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

Case study for: Medicus Mundi International Network--Health Systems Strengthening and Conflict Transformation in Fragile States
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1. Context

Sierra Leone's health systems were devastated following an 11 year civil war which ended in 2002. Health indicators were amongst the worst in the world; where nearly one of eight women died in childbirth, and one of every ten children died before they reached five years old[1]. Health systems were very weak, numbers and capacity of health workers were limited, management and leadership was lacking. The situation remains fragile, but there have been tangible improvements.

In the autumn of 2009, a bold announcement was made by the President of Sierra Leone, that the country would implement free health care (FHC) for pregnant and lactating women, and children under-five by Sierra Leone's 49th Independence Day in the coming spring of 2010. This was seen as the best possible way to bring the national maternal and child mortality rates down, and come closer to meeting the 2015 Millennium Development Goals. It was not the first time Sierra Leone made an attempt at FHC; the previous initiative was instated soon after the war, but did not take off as it was seen more as a gesture with inadequate resources behind it. The consequences of the 2010 target have since impacted policy, governance, and management of health services in the country. Not only were there significant changes at the national level, but the initiative instigated a deeper level of ownership in service delivery at the district-level, as well as mobilised communities to better understand and demand their new rights.

2. Intervention Summary

This case study will focus on work done to support the Ministry of Health and Sanitation's (MoHS) Human Resources for Health (HRH) Directorate in preparing for the launch of the new policy. After the announcement of the FHC initiative, major hurdles were apparent: lack of drugs, ill-equipped facilities, and absent health workers were just a few examples. One specific challenge was to ensure there were an adequate number of workers in the right places to serve the influx of new patients, as well as provide adequate salaries to health workers to prevent staff from charging user fees.

This was done through improving health worker salaries and "cleaning the payroll," and subsequently implementing steps to ensure that payroll reforms were sustainable: namely through an extended programme of attendance monitoring, including sanctions for those who did not show up for work for a given time period. Payroll process improvements ensured people were paid according to their correct grade and scale, and an oversight committee comprised of key government ministries and development partners meet regularly to monitor the integrity of the payroll, and disburse salary funds based on results.

3. Working to Improve Human Resources for Health

In 2010, Charlie Goldsmith Associates' team (then, under the auspices of Booz & Company) worked with Ministry and Government partners to help with the launch of FHC. Rapid action was needed to provide greater assurance of who MoHS was paying, where, in what roles, to support service delivery. This also would give confidence to government and development

[1] Based on DHS 2008 figures, maternal mortality 857 of 100,000 live births; children under 5 mortality 140 of 1,000 live births

partners that funds for salary increments were being used efficiently. In practice, as a result, GoSL/MoHS was able to:

- Conduct 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
- 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)
- Build capacity to maintain the attendance process which is now able to operate in steady state with minimal external support

4. Intervention Challenges

Most of the challenges faced during the FHC implementation related closely to the low capacity of the health system and its human and financial resources. As related to HRH, a few specific issues needed to be addressed:

Improving information on staff to inform decision making

MoHS had undergone a headcount exercise which was to serve as the basis for the initial payroll cleaning activities leading up to free health care. The exercise was completed, but by the time the information was to be used, it was already out of date, especially in terms of staff location information. There were also a number of problems with identifying people by name, as people might have the same or similar names. Another issue was that the headcount was focused at the district level, but it was later apparent that many headquarters staff were missed in the count, as well as staff on study leave but on payroll.

Using attendance to confirm staff are working, and where

Monthly attendance monitoring is now used to confirm physical locations of staff as well as establishing reporting lines within headquarters so that all staff are captured. It allows managers to better understand their staff location and activities, and similarly, staff have a clear reporting line to communicate personnel issues and have them solved. On a very practical but important level, all MoHS workers are now aware of their personal ID number (pincode) which identifies them in the payroll and personnel systems, so they are no longer confused with someone else of the same name, and issues are much easier to track for each person.

Improving staff salaries

With over 8,000 health workers scattered over the country, many in remote locations, it was essential for FHC that health workers understood the new policy and what it would mean for them. The MoHS' relationship with its health workers was fragile at times, with staff uneasy about the influx of patients, and the new mandate to not charge fees. With health worker salaries in some cadres being less than three times the regional averages, health workers were adamant that they would require pay rises if they were not going to be able to complement their salaries with user fees. Government, and at times the President himself, had multiple meetings with health workers and union members to negotiate the new salaries for health workers and come to amicable agreement. This was a difficult period of consultation, with several health cadres going on strike and refusing to work until the salary issue was settled. The new salaries were implemented in time for the launch of FHC.

Institutional development for strategic HRH planning

Since FHC there has been increased attention to the need for more focus on HRH. The unit responsible for HRH was previously under the Directorate of Policy and Planning, but the department has now since become its own Directorate. It is currently finalising a revised scheme of service, HRH country profile, strategic plan, and operational policy. These key documents were previously either non-existent or outdated. Without core policy roadmaps for the HRH sector, many of the decisions around HRH policy did not have the support which would be necessary for long term strategic planning. As efforts to improve and institutionalise HRH have since been initiated, the attention to health workers, their effectiveness, and needs can be more adequately addressed.

5. Human Resources for Health and Conflict Transformation

Expanding health services to vulnerable groups is an end in itself, but we recognise that it can also be a means to contribute to conflict transformation. Health workers make up a small segment of society, but they make up a large proportion of public servants. They are disbursed throughout the country, and are respected members of the community. Their experience of going through a transition such as FHC might serve as an example to other sectors as well as communities which will feel the impact of development in the coming years, in the challenges and successes. As Sierra Leone's potential and actual wealth increase led by a growing extraction industry, many changes will, as they are already, take place. If FHC can be any example of a successful initiative where governance was improved and change was adequately managed, it might provide an example towards which Sierra Leoneans can look.

FHC might have also contributed to conflict transformation through working to strengthen civil society, providing effective communication and capacity building to communities and organisations at the grassroots to engage as more powerful advocates. The civil society organisations currently play a role as a watchdog to prevent the theft of drugs, charging of fees where they are not permitted, and absent health workers. In the area of monitoring health worker attendance, they were also trained to understand the reporting system and policies which MoHS had put in place, so that they would provide another level enforcement to maintain a transparent and fair system.

6. Intervention Impact

Recently, an initial data comparison was conducted between HRH staff attendance reports, and facility outputs on services provided within MoHS; the initial data showed that facilities with better staff attendance are more productive. As one might expect, staff are more productive if they are first present. It also might suggest that predictable, managed attendance contributes to higher productivity as demand for services also increases.

Accurate, reliable and timely HRH information provides a basis for more effective planning and management of human resources. For example, projections for a recent district-based recruitment exercise were more effective by using available staffing data from the attendance records which also contained information on volunteers who were not yet paid. Priority for recruitment was possible for staff who had a track record of working already and could be factored into the selection criteria.

District and hospital managers have shared that since FHC, there are improvements related to staff showing up for work. They have also said that attendance monitoring has "enhanced commitment of staff towards their work and [increased] their reliability," "improved leadership and respect between staff/management" as well as "improved delivery of services and patients have more confidence in system."

The full impact of the intervention is yet to be seen at this early stage, but initial perceptions from staff as well as health and HR data shows that Sierra Leone may provide an example of how improving health systems and human resources might play a role in addressing conflict transformation.