



COMMUNITY ENGAGEMENT, STORIES OF CHANGE

SUSTAINING HEALTH FACILITY IMPROVEMENTS PROGRAM



Manumtheneh FMC in front of the fence they constructed.



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ADVANCING PARTNERS & COMMUNITIES

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In Sierra Leone, the Sustaining Health Facility Improvements program focuses on community engagement activities through Facility Management Committees (FMCs) to support maintenance and preventive maintenance of Peripheral Health Units (PHUs) to provide improved health services through community resource mobilization.

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Members of the Tahopaneh VSLA group, established to help support the Manumtheneh health facility in Port Loko District.

PROGRAM OVERVIEW

The Sustaining Health Facility Improvements (SHFI) program is funded by the U.S. Agency for International Development (USAID) under the Advancing Partners & Communities (Advancing Partners) project. SHFI aims to engage communities, health service providers, and district authorities in building better systems, structures, and processes for conducting maintenance and preventive maintenance of health facilities by mobilizing community and government resources to fund it.

Despite considerable efforts on the part of the Ministry of Health and Sanitation and development partners to equip and rehabilitate health facilities in Sierra Leone, facility and equipment maintenance remains a challenge. Nonetheless, there are considerable resources within communities, both financial and in-kind, that have not been leveraged to contribute to this maintenance.

The SHFI program aimed at engaging communities and leveraging their resources to repair and maintain 70 primary health units (PHUs) in Bombali, Tonkolili, and Port Loko districts, through the Facility Management Committees (FMCs) established following the rehabilitation of the PHUs by the Post-Ebola Recovery of Health Services (PERHS) program from 2015 to 2017. An FMC is a community-based group that represents the PHU catchment population, serves as a link between the community and the PHU, and provides support as needed. The FMC also addresses community concerns as a way to ensure PHU accountability.

This booklet provides stories of the work the FMCs and their communities have done, as they devote their time, resources, and energy to maintaining and improving their community PHUs.





MAWOMA MATERNAL AND CHILD HEALTH POST PORT LOKO, DISTRICT

“Madiwa, Magbla, Matopie, Mamara...” Lucy Bangura walks along the brand new bamboo fence surrounding the Mawoma PHU, naming communities within the catchment area. “When we committed to building the fence, each community selected a section to complete. Now we have a new fence, and it wasn’t a burden on anybody.”

Lucy is the Vice Chairlady of the Mawoma FMC of the Mawoma Maternal and Child Health Post (MCHP). The FMC consists of members of the communities within the catchment area of the facility. FMCs fill a vital role in the delivery of quality health services by linking health facilities to communities, and developing and implementing the Facility Improvement Action Plan (FIAP). Initially revitalized in 2017, following the rehabilitation of the health facility by the Advancing Partners & Communities project, the Mawoma FMC started off strong, but gradually grew discouraged.

In 2018, under the SHFI program, CARE and partner RODA visited the Mawoma PHU and called a meeting with the FMC. They discussed the challenges and barriers that were preventing the members from meeting. “It hasn’t always been easy. It takes time and money to get to the facility, transportation is not always easy. Things would break within the PHU, and we had no resources to fix them. We got discouraged, and stopped meeting altogether,” said Chernor Bah, the secretary of the FMC.

The FMC created a new FIAP and developed a strategy to mobilize financing for the repairs. Previously, each member of the FMC would personally contribute about US\$0.75. This would not pay for many repairs, and members were not motivated to come and pay with their own money.

To build community support for the FIAP, the FMC went to each community, publicized the FIAP and described the specific repairs that needed to be done at the facility. This process helped to motivate people. When the FMC introduced the idea of collecting small monthly contributions from each household, people were willing to pay.

After the FIAP was circulated, the FMC members started collecting contributions of about US\$0.10 from each household in their community each month. “People are happier to contribute when they know where their money is going,” said Alie.

On average, the FMC collects about US\$30 per month. “Our treasurer is very trustworthy; he has proven himself. Even after so many months of not meeting, the contributions we had put into the facility box in 2017 were still there! Nobody has any doubt that our contributions are safe.”

“People are happier to contribute when they know where their money is going”



VSLA members Chernor and Morlai with FMC members.



Members of the Tawopaneh VSLA group, established to help support the health facility.

Chernor and Morlai are members of the Village Savings and Loan Association (VSLA) in Mawoma community. VSLA groups are a community-based savings approach to enhancing financial inclusion. Groups of 10 to 30 members, usually mostly women, meet weekly to save money, kept in a communal box. Once the money accumulates, they offer short-term, low-interest loans to members. At the end of a 12-month cycle, the VSLAs receive their savings back along with interest earned from the loans given out to the group.

VSLAs also usually collect small weekly contributions from their members to build a “social fund,” usually used for emergency medical needs or to respond to crises in members’ lives. But most often the funds aren’t completely used, so the FMC convinced the groups to contribute funds for maintenance and preventive maintenance of the health facility. There are five VSLA groups that contribute to health facility maintenance in Mawoma PHU’s catchment area.

The contributions the FMC collects each month allows them to purchase the materials they need to make minor repairs to things that have broken (lightbulbs, locks, roof tiles) and conduct preventive maintenance to keep the facility in working order.

Among the first actions of the Mawoma FMC, once they re-started, was repairing the roof, which was damaged when a tree fell during the last rainy season, replacing locks on the labor room and medical store, and fencing in the water point. “For bigger repairs, we will advocate to the District Health Management Team,” said Lucy.

In order for more people to participate at the meetings, the FMC made modifications to their schedule and transportation arrangements. “We meet on the first Saturday of every month, which is also market day, because we know people will be coming to the market anyway, so it is not a burden for them to come to the meeting,” said Alie. “We also help each other to come. If another FMC member has a motorbike, they will pick up other members on their way.”

“We’ve done so much in this short time, and we have plans for what we want to do. If we’re working towards something everybody wants, people will come. We will stay the course, no matter who comes and goes.”





FMC and VSLA members with the plot they cleared to grow cassava as an income generating opportunity for the FMC.



FMC and VSLA members in front of the water point they repaired and fenced.



Morlai with his wife and their two boys (Osman, age 4, and Hassan, 3 weeks old), both born at the center, delivered by Nurse In charge Hasanatu.



Aminata Kalokoh, Nurse In charge at Workingbor facility.

WORKINBOR MATERNAL AND CHILD HEALTH POST, TONKOLILI DISTRICT

“Before, we thought the facility was owned by the nurses – it was their responsibility to maintain everything,” said Alfred Kamara, the treasurer of the Workinbor FMC. When the FMC was formed in 2017, the members thought their involvement was only for a short time. The facility was being rehabilitated by Advancing Partners after Ebola put major stress on an already deteriorated structure. “We provided food for the workers and labor when it was needed, and then stopped contributing after the facility was complete because we thought the in-charges would take over.”

Once the rehabilitation of the facility was over, it functioned, but without proper maintenance, things kept breaking, and the facility fell into disrepair. The maintenance and repairs needed were beyond the capacity of the health workers at the facility, who were already working overtime to keep the facility offering health services. The field behind the PHU overgrew, the fence collapsed, and without a waste disposal system, pit waste was piling up.

At the same time, tensions were brewing between health workers and the community. “Every once in a while we saw a man on a motorbike leaving the health facility with medicine. We thought the nurses were giving away or selling the medicine intended for us to use,” said Alfred. Stories like this spread throughout the catchment area, and communities grew irritated. Logistical issues were also a source of tension. With no place to sleep at the health facility, the health workers rented other places to stay in the nearby village.

“If an emergency case came in at night, we would need to go and find the health worker. In some cases, people would deliver their babies outside while waiting for the worker to come.”

Aminata Kalokoh, the PHU in-charge, was also growing irritated at the decline in patients at the facility. Children were coming into the facility grounds through the broken fence and stealing mangoes from the mango trees. “They would come and play with the trees and take all of the mangoes off the tree before they were ripe, so nobody could enjoy them.”

When SHFI program staff came to the PHU and interviewed the FMC and health staff, they saw the tension between the community and the facility staff, which was hindering the community’s use of the PHU. They introduced the Community Scorecard, a process developed by CARE through the Advancing Partners project and designed to incorporate inclusive governance practices into health service delivery.

FMC members came together with community members and health facility staff to discuss the quality of health service delivery. They brought up their concerns with each other and discussed solutions. “I explained that the man who was coming to pick up the medicines was taking the stock we weren’t using, to be used at another facility that needed it more. I showed them where we keep the transfer records, so they know it is all being recorded,” said Aminata.

“We developed grudges, instead of coming to speak with the in-charges, the rumors would spread and get bigger and bigger. We wouldn’t come and talk [to our in-charges] about our challenges. We had no communication.”

—Alfred, FMC treasurer



Marie Fonah (FMC Chair) and Aminata with their scorecard.



Aminata showing the records she keeps to the FMC.



Elisa Conteh, FMC Treasurer, at the waste pit constructed by the FMC.

This process launched the FMC into action. They developed their Facility Improvement Action Plan, and committed to building a waste pit, cleaning the compound, repairing the fence, and building staff quarters on-site for their health staff.

“We repaired the fence, so children can’t come in through the gate to play with the mango trees,” said Alfred. “Now, people who come to the PHU in mango season can enjoy the ripe mangoes.” They also rated the quality of service delivery and levels of community support for the health facility on a five-point scale to identify specific areas where they can improve, and tracked their progress over time.

To raise funds, the FMC went from house to house, publicizing their plans and requesting monthly contributions from each household. They also made contact with the three VSLA groups in their community, some of whom had been saving for over five years, and asked them to provide some support from their social funds. They raised enough support and community volunteers to construct the waste pit, repair the fence, and launch the construction of the staff quarters. Each VSLA provided 200,000 SLL (around US\$20) to help purchase the framing wood, and buy food for the workers at the PHU.

Community volunteers came to construct the waste pit, repair the fence, and work on the construction of the staff quarters. They involved the community in clearing overgrown brush in the compound to make room for a seating area under the mango trees to host their group meetings. They also set a plan for each community in the catchment area to take charge of monthly cleaning of the health facility and grounds.

“Now, with or without anyone else, we can do something. We can showcase our health facility, and we can maintain our facility.”

—Ali Kanu, FMC Member



Briama Bangura with the staff quarters under construction



Aminata Kalokoh (In charge), Briama Bangura (FMC Vice Chair), Marie Fonah (FMC Chairlady), Ali Kanu (FMC Member), Alfred Kamara (FMC Treasurer), and Ibrahim Conteh (FMC Secretary).



R L: Janet Mansaray (In charge), Thaimu Koroma (FMC Chair), Kadiatu Sessay (VSLA Chair), Maratu Bangura (FMC Member), and Fatou Sessay (Traditional Birth Attendant).

MABAYO MATERNAL AND CHILD HEALTH POST, BOMBALI DISTRICT

“We bought nails with funds from the FMC last night. Tomorrow, they’re going to put in a gate,” said Thaimu Koroma. Thaimu, chair of the FMC in Mabayo, Bombali District. The fence around the facility is standing strong, but it has not always been so. “Before, the fence was nearly falling down,” said Janet Mansaray, the nurse in-charge at the facility. “We [the FMC] would hear the concerns [of the health workers] but we didn’t follow up,” said Thaimu.

The fence was among several repairs that needed to be made. Some pipes were broken, and the place needed to be cleaned. If something broke, the in-charges would have to fix it, or adapt their work around it. The FMC was not active, and they did not have the support of their community. “When we would call people to come and help at the facility, they’d say, ‘You go and clean your facility!’ ”

This changed in November 2018, when the SHFI program staff came to Mabayo to engage with the FMC. Together with the FMC, they organized a meeting with the chiefs and leadership of every community in the catchment area.

At the meeting, the group spoke about the necessity for community support to the PHU, and how it connected to their well-being. “When I am sick, I can come. When my child is sick, I can bring them here. Why shouldn’t I help to make it be the best it can be?” said Thaimu. “We spend so much money taking our sick to Makeni. Why not invest that in improving this facility so we don’t need to pay to go far away?” This discussion was a major step for the community to realize the importance of the PHU and take ownership of the facility.

*“When I am sick, I can come here.
When my child is sick, I can bring them
here. Why shouldn’t I help to make it
be the best it can be?”*





The FMC and the health staff complete their facility assessment.



Thaimu inspects the fence built by the community.

After the group meeting and community discussions, the FMC was now ready to jump into action.

“Last month, the water wasn’t running properly. We told the FMC, called a technician, and paid him 50,000 SLL to fix it,” said In-charge Janet. “The place is cleaner, too, and every month we get reports from the FMC.”

“Last month, the water wasn’t running properly. We told the FMC, called a technician, and paid him 50,000 SLL to fix it from the FMC funds.”



Members of the FMC do a facility assessment with the health staff.



Naomi Kanu, FMC Treasurer; Robert Sesay, FMC Secretary;
and Adama Kargbo, In charge.

MASONGBO LOKO COMMUNITY HEALTH POST, BOMBALI DISTRICT

For many months, the FMC of the Masongbo Loko facility had been dormant. An FMC had been established at the facility after it had been rehabilitated by the Advancing Partners PERHS program in 2017, but they were not meeting often. “We thought this health facility was government business only—what could we have to do with maintaining the health facility?” said Robert, the FMC secretary.

Over time, the roof started to leak, the solar lights stopped working, benches broke, and bats infested the roof of the building. “As soon as the sun sets you can hear them in the roof,” said Adama Kargbo, the health facility in-charge. The facility was quickly falling into disrepair.

The facility was also missing some basic infrastructure, including staff quarters. Without accommodations for the nurses at the facility, Adama was forced to find a place to stay in a community outside the village, leaving a gap in services if there was ever an emergency at night.

When the SHFI program came to Masongbo Loko, they met with the FMC and reminded them of their commitments and responsibilities to the PHU.

“They came to build us up. This facility is our own, and they gave us the tools we needed to look after it,” said Robert Sesay, the FMC secretary. CARE and MADAM provided FMC members training in fund management and resource mobilization to encourage communities to take ownership and action even when outside partners or government are not there to support them.

Following community discussions on resource mobilization, the community agreed to provide household contributions for PHU repairs and construction of new staff quarters. The FMC took responsibility for collecting the community contributions.

Through CARE, the SHFI program also established VSLAs in the community to generate social funds to contribute to facility maintenance. This has yielded the added benefit of providing access to financing for community members, who are now starting or growing their own small businesses. “When we need the money, it’s there,” said Mohamed Kanu, the secretary of the VSLA, “and people don’t question giving household contributions.”

“This project came to build us up. This facility is our own, and they gave us the tools we needed to look after it.”

Naomi Kanu, Treasurer of Masongbo Loko FMC.





Robert Sesay (FMC Secretary), Kaday Conteh (FMC Member), Naomi Kanu (FMC Treasurer), and Mohamed Kanu (VSLA Secretary) speak with Adama Kargbo, facility In charge.



FMC members show Adama the staff quarters under construction.

After a few months of collecting household contributions, the FMC had enough capital to begin construction of the new staff quarters. A mason living in their community, who received training from the SHFI program, is leading the construction, and each community provided volunteers to help with the work.

The VSLA social funds contributed money to purchase nails and boards for the construction, and the household contributions purchased food for the workers.

At the same time, the FMC began battling the bat infestation in the roof. They identified the location and have been using local methods to get the bats to relocate.

“We’re making these repairs, but we know now that when there are big repairs we’re not able to make, we can advocate to the District Health Management Team.”

The Masongbo Loko FMC also went through the Community Scorecard process to rate the quality of their health facility and the community involvement in its maintenance. “Sometimes when men and women are all in the same group the women won’t speak up, so they put us into separate groups and we each rated the indicators. We were surprised to see that women had very different responses!” They realized that this was because women were less familiar with the facility’s equipment, services, and processes, so they arranged a tour of the facility so the women could learn about the equipment and service offerings.

Now, Robert and the FMC are confident that they have community support for the health facility. “We don’t want to sit down while our facility crumbles in our hand. This is not only government business, it’s our business.”

“We don’t want to sit down while our facility crumbles in our hand. This is not only government business, it’s our business.”



FMC and VSLA members in front of their Community Scorecard charts.



Adama, the In charge of the Masongbo Loko PHU.



The Masongbo Loko facility, with the new staff quarters under construction.

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