**MINISTRY OF HEALTH
AND SANITATION**
THE REPUBLIC OF SIERRA LEONE

FACILITY MANAGEMENT COMMITTEE TRAINING MANUAL AND TOOLS

ACKNOWLEDGEMENTS

CONTENTS

ACRONYMS

BPEHS	Basic Package of Essential Health Services
CHW	Community Health Worker
DHMT	District Health Management team
FMC	Facility Management Committee
IP	Implementing Partner
MOHS	Ministry of Health and Sanitation
PHU	Peripheral Health Unit
WASH	Water, Sanitation, and Hygiene
WDC	Ward Development Committee

INTRODUCTION

Community engagement is a key to optimizing Sierra Leone's transition from emergency response to recovery, and is an essential component for sustainability. Since 2011, the aim of facility management committees (FMCs) has been to support community engagement in health by improving the quality and community acceptability of services.

For community engagement to be effective at health facilities, these questions must be asked:

> "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 *FMC Training Manual and Tools* promotes functional, sustainable FMCs, and is a companion document to the *FMC Operational Guidelines*. To ensure FMC sustainability and continued support, it is recommended that these documents be integrated into future MOHS policies and strategies, such as DHMT routine supportive supervision and the forthcoming Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy, and used by donors and partners supporting their implementation.

The main stakeholders and their functions in community engagement at the district, facility, and community levels are mapped in the FMC stakeholders and relationships framework, shown in Figure 1. The *FMC Operational Guidelines* contain more information about stakeholder roles and responsibilities.

Figure 1. FMC Stakeholders and Relationships
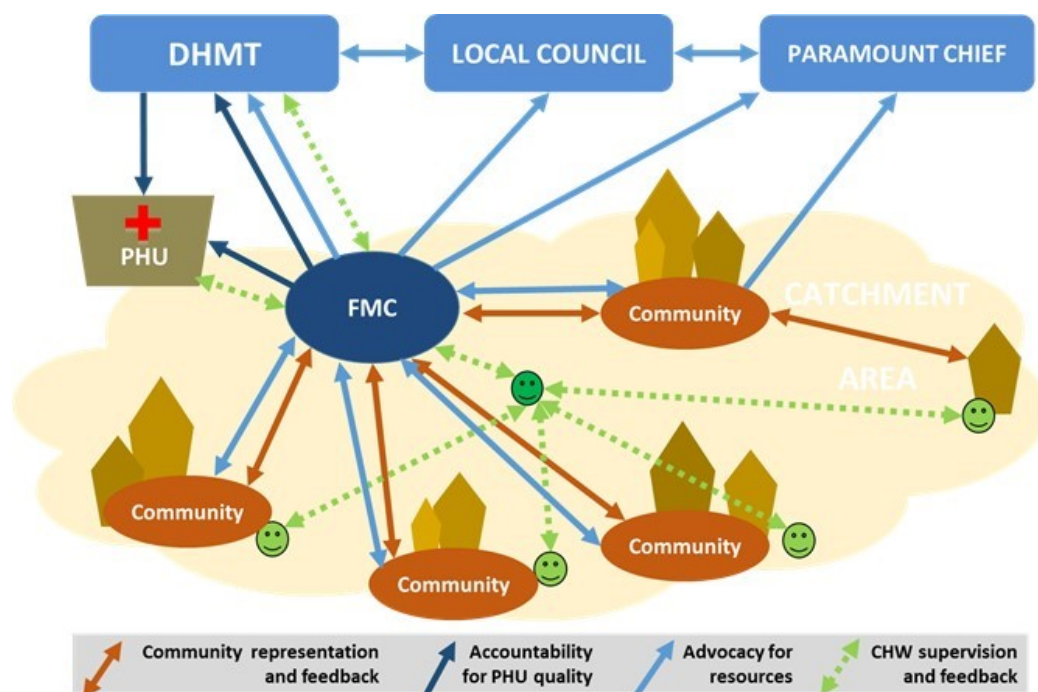
Purpose

The purpose of this training manual and the tools is to guide the community engagement process for improving community ownership of PHU quality and catchment area health outcomes in support of MOHS goals. The training manual and tools are built upon the experiences of existing stakeholders and community structures in the health sector, as well as its implementing partner (IP) experiences investing in FMC strengthening and community engagement in health. The intended users are the DHMT and IPs. However, the FMC training manual and tools, with support from the DHMT or other "champion" FMCs, may be used by catchment communities themselves. The phases outlined in the *FMC Operational Guidelines* help to determine when to use the tools below.

While the training manual and tools detail approaches for strengthening FMC functionality and sustainability, it is by no means exhaustive. Community engagement through the FMC should reflect the local context, and IPs are strongly encouraged to adapt processes and related tools to meet their needs.

Illustrations are included throughout the training manual and tools to help communicate key points to communities. The captions included for each illustration are meant to guide FMC participants.

Key points for discussing illustrations:

- A strong, long-lasting FMC can help a health facility provide high-quality services to its catchment communities.
- What are the differences between these two facilities? What appears to be working well? What are the challenges? How could the FMC and communities help a facility run well?
- How do these facilities compare to your facility?

TOOL 1: FMC VERIFICATION & FUNCTIONALITY ASSESSMENT

Adapted from the Concern Health Institution Capacity Assessment Process Tool

Objective(s):	To verify FMC: • Activity • Attendance • Representation • Membership
Outcome(s):	• FMC verified • FMC functionality assessed
For use by WHOM?	The DHMT and IPs with 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. FMCs can also use the tool to self-assess.
WHEN?	• Phase 1, Step 2. Where FMCs already exist, at monthly special FMC meeting. • The DHMT is encouraged to use this tool on a routine (i.e., annual) basis. It is anticipated that administering this tool will take between 1 and 2 hours to allow time to review meeting minutes, attendance lists, and action plans.

HOW?	• When complete, give one copy to the PHU, one copy to DHMT, and one copy to partners.
	• Additional instructions:
	   ○ *Before launching the assessment, verify and reference any baseline data or previous documentation/data on the FMC.*
	   ○ *If no FMC exists, the score is 0.*
	   ○ *PART 1 (Verification): 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."*
	   ○ *PART 2 (Functionality): 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 "Partially," which is under the column marked "1 point," you would write "1" in the far right column of the first row.*
	   ○ *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.*
	• *FMC name: If the FMC does not have a "local motivational name," encourage it to choose one.*

FMC VERIFICATION AND FUNCTIONALITY ASSESSMENT

FMC name*		Date	Facilitator name	

TOOL 1, PART 1: VERIFICATION

A. ASK EACH QUESTION & MARK THE RESPONSE	0 points	1 points	2 points	B. ASSIGN POINT VALUE FOR EACH ROW
1. Activity How often do you hold meetings? ENTER DATE OF LAST MEETING _____ ☐ Date verified by meeting minutes?	☐ Only one or two times per year **FMC IS DORMANT.**	☐ About one every quarter **FMC IS ACTIVE.**	☐ About one every month **FMC IS ACTIVE**	_____ → *if 0 points, the FMC is DORMANT.* *If 1 or 2 points, the FMC is ACTIVE*
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)	_____ → *if 0 or 1 point, the FMC is DORMANT.* *If 2 points, the FMC is ACTIVE*
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/WDC/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**	☐ All communities/WDC/VDCs in the PHU catchment area, including the most hard-to-reach ones **FMC IS REPRESENTATIVE**	_____ → *if 0 or 1 point, then FMC does not have adequate geographic representation.* *If 2 points, the FMC is ACTIVE*

4. Membership	Does the FMC have the following elected chairpersons?	Are at least one-third (one out of three) of all members women?	Does the FMC include these types of **community members?**	
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:	□ Chair □ *Is the chairperson female?* □ Vice chair □ Secretary (PHU in-charge) □ Assistant secretary **Treasurer**	□ Yes 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**? □ Village chief/headman □ 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 □ CHW or peer supervisor □ Other representatives from hard-to-reach catchment communities, preferably a CHW □ Disabled persons □ Ebola survivors **Other marginalized group**	_____ → if 0 or 1 point, FMC does not have adequate membership, proceed to Step 3. *If 2 points, the FMC has adequate geographic representation*
	□ 0–5 boxes checked → 0 points **FMC MEMBERSHIP IS LIMITED.**	□ 6–10 boxes checked → 1 point **FMC MEMBERSHIP IS LIMITED.**	□ 11–20 boxes checked → 2 points FMC IS PARTIALLY REPRESENTATED	
			ADD ALL POINTS IN RIGHT COLUMN	

TOOL 1, PART 2: FUNCTIONALITY

A. ASK EACH QUESTION & MARK THE RESPONSE	0 points	1 point	2 points	Notes	B. ASSIGN POINT VALUE FOR EACH ROW
5. Community feedback Do you solicit feedback on PHU quality from communities/WDC/VDCs?	□ No	□ Partially (infrequent or not all communities)	□ Yes		_____
6. Meeting organization Is the FMC meeting well organized? _Agenda, minutes, and follow-up on action items._	□ No	□ Partially	□ Yes		_____
7. Financial documentation Are FMC finances well managed and documented? _Financial/asset records, proper record keeping, shared at meeting, shared with community._	□ No	□ Partially	□ Yes		_____
8. CHW linkages Does the FMC engage with CHWs?	□ No	□ Partially (infrequent or limited in scope)	□ Yes		_____
9. Advocacy & resource mobilization Does the FMC advocated for resources from DHMT or mobilize resources from community?	□ No	□ Partially (only once in the past year)	□ Yes		_____
10. Accountability for PHU quality Does the FMC worked with PHU staff to improve facility quality?	□ No	□ Partially (infrequently or with little follow-up on improvements)	□ Yes (improvement plans are made and implemented)		_____
11. Trainings and other capacity-building activities Has the FMC been trained/oriented on FMC operations?	□ No	□ Partially (not all members)	□ Yes		_____
C. ADD ALL POINTS IN RIGHT COLUMN **Note: The focus for improvement should be on the rows scored 0, rather than the overall score.**					

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?	• The DHMT with IPs
WHEN?	Based on the FMC verification in Step 2 (Tool 1), 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

- *All* communities served by the PHU (i.e., in the PHU catchment area) should be represented on the FMC. If agreed by community members, two or more smaller remote communities can be represented by one FMC member whose responsibility would be to liaise between the FMC and each of those communities.

- The following stakeholders from *all* communities served by the PHU should be invited to the meeting:

  - o Traditional leaders
  - o Religious leaders
  - o Mammy queens
  - o Women's groups
  - o Men
  - o Youth
  - o Children
  - o Ward/village development committees (WDC, VDC)

  representation from *all* communities
  - o CHWs or peer supervisors
  - o Teachers
  - o Ebola survivor(s)

- Other stakeholders who must be present include:
  - PHU staff (especially the PHU in-charge)
  - Local councilor
  - If possible, the DHMT (though the PHU in-charge is member of DHMT, so there is already some representation)
- **Show:** Illustrations 1 through 4 to indicate the difference between PHUs with engaged communities (with successful FMC) versus less engaged communities (without successful FMC).

Key points for illustrations 1 and 2:

- A strong, long-lasting FMC can help a health facility provide high-quality services to all catchment communities.

- When you see this facility (in illustrations 1 and 2), what appears to be working well? How do you think the FMC and community help this facility run well?

- How does this facility compare to your facility?

Illustration 1: Community members helping the FMC clean the compound
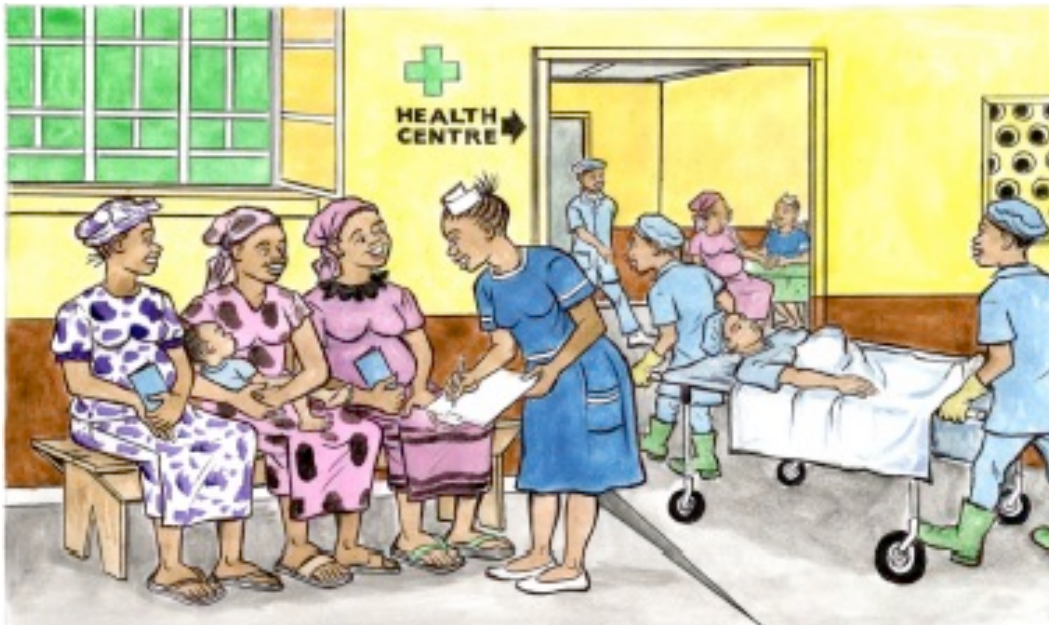
Key points for illustrations 3 and 4:

- A strong, long-lasting FMC can help a health facility to provide good quality services to all the catchment communities.

- What are the differences between this facility (in illustrations 3–4) and illustrations 1–2? What appears to be working well? What are the challenges? How could the FMC and communities help to make this facility run well?

How does this facility compare to your facility?

Illustration 3: Dirty, unfenced PHU compound

Illustration 4: PHU with low attendance and unhappy clients

- **Ask:** How many communities are served by the participants' PHU? [Write the response in the third column of the FMC member table below.]
    - o **Show:** Illustration 5 on FMC representation.

Illustration 5: A Representative FMC
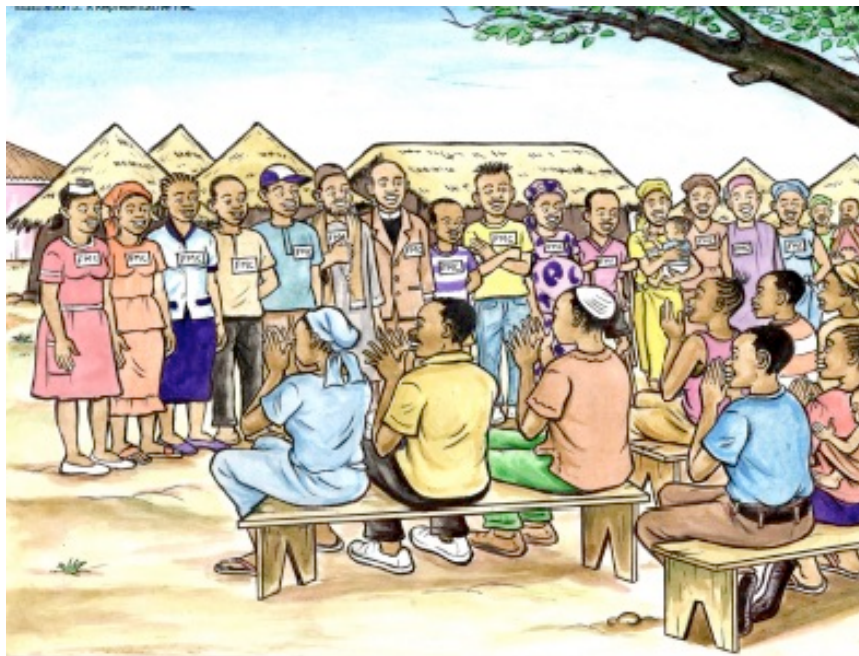
Ask: Who is responsible for facility management and the health of all of these communities?

- o *Possible responses:*
    - *The PHU staff*
    - *The DHMT*
    - *CHWs*
    - *Mother care groups*
    - *The community itself*
    - *The WDC/VDC*
    - *The FMC*

Meeting messages

FMCs

- To give ownership of health to the people, the MOHS intends to establish an FMC for each of the 1,100 PHUs in the country.
- FMCs will help ensure that PHU staff are accountable to the communities they serve.

FMC functions (show illustrations 6–9 as you talk about functions)

- **Community representation and feedback**

  - Liaise between the community and the health facility, providing facilities with feedback from community, and vice versa.
  - 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**

  - Report information on a poorly functioning of PHU because staff are absent or the PHU has a drug stockout.
  - Work with the PHU to prevent theft or misuse of drugs.

- **Advocacy for resource mobilization**

  - Provide information on facility functionality to district and national levels.

- **CHW monitoring and feedback**

  - Help DHMT, PHU staff, and peer supervisors to support CHWs per the National CHW Policy 2016–2020.

Additional points:

- The FMC links between community, health facility, and community organizations and structures. It ensures that the common goal of sustainable health service is being pursued.
- The FMC leads the community initiative to promote and ensure sustainable health services and healthy behaviours in line with the Basic Package of Essential Health Services (BPEHS) and the Free Health Care Initiative.
- At least one member of the FMC should be literate.
- FMC members are volunteers and will not receive external financial support.

Illustration 6: An FMC member conducting patient exit interviews

Illustration 7: An FMC meeting with the community

Illustration 8: An FMC chair providing community feedback to the PHU in-charge

Illustration 9: An FMC advocating for resources to improve the PHU

- FMC members are volunteers. The facilitator should ask the community what "volunteer" means.

    – 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.

- Figure 1 illustrates the relationship of the FMC to other structures.

Figure 2. FMC Stakeholders and Relationships
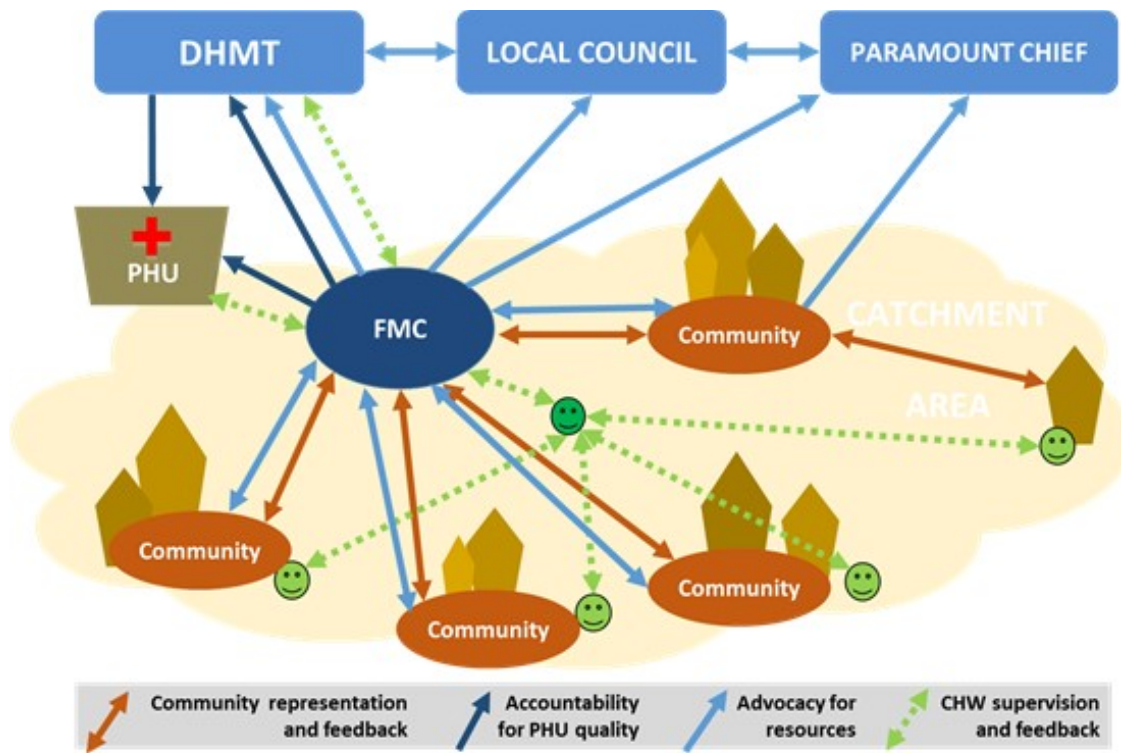
Explaining selection criteria

- 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 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 (1 in 3 members).
- Re-selected FMC members must have shown commitment in the previous term.
- Ability to mobilize communities and resources.
- Must not be part of military/police /political groups.
- The membership of the FMC should range between 10 and 15 people, including catchment community representation, although this may vary based on the number of communities within the catchment area. Strive to achieve the <u>highest level of FMC general membership, representation, and functionality possible</u>, based on available resources.
- Government stakeholders (e.g., ward councillors) should not be included in the membership. They should act in the capacity of advisors/monitors.

FMC members may be replaced with new members as needed and per the local context.

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)
    - Able to express emotions in the appropriate way.
    - Persuasive.
    - Strong negotiation skills.
    - Able to say "yes" and "no" as appropriate.
    - Conveys accurate information to the community and the government.
    - Institutes feedback mechanism from community to the PHU and vice versa.
    - Uses simple language and appropriate channels.
    - Shares concerns and ideas of other community members.
    - Speaks up for others.

Managing the election process

A WDC/VDC member or leader who resides in community where the PHU is located should volunteer or be appointed 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 a list of those nominated (use FMC member table).

- Communities must follow the locally agreed upon election process and accept the final list of FMC general members.
- The WDC/VDC member/leader must complete this list within 1 week 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.

> *Once established, the member table can be posted at the PHU to better formalize the FMC and promote recognition.*

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.
- 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

- Calls meetings and records attendance.
- Helps the FMC chair manage meetings and take minutes.
- Conveys messages to the community, especially women. Participates in meetings.
- Makes announcements and updates members.
- Announces meeting data and prepares agenda in consultation with the FMC chair.
- Compiles and files reports.

Assistant secretary

- Takes responsibility when secretary is not present.
- Helps secretary with documentation.
- Contributes to the work of committee as an individual member.

Treasurer

- Keeps money and other committee property. Does not exploit or abuse it.

Monitor/auditor (not an executive member, but has important responsibilities)

- Audits the treasurer and makes sure books are in order.
- Gives quarterly reports to the committee on findings of impartial and fair audits.

- The FMC general members will select their executive members together. Once the WDC/VDC member/leader has compiled the list of proposed FMC members, he or she will conduct an election for the five positions.

- Conclude meeting by showing illustration 10, which emphasizes how a strong, long-lasting FMC can help a PHU improve the health of its community.

Illustration 10: PHU after 10 years of FMC activities

- The facilitator and PHU staff should review and finalize the list of FMC members.
- The facilitator will record the final list and share it with the DHMT.
- Next steps:
  - The FMC general and executive members will be trained on their roles and responsibilities (Tool 3)
  - Display the list of FMC members who complete orientation on PHU notice board and give to FMC heads for reference and documentation.

FMC Member Table

PHU: _____ Chiefdom: _____ District: _____ FMC local motivational name: _____Date: _____

#	Name	Village/community	Age	Sex (M/F)	Community role (e.g., Mammy queen, youth, traditional leader, CHW)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

TOOL 3: FMC TRAINING MANUAL

Objective(s):	• Strengthen FMC member capacity to fulfill their key roles and functions
Outcome(s):	• FMC members' capacity adequately strengthened to conduct respective roles and functions
For use by WHO?	The DHMT, possibly in conjunction with IPs
WHEN?	Based on the FMC (re-)establishment in Step 2b (Tool 2), use this guide after FMC members have been selected and ensuring that membership/representation meets the recommended FMC criteria.
HOW?	• It is suggested that the training 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. Review the pre-tests and calculate the participants' cumulative scores to gain a sense of participants' baseline knowledge. • Complete all FMC orientation and strengthening sessions within the guide. This may be done in one sitting or intermittently. • Once all sessions have been completed, administer the post-test and calculate the scores.

INTRODUCTION TO THE TRAINING MANUAL

As its name implies, this manual aims to help the facilitator build FMC capacity to meet objectives. The facilitator should thoroughly read the training guide and related documents in the FMC training and tool kit. The guide can be used as an initial 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 management, infrastructure, general sanitation, equipment management, and human resources. FMCs help ensure quality services for the entire community, including people with physical challenges and Ebola survivors, and 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 consider community feedback on facility-based health services, and follow up with the DHMT when needed. The MOHS expects that FMCs will increase community ownership of the PHU.

OBJECTIVES

At the end of the training, participants will be able to:

- Understand FMC functions and responsibilities.
- Use and interpret the facility exit interview form on PHU service quality and develop a facility improvement action plan.
- Conduct effective meetings.
- Manage FMC finances.
- 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, pictures, 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, the "teach-back" or "show-me" facilitation method can be used, where the facilitator asks participants to restate the information that was conveyed but in their own words. Combined with learning through discussion groups, role-play, and practical exercises, this method allows participants to demonstrate what they are learning. It also lets the facilitator know if the information is understood. 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. Examples of ways to use the teach-back method include:

- o 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?*

REQUIRED RESOURCES

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

- Include the DHMT staff and the IPs, who should understand community engagement and have experience working with FMCs.
- Hold training at an appropriate venue or area near the health facility. The training venue should have comfortable chairs, benches, and tables.
- Notebooks, pens, flipchart stand and pad, masking tape, markers, and clear plastic envelope.
- Provide breakfast, lunch and refreshments each day of the training. Ideally, local leaders and participants will contribute locally available items, but training facilitators may provide these items at first and delegate this responsibility to the FMC thereafter.
- Ensure a budget for food and transport. Transport reimbursement rates will depend on local context and the IP's policy. This will require planning and FMC involvement in fundraising activities so the FMC can take over these costs from the IP in due course.

RECOMMENDED SESSION SCHEDULE

It is expected that training material can be covered over three days and be followed with regular supportive supervision. Facilitators should adapt the training schedule as appropriate. Questions on FMCs that can be included in the DHMT's Integrated Supportive Supervision Checklist are in Tool 6 at the end of this document and can be used by DHMTs and partners during routine quarterly PHU visits.

The training is divided into sessions for ease of reference.

Day 1		
Session	**Topic**	**Duration**
Session 1	Introduction and overview: What is an FMC?	2 hours
Session 2	FMC selection criteria	2 hours
Session 3	Roles of executive and general FMC members	2 hours
Day 2		
Session 4	FMC community feedback mechanisms	2 hours
Session 5	Facility improvement action plan	3 hours
Session 6	FMC meeting organization	1 hour
Day 3		
Session 7	Advocacy and resource mobilization	2 hours
Session 8	Financial management	2 hours
Session 9	Monitoring and reporting	2 hours
Additional supportive supervision for use of Tools 4 and 5 as needed		

DAY 1

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
DURATION	2 hours
PREPARATIONS/ RESOURCES REQUIRED	☐ Flipchart and markers ☐ Shady space cleared, with either benches or mats 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.
    - 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; each participant must repeat the name and residence of previously introduced participants until the last one, who will repeat the names and origin of all participants.
    - If participants cannot remember names/origins, they can ask other participants for help.

- **Training rules:**
    - State the objectives of the activity (as listed above).
    - Ask which 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.
    - Ask a participant to write these rules on a piece of flipchart paper. This encourages efficiency and ownership from the start of the training. Keep rules posted for the duration of training.

Activity 2: How can communities engage with health facilities?

Show illustrations 1–2 and 11–12, and use the questions below to help participants think about the types of improvements they might be able to make to PHUs.

If FMC members start to think about the improvements that they might be able to make for the facility early in the training, they may be more motivated and effective. While there won't be time to do this in-depth during session 1, the illustrations can help.

Key points/questions for illustrations 1–2 and 11–12:

- A strong, long-lasting FMC can help a health facility provide high-quality services to all the catchment communities.

- When you look at this facility, what appears to be working well? How do you think the FMC and community are helping to make this facility run well?

- How does this facility compare to your facility?

Illustration 10: Community members helping the FMC clean the compound

Illustration 11: Well-staffed PHU with happy clients

Illustration 12: PHU with reliable water
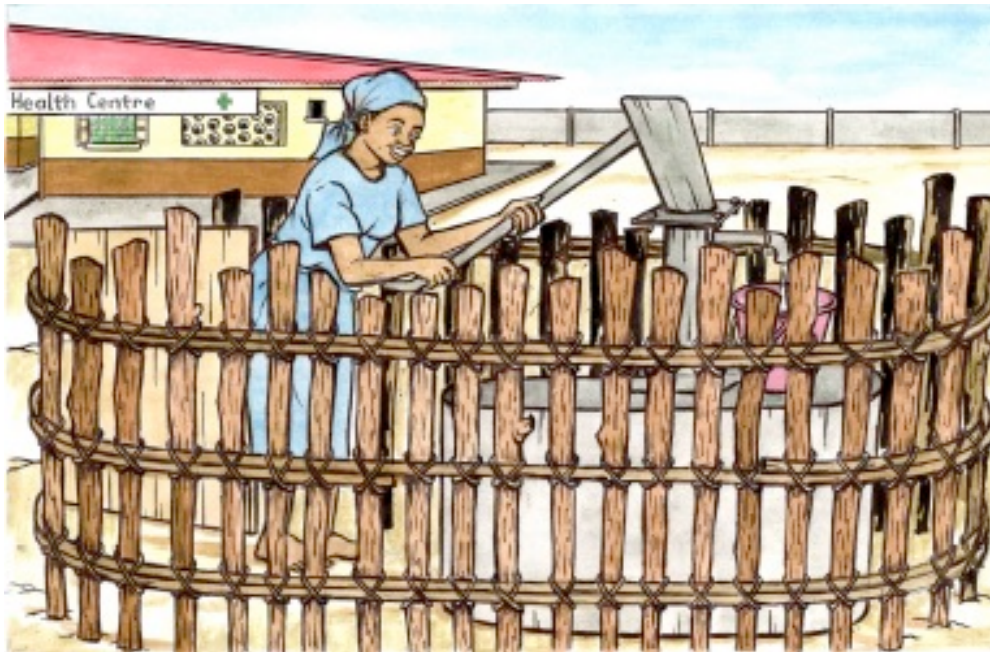
Illustration 12: Well-attended PHU

Now show illustrations 3–4 and 13–14. Key points/questions:

- What are the differences between this facility (in illustrations 3–4 and 13–14) and illustrations 1–2 and 11–12? What appears to be working well? What are the challenges? How could the FMC and communities help to make this facility run well?

- How does this facility compare to your facility?

Illustration 13: Dirty, unfenced PHU compound

Illustration 4: PHU with low attendance and unhappy clients

Illustration 13: PHU with an unreliable water source

Illustration 14: PHU with low attendance and unhappy clients

Activity 3: What is an FMC?

- **Ask:** "What is an FMC? What does an FMC do?"
    - *Recommended response:*
        - ▶ **The FMC is a group of 10–15 people selected by the community to link the PHU, community, DHMT, and IPs to ensure that the goal of improving community health is pursued in a way that promotes community ownership.**
    - **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
	Identify translations in other languages as needed

- **Distribute:** A printed copy of the FMC terms of reference (Day 1 Annex: FMC Terms of Reference) to each participant.
  - o A literate participant is encouraged to take notes or the facilitator should writes down the key points described as they are mentioned:

FMCs

- To give ownership of health to the people, the MOHS intends to establish an FMC for each of the 1,100 PHUs in the country.
- FMCs will help ensure that PHU staff are accountable to the communities they serve.

FMC functions (show illustrations 6–9 as you talk about functions)

- **Community representation and feedback**

  - o 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 a poorly functioning of PHU because staff are absent or the PHU has a drug stockout.
  - o Work with the PHU to prevent theft or misuse of drugs.

- **Advocacy for resource mobilization**

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

- **CHW monitoring and feedback**

  - o Help DHMT, PHU staff, and peer supervisors to support CHWs per the National CHW Policy 2016–2020.

Additional points:

- The FMC links between community, health facility, and community organizations and structures. It ensures that the common goal of sustainable health service is being pursued.
- The FMC leads the community initiative to promote and ensure sustainable health services and healthy behaviours in line with the Basic Package of Essential Health Services (BPEHS) and the Free Health Care Initiative.
- At least one member of the FMC should be literate.
- FMC members are volunteers and will not receive external financial support.

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 FMC members?** Brainstorm and list roles. Discuss the roles identified and add any roles that are left out of the list below.

  - o Traditional leaders
  - o Religious leaders
  - o Mammy queens
  - o Women's groups
  - o Men
  - o Youth
  - o Children

  - o VDC representation from _all_ communities
  - o CHWs or peer supervisors
  - o Teachers
  - o Disadvantaged groups, or people with special health needs such as disabled persons or Ebola survivors

- **WHO do FMC members represent?**

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

Explain and discuss each FMC member responsibilities:

- Serve as an entry point for health program implementers (i.e., special health initiatives) visiting their community.
- Liaise between DHMTs, health-related programs, and community members.
- Solicit and analyse community feedback on PHU services through exit interview data.
- Develop and implement facility improvement action plans.
- Mobilize community to participate in health activities.
- Resolve conflict between health staff and the community.
- Disseminate health information in the community related to the services available at the PHU, including cost; and to healthy behaviours, such as handwashing and antenatal care visits.
- Coordinate with other community development programs in areas like education, child protection, and agriculture as needed.
- Work closely with PHU staff; coordinate with all health delivery structures (community-based organizations, blue flag volunteers, etc.).
- Mobilize resources to support realization of the facility improvement action plan.
- Ensure that drug peddlers/quacks do not practice in the community.
- Identify and report health problems (e.g., sick children, suspected outbreaks, deaths, births, women in labor, domestic violence) to the health facility.
- Develop action plans to address health-related emergencies, such as transporting a woman to the PHU if she goes into labor early or experiences complications post-delivery.
- Take responsibility for the development of the community health programs.
- Monitor and evaluate outcomes of village health activities.
- Support renovation of health facilities with IPs.
- Collaborate with CHWs, traditional birth attendants, and other community health actors to strengthen links with the health facility (e.g., referral and follow-up).

The FMC is responsible for addressing facility needs, including:

- Day-to-day maintenance.
- PHU staffing challenges (i.e., housing constraints, motivation, ways that communities can help PHU to improve and expand services).

Use the Figure 1 visual to explain the relationship between the FMC and other community structures.

Figure 3. FMC Stakeholders and Relationships
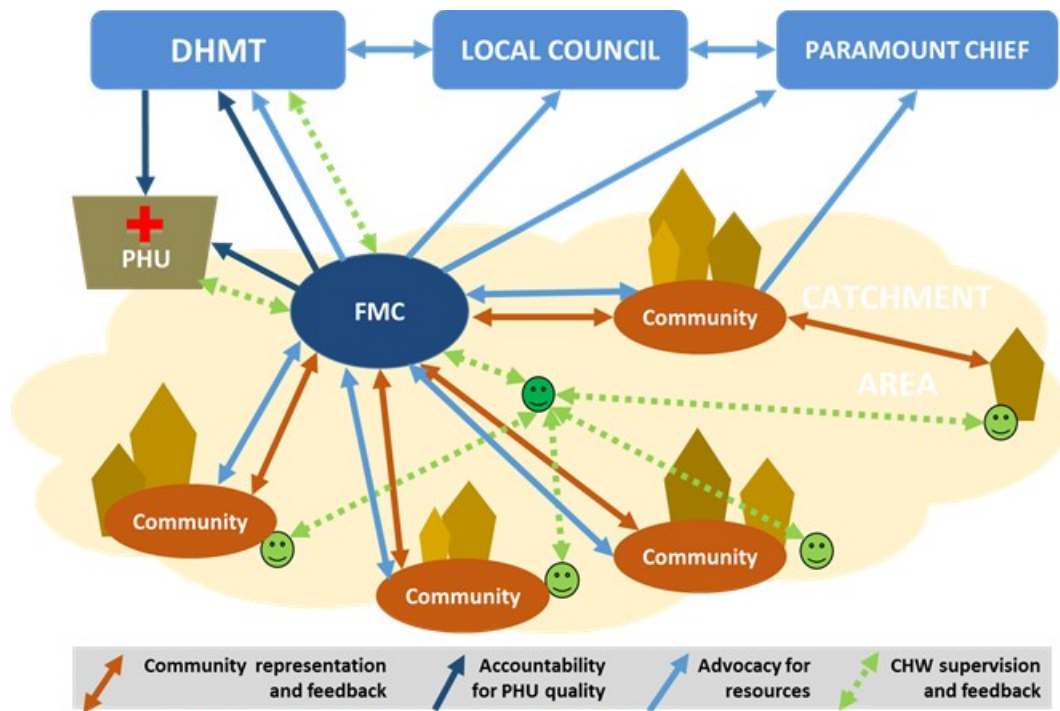
Ask: We are now at the end of this session. What did you learn?

- 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 responsible for helping the PHU to be well managed and maintained so that it can deliver good services.

Session 2. FMC selection criteria

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

Activity 1: Cassava leaf sauce

- **Ask:** "I hear that the cooking is very nice in this chiefdom. What some of the best foods to eat here?"
  - o *Possible responses:* Cassava leaf sauce, groundnut soup, okra stew, potato leaves, pepper soup, jollof rice.
  - o *Choose a response that is a sauce or requires a mix of at least five ingredients. For this example, we will use cassava leaf sauce.*
- **Say:** 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?
  - o 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. [ADAPT AS APPROPRIATE]
- **Ask:** What happens when we mix all the ingredients?
  - o *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 has too much of one ingredient. It would not taste right.

CASSAVA LEAF SAUCE INGREDIENTS

Women   Men   Youth   Traditional leaders   Religious leaders   Children   Teachers

INTO ...

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 **membership** selection should be? *Take notes on a flipchart and ensure that all points are mentioned:*
- Permanent resident of the facility catchment community.
- Selected by community.
- Literacy 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 (1 in 3 members).
- Re-selected FMC members must have shown commitment in the previous term.
- Ability to mobilize communities and resources.
- Must not be part of military/police /political groups.
- Government stakeholders (e.g., ward councillors) should not be included in the membership. They should act in the capacity of advisors/monitors.
- According to the MOHS Directorate of Policy, Planning and Information, FMC membership should range between 10 to 15 people, including catchment community representation. This number may vary based on the number of communities within the catchment area. Each FMC should strive 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 1 and 3).
    – Optimal use of available resources.

    In some areas, a PHU may have greater than 15 catchment communities. If there are FMC candidates from more than 15 communities who are self-motivated and/or supported by the rest of the FMC to participate, they should not be excluded from membership on the FMC. However, in the case of external IP or DHMT-supported activities to strengthen FMCs, available resources may limit the number of FMC members who can be 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 them accordingly. Alternatively, in certain circumstances the FMC could work with the IP/DHMT and agree how communities could support any additional members themselves.

    FMC members should include:
    – PHU staff
    – Traditional leaders
    – Religious leaders
    – Mammy queens
    – Women's groups
    – Men
    – Youth
    – Children
    – VDC representation from _all_ communities
    – CHWs or peer supervisors
    – Teachers
    – Disadvantaged or marginalized groups, such as disabled persons and/or Ebola survivors

- **Ask:** What qualities should an FMC member have?
  Possible responses:

  - o Good understanding, listening skills, and judgment.
  - o Willing to work for the good of the community (i.e., to volunteer)
  - o Able to express emotions in the appropriate way.
  - 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 from community to the PHU and vice versa.
  - o Uses simple language and appropriate channels.
  - o Shares concerns and ideas of other community members.
  - o Speaks up for others.

Illustration 5 can help communicate the importance of diverse FMC membership:

Illustration 15: A Representative FMC

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

- **Ask:** How many communities are included within this PHU catchment area? It may be useful to list all the community names.
- **Ask:** What does "representation" mean?

  - o *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.

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 its 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. Roles of Executive and General FMC 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 mats 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?

  o 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, so 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 among the following executive member positions:

    – Chair person
    – Vice chair
    – Secretary
    – Assistant secretary
    – Treasurer

- 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 position is underperforming 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)

  o *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 does 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 community members to participate in health activities. • Communicates with local authorities, the PHU, the DHMT, and key traditional leaders, such as the paramount chief. • Coordinates all community health activities. • Assigns duties to and evaluate the work of members. • Presides over FMC meetings. • Is a signatory to any account the FMC may 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	• Calls meetings and records attendance. • Helps the FMC chair manage meetings and takes minutes. • Conveys messages to the community, especially women. • Makes announcements and updates members. • Announces meeting date and prepares agenda in consultation with the FMC chair. • Compiles and files reports.
Assistant Secretary	• Takes responsibility when secretary is not present. • Helps secretary with documentation. • Contributes to the work of committee as an individual member.
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. • Participates in meetings.
Auditor/ monitor[1]	• Audits the treasurer and make sure the FMC's financial books are in order. • Gives quarterly reports to the committee on findings from the impartial and fair audit.

[1] Not an executive member, but has an important role so is included in the table.

Illustration 15 can help illustrate the roles of the executive FMC members.

Illustration 15: Executive FMC Members

- **Ask:** If they have such positions in other community groups or structures.
  - 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 one person cannot be assigned all the responsibilities listed above; activities must be distributed among all members.
  - o   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 have important roles, including but not limited to the list below.

FMC general member	Roles and responsibilities
All members	• Do what the committee and chairperson decide/suggest. • Contribute ideas during meetings. • Report problems and needs of their respective 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 [TOOL 4] to solicit community feedback.
PHU staff in-charge	• Provides updates on daily PHU functions. • Is custodian of all PHU deliverables (i.e., supplies and drugs). • Co-signs deliverables received by the facility. • Ensures proper documentation for accountability/audit purposes. • Informs the FMC of staffing and other facility-level challenges.
Village chief/headman	• Convenes monthly meetings, resolves conflict, co-signs all deliverables to the facility, monitors use of all facility deliverables.
Religious leaders (imams/pastors)	• Ensure peace between the FMC and the community, resolves conflict, encourage use of the BPEHS and encourages people to access PHU and community health 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; and reproductive, maternal, newborn, and child health, such as vaccination and care-seeking at the PHU for antenatal care and delivery. • 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.
WASH focal persons (2)	• Responsible for ensuring proper WASH techniques at the PHU and promoting good WASH practices within the catchment area.
CHW/peer supervisor	• Updates other FMC members on community health issues and planned activities, such as campaigns, new CHW trainings and services being introduced.

Activity 3: Review of Day 1 activities 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 selected by a community to establish a link between the PHU, community, DHMT, and IPs to ensure that the common goal of improving community health is pursued.
- The FMC should ensure that PHU staff are accountable to the communities they serve.
- A PHU must have an effective, viable, responsive and dedicated FMC to develop, be maintained, and succeed.
- The work of FMC members is voluntary. They should not expect 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.

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?

Experience has shown that FMC members may be motivated by their positive influence on communities and the recognition that their communities, religious and traditional leaders, and higher levels of government have awarded them.

Ways to sustain their motivation include recognizing them and their achievements during district and community events; providing them with ID cards or t shirts; and publicizing their achievements over the radio or through other channels.

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. Organizational (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

Link the community, health facility, and other community organizations. 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 and healthy behaviours, in line with the Basic Packages of Essential Health Services and the Free Health Care Initiative.

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 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 chairperson is responsible for calling meetings, and the secretary announces the meeting date.
- All meeting should have minutes recorded (English, Krio, or other local languages). A copy of the minutes should be kept in a file at the PHU.
- The FMC should meet quarterly with the DMO or a representative from DHMT.

Expected FMC activities

- Oversee work in the PHU, such as:

  - o Making sure that the staff is at work regularly.
  - o Participate in PHU disciplinary issues.
  - o Supervise the availability and reception of drugs at the PHU.

- Liaise between DHMT, the facility, and the community to ensure community members can access health services.
- Facilitate and encourage 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 PHU compound.
  o Contribute to the staffing of the health facility, including advocating for and seeking ways to motivate and retain staff.

- Participate in nomination of candidates for short- and long-term health trainings.
- Report unusual health problems or epidemic-prone diseases immediately to the health facility.
- Teach the community about health facility ownership and encourage participation in its support.
- Protect the health facility, MOHS, and partner staff.
- Attend meetings and record minutes.
- Resolve disputes between the PHU staff and the community.
- Disseminate information and help monitor free health care.

Engagement indicators

- The number of reports received from the FMC.
- Number of meetings and their minutes shared with DHMT.
- Number of FMC members who have participated in FMC meetings.
- The number of formal visits to PHUs.
- The number of meetings with the DHMT.
- Other meetings attended by FMC members.

Disciplinary measures

- If there are problems related to specific FMC members, they can be dismissed through consultation with the community. The 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 occasions without genuine reason, s/he will be dismissed from the committee, and another member will be elected.
- Other disciplinary measures will be decided accordingly by the committee.

END OF DAY 1

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 mats to sit on, arranged in a circle ☐ Printed copies of TOOL 4: PHU exit interview forms ☐ Refreshments as possible

Activity 1: Reminder of Day 1 activities and key messages

• **Ask** participants to remind each other what they discussed and learned yesterday.

  o 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: How can community feedback help an FMC improve PHU services?

• Show illustration 6 to FMC trainees.

- Ask them to describe what they see:
  - *What can FMC members learn from the community members about PHU quality?*
  - *How else can FMC members get feedback from community members? (Where? When?)*
  - *How could they keep track of what they learn?*
  - *What can they do with this information? How can they share it?*
  - *How can they ensure that what they learn improves the PHU and does not create conflict?*

Activity 3: 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 4: 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 a PHU client to practice using the tool.

Session 5. 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 improvement action plan [TOOL 5]
DURATION	3 hours
RESOURCES REQUIRED	□ Flipchart, paper, markers
	□ Printed copies of TOOL 5: Facility improvement action plan

Activity 1: Turning facility priority problems into action plan objectives

- Show illustrations 16–20 and illustration 9.
- Discuss:
  - Mention a few of the typical challenges (e.g., no water, stockouts, dirty facility)
  - What kinds of PHU problems can an FMC help to solve?
  - What kinds of improvements FMCs can help make at their PHU?
  - Who can help them make these improvements?

Illustration 16: FMC identifying problems in PHU

Illustration 17: Making repairs

Illustration 16: FMC building a fence

Illustration 19: FMC planting a garden at the PHU

Illustration 20: FMC constructing a new building at the PHU

Illustration 17: An FMC advocating for resources to improve the PHU

- Use results from the PHU exit interview forms [TOOL 4] and discussions with communities and PHU staff to identify priority problems for the PHU. Decide which are top priorities; these will be the focus for the FMC's facility improvement action plan [TOOL 5].

Activity 2: Role play with Tool 5

- 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.

- Discuss ways that FMCs could raise funds or mobilize resources to achieve objectives.

Session 6. 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	1 hour
PREPARATION/RESOURCES REQUIRED	☐ Flipchart and markers
	☐ Shady space cleared, with either benches or mats to sit on, arranged in a circle
	☐ Printed copies of checklist

Activity 1: Discussion of 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:*

    – Conduct regular committee and general meetings.
    – Be able to mobilize the community
    – Help communities save funds.
    – Work with people outside the community to raise funds.
    – Reduce dependency on outside aid.
    – Improve community environment and quality of life.
    – Be able to settle any disputes among PHU staff and between PHU staff and community.

- **Ask:** What do you understand by an **effective committee**?

  o *Possible responses:*

    – Plan activities in consultation with members and ensure smooth implementation.
    – Motivate/mobilize people into action.
    – Monitor activities to make sure they are going as planned.
    – Delegate responsibilities.
    – Communicate freely and effectively.

FMC meetings

Show and explain illustration 7.

Illustration 7: An FMC meeting with the community
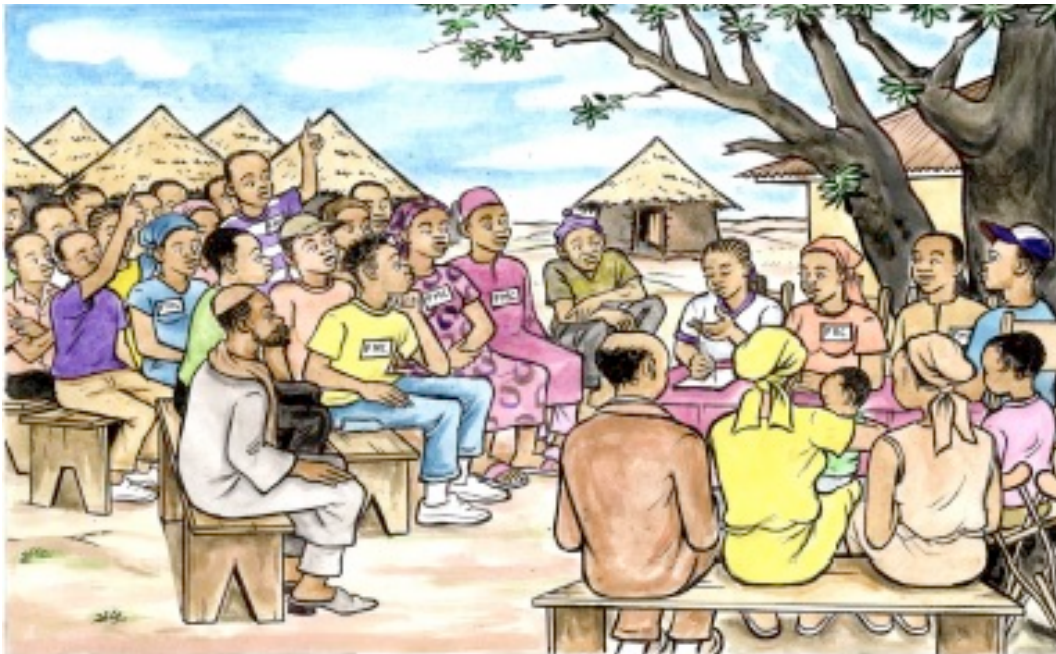
- **Ask:** How will you maintain your FMC member motivation? How can DHMT support your FMC in the longer term?

- Review internal FMC meeting checklist below.

> **INTERNAL FMC MEETING CHECKLIST**
> □ Was notification of meeting made more than one week in advance?
> □ Was meeting held 1 month or less since last meeting?
> □ 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?
> □ Did FMC members communicate FMC activities at the regular meetings held within their own catchment community?
> □ Was the agenda for the next meeting discussed?

END OF DAY 2

DAY 3

Session 7. Advocacy and resource mobilization[2]

| OBJECTIVES	At the end of the session, participants should: • Understand how advocacy to various community stakeholders can help mobilize resources for the PHU • Have basic advocacy and resource mobilization skills
DURATION	1 hour
PREPARATION/RESOURCES	□ Flipchart and markers □ Shady space cleared, with either benches or mats to sit on, arranged in a circle

Activity 1: Understanding advocacy through experience sharing

• Show illustrations 9 and 20–21 and ask what participants see.

Illustration 18: An FMC advocating for resources to improve PHU

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[2] 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.]

Illustration 21: FMC member promoting handwashing
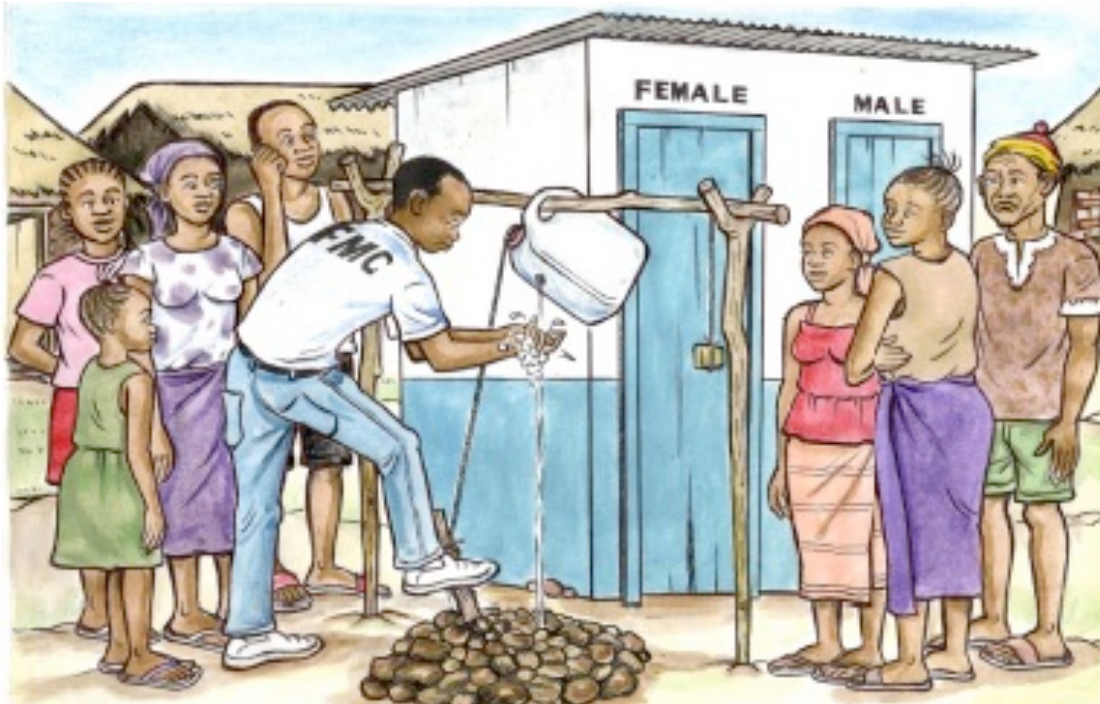
- **Ask:** What is advocacy?

  o 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 an issue.
    – <u>Empowering</u> concerned community members to speak for themselves.
    – <u>Working to change policies and procedures</u> so that they will have a positive effect on the community.
    – <u>Making sure</u> that the policies for positive change are <u>put into practice</u>.
    – In other words, conveying information and messages to <u>decision makers or leaders</u> with the goal of influencing them to act for the benefit of the community (whether to institute a policy or change the way resources are allocated).

- What does it mean to conduct advocacy?
- What are the differences/similarities between: <u>advocacy</u>, a <u>campaign,</u> and <u>sensitization</u>?
- What are the similarities?

  o **Advocacy** is targeted at <u>decision makers 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 by conducting meetings, advocacy forums using evidence-based research / findings.
  o A **campaign** is 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 can accelerate actions by policy makers and is done when we notice slow response to policy change. It often involves placards, banners, and flyers with key messages.
  o **Sensitization** is the provision of information that influences individuals or groups to change their own behaviour or actions. For example, "Malaria kills: use insecticide-treated nets," and "breastfeeding makes your child grows strong and healthy."

- 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 wants to share his/her message with decision makers and leaders. FMC members play an important role within their communities to influence other decision makers, such as local authorities, the DHMT, PHU staff, and traditional leaders.
  - An advocate:

    - Is passionate about and committed to issues affecting the community. S/he is not looking for profit or material gains.
    - Believes/leads/supports causes publicly and/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 discuss the experience:

  - Why did you choose that particular advocacy issue?
  - What was the change?
  - What was challenging during the advocacy process?
  - How did you go about the advocacy process? (Partnerships? allies? collaboration?)

Figure 2: The Advocacy Cycle
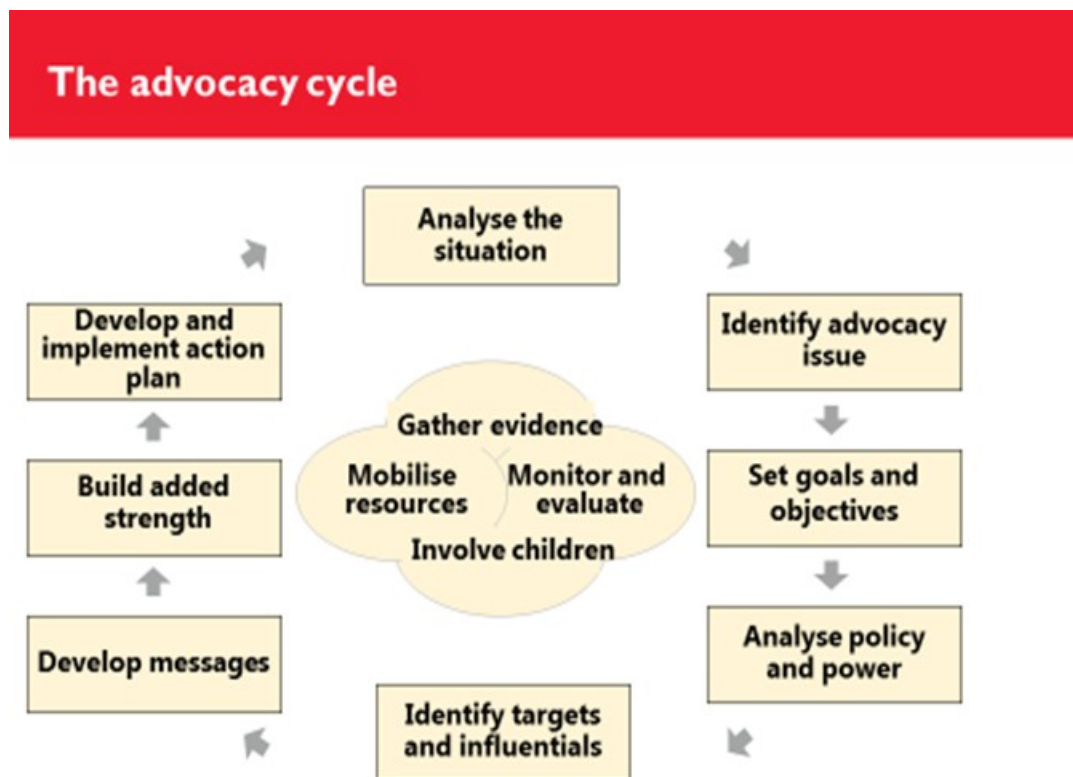
Display Figure 2 and explain each step, using the notes below.

1. **ANALYSE THE SITUATION –** Advocates are inquisitive, affected by problems, and want to intervene.

    o What issues are of concern/threat to citizens/individuals?
    o List them by priority.
    o Choose the most pressing need, and 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) to 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 (Where is the problem? Why is it happening? How widespread is it? What are its effects? What are the priorities?) 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.

> *Suggest that FMC members consider the "5 Wives and a Husband" technique:*
>
> ***W**ho?*
> ***W**hat?*
> ***W**hen?*
> ***W**here?*
> ***W**hy?*
> ***H**ow?*
>
> *This can facilitate action-planning and ensure activities are well-thought-out and achievable.*

3. **SET GOALS & OBJECTIVES.** What CHANGES do you want to see on the issues identified?

    o What are the changes that you foresee in the longer term? For example, within the current year? 3 years? 5 years? Objective should be broad but optimistic, and at least partly achievable.
    o **When defining what you aim to change/solve/achieve, the objective should be "SMART:" s**pecific, **m**easurable, **a**chievable, **r**ealistic, and **t**ime-bound. The objective should take into account the kinds of resources (human, financial, material), the capacity that is available, and even contextual factors, like the season (rainy/dry).

4. **ANALYSE POLICY & POWER. Who has the power to make the change(s) we want?** 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
    o Civil servants (ministries, departments and agencies)
    o Faith organisations and leaders
    o Business associations and big companies
    o Military/armed forces
    o Lawyers, judges, doctors, academics, teachers, traditional heads, and other professionals
    o Media, including radio
    o Trade unions and workers' associations
    o Women's, children's, youth groups
    o Nongovernmental and civil society organisations
    o Individual community members (e.g., farmers, people who own vehicles)

5. **IDENTIFY TARGETS & INFLUENTIALS**

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

Key elements of good messages: Good messages summarize issues, 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 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?
    - Identify your target/problem solver **-** Direct message to the group/individual/institutions that have the power to make the change.
    - Choose medium - What channels will you use to disseminate your messages (e.g., radio, posters, banners, television)?

7. **ADD STRENGTH –** In building a coalition, you create a bigger movement that is more likely to create 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, village chiefs/headmen, groups (women, children, youth), members of the media.
    o Organize a meeting to secure commitments/support.

Key opportunities**:** Use these forums to announce your advocacy efforts and build strength with additional supporters:

- Council meetings.
- In-charges meetings.
- Public events: maternal, newborn, and child health week, Day of the African Child, 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?
    o What steps and actions will your team take? How will they help you to achieve your objective? How?
    o Are the steps realistic? 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 change and seizes those opportunities.

10. **KEY MOMENT/OPPORTUNITIES.** At which forum/events will you convey your messages?

o Using the Advocacy Cycle diagram, cover up one or two steps from the cycle and ask participants if it is advisable to skip them. This will illustrate 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 home deliveries.
– Increasing staff at the health facility.

o **Ask other** participants to comment on the role play.
o **Evaluate** the session by making five statements and asking participants to identify in which step of the cycle each statements falls.

> *In addition to developing action plans to solve community health problems, FMCs should be encouraged to troubleshoot internal issues related to their day to day functions. For example, if monthly meeting attendance drops, FMC members can use the same problem solving techniques to identify why some members are unable or unwilling to attend, and then develop solutions to ensure the FMC continues to be active.*

Activity 3: Tools for advocacy and campaigning

- **Ask** participants to list tools for advocacy and campaigning. Display the list on a flipchart.
- Be sure that the list captures the following advocacy tools:

o <u>Report</u>: Write a report on your particular issue and present to key decision makers.
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 decision makers for changes through letters and meetings
o <u>Media</u>: Media campaigns convey your messages via radio, press conferences, television programs, newspapers. Use social media (such as WhatsApp) to disseminate messages.
o <u>Advocacy forums</u>: Conferences, seminars, forums, events.
o <u>Networking</u>: Identify and build more support/allies.

Activity 4: Develop 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 5 (facility improvement action plan).

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

Session 8. Financial management

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

Activity 1: Budget discussion

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 will have enough resources (in your bag) to reach your destination.

A budget can take many 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 multi-year 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:

1. To know how much the work cost.
2. It helps to assign contributions and tasks to different people.
3. It helps 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 two groups. Assign the following scenarios.

> *FMCs might be encouraged to establish a **special fund** to help finance facility improvement action plan objectives. In the past, FMCs have implemented various fundraising approaches, including:*
> - *Monthly FMC member dues*
> - *Contributions from community members and/or loans and savings groups*
> - *Fines from FMC bylaw violations*
> - *Profits from community produce and goods sales*
> - *Fundraising events, such as galas and football matches between communities*
> - *Microfinance schemes*
>
> *FMC funds should be managed by the FMC treasurer with oversight from the auditor.*

Group 1 - 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 participants to present their work in a plenary and discuss each presentation.

Activity 3: Bookkeeping

Ask the participants if they have done any bookkeeping for their FMCs. If yes, ask them to explain. Note the key points as they explain.

Define bookkeeping and explain its importance:

- **Bookkeeping** is the recording of all monetary transactions and other resources.
- **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:
  - Bookkeeping helps make committees transparent and accountable.
  - It helps build credibility.
  - It is a reference tool.
  - It makes reporting easy.
  - Makes it easier to track revenue and expenditures.
  - Helps with planning.
  - Guides expenditure.
- **Explain** that there should be agreed formal procedures for processing requests for disbursement and storing money. For example, when a request is made it may need to be signed by the chairperson and another member (secretary or PHU staff) then disbursed and documented by the treasurer. Small amounts of money may be stored in a box with three locks; the FMC should open a bank account for larger amounts.
- **Explain** that it is advisable to keep proper documentation of all FMC monetary transactions, including issuing receipts to those who make payments, and present a report to the entire

community periodically so they know the status of their funding. Chose a general FMC member (not an executive) as the auditor/monitor to conduct spot checks to ensure transparency and accountability.

Activity 4: Practical exercise

- Gauge literacy and numeracy:
  - o 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 forms to keep records of 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).

Cash ledger (receipts)

Date	No	Item description	Amount received	Received from	Signature
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	Disbursed to	Signature
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 people giving and receiving money should sign for every transaction, and a receipt should be issued for monies received.
- Allow participants to ask questions. Attempt to answer all the questions in a participatory manner.

Session 9. Monitoring and reporting

OBJECTIVES	This session focuses 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	1 hour
PREPARATION/RESOURCES	□ Flipchart and markers □ Shady space cleared, with either benches or mats to sit on, arranged in a circle □ *Secretaries of the FMC should bring stationery/ledgers if possible*

FMCs should track and have information on their activities readily available. FMCs succeed when they meet regularly, solicit community feedback (Tool 4), and continue to seek ways to improve their PHU (Tool 5).

- Show illustrations 22 and 10.

- Ask: How will you know that your FMC is successful?

- What would you expect to see after 10 years?

Activity:

Review the table below with participants (display on flipchart). 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 following information:

- 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 objective

Sample ledger entries for FMC monitoring and reporting

	FMC monthly activities (meeting minutes)				Step 4: PHU exit interview forms compiled? (yes/no) [TOOL 4]	Step 5: FMC facility improvement action plan developed /updated? (yes/no) [TOOL 5]	Any objective of the FMC facility improvement action plan achieved? (yes/no) [TOOL 5]
	FMC meeting held? (yes/no)	Female	Male	Any other FMC related activities? (yes/no)			
EXAMPLE	Yes	4	9	No	Yes	Yes	No
September 2017							
October 2017							
November 2017							
December 2017							
January 2018							
February 2018							
March 2018							
April 2018							
May 2018							
June 2018							

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, except for:
    a. Traditional leaders _____
    b. Religious leaders _____
    c. Policemen _____
    d. Mammy queens _____

Are the following statements true or false?

2. All of the catchment communities for a health facility should be represented on an FMC.
    □ True _____
    □ False _____

3. An FMC helps the PHU to make sure it is well-managed and delivers good services.
    □ True _____
    □ False _____

4. All members of FMC should be literate.
    □ True _____
    □ False _____

5. FMC members are not volunteers and should be given monthly salary.
    □ True _____
    □ False _____

6. 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.

1. 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. Police officers
   d. Mammy queens

Are the following statements <u>true or false</u>?

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

   ☐ True
   ☐ False

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

   ☐ True
   ☐ False

4. All members of FMC should be literate.

   ☐ True
   ☐ False

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

   ☐ True
   ☐ False

6. FMCs can help with health facility maintenance.

   ☐ True
   ☐ False

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

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

   c.   Police officers

Are the following statements <u>true or false</u>?

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

   True

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

   True

4. All members of FMC should be literate.

   False

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

   False

6. 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
1		
2		
3		
4		
5		
6		
TOTAL correct answers *(add the column)*	_____ (a)	_____ (d)
TOTAL number of participants who took the test **x 6**:	_____ x 10 = _____ (b)	_____ x 10 = _____ (e)
DIVIDE the total number of correct answers by the total number of participants who took the test = AVERAGE SCORE (%)	a / b = c **AVERAGE PRE-TEST SCORE:** _____(c)	d / e = f **AVERAGE POST-TEST SCORE:** _____ (f)

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). 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 IP or the DHMT to complete the exit interview form.
WHEN?	ANC, under-five clinic, general clinic days, and NIDs (national immunization days), when many clients attend 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 5]. 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 identify that the PHU should try to fix?

PHU Exit Interview Form

PHU facility name and type: _____ Chiefdom: _____ District: _____

FMC local name: _____ Section: _____

MONTH:_____ Date(s) of interviews:_____ Name of FMC member(s) conducting interviews: _____

ASK: Based on your experience…	For each client who responds, fill out a column:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	**Total**
How clean was the PHU today?	Not at all																					
	Somewhat																					
	Good																					
2. Was water available?	Not at all																					
	Sometimes																					
	Always																					
3. How was the sanitation (toilet, hand washing station, laundry)?	Not at all																					
	Somewhat																					
	Good																					
4. How respectful were the service providers?	Not at all respectful																					
	Somewhat respectful																					
	Always respectful																					
5. How quickly did you receive services?	Delayed																					
	Somewhat quickly																					
	Very quickly																					
6. How available were the drugs for the service you received at the PHU today?	Not at all																					
	Somewhat																					
	Good																					
	Not applicable (N/A)																					

ASK: Based on your experience…	For each client who responds, fill out a column:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	**Total**
7. How available were the supplies for the service you received at the PHU today?	Not at all																					
	Somewhat																					
	Good																					
	My service did not require supplies																					
8. How was the furniture (especially sitting accommodation) at the PHU today?	Inadequate																					
	Adequate																					

ADDITIONAL COMMENTS (use the back of the page as needed):

TOOL 5: FACILITY IMPROVEMENT ACTION PLAN

Objective(s):	• Prioritize facility problems based on feedback from PHU exit interviews (Tool 4) and discussions with communities and PHU staff about problems • Develop facility improvement action steps • 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 DHMT and IPs
WHEN?	Monthly FMC meetings
HOW?	• Review all recent patient exit interview forms, and discuss issues that have been raised by the community, identified by PHU staff (including about infrastructure), or identified in routine maintenance and supervision checklists. • Decide which problems the FMC can help address, and are a top priority. List these in order of priority in column 1. • Plan actions that the FMCs (working with the community, PHU, and government) can take to address the problem. List these and the person/people who will do them in column 2. • Write the resources required for the actions and who will provide those resources in column 3. • Write when the actions will be done in column 4. • At each FMC monthly meeting, the action steps should be reviewed to determine if they have been achieved or need to be updated. Write updates in column 5. • Keep one copy at the PHU (in file box), and give one copy to DHMT and one to IPs. • When actions are complete, new priorities should be identified and added for planning. • A new plan should be written after six months, and given to DHMT and IPs.

Agreed action plan for facility improvement in next 6 months				
Facility name:	**District:** **Chiefdom:**	**FMC member reporting:**		**Date:**
1.Priority problem	**2.Actions needed and who will do them**	**3.Resources needed & who will contribute** **(labor, financial, material)**	**4.Timeline**	**5.Progress update** **(not done, ongoing, complete)**

TOOL 6: QUESTIONS ON FMC FOR THE DHMT INTEGRATED SUPPORTIVE SUPERVISION

Ask if there is an FMC associated with this PHU. If there is not, skip this form. If there is, score the following questions and use FMC documentation to verify.

FMC local name: _____ Number of FMC members: Men _____ Women _____

Question	Yes	Partly Yes	No	N/A
Did the FMC meet during all months of this last quarter?	2	1	0	-
Have PHU exit interviews been compiled and shared with the FMC during all months of this quarter?	2	1	0	-
Has a facility improvement action plan been developed/updated during all months of this quarter?	2	1	0	-
Have any of the facility improvement action plan objectives been achieved during this quarter? (Please also describe any in the box below.)	2	1	0	-
Were the previous supervision or mentoring visits within the past three months? (Not part of FMC score)	☐	☐	☐	-
Total score: Add all the scores given to the questions 1–4				
Achievement: [Total score / (8-total full score of N/A)] x 100				%
Comments/reason(s) if score is 1, 0, or N/A				
FMC facility improvement action plan achievements by month:				

MINISTRY OF HEALTH AND SANITATION
THE REPUBLIC OF SIERRA LEONE

UNITY FREEDOM JUSTICE