Rebuilding Trust in Health Services: Engaging Communities through Facility Management Committees

214 FACILITY MANAGEMENT COMMITTEES STRENGTHENED IN **5** DISTRICTS

903 WOMEN	1,627 MEN

2,539 FMC MEMBERS

This technical brief describes the Advancing Partners & Communities project's community engagement (CE) strategy to help Sierra Leone's Ministry of Health and Sanitation (MOHS) strengthen health systems and structures. The strategy focuses on building capacity of facility management committees (FMCs).

HIGHLIGHTS

· Two-hundred-and-fourteen facility management committees (FMCs) in the project's five districts have been strengthened. Of the 2,539 FMC members, 903 are women and 1,627 are men.

· These FMCs were a conduit for community involvement and ownership of sustained facility maintenance.

· When FMCs were recognized as a community structure, they demonstrated their ability to promote improved facility quality, while encouraging communities to seek care for better health.

KEY ACTIVITIES

· Stakeholder mapping and an iterative, consultative process to develop and refine the community engagement (CE) strategy and toolkit.

· Implementation and monitoring of the CE strategy and toolkit to support FMCs to fulfill their roles and responsibilities in the five USAID-priority districts.

· Human-centered design (HCD) interviews and workshops to glean challenges, best practices, and lessons from implementation, to inform national scaling-up of FMC guidelines and training manual content.

BACKGROUND

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 family planning. With the aim of strengthening Sierra Leone's health system as part of its post-Ebola recovery response, the project has supported policies to advance reproductive, maternal, newborn, and child health (RMNCH); increase capacity and effectiveness of the health workforce and community platforms to provide high-quality services; and improve the physical and operational conditions of health facilities.

The project is implemented by a partnership led by JSI Research &Training Institute, Inc. (JSI). JSI provides direct technical assistance at the national level; district-level activities are implemented by a grantee in each district: GOAL in Bombali; International Medical Corps in Port Loko; Adventist Development and Relief Agency in Tonkolili; Save the Children in Western Area Rural; and Action Against Hunger in Western Area Urban. These five districts are home to about 50 percent of Sierra Leone's population (see map at right).

Community engagement is integral to health system resilience and ownership, although it is often overlooked. Strengthening local governance and including community members in health system design and improvement can support the delivery of high-quality health services and align need and demand for services. This was particularly important for Sierra Leone's post-Ebola recovery, as the government sought to develop a harmonized CE strategy to improve existing health sector approaches.

One approach is working through FMCs, community-based groups intended to represent and involve people who live within a peripheral health unit (PHU) catchment area to improve health facility quality. The project, in conjunction with implementing partners in its five districts, helped MOHS develop a strategy and a capacity-building toolkit focusing on the CE role of FMCs. Although the MOHS announced the FMCs at the launch of the Government of Sierra Leone's Free Health Care Initiative (FHCI) in 2011,[1] the existence and functionality of FMCs across Sierra Leone were unknown, and there were no standardized FMC capacity-strengthening approaches, training manuals, or tools.
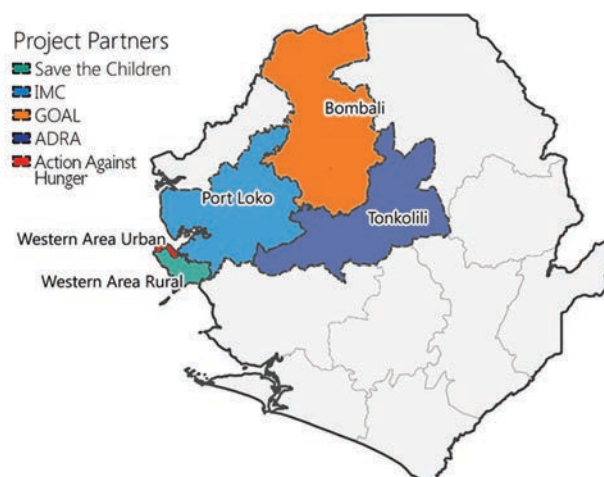
INTERVENTIONS

CE Strategy and Toolkit Development

First, the project developed a conceptual framework based on a national document review and stakeholder mapping of CE, existing FMCs, and other community structures. Project partners and the MOHS helped shape the implementation phases, steps, tools, and checklists for CE implementation, capacity building, and monitoring. Field visits with partners and stakeholders yielded feedback on the CE strategy and toolkit as it was implemented across the five districts.

The strategy and toolkit follows a step-wise approach to—

- verify the functionality of existing FMCs

- establish or re-establish non-existent or dormant FMCs

- build FMC capacity across defined functions

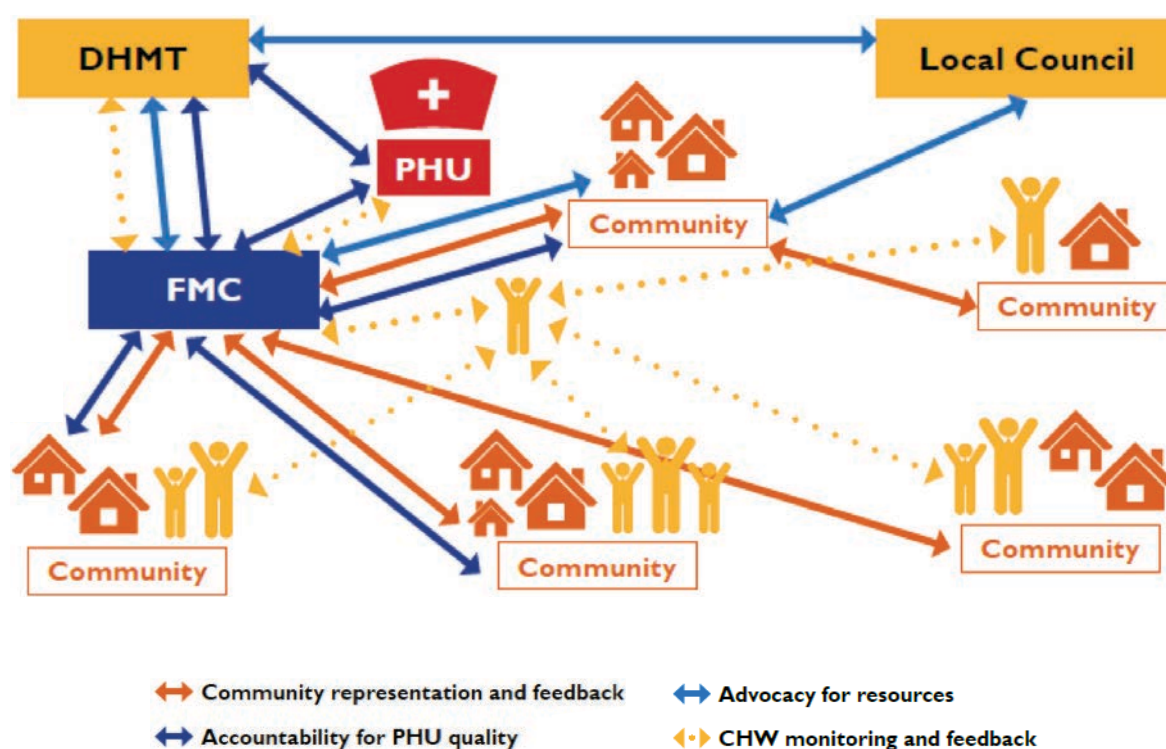- provide support and monitoring to help FMCs succeed.

An FMC should hold the facility accountable for health services. Its members are selected or elected through community-led processes and trained to report on facility quality, including the availability and use of FHCI-provided drugs by intended beneficiaries (pregnant and lactating women and children under five years of age as well as Ebola survivors). The district health management teams (DHMTs) help ensure community participation for PHU improvement. The FMC must also solicit community feedback on facility-based health services, discuss and find solutions, and convey concerns that require external attention to the DHMTs.[2]

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[1] Kargbo, SAS. 2012. "Stakeholders meeting on establishment of facility monitoring committees." PowerPoint presentation.

[2] H4+ Initiative. No date. "Community Engagement & Ownership for Health." PowerPoint presentation.

FIGURE 1. COMMUNITY ENGAGEMENT CONCEPTUAL FRAMEWORK

Community representation and feedback

Accountability for PHU quality

Advocacy for resources

CHW monitoring and feedback

The project mapped community stakeholders to determine the roles and relationships surrounding the FMC, which includes the PHU in-charge. The CE conceptual framework—a result of the project's mapping activity—demonstrated the FMC's central role in connecting district, facility, and community stakeholders in the PHU's catchment area (see Figure 1). It also outlined four key FMC functions:

· Community representation and feedback.

· Accountability for PHU quality.

· Advocacy for resources.

· Community health worker (CHW) monitoring and feedback.

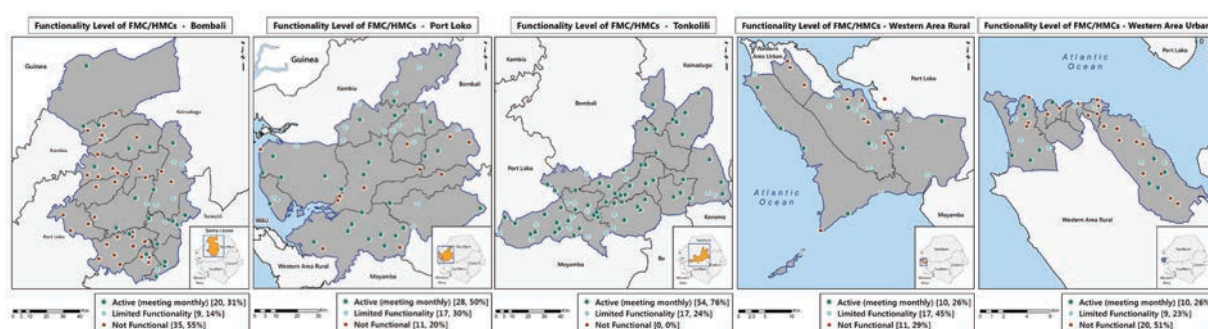### CE Toolkit Implementation and Monitoring

The Advancing Partners & Communities' Community Engagement Implementation Strategy and Toolkit has been implemented and is being used in the five priority districts.

The toolkit, which focuses on building and strengthening the functionality of FMCs, aligns with existing national guidance, strategies, and policies such as the revised CHW policy, and complements other health systems strengthening and PHU rehabilitation activities.

In support of an evidence-based approach to developing and implementing the CE strategy and toolkit, partners used results from the project's January 2016 baseline survey to determine if an FMC already existed and if so, how frequently members met. According to the baseline survey, which had a representative sample of 268 PHUs, 76 percent of all PHUs had an FMC, but only half of these PHUs met monthly. For example, in Bombali, where a majority of PHUs did not have an FMC, implementing partners knew to plan for more resources and time to establish them, whereas in Tonkolili, where more than two-thirds of PHUs had an FMC, fewer resources were needed. The survey turned up no information on FMC member capacity or skills

FIGURE 2: FUNCTIONALITY LEVEL OF FMCS/HMCS BY DISTRICT (AT BASELINE)

Implementing partners used the CE strategy and followed the phased process for FMC establishment, capacity strengthening across the four key functions, and monitoring (see Figure 3). The toolkit includes:

1)   FMC verification and functionality assessment.

2)   FMC (re-)establishment guide.

3)   FMC orientation and strengthening guide.

4)   PHU exit interview form.

5)   Facility maintenance plan.

6)   Facility improvement action plan.

7)   Community engagement monitoring dashboard.

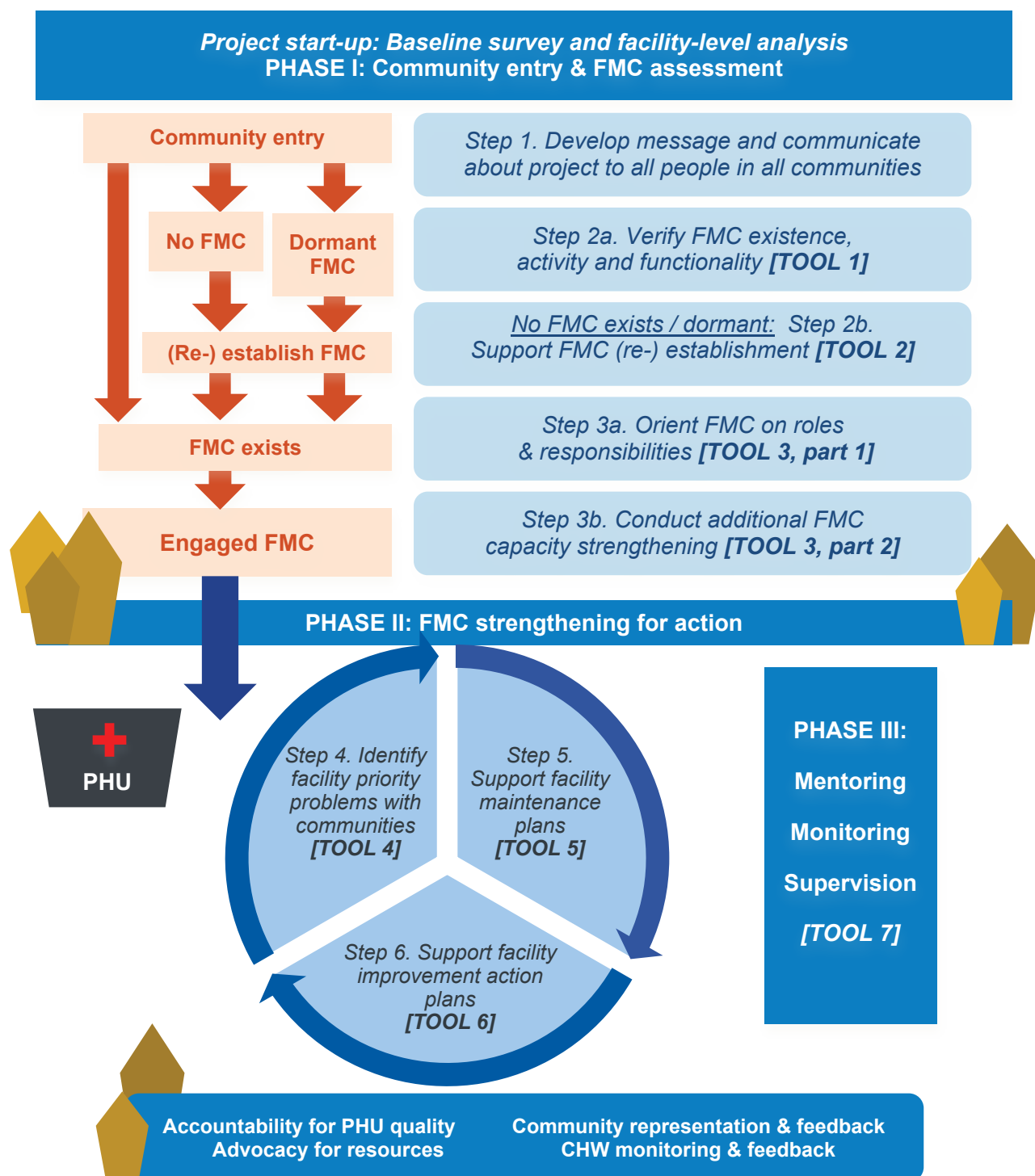### Scaling Up FMCs Nationally

With the goal of scaling up the CE strategy and toolkit nationally, the project used human-centered design (HCD) to inform FMC functionality and sustainability in a model that is fully integrated within the MOHS, under DHMT leadership. HCD emphasizes mutual understanding, systems thinking, and problem-solving, and encourages participation from a wide range of actors. Using the results from the 5-districts implementation, and through a series of interviews and a workshop guided by HCD, the project learned about implementation experiences and identified ways to help MOHS ensure FMC functionality and longer-term sustainability.

The project interviewed approximately 100 stakeholders from Bombali and Tonkolili, sampling areas where FMCs were high-performing, low-performing, active, and inactive as determined through project monitoring data. Stakeholders included MOHS directors; DHMT members; nongovernmental organization partners; health facility staff; FMC members; CHWs; local and religious leaders; and community members, including pregnant and lactating mothers, youth, and Ebola survivors. A number of these stakeholders participated to a subsequent two-day interactive workshop to discuss the insights that had emerged from the interviews.

FMC members at a human-centered design training in Makeni, Bombali District. Photo: Abdul Samba Brima.

FIGURE 3. COMMUNITY ENGAGEMENT IMPLEMENTATION ACTIVITIES BY PHASE

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

Community entry

No FMC

Dormant FMC

(Re-) establish FMC

FMC exists

Engaged FMC

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

PHU

Step 4. Identify facility priority problems with communities [TOOL 4]

Step 5. Support facility maintenance plans [TOOL 5]

Step 6. Support facility improvement action plans [TOOL 6]

PHASE III:

Mentoring

Monitoring

Supervision

[TOOL 7]

Accountability for PHU quality
Advocacy for resources

Community representation & feedback
CHW monitoring & feedback

Findings from the HCD workshop process revealed operational support that the MOHS, DHMTs, PHU staff, and communities might provide to ensure FMC functionality and sustainability in the longer term—including capacity building, motivation, formal recognition, and community-based financing—as well as specific strategies. The project used these findings to augment the CE strategy and toolkit with a set of operational guidelines and tools that can be used by the MOHS, DHMTs, and partners in expanding and scaling up FMCs across the country.

In collaboration with the MOHS (Health Education Division of the Primary Health Care Directorate, Directorate of Policy, Planning, and Information; and Directorate of Reproductive and Child Health) the project used the HCD workshop results to turn the CE strategy and toolkit into a draft national guideline, the FMC Operational Guidelines and Training Manual. This document was informed by the five district's implementation results and lessons, and proposes a streamlined integrated approach to supporting FMCs, where DHMTs may oversee them as part of their routine facility supervision visits. In June 2016, the FMC Operational Guidelines and Training Manual were reviewed and approved at a workshop that attended by government stakeholders from the MOHS directors to the DHMTs, local council, current and future implementing partners, and FMC and community members themselves.

FMC members at Fothaneh Bana, Tonkolili District. Photo: Abdul Samba Brima.

RESULTS

By June 2017, the project had helped 214 PHUs in its five districts to activate or reactivate FMCs. The project (re)oriented FMCs to their roles, responsibilities, and the tools for community feedback, and facility maintenance and improvement action plans. As a result of these activities, FMCs have documented improved access to and demand for services, supported project rehabilitations, addressed RMNCH and other health services challenges, and negotiated staff relations.

FMC achievements include:

- Service access and demand: To increase community access to health facilities, an FMC in Bombali district embarked on clearing a feudal road, and in Port Loko an FMC constructed a bridge leading to a health facility. In Tonkolili, an FMC organized a birth waiting home to increase institutional deliveries by providing accommodations to pregnant women from hard-to-reach communities. Toward the same goal, FMCs instituted bylaws and levied home-delivery fines ranging from Le 50,000 to 100,000 to be paid by both the pregnant woman and the person conducting the home delivery. Several others have raised funds to support a local ambulance service.

- Facility rehabilitation: Some FMCs have provided in-kind materials and/or labor for health facility rehabilitation and secured the construction site.

- Community outreach: FMCs have led community outreach for immunization and other campaigns, such as polio, malaria, family planning, maternal and child health week, and promoting in-facility deliveries.

- Community relations: FMCs motivated communities and staff in Port Loko and Bombali districts by helping to cultivate vegetable gardens, and helping to maintain their housing quarters.

The project baseline and endline surveys demonstrated that a standardized CE strategy with allocated resources can help FMCs take more ownership and become vested into improving health facility service provision. At endline, 78 percent of the surveyed health posts had monthly meetings during last previous quarter, compared with 51 percent at baseline.

Lessons and Way Forward

When FMCs were recognized by DHMTs, chiefdom leaders, PHU staff, and community members, they were able to fulfill their roles and responsibilities to promote improved facility quality, which encouraged community members to seek care.

When interviewed as part of the HCD process, all stakeholders saw the value of the FMCs for improving health outcomes, and the project gained insight on how FMCs might be sustained in the longer term. Recommendations included the following:

· Include guidance on how to create and sustain an FMC fund, which is critical for implementing action plans and ensuring that community health priorities are met, in FMC training materials.

· Determine longer-term motivation for sustaining FMCs and identifying how they can move forward after the project support ends (e.g., continue regular meetings, awards, public recognition).

· Designate a district-level coordinating body and process to ensure continued FMC capacity building, such as training for new and refresher training for existing FMC members.

· Continue making efforts to leverage FMC strengthening into primary and community health interventions with other implementing partners, as well as the forthcoming National Reproductive, Maternal, Neonatal, Child, and Adolescent Health Strategy 2017–2021.

The benefits of community engagement in health have been demonstrated through the project's implementation of the CE strategy and toolkit. If more FMCs are established and supported to promote and provide high-quality services to their communities, these gains can be sustained and multiplied.

A waiting hut for patients at Magbafth MCHP, built by the FMC. Photo: Abdul Samba Brima.

FMC members rank and debate health facility priorities during a collaborative, human-centered design workshop. Insights and experiences from this workshop have helped inform how the project's community engagement approach might be scaled up and sustained beyond the end of the project.