

likely to be rather small, since adoption of family planning methods often proceeds slowly. As a health worker, you should try to ensure a steady rate of increase in this indicator. Do not expect dramatic changes in short periods of time.

## Compare the Indicator with the Target

- ◆ **Did you reach the target? Is coverage improving?**  
There may be an annual target for family planning recruitment that has been set for your district. Is your indicator for the last quarter higher or lower than the target? What does that indicator tell you about your family planning service? If the annual target was set at 10% for this year, what can you do to ensure that the rate reaches this level?
- ◆ **Determine who is affected most by this problem.**  
You may want to know where the majority of family planning adopters live and whether there are some areas where few people are adopting family planning. To identify these areas, look at the recruitment rate per village or collection of villages.

**REMEMBER!** A target is different than the denominator. The denominator represents 100% of all possible family planning adopters. A target is usually a certain portion of the total target population that you believe you can reach in a specific time period. It can be expressed as a percentage or as a number. For example, you may want 10% of all women of reproductive age to adopt family planning this year. Based on the examples above, your target would be 10% of 2400, or 240 (calculation:  $2400 \times 0.10 = 240$ ). Over the year you would plan to reach 240 women. Each quarter you would hope to reach 60, or one quarter of 240. If there is no target set for family planning recruitment for your area, you can choose a target based on the indicator you have just calculated (see the help section on target setting in Annex 4).

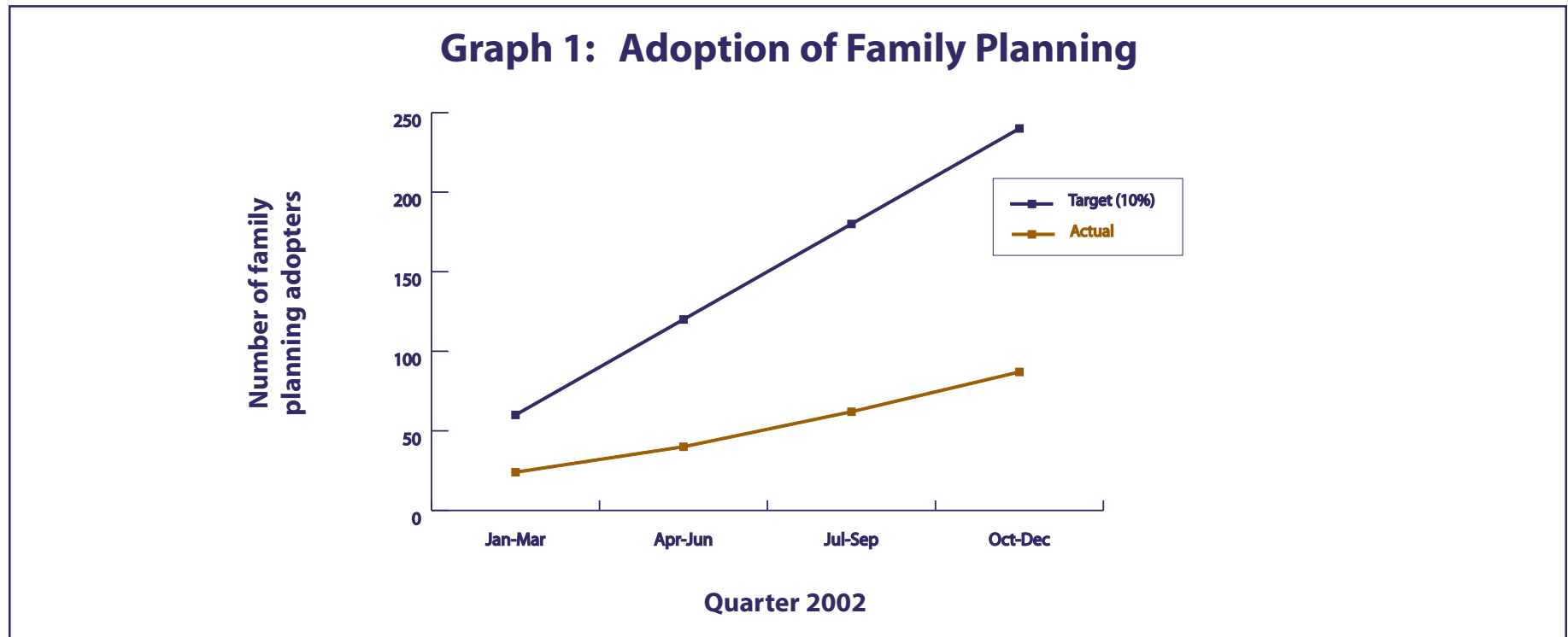
## Presenting the Data

It is sometimes helpful to make a picture with the data (a graph or table) to illustrate changes in recruitment rate, discover where recruitment is the lowest, and compare recruitment rates to the target. These pictures can be used to explain the data to others, such as members of the management committee, other community leaders, and your supervisors.

## Making a Graph or Table

You can make a **graph** that shows changes in family planning recruitment rate over time. To depict the cumulative adoption rate for the year, record a marker or dot across from the total number of adopters for the first quarter. For the next quarter, add the total number of adopters to that of the first quarter, and so on for the rest of the year. You can then compare one quarter to the next to see if your total recruitment rate is improving. Each point is connected with a line until the year is complete.

You can also place markers or dots on the graph relating to the recruitment rate target set for your area. Using the example above, if the total annual target is 10%, then each year 240 women must adopt a family planning method. Each quarter you would expect about 60 visits. Connect the dots to make a line that shows the cumulative progress of the target throughout the year. Compare the two lines to compare your actual numbers to the target. In **Graph 1** below, the family planning recruitment rate is below the target and only increasing slowly each quarter.



A second way of illustrating the data is to make a **table** that shows the actual number of family planning adopters per village, the total number of expected adopters (100% of the target), and the actual recruitment for each quarter. You can only complete this table if you collect the name of each woman's

village when you fill in the forms or the register. If you do not collect this information, you might consider changing the patient record form or the register. From your register, you tally up the number of women from each village who adopted family planning for the first time. The tally sheet might look like **Table 1**.

**TABLE 1: Tally Sheet—Family Planning Adopters**

Health center: <u>Mazeras</u>		Indicator: <u>Family planning adopters</u>			Year: <u>2002</u>
Village	Quarter 1 Family planning adopters	Quarter 2 Family planning adopters	Quarter 3 Family planning adopters	Quarter 4 Family planning adopters	Total
<i>Villages less than 5 km</i>					
1. Mazeras	###				15
2. Mazari					5
3. Dambara					8
4. Keriya					7
5. Sambari					12
6. Kota					5
7. Bissi					8
<b>Total &lt;5 km</b>	<b>18</b>	<b>12</b>	<b>13</b>	<b>17</b>	<b>60</b>
<i>Villages 5 km or more</i>					
1. Basoro					6
2. Kafundi					7
3. Mwashanga					12
4. Mgandini	–	–			2
<b>Total &gt;5 km</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>8</b>	<b>27</b>
<b>Total by period</b>	<b>24</b>	<b>16</b>	<b>22</b>	<b>25</b>	<b>87</b>

When you finish the tallies, you can fill in the numbers in **Table 2** (page 98) and calculate the recruitment rate for each village and the total catchment population in the same way you calculated the recruitment rate above. Next, look at the information carefully to see what it tells you. From this table, you can see

that the recruitment rate in Mazari is lower than it is in Mazeras. Based on this data, you may want to make an extra effort to encourage women from Mazari to adopt family planning.

## STEP 3: Assess the Situation

Now use the indicator, the graph, and the table to **assess the situation and decide what to do**.

**The indicator** tells you the overall size of the problem at a specific time. The recruitment rate last quarter was 4%, and the target is 10%.

**The graph** tells you whether there have been improvements over time and how actual recruitment rates compare to the target.

**Table 2** tells you where the problem is greatest.

### WHAT IF...

- ✓ If the overall recruitment rate is acceptable (getting closer, equal to, or exceeding the target), then you may decide that you do not need to make any additional effort to improve the family planning recruitment rate.

Give this information to the community and tell them that things are going well.

- ✓ If the indicator is too low, or improvements are not happening fast enough to meet your target by the end of the year, you may want to consider possible **causes and solutions**.

**The cause of low family planning recruitment rate** may be found in the community, in the health center, or in both.

**In the community**, you might consider:

- ✓ The distance women live from the health center and the time it takes them to reach it;
- ✓ The lack of information or understanding about the importance of family planning;
- ✓ Cultural constraints; and
- ✓ The cost of family planning (in terms of fees or time lost away from work to visit the health service).

**TABLE 2: Family Planning Recruitment Rate by Village**Health center: MazerasIndicator: Family planning recruitmentTarget: 10%Year: 2002

Village	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Year
	FP adopters	Women 15-45 yrs.	Recruitment rate	FP adopters	Women 15-45 yrs.	Recruitment rate	FP adopters	Women 15-45 yrs.	Recruitment rate	FP adopters	Women 15-45 yrs.	Recruitment rate	
<b>Villages less than 5 km</b>													
1. Mazeras	5	81	6	3	81	4	3	81	4	4	81	5	5
2. Mazari	1	47	2	1	47	2	2	47	4	1	47	2	3
3. Dambara	4	55	7	2	55	4	1	55	2	1	55	2	4
4. Keriya	2	51	4	1	51	2	2	51	4	2	51	4	3
5. Sambari	3	62	5	2	62	3	3	62	5	4	62	6	5
6. Kota	1	50	2	1	50	2	1	50	2	2	50	4	3
7. Bissi	2	53	4	2	53	4	1	53	2	3	53	6	4
<b>Total &lt;5 km</b>	<b>18</b>	<b>399</b>	<b>5</b>	<b>12</b>	<b>399</b>	<b>3</b>	<b>13</b>	<b>399</b>	<b>3</b>	<b>17</b>	<b>399</b>	<b>4</b>	<b>4</b>
<b>Villages 5 km or more</b>													
1. Basoro	1	53	2	1	53	2	2	53	4	2	53	4	4
2. Mwarra	2	54	4	1	54	2	2	54	4	2	54	4	3
3. Banango	3	57	5	2	57	4	4	57	7	3	57	5	4
4. Hamissa	0	37	0	0	37	0	1	37	3	1	37	3	1
<b>Total &gt; 5km</b>	<b>6</b>	<b>201</b>	<b>3</b>	<b>4</b>	<b>201</b>	<b>2</b>	<b>9</b>	<b>201</b>	<b>4</b>	<b>8</b>	<b>201</b>	<b>4</b>	<b>3</b>
<b>Total per period</b>	<b>24</b>	<b>600</b>	<b>4</b>	<b>16</b>	<b>600</b>	<b>3</b>	<b>22</b>	<b>600</b>	<b>4</b>	<b>25</b>	<b>600</b>	<b>4</b>	<b>4</b>

\* Blank tables are located in Annex 2 at the end of the document.

**In the health center**, you might consider:

- ✔ Whether women are received politely and how long they wait for services;
- ✔ The perceived quality of the family planning (Do women believe they will benefit from the service? Do they believe their discussions about family planning will be confidential?); and
- ✔ The technical quality of the family planning service. (Are basic supplies available, such as family planning methods and IEC materials?)

There may be many other causes of low recruitment rates. These are only examples. To explore the possible causes and solutions, you should discuss the problem with other health staff, the management committee for the health center, your supervisor, district managers, and especially the community. Key sources of information in the community are village health workers and traditional birth attendants. During the meeting, use the data you have analyzed to explain the problem. Use the tables and graphs that you have made to illustrate the problem. Then hold a discussion about possible solutions.

Depending on the cause, these are steps you could take to improve the family planning recruitment rate:

- ✔ Improve the quality of the service by ensuring that all methods are available at all times and that women receive counseling on family planning.

- ✔ Organize the service differently. For example, combine the family planning service with vaccination days and provide family planning services every day that the health center is open.
- ✔ Avoid interruptions in inventory of contraceptives by ordering supplies earlier and collecting them to ensure that they do not run out.
- ✔ Improve the way in which women are treated at the health center. Communication is important. Make the woman feel welcome. Invite her to sit down and tell her that your conversation will be confidential. Encourage her to ask questions. Listen attentively to her concerns. Encourage her to come back again.
- ✔ Conduct IEC (information, education, and communication) activities in remote villages with the support of the management committee. During these sessions, emphasize the importance of family planning and its availability at the health center.
- ✔ Provide family planning in remote villages either with an advance strategy or by forming networks with the trained birth attendant to follow up.
- ✔ Get support from village representatives as well as women's groups and associations to promote family planning.

## STEP 4: Finding a Solution

### Hold a Meeting

To begin to address the problem, you may want to hold a meeting with other health workers or community members. These meetings should follow the steps indicated below:

### Set Priorities

First, decide what is the most important and easiest step to take. Start with something that relates to your direct responsibilities in the health facility and then move on to the community. For example:

1. *If you have run out of essential supplies, such as pills or condoms:*
  - ☑ Order supplies immediately and, in the future, order them on a regular basis to ensure that they arrive before you need them.
2. *If you have learned from your discussions in the community or in the health center that more women are likely to come for family planning if curative care was offered on the same day:*
  - ☑ Change the way you provide family planning services and let people know about it!

3. *If women do not accept the importance of family planning:*

- ☑ Find out why and learn more about local customs and beliefs; and
- ☑ Speak to women who use the service and ask them why other women may not want to attend.

4. *If the population does not have enough information about the importance of family planning and all the services offered at the health center:*

- ☑ Conduct IEC activities in the villages with women's groups and associations, village representatives, and networks to increase local knowledge of the benefits of family planning and encourage utilization of these services.

5. *If some women say they cannot come to the health center because they live too far away or cannot find appropriate transportation:*

- ☑ Form a network of local groups to provide services such as IEC and identification of potential family planning users;
- ☑ Supervise and support the networks; and
- ☑ Conduct outreach services regularly in the villages.

6. *If cultural beliefs may be influencing women and preventing them from seeing the advantages of family planning:*

- ✓ **Respect** cultural differences, but **find out** more about them;
- ✓ **Choose** health messages that reflect local beliefs;
- ✓ **Collaborate** with local leaders to encourage them to accept the importance of family planning and promote it in their communities; and
- ✓ **Involve** women’s groups and associations and others to help improve the family planning recruitment rate.

Only you and the community together can decide the best steps to take to address the problem in your community.

## Develop an Action Plan

Work with other health staff or community members to make a plan. A plan is an agreed set of activities that will be conducted to address a problem or achieve a result. This plan might include improving the health service, setting a new target for the next few quarters, or introducing new activities to encourage more women to adopt family planning. The plan should list all the activities that will be done, when they should be completed, and who is responsible for completing them.

### Action Plan for Improving Family Planning Recruitment Rate

Activities to improve family planning recruitment rate	Date to be completed?	Who is responsible?	Results achieved or not? Comments
Order family planning supplies	3/3/02	Esther	
Begin to provide family planning everyday	When family planning methods arrive	Esther	
Start IEC activities and promote outreach	21/3/02	Esther Management committee Women’s group	

\* Blank tables are located in Annex 2 at the end of the document.

## Work with the Community

Next, continue to work with the community to implement the plan. While both the health workers and the community can take responsibility for implementing the action plan, the community may need your help to do their part.

## Seek Support

If you need help, you could request support from the district health management team, a local NGO, local government, or other community groups. Teachers can help spread health messages. A local NGO might let you borrow essential supplies while you wait for yours to arrive. Solving health problems in the community is everyone's responsibility.

## STEP 5: Monitoring the Results of the Action Plan

It is important to monitor what happens as a result of your action plan. Did your activities lead to an improvement in the family planning recruitment rate?

### Fill In the Action Plan and Note the Results That Were Achieved

- ✓ Assess the same indicator after a period of time to see if there has been any change. Be sure to share that information with all those involved in identifying and addressing the problem.

If you reach the target or make any improvement:

- ✓ **Inform** the management committee and the

community of this success, congratulate them, and thank them;

- ✓ **Ask** them to make an effort to maintain or even improve on this good result; and
- ✓ If necessary, **work** with the community to reach a higher target for the next period and define activities that will help you reach it.

If you do not reach the target, or your indicators remain low:

- ✓ **Identify** the villages in the area with the lowest participation; and
- ✓ **Hold** a meeting with the committee to help identify the causes for the low rate of family planning recruitment and find solutions.

## The Results of Self-Evaluation

Esther constructed a table and a map that demonstrated that most family planning adopters were young women from villages near the health center. She also reviewed information on the residents of Mwara and visited the village to discuss their health problems. Esther discovered that several families from Mwara and the surrounding areas have come to the health center with problems that could be related to closely spaced pregnancies and large family size including anemia, infection, neonatal mortality, and childhood malnutrition. She relays this information to the women's organization in Mazeras and asks

them to assist in spreading the message of the benefits of family planning to the women of Mwara. The women's organization and Esther requested resources from the health center management committee to develop an information campaign and regular outreach clinics for Mwara. The management committee was convinced of the severity of the problem and granted a small amount of funds to support this activity. Esther agrees to provide the committee, the village, and the woman's committee with regular reports of the family planning recruitment rate in Mwara as well as the entire catchment area of the health center.



# Essential Service: Community Involvement in Health Care Management

## The Story of Bonderi Health Center

The patients at the Bonderi health center have been grumbling for weeks about the poor service provided to them. The health staff have not been able to fill the majority of prescriptions because of medication stockouts at the health center. The village leaders who live a few hours' walk from the health center have even complained about the large number of measles, neonatal tetanus, and whooping cough cases in the past year and the deadly bouts of malaria afflicting the children. No one from the health center has even visited their area for several months, and no committee meeting has been held since the health center opened.

Because there has been no committee meeting, the chairman has neglected to make any plans for spending the funds earned at the center. No income was recorded, and there has been no audit of expenditure. Consequently, the health center can no longer



provide the most basic services or even pay the salaries of its workers. The health workers did encourage the committee to comply with the management recommendations made by the district health management team during its supervisory visits. However, when nothing happened, they finally threatened to resign if the situation did not improve.

### **Elements of Health Center Management**

- ◆ Management committee meets regularly
- ◆ Problems are solved in consultation with the health staff and the community
- ◆ Action plans are made with goals, timetables, and assigned responsibilities
- ◆ Basic information on the functioning of the health center is reviewed regularly by the health committee

Ibrahim, the nurse, informed the committee chairman about the complaints they were receiving from the community. When Ibrahim consulted the register, he was unable to find any cases of measles, whooping cough, neonatal tetanus, or malaria reported in any village. The reason for this is that people from the villages located some distance from the health center had stopped going to the center due to the inadequate patient care and shortages of medication. Eventually, the chairman began to grasp the consequences of his poor management on the health of the community. Ibrahim and the committee chairman therefore visited these villages and confirmed the situation. Outstanding illnesses were treated, and Ibrahim and the committee chairman agreed to monitor the activities of the health center more closely and address management problems.

## Reflection

This story shows that community support for managing the health services is critical to success. The health committees and the health center staff should work as a team to ensure that the health services run smoothly and that community needs are being met. As seen in Bonderi, community members complain as soon as the quality of care at the health center declines. Lack of attention to management and financing of services can often result in this type of poor performance at the health center and an increase in the occurrence of basic diseases. There are many reasons why the health committees do not function as they should:

- ◆ Sometimes the committee members are too busy to meet;
- ◆ The committee's responsibilities may not be clear;
- ◆ Some committee members may live far from the health center;
- ◆ Committee members may not have the skills to fulfill their management responsibilities; and
- ◆ The health workers and the committee members may not communicate regularly.

To reduce these constraints, health workers must work closely with the health committee and the community and try to improve service quality and encourage regular involvement of the health committee in the management of the health center.

### Consider these questions:

- ◆ How does this story relate to your work at your health facility?
- ◆ Does the health committee for your area meet regularly?
- ◆ Does the health committee help manage the funds raised at your facility?
- ◆ Does the health committee consult with the community about their needs in relation to the health center?
- ◆ If the health committee is not actively involved in the work of the health center, do you know why?
- ◆ What can you do to encourage the health committee to contribute to the management of the health services?

To answer these questions, **begin** by looking at the data you collect at your health center and from the health management committee. Then follow the five steps of self-evaluation.

# Self-Evaluation

## Step 1: Choose and Define an Appropriate Indicator

From facility and health management committee data you can calculate indicators of the strengths and weaknesses of community involvement in health center management. There are two basic indicators that health workers can use to conduct self-evaluation of community involvement in health center management (see box). To begin, the health worker should select only one indicator and analyze it. Here we suggest starting with the first indicator in the box—percentage of

meetings held by the management committee—which is an important indicator for assessing the effectiveness of community involvement in health center management.

### Define the Indicator for Percentage of Meetings Held by the Management Committee

$$\frac{\text{Number of meetings held by the management committee last quarter}}{\text{Number of meetings planned by the management committee last quarter}} \times 100$$

#### Key Indicators for Community Involvement in Health Center Management

- ◆ Percentage of meetings held by the management committee
- ◆ Number of new activities undertaken by the health center staff with funds managed by the management committee

**REMEMBER!** The numerator and the denominator can cover any period of time (quarter, year, etc.). However, the time period related to the numerator and the denominator in a single indicator must always be the same.

This indicator only measures the amount of effort made to hold meetings. It does not indicate attendance by committee members, the relevance of decisions made, the decision-making process used, and to what extent recommendations were implemented. Yet the committee meeting is an important factor in the

successful management of health centers. Committee meetings offer opportunities to share information about community management and community health as well as chances to make decisions, formulate recommendations, and assess decisions and recommendations.

## STEP 2: Analyze the Data (Calculate—Interpret—Present)

### Calculate the Indicator

#### The Numerator

The numerator is calculated with information found in the records kept on the management committee.

*Example:* The management committee met once last quarter.

#### The Denominator

The denominator is calculated using information from the health center planning document.

*Example:* The management committee planned to meet once per month, or three times, last quarter.

### Percentage of Meetings Held

Using examples from above, divide the numerator by the denominator and multiply by 100:  $(1/3) \times 100 = 33\%$ .

### Interpret the Indicator: What Does this Indicator Tell You?

You can use this indicator to:

- ◆ Describe the problem: Is it big or small?
  - The committee met only one-third the number of times it planned to meet;
  - The committee is expected to meet one time each month (it missed two-thirds of its meetings for this quarter).

- ◆ **Compare the indicator with the target. Did you reach the target? Is community involvement in health center management adequate? Is it improving or becoming worse?** There are normally standards set for the number of meetings a management committee should hold per year. In this case, the target is 12, or 3 per quarter. Is your indicator for the last quarter higher or lower than the target? What does that tell you about your management committee and its role with respect to the health center? If the annual target was set at 100% for this year, what can you do to ensure that the frequency of meetings improves? Should you reconsider the target? Perhaps it was too high?
- ◆ **Does this problem occur more often at certain times of the year?** You may want to look back at the number of meetings held by the management committee over the past year. Perhaps there were fewer meetings during a particular time of the year due to harvests or rains? Perhaps it is unrealistic to expect the management committee to take a whole day to meet every month when it is time for the crops to be harvested? You may want to hold shorter meetings at a busy time of the year or meet with committee members individually.

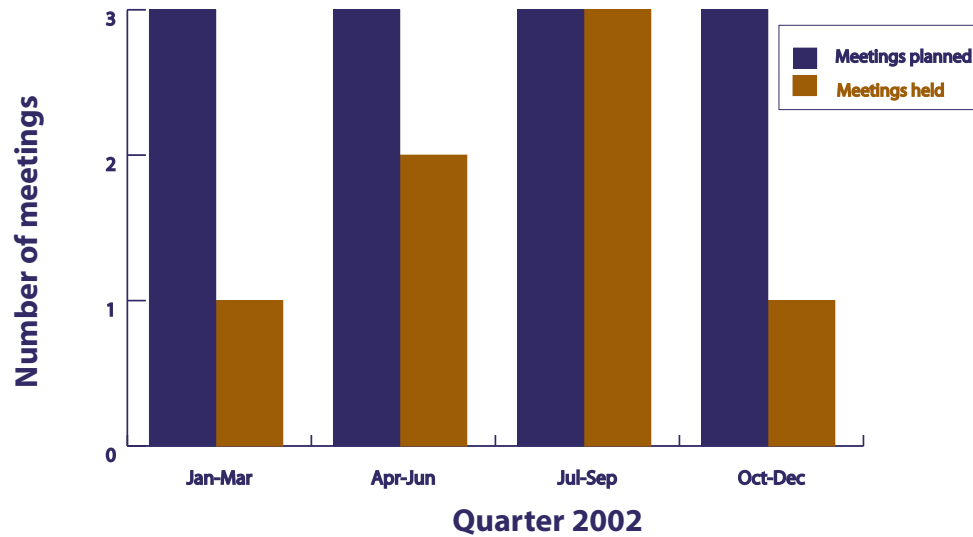
## Presenting the Data

It is sometimes helpful to make a picture with the data (a graph or table) to illustrate changes in meeting rates over time or to discover when meeting rates are highest or lowest. These pictures can be used to explain the data to others, such as members of the management committee, other community leaders, and your supervisors.

### Making a Graph or Table

You can make a graph that shows the number of times the management committee meets over the year. For each quarter, you first make a bar that indicates how many meetings took place and then make a similar bar for the target, or number of meetings planned. From this graph, you can then tell whether the committee met as many times as expected. In addition, you can also determine if there are certain times of the year when holding a meeting appears to be more difficult.

**Graph 1: Frequency of Committee Meetings**



**TABLE 1: Percentage of Management Committee Meetings Held Versus Target**

Health center: Bonderi      Indicator: Management committee meetings      Year: 2002

Meetings	Planned	Held	Percentage
Quarter 1	3	1	33%
Quarter 2	3	2	66%
Quarter 3	3	3	100%
Quarter 4	3	1	33%
<b>Total</b>	<b>12</b>	<b>8</b>	<b>66%</b>

## STEP 3: Assess the Situation

Now use the indicator, the graph, and the table to assess the situation.

The **indicator** tells you the overall size of the problem at a specific time. The percentage of management meetings held last quarter was 33%, and the target was 100%.

The **graph** tells you whether there is any seasonal pattern to the frequency of meetings.

**Table 1** tells you the overall annual meeting rate compared to the target.

### WHAT IF...

- ✓ If the overall percentage of management meetings is acceptable (getting closer, equal to, or exceeding the target), then you may decide that you do not need to make any additional effort to improve community involvement in health center management. Give this information to the community and tell them that things are going well.
- ✓ If the indicator is too low or not showing much improvement, you may want to consider possible causes and solutions.

The cause of low frequency of management meetings may be found in the management committee, in the health team, or in both.

In the health committee, you might consider:

- ✓ The distance members live from the health center and the time it takes to hold a meeting;
- ✓ The lack of information or understanding about the importance of the role of the management committee; and
- ✓ The lack of skills to perform the role of the management committee.

Among the health team, you might consider:

- ✓ Whether relations with the committee members are open and supportive;
- ✓ Whether the health team is keeping the committee well informed about the work of the health center by sharing reports and data with them;
- ✓ Whether the health staff actively participate in the management committee meetings;
- ✓ Whether the health staff show their appreciation for the work of the management committee; and
- ✓ If there are certain committee members who do not feel confident contributing to the meetings, such as women or the youth representatives.

There may be many other reasons that the management committee is not meeting regularly. These are only examples. To explore the possible causes and solutions, you should discuss the problem with other health staff, the management committee for the health center, your supervisor, district managers, and especially the management committee and the community. Key sources of information in the community are village leaders, village health workers, and teachers. During the meeting, use both the data that you have analyzed and the tables and graphs that you have made to explain and illustrate the problem. Then hold a discussion about possible solutions.

Depending on the cause, these are steps you could take to improve the frequency of management committee meetings:

- ☑ Ensure that all members of the management committee understand their roles and the importance of their contribution to the management of the health center.
- ☑ Ensure that committee members have the information they need to make decisions about the health center.
- ☑ Arrange for assistance if members of the committee are not comfortable working in accounting or reading reports.
- ☑ Suggest that the committee add additional members with specific skills as needed.
- ☑ Show your appreciation of the work of the committee by telling others in the community about the importance of their role.
- ☑ Attend all the committee meetings and make a good contribution to the discussion.
- ☑ Ensure that all members have a chance to contribute.

## STEP 4: Finding a Solution

### Hold a Meeting

To begin to address the problem, you may want to hold a meeting with other health workers or community members. These meetings should follow the steps indicated below.

### Set Priorities

First, decide what is the most important and easiest step to take. Start with something that relates to your direct responsibilities in the health facility. Then move on to the community. For example:

1. *If you have not been keeping the management committee well informed about health center operations or problems:*
  - ✓ Prepare information for the committee members;
  - ✓ Inform them verbally about the health center; and
  - ✓ Give them monthly targets and reports of service performance.
2. *If you have learned from your discussions in the community or in the health center that management committee members are more likely to attend meetings if they are held in the evening or on weekends:*

- ✓ Change the day or time of the meetings and let people know about it!
3. *If management committee members do not accept the importance of their role in health center management:*
    - ✓ Find out why and learn more about their views of their role; and
    - ✓ Encourage them to attend and explain what they can do to improve the health services and the health of people in the area.
  4. *If members of the management committee do not have the skills or the knowledge to do their jobs:*
    - ✓ Conduct a short training on the importance of primary health care, management and accounting procedures, and community involvement.
  5. *If women or young people feel uncomfortable speaking during the meeting:*
    - ✓ Suggest forming a sub-committee, which would give them specific tasks, or responsibilities; and
    - ✓ Encourage the chairperson to promote participation among all members.

Only you and the community together can decide the best steps to take to address the problem in your community.

## Develop an Action Plan

Work with other health staff or committee members to make a plan. A plan is an agreed set of activities that will be conducted to address a problem or achieve a result. This plan might include improving the format of meetings, setting a more reasonable target for the frequency of committee meetings, or planning a training to orient the management committee members to their role in supporting the health center. The plan should list all the activities that will be done, when they should be completed, and who is responsible for completing them.

## Work with the Community

Next, continue to work with the committee to implement the plan. While both the health workers and the committee can take responsibility for implementing the action plan, the committee may need your help to do their part.

## Seek Support

If you need help, you could request support from the district health management team, a local NGO, local government, or other community groups. Teachers can help encourage the management committee to take their role seriously. A local NGO might explain to the committee their experience with community involvement in health center management. Solving management problems in the health center is everyone's responsibility.

## Action Plan for Improving Community Involvement in Health Center Management

Activities to improve the frequency of management committee meetings	Date to be completed?	Who is responsible?	Results achieved or not? Comments
Conduct orientation of management committee	3/3/02	Ibrahim Health center staff	
Reschedule meetings to the evening during harvest time	Starting at the beginning of the harvest	Committee chairman Ibrahim	
Provide monthly reports to the management committee	21/3/02	Ibrahim Health center staff	

\* Blank tables are located in Annex 2 at the end of the document.

## STEP 5: Monitoring the Results of the Action Plan

It is important to monitor what happens as a result of your action plan. Did your activities lead to an improvement in the frequency of management committee meetings?

### Fill in the Action Plan and Note the Results that Were Achieved

- Assess the same indicator after a period of time to see if there has been any change.

Be sure to share that information with all those involved in identifying and addressing the problem.

If you reach the target or make any improvement:

- Inform** the management committee and the community of this success, congratulate them, and thank them; and
- Ask them to make an effort to maintain or even improve on this good result.

- ✓ If necessary, **work** with the committee and the community to reach a higher target for the next period and define activities that will help you reach it.

- If you do not reach the target or your indicator remains low:
- ✓ **Identify** the reasons why this might have happened; and
  - ✓ **Hold** an emergency meeting with the committee and the community to help identify the causes and find solutions.

## The Results of Self-Evaluation

Ibrahim made a table to show the management committee that they had only met 66% percent of the time proposed for meetings last year. He noted that meetings were apparently not held during harvest time and the period following the harvest, when people were involved in local holidays. Ibrahim suggested to the committee that they reduce the expected target for annual meetings to ten and hold only one long meeting just before the harvest begins to address any problems. At that time, the com-

mittee can make plans for the next few months, when most people are too busy to commit time to managing the health center. The committee members agreed to this plan. However, they also suggested that Ibrahim conduct an orientation for new members of the committee so they could understand their roles better. Ibrahim agreed to do this and thanked the committee for their interest in improving the support they provide to the health center.

