

Evaluation Report Title: Evaluation of DFID Support to Healthcare Workers Salaries Sierra Leone

Response to Evaluation Report (overarching narrative)

DFID welcomes the findings of the external evaluation of DFID's contribution to health workers salaries in Sierra Leone. The programme was designed to support the implementation of the Free healthcare initiative (FHCI), launched in April 2010 that made available free health services to pregnant women, children under five years of age and nursing mothers. DFID's support to health workers salaries seeks to contribute to reducing maternal and child mortality through supporting the increased uptake of healthcare by the most vulnerable. This will be achieved through increasing availability of frontline health workers to deliver services and discouraging the application of user fees for services to the FHCI target groups. The five year programme commenced in June 2010 with four outputs which will:

- sustain the removal of user fees through a regularly paid salary uplift to frontline health workers.
- keep the whole health payroll clean and ensure it is managed well by Government.
- generate reliable and accurate information and data enabling Government to monitor staff attendance and manage personnel deployment.
- support the implementation and where necessary enforcement of the no user fee policy.

The external evaluation concluded that 'it can be said with confidence that the salary uplift was critical to the success of the FHCI thus far'. The programme purpose of 'increasing the uptake of health care by the most vulnerable' is being achieved although not to the high level of service utilization demonstrated in the first year of the FHCI during which a doubling in the utilization of healthcare services was recorded. Major advances were made in establishing and maintaining the integrity of the payroll through the elimination of ghost workers by payroll cleansing; and health workers attendance has improved with the establishment of a functional attendance monitoring system with a conduct and sanctions framework. As a result, staff unauthorized absenteeism was recorded as less than 10%. Underpinning these gains are close monitoring and management arrangements under the direction of the Payroll steering committee. Significant savings calculated at US\$408,200 over the 27 month period March 2010 to May 2012 were made from the first round of pay freezes aimed at eliminating ghost workers and enabled recruitment of additional frontline health workers. The increased confidence in the accuracy of the payroll has provided a solid basis for improved human resource management and workforce planning. By the end of 2012, 3,474 health workers additional health workers had been recruited, a substantial addition to mitigate the acute shortage of health workers in Sierra Leone.

Despite the remarkable gains made, we concur with the evaluation assertion that significant challenges remain. For the payroll system, inadequate infrastructure, systems security and the limitations of the systems for wider HRH data management were some of the challenges identified. The evaluation suggested that although the free healthcare policy is generally enforced, the target groups were in some instances still being requested to make some level of payment. The true extent of this practice will need to be concretely determined. We accept the evaluation's recommendation that the programme emphasis should now shift from strengthening payroll and attendance systems (although some work is still required in this area); to developing systems to ensure greater enforcement of the non user fee edict for target groups. Programme indicators will be clarified to reflect the new emphasis. We agree that the inconsistent availability of drugs at facilities provides the opportunity for illicit charging. DFID, through a separate funding stream is supporting the operationalization of the national pharmaceutical procurement unit (NPPU) to strengthen the supply chain and ensure FHCI drug availability in health facilities. A

formal review and strengthening of the user fee policy for non FHCI populations is required and would mitigate inappropriate charging at health facilities.

Sustainability

Health workers salaries uplift: DFID's contribution to health workers salaries is frontloaded, with disbursements decreasing annually in anticipation of GoSL assuming full responsibility for health workers salaries by 2015. The evaluation report analysis confirmed that the GoSL is on track to absorb the full cost of health workers salaries by 2015. To further support the process of transfer of the full health worker wage bill to the GoSL, the 2013 – 2015 Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFTAM) Phase 2 programme contribution to health workers salaries uplift has a mandatory annual Government counterpart contribution and planned disbursements amounts decreasing annually to 2015. For the GoSL, a key issue going forward is the effect of salaries increases in the health and education sectors on the civil service multiyear pay reform process that seeks to ensure that all civil servants are paid equitably and competitively.

Payroll systems: The evaluation confirmed the findings of DFID's 2012 Reproductive and Child Health Portfolio annual review that the technical capacity in the human resource for health support unit to fully support the payroll system was limited, and justified the approach taken jointly by DFID and GFATM in 2012 to focus technical assistance on transfer of skills. The evaluation made clear that that more work is required in this respect and that sustainability of the system is not assured in the absence of continued technical support. The payroll steering committee will closely review the options detailed in the evaluation report and develop a plan of action to facilitate the transfer of skills and knowledge to the MOHS. DFID has committed through its five year Basic Package of Essential Health Services health systems strengthening programme that commenced in 2013, to strengthen the management of human resources for health including the attendance monitoring system.

We would like to thank the evaluation team for their work that will form important inputs for the strengthening of the support to the health workers salary programme and to the effective implementation of the Free Healthcare initiative. DFID's Management Response to the recommendations from the evaluation report is set out in the table below.

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
<p>1. The MoHS should address the issue of user fees for non-target group patients. This should include establishing the arrangements for setting, implementing and monitoring fees.</p> <p>2. There is a need to establish a mechanism for investigating allegations of improper charging, which is needed to strengthen the implementation of this specific component of the Conduct and Sanctions Framework.</p>	Accepted	<p>The MOHS currently implements a drugs cost recovery policy for non Free healthcare initiative (FHCI) target group populations. The payroll steering committee will make a case to the health sector coordinating group, specifically the Health finance subcommittee, for the review of the policy with a view to strengthening implementation. The projected date for completion would be 2014. As part of the process, a review of the current mechanisms for investigating improper charging will occur and recommendations put to the MoHS leadership and health sector steering group for action.</p>
<p>3. The payroll system should be modified so that it is able to produce consolidated data on staff numbers by job title and grade at facility, district and central levels. This is important for effective Human Resources for Health management and workforce planning.</p>	Accepted	<p>The payroll unit currently lacks the technical capacity to carry out modifications to the payroll system. Terms of Reference for the technical assistant service provider will be amended in 2013 to incorporate the proposed modifications.</p>

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<p>4. The payroll steering committee(PSC) should monitor service utilisation rates more closely. Better interrogation of this data will enable more robust conclusions to be drawn as to whether or not there is any correlation between attendance rates and service utilisation. This need only involve a small number of indicators and the disaggregated data is already available from the Department of Planning and Information. Undertaking this on a quarterly basis, for example, will allow more effective monitoring than reliance on annual MoHS performance data.</p>	Accepted	<p>Service utilization rates are key indicators under the four year DFID funded Free healthcare Initiative (FHCI) Impact Evaluation project. As such, linkages will be made between the FHCI evaluation and the PSC to ensure that this data is available and informs the Health workers salaries programme by December 2013.</p>
<p>5. The new MoHS Information, communication and technology (ICT) department should be co-opted to the PSC meetings to provide technical input for IT support for the payroll and attendance monitoring systems. Their input will strengthen coordination of system re-development and address infrastructure issues including training of support personnel.</p>	Accepted	<p>The ICT department will be invited to the PSC in July 2013 to discuss and agree on the level of support to the Attendance Monitoring System and the PSC.</p>
<p>6. Since both the attendance monitoring system and Human Resource Information Management systems are GoSL initiatives, there is need to effectively coordinate IT infrastructure and human capital to ensure cost efficiency and effectiveness and eliminate duplication of effort and wastage of resources.</p>	Accepted	<p>The process of developing an action plan to promote efficiencies will be included in the terms of reference for the attendance monitoring technical assistance service provider in 2013.</p>

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
<p>7. The MoHS, with support from HRMO, should consider the value of undertaking a business process reengineering review focusing on key processes that will inform and provide input to the development of HRIS.</p>	<p>Accepted</p>	<p>The payroll steering committee will undertake a consultation process, supported by the HRMO, Human Resources for Health to explore the benefits and scope of a business process reengineering review and submit a recommendation for consideration of the MoHS leadership team by October 2013.</p>
<p>8. The programme log frame needs to be amended to make the link between Outputs and Purpose more explicit. This should be undertaken as an activity during the forthcoming impact evaluation given that it is highly likely that further amendments will be needed at this time.</p>	<p>Accepted</p>	<p>The Healthcare Workers Salaries programme evaluation report has been shared with the FHCI Impact evaluation project team to inform the design of the FHCI impact evaluation and indicators. A preliminary log frame developed as part of the inception phase for the project. The Health workers salaries programme log frame will undergo a further process of review and will be finalized in 2014 subsequent to the appointment of a service provider to provide technical support and capacity building to the MOHS on the Attendance Monitoring System.</p>
<p>9. SL should consider the likelihood of having sufficient data to evaluate Purpose level indicators 4, 5 & 6 at the end of the programme period in the absence of quality FHCI monitoring reports. If not the current log frame may need to be amended.</p>	<p>Accepted</p>	<p>DFID is supporting the improved monitoring of the FHCI through the FHCI Impact Evaluation project and the Basic Package of Essential Health Services systems strengthening project that commenced in February 2013. As such, all indicators will be addressed.</p>