



ANTI-CORRUPTION COMMISSION

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SIERRA LEONE, WEST AFRICA

BEST PRACTICE GUIDE ON FINANCIAL PRACTICES AND PROCEDURES FOR THE HEALTH SERVICE DELIVERY SYSTEM

**JOINTLY PREPARED BY THE ANTI-CORRUPTION COMMISSION IN
COLLABORATION WITH THE MINISTRY OF HEALTH AND
SANITATION**

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1.0 INTRODUCTION

In July/August 2001, the Prevention Department of the Anti-Corruption Commission mounted a proactive examination of the health delivery service of this country. The exercise critically looked into financial practices and procedures within the general administrative machinery of various health institutions. Pilot studies were conducted in the Connaught Hospital, PCM Hospital and Bo Government Hospital.

With the near collapse of the health delivery system during the last decade, considerable amount of resources have been poured into rejuvenating the system by both government and the donor community. Apparently, a large amount of these resources have not been judiciously utilized because of years of endemic corruption. The high incidence of corruption permeates every facet of the Sierra Leone society. And for a society to forge ahead it is imperative that elements of transparency and probity should be the hallmark of that society. The negative effects of corruption in sierra Leone could be seen in employment procedures where square pegs are put in round holes, contracts not awarded on merit, crumbling of state institutions as the systems are set aside, embezzlement of public funds by top government officials, bribery etc.

If Sierra Leone is to take its rightful place among other civilized nations, then we have to change our negative attitudes and mindsets. It is against his

background that this study was carried out and the findings presented to the Ministry of Health and Sanitation officials.

2.0 OBJECTIVE

The objective of this study is to develop general recommendations for the entire health service system in this country.

3.0 METHODOLOGY

Recommendations in initial reports on the Bo, Connaught, PCM and Children's hospitals were studies and strands of commonalities put together. These have been disseminated to hospitals throughout the country by the Commission, and contained herein are contributions and recommendations made in the various hospitals.

4.0 GENERAL RECOMMENDATIONS

1. Revenue Collection

a. Findings

There existed a confused landscape for revenue collection among the health delivery institutions in this country. A unified or centralized system for the purpose of revenue collection was absent. Doctors, Nurses and even Porters and ambulance drivers were involved in revenue collection, and were accountable to nobody. They were serving as both revenue collectors and health personnel.

Doctors were running private clinics within the hospital, paying little or nothing as revenue, and there were no proper registration of the patients treated. As the same time it was noted that receipt books and other accountable documents were purchased without due reference to the Finance Officers. This largely eroded the power of the Finance Officers in the hospital.

b. Implications

i. The lack of an effective internal control system allows misappropriation of government revenue by revenue collectors, Doctors, Nurses etc.

ii. When receipt books and other accountable documents are not coordinated, embezzlement of government funds may result, as there will be no transparency and accountability for transactions carried out.

c. Recommendation(s)

- i. Revenue collection in all hospitals and Peripheral Health Units (PHU's) should be centralized. These should be well consolidated and accounted for by the Finance Officers and PHU in-charge and except otherwise stated, should be deposited with the Bank of Sierra Leone or any Commercial Bank within the locality of the hospital, preferably on a daily basis.
- ii. Efficient registration centres for patient should be open in all hospitals to be able to ascertain the number of patients attending the hospitals.
- iii. The revenue collectors should maintain cashbooks and must issue receipts for all monies collected.
- iv. All revenue collectors shall be responsible to the Finance Officer in respect of financial controls.
- v. It is recommended that Ministry of Health and Sanitation officials and Hospital Boards carry out periodic monitoring of the hospitals.

d. Responsible Monitoring Officers(s)

The Hospital Care Manager, the District Medical Officer (DMO), the Medical Officer (MO), the PHU in-charge and the Hospital Secretary.

2. Expenditure

a. Findings

Overall expenditure in the hospitals was carried out without regard to laid down standards and principles.

b. Implications

Since revenue collection and expenditure were examined to be haphazardly done, it became difficult to ascertain the total income and expenditure of the hospitals and PHU's.

c. Recommendation(s)

i. All expenditures as determined by Management should be channeled through the Finance Office and these should be supported by relevant documents and authorization.

ii. The Hospital Care Manager/DMO/MO should inform all departmental heads on receipt of quarterly subventions or allocations from the Ministry of Health and Sanitation or Finance.

iii. The DMO/MO should approve all expenditure proposals before payments are made by the Finance Officer.

iv. A regular financial report should be submitted to all unit heads by the Finance Officer preferably on a monthly basis.

d. Responsible Monitoring Officer(s)

The Hospital Care Manager/MO and the Hospital Secretary.

3. Hospital/Sanitation and PHU Charges/Fees

a. Findings

It was evident that charges for similar services deferred from personnel to personnel.

b. Implication

With no uniformity in fees/charges levied in the hospitals and PHU's patients were liable to be exploited by hospital staff.

c. Recommendation(s)

i. All fees paid for various services should be published by the Hospital Secretary/Finance Officer/PHU in-charges in strategic locations in the hospital.

ii. Uniform fees should be paid for similar services.

d. Responsible Monitoring Officer(s)

The Finance Officer/DMO/MO and Matron

4. Ambulance Service

a. Findings

It was observed that the ambulances are largely used as utility vehicles rather than the actual purpose for which they were supplied. Very poor documentation relating to the use of the ambulances was found out. No logbook and accountable documents for income and expenditure were maintained. Income generated by the ambulances could not be properly accounted for.

b. Implications

The use of the ambulances as utility vehicle could lead to a situation wherein it will not be available during times of emergency. The resultant effect of this could be untimely deaths.

Improper documentation relating to the use of the ambulances would lead to poor accountability and impropriety by its drivers or care-takers.

c. Recommendation(s)

- i. The Hospital Secretary/MO I every hospital should be the custodian of the ambulance.
- ii. All financial transactions relating to the ambulance should be carried out by the Finance Officer and all documentations kept.
- iii. Affordable fees agreed on by the Hospital Management Committee should be paid for the services and these should be published at strategic locations in the hospital.
- iv. The maintenance and running costs of the ambulance should be taken from the imprest or hospital internally generated funds and not from the income generated by the ambulance.
- v. It is imperative that all hospitals be provided with ambulance service and the public should be educated in accessing this service.
- vi. It is imperative that all hospitals should be provided with utility vehicles by government.

vii. Log books should be maintained by all drivers.

viii. Government should ensure that there is adequate provision of communication sets for the PHU's.

ix. The ambulance should be strictly limited to emergency uses. Where the need arises for use of the ambulance other wise, it must bear the approval of the DMO/MO.

d. Responsible Monitoring Officer(s)

The Hospital Secretary and Hospital Care Manager/DMO/MO.

5. Donations

a. Findings

Since the inception of the rebel war, considerable amount of donations have been made to various hospitals. Unfortunately there has been a confused landscape in accounting for such donations, both material and cash.

b. Implications

The absence of a donations register results in difficulty of monitoring. In addition, it would lead to misuse of such donations by its recipient.

c. Recommendation(s)

i. A donations register must be opened for easy of reference. It is recommended that all material donations pass through the Store keeper and through the Finance Office for cash donations. Copies documenting such donations should be sent to the Central Medical Stores and the Secretary of the recipient hospital.

ii. All financial donations should be channeled through the Hospital Management to the Finance Officer.

iii. Donations to PHU's should be channeled through the DMO/DHMT.

d. Responsible Monitoring Officer(s)

The Hospital Care Manager/DMO/MO

6. Stores

a. Findings

Generally speaking, it was discovered that record keeping was very poor. There existed no assets register of hospital properties. The method of withdrawal was not in line with stores management procedures.

b. Implications

The absence of store control ledgers and other stores documents to record receipts and issues results in difficulty in the calculation of stock balances. Since assets registers are not kept one could not easily determine the property of the hospital. In addition, hospital property could easily be converted by rogue officials.

c. Recommendation(s)

i. All relevant stores documents should be maintained by the storekeeper receipts and issues of store items should be properly recorded.

ii. All issues out of the store should always be supported with relevant documents and authorization.

iii. Periodic stocktaking and verification should be undertaken by the Finance Officer/DHMT. Consequently a stock sheet should be produced as at a specified period of time.

d. Responsible Monitoring Officer(s)

The Hospital Care Manager, Hospital Secretary,
Matron/DMO/DHS.

7. Cost Recovery/Emergency Drugs

a. Findings

The medicines sold at the pharmacies/dispensaries are obtained from the Government Medical Stores on cost-recovery basis. Both the total and unit cost are determined by the Central medical Stores. It was observed that nurses, clerks and other auxiliary staff do administer drugs owned by them. Information on emergency drugs

is not known by the public.

b. Implications

Since the public is not informed about emergency drugs, there is every possibility for the misappropriations of these drugs.

The administration of drugs by inexperienced and sometimes untrained personnel exposes the patients to the risk of dying.

c. Recommendation(s)

The following should be carefully noted:

i. proper records should be maintained to ensure that receipts and issues are accounted for appropriately.

ii. Information about emergency drugs should be made known to patients matrons and doctors.

iii. Units cost of drugs should be published on the notice board displayed at strategic locations in the Hospital/PHU's.

iv. Severe punitive measures should be imposed by Hospital Management Teams on officers who illegally possess, sell and/or administer drugs.

v. Government should ensure that there are adequate supplies of essential drugs in the hospital and PHU'.

d. Responsible Monitoring Officer(s)

The Finance Officer, Chief Dispenser and the Hospital Care Management/DMO/MO.

8. Wards

a. Findings

It was observed that there needs to be more attention given to the wards. The wards were untidy, some nurses ran private drug shops, some were negligent in the discharge of their duties especially those on night shift, taking extra charges from patients and volunteers nurses collecting monies on their own accord as payment for their service. In addition to this, internal control measures are not put in place to ensure proper accountability.

b. Implications

The general upkeep of ward is very important since patients, visitors and hospital staff stands the chance of contracting diseases. Again auditing become difficult if not impossible if documents are not kept.

c. Recommendations

- i. The Finance Officer should introduce firm internal controls that will ensure that all monies collected in the wards are properly accounted for.
- ii. Hospital Managements/PHU's should ensure that the words are kept in a clean state.
- iii. All hospitals in the provinces should be fenced to ward off intruders and to protect the peace of the patients admitted in the wards.

d. Responsible Monitoring Officer(s)

Finance Officer, Matron and Hospital Secretary

9. The Laboratory

a. Findings

One of the things that transcend all the hospital is the fact that they are all poorly equipped. Like most other units and departments there exists very poor accountability of revenue collected.

b. Implications

The ill-equipped laboratories give the opportunity to staff to use them (laboratories) as private enterprises. Given the private nature by which the laboratories are run, revenue collected cannot be ascertained at any specified time.

c. Recommendations

- i. Government should ensure that the laboratories are fully equipped to enhance the efficiency of the staff.
- ii. Receipts should be issued for any test that is carries out.
- iii. Prices of test should bedisplayed in laboratories, wards, outpatients department etc where it could be visible seen by patients.

iv. Responsible Monitoring Officer(s)

The Finance Officer, Hospital Secretary and the Hospital Care Manager.

10. The X-ray Department

a. Findings

Staffing is a major problem in most of the hospitals throughout the country. Qualified personnel in some specialist areas are scarce. This department/unit like others is also poorly equipped in most of the hospitals and non-existent in others. Generally speaking, there are poor accounting systems and record keeping in the hospital.

b. Implications

The lack of basic equipments and facilities result in the inefficiency of staff; also the lack of proper internal controls and a system of recording may give the opportunities to misappropriate revenue collected by staff.

c. Recommendations

i. The Management Teams in consultation with Ministry of Health and Sanitation Officials should provide basic equipment and facilities for x-ray department in all the hospital throughout the country.

ii. Qualified Radiographers/Technicians should man all the Xray department in the country.

iii. All monies collected by the X-ray department should be deposited with the Finance Officer.

iv. Proper book keeping entries should be maintained by all Xray departments.

v. Government should provide functional radiology department (X-rays/ultra-sound scans) in all government hospitals.

vi. Existing staff should be trained and refresher courses organized by government and partners in the health delivery service.

d. Responsible Monitoring Officer(s)

The Finance Officer and Hospital Care Manager/MO

11. Caterers and Suppliers

a. Findings

Caterers and suppliers are contracted by the Government of Sierra Leone. It was observed that meals are served at irregular intervals.

b. Implications

Meals should be served at regular intervals otherwise patients would have to starve or may be forced into using their meager resources.

c. Recommendations

i. All caterers should update their records in order to reflect the fluctuation in patient numbers that deserve meals.

ii. The caterers should ensure that meals are served at regular intervals.

iii. Government should ensure prompt payment of suppliers/contractors.

iv. Suppliers and caterers should be contracted from the localities of the benefiting hospitals

d. Responsible Monitoring Officer(s)

The Matron, the Nutritionist and Hospital Care Manager/MO.

12. Hospitals Secretaries

a. Findings

The Hospital Secretaries assist the Consultants or Hospital Care Managers in the main referral hospitals (Connaught, PCM and Children's Hospital) in the capital city and the District Medical Officers/MO's at the district levels. They take minutes at meetings and are the custodian of important records. Records keeping are very poor in these hospitals. In fact records such as assets and donations register hardly exist. Independent monitoring of the Finance Officers are rare.

b. Implication

With hardly any independent monitoring system of the Finance Officers, there exists the possibility of corruption. In addition auditing is rendered difficult.

c. Recommendations

i. All financial and other documents should be ordered and disbursed by the Hospital Secretaries/MOs/DMOs through the Financial Officers.

ii. The Hospital Secretaries should maintain independent accountable register for monitoring/auditing purposes.

iii. All staff Co-ordinators and/or Supervisors, the Hospital Secretaries/MOs should periodically carry out internal control checks.

d. Responsible Monitoring Officer(s)

The Hospital Care Manager and the District Medical Officer/MO.

13. Accountable Documents

a. Findings

The absence of accountable documents is phenomenon in all our hospital and PHU's. This is indeed a very serious problem.

b. Implications

As there are not accountable documents, it is difficult to determine the income generated and how expenditures are made. In addition, monitoring of income and expenditure become extremely difficult.

c. Recommendations

i. Receipt books, payment vouchers, LPOs, patient's record cards/chart and cashbooks should be ordered through the Ministry of Finance. These should be distributed by the Finance Officer to the various departments/Units.

ii. An Accountable Document Register should be maintained by the Finance Officer.

iii. All used accountable documents should be retired with the Finance Officer as this will facilitate internal controls and checks.

d. Responsible Monitoring Officer(s)

The Hospital Secretary and Hospital Care Manager/MDO/MO.

14. Repairs and Maintenance

a. Findings

Broadly speaking most of the hospital premises are in extremely dire need of repairs and maintenance. It was observed that inventory of materials/items for repairs have not been kept.

b. Implications

The lack of maintenance culture in this country has led to the abandonment of very good infrastructure which otherwise would have served for a long time. In addition, the non-documentation of items/materials for repairs may lead to misappropriation of such items.

c. Recommendation

i. Periodic repairs/maintenance should be undertaken in hospital/PHU infrastructure by Hospital and PHU Managements.

ii. The maintenance officer should always keep proper records of repairs.

d. Responsible Monitoring Officer(s)

The Store Keeper, Hospital Secretary and Hospital Care Manager/DMO/MO.

Jointly prepared by the Prevention Department, Anti-Corruption Commission and the Ministry of Health and Sanitation.