Poor quality of and limited access to health care are major barriers to reproductive, maternal, newborn and child health services in Sierra Leone, especially since the Ebola outbreak. Improving service quality, eliminating barriers to accessing services, and improving utilization requires community involvement to support and hold health facilities accountable. Communities that engage through nationally designated structures can collaborate to prioritize local health problems; advocate for resources and support from relevant governmental bodies and stakeholders; and contribute to the planning, implementation, and monitoring of community-owned facility improvement interventions.

Community engagement is a coordinated series of activities at health facilities and/or within a community that builds community ownership of health issues and services. For the Advancing Partners & Communities project, such grassroots mobilization is necessary to improve facility quality and reduce community health disparities. Community engagement activities are essential to ensuring that service improvements are sustained when supporting the end of programs.

In Sierra Leone, community engagement is also a way to ease the health sector’s transition from emergency response to a recovery phase. When the Ebola epidemic began, the country had a range of interventions targeting health care improvements and an influx of investments to fund them. Engaged communities were essential to stopping transmission chains, dispelling Ebola myths, and reducing stigma and discrimination against Ebola survivors and their families.

The health sector and its implementing partners have a variety of experiences with and diversified approaches to community engagement, although most efforts have been disjointed, not harmonized, and insufficiently documented and evaluated.

Within this context, Advancing Partners & Communities developed a project-specific Community Engagement Implementation Strategy and Toolkit that:
• Aligns with existing national guidance, strategies, and policies, and complements other project activities in health systems strengthening and rehabilitation.

• Is being used by all implementing partners in the project’s priority districts to strengthen the functionalities of local health facility management committees (FMCs). The project supports FMCs, which were created by the Ministry of Health and Sanitation, in community representation and feedback; accountability for facility quality; advocacy for resources; and community health worker (CHW) supervision and feedback.

• Focuses on facility- and community-level partnerships, including with FMCs, village or ward development committees (VDCs/WDCs), and CHWs.

• Consists of: 1) FMC (re-)establishment guide; 2) FMC verification and functionality assessment; 3) FMC orientation and strengthening guide; 4) community scorecard for facility quality; 5) facility improvement action plan template; 6) facility maintenance plan template, and; 7) community engagement monitoring dashboard.

The strategy and implementation process seeks to strengthen partnerships among local stakeholders, including the district health management team (DHMT), the local council, facility staff, the FMC, VDCs/WDCs, and CHWs within the catchment area, as shown in the figure below.

As of July 2016, 181 FMCs and their respective health facilities have been involved in project activities with implementing partners in the five project districts.