215,000.00		Le 215,000.00
25/6/15	Cement for repair of hand pump at the PHU		Le 125,000.00	Le 90,000.00
16/7/15	Financial support from other organizations	Le 400,000.00		Le 490,000.00
16/7/15	Fines from meeting defaulters	Le 40,000.00		Le 530,000.00
20/7/15	Pipes for sinking of hand pump		Le 150,000.00	Le 380,000.00
4/8/15	Fuel for PHU staff monthly outreach activities		Le 50,000.00	Le 330,000.00
4/8/15	Fuel for PHU generator		Le 50,000.00	Le 280,000.00
20/8/15	Membership contribution	Le 250,000.00		Le 530,000.00
TOTAL		Le 905,000.00	Le 375,000.00	Le 2,845,000.00

- **Remind participants** that persons giving and receiving money should sign for every transaction. It is evidence for documentation of a paper trail.
- Allow participants to ask questions. Attempt to answer all the questions in a participatory manner.

Session 10. Monitoring and reporting

OBJECTIVES	This session can focus on FMC executive members, particularly the secretary. At the end of the session, participants should: Understand the importance of monitoring and reporting FMC activities for community engagement
DURATION	I hour
PREPARATION/RESOURCES	 ☐ Flipchart and markers ☐ Shady space cleared, with either benches or rugs to sit on, arranged in a circle ☐ Secretaries of the FMC should bring their stationery / ledgers if possible

FMCs should track and have readily available information on their activities. FMCs are successful when they meet regularly, solicit community feedback (Tool 4), support facility maintenance (Tool 5), and continue to seek ways to improve their PHU (Tool 6). The manner in which FMCs uses these tools and related activities can be easily monitored and reported using Tool 7.

Activity:

Review the table below with participants (table may be displayed on a piece of flipchart paper). Ask each participant to copy the column entries into his/her ledger.

Ask participants to reflect on the activities the FMC led in the past month. Then ask them to update the most recent month with the information requested:

- Meeting with attendance list and minutes
- Other activities
- Use of PHU exit interview form
- Use of facility maintenance plan
- Updated facility improvement action plan
- Achievement of action plan objectives

Sample ledger entries for FMC monitoring and reporting

				Step 4:	Step 5: FMC facility	facility	Any objective of the FMC	
	FMC meeting held? (yes/no)	Female	Male	Any other FMC- related activities? (yes/no)	interview forms compiled? (yes/no) [TOOL 4]	maintenance plan developed /updated? (yes/no) [TOOL 5]	improvement action plan developed /updated? (yes/no) [TOOL 6]	facility improvement action plan achieved? (yes/no) [TOOL 6]
EXAMPLE	Yes	4	9	No	Yes	Yes	Yes	No
September 2016								
October 2016								
November 2016								
December 2016								
January 2017								
February 2017								
March 2017								
April 2017								
May 2017								
June 2017								

TOOL 4: PHU EXIT INTERVIEW FORM

Objective(s):	Solicit routine community feedback on PHU use and quality perceptions across all catchment communities
Outcome(s):	 Community feedback shared with FMC Community identification of facility problems
For use by WHOM?	FMC member (preferably secretary or another FMC member, with exception of the PHU staff to avoid conflict of interest), with strong support from project. FMCs compile results from all interview forms for the month and consider them during facility improvement action plan development. In the initial stages, the FMC member may receive support from another FMC member, or an implementing partner or the DHMT to complete the exit interview form.
WHEN?	ANC, under-five clinic, general clinic days, and NIDs (National Immunization Days), when it is expected that there will be many clients attending the facility. The designated FMC member will bring results to the next monthly FMC meeting.
HOW?	Administered by the designated FMC on the above clinic days to community members using the facility during this period. Preferably 3–5 forms should be administered weekly, making a total of 12–20 forms per month. One copy should be kept in the PHU and one with the secretary, unless s/he is a PHU staff person, in which case a copy should be kept by another FMC member.

The FMC will use the feedback from exit interview forms to develop facility improvement priorities and objectives for their facility improvement action plans [TOOL 6]. It is not possible to complete the exit interview form; feedback from FMC members during monthly meeting can be used as another form of community feedback to inform the facility improvement plan. The following questions should be considered.

- Are community members going to the PHU to seek services?
- If yes, what did they like about the PHU? What needed improvement?
- If no, why?
- What problems do community members that the PHU should try to fix?

PHU Exit Interview Form

PHU facility name and type:	Chiefdom: District:	
FMC local name:	Section:	
MONTH I - Date(s) of interviews:		

Name of FMC member (s) conducting interviews:																						
MONTH I (baseline) ASK: Based on your experience	Check the number of clients who respond to each question:	1	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	Total
How clean was the PHU today?	Not at all																					
	Somehow																					
	Good																					
2. Was water available?	Not at all																					
	Sometimes																					
	Always																					
3. How was the sanitation (toilet, hand washing station, laundry)?	Not at all																					
	Somehow																					
	Good																					
4. How respectful were the service providers?	Not at all respectful																					
	Sometimes respectful																					
	Always respectful																					
5. How quickly did you receive services?	Delayed																					
	Somehow quickly																					
	Very quickly																					
6. How available were the drugs for the service you received at the PHU today?	Not at all																					
	Somehow																					
	Good																					
	Not applicable (N/A)																					
7. How available were the supplies for the service you received at the PHU	Not at all																					
	Somehow											-										

MONTH I (baseline) ASK: Based on your experience	Check the number of clients who respond to each question:	1	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	Total
today?	Good																					
	My service did not require supplies																					
8. How was the furniture (especially	Not at all																					
sitting accommodation) at the PHU today?	Not enough																					
,	Enough																					

MONTH I COMMENTS (use the back of the page as needed):

TOOL 5: FACILITY MAINTENANCE PLAN

	Objective(s):	Use tool on a monthly basis to fulfill FMC role to maintain PHU quality									
	Outcome(s):	Facility maintenance plan supported									
	For use by WHOM?	Facility management committee, with support from PHU staff, implementing partners, the DHMT, and community members									
	WHEN?	In advance of the monthly FMC meeting. If the FMC does not meet every month, the maintenance plan should still be used every month, and all previous monthly checklist results can be presented at the following FMC meeting									
	HOW?	On FMC meeting day, before the meeting commences, members should walk through the facility to identify issues affecting the facility, then discuss them at the meeting and include them in the action plan [Tool 6]									
	PHU MONTHLY CHECKLIST										
	PHU:	Chiefdom: [District:	Per	son responsible	:					
	Check in the box after performing the check for each item.										
			Month I	Month 2	Month 3	Month 4	Month 5	Month 6			
Enter	date:										
Before	e the FMC mee	ting, survey the PHU:									
IPC/W	VASH compone	ent									
	the PHU compou ly disposed of?	nd been swept of debris, with refuse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
If there Discuss member	e is no cleaner, ho s the issue during	ner who should be completing this task? w can the FMC mobilize cleaners? FMC meeting. Could community rotating basis to maintain PHU	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐	☐ Yes ☐ No ☐	☐ Yes ☐ No ☐	☐ Yes☐ No☐			
→ If N how ca		e completing this task? If there is nobody, e the station is functioning? Discuss the	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No			
	people being scre	ened?	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			

what can the FMC do? Discuss the issue during the FMC meeting.									
4. Is the toilet clean?		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
→ If NO: is there a cleaner who should be completing this task? If there is no cleaner, what can the FMC do? Discuss the issue during the FMC meeting.		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
5. Are cleaning materials for the toilet available?		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
Enter date:	Mc	onth I	Month 2	Mont	th 3	Month 4	Mo	onth 5	Month 6
6. Are all doors lockable? → If NO: What can the FMC do to ensure PHU security? It may be useful to notify the PHU in-charge.		Yes No	□ Yes	-		□ Yes □ No		Yes No	□ Yes □ No
6. Is the incinerator working? (If applicable) → If NO: who should be completing this task? What can the FMC do to ensure the incinerator is fixed? Discuss the issue during the FMC meeting.		Yes No	☐ Yes ☐ No			□ Yes □ No			☐ Yes ☐ No
Are there separate pits for: □ Placenta?		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
□ Sharps?		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
☐ Ash? → If NO: who should be completing this task? What can the FMC do to ensure the above are fixed? Discuss the issue during the FMC meeting.		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
Facility improvement					1				
8. Is the solar panel working? (if applicable) → If NO: who should be completing this task? (Either the PHU in-charge or someone assigned by the PHU in-charge should have been trained on solar panel maintenance.) How can the FMC ensure the solar panel is working? Discuss the issue during the FMC meeting.		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No
9. Are the walls clean? → If NO: who should be completing this task? How can the FMC		Yes No	☐ Yes ☐ No			□ Yes □ No		Yes No	☐ Yes ☐ No

ensure it is clean? Discuss the issue during the FMC meeting.						
 10. Are there any problems with the drainage apron? → If YES: who should be completing this task? How can the FMC ensure the drainage apron is in good condition? Discuss the issue during the FMC meeting. 	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
II. Is the piping tank fitted well? (if applicable) → If NO: who should be completing this task? How can the FMC ensure the tank is working and has no cracks or dripping water? Discuss the issue during the FMC meeting.	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Is the water well functional? (if applicable) → If NO: who should be completing this task? How can the FMC ensure the well is working? Discuss the issue during the FMC meeting.	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Enter date:	Month I	Month 2	Month 3	Month 4	Month 5	Month 6
 I3. Are there signs of leaks, such as parts of the roof that are visibly wet, holes, or other damage? → If YES: who should be completing this task? What can the FMC do to ensure it is fixed? Discuss the issue during the FMC meeting. 	☐ Yes ☐ No	□ Yes □ No	□ Yes	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No
I4. Do you see any guano (bat poop) or holes in the fillet/ceiling? → If YES: who should be completing this task? What can the FMC do to ensure it is fixed? Discuss the issue during the FMC meeting.	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
 15. Is the paint peeling? → If YES: who should be completing this task? What can the FMC do to ensure it is fixed? Discuss the issue during the FMC meeting. 	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
16. Is there a drug cupboard?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
17. Is it in good condition? (Not rusted, doors can close) → If NO: who should be completing this task? Discuss during the FMC meeting What can the FMC do to ensure it is fixed/available? Discuss the issue during the FMC meeting.	☐ Yes	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

TOOL 6: FACILITY IMPROVEMENT ACTION PLAN

Objective(s):	 Prioritize facility problems based on feedback from PHU exit interviews (Tool 4) and any problems found from the monthly maintenance plan checklist (Tool 5) Develop facility improvement objectives Monitor action steps
Outcome(s):	 Facility improvement action plan completed; signed by the PHU in-charge Facility improvement action plan objectives achieved
For use by WHOM?	FMC, with support from implementing partners and the DHMT
WHEN?	Monthly FMC meetings
HOW?	 One copy at PHUs, one copy for DHMT and one for partners This plan will be revised every month during monthly meeting Documentation in file box at PHU level At each FMC monthly meeting, the action steps should be reviewed to determine if they have been achieved or need to be updated. If necessary, additional sheets for PART 4 can be used to rewrite the action steps in the event that they change course over time.
	What to do when there is negative community feedback? How can it be discussed at an FMC meeting (including one PHU staff) and later with all PHU staff?

PART I: Review all exit interview forms and feedback from FMC members representing their catchment areas (Tools 4 & 5) to identify the facility problems. The FMC should discuss all and note which problems are mentioned frequently.

roblem #I	
roblem #2	
roblem #3	
roblem #4	
roblem #5	
roblem #6	
roblem #7	
roblem #8	
roblem #9	
roblem #10	

PARTS 2 & 3:

Facility nam	ie:	District: Chiefdom:		FM	C member reporting:		Date:				
PART 2: Facility <u>priority problems</u> identified These should take into account the facility problems identified in Tools 4 and 5, and be aligned with project interventions & RMNCH/IPC goals. Priority problem 1.			Each RMI	PART 3: Facility <u>objectives</u> defined Each one should respond to a priority problem, be aligned with project interventions & RMNCH/IPC goals, and be able to be addressed by the facility. Objective I.							
Priority problem 2.				Obj	ective 2.						
Priority problem 3.			Objective 3.								
Priority probl	em 4.			Obj	ective 4.						
Priority problem 5.			Objective 5.								
Signatures of FMC executive members and PHU in-charge:	Chair person		Vice chair		Secretary	Treasurer		PHU In-charge			

	tion plan for facility improvem uplicate this page for each obj			
Detailed specific actions in sequence	Responsible person(s)	Resources needed & source (i.e. who will contribute) (labor, financial, material) Align with FMC functions, capacity building, advocacy to DHMT, maintenance plans	Timeline	Progress update (not done, ongoing, complete)
Step I				
Step 2				
Step 3				
Step 4				
Step 5				
Step 6				
Add/remove other steps if needed				
How will you ensure the improvement is maintained over time?	During monthly meeting, follow	up, direct observations, monitoring, and super	I rvision. Note if there are cl	nallenges beyond the FMC's control.

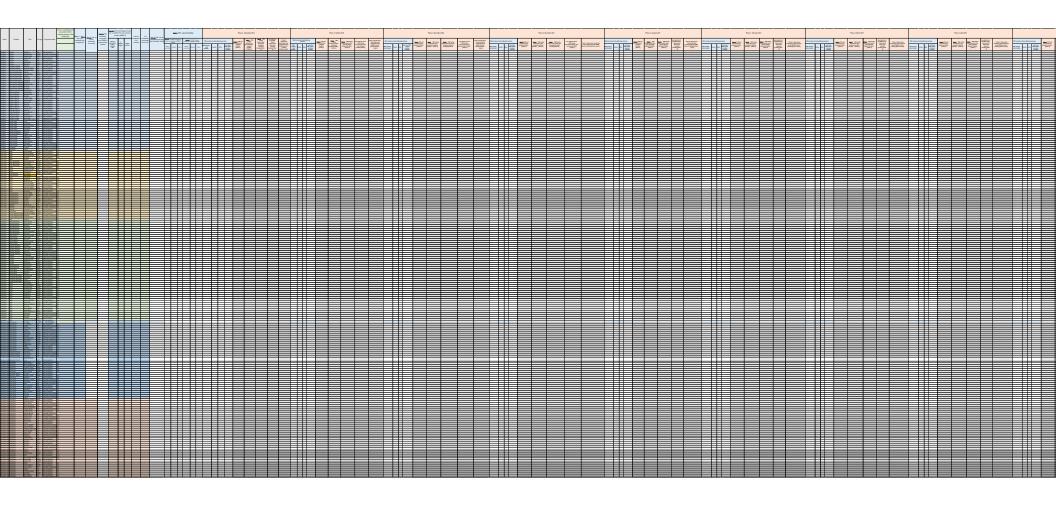
Optional: FMC facility problem identification

- Highlight all problems on the interview forms and read to FMC members.
- FMC members should vote which facility problems are the most important, with #1 being the biggest problem.

Month I: Facility problem identification	In subsequent months, FMC should rate the status of each facility problem identified:								
What are the facility's biggest problems? List based on FMC facility improvement action plan.	Month 2	Month 3	Month 4	Month 5	Month 6				
Problem #I	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse				
Problem #2	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse				
Problem #3	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse				
Problem #4	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse				
Problem #5	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse	Better Same Worse				

TOOL 7: COMMUNITY ENGAGEMENT MONITORING DASHBOARD

Objective(s):	 Track FMC strengthening milestones by phase, step, and tools used to document progress; and prioritize efforts, activities, and resources of implementing partners/DHMT
Outcome(s):	FMC milestones tracked and priority activities/PHU catchment areas identified
For use by WHOM?	Implementing partners with the DHMT
WHEN?	As activities take place, with updates provided on a monthly basis
HOW?	Implementing partners with the DHMT take note of each community engagement activity by marking the date, number, or information requested for each PHU's FMC.



Please see: TOOL-7_CE-Monitoring_dashboard.xlsx

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