

# The role of better pay and active staff management to deliver and sustain free health care in Sierra Leone

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# About Charlie Goldsmith Associates

## About Charlie Goldsmith Associates

- We work with governments and others in **post-conflict, fragile and emerging** African countries to establish and sustain the “**nuts and bolts**” of **public administration**, practical and useful administrative and management systems, with technology that’s suitable for the context.
- We work particularly in the **basic services sectors**, but also on cross-government governance and PFM systems and reforms.
- Functional areas we specialise in include **payroll, human resources and attendance management** systems. Technical areas we work in include general “**tech4development**”, applications that are suitable for low-connectivity contexts.
- We invest in **building the capacity of our government colleagues** over the long term, and have a team of specialists in implementation support to help them.

## Specifically in Sierra Leone

- We began working with MoHS to support the implementation of free health care. We also work with partners at the centre of government.
- We provide technical assistance to government staff: training, on-the-job (building skills in key staff, not simply developing manuals to sit on shelves)
- Where requested, we provide policy and planning advice in our areas of expertise

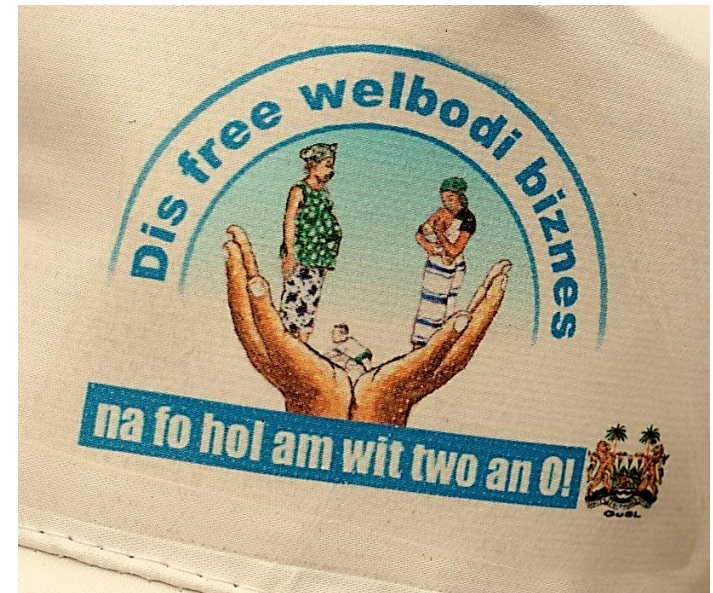
# Context of Sierra Leone and the free health care initiative

## The challenges were evident:

- Eleven years of civil war ended in 2002
- 857 maternal deaths for every 100,000 live births (DHS, 2008): approx 3<sup>rd</sup> worst in the world.
- Child mortality 140 of 1,000 live births (DHS, 2008)
- Weak national health systems and capacity

## Free Health Care Initiative:

- In Fall 2009, HE President announced intention of FHCI with a deadline to launch by Independence Day, April 2010
- Hurdles to overcome: lack of drugs, ill-equipped facilities, and absent health workers
- Human resources: Were there an adequate number of workers for the influx of new patients? What about adequate salaries to prevent workers from charging fees?
- Rapid action was needed to provide greater assurance of who MoHS was paying, where, in what roles, to support service delivery.

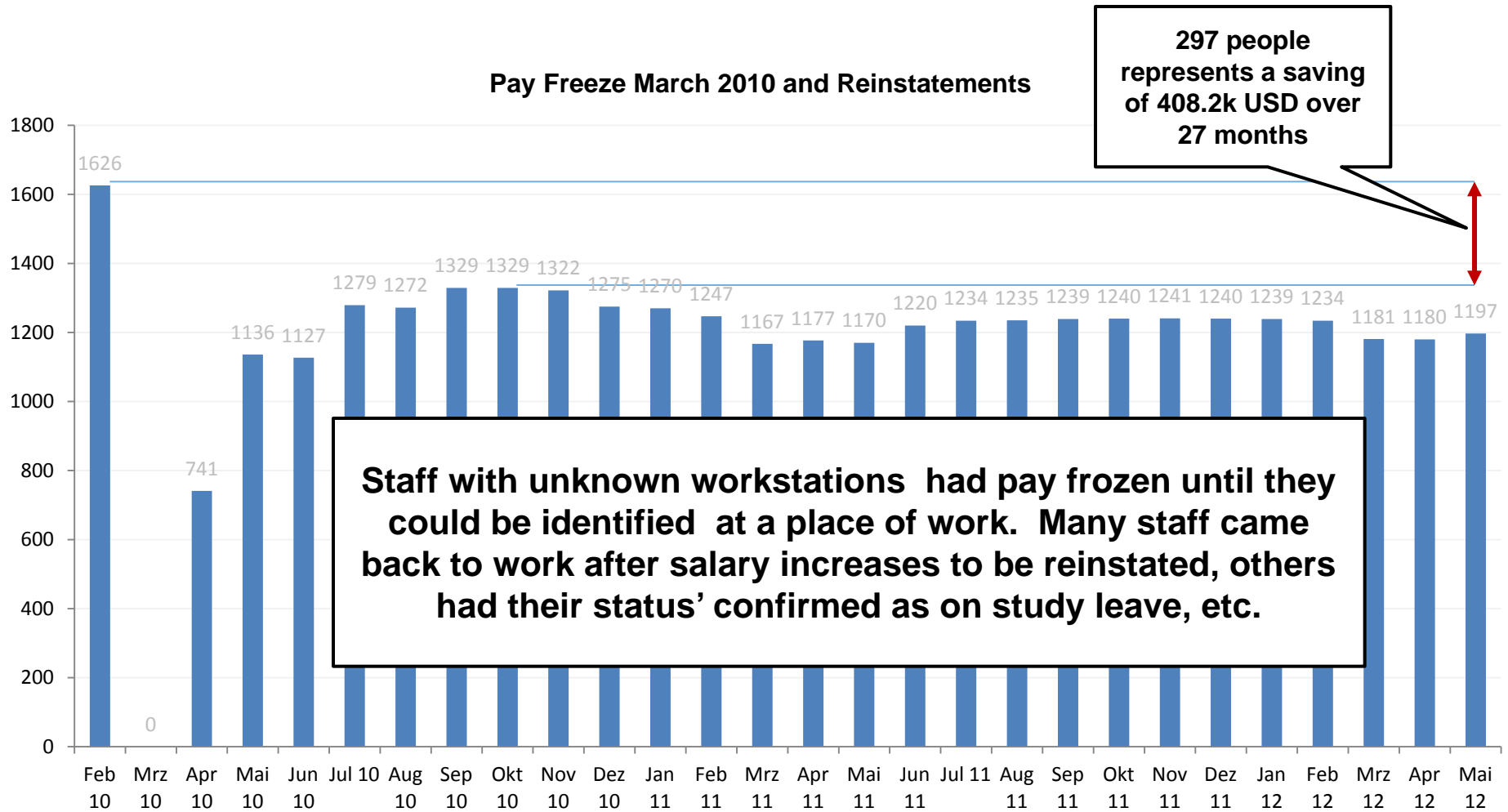


# Rapid actions were taken to 'clean the payroll' and recruit volunteers; systems were put in place to help sustain these gains

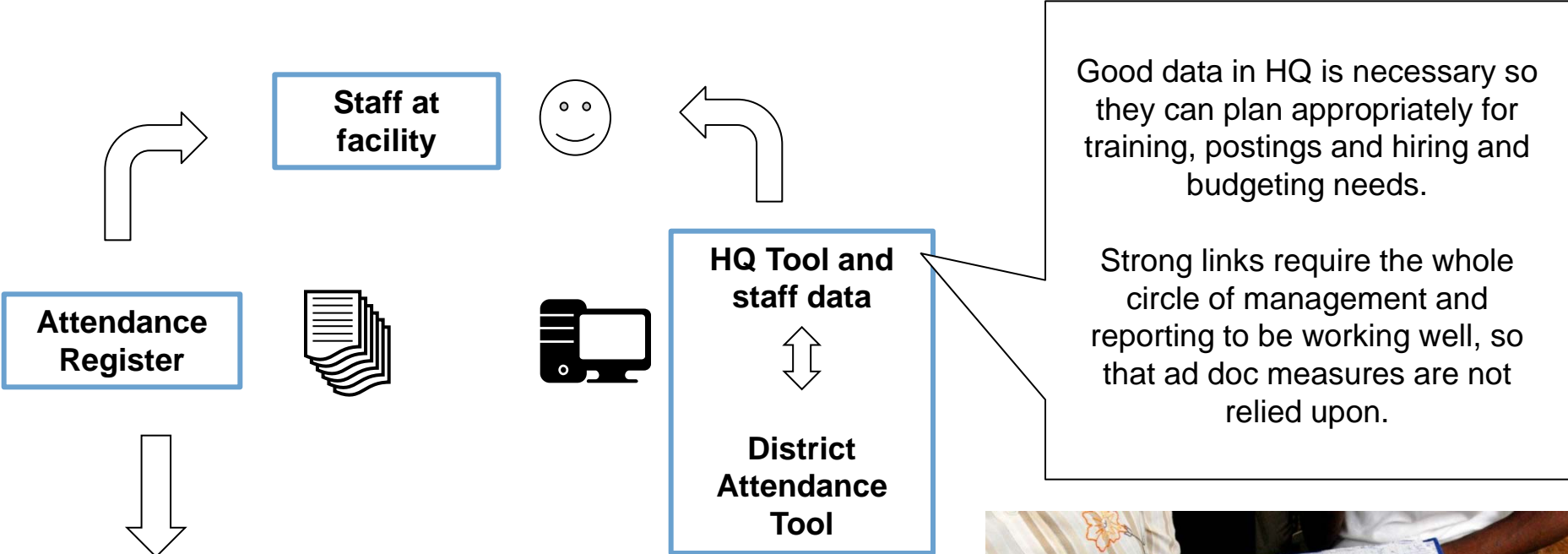
CGA provided support to MoHS to implement the following activities:

- A **rapid analysis of the existing payroll** against other available data sources to identify staff who were not working, or whose whereabouts were unknown
- **Freeze salaries of staff whose status was unknown**, and a process to bring them back into the system once their status and whereabouts were confirmed
- Implement a **rapid hiring operation** to employ over 1,000 volunteer health staff at district levels, and recently a recruitment drive which hired 1,200.
- Establish an **attendance monitoring system** that has now been in successful service for two years, which provides management at national and district levels data to support better staff management
- Implement a FHC **Sanctions and Conduct Framework** which enables government to sanction pay of health workers who have an excessive number of unexcused absences within the month (instead of funds continuously flowing to their bank accounts)
- Establish an oversight committee comprised of key government ministries and development partners who meet regularly to monitor pay and attendance, and **disburse funds based on results**
- Establish a dedicated unit within MoHS and **build capacity** to maintain the attendance process which is now able to operate in steady state with minimal external support

# Of the 1626 names removed from the MoHS payroll in March 2010, ~300 remain frozen, which has saved nearly .5 million USD

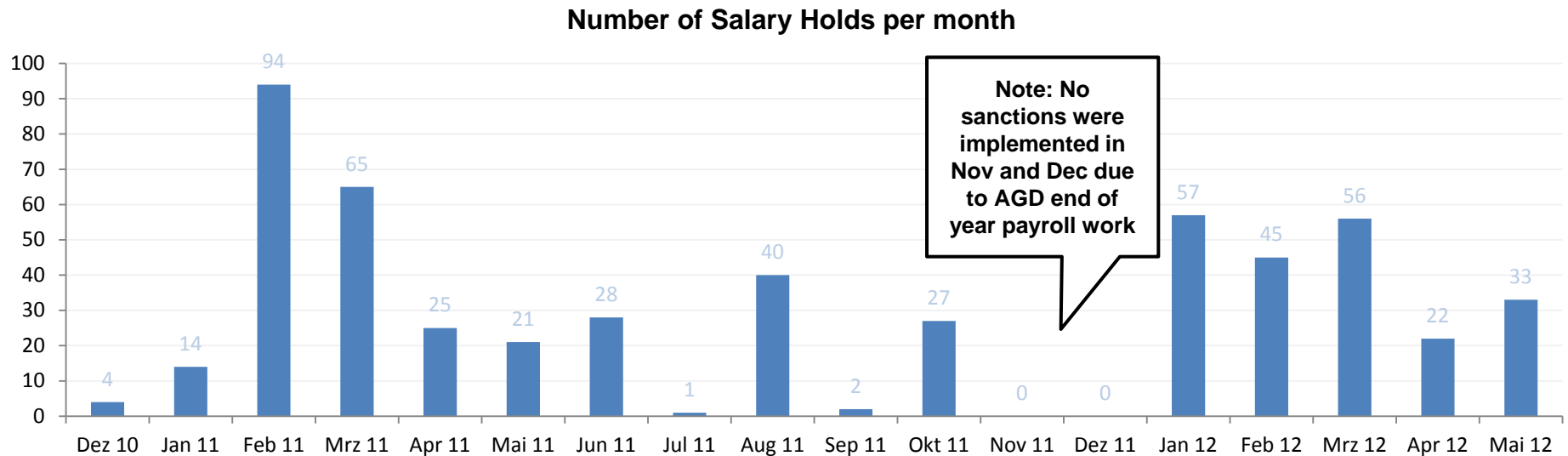


# Attendance monitoring is now a regular, sustained information source for HRH, to understand who is working, and where



# On average, 40 staff per month have their pay held for poor attendance. This has saved GoSL about 80K USD in 1.5 years

- Managers are glad to be able discipline staff (they also tell us staff are more committed)
- MoHS/Government can use their savings to hire more health workers (over two years they have hired more than 2,000 new staff)
- Donors are glad their money towards salary support is not being wasted (UK DFID and Global Fund are both contributing)
- Communities benefit when their health worker is present (some even take part in reporting absences)





# **Conflict transformation may be supported through the strengthening of civil society and encouragement of good governance**

## **Strengthened civil society:**

- Health workers make up a small segment of society, but they make up a large proportion of public servants. They are dispersed throughout the country, and are respected members of the community. Their collective voice was heard at the onset of FHC as doctors and nurses fed in their views on how to make FHC work.
- Local civil society groups, NGOs, and unions, were strong advocates and communicators to spread the word about FHC to deserving groups.
- Civil society, specifically the Health for All Coalition, has a current role as a watchdog to prevent the theft of drugs, charging of fees where they are not permitted, and reporting absent health workers.

## **Example of good governance and good will:**

- FHC was an example where government led, and others followed. Donors and international organisations supported the Presidential initiative, and the government was seen in the drivers' seat.
- Government, donors and implementing agencies worked more transparently, using data where available, and 'calling out' where issues needed to be addressed.
- The conduct and sanctions framework introduces 'fairness' in the system, where health workers are paid more fairly, but there are also consequences for not coming to work.

# Further opportunities exist to extend the benefits of this type of work into other areas of GoSL and other countries

- Evidenced-based decision making, led by government, is essential to maximise effectiveness and sustainability
- Good, reliable information on HR is an essential component for better management of both financial and human resources
- Predictable, managed attendance, along with fair and transparent systems to track it, can contribute to higher productivity and demand for services
- Fairness and good governance are building blocks for conflict prevention, the involvement and cooperation of civil society, local government and central government are essential
- These systems can be applied to other sectors in Sierra Leone, but also other countries in similar contexts. Charlie Goldsmith Associates has already been working with the Republic of South Sudan on similar systems in the education sector.



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