

**MANAGEMENT AND FUNCTIONAL REVIEW
OF THE MINISTRY OF HEALTH AND
SANITATION**

2002

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EXECUTIVE SUMMARY

1. Following earlier work into the administration of government in Sierra Leone, the Department for International Development (DFID) agreed to fund further work involving management and functional reviews of the four key Ministries of Health, Education, Agriculture and Local Government. These reviews were linked to the Government of Sierra Leone's programme to promote good governance in the public service in order to restore efficiency and increase the capacity for the delivery of services to the population. This report covers a study carried out by a joint team of Sierra Leonean and DFID consultants during August and September 2002 of the functions, structures and management arrangements at the Ministry of Health and Sanitation.

2. The Ministry is poised to experience a period of great organizational change in the way it manages its services with the planned introduction of a new health policy and the proposals for change in the administration of hospitals. The report draws attention to the fact that the likely consequences of these changes in terms of functions, structures, systems and resources on the work of the Ministry – particularly the future role of the centre and its relationship with those responsible for the delivery of services - has still to be worked out in many areas. It recommends that a Task Force be set up now to address these issues and to determine how the revised arrangements will operate in practice.

3. The review strongly endorses the Ministry's efforts to divest itself of the direct operation of Waste Management services in Freetown on the grounds that it should not be viewed as a core activity of the Ministry but a municipal responsibility. In the same vein, the report examined the case for retaining Civil Registration as part of the Ministry's functions as it did not appear to sit comfortably in the organization but we concluded the circumstances were not right for change at the present time. The position should be considered again in a year's time when the case for change may be stronger and the results of other Management Reviews become available.

4. Our findings indicate that there are substantial discrepancies between the numbers on the Ministry payroll and the organization's authorized establishment. It became apparent during the study that the Ministry did not know at any given time the number of staff it employs or where they are all located. The report recommends that the Ministry take urgent measures to prepare and maintain an accurate Staff List and once this becomes available it should undertake a monthly reconciliation exercise between the numbers of staff recorded on the approved Staff List and those on the payroll.

5. Other key recommendations include:

- The Primary Health Care Directorate should be restructured into two separate units, one covering PHC programmes and the other disease control activities. In addition, the Entomology Unit should be merged with the Environmental Health Division.
- Existing legislation in the health sector should be updated and consolidated and the statutory powers of the Sierra Leone Medical and Dental Council should be extended to include responsibility for registration and regulation of private clinics and medical institutions.
- The anomalies in the senior grading structure should be referred to the Establishment Secretary's Office for formal approval.
- Five linked recommendations have been made designed to improve procurement procedures – in the interests of probity and transparency – including a proposal to mount a pilot scheme into purchases under Le 12 million where Government of Sierra Leone funds are involved.
- The two separate financial accounting and reporting systems operating at the Ministry should be integrated at the earliest opportunity. Consideration should also be given to making funding provision in the 2003 Budget as a contingency arrangement for meeting national emergencies in the health sector.

6. In terms of staff numbers at the Ministry, the report has identified 57 posts as surplus to requirements and recommends that these posts be suppressed. Lack of staff discipline and poor time keeping at the Ministry is a significant problem that needs to be resolved by senior management. Although the report recommends the introduction of a number of good management and administrative practices, it also acknowledges that in the longer term there is a requirement to review the systems, procedures and staffing levels in place in most of the units visited in much greater detail than time permitted during this study. With this in mind, it recommends that the Ministry should be earmarked as a priority candidate for job inspection when the capacity to undertake this organizational and management review discipline becomes available in Sierra Leone.

7. In addition to recommending that a training needs assessment should be undertaken, the report also highlights the initiative taken by the Government to transfer training institutions to the University of Sierra Leone. In view of the progress made so far and considering the provisions of the Tertiary Education Act 2001, we recommend that the Ministry should support this initiative and fully cooperate with the Tertiary Education Commission.

8. A full list of our recommendations is overleaf.

RECOMMENDATIONS

1. Existing legislation in the health sector should be updated and consolidated (Para 8.4);
2. The statutory powers of the Sierra Leone Medical and Dental Council should be extended to include responsibility for registration and regulation of private clinics and medical institutions (Para 8.5);
3. The Ministry should continue its efforts to divest its involvement in waste management by pursuing the possibility of privatizing part or all of its waste management operations or even considering the feasibility of a management buyout (Para 8.9);
4. A further review should be undertaken in about 12 months of the Civil Registration Unit to determine whether or not its current placement in the Ministry can continue to be justified (Para 8.12);
5. The Environmental Health Division should take over responsibility for the work of the existing Entomology Unit (Para 8.13);
6. Formal approval for the directorate structure should be sought from the Establishment Secretary's Office and agreement reached in particular on the appropriate grades and classification of senior management posts in the organization (Para 8.15);
7. The Primary Health Care Directorate should be restructured into two separate units, one covering PHC programmes and the other disease control activities (Para 8.16);
8. The work of the Human Resource Directorate including the current activities of the Personnel Unit should be brought under the direct control of the Director of Support Services (Para 8.21);
9. Responsibility for management of the Central Medical Stores should be transferred to the Director of Drugs and Medical Supplies (Para 8.22);
10. A further review should be undertaken of the senior management structure of the Ministry as soon as the new organizational structures and systems are in place following the introduction of Area and Provincial Hospital Boards (Para 8.24);
11. The Ministry should set up a Task Force to identify the organizational structures, systems and resources required to support the Area and Provincial Hospital Boards and other decentralization changes planned as

well as to determine how the revised arrangements will operate in practice (Para 8.27);

12. A dedicated Policy Unit should be established within the Ministry to act as a focal point for developing and coordinating new policy initiatives as well as taking account of various disparate interests in the health sector (Para 8.28);
13. The Procurement Manager should certify all goods procured and received before they are taken into the Stores (Para 8.32);
14. All procurement activities should be centralized in the Procurement Unit and should be the direct responsibility of the Procurement Manager (8.33);
15. A tracking system should be introduced to assist procurement officers in monitoring procurement actions and in identifying the reasons for any delay in processing orders (8.34);
16. A pilot scheme should be mounted in the Ministry of Health in which the World Bank procedure should be adopted for purchases under Le 12 million where Sierra Leone Government funds are involved (Para 8.35);
17. The Ministry should review its procedures for documenting supplies and cash support from donors so that the Procurement Unit is provided with the relevant details of materials supplied in each case (Para 8.36);
18. Schemes of Service in the health sector should be reviewed to ensure they continue to meet the needs of the cadres concerned (Para 8.37);
19. All professional, administrative and clerical staff should be provided with a written job description (Para 8.39);
20. The two separate accounting and reporting systems currently operated by the Ministry's Financial Resources Directorate should be integrated at the earliest opportunity (Para 8.40);
21. Subject to the formal approval of the Ministry of Finance, the Ministry's 2003 Budget should reflect the fact that programme activities are different in practice and require different types of support (Para 8.43);
22. A review of procedures should be undertaken, in conjunction with the Ministry of Finance, with the aim of delegating more powers to the Districts and programme managers to enable them to access more readily budget provisions (Para 8.44);

23. The Director of Financial Resources, in consultation with the Ministry of Finance, should examine the feasibility of allocating funding provision in the Ministry's 2003 budget to meet national emergencies in the health sector (Para 8.45);
24. Meetings of the former Top Management Team should be reactivated but the Committee role should change and it should be renamed the Technical Management Committee (Para 8.47);
25. The Ministry should introduce a system whereby all requests for repairs and maintenance are first referred to the Facilities Maintenance Manager to determine if his Unit can undertake the work before a decision is taken to use an outside contractor (Para 8.51);
26. In order to improve control and supervision of the garage operations, the Transport Manager should be relocated to the garage to take direct charge of the garage and related vehicle operations (Para 8.52);
27. The Ministry, in conjunction with the Establishment Secretary's Office, should develop a personnel policy to cover its own staff (Para 8.56);
28. During preparation of the Ministry's 2003 Budget, the Personnel Unit, in conjunction with unit managers, should keep in mind the opportunities for recommending promotion, particularly in cases where vacancies exist and staff are currently holding acting appointments and have done so for many years (Para 8.57);
29. The Ministry should draw the attention of the Establishment Secretary's Office to the apparent grading anomaly whereby Public Health Inspectors have been graded at the same level as Senior Drivers and Caretakers (Para 8.58);
30. The Ministry should be included in any Records Management work programme initiated by the Public Service Reform Unit (Para 8.60);
31. When resources become available, the staff of the Typing Pool should be provided with processing facilities and the appropriate training; in addition, the Personnel Unit should be allocated a photocopier (Para 8.61);
32. As one of its priority tasks, the Ministry should ensure that it has accurate information about the number, category and location of staff working for it (Para 8.62);
33. As soon as an accurate Staff List has been agreed, the Personnel Unit should be responsible for undertaking a monthly reconciliation exercise

Between the number of staff recorded on the approved Staff List and the payroll (Para 8.63);

34. Following approval of the Ministry's manpower ceiling for the 2003 Budget, the Ministry of Finance should issue a directive to the Ministry of Health and the Establishment Secretary's Office indicating the circumstances, if any, in which the agreed authorized establishment can be exceeded (Para 8.64);
35. Seven posts of telephonist employed at the Ministry's headquarters should be suppressed together with 18 posts in the Transport Unit, 2 posts at the Central Medical Stores and 30 posts at the Entomology Unit when the proposed merger with the Environmental Health Division is implemented (Paras 8.65 and 8.66);
36. Two middle grade officers should be assigned as soon as possible to the Personnel Unit to strengthen its capacity and provide additional administrative support. When the reorganization of personnel records takes place the number of clerical staff should be reduced substantially to take account of the reduced level of activity (Para 8.67);
37. The Ministry should be earmarked as a priority candidate for job inspection the capacity to undertake this organizational and management review discipline becomes available in Sierra Leone (Para 8. 68)
38. The Personnel Unit, in conjunction with Unit Managers, should prepare a manpower plan for the Ministry (Para 8.69);
39. A training needs assessment should be carried out, if necessary with outside assistance, to clarify the training needs of staff (Para 8.74);
40. The Ministry should co-operate fully with the Tertiary Education Commission of training institutions to the University of Sierra Leone (Para 8.80);
41. The Ministry's Mission Statement should be displayed prominently in all the organization's buildings and health facilities (Para 8.86).

MINISTRY OF HEALTH and SANITATION

1.0 INTRODUCTION

1.1 Following earlier work into the administration of government in Sierra Leone, the Department for International Development (DFID) agreed to commission a further study involving management and functional reviews of the four key Ministries of Health, Education, Agriculture and Local Government. These reviews were linked to the Government of Sierra Leone's (GOSL) programme to promote good governance in the public service in order to restore efficiency and increase the capacity for the delivery of services to the population. It was agreed that priority would be given initially to completing the studies of the Ministries of Health and Education.

1.2 This report covers the review of the Ministry of Health and Sanitation.

1.3 Following the Presidential and Parliamentary elections in May 2002, H E The President of Sierra Leone announced new Ministerial appointments. As a result of these changes, a new Minister and Deputy Minister had recently been appointed to the Ministry of Health and Sanitation prior to the start of this study.

2.0 TERMS OF REFERENCE

2.1 The following terms of reference were agreed for the study:-

“ Review in the Ministry of Health and Sanitation:

- The functions of the Ministry in terms of objectives and coverage of activities assessing coherence, priorities, relevance, capacity to handle functions and needs in reform;
- The structures of the Ministry and constituent departments from the criteria of suitability for carrying out existing and reformed functions with optimum efficiency and effectiveness;
- The administrative procedures in terms of, for example, record keeping systems, approval arrangements and workflows, again from the perspective of optimum efficiency and effectiveness.
- The personnel in position from the point of view of suitability for job descriptions and duties, qualifications and experience and performance in post in relation to key institutional functions and objectives.

Make recommendations on:

- The redefinition of functions to enhance coherence and ensure efficient and effective performance;
- The revised organizational structures required to carry out best the functions defined;
- The changes required in administrative procedures to enhance decision making and delivery;
- The staff needed in terms of numbers, qualifications, experience and training requirements to introduce new structures, systems and procedures.

In addition, the Review Team will;

- Examine the pattern of communications between the Ministry and the public (defined widely to include pressure groups, economic interests, civil society and individual citizens) to assess whether the interests are being satisfactorily communicated to the Ministry and whether Ministry decisions and policies are being satisfactorily communicated and understood by interested groups and citizens;

Make recommendations on improvement in the areas referred to above that will enhance communication.”

2.2 We discussed the Terms of Reference with the Director General of Management Services at the outset of the study and it was agreed that, within the timescale available, the Review Team would concentrate its resources primarily on the work of the Ministry’s headquarters and provincial administration but would also cover the activities of the following Units in the Review:

- Environmental Health (Western Area)
- Entomology
- Drugs and Medical Supplies
- Civil Registration (Births and Deaths)
- Facilities and Maintenance

2.3 In essence, the review was focused on the functions, structures and administrative arrangements of the Ministry and the staff directly employed in support of these activities. It did not include reviewing the staffing levels and

activities of medical staff, nurses and other employees working in hospitals, clinics or other health service establishments.

3.0 OUR APPROACH TO THE STUDY

3.1 We met the Director General Management Services and a number of his colleagues in April 2002 prior to the start of the review to discuss the arrangements for undertaking the study and to agree the methodology to be used during the fieldwork stage of the exercise. Following these discussions, we held meetings with key postholders in the organization to identify those staff it would be necessary to interview to obtain an overall picture of the functions, structures and working arrangements of the Ministry. It was agreed that the main sources of data collection would be questionnaires and interviews and for this purpose a form had been designed (see Appendix A) which sought information about an individual's position in the organization, the purpose of the post as well as details about work activities and administrative arrangements.

3.2 As a minimum criterion, we decided to interview initially all senior staff in the organization down to director level, the heads of each department or unit and to include other posts at more senior or subordinate levels where it was considered necessary to obtain a clearer indication of the pattern of activities and workings of the organization. Interviews were also conducted with staff in the three Provinces and the Western Area to obtain an understanding of their work activities. In total, more than 80 staff at the Ministry were interviewed during the fieldwork stage of the study and the names of the people seen are listed at Appendix B.

3.3 Interviews were also conducted with officials from the Establishment Secretary's Office, the Ministry of Finance and other central government agencies as well as representatives of UNICEF, Civil Society and NGOs. The names of those concerned are also listed at Appendix B.

3.4 In addition to interviews and meetings, information was also collected on the Ministry's operational policies and practices, manpower and workloads (when this data was available) as well as relevant reports and documents that could assist with the study. Details of the documents reviewed are recorded at Appendix C.

3.5 The fieldwork stage of the study was completed between 6 August and 16 September 2002.

4.0 RESPONSIBILITY

4.1 Although this report has been commissioned by DFID under British Aid arrangements, the British Government bears no responsibility and is not in any way committed to the views and recommendations expressed herein.

5.0 ACKNOWLEDGEMENTS

5.1 We wish to express our appreciation for the support and assistance provided during the study by the Director General Management Services and the Ag Director General Medical Services and their colleagues at the Ministry. In this context we pay particular tribute to Dr Clifford W Kamara, Director of Planning and Information, for the efficient way he coordinated arrangements during our visit and his unfailing courtesy and patience in dealing with our enquiries or arranging for them to be answered. Alfred Lahai, Assistant Secretary, also deserves our thanks for the day to day support he provided and, in particular, for arranging the numerous interviews conducted by members of the Review Team during the fieldwork stage of the study.

5.2 We would also wish to express our thanks for the interest and support in the study provided by Ian Stuart and his staff at the DFID Development Office in Freetown.

6.0 BACKGROUND

6.1 The Ministry of Health & Sanitation (MOH&S) is the government department responsible for the delivery of health care services in the public sector. The overall goal of the Ministry can be summarized as the provision of national affordable health care to enable the population of the country to attain and maintain a satisfactory level of health. This is in line with the commitment given in Section 8 3(d) of the Constitution of Sierra Leone 1991 that “there are adequate medical and health facilities for all persons, having due regard to the resources of the State”.

6.2 A strategic objective of the Ministry for a number of years has been the decentralization of health services in order to provide basic primary health care at district level supported by a network of secondary and tertiary services. This policy has suffered major setbacks in recent years as a result of the civil war. Many of the country’s health care delivery services were devastated during the conflict and over 60% of the facilities, through which community based services were delivered to the population, were either completely destroyed or damaged. As a result, it has been estimated that overall access to basic health care services for the majority of Sierra Leoneans declined from 40% in 1991 to 20% by 1998. This deterioration in the health status of the majority of the population in Sierra Leone has subsequently been reflected in reduced life expectancy as well as other mortality and morbidity indicators for the country, which are some of the worst in the world.

6.3 The delivery of existing hospital services is provided by a network of establishments, ie Government, Ministry of Defence and Education, Mission, Industrial (often a mines facility), NGOs and private health care. Government hospitals are located in Freetown and the larger population centres of the country. Health care services at district level are currently provided by peripheral health units (PHUs) overseen by the District Health Management Team headed by the District Medical Officer who is responsible for managing public health activities in the district. PHUs are the delivery points of Primary Health Care in the community and some Districts may have up to 50 or more of these units. The National Health Action Plan specifies that individual units should provide for a Community Health Centre (CHC), a Community Health Post (CHP) and a Maternal and Child Health Post (MCH) in every Chiefdom. PHUs are in place in the Western Area and all 12 Districts in the country. The day to day running of district hospitals, which are government referral hospitals at district level, is supervised by Medical Superintendents assisted by a Matron and Hospital Secretary. It is eventually intended, when the necessary legislation is enacted, that Hospital Management Committees will be responsible for running individual hospitals and a start has already been made in introducing these bodies.

6.4 Information provided by the Planning and Information Directorate at the Ministry indicated that there are currently 32 functioning hospitals in Sierra Leone supported by a network of 417 functioning PHUs. Appendix D records the distribution of these facilities by type and category.

6.5 The Ministry's headquarters in Freetown contains the Office of the Minister and those of the Directors General Medical Services and Management Services together with their professional and administrative staff. In addition to supporting the Minister, the headquarters' staff are responsible for policy, planning and coordination activities, management and oversight of specific health programmes as well as supporting and monitoring the work of the districts and other health sector areas. Liaison and collaboration with donors, international agencies and non-governmental organizations (NGOs) are also important activities at this level of administration. According to figures provided by the Ministry, it had 5239 employees on its Staff List at the time of the study. Of this figure, there were 225 staff in post at the Ministry's headquarters consisting of a mix of permanent and temporary employees. The Ministry's budget for 2002, covering personnel expenditure and other charges, is Le 44.3 billion and the projected figures for 2003 and 2004 are Le 48.7 billion and Le 53.1 billion respectively.

6.6 In addition to the health care services provided by the Ministry of Health and Sanitation, there are numerous other stakeholders in the health sector. These include local and international NGOs providing a range of services, UN Agencies and other international institutions that fund various programmes, projects and activities. In this context, the World Bank has been actively supporting the Ministry with a \$20m programme in connection with the Integrated Health Sector Investment Project (IHSIP) that should end this year. This programme was originally designed to provide funding for the rehabilitation of health centres and health care services in rural areas but the escalation of the civil war in rural areas subsequently shifted IHSIP emphasis away from rural development to the provision of war related emergency services.

6.7 The World Bank is shortly to commence a further \$20m project, the Health Sector Reconstruction and Development Project (HSRDP) that is scheduled to run from 2003-2007. This will concentrate on four districts and is primarily concerned with reconstruction, rehabilitation and re-equipping health service facilities in these areas as well as providing institutional support. The African Development Bank (ADB) is also currently active in providing support in the health sector in Sierra Leone under the Health Services Rehabilitation Project (HSRP). The objective of this project is to strengthen the quality of health care delivery systems through the rehabilitation of health facilities, improvement in the management of health services and assistance with the national essential drugs programme.

6.8 We also understand that the Health Sector Support Project (HSSP), funded by the European Union and amounting to EUR28m over a five year period, is due to start later this year.

7.0 OVERVIEW OF PRESENT ARRANGEMENTS

7.1 Research into the legal framework regulating health and sanitation in Sierra Leone reveals a plethora of laws covering the subject, many dating back to colonial days. Some from that period still remain on the Statute Book while others have been updated and revised to take account of more modern practices and developments during the intervening period. The main legislative instruments currently covering health and sanitation and impacting on the activities of the Ministry are:

- The Public Health Ordinance 1960
- The Pharmacy and Drugs Act 2001
- The Medical Practitioners and Dental Surgeons Act 1996
- The Nurses Ordinance (CAP 152)

7.2 Appendix E provides further information about current legislation.

Policy

7.3 The Ministry currently operates on the basis of the National Health Policy approved by Government in 1993 and the National Health Action Plan (NHAP) that was adopted in 1994. The main strategies identified in the National Health Policy at the time were to:

- “ Decentralise the administrative structures of the health care delivery systems at regional and district levels;
- Provide a network of sound health facilities at primary, secondary and tertiary care levels;
- Promote environmental health regarding basic sanitation in terms of the supply of safe and adequate drinking water and improved sanitation in both urban and rural communities as well as the control of communicable diseases through maternal child health and immunization programmes;
- Strengthen health legislation;

- Privatize and/or form parastatal institutions for certain services within the health care system;
- Increase allocation of GDP for the health sector (setting as a minimum target 5%).”

7.4 The NHAP set out plans for implementing the policies articulated in the National Health Policy by proposing a major reform and restructuring of the health sector. This envisaged not only radical change at the centre but also in the re-organization of health care delivery services - to be more responsive to community needs, the rehabilitation of the health infrastructure particularly in rural areas, greater emphasis on human resource development and investment in support services and systems that sustain operations.

7.5 A number of the proposed changes and planned developments outlined in the National Health Policy and the NHAP were initially introduced including the development of a new organizational structure and support functions at the Ministry’s headquarters, the development and wider provision of preventive health services as well as improvements in the range of health service facilities available to the population. Much of the early progress made, however, was subsequently overtaken by events arising from the civil war that resulted in the virtual disintegration of health care infrastructure and services in many rural areas of the country. Even now, after peace has returned to Sierra Leone, the country has still not fully returned to the position that existed before the war.

7.6 Although much of the 1993 National Health Policy and NHAP continue to be relevant today, Government is currently in the process of updating its policy in the health sector to take account of developments - since the present policy was first published – both within Sierra Leone and in the international community at large. While building on existing health policy initiatives, the Draft Health Policy 2002 refers to a broader range of activities and services by relating to the whole health sector rather than restricting itself simply to public services. It not only recognizes the contribution made by private providers of health care in the country and the need to take account of these services within any overall policy framework but also the impact other intersectoral activities may have on the health of the nation.

7.7 As part of the decentralization process, we also understand that the Ministry plans to reform the administration, management and control of government hospitals by devolving responsibility for managing these institutions from the Ministry to Area and Provincial Hospital Boards. Membership of these Boards will be representative of the community served and individual Boards will receive a subvention from Government to operate patient services within their specific catchment area. Hospital Management Committees will be established at hospital level to implement the decisions of the Hospital Boards.

Functions

7.8 The key functions of the Ministry currently include:

- The provision of national health services involving policy formulation, planning, construction and management of facilities at all levels of the health care delivery system;
- The promotion of good health practices in the community and the development of a clean and healthy environment;
- Development of the organization's human resources both in terms of skills and quality for the effective delivery of health care services in the country;
- The allocation and management of public financial and material resources in the health sector;
- The control and enforcement of existing health legislation, in particular, improving quality control of services, for example, through more secure drug regimes;
- Coordinating the activities of NGOs and other institutional partners participating in the health sector and ensuring the Ministry discharges its international obligations.

7.9 All units reviewed were reportedly carrying out the range of functions allocated with the exception of the Human Resource Directorate, which is providing a very restricted range of activities in terms of human resource management, although there were some extenuating circumstances for this. In other cases, however, work activities are confined solely to Freetown and/or the Western Area rather than providing national coverage. For example, the Entomology Division largely restricts its work to the city limits of Freetown while the Facilities and Maintenance Unit covers the city and Western Area. In other cases, the scale and scope of services provided is usually determined by the availability of resources to carry out planned activities. In this context, a number of unit managers were particularly critical about the level of financial and material support they receive from the Ministry's headquarters in implementing their programmes. The lack of transport is also a major problem in some cases in managing activities in the Provinces.

7.10 Several of the functions currently undertaken by the Ministry appeared to fall outside the core health service activities normally associated with administration by central government. In this context, we were surprised to learn

that Waste Management in Freetown is a function currently undertaken by the Ministry and we return to this subject later in this report.

Structure and Working Arrangements

7.11 The Ministry is currently organized on a directorate basis with two principal directorates headed by the Director General Medical Services and the Director General Management Services. The present structure, which is functionally based with health and administrative services separated by speciality, was introduced in 1995 and received, in terms of change in job designations, the qualified approval of the Establishment Secretary's Office at that time. We were told that the decision to introduce the present directorate structure arose as a result of an institutional report arising from a World Bank funded consultancy in 1994. The report identified a number of weaknesses at the time in working practices drawing attention in particular to the lack of integration of work activities, reporting relationships and managerial inefficiencies. It put forward a choice of three organizational models to resolve the perceived structural and operational weaknesses and to equip the Ministry to tackle the health sector objectives and strategies formulated in the NHAP. In all three options, it was envisaged that there would be a single post of Chief Executive to manage the organization.

7.12 The present structure of the Ministry provides for nine directorates and the Donor/NGO Liaison Unit. Each directorate is headed by a director reporting either to the Director General Medical Services or to the Director General Management Services. In addition to being principal advisers to the Minister on policy formulation and implementation, the Director General Medical Services is the professional head of the Ministry while the Director General Management Services is the Vote Controller. He is also responsible for the provision of administrative and support services at all levels of the organization. Prior to the commencement of the study, the Ministry provided the Review Team with a copy of its organogram and this is reproduced at Appendix F. The chart shows the existing organization structure and line management relationships in place at the start of the study. The post of Director of Human Resources was vacant at the time of the review.

7.13 The professional Directorates consist of the following units:

- Planning and Information
- Hospital and Laboratory Services
- Primary Health Care
- Nursing
- Drugs and Medical Supplies
- Donor and NGO Liaison

7.14 Of the remaining four Directorates, Internal Audit reports directly to the Minister, and Financial Resources, Human Resources and Support Services, which form part of the Administrative Wing of the Ministry, provide central support services to the rest of the organization. A brief description of the work of each unit is recorded at Appendix G.

7.15 All units visited had prepared work plans covering their organization's activities as part of the annual budget process although in a number of cases these documents were too general in content for day to day working purposes. In other cases, direct supervision of staff and work activities was exercised by managers on a daily basis or through feedback at regular heads of section meetings. Some units undertook formal progress reviews eg Health Education, on a monthly or quarterly basis.

7.16 Most senior managers interviewed had detailed written job descriptions that recorded their main work activities as well as the responsibilities and reporting lines of the individual concerned although a number of these required to be revised to reflect current working arrangements. Job descriptions for middle and junior grade officers were not usually available.

Staffing

7.17 According to information provided by the Ministry, there were 5,239 names on the staff list in March 2002 against an authorized establishment recorded in the 2002 Estimates of 5193 posts. A breakdown of the Ministry figure shows 4632 staff occupying permanent or temporary posts and 607 categorized as Daily Waged.

7.18 In addition, to the manpower provision in the Estimates:

- A further 224 posts had been added to the payroll in March 2002 following approval and verification action taken by the Establishment Secretary's Office.
- An additional 264 names had been approved and verified by the Establishment Secretary's Office but these had still to be entered on the payroll by the Accountant General's Department.
- A further 10 names had been approved by the Establishment Secretary's Office but had still to be verified and entered on the payroll.
- The Establishment Secretary's Office had recently agreed to fund a further 39 nursing posts this year.

- There are an additional 282 casual labourers employed on Waste Management activities and paid by the Ministry under special arrangements.
- The Personnel Manager has prepared a list of a further 120 names to be sent to the Establishment Secretary's Office for approval and verification action.

7.19 The Accountant General's Department confirmed that the Ministry's payroll for July 2002 contained 5661 names. We discuss the reasons for the discrepancies between the various manpower figures provided - and the action that now needs to be taken to resolve the matter - when we return to the subject later in the report.

Training

7.20 Training has been made available for staff in some specialist areas and international agencies have been generous in this respect. In general, however training opportunities particularly for junior staff have been limited in the past. This is especially evident in support services where very few of the clerical staff interviewed during this study had attended any formal training course.

7.21 There is no record held centrally in easily retrievable form of the qualifications of staff employed by the Ministry although the Personnel Manager indicated that he had recently asked all unit managers to provide the appropriate information. We understand no training needs analysis has been undertaken in recent years.

Material Resources

7.22 Accommodation standards at the Ministry headquarters are reasonably good and infinitely better than that of some of the units located elsewhere in Freetown. The staff at Health Education and Civil Registration are experiencing major difficulties in this respect.

7.23 Units benefiting under programmes funded by international agencies are reasonably well equipped and in most cases have been provided with transport to assist in monitoring work activities. Other units are desperately short of basic equipment to undertake their work.

8.0 ANALYSIS AND RECOMMENDATIONS

8.1 During the course of this study, the Review Team were privileged to meet a number of remarkable people working at hospital and/or primary health care levels in different parts of the country. In most cases, they were working in difficult personal circumstances with limited resources but despite these constraints were obviously dedicated and committed to their work and the people they served.

8.2 Although virtually everybody we spoke to acknowledged the difficult financial environment in which the Ministry operates, a common theme emerging from our interviews with staff at the delivery point of health services was the perceived lack of support they received at times from the centre in meeting their working needs and commitments. In some cases, this was identified as delay in making available agreed budgetary provision or distribution of essential equipment and supplies; in other cases, it referred to the posting of staff to remote areas without any thought apparently being given to their accommodation needs. Although, in practical terms, there might be good reason for the decisions taken centrally in Freetown, the criticism voiced is perhaps symptomatic of an organization where the decision making process remains highly centralized and, in certain areas, lacks transparency. This may be due to the way the Ministry's headquarters is currently structured and the relationship between the different units, or it may be due to the fact that a number of the systems and procedures in place are simply not working. **In the latter context, for example, it is a matter for concern that the Ministry does not know at any given time how many staff it employs or where they are all located.**

8.3 In the following paragraphs we examine in detail the functions and structures that currently underpin the organization and comment on the present working arrangements, staffing levels and other issues that emerged during the study. In this context, it is perhaps important to emphasize that the Ministry is poised to experience a period of great organizational change in the way it manages its services with the planned introduction of a new health policy and the proposals for change in the administration of hospitals. The likely consequences of these changes in terms of functions, structures and systems on the work of the Ministry, in particular the future role of the centre and its relationship with those responsible for the delivery of services, have still to be determined in many areas although it is generally accepted that it will be significant. It is against this background and climate of uncertainty that this report has been prepared.

Legislation

8.4 The Draft Health Policy 2002 is committed to ensuring that regulatory mechanisms are in place to monitor and control standards in the health sector. As Appendix E illustrates, much of the existing primary legislation in the health sector reflects the situation relevant in Sierra Leone forty years ago and is essentially directed at public health standards. In our view, there is now a need to update and consolidate legislation in the health sector to take account of developments during the intervening period. With this in mind, **we recommend** that a review be commissioned with the aim of not only updating existing regulatory instruments where circumstances warrant it but also considering the case for providing the overarching legislative framework within which the health sector should operate.

8.5 While professional bodies exist to register practitioners and regulate standards in the medical, nursing and paramedical fields, we understand that there are no effective controls in place to prevent unqualified persons opening clinics or nurse training establishments and providing services to the public. The responsibility for giving approval to open new private medical hospitals and clinics currently rests with the Ministry but we are informed that the process is largely a paper exercise and that no visual inspection is made prior to issuing approval. There is also no system in place to monitor standards. We were told on a number of occasions about the problems caused by “Quacks” operating in unregulated clinics. We raised the issue with the Ministry and the Sierra Leone Medical and Dental Council - the latter organization is responsible for the registration of doctors and dentists. The Council is an independent body, although partly funded by the Ministry, and it would seem ideally placed to be assigned, in addition to its existing regulatory powers for registering practitioners, the further responsibility of registration and regulation of private clinics and medical institutions. In the circumstances, **we strongly recommend** that consideration be given to extending the statutory powers of the Medical and Dental Council to take on this further regulatory role.

8.6 If the Council is to effectively discharge its proposed new responsibilities for licensing and monitoring standards of private medical institutions, it is essential that it is provided with the resources, both financial and material, needed to put in place the licensing and enforcement systems required.

Functions

8.7 In reviewing the functions undertaken by the Ministry, we identified two activities currently carried out by the organization that we considered warranted further examination in the context of whether or not they should be part of the Ministry’s core activities. These were:

- Waste Management
- Civil Registration

8.8 Waste Management - Prior to 1993, a private contractor, whose performance was monitored by a unit in the Ministry of Health, undertook waste management services in Freetown. Following the termination of the contractor's services in 1993, the Ministry took over direct responsibility for city cleansing and waste management services in Freetown while District Medical Officers and public health officials were responsible for these services in the provinces. The problems associated with keeping the city clean have recently attracted a lot of criticism from the public and the media in general. This has affected the corporate image of the Ministry in the eyes of the public, as it is associated with poor performance and failure to provide adequate standards of environmental sanitation.

8.9 Various solutions to the problem have been sought in the past and a Cabinet decision in 2001 authorized the Ministry to make further efforts to resolve the situation. We are informed that the Ministry has recently approached the City Council and other interested parties to see if a solution to the problem could be found. Although we understand that discussions with the City Council proved unsuccessful on this occasion because of financial and logistical constraints, we strongly endorse the Ministry's initiative as, in our view, direct operation of waste management services at city level should not represent a core activity of the Ministry but should be viewed primarily as a municipal responsibility, with opportunity for local control and accountability. **We recommend** that the Ministry continue its efforts to divest its involvement in waste management services by actively pursuing the possibility of privatizing part or all of its waste management operations or even considering the feasibility of a management buyout. Over 300 staff are currently employed on these activities and transfer of this work would provide an opportunity to make a substantial reduction in the number of employees on the Government payroll.

8.10 Civil Registration – This Unit, which is responsible for the registration of all births and deaths in the country, is a division located in the Directorate of Planning and Information. The operational Head of the organization is the Deputy Chief Registrar and he reports to the Director of Hospital & Laboratory Services who is the Chief Registrar. The Division is housed in Freetown some distance from the Ministry's headquarters and in terms of work activities virtually operates as an independent entity. Although the Division is required to register all births and deaths throughout the country, its main activities in recent years have been concentrated in the Freetown/Western Area as registration has been absent outside these areas as a result of the war.

8.11 The Division operates in accordance with the Births and Deaths Registration Act 1983 that sets out the legal framework within which the organization should function. It also determines the records and statistics to be maintained and the prescribed form in which they should be kept. Steps have

now been taken to re-establish offices in the provinces. The Unit generated income of about Le10 million from its activities in the first six months of this year.

8.12 We discussed the current placement of the Unit in the Ministry of Health with both the Director of Planning and Information and with the Deputy Chief Registrar. The former could not see why the Unit was in his command other than for its historical links with the Ministry of Health; the latter considered the Unit might operate more effectively if it was independent of the Ministry. In this context, we spoke with officials at the Office of the Registrar General and the National Registration Secretariat to determine if there would be any synergy benefits to be gained from a possible regrouping of units. On the basis of these discussions, we concluded that there was little overlap of common activities between these two organizations and the Civil Registration Unit and the case for change had not been established. Nor do we consider it appropriate on cost grounds to set up the Unit as an independent agency at the present time as we consider it unlikely it would become self-financing in the immediate future although this may be a viable option later. With this in mind, **we recommend** that the position be reviewed in about 12 months time when the case for change may be stronger in financial terms and the options available more apparent as a result of the organizational and management reviews undertaken in other Ministries.

8.13 **Overlap of Functions** - There appears to be an overlap of functions between the work of the Environmental Health and Entomology Divisions. The latter unit, which employs 70 staff, is primarily responsible for carrying out disinfestations at hospitals and satellite health establishments and also some vector control activities at private compounds within Freetown. The Environmental Health Division also has a unit responsible for housing and vector control and it would seem sensible in organizational terms to merge the activities of the two units. In the circumstances, **we recommend** that the Environmental Health Unit should incorporate the work of the Entomology Unit into its own activities. The latter organization has limited professional expertise as its most senior official is a sub professional while the majority of staff are employed as Vector Controllers or Spotters. On the other hand, all public health inspectors in the Environmental Health Unit are professionally qualified in vector control and the Unit already has a national structure in place in the provinces. We discussed our proposal with the Director General Medical Services and the Director of Primary Health Care who agreed the change would be sensible.

Structures and Management Arrangements

8.14 Although the Establishment Secretary's Office approved the re-designation of a number of positions in the senior management structure of the Ministry when the directorate structure was introduced in 1995, our enquiries have been unable to unearth any authority to support the upgrading that subsequently occurred of a number of these posts. This happened when senior

medical staff were brought into the Ministry and appointed to posts at Director level, eg Director of Human Resources. Under the arrangements in place at the time of this review, the posts in the senior structure at the Ministry's headquarters attracted the following grades:

- Director General Medical Services G14
- Director General Management Services G13
- Director of Hospital & Laboratory Services G13
- Director of Primary Health Care Services G13
- Director of Planning & Information G13
- Director of Human Resources G13
- Director of Nursing G12
- Director of Drugs & Medical Supplies G12
- Director Of Support Services G9

8.15 The grading structure in place is not compatible with that operating in other professionally integrated Ministries eg Ministry of Education, and there is a need in our view to regularize the position. With this in mind, **we recommend** that formal approval should now be sought from the Establishment Secretary's Office to review the present directorate structure and to agree the appropriate grades and classification of the senior posts in the organization.

8.16 **Primary Health Care Directorate:** A further breakdown of the structure into units or individual programmes reveals that the Director of Primary Health Care is directly responsible for oversight and supervision of fourteen individually managed programmes operating as vertical structures. The workload of the post is heavy and the existing span of control is very considerable. We question whether one person can reasonably be expected to cover the range and scope of these activities and at the same time concentrate on policy formulation and coordination of activities at national level. **We therefore recommend** that the existing Primary Health Care Directorate should be restructured into two separate units one covering PHC programmes and the other disease control activities, each under the control of a Deputy Director.

8.17 Under the proposed revised arrangements, the Deputy Director PHC would supervise the following programmes:

- Maternal and Child Health
- EPI
- Food and Nutrition
- School Health Programme
- Environmental Health including Entomology
- Health Education

8.18 The Deputy Director Disease Control would cover the following activities:

- Malaria Control
- Onchocerciasis Control
- Diarrhoeal Disease
- Disease Surveillance
- TB/Leprosy
- ARI-Acute Respiratory Infections
- STI/HIV/AIDS

8.19 By grouping the programmes in this way, it should also be possible to focus the activities of the separate units more effectively to take account of the integrated systems in place in the districts. We discussed our proposals with the Director PHC and he indicated his support for the changes outlined.

8.20 **Support Services:** The other significant area requiring structural change in our view is the Directorate of Human Resources. This provides a central support service to the rest of the Ministry on human resource and training issues. Its remit covers personnel functions, training, management of the Central File Office, the Typing Pool, the correspondence and dispatch sections as well as oversight of clerical and ancillary staff at the Ministry. The Directorate is currently providing a limited range of personnel services and, because of the poor quality of service provided, attracted substantial criticism from other parts of the Ministry during the course of this study. The Head of the Directorate had died recently and the Unit was being supervised by the Personnel Manager who reports on a day to day basis either to the Director of Support Services or the Director General Management Services. It is only fair to add that resource constraints were particularly evident in this area of activity.

8.21 The volume of personnel work undertaken by the Ministry's headquarters unit should reduce considerably with the proposed introduction of Area and Provincial Hospital Boards and the transfer of existing hospital employees, including the hiring and firing of staff, to these new authorities. The Unit has lacked leadership or a sense of purpose in the past and the revised arrangements will provide an opportunity to review its present position in the organization. There is a strong case in our view to regularize the existing informal line management and working arrangements in place by bringing the Unit under the direct control of the Director of Support Services and **we recommend** that this change is introduced. This would consolidate all central support services at the Ministry's headquarters building within the same operational directorate. One of the two Senior Assistant Secretaries at the Ministry already handles personnel activities in respect of doctors and the revised arrangements should result in improved liaison and control of both administrative and personnel services. There will still be a need to strengthen the operational capacity and skill levels of the staff of the Personnel Unit and we refer to this subject again in para 8.53 et seq.

8.22 Management of the Central Medical Stores is also a responsibility of the Director of Support Services. The Stores are located at New England some

distance from the Ministry's headquarters where the Director is based and, under the present arrangements, there are difficulties in executing her management and control responsibilities for the Stores because of the distance involved. About eighty per cent of the stores held are drugs or related medical supplies and, while the acting Stores Manager G5 supervises day to day activities, the Director of Drugs and Medical Supplies, who is accommodated on the same site as the Central Medical Stores, maintains an informal oversight over the stores operations. **We recommend** that responsibility for management of the Stores should be transferred to the Director of Drugs and Medical Supplies. Under the proposed revised arrangements, the Stores Manager would continue to manage the Stores operations but for line management purposes would report in future to the Director of Drugs and Medical Supplies rather than the Director of Support Services. This arrangement would also be in line with the Ministry's published policy on drug storage and control set out in the National Drug Policy guidelines 1993.

8.23 Senior Management Structure: As part of our review of the Ministry's structures, we looked carefully at the line management relationships in place at the senior levels of the organization particularly in respect of professional staff. The present organizational structure is very flat in terms of decision making and line management relationships and, as a result, the Director General Medical Services has a comparatively wide span of control with the heads of six units reporting directly to him. In addition, he has well defined reporting links to Ministers on professional issues. Although not illustrated in the organogram, we understand that the Director of Primary Health Care and the Director of Hospital and Laboratory Services deputize for the Director General in his absence. We considered whether or not in terms of workloads and management control there was a case for formalizing this arrangement by reflecting the position of Deputy Directors General Medical Services in the organization chart. Due to the uncertainty of the impact on working arrangements and relationships arising from the forthcoming legislative changes planned in the hospital sector, we concluded however that this was not the appropriate time to make a change of this kind. In our view, it is important that the future role and responsibilities of the Ministry's headquarters and its relationship with other parts of the organization should first be clarified so that the impact of any change can be more accurately assessed.

8.24 We therefore recommend that once the new organizational structures and systems are in place a further review should be undertaken of the senior management structure of the Ministry to determine appropriate arrangements. Any review should also look closely at the roles of the Director General Medical Services and the Director General Management Services to assess whether or not the need for dual representation at this level can be justified under the revised arrangements. Meanwhile, a proposed revised organizational structure for the Ministry taking into account the recommendations made in this report is shown at Appendix H.

8.25 The present organizational structures in the provinces provide for Medical Superintendents or Medical Officers managing hospital services and District Medical Officers responsible for public health facilities and for overseeing health service activities within the district. In several instances the roles are currently combined. In the distant past, each of the three provinces had a Provincial Medical Officer whose main role was to coordinate district health services in his catchment area and to act as the link between the districts and the Ministry's headquarters. During the civil war these posts were withdrawn and links are now from district to headquarters.

8.26 Although the Ministry has been officially pursuing a policy of decentralization of health services for nearly ten years, the systems and procedures operating continue to represent those of a highly centralized organization. All significant decisions involving funding or resource allocation are taken in Freetown and this is a continuing source of frustration for those expected to deliver health services at district and community level. There have, of course, been extenuating circumstances, not least the disruption caused by the war, to account for the delay in taking forward the decentralization programme. In discussions with officials, however, no evidence has emerged, other than in broad terms, of how the Ministry intends to move from its strategic vision of decentralization to implementation of the structures, systems and controls it will need to put in place to achieve its overall objectives. The recent proposals for setting up Area and Provincial Hospital Boards suggest that the Ministry now envisages a three rather than two tier health structure with representation at both provincial and district levels. Until these issues are clarified, and particularly the funding arrangements are resolved at district level, it is too early to reach a final decision about the structures that will ultimately emerge.

8.27 **We recommend** that the Ministry set up a Task Force to address these issues and to identify the organizational structures, systems and resources required to support the functions arising from the legislative and other decentralization changes planned as well as to determine, at least in outline form, how the revised arrangements will operate. It is important in our view that the Ministry of Finance, the Establishment Secretary's Office and the Office of the Solicitor General are represented on the Task Force.

8.28 In the longer term, **we recommend** that the Ministry sets up a dedicated Policy Unit that acts as the focal point within the organization for developing and coordinating new policy initiatives within the Ministry as well as taking account of the various disparate interests in the wider health sector. The evidence from this study indicates that there is no central point within the Ministry that currently undertakes this function.

Working Arrangements

8.29 A number of the current administrative systems and working practices operating at the Ministry's headquarters have been in place for many years and are no longer meeting the requirements of users. As a result informal systems and administrative practices have been introduced to circumvent the prescribed arrangements. For example, lack of confidence in the services provided by the File Office has resulted in individual units setting up and maintaining their own filing systems while according to the records maintained by the Central Dispatch Section the Ministry received just 16 pieces of post in the first six months of this year.

8.30 There are four particular areas in our view that need to be addressed in terms of the Ministry's standing procedures or common administrative practices. These are:

Procurement Procedures

Schemes of Service

Financial Management

Committee Structure

8.31 **Procurement Procedures** – The Procurement Manager is based at the Ministry's headquarters and is currently operating two separate procurement systems, one for the World Bank and another for Sierra Leone Government Funds. We identified a number of weaknesses in the present arrangements and in the interests of probity and transparency propose the following change in procedures.

8.32 Under existing arrangements, the Procurement Manager orders goods but does not inspect the goods delivered before they are accepted into the Central Medical Stores and is therefore not in a position to confirm that the specification of the goods ordered has been met. **We recommend** that in future the Procurement Manager certify all goods procured and received before they are taken into the Stores.

8.33 We were surprised to learn that the Transport Manager rather than the Procurement Manager is responsible for procuring fuel and vehicle spare parts for the Ministry. **We recommend** that in the interests of transparency all procurement activities should be centralized in the Procurement Unit and should be the direct responsibility of the Procurement Manager.

8.34 The Procurement Unit is not currently in a position to identify or provide information about the status of procurements made in any given period. This information is particularly useful when dealing with enquiries from managers about their orders. **We recommend** that a tracking system be introduced to

assist procurement officers in monitoring procurement actions and in identifying the reasons for any delay in processing orders.

8.35 As indicated earlier, the Ministry is operating two separate procurement systems. The system operated for World Bank funds is completely transparent in the sense that orders over \$25,000 are referred to the Central Tender Board while those under \$25,000 are subject to sealed bids in a process initiated at the Ministry. In the case of Sierra Leone Government Funds orders over Le 12 million are referred to the Central Tender Board while those under Le 12 million are processed on the basis of three quotations supplied to the Ministry. This latter process is not transparent and is open to abuse. We recognize that this procedure is not restricted solely to the Ministry of Health and Sanitation but applies across the Civil Service. With this in mind, **we recommend** that a pilot scheme be mounted in the Ministry of Health in which the World Bank procedure should be adopted for purchases under Le 12 million where Sierra Leone Government Funds are involved. Under the proposed revised arrangement, the Procurement Unit will be the only point within the Ministry authorized to solicit quotations and a procurement board within the Ministry will oversee the opening of sealed bids from suppliers.

8.36 During our discussions with programme managers and District Medical Officers, we were informed that the Ministry receives supplies and cash support from bilateral donors and UN Agencies. We asked if we could see the relevant documentation on the amount of support received but were advised that this was held at programme level. Under the present system there is scope for double entry as managers may request the same supplies from all the agencies including Government. Although receipts are signed on receiving supplies there is no central point within the Ministry that currently collates details of the support provided. **We recommend** that, in conjunction with the donors, the Ministry review its procedures with the aim of ensuring that the Procurement Unit at the Ministry is provided with relevant details of materials supplied in each case so it is in a position to monitor the amount of support received.

8.37 **Schemes of Service** - The Ministry has a number of Schemes of Service in place covering various cadres in the health sector. Some of these documents were prepared many years ago and now need to be reviewed to reflect changes that have occurred since they were first approved. In the circumstances, **we recommend** that the Personnel Division, in conjunction with the Establishment Secretary's Office, carry out a review of existing schemes to ensure they continue to meet the requirements of the cadres concerned.

8.38 Although we were presented with a document containing a copy of job descriptions relating to senior and some middle management posts in the organization, it transpired that these descriptions were prepared seven years ago and some of the job descriptions had not been amended to reflect the changes that had taken place during the intervening period. In other cases, where more

junior staff were concerned, job descriptions had not been issued at all. This was evident in the case of the two Assistant Secretaries although we were informed that job schedules were being prepared for these officers.

8.39 It is important to emphasize that job descriptions should underpin the grading structure in place and should ensure that all posts support the work plans agreed and in this way contribute to the aims and objectives of the organization as well as providing staff with information about individual responsibilities and accountability. **We recommend** that a review be undertaken by senior management to ensure that all professional, administrative and clerical staff at the Ministry are provided with a written job description.

8.40 **Financial Management** - There are two parallel financial systems operating in the Directorate of Financial Resources, one for World Bank funds and the other for Sierra Leone Government resources. We understand that one of the key objectives of the Integrated Health Sector Investment Project was the integration of systems and capacity building at the Ministry. This is not being achieved at the present time and moreover the existing arrangements provide potential for conflict in terms of operational practices currently applied. **We recommend** that the Ministry review the present arrangements with the aim of integrating the two accounting and reporting systems at the earliest opportunity.

8.41 One of the most common complaints put to the Review Team by Programme Managers and District Medical Officers was the difficulty they experienced in accessing funds from the Ministry even where budgetary provision existed. In discussions with officials at the Ministry of Finance, we were told that measures had been taken in the 2002 Budget to provide a decentralized structure for the Ministry of Health and Sanitation. This was an attempt to make provision for the Ministry's health activities in Districts and to achieve greater accuracy in identifying health financing needs. The present arrangement is not working as the structures and systems are not yet in place to implement decentralization of finance procedures.

8.42 Part of the problem in our view is that the budget structure is generic for all programmes whereas in practical terms these invariably have different activities and often require different types of support. One possible solution would be to break down these activities into distinct components within programmes on the following basis:

- Supplies – Procurement of materials to support the programme
- Capacity Building – Training and workshops
- Social Mobilization - Information, communication and sensitization
- Travel – local and international.

8.43 We discussed our proposals with the Director of Budget who agreed to consider extending the budget structure to include the breakdown of activities on the above basis. **We therefore recommend** that provision should be made for these additional items in the Ministry's 2003 Budget.

8.44 **We also recommend** that, in conjunction with the Ministry of Finance, a review of procedures should be undertaken with the aim of delegating more powers to the Districts and the programme managers to access the Budget provisions. The aim should be to ensure that the funding allocated is channelled to the intended beneficiaries without the prevarication and delays currently experienced.

8.45 In discussions with the Director General Medical Services about the contingency arrangements in place to deal with any emergency in Sierra Leone, he explained that there was an Emergency Task Force that met regularly but indicated that there was no emergency funding available to him to deal with the kind of health crisis that might occur. He pointed out that the first two or three days of any emergency in the health sector is usually critical in terms of containment and it is important he has access to some funds during this period so he can take remedial action pending mobilization of donor assistance. In the circumstances, **we recommend** that the Ministry, in consultation with the Ministry of Finance, should review the situation to determine whether provision can be made in the 2003 Budget to meet this essential need.

8.46 **Committee Structure** – In discussing this subject with the Minister, she explained that since her arrival at the Ministry she had instituted Senior Management Team meetings involving her most senior officials at the Ministry and these met every Monday or more frequently as circumstances required. We think that this is a sensible arrangement as we understand that until earlier this year the Ministry had in place a committee arrangement ie Top Management Team, which met fortnightly to discuss issues affecting the work of the organization. We are told that membership of this committee extended to Unit heads and programme managers and up to forty people might attend such meetings. We are informed that this Committee has not met for the past six months although other informal meetings have been convened as necessary during the intervening period.

8.47 Many of the unit managers that previously attended these meetings are based some distance away from the Ministry's headquarters and attendance at these meetings not only kept them informed of the organization's activities but also enabled them to contribute to the Ministry's decision making processes. We consider that there is a place for a committee of this kind within the Ministry and **we recommend** that meetings of this Committee should be re-activated but that its role should be revised and it should be renamed the Technical Management Committee. In our view, the Committee should focus more on work in progress

taking into account the different views and interests of individual directorates. It should also be able to provide the Senior Management Team with the information and support necessary for the latter to make informed decisions on policy and other strategic issues.

8.48 As far as the work of individual directorates or units is concerned there are three areas that would either be directly affected by the changes we have in mind or are worthy of further comment. These are:

- Facilities Maintenance Unit
- Transport Unit
- Personnel and Office Support Services

8.49 **Facilities Maintenance Unit:** This Unit is based at the Connaught Hospital and is part of the Directorate of Support Services. The Unit is currently responsible for the maintenance of facilities and equipment at hospitals, PHUs and other health service establishments in the Freetown/Western Area although the Unit's Manager would like to extend the service in due course to the rest of the country. The Head of the Unit is a qualified medical electronics engineer and the remainder of the workforce consists of qualified technicians, carpenters, plumbers, masons and painters. The authorized establishment for 2002 is 33 posts and the provision for staff salaries and allowances this year is Le 37 million. The Unit has a small workshop at the Connaught Hospital and a maintenance unit at the Children/PCM Hospital.

8.50 We were told that the unit was not being fully utilized by the Ministry and, judging by the number of staff sitting around waiting for work the day we visited the Connaught Hospital, this would certainly appear to be the case. We were very surprised therefore to learn that the Ministry had allocated Le 128.6 million for repairs and maintenance for the period January to June 2002 for payment to contractors for maintenance and repairs. A substantial part of this expenditure was earmarked for use in the provinces but allocation had also been made for headquarter units and health establishments in Freetown. We spoke to the Director of Support Services about the Ministry's policy in this area as we questioned the continuing need for the unit if the Ministry preferred to use outside contractors. She expressed the view that there was a need to retain the unit and we accept that there is a strong case for doing so particularly with the extensive building and rehabilitation programme scheduled to be undertaken in the health sector.

8.51 **We recommend** that the Ministry set up a system whereby all requests for repairs and maintenance, at least within the Freetown/Western Area, are first referred to the Facilities Maintenance Manager to determine if his Unit can undertake the work before a decision is taken to approach an outside contractor.

The Ministry will need to ensure that the Unit is provided with the necessary resources to fulfil its role and, in particular, allocated a suitable vehicle for the work involved.

8.52 Transport Unit: The Ministry operates a large fleet of vehicles and employs a Transport Manager to coordinate and oversee transport operations for the organization. He is based at the Ministry's headquarters and manages a substantial workforce of drivers and mechanics with the assistance of a Transport Supervisor and a Garage Manager. The reasons for accommodating the Transport Manager some distance from the centre of vehicle operations are not clear but are said to have an historical basis. During our visits to the garage it was apparent that there was a need for improved supervision and control of the garage operations. **We recommend** that the Transport Manager be relocated to the garage to take direct charge of the garage and related vehicle operations. Suitable office accommodation is available on site. We discussed our proposal with the Director of Support Services and the Transport Manager who indicated their support for the change.

8.53 Human Resource Directorate: At present the management of this unit consists only of a Personnel Manager G7 supported by a Staff Superintendent G3 who together are responsible for supervising 22 clerical and support staff. During our discussions with other divisional heads this directorate had come in for considerable criticism about the way it operates and for the lack of HR development work undertaken. We were informed that the late Director had managed training and staff development activities whilst the Personnel Manager and his staff were responsible for maintaining personnel records including the staff list, dealing with issues involving recruitment, promotion, retirement and absorption of staff and issuing posting notices. In addition, the Staff Superintendent was responsible for overseeing the clerical and ancillary staff working for the Ministry, monitoring attendance records for junior staff as well as managing the File Office, the Dispatch Section and the Typing Pool.

8.54 It was generally agreed by those consulted during this review that there was an urgent need to strengthen the capacity of this unit and ensure that staff are equipped with appropriate training and skills to undertake the work involved. For example, the Unit does not possess a photocopier or any computer facilities and it is a depressing experience to see the overcrowding and working conditions of those employed in the File Offices and Typing Pool. From the discussions we have had during this study with a cross section of the Ministry's employees, it was also evident that the personnel policy practices operated by the Unit are largely unknown to or at best unclear to many of the Ministry's staff particularly those in the provinces. As a result, the Ministry is not being provided with the essential information it needs to keep its records up to date or to take timely action when the situation demands it. We know from the Staff List provided by the Unit that the information held is inaccurate and unreliable and we were provided with a number of other examples of failings in the present

arrangements. In this context, one comment received in connection with the custody of records was “ this deserves special attention due to the rampant loss of records in the Ministry. Apart from the unavailability of proper storage facilities, the staff handling files and other documents are poorly trained and unmotivated”.

8.55 The introduction of Hospital Boards is likely to decrease the scope and volume of the Ministry’s existing personnel activities with the transfer of hospital personnel to the new employing authorities. Although it is not possible to quantify at this stage the likely outcome of these changes on the unit’s future workload, we have identified some of the main issues that need to be addressed now to ensure the unit is equipped to tackle the challenges ahead.

8.56 **We recommend** that the Ministry, in consultation with the Establishment Secretary’s Office, should develop a personnel policy to cover its own staff in terms of practices and procedures to observe in relation to recruitment, postings, acting appointments, promotions, transfers, sickness and retirement. This information should be disseminated to all unit managers with guidance about their responsibilities on these issues. The planned publication shortly of a Civil Service Code setting out rules and regulations and an Administrative Manual covering office procedures and good practices should also provide useful advice.

8.57 One of the issues raised repeatedly with the Review Team was the lack of promotion opportunities available to staff at the Ministry and the number of cases in which staff holding acting appointments, often for many years, have not been confirmed in the appointment even where vacancies exist. This is having an adverse affect on morale and should be addressed at the earliest opportunity. **We recommend** that the Personnel Unit, in conjunction with unit managers, should keep this issue particularly in mind when preparing the Ministry’s manpower proposals for the 2003 Budget exercise.

8.58 In examining the Government grading structure operating in the Civil Service, we were surprised to see that Public Health Inspectors had been graded on the same level as Caretakers and Senior Drivers. This seems in grading terms to be an anomaly in view of the professional training and educational qualifications required for the former category of staff. **We recommend** that the Personnel Manager draw this apparent anomaly to the attention of the Establishment Secretary’s Office so the issue can be addressed in conjunction with the grading review proposed in paragraph 8.15.

8.59 The Central File Office is the other significant area of work that needs to be improved. Under existing arrangements there are two separate file offices. One deals with policy files, doctor’s personal files and applications relating to medical boards for civil servants seeking retirement on health grounds; the other handles P files for the rest of the Ministry’s staff. Office accommodation is poor, there is a shortage of stationery including file covers and it is not possible to lock or secure the filing cabinets. We were informed that the Ministry had an effective

Central File Office some years ago but this has deteriorated over time and other units have now lost confidence in the present service. As a result they have set up their own filing systems as well as their own arrangements for receiving incoming correspondence. There is now an urgent need to reorganize, rationalize and upgrade the systems in the Central File Office to ensure the unit is in a position to provide the standard of service required by users.

8.60 We are informed that Records Management will feature as a component of Phase 2 of the Public Service Reform Unit's work programme. In this event, **we recommend** that the Ministry of Health and Sanitation should be included in any schedule of work agreed. As far as timing is concerned, it would probably be sensible to wait until decisions have been made about the disposal or transfer of the personnel records of hospital staff currently held centrally to the proposed new Hospital Boards. The reorganization could then take into account the effect of any changes planned or introduced.

8.61 There are three staff in the Typing Section who provide typing services for the Personnel Unit and for some of the Administrative Officers. The Section is equipped with three fairly ancient typewriters and although none of the present typists have word processing skills, there is a need to provide the Section with at least one computer and the appropriate training and **we recommend** accordingly. When resources are available priority should also be given to providing the Personnel Unit with a photocopier.

Staffing

8.62 As indicated earlier in the report, the Ministry has no accurate figure of the number of staff working for it, although from the evidence of this study there are grounds for concern that there are people on the payroll that are no longer employed by the Ministry or even in Sierra Leone. The situation is sufficiently serious for the Sierra Leone Nurses Association, with the agreement of the Accountant General's Department, to monitor salary payments to its members over a period of three months - July to September 2002 - in order to identify and correct anomalies. The Central Statistics Office has been commissioned to carry out shortly a census of health care providers, including supporting staff, in Sierra Leone and this study should provide reliable information on numbers and location of staff. We also understand that Government is thinking of mounting a National Pay Day and this exercise might usefully supplement the results of the census. It is essential that the Ministry has accurate information about the number, category and location of staff working for it not only for pay and control purposes but also for reasons of effective manpower planning and staff development. **We therefore recommend** that the Ministry identify this as one of its priority tasks.

8.63 As soon as an accurate Staff List has been agreed and the payroll has been revised to reflect the correct figure, **we recommend** that the Personnel Unit be allocated responsibility for undertaking a reconciliation exercise each month

between the approved Staff List and the payroll. The aim should be to identify any discrepancies and to take remedial action promptly.

8.64 The other significant issue relating to staff numbers is the apparent confusion surrounding the policy allowing changes to the manpower ceiling approved in the 2002 Budget Estimates. The approved figure in the 2002 Estimates was 5193 posts. An additional 224 names were added to the payroll in March and there are approximately a further 400 names in the pipeline either to be processed or waiting to be entered on the payroll (the Ministry's payroll for July 2002 contained 5661 names). The Establishment Secretary's Office indicated that approval was given only if posts already exist in the Estimates - and they relied on the Ministry to advise them about this - or were funded from special provision. The Ministry indicated that in their view there was no formally agreed manpower ceiling and confirmed that the majority of cases submitted for approval were new posts whilst the Director of Budget agreed that this was an issue that needed to be reviewed and clarified. **We recommend** that when the Ministry's manpower allocation is finalized for 2003, the Ministry of Finance issue a directive to the Ministry of Health and the Establishment Secretary's Office setting out the circumstances, if any, in which the agreed authorized establishment can be exceeded.

8.65 In terms of staff numbers, we identified a number of areas covered in this review where there are clearly too many staff in post for the volume of work involved whilst we were told that in other areas there were shortages of key workers and skills. In several instances, the present staff numbers continued to reflect the levels required in the past but even though work practices had changed during the intervening period the posts had been retained. For example, the Ministry continues to employ 7 telephonists at its headquarters building. These posts were possibly necessary some years ago when the PABX system, which served all Ministries in the building, was working. It has not functioned for the past seven years and offices now have direct dialing facilities. While other Ministries have withdrawn their telephonists over the years, the Ministry of Health still employs seven people who man a single telephone line between 0800 – 1700 Monday to Friday. We understand their duties are to advise any callers of the correct direct dial number to telephone in the Ministry of Health. In our view, these posts are unnecessary and **we recommend** that they should be suppressed. A similar situation exists at the Central Medical Stores where the 2 posts of watchman should be abolished as responsibility for providing security at the site was outsourced to a private company last year.

8.66 In other cases, we discussed staffing levels with individual unit managers and agreed that there was a surplus of posts to requirements in the following areas. As a result, **we recommend** a reduction of 18 posts at the Transport Unit and, following the proposed merger of the Entomology Unit with the Environmental Health Division, a reduction of 30 posts on the current

complement of these two units leaving the latter's Housing and Vector Control Unit with a combined total of 45 posts.

8.67 In the case of the Personnel Unit, there is currently an excess of clerical staff and the present complement could be reduced by at least six posts without having any meaningful effect on the workings of the Unit. There is a need, however, to strengthen the management and administrative capacity of this Unit which in our view should exercise a key role in the efficient operations of the Ministry. This will involve assigning at least two middle grade officers, who either already have existing HR skills or are provided with the appropriate professional training, to support the Personnel Manager. **We recommend** that this additional administrative support be assigned to the Personnel Unit as soon as possible, although it would probably be sensible to defer any reduction in the overall clerical complement of the Unit until the reorganization of personnel records takes place.

8.68 Lack of staff discipline and poor time keeping is also, on the basis of six weeks observation at the Ministry's headquarters, a significant problem that needs to be resolved by senior management. In the longer term, there is a pressing requirement to review the systems, procedures and staffing levels in place in most of the Ministry's units visited during this study in much greater detail than time permitted on this occasion. With this in mind, **we recommend** that the Ministry be earmarked as a priority candidate for job inspection when the capacity to undertake this organizational and management review discipline becomes available in Sierra Leone. There is still significant overstaffing in certain areas and job inspection would enable these surplus posts to be readily identified.

8.69 There is no manpower or succession planning being undertaken by the Ministry because the information to take informed decisions on these issues is not available. Again, the Census of Health Service Providers to be undertaken by the Central Statistics Office should provide most of the data required and, when this becomes available, **we recommend** that the Personnel Unit, in consultation with unit managers, prepares an appropriate manpower plan for the Ministry.

Training and Staff Development

8.70 Staff training and development is the responsibility of the Human Resources (HR) Directorate. The Ministry has a significant proportion of its professional and senior administrative staff trained and qualified in their areas of work and some opportunities for further training and personal development do exist. A need, however, for the following types of training has been identified -

- Professional development
- Management training, and
- Acquisition of clerical/administrative/computer skills.

8.71 To some extent, the three types of training can be provided locally. However, budget allocation to the HR Directorate in support of training has been very small. Third quarter allocation in year 2002 for recruitment and training, for instance, was a mere Le 26.6 million for the entire Ministry. Donor assistance to the Ministry, namely, the World Bank, African Development Bank and the European Union, has positively impacted the activities of the HR Directorate by providing for capacity building in various Directorates. Postgraduate courses in specialist areas as well as higher managerial courses in overseas institutions continue to be funded under donor programmes.

8.72 Over the past few years, the HR Directorate has focused on the training and deployment of medical staff through various institutions, namely, the National School of Nursing, the Midwifery School, the School of Hygiene, the Paramedical School and the School of Pharmacy Technicians. Doctors and community health practitioners have also been trained at the College of Medicine and Allied Health Sciences of the University of Sierra Leone. Specialist courses in public health and health education have also been funded.

8.73 In spite of this, the activities of the HR Directorate have not been properly coordinated. Collaboration between Planning and HR Directorates is conspicuously absent in this area of activity and some personnel from training institutions have not been assigned to a vacancy following the completion of their training. For example, handicap specialists trained at the request of Government with donor funds at the Paramedical School in Bo have still yet to be placed. There is no systematic training programme in place. The majority of personnel (professional, management and junior staff) lack basic computer skills and in many departments, manual systems continue to be used. Emphasis has not been placed on the training of trainers to conduct in-house courses in the use of basic office equipment e.g. computers, copiers, fax machines, records management, and clerical and administrative skills which would have benefited the entire Ministry. Very few clerical and support staff have attended any job related courses at the Institute of Public Administration and Management and this is reflected in the quality of service provided particularly at district level.

8.74 As a first step, **we recommend** that a training needs assessment be undertaken, if necessary with outside assistance. The data collected during the Census of Health Service Providers on individual qualifications and training should again be very useful for this purpose. When the needs assessment exercise is completed donor help can be sought to enable the training plan to be realized.

8.75 **Training Institutions:** We referred in para 8.72 to a number of training institutions for which the Ministry is responsible, ie the Paramedical School, the School of Hygiene, the School of Nursing, the School of Midwifery and the Pharmacy Technicians' Certificate programme presently under the Pharmacy

Board. Although these institutions account for a substantial amount in the Budget, we did not find any control mechanism in the Ministry in terms of their curriculum development and content. The Human Resources Section handled the related personnel issues.

8.76 There has been an initiative by the Government to transfer training institutions to the University of Sierra Leone. In August 1996 a technical committee was set up to examine the existing University Act of 1972 and the Teachers' Colleges Act of 1982, covering financial administration and management, demand for access, the structures and programmes, and to recommend ways of making the institutions more functional, rational, and cost effective. This was followed by the enactment of the Tertiary Education Commission Act, 2001.

8.77 Under the Act, the Tertiary Education Commission has been established with the role of advising Government on tertiary education and providing an institutional liaison with Government and other stakeholder organisations, offering assistance in the tertiary education sector and ensuring parity of the products of the tertiary training institutions.

8.78 Section 7(2) of the Act states that:

“Without prejudice to the generality of subsection (1), it shall be the responsibility of the Commission to-

- a) Consider estimates and proposed expenditures of every tertiary education institution in Sierra Leone;
- b) Seek funding from prospective donors in favour of the promotion of tertiary education in Sierra Leone;
- c) Assess the funding and other resources for academic programmes of all tertiary education institutions in Sierra Leone with a view to ensuring that their respective programmes are not at variance with the overall socio-economic aims and aspirations of the country;
- d) Serve as a depository of all academic and non-academic programmes of tertiary education institutions in Sierra Leone;
- e) Liaise with the Senate and the Academic Boards or any such bodies of tertiary education institutions for the purpose of fulfilling its obligations under paragraph (d).”

8.79 Notwithstanding this, the Ministry of Health and Sanitation is reported to be slow in relinquishing its authority over these training institutions. The new management structure proposed by the Act will in no way obviate the Ministry's role in supervising the professional requirements for various professions in league with the relevant professional regulatory bodies. The role, as enunciated in the Act, will be supervision of academic programmes leading to the academic certification of graduates in their respective disciplines.

8.80 In view of the progress made so far and considering the provisions of the Tertiary Education Act, 2001 **we recommend** that the Ministry should support this initiative and fully co-operate with the Tertiary Education Commission.

Communication

8.81 The draft National Health Policy states that the Ministry will ensure that it has a clear communications strategy for relaying information to the general public and key stakeholders. At present this is broadly being achieved through the work undertaken by the Ministry's Public Relations Officer, seconded from the Ministry of Information and Broadcasting, the normal parliamentary processes and the need, each year, for the Minister to make a presentation at the State of the Nation Symposium. In addition, the plan is that the Ministry will produce an annual report on the Health of the Nation.

8.82 Meanwhile, there would seem to be a need to get a very simple message across to the public – and incidentally to the staff – about what the Ministry is there to do. Many organizations (large and small) seek to do this by preparing a Mission Statement. In submitting a Situation Analysis Report to the Public Service Reform Unit in March 2002, the Ministry described its mission as:

8.83 “To enhance the existence of an efficient and effective health care delivery system where both men and women are treated as equal partners and are given the opportunity to exhibit and develop their potentials for the benefit of their communities”

8.84 This is over-long for a Mission Statement. On the other hand, according to the draft Health Policy, the goal of the health sector is:

“To maintain and improve the health of all Sierra Leoneans
resident within the country”

8.85 This is much more concise. We offer for consideration a slight variation on that theme:

“Our aim is to improve the health and well-being
of the people of Sierra Leone”

8.86 **We recommend** that such a Mission Statement should be displayed prominently in all the Ministry's buildings and health facilities (in both English and Krio). It could also be used in publications, reports, journals and magazines as well as on posters, banners, leaflets, fliers, etc.

8.87 The Ministry's booklet on Health Education Policy dated May 2000 refers to the need for feedback from the public in the communication process. One way

that this has been achieved is through the use of 'radio listening groups'. The role of those involved was to listen regularly over the course of a year and then to reply to an evaluation questionnaire. Results were good in terms of understanding related to personal hygiene, environmental sanitation, etc. Other Ministries, eg Education participated in the study. The assessment was conducted in 2001. A facilitator was involved and this highlighted the fact that the perception by different community groups was slightly different. The Campaign for Good Governance (CGG) feels that the opportunity for public feedback will be improved with decentralisation.

8.88 The Health Education Programme Manager conducts regular radio and TV programmes – a programme called "Health Ways" on SLBS TV on Mondays at 8.30pm and a regular radio spot on Sundays at 3pm. The TV programmes used to be recorded and replayed in the provinces. The lack of transport now precludes this.

8.89 HE the President in his inaugural address to Parliament on 12 July 2002 highlighted the Government's policy of providing free medical services to certain members of the community. In getting across this type of message, the Ministry uses a number of "partners" eg, religious leaders (Christian and Muslim), traditional leaders, etc. They are provided with simple Information Kits (in English). Often this information is presented using local languages – by both traditional media and by radio. Phone-ins are lively and occasionally there are health quizzes for children.

8.90 More can be done in working with the representatives of civil society. In the past there has been good contact with the Campaign for Good Governance, but this was lost after the events of January 1999. Even so, the Health Education Programme Manager was consulted during CGG's study on the Health Sector, which led to their report (The Health Sector in Sierra Leone: Key problems, Strengths and New Policy Thinking). The report recommended that the following pieces of information should be prominently displayed at the entrance to all health facilities and at strategic locations, eg the cashier's office, the dispensary, doctors' offices, wards, etc within facilities:

- Price lists for all supplies and services delivered by the hospital or PHU;
- Categories of people liable for exemptions and situations under which people are exempt from paying, eg the Right to Life Saving Treatment;
- The fact that the public should never pay anyone for public health services except the designated cashier and that they should always receive a receipt;
- The role of the Best Practices and Trouble Shooting Task Force and the ways of contacting it.

8.91 We endorse these views.

9.0 IMPLEMENTATION

9.1 We discussed our emerging findings with officials at the Ministry towards the end of the fieldwork stage of the study and explained the proposed sequence of events to the Minister and the Directors General when the final report was produced. Subject to the decisions taken on the merits and implementation of individual recommendations we suggest the following timescales be adopted.

Recommendations that can be implemented in the short term	Approximate Timescale	Responsibility
The Entomology Unit should merge with the Environmental Health Division (Rec 5)	Immediate	MoHS
Restructuring of PHC Directorate (Rec 7)	0-3 months	MoHS
Activities of HR Directorate be brought under control of Dir of Support Services (Rec 8)	Immediate	MoHS
Management of Central Medical Stores should be transferred to Dir Of Drugs & Medical Supplies (Rec 9)	Immediate	MoHS
Ministry to set up Task Force to determine the re-organizational changes planned (Rec 11)	Immediate	MoHS
The procurement Manager to certify all goods procured and received (Rec 13)	Immediate	MoHS
All procurement activities in the Ministry to be centralized in the Procurement Unit (Rec 14)	Immediate	MoHS
A Technical Management Committee should be established (Rec 24)	Immediate	MoHS
All requests for repairs/maintenance to be referred initially to Facilities Maintenance Manager (Rec 25)	Immediate	MoHS
Transport Manager to be relocated to Garage to improve management control (Rec 26)	Immediate	MoHS
The attention of Establishment Secretary's Office to be drawn to grading anomaly involving Public Health Inspectors (Rec 29)	Immediate	MoHS & Estab Sect Office
Ministry should cooperate fully with Tertiary Education Commission (Rec 40)	Immediate	MoHS
Ministry's Mission statement to be displayed in all the organization's buildings (Rec 41)	Immediate	MoHS

Recommendations that are of high priority but requiring planning and organization	Approximate Timescale	Responsibility
Existing legislation to be updated (Rec 1)	6 months	MoHS & Office of Solicitor General
Statutory powers of Medical & Dental Council to be extended (Rec 2)	6-12 months	MoHS & Medical & Dental Council
Formal approval to be sought for directorate structure & agreement to be reached on grading of senior management structure (Rec 6)	6 months	MoHS & Estab Sect Office
A dedicated Policy Unit to be set up in the Ministry (Rec 12)	6 months	MoHS
Tracking system to be introduced in Procurement Unit (Rec 15)	3 months	MoHS
Pilot scheme to be mounted in Ministry for purchases under Le 12 million (Rec 16)	3 months	MoHS
Procedures for documenting supplies from donors to be reviewed (Rec 17)	3 months	MoHS
Schemes of Service to be reviewed and updated (Rec 18)	3-6 months	MoHS & Estab Sect Office
Written job descriptions to be prepared for all professional, admin & clerical staff (Rec19)	3-6 months	MoHS
Two separate financial accounting & reporting systems operated by Ministry to be integrated (Rec 20)	3-6 months	MoHS & Ministry of Finance
Ministry's 2003 budget to reflect the fact that programme activities are different (Rec 21)	2003 budget	MoHS & Ministry of Finance
Review of procedures to be made to delegate more powers to Districts and programme managers to access budgets (Rec 22)	2003 budget	MoHS & Ministry of Finance
Funding provision to be made for national emergencies in the health sector (Rec 23)	2003 budget	MoHS & Ministry of Finance
Ministry to develop personnel policy (Rec 27)	3-6 months	MoHS & Estab Sect Office
Promotion opportunities should be kept in mind when preparing Ministry's 2003 budget proposals (Rec 28)	Preparation of 2003 manpower budget	MoHS, Estab Sect Office & Ministry of Finance
Ministry to be included in any Central Records Management work programme (Rec 30)	When work programme decided	Public Service Reform Unit
Staff in Typing Pool to be provided with word processing facilities and appropriate training (Rec 31)	As funding becomes available	MoHS

Ministry should ensure it knows the number, category and location of its staff (Rec 32)	3 months	Personnel Unit in MoHS
Monthly reconciliation exercise to be undertaken between approved Staff List and the payroll (Rec 33)	3 months	Personnel Unit in MoHS
A directive to be issued giving guidelines on circumstances, if any, in which Ministry's manpower ceiling for 2003 can be breached (Rec 34)	January 2003	Ministry of Finance
Suppression of 7 posts of telephonists, 18 posts in Transport Unit, 2 posts in Central Medical Stores and 30 posts in Entomology Unit when it merges with Environmental Health Division (Rec 35)	To be taken into account in 2003 budget	Personnel Unit of MoHS and Ministry of Finance
Two middle grade managers, either with existing HR skills or provided with necessary professional training, to be assigned to Personnel Unit (Rec36)	To be taken into account in 2003 budget	MoHS and Ministry of Finance
Ministry to be earmarked as priority candidate for job inspection (Rec 37)	As capacity becomes available in country	Public Service Reform Unit
Ministry to prepare manpower plan (Rec 38)	6 months	MoHS

Recommendations Relating to Material Resources or External Inputs	Approximate Timescale	Responsibility
Ministry should continue efforts to divest its involvement in Waste Management (Rec 3)	As and when opportunities present themselves	MoHS
A further review to be undertaken of future placement of Civil Registration Unit (Rec 4)	12 months	Review Team doing functional studies in all Ministries
Senior management structure to be reviewed when new organizational structures and systems are in place (Rec 10)	12 months	Review Team doing functional studies in all Ministries
A training needs analysis to be undertaken (Rec 39)	6-9 months	MoHS plus donor assistance