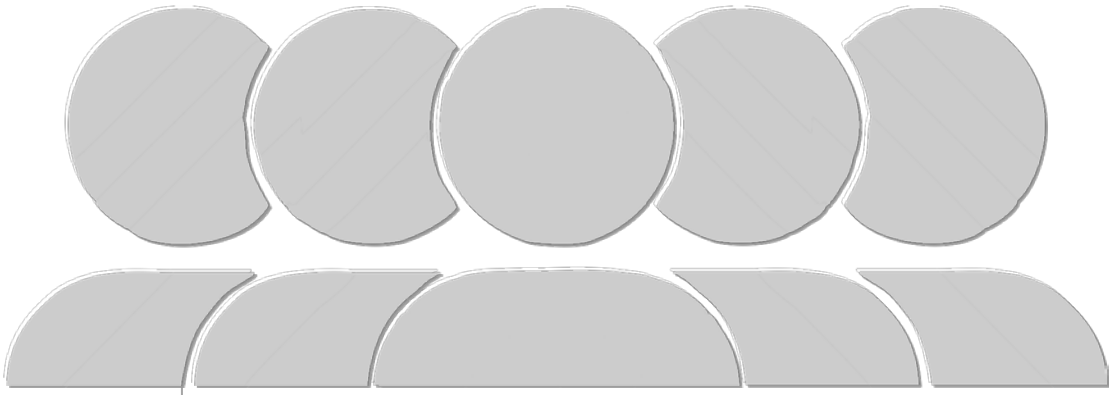
Ministry of Health



DEVOLVED HRM POLICY GUIDELINES

on

HUMAN RESOURCES FOR HEALTH

February 2015

- CONCEPT NOTE FOR ESTABLISHING COUNTY HRH UNIT
- PROPOSED COMPETENCY FRAMEWORK FOR COUNTY HR MANAGER FOR HEALTH
- COUNTY HEALTH WORKFORCE RECRUITMENT AND DEPLOYMENT GUIDELINES
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- INCENTIVE FRAMEWORK FOR ATTRACTION AND RETENTION OF HEALTH WORKFORCE
- HRH SERVICE QUALITY ASSESSMENT SUPERVISION CHECKLIST
- COUNTY HRH COMMITMENTS REPORTING TOOL

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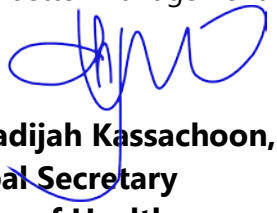
FOREWORD

The *Kenya Vision 2030* presents a strong health component as the Kenyan economic blueprint. It aims to build a prosperous country with a high quality of life. The *Kenya Constitution 2010* provides for the right to the highest attainable standard of health to every Kenyan, and places a fundamental duty on the State to take legislative, policy and other measures, including the setting of standards, to achieve progressive realization of the rights set out under *Article 43*, which include the right to health.

The devolution of health services in Kenya has been characterised with many challenges. These include strikes by health workers in different counties as well as resignation of some health workers; and, inequitable distribution of available health workforce due to health workers leaving certain counties in favour of others that have better working conditions among others. Kenya currently faces significant challenges in overcoming health worker shortages and low retention, as well as difficulty in attaining equitable distribution of human resources for health (HRH) - particularly in hard-to-reach areas. The distribution of healthcare providers in Kenya has been skewed against many rural areas, with many doctors found in the urban areas and fewer in rural facilities. Devolution presents opportunities and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

The greatest human resource challenge that the counties have encountered since devolution has been the management of the health workforce. To address this, the Ministry of Health constituted a Technical Working Group (TWG) to assist in the development of devolved HRM policies. To this end, the TWG resolved on the need for, and consequently developed a concept note on the establishment of a county HRH unit in the health department specifically to address HR needs. In addition the TWG has harmonized and outlined the specific steps in the process of recruitment and deployment of health workers; developed guidelines for donor supported health workers contracting; developed an incentive framework for attraction and retention of health workers; tracking tool for HRH country commitments; and HRH quality assessment supervision checklist. This document is a combination of these policy guidelines that are a first step towards addressing HRH gaps at the county level.

I wish to thank all stakeholders involved in development of these guidelines who included the MOH representatives, County health leadership; Transition Authority (TA), Public Service Commission (PSC), and the USAID funded Human Resources for Health (HRH) Capacity Bridge Project. The MOH wishes to issue these guidelines to the national and county governments towards better management of health workers.



Dr. Khadijah Kassachoon,
Principal Secretary
Ministry of Health

ACRONYMS

CDC	Centers for Disease Control and Prevention
DANIDA	Danish International Development Agency
EHP	Emergency Hiring Plan
FBO	Faith Based Organization
HR	Human Resource
HRH-ICC	Human Resources for Health – Inter-agency Coordinating Committee
HRHIS	Human Resources for Health Information System
HRHRIS	Human Resources for Health Information System
HWs	Health Workers
MOU	Memorandum of Understanding
NHIF	National Health Insurance Fund
NRH	National Reproductive Health
PS	Principal Secretary
PSC (K)	Public Service Commission of Kenya
TWG	Technical Working Group
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WIBA	Work Injury Benefits Act

CONCEPT NOTE FOR ESTABLISHING COUNTY HRH UNIT

CONCEPT NOTE FOR ESTABLISHING COUNTY HRH UNIT

BACKGROUND

"The world is suffering from a massive gap of more than 3.5 million health workers. This includes a pressing need for at least 1 million community health workers and 350,000 midwives. Millions more existing health workers lack the necessary support, equipment and training they need to deliver on their mandate"[1]

The health workforce is a vital, yet historically overlooked, component of any health system2 According to World Health Organisation (WHO) a health system comprises of the following six building blocks.

The WHO Health Systems Framework

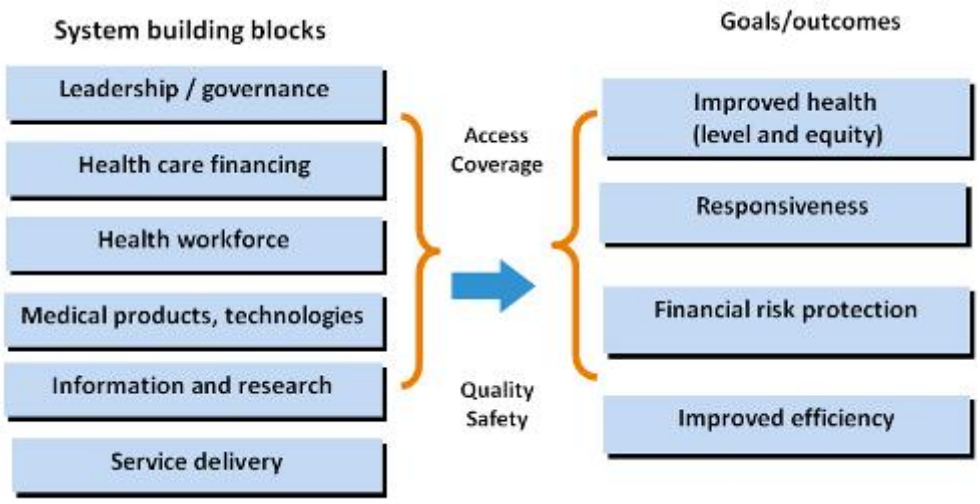


Fig 1. WHO health system framework

Moving from a disease-specific approach to health promotion, disease prevention, care and treatment that created operational silos, policy makers are now shifting towards a health systems approach[3], which includes strengthening the health workforce. In the

[1] UN Secretary General Ban ki Moon

[2] Hongoro, and McPake 2004

[3] Maher 2010

health sector, human resources are an essential component of the health system especially in the provision of basic health services. There is growing recognition that Human Resources for Health (HRH) in the public sector are shrinking dramatically, thereby affecting the delivery of services. Several studies have shown that the emergence and re-emergence of infectious diseases, such as HIV/AIDS, tuberculosis, and malaria, have also increased the demand for health services, putting enormous stress on the existing human resources. The impetus for this new focus on health systems strengthening and HRH came, in part, as a result of research from the 2004 Joint Learning Initiative and "The World Health Report in 2006: Working together for health", which demonstrated a clear link between health workforce density and a number of health indicators.

Building on prior work by the Joint Learning Initiative, the WHO determined that 2.3 doctors, nurses, and midwives per 1,000 people is the minimum threshold needed to adequately cover the population with essential health services. Unless countries met this threshold, they were unlikely to achieve the Millennium Development Goals[4]. Using this standard and the total population estimates for each country in 2006, the WHO determined the threshold number of health workers needed and compared this value with the best available data on the actual number of health workers. This comparison resulted in 57 countries being identified as human resources for health crisis countries, since they did not have sufficient numbers of health workers to meet the threshold density ratio. Across these 57 countries, the health worker deficit was then estimated to include 2.4 million doctors, nurses, and midwives. As of 2010, none of the 57 crisis countries which includes Kenya had reached the prescribed health worker density ratio[5]. Thirty-six of these countries are in sub-Saharan Africa.

CHALLENGES

The Kenya Constitution 2010 provides for the right to the highest attainable standard of health to every Kenyan, and places a fundamental duty on the State to take legislative, policy and other measures, including the setting of standards, to achieve progressive realization of the rights set out under Article 43, which include the right to health. These constitutional provisions determine the roles and obligations of the health sector to facilitate progressive realization by all to the right to health. Schedule 4 of the Constitution assigns to the County Governments the function of delivering essential health services, and to the National Government the functions of stewardship for health

[4] World Health Organization 2006

[5] Global Health Workforce Alliance 2011

policy, Capacity building, technical assistance to counties and oversight of national referral health facilities.

Devolution of the health sector in Kenya is facing several challenges. The devolution of health workers to county management occurred under myriad of problems and resistance by the health workers. To date the country has witnessed several strikes by health workers in different counties as well as resignation of some health workers, especially doctors. It has also witnessed inequitable distribution of available health workforce due to health workers leaving certain counties in favour of others that have better working conditions. Other challenges include but are not limited to shortage of health care workers, loss of skilled workers to the private sector and other countries that offer better financial packages, lack of career opportunities as well as education opportunities, the lack of clarity in the due process for the transfer of health care workers in between counties, promotion of health workers, devolving of HRH records and administration of the HRH pension among others.

Like most countries in Africa, the shortage of healthcare workers is not unique to Kenya. Indeed, Kenya is one of the countries identified by the WHO as having a "critical shortage" of healthcare workers. This shortage is markedly worse in the rural areas where, as noted in a recent study by Transparency International in 2011, under-staffing levels of between 50 and 80 percent were documented at the former provincial and rural health facilities[6].

The overall effect of these factors is negative and harmful to the health sector's ability to fully utilize the existing workforce and provide quality services. As a result, access to comprehensive HIV and AIDS related services, especially in rural areas continues to remain inadequate.[7]

CASE FOR CHANGE

The health function is critical to the welfare and prosperity of any nation. The way the health sector is run largely determines the effectiveness of service delivery. Kenya's health care system was previously largely centralised with decisions taken at MOH headquarters from where they were conveyed top-down through the provincial medical officers to the district level. However, following the devolution of health services, the counties are now in charge of their health services. Devolution presents opportunities

[6] Transparency International – Kenya. (2011). The Kenya Health Sector Integrity Study Report

[7] IMF, 2009

and challenges to the health sector that together determine the effectiveness of service delivery and the character of the overall health system.

Studies have shown that on average 50% - 70% of county workers are in the health sector. The health workers have a specific skill set that requires many years of intense training and conditioning that makes them scarce globally. In additional evidence indicate, the greatest human resource challenge that the counties have encountered since devolution has been the management of the health workforce. As a result there is need to deliberately pay special focus on the HR needs of these workers. In the past regime the National government had a HR unit in the Ministry of Health to oversee the management of these workers. This unit was responsible for coordinating the implementation of the HR functions in the different regions (provinces). Currently the Directorate of Human Resources at MOH is responsible for the development of HRM policies and capacity building of the counties. Health workers in the counties are now managed by the county management. As a result, there is need for the county governments to establish a HR unit in the Health department to ensure that health workers HR needs are adequately addressed.

Currently, Garissa County is an example of a county that has created a HR unit in the Health department. The Human Resource Manager for Health is responsible for all HR related issues affecting the health workforce.

EXPECTED BENEFITS ON ESTABLISHMENT OF COUNTY HRH UNIT

1. This unit will offer support in recruitment and selection of health workers. By carrying out workforce planning the unit will advice county management where and when more health workers are required to ensure that timely services can be accessed by the citizens.

2. The unit will encourage the health workers to work according to their potential and advice on how to improve by communicating with the staff from time to time on their performance. This will in turn motivate the health workers who will execute their roles in the best possible way.

3. Maintaining work atmosphere is a vital aspect of HRM because this drives performance. The HR unit will ensure that the health workers have a safe, clean and healthy environment so as to give the health workers job satisfaction.

4. This unit will be responsible for effectively managing disputes arising between the health workers and the county governments. Their timely actions will prevent things from going out of hand as is currently the case.

5. This unit will provide input in salaries and benefits administration of the Health workers.
6. This unit will be responsible for disciplinary control of health workers.
7. This unit will be responsible for HRH Records management.
8. This unit will be responsible for dissemination, implementation and review of Human Resource policies and guidelines for the health sector.

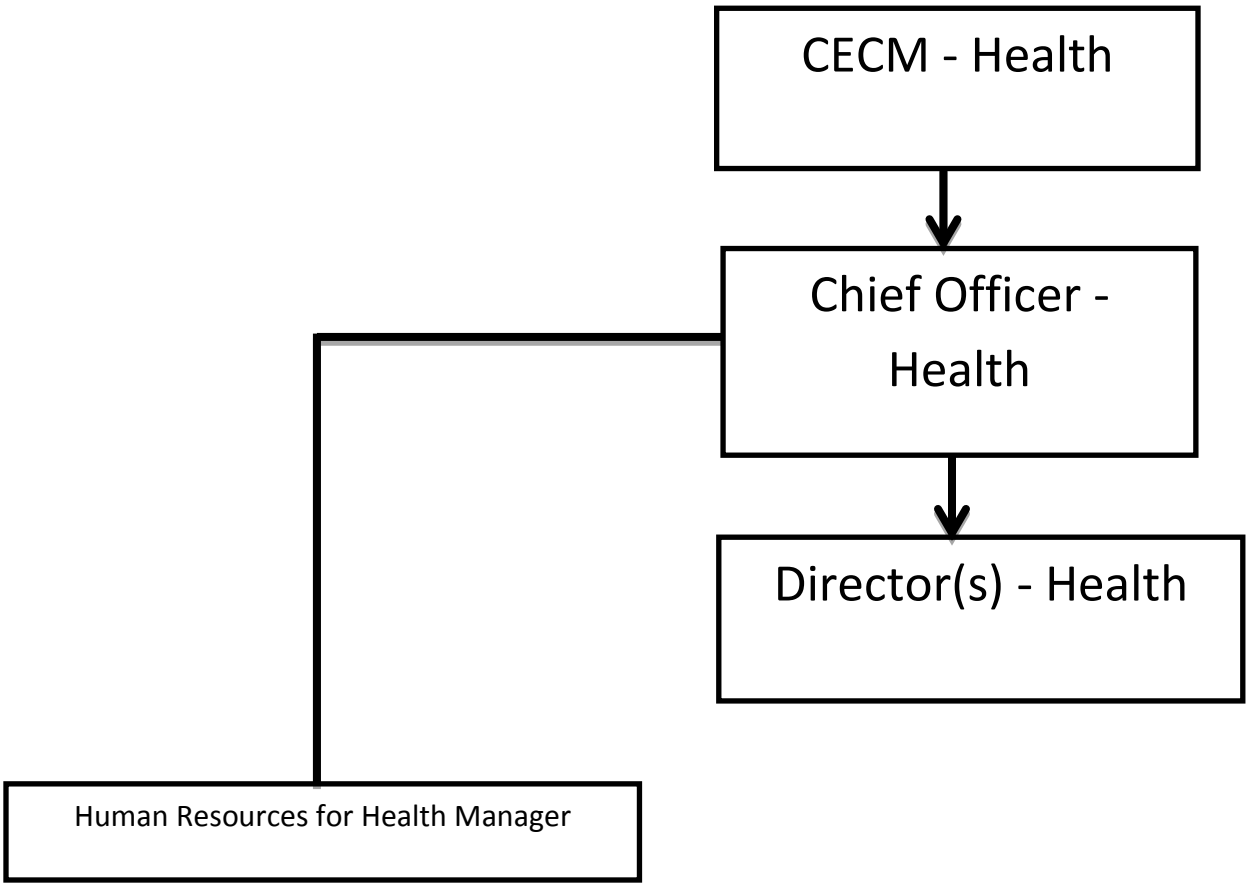
PROPOSED ROLE PROFILE

The HR Manager for Health will be responsible for hands on implementation of all HR support to the Health function in the County government. The HR Manager for Health will report to the County Chief of Health Services who is the authorized officer in respect of exercise of delegated power.

The role will include supporting the implementation of the HRH strategy, all HR policies, human resource development, performance management, change management and employee relations and welfare. S/he will work closely with the County Human Resource Director/Manager to deliver proactive HR services and programs to support the county health priorities and objectives. This position is proposed to be in Job group N.

A detailed draft organogram and job description is included below.

PROPOSED ORGANOGRAM



DRAFT COUNTY HR MANAGER (HEALTH) ROLE PROFILE

The HR Manager will report to the Chief Officer, Health. S/he will be an employee of the County responsible for hands on implementation of all HR support to the Health function in the County government. S/he will deliver proactive HR services and programs to support the county health priorities and objectives. Specific roles will include:

1. Responsible for supporting the development and implementation of the HRH strategy in the county.
2. Support implementation of human resource policies and processes including staffing, recruitment, workplace health & safety, rewards and benefits, training & development, HR planning, organization and coordination.
3. Manage HR development opportunities, including internships for county health workforce in liaison with the National government and other stakeholders.
4. Coordinate and ensure implementation of performance management systems and staff appraisals.

5. Ensure harmonious employee relations and welfare.
6. Act as a change agent by supporting recommendations that improve operations of the health workforce.
7. Provide support to the health division heads on HR matters and advice on best HR practices.
8. Support succession planning, retention and talent management of the health workers.
9. Participate in HR supervision of the county health facilities.
10. Support development of the HRH budget.
11. Represent the Health department in the relevant standing and adhoc County Committees.
12. Develop and maintain HR systems that inform County HRH information needs.

Qualifications and skills

1. Degree in social sciences, human resource management or relevant field.
2. Master's degree in the relevant degree will be an added advantage.
3. Higher National Diploma in Human Resource Management.
4. At least 5 years relevant technical and professional working experience in Human Resource Management.
5. Must be registered with Institute of Human Resource Management and hold a valid practicing license.
6. In depth knowledge of Kenyan Labor Laws and other statutes that impact on Human Resource Management.
7. Excellent communication skills, both oral and written.
8. Strong team player.
9. Excellent negotiation and influencing skills.
10. Excellent interpersonal skills.
11. Proficient in Microsoft Office packages and HRIS.
12. The candidate must also be in compliance with chapter 6 of the Kenyan constitution.

COMPETENCY FRAMEWORK FOR COUNTY HR MANAGER FOR HEALTH

PROPOSED COMPETENCY FRAMEWORK FOR COUNTY HUMAN RESOURCE MANAGER FOR HEALTH

Competencies may be defined as the behaviors (and, where appropriate, technical attributes) that individuals must have, or must acquire, to perform effectively at work. 'Competencies are broader concepts that encompass demonstrable performance outputs as well as behavior inputs, and may relate to a system or set of minimum standards required for effective performance at work. More importantly, competencies differentiate "solid" from "outstanding" performance.

A competency framework is a structure that sets out and defines each individual competency required by individuals working in an organization or part of an organization.

The competency framework for the County HR Manager for Health sets out the professional standards which HR professionals should demonstrate.

Benefits of having a competency framework

For the individual:

1. Enables individuals and their line managers to identify gaps and, prioritise learning and development needs for current and future roles.
2. Assists in meeting your key objectives by providing supporting behavioural evidence of how you met them.
3. Provides greater opportunity to improve professional and personal standing by enhancing individual's ability to make informed career decisions.
4. Supports the selection of people with the right skills and behaviours for the job/role.
5. Provides clarity in the behaviours needed to complement key professional/technical skills of posts. Therefore improved professional and career development planning.
6. Makes a significant contribution to continuous individual improvement.

For the organization:

1. Presents a basis for a common format, which is simple to understand and provides a consistent language across an organization.
2. Provides the basis for measurable and standardized people processes across the organization which enhances the employee experience by providing consistent people management processes.

3. Helps to better plan responses to changing and emerging needs and to improve work force alignment around the organization's business.

4. Aids with succession planning.

This framework will be used to supplement the current competency framework and will therefore not replace it.

Job Title: Human Resources Manager for Health

Competency Name	Competency Description	Demonstrable behavior
Knowledge of Organization	Knowledge of the County's vision, structure, culture, philosophy, operating principles, values, and code of ethics; ability to apply this understanding appropriately to diverse situations.	1. Monitors the industry for organizational best practices and structures to consider internally. 2. Establishes desired culture and associated best practices. 3. Provides detailed information on County's experiences, history, and industry reputation to stakeholders. 4. Works to improve County's position in the industry and marketplace. 5. Trains others on the functions, key responsibilities, and practices of multiple departments or units. 6. Participates in developing formal procedures and structures for getting things done within the organization.
HR Industry Knowledge	Knowledge of the HR trends, directions, major issues, regulatory considerations, and trendsetters; ability to apply this knowledge appropriately to diverse situations.	1. Articulates and discusses specific HR issues and challenges within the health department/county. 2. Comments on recent developments in the regulatory environment. 3. Monitors market changes and communicates implications to management. 4. Participates in major HR professional associations; subscribes to HR-specific publications. 5. Raises coworkers' awareness of industry standards, practices and guidelines in Human Resource Management (HRM). 3. Compares and contrasts the latest developments and emerging issues in the HRM.

Competency Name	Competency Description	Demonstrable behavior
County Governance	Knowledge of the processes, customs, policies, and rules affecting the way the county is administered and controlled; ability to ensure compliance with same.	1. Complies with codes of ethics that benefit the overall good of all constituents. 2. Ensures that internal business practices mirror industry-standard best practices. 3. Leads the County Health department towards higher standards for governance practices. 4. Proves that the County Health department processes are in compliance with applicable laws and regulations. 5. Promotes County values that promote ethical and responsible decision making.
Coaching Others	Knowledge of coaching concepts and methods; ability to encourage, motivate, and guide individuals or teams in learning and improving effectiveness.	1. Coaches others to improve their skills. 2. Observes skill practice; offers constructive feedback. 3. Coaches one or several individuals or teams on a specific competency or subject area. 4. Monitors individual or team progress through feedback sessions.
Change Management	Ability to manage the successful and smooth transition from current to desired culture, practices, structure, and overall organizational environment.	1. Plans, implements, and manages change in a variety of significant settings. 2. Communicates impact of changes in the health department. 3. Works with team to identify and remove obstacles to change. 4. Evaluates potential impact of changes and identifies ways to increase acceptance. 5. Participates in planning change effort for health department. 6. Adjusts own work effort, style, and content to support desired change.

COUNTY HEALTH WORKFORCE RECRUITMENT AND DEPLOYMENT GUIDELINES

COUNTY HEALTH WORKFORCE RECRUITMENT AND DEPLOYMENT GUIDELINES

RECRUITMENT

In recruiting health workers, the role of the County Health Department and the County Public Service Board (CPSB) is to ensure that the recruitment process is efficient and effective. This covers the need determination, drawing of deployment plans, planning of the process, sourcing, selecting, hiring and deployment of staff. The CPSB manages and coordinates the recruitment activities and ensures that the County Health Department achieves its objectives. The key steps involved are reflected below.

Identification of Staffing Gaps.

Vacancies and gaps are identified through the Heads of divisions via the Chief Officer, Health in liaison with the Human Resource Manager. Gaps should be informed by the staff establishment. Declaration of a vacancy is declared against variance in the approved establishment and in consultation with the County Treasury for budgetary availability.

The information on vacancies /requirements and cadres is then forwarded by the Chief Officer to the Secretary County Public Service Board for approval.

The CPSB will sign off the approved vacancies in preparation for advertisement.

Preparation and Approval of Advertisement

Once the staffing needs have been identified, the HR Manager obtains the schemes of service for all cadres of positions being filled to assist in the development of job descriptions in preparation for drafting an advertisement.

The HR Manager uses the job descriptions to develop the advertisement for the position/s. The advert will indicate;

1. Number of vacancies available;
2. Cadres required;
3. Specific facility for which the position is established;
4. County;
5. Purpose and job role;
6. Specification that entails qualification, skills and competence requirement, the personal attributes required to fit in the role;
7. Salary scale; and,
8. Terms of employment.

The draft advertisement is shared internally for comments and approval.

The reviewing teams will determine which media outlet the advertisement should be published in order to ensure wide coverage. For cost effectiveness, a link directing the applicants to the County website where the job vacancies and job specifications details are posted may be utilised.

Due to the inadequacy of print media in reaching rural and hardship areas other complimentary modes of attracting candidates in such areas such as chief barazas, local radio stations, churches, medical training colleges and posters in market places will be explored and utilized. This satisfies the concept of inclusive advertising in compliance with the Constitution of Kenya 2010, section 5(3) Employment Act, sections 7(1) and (2) National Cohesion and Integration Act and Public Service Commission (PSC)K code.

The job advertisement is open for a period of at least 21 days from the date of initial placement in the media.

Applications are sent via email, post or hand delivery to the Secretary CPSB.

Receiving Applications

Applications are received by the Secretary CPSB.

The CPSB coordinates the process of receiving applications and ensures a coding and data entry process is developed for all incoming applications by cadre. Applications are date-stamped, numbered/coded and filed accordingly. A record of all applications received for every post advertised should be saved in a database that can be accessed for audit purposes.

Once the advertisement closes, the CPSB ensures that no more applications are received or logged in and late applications are marked as 'late'. The CPSB will verify the total number of applications received by the advert closing date. However, since some applications come through the post office and will therefore be collected a day after the closure date, the Secretary CPSB will confirm the number of applications that have come through the post office on the last day.

The CPSB will ensure that the data entry clerks are available and understand how to capture the required details from the applications.

Depending on the workload (number of applications received), the CPSB will determine the number of data entry clerks required prior to commencement of the exercise. The CPSB will also conduct regular checks on the data entry process for quality assurance.

Development of Selection Criteria and Short-listing

The Secretary CPSB will develop the short-listing criteria in liaison with the Chief Officer Health. The shortlisting will be guided by the job specification and the constitutional requirement on regional balancing (National/County Government Equality Standards) and gender equity. Basis for requirement are principles of Constitution clause 10(2) national values. Clause 21(duty to observe, respect, protect, promote, and fulfil the rights and fundamental freedom in the bill of rights). Clause 27 (non-discrimination). Apart from the required academic and professional qualifications, some other additional selection criteria will be agreed on and used such as posting based on the applicants' preferred sites or regions to ensure minimal disruption/movement from family and homes so as to ensure retention.

Upon receipt of the shortlists, the CPSB will follow up with the various professional councils/boards/bodies to ensure that all short-listed candidates required to be registered have authentic professional registration numbers i.e. Doctors, Dentists, Nurses, Clinical Officers, Laboratory Technicians/Technologists. Pharmacists and Pharmaceutical Technicians.

The CPSB should ensure that the shortlist is visible to all the panellists to review and agree on the suitable candidates. Once the list is agreed upon, all parties will be required to sign off confirming the final list and to take a confidentiality oath.

The CPSB places an advertisement of the short-listed candidates in the media providing details in entirety or through a link to the County or National level website for details with the following:

1. Names of the interviewees;
2. Interview dates and times;
3. Venue;
4. Time; and,
5. Information to the candidates on what they are expected to bring along to the interview. These may include all original certificates and identification card.

Interviews

The role of the County Public Service Board is coordination and monitoring of the interview process to ensure equity and transparency.

Interview Preparation

The Secretary CPSB will formalise the interview plans and schedules and coordinate logistics for the interviews, including identifying the panellists, venue, duration, meals and allowances.

The interviewing panel constitutes members of the CPSB, Chief Officer for Health or his/her appointed representative, HR Manager responsible for the Health Department, and a technical expert in the cadre being recruited. This panel should develop the scoring criteria and an agreed way of ranking the candidates.

Once the panel has been identified and the panellists are communicated to, the Secretary to the CPSB will coordinate the logistics for each member.

It is the responsibility of the CPSB to brief the panellists of the interview process as well as their roles and prepare interview packs with the required information.

Actual Interviews

All candidates are expected to carry along their original academic and professional certificates and any other mandatory documents that may have been requested. These will be verified by the interview panel.

Throughout the interview process, the County Public Service Board coordinates all activities and ensures the process runs smoothly.

Selection and Deployment

The selection and deployment exercises are also conducted after the interviews based on the candidates' interview scores (merit) and priority areas of vacancies as identified in the Deployment Plan. This is carried out by the interview panel that participated in the interviews and the output is a final proposed list of the agreed candidates for deployment. This list will also be guided by considerations of personal integrity, gender, disability status, ethnicity and regional balance.

The selection process and the final proposed candidates' lists are rationalised and approved by the CPSB.

Upon completion of the recruitment process, the Secretary to the CPSB should organise a debriefing exercise and capture issues for follow-up as appropriate within a week and thereafter, will be required to consolidate the reports and report on the process as appropriate.

Letters of Appointment

Once the final selected list is approved, the Secretary to the CPSB forwards the final list to the Chief Officer of Health who advices the HR Manager responsible for the health department to prepare contract letters on behalf of the County to be signed off by the authorized officer. The letters are printed on County letterheads. The HR Manager should also ensure that the bio-data form is duly completed and signed and all

supporting relevant forms i.e. National Social Security Fund, National Hospital Insurance Fund, code of conduct and bio-data forms, are attached.

The successful candidates must be issued with a letter of appointment indicating the terms and conditions of service. The HR Manager ensures that all successful candidates are communicated to using the most appropriate means to collect their appointment letters from the office of the authorized officer.

The successful candidate has to sign an acceptance of the offer within 14 days of the offer being made.

The HR Manager confirms if all the candidates have reported for duty. In the case of vacancies arising from candidates failing to take up appointments, the HR Manager will provide guidance to the members of the interviewing panel on how to fill the vacancies. S/he considers available options such as: identifying candidates from the waiting list of suitable candidates, selecting candidates from the application database (i.e. candidates selected as part of the waiting list) and/or placing a new advertisement, if no suitable candidates are available from the database.

The waiting list is valid for a period of six months from the time of the interviews.

Induction

Induction is the structured process of on-boarding and orienting new hires. The Government Recruitment and Training Policy (2005) stipulates that induction is mandatory and should be conducted within three (3) months of an officer joining the service, on transfer to a new workstation, on re-designation or on promotion. The HR Manager is required to plan for the induction of the new staff in their respective sites within one month of employment using the established modes by the County.

The induction process includes:

1. Coordinating the logistics for the induction exercise including identifying the venue, preparing the induction programme, and invitations to the facilitators. The HR Manager liaises with the Health Department to provide trained facilitators to assist in conducting the induction program.

2. The induction exercise will be carried out at County level and should take at least 5 days.

3. During the induction, new hires are required to sign a code of conduct, complete their bio data forms, submit a passport size photo, and give copies of their Certificates, PIN, NHIF, NSSF, fill next of kin form and bank details for payroll

purposes. The new hire will be set up on the payroll schedule once all the relevant forms are submitted.

4. Once induction is over, the new hires should be deployed to their work stations. The HR Manager should ensure they have the required basic requirements and facilities to enable them deliver their work.

5. Orientation programme continues at the facility for at least three months after deployment.

Probation

The new employee shall be put on probation for a period of 6 months as provided for in the *Employment Act, 2007*.

An employee on probation must be regarded as being on trial with a view to learning his work and being tested as to his suitability for it. It is the duty of the senior officers to ensure that every employee on probation is given adequate opportunities to qualify for confirmation in appointment.

Within reasonable time before the expiry of the probationary period, the Authorized Officer should consider in the light of the reports on the officer's conduct, capabilities and performance whether or not the officer is suitable for confirmation.

Where an officer's conduct and performance are unsatisfactory, he shall be informed in writing and the probation period may be extended to a maximum period of three (3) months. Should the officer's performance fail to improve on expiry of the extended probation period, his services shall be terminated.

Upon successful completion of the probationary period, the employee will be confirmed in appointment and admitted into the permanent and pensionable establishment.

Transfer of service and of officers

Kenya Gazette notice special issue volume CXV!-No. 825 provides for the transfer of service of a seconded officer from the national government to a county government to be effected as follows:

(a) after the county government has established a county pension scheme for its officers;

(b) for the purpose of pensions, the declaration of the county government as a public service; and

(c) after the relevant county service board appoints that seconded officer to that county service.

Where a county government identifies a public officer whose service the county government has determined is required in the county that county government may request in writing the Ministry to temporarily second that public officer to the county government.

If the national government temporarily seconds a public servant to a county government on the written request of that county government, the county government shall be responsible for the salary, remuneration and other benefits of that public officer but the pension obligations of the national government to that seconded officer shall not be transferred to the county government.

DONOR SUPPORTED HEALTH WORKERS CONTRACTING GUIDELINES

DONOR SUPPORTED HEALTH WORKERS CONTRACTING GUIDELINES

HEALTH WORKERS CONTRACTING MODEL

Making available and retaining trained health personnel is the cornerstone of Kenya's strategic response to the increasing demand for medicare by the growing population and prevalence of life threatening diseases. The insufficiency of required cadres of health professionals however continues to weigh heavily on authorities. To mitigate the shortfall, Kenya's public health sector and not-for-profit health organizations continue to seek innovative ways of matching demand to available supply of health personnel. For instance, the "Emergency Hiring Plan (EHP)" of 2005 was an attempt by the National Ministry of Health to quickly hire and deploy various cadres of Health Workers (HWs) to fill the gap of Clinical Officers, Nurses, Laboratory and Pharmaceutical Technologists in public health facilities. The donor-supported Health Workers Contracting model was adopted in 2006 by partners such as the USAID, DANIDA, UNICEF, CDC, CLINTON Foundation and others in response to government's appeal to hire and deploy health workers to both public and FBO health facilities. The model has been used to date.

The diverse and uncoordinated hiring practices of contracting partners however continue to present challenges and threaten the intended purpose of the noble initiative to avail health workers to the public sector and FBOs. One good example is on HWs pay terms which are not uniform for cadres of similar qualification. Moreover, continued hiring of HWs by donors is dependent on availability of funding. The unpredictability of donor funding and uncoordinated terms of hiring HWs threaten the very gains made by the contracting model to avail health personnel to the health sector.

To sustain the health workers contracting model, the National Ministry of Health organized a consultative roundtable of Donors and Partners at the Silver Springs hotel on 11th August, 2014 to share experiences and rationalize contracting practices. This donor supported HWs roundtable heralded the process of harmonizing contracting guidelines for adoption by all contracting partners. A key output of the roundtable was the formation of a Technical Working Group (TWG) to prepare and continuously update the contracting guidelines. Guidelines were presented to stakeholders comprising representatives of National/County Ministry of Health officials, The National Treasury, FBOs, partners and donors for input and validation.

SPECIFIC OBJECTIVES OF CONTRACTING GUIDELINES

The overall purpose of the contracting guidelines is to harmonize the contracting process and terms of engagement of donor funded health workers and align to the National/County Governments' recruitment and deployment standards and the constitutional provisions in respect to devolved management of health workforce.

Specifically, the objects of the contracting guidelines are to:-

1 Establish standard hiring terms and conditions of service for donor funded contract HWs.
2 Establish a harmonious mechanism for HWs needs determination, recruitment, deployment and management between donors/ partners and the National and County health departments.
3 Provide the mechanism for contracted HWs transition to National/County Government payroll under a pre-negotiated commitment by the Governments.
4 Provide for contracting of HWs under the National/County Government letter heads in line with the constitutional requirement of devolving services and hence the contracting model from National to County level.
5 Establish a mechanism for planning, budgetary allocation and transitioning of the contracted HWs to the National or County Payroll within an agreed period with consideration of years served on contract.
6 Establish a mechanism for HWs to access welfare facilities as their counterparts during the period they serve on contract terms.
7 Establish a mechanism for HWs to be accorded training opportunities during the period they serve on contract terms.
8 Provide a mechanism for data maintenance and data sharing under the Human Resource for Health Information System (HRHIS) of contract workers amongst donors and implementing partners to prevent dual employment.

GUIDING PRINCIPLES

All donors, partners and stakeholders involved in HWs contracting will be guided by the following code of shared principles.

Donors, Partners and Stakeholders

1 Understand that achieving the mission of standardized HWs contracting terms requires all to working together and acknowledging a need for cooperative approach to problem-solving and developing common solutions on issues;
2 Commit to strengthening harmonization and standardization of HWs contracting;
3 Believe that committed Government stewardship at National and County levels is fundamental to the improvement of Human Resources for Health contracting and eventual transition to National/County payroll;

4 Agree that the contracting guidelines are developed and built on a foundation of trust and joint commitment to improved health service delivery to Kenyans;
5 Understand that contracting donors and partners bring different strengths and comparative advantages whose diversity provides the basis for collaboration to improve HWs contracting in the health sector.

CONTRACTING GUIDELINES

Guidelines and Provisos

Consequent to the consultations among contracting parties mainly Donors, Partners, the two levels of Government, FBOs and other health facilities, the following donor supported HWs contracting guidelines from **entry to exit or transition** to National/County Government payroll were agreed upon.

For reference, the Directorate of Human Resource Management at National Ministry of Health headquarters shall maintain an updated **national** database of **all Donors and Partners** involved in HWs contracting and likewise **County Health** Ministry.

Guideline 1: Joint Deployment Plan on Health Workers

A HWs **Deployment Plan** containing health personnel needs at National, County, FBO and concerned health facilities; existing gaps and the available supply of health professionals shall jointly be drawn by the contracting parties comprising of representatives from the National Directorate of Human Resource Management at National Ministry of Health, County Ministry of Health, The National Treasury, County Ministry of Finance and, contracting Donors and Partners prior to the recruitment process.

Provisos

1) The deployment plan shall specify the required number and the cadres of health workers (with academic and professional qualifications, skills, competencies, experience) and, the specific facilities where vacancies exist based on revised Ministry of Health staffing norms and standards.
2) The deployment plan shall be finalized, agreed upon by contracting parties and approved by Principal Secretary or County Secretary and FBOs where applicable.

Guideline 2: Cadres recruited under HWs contracting

The HWs contracting model will recruit for National/County Governments established cadres. The numbers per cadre will be based on needs defined through revised norms, standards, the National HRH strategy as well as the predetermined deployment plan.

Proviso

1) Contracting parties shall agree on going pay scales/bands based on National/County Government established cadres and mainstream non-National/County Government recognized cadres such as the Voluntary Counseling and Testing employees to the relevant scheme of service for which they qualify to facilitate subsequent transition (subject to availability of funds).

Guideline 3: Advertising approved vacancy (ies)

The Offices of the Principal Secretary or County Secretary as the case maybe shall announce vacant positions internally or through approved local media and other acceptable channels as specified by the provisions of the Public Service Commission Act with a link to the National/County Ministries of Health websites.

Provisos

1) Respective Departmental Heads at the National/County Ministries of Health, FBOs or concerned health facilities shall prepare an appropriate job description incorporating job roles and specifications to attract suitably qualified candidates to apply.
2) Advertisement of vacancies shall be inclusive and as much as possible reach all corners of the country including rural and hardship areas using complementary channels such as Chiefs' Barazas, local radio stations, places of worship, Medical Training Colleges and posters in market places and hence comply to Part III **Sections 7(1)** and **(2) of National Cohesion and Integration Act** on diversity and one third rule, **Employment Act of 2007 Part II Section 5 (1) (a) and (c)** on discrimination of employment and, **Public Service Commission (PSC)** code.
3) Information in the advertisement and the website link shall indicate: cadres required, job purpose and role, specification (academic and professional qualifications, skills and competence requirements, experience, personal attributes), number of available vacancies, specific facility where the position is established, County, salary scale, terms of employment and provision for special groups.

Guideline 4: Vetting and Shortlisting applicants

A Vetting and Shortlisting committee comprising of representatives from National or County Government and Partner /implementing project as the case maybe shall jointly process and

collate applications to vacancies and cadres required at health facility of interest, disaggregate the data into gender and regional balance and select the most suitable candidates to be invited for interview.

Provisos

1) The Principal Secretary/County Secretary as the case maybe shall nominate and appoint Vetting and Shortlisting panel members consisting of representatives of all contracting parties with a Chair, Secretary from HR to take notes and Cadre Specialist to provide technical input.
2) Only job applicants satisfying the minimum job requirements as per existing schemes of service shall be shortlisted for interview albeit observing regional balance accordance to National/County Government Equality Standards and Gender Equity principles and the national values as encapsulated in Part III, Section 7 (1) and (2) on "discrimination of employment" of the National Cohesion and Integration Act.
3) The shortlist of suitable candidates will be profiled and signed off by the Principal Secretary or County Secretary for announcement through advertisement in approved local media and other acceptable channels with a link to the National/County Ministries of Health websites.

Guideline 5: Interviewing and Selection of Candidates

Candidates shall be interviewed by a joint panel and based on merit and performance at the interview, those found suitable selected albeit taking into consideration interests of special groups as per **Part III 14 of the National Cohesion and Integration Act** on **exceptions** and **Employment Act of 2007 Part II Section 5 (3) (a)** and the signed off deployment plan.

Provisos

1) The Principal Secretary and/or County Secretary shall nominate and appoint panel members consisting of representatives of all contracting parties with a Chair, Secretary and Cadre Specialist.
2) The panel shall develop a criteria to guide the interviewing procedure
3) The list of selected candidates shall be compiled together with minutes and signed off by each panelist.
4) The Principal Secretary and/or County Secretary shall cause the drafting of the offer of appointment and contract according to the deployment plan.
5) Security/terrorism/integrity check, authentication of certificates and verification for registration with regulatory bodies shall be administered by the Contracting Partner.
6) The contract/letter of appointment shall be under National/County Public Service letter head and signed off by the Principal Secretary/County Secretary as the case may be subject to 5 above.

7) The Principal Secretary or County Secretary shall facilitate the distribution of the contracts/letters of appointment to the employees.
8) The list of successful candidates shall be placed on approved media and the National Ministry of Health/County websites and signed copies of the letter of offer returned by candidates within 14 days.

Guideline 6: Orientation and Induction of new employee

The new employee shall undergo orientation and structured on-board induction at facility to enable the employee settle into their jobs faster and perform their duties to the required standard.

Provisos

1) The Facility Manager shall coordinate the orientation and on board induction.
2) New employees shall be issued with a job description, standard operating procedures handbook and timesheet.
3) The induction shall be done within the first month of reporting and new employee shall be required to submit an induction report with a comments section to be signed by the Facility Manager at the end of the induction.

Guideline 7: Terms and Conditions of Employment

The remuneration package the new employee shall be set within the National/ County Public Service pay scales according to cadre to facilitate subsequent transition.

Provisos

1) Salary shall be disaggregated into basic and respective allowances such as housing, commuter, risk, leave, non-practicing, uniform, extraneous and hardship allowances as applicable among other possible benefits.
2) Contract employees shall be assumed to be employees of the health facility and hence accorded similar basic welfare provisions as drinking water, tea, safety and personal protective equipment, security and social amenities.
3) In the event of death in service of contract employee, appropriate provisions of the Labour Laws **i.e Employment Act (2007) Part IV section 24 (1-5)** shall apply.
4) In the event of a contract employee exiting before expiry of contract, the next-in-line during the selection process may be accorded the employment opportunity.
5) Requisite termination notice shall be specified in the appointment letter.

Guideline 8: Salary increase

Contract employees shall be issued with term contracts and upon expiry, new contracts shall be negotiated with new terms, subject to availability of funding.

Provisos

1) Salary levels in contracts shall be aligned to the National/County scales to facilitate subsequent to transition.
2) For long term contracts exceeding three years, salary change may occur at the beginning of the fourth year subject to availability of funding.
3) Contract workers shall be entitled to gratuity at 31% of basic salary at the end of the contract.
4) In the event the National or County Government accedes to employee demands for salary increase and fails to commit to the absorption of this unplanned budget for contract employees, contracting party shall not be obliged to adjust employee salary but negotiate for termination of continued support.

Guideline 9: Medical Insurance

National/County Government and Contracting Partners shall facilitate the inclusion of contract employees as beneficiaries of comprehensive NHIF services.

Provisos

1) National and/or County Government shall as part of their cost share secure WIBA insurance for the contract employee.
2) Employee contract shall include a clause indicating that any work injuries be covered under WIBA.

Guideline 10: Supervision & Performance Evaluation

The health facility shall establish and monitor progress on performance expectations as an ongoing process for all contract employees.

Provisos

1) Partner expectations shall be incorporated in the performance plans of contract employees.

2) Performance appraisal records shall be maintained and employees who consistently deliver extraordinary performance within set parameters or targets will be provided with opportunity for training, leadership roles and possible transition to National /County payroll.

Guideline 11: Training and Development

Contract employees shall be provided with opportunities for short skill upgrading courses not exceeding 1 month in any one year.

Provisos

1) Long term training beyond one month within a year will be communicated to the National/County Ministries of Health and the contracting partner for decisions on modalities to be adopted.
2) All days in which the contract employees will be away from duty station towards training will be documented and communicated to the contracting partner.
3) The contract employees who upgrade their qualifications will be considered at the requisite level during transition.

Guideline 12: Sustainability plan for Contract Employees

National/Country Government shall agree on the transition of contract employees to their payroll as part of engagement protocols.

Provisos

1. The pre-engagement agreement shall be endorsed upfront by National/County Government benefitting from the services of donor supported contract employees.
2. Budgets towards maintenance of the contract employees shall be earmarked as part of the contracting agreement to ensure the transition commitment is adequately funded.
3. Should a vacancy arise, contract employees shall get first consideration.
4. National/County Government shall sign MOU to facilitate implementation of guidelines.

Guideline 13: Contract employees data management and sharing

Contracting partners shall be required to enter the data of all contract employees into the National/County Human Resources for Health Information System (HRHIS).

Proviso

1) The database of all contract employees shall be updated on ongoing basis to reflect employee changes.

2) The database will be available to all contracting donors, partners and stakeholders for decision making and to avoid dual employment of contract employees.

Guideline 14: Reporting

A reporting mechanism shall be established under the National HRH–ICC and the County Clusters HRH –ICC.

Provisos

1) The Principal Secretary/County Chief of Health shall monitor implementation of guidelines supported by the Technical Working Group.
2) The HRH-ICC secretariat shall prepare and disseminate to all donors and partners quarterly bulletins on guidelines implementation status detailing accomplishments, challenges, constraints, lessons learnt and recommendations.
3) The contracting guidelines will be reviewed on ongoing basis to align to emerging donors' and partners' operating policies and National/County Government contracting guidelines.

INCENTIVE FRAMEWORK FOR ATTRACTION AND RETENTION OF HEALTH WORKFORCE

INCENTIVE FRAMEWORK FOR ATTRACTION AND RETENTION OF HEALTH WORKFORCE

BACKGROUND

Human resources for health constraints continue to hamper Kenya's health sector planning, service delivery and national health outcomes. Kenya's health sector recognizes that human resources for health constraints are a critical ingredient – possibly the critical ingredient – hampering Kenya's health sector planning, service delivery and ultimately national health outcomes. Shortages of health workers constitute a significant barrier to achieving health-related Millennium Development Goals (MDGs) and expanding health interventions in developing countries. Shortages in the health workforce are aggravated by the unequal distribution of health workers as a result of economic, social, professional and security factors that all sustain a steady internal migration of health personnel from rural to urban areas, from the public to the private sector, and out of the health profession itself. The crisis calls for investment in incentives to recruit and retain personnel in undeveloped, hard to reach areas to service communities that need them most.

According to the evaluation of the human resource for health Strategic 2009 -2012 and the draft HRH Strategy 2014- 2018, key HRH challenges facing the country includes: staff shortages, inequitable distribution, high attrition especially in hard-to-reach areas, out-migration of health staff especially nurses and doctors, weak human resources management systems, weak leadership and management capacity, weak human resources information systems (HRIS), weaknesses in pre-service and in-service training, poor sectoral coordination of the HRH agenda and low compensation and benefits package.

The causes of health worker shortages especially in rural and hardship areas are numerous; migration due to "push" and "pull" factors, poor deployment, and poor management. Other causes of health worker shortage include inadequate recruitment of health workers, failure to attract workers to accept rural posts and challenges in retaining them. Evidence from past studies conducted in Zimbabwe (Chimbari, Madhina, Nyamangara, & Mtandwa, 2008), Swaziland (Masango, Gathu, & Sibandanze, 2008), Tanzania (Munga & Mbilinyi, 2008), Liberia (Capacity Project, 2007) suggest that beyond salaries, the most common "push" factors are poor working environments, inadequate communication resources at facilities, poor channels of communication within the health system, inadequate management and supportive supervision, heavy workloads and lack of recognition from management.

Other factors which contribute to low staff morale and general dissatisfaction include poor facility supports (Lack of adequate medical equipment and supplies).The Uganda Health Workforce Study (Hagopian, 2006) reported that the most important determinants of health workers leaving their current

job is low pay, limited opportunities for promotion, poor access to higher education, poor educational facilities for children and high cost of living.

However, it is important to note that the reasons for poor retention of health workers are fairly complex. Human resource experts suggest that most employees tend to consider advantages in the destination location ("pull" factors) and weigh these against the disadvantages in the origin ("push" factors) (Initiatives Management Consultants). The final decision is often based on the health worker's perceived benefits or disadvantages, and should the health worker accept a post, experts believe that they have been able to identify attractive "stick" or "stay" factors (EQUINET SC, 2007) (Padarath, 2003).

PURPOSE OF FRAMEWORK

The purpose of this framework is to identify the essential strategies the counties need to have in place to ensure that health workers attraction and retention is optimized.

PRESENT CONTEXT AND CASE FOR CHANGE

- Severe shortage of health workers especially in underdeveloped/ hard to reach areas due to inadequate employment of health workers and retention problems.
- Many health workers are disillusioned by the working conditions in their institutions and the low pay.
- Inability to attract and retain competent and motivated health workers compromises quality health-care services and attainment of MDGs.
- Various efforts to address retention of health workers have been made in Kenya and other countries with different results.
- Kenya is struggling with motivation of health workers in underdeveloped/ hard to reach areas who have lots of challenges in delivering healthcare services.
- There is inadequate documentation policy and guidelines to manage and improve attraction and retention of health workers in Kenyan context.

CRITICAL SUCCESS FACTORS

Critical success factors include support from the national and county governments, private sector and development partners.

GUIDING PRINCIPLES

The strategies implemented under the framework will be anchored by Public Service Commission (PSC) and County government principles and values including fair hiring, integrity, accountability, transparency, diversity, equal opportunities and equality in remuneration among others.

MONITORING AND EVALUATION

Reporting of the progress in attraction and retention should be included as part of each county government's corporate human resources plan.

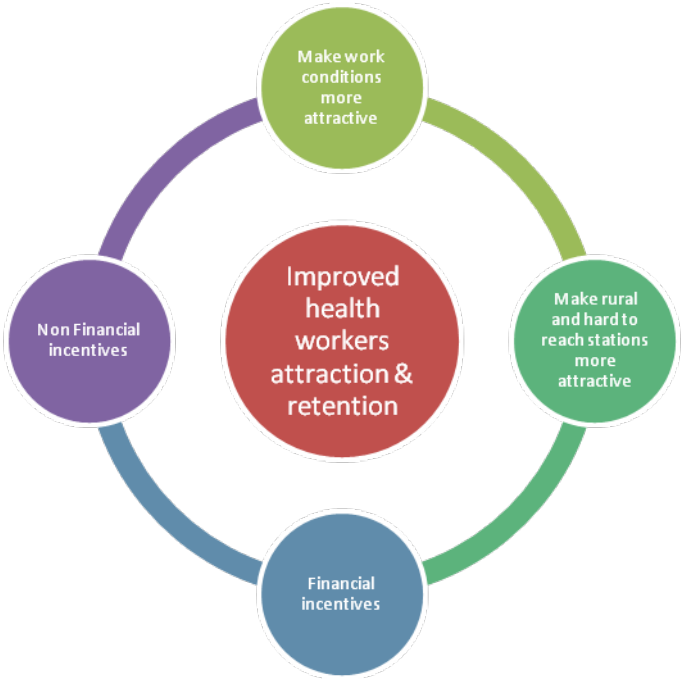
COMPONENTS OF THE FRAMEWORK

The management of the health sector under a devolved system necessitates new institutional and management arrangements. The Counties need to create an environment where health facilities located in undeveloped/hard to reach areas do not continue to suffer staff shortages. This will require the design of attractive packages to attract and retain HWs. Extra funding may be necessary for such packages which may be sought from the Equalization Fund as provided for in Article 204 (2) of the Kenyan Constitution.

Several factors can contribute to improved health worker retention and productivity (Dieleman & Harnmeijer, 2006). Various factors influencing staff retention and mobility can be distinguished: Personal and lifestyle-related factors, including living circumstances; Work-related factors, preparation for work during pre-service education; Health-system related factors, such as human resources policy and planning; and job satisfaction influenced by health facility factors, such as financial considerations, working conditions, management capacity and styles, professional advancement and safety at work.

The following strategies are expected to contribute to the achievement of health workforce attraction and retention:

Diagram 1: Strategies for attraction and retention of health workforce



Make work conditions more attractive • Develop an incentive policy for attraction and retention of health workers. • Strengthen and review Human Resources Management supportive supervision tools & guidelines. • Establish resource centers and recreation facilities. • Develop and review schemes of service for Health Workers. • Improve personnel records and filing systems at all levels. • Provision of necessary tools to undertake their responsibilities. • Improved working conditions through renovations, upgrading the facilities (re-equipping the medical facilities with new technology especially to facilitate telemedicine) and making medical supplies accessible to the communities.	**Make undeveloped and hard to reach stations more attractive** • Provide competitive and attractive retention package. • Use innovative communication approaches in hard to reach areas. • Subsidized utilities including water and electricity. • Provision of adequate air-conditioned housing or fully furnished boarding houses within vicinity of the health facility. • Improving working environments including infrastructure (security, roads and communication) • Life insurance due to higher risk of clashes and bandits attacks. • Provision of transport for family visits every 3 months for staff living far from family. • Provision of paid online courses and internet allowance or free internet provision to enable access to continuous professional development training.
Financial incentives • A mid-range entry level basic pay in hardship areas than the normal areas for new entrants to the service with bonding to ensure it serves the attraction and retention expectation. • A higher house allowance than the normal working areas if housing is not provided. • A commensurate hardship allowance paid to members of staff who are stationed in the designated hardship areas. • A higher non-practicing allowance paid to doctor and dentists who are not practicing than normal areas. • An additional responsibility/duty allowance paid to officers who are required to handle tasks beyond their job descriptions, such as acting as head of a department, nurses who act as professional counselors in facilities and members of sub County HMTs.	**Non-Financial incentives** • Provision of comprehensive health care services for health workforce and immediate family. • Opportunities for continuous professional development, such as a prioritized post-graduate training after serving a certain number of years. • Improved human resources management (HRM) which could encompass any of the following: reduced workloads, supportive supervision, decentralization of human resources activities, deployment on areas of choice or having fixed term in hardship areas, clear roles and responsibilities within their job description and performance appraisals. • Access to house, education or car loans at lower negotiated market rates (for highly skilled public sector workers). • Establishment of social amenities within vicinity of the facility such as staff canteen, gym facility, and recreation centers.

HUMAN RESOURCES FOR HEALTH SERVICE QUALITY ASSESSMENT SUPERVISION CHECKLIST

HUMAN RESOURCES FOR HEALTH SERVICE QUALITY ASSESSMENT SUPERVISION CHECKLIST

Purpose of the checklist

This HR supervision checklist is used to conduct HRH audits and supportive supervision at National and County level to determine the quality of HRH systems, processes, services, and practices being implemented in light of the devolution of health workers to County management. The use of the checklist is intended to identify gaps and recommend continuous improvement measures that may need to take place at National and/or County levels.

Use of the checklist

By whom:

1. By the HR Leaders at the National Level to determine quality of HRH services/practices in the Country- (HRH Audits and Supportive supervision).
2. By the HR Leaders at the County Level to determine quality of HRH services/practices in the County- (HRH Audits and Supportive supervision).
3. By the Health Managers with HR responsibility towards determining HRH gaps for improvement.

When:

- Periodically during HRH Audits and supportive supervision visits.
- On routine basis by Managers with HR responsibility.

How:

- Through HRH Audits during County and health facilities visits.
- Through HR Service quality supervision visits at County level.

County HRH Service Quality Supervision Checklist

Name of County/Facility: _____ Name of HR Supervisor: _____

Date of HRH service quality supervision: _____ Period of review: From date: _____To date: _____

Instructions:

- Use the following rating scale to indicate No, Partly, or Yes on the column provided to the right of the activity. **No**; **Partly** and **Yes**.
- For any No or Partly rating—add comments or explanation for use in developing the Action Plan to address gaps.

Activity	No	Partly	Yes	Explanation/comments
HR information system and planning				
An Integrated HR information system exists at the county (or facility) level, and data quality is routinely monitored				
County iHRIS collects, updates, and maintains data on health workforce: • Payroll by source of funding (County or Donor) • Staffing vacancies, staffing needs, employment status of health workers by cadre and facility • Personnel actions (deployments, transfers, promotions, leave management, disciplinary actions, and performance evaluations) by cadre and facility • Exit from health system by type (retirement, voluntary discharge, involuntary discharge, disability, death, and temporary attrition such as maternity leave) by cadre and facility				
County HRH managers trained and using iHRIS data for health				

Activity	No	Partly	Yes	Explanation/comments
workforce forecasting, budgeting, and planning				
County HRH planning and budgeting process uses tools developed in line with Government review cycle with increased allocation to HRH				
HRH coordination structures established at county level for linkages of partners, public, private, and faith based sectors for HRH planning and management				
Recruitment and placement				
Health HR Manager/Officer recruited in line with the existing schemes of service and is based at county and high volume facilities. • HRH Manager has the right core competencies as stipulated in the HRM Professionals Act 2012 *(Outline core competencies in Comments column)* • HRH Manager duly registered to practice with the Human Resource Management Regulator • HRH Manager duly licensed to practice under the HRM Professionals Act 2012 • HRH Manager trained in all HRH policies, laws, guidelines, systems, tools, and professional code of conduct for HRH developed/ disseminated by MOH				
Vacant posts reported and advertised per recruitment guidelines that have been reviewed/developed/disseminated by MOH				
(For hardship areas) Per incentive policy developed/disseminated by MOH--Financial and non-financial incentive packages adapted for county needs and offered to attract and retain staff (e.g., hardship				

Activity	No	Partly	Yes	Explanation/comments
allowances, promotions, training opportunities, public recognition, access to recreational and learning resource facilities, occupational safety and health measures). *Please specify in comment column the existing incentive packages.*				
Staff deployed/redeployed as per staffing norms and standards and deployment policy that have been reviewed/developed/disseminated by MOH				
Schemes of service and guidelines for management of career progression that have been reviewed/developed/disseminated by MOH followed in processing appointments				
Selection of candidates based on County Public Service HR Manual (May 2013) guidelines (candidate's qualifications, experience achievements, conduct, performance; open and transparent recruitment; ethnic diversity; Kenya Constitution standards and values) *Specify in comment column any of the requirements not met*				
Offer of appointment, contract, and letter of appointment issued to candidate/employee, as per County Public Service HR Manual guidelines.				
Equal opportunity and non-discrimination in employment ensured, per Constitution of Kenya, County Public Service HR Manual, Kenya Employment Act 2007, Labour Relations Act 2007				
Sharing of specialists among counties implemented as per guidelines developed/disseminated by MOH				
Induction program implemented for all new staff within 3 months of hiring, per induction guidelines reviewed/disseminated by MOH				

Activity	No	Partly	Yes	Explanation/comments
Performance management and promotions				
Yearly staff performance appraisal process/cycle implemented at county and facility levels, as per policies, guidelines, and tools reviewed/revised/ disseminated by MOH, including: • work planning and setting performance targets • values and competences assessment • quarterly performance review • mid-year performance review • ongoing monitoring and supportive supervision • end of year appraisal • rewards and sanctions.				
Staff performance appraisal forms completed and submitted online per ICT system established by MOH				
Newly employed, promoted, redeployed staff submitted relevant performance appraisal forms within one year of employment, promotion, or redeployment.				
Performance support mechanisms implemented to improve staff performance, including: • job descriptions with clear expectations • induction program • supportive supervision • opportunities for training to improve performance • coaching and mentoring				

Activity	No	Partly	Yes	Explanation/comments
• necessary tools and physical resources				
Schemes of service and guidelines for management of career progression that have been reviewed/developed/disseminated by MOH are followed in processing promotions				
Promotion cases/documents submitted to Public Service Commission or County Public Service Boards as applicable				
Quantity and quality of services periodically assessed to determine if workload and staffing norms and standards are appropriate				
Code of conduct and disciplinary action				
All staff have access to the employee Code of Conduct (see County Public Service HR Manual, pp 21-37)				
Code of conduct and disciplinary procedures explained in staff induction				
System exists for confidential grievance reporting of sexual harassment and other forms of workplace violence				
Breach of discipline cases processed as per County Government Act 2012, County Public Service HR Manual and Kenya Employment Act 2007 (e.g., personal interests, abuse of office, political favoritism, gifts, undue influence, absence from duty, loss of public funds, sexual harassment, etc.)				

Activity	No	Partly	Yes	Explanation/comments
Salaries and benefits administration				
Salaries, increments, and allowances determined as per County Public Service HR Manual				
Salaries paid on the first appointment and monthly				
Salaries paid in full and on time *(Specify in comment column any month in the past 6 month where delays occurred)*				
All approved allowances paid in full and on time. *(Specify in comment column any allowance not paid)*				
Employee leave tracked and administered as per County Public Service HR Manual				
80% of employees meet minimum leave uptake requirements reducing leave roll over				
Training and development				
Employee training funds established by county government				
Training funds used for job-related training that enhances performance and service delivery				
Selection of staff for in-service training opportunities based on training policy reviewed/developed/disseminated by MOH, training needs assessment (TNA), availability of funds, and established entry criteria				
Regulation of health workers				
All county health workers hold current licenses and registration with their professional council/board, if relevant				

Activity	No	Partly	Yes	Explanation/comments
Cadres without professional regulatory bodies have been trained and certified in the services they are hired to provide				
Labour relations				
County Consultative Committee established with functions according to the County Public Service HR Manual				
Trade disputes resolved in accordance with the Labour Relations Act 2007				
Effective communication channels for top down and bottom up communication established and applied consistently				
Health and safety				
Occupational Safety and Health (OSH) Policy Guidelines for the Health Sector 2014 (and other guidelines listed in the OSH Policy Guidelines, page 13) disseminated to all county health facilities				
County Occupational Safety and Health (COSH) focal person designated				
Sub-county OSH (SOSH) focal person designated				
OSH committee established at County and Sub-county as per OSH Act 2007				
Facility OSH (FOSH) committee established at all county health facilities				
OSH Guidelines implemented by HR Manager for Health, staff, and OSH committee: • regular OSH awareness session conducted amongst staff • regular inspections/audits conducted				

Activity	No	Partly	Yes	Explanation/comments
• amelioration of safety risks/hazards identified during inspections • training/retraining of staff on OSH policies and guidelines • investigation/reporting of accidents/incidents • provision of personal protective equipment				
Social amenities and programs for staff wellness and welfare provided at county facilities, per schemes for staff wellness and welfare developed/ disseminated by MOH				
Termination and pension				
County processes and maintains records of health worker exits from the public service according to guidelines in the County Public Service HR Manual • resignation • termination of appointment • retirement • dismissal • death				
County manages pensions and gratuities according to guidelines in the County Public Service HR Manual and Retirement Benefits Authority (RBA) rules				

County HRH Service Quality Action Plan

Name of County/Facility: _____ Name of HR Supervisor: _____

Date of HRH service quality supervision: _____ Period of review: From date: _____ To date: _____

Instructions:

- Consult checklist and explanations on preceding pages before developing. Be specific.
- Review quarterly and note progress in Comments column.

HRH gaps identified	Underlying cause of gap	Agreed measures for action	By when	By whom	Comments/Progress

National Level HRH Service Quality Assessment (Supervision) Checklist

Name of National Level Station: _____Name of HR Supervisor: _____

Date of HRH service quality supervision: _____ Period of review: From date: _____ To date: _____

Instructions:

- Use the following rating scale to indicate No, Partly, or Yes on the column provided to the right of the activity. **No** ; **Partly** and **Yes**.
- For any No or Partly rating—add comments or explanation for use in developing the Action Plan to address gaps.

Activity	No	Partly	Yes	Explanation/comments
Sector wide HR information				
The national level maintains an integrated human resource information system (iHRIS) that contains updated database of all staff at the national and county level.				
The iHRIS in addition maintains updated database of all donor supported contract workers				
The iHRIS maintains updated database of all private sector health workers				
The iHRIS provides accurate reports for decision making				
The iHRIS is interlinked with the DHIS2				
HR information system and planning				
Integrated HR information system exists at the National referral facility and data quality is routinely monitored				
National level iHRIS collects, updates, and maintains data on health				

Activity	No	Partly	Yes	Explanation/comments
workforce: • Payroll by source of funding (Government, Private, or Donor) • Staffing vacancies, staffing needs, employment status of health workers by cadre and facility • Personnel actions (deployments, transfers, promotions, leave management, disciplinary actions, and performance evaluations) by cadre and facility • Exit from health system by type (retirement, voluntary discharge, involuntary discharge, disability, death, and temporary attrition such as maternity leave) by cadre and facility				
National Level HRH manager trained and using iHRIS data for health workforce forecasting, budgeting, and planning.				
National Level HRH planning and budgeting process uses tools developed in line with Government review cycle with increased allocation to HRH.				
HRH coordination structures established at National level with linkages of partners, public, private, and faith based sectors for HRH planning and management.				
HRH coordination structures established at National level devolved to County levels with linkages to National level for HRH planning and management				
Devolved HR Policy				
The National level has developed devolved HRH policies and guidelines for implementation at County level(If not all ,specify the policies and guidelines developed under comment column)				

Activity	No	Partly	Yes	Explanation/comments
The developed devolved HRH policies and guidelines have been approved and for implementation at County level (If not all ,specify the policies and guidelines approved under comment column)				
The developed devolved HRH policies and guidelines have been disseminated to the County level for adoption(If not all ,specify the policies and guidelines disseminated under comment column)				
The devolved HRH policies and guidelines have been adopted/ adapted by County level(If not all ,specify the policies and guidelines adapted/adopted and number of Counties under comment column)				
Recruitment and placement				
National level HR Managers/Officers recruited in line with the existing schemes of service and is based at facility. • HRH Manager has the right core competencies as stipulated in the HRM Professionals Act 2012 *(Outline core competencies in Comments column)* • HRH Manager duly registered to practice with the Human Resource Management Regulator • HRH Manager duly licensed to practice under the HRM Professionals Act 2012 • HRH Manager trained in all HRH policies, laws, guidelines, systems, tools, and professional code of conduct for HRH developed/ disseminated by MOH (If not all ,specify the Managers/ Officers that meet each requirement under comment column)				
Vacant posts reported and advertised per recruitment guidelines that have been reviewed/developed/disseminated by MOH				

Activity	No	Partly	Yes	Explanation/comments
For hardship areas) Per incentive policy developed/disseminated by National level --Financial and non-financial incentive packages adapted for by County level needs and offered to attract and retain staff (e.g., hardship allowances, promotions, training opportunities, public recognition, access to recreational and learning resource facilities, occupational safety and health measures). *Please specify in comment column the existing incentive packages.*				
Staff deployed/redeployed as per staffing norms and standards and deployment policy that have been reviewed/developed/disseminated by MOH				
Schemes of service and guidelines for management of career progression that have been reviewed/developed/disseminated by MOH followed in processing appointments				
Selection of candidates based on County Public Service HR Manual (May 2013) guidelines (candidate's qualifications, experience achievements, conduct, performance; open and transparent recruitment; ethnic diversity; Kenya Constitution standards and values) *Specify in comment column any of the requirements not met*				
Offer of appointment, contract, and letter of appointment issued to candidate/employee, as per County Public Service HR Manual guidelines.				
Equal opportunity and non-discrimination in employment ensured, per Constitution of Kenya, County Public Service HR Manual, Kenya Employment Act 2007, Labour Relations Act 2007				
Sharing of specialists among National facilities implemented as per guidelines developed/disseminated by MOH				

Activity	No	Partly	Yes	Explanation/comments
Induction program implemented for all new staff within 3 months of hiring, per induction guidelines reviewed/disseminated by MOH				
Performance management and promotions				
Yearly staff performance appraisal process/cycle implemented as per policies, guidelines, and tools reviewed/revised/ disseminated by MOH, including: • work planning and setting performance targets • values and competences assessment • quarterly performance review • mid-year performance review • ongoing monitoring and supportive supervision • end of year appraisal • rewards and sanctions.				
Staff performance appraisal forms completed and submitted online per ICT system established by MOH				
Newly employed, promoted, redeployed staff submitted relevant performance appraisal forms within one year of employment, promotion, or redeployment.				
Performance support mechanisms implemented to improve staff performance, including: • job descriptions with clear expectations • induction program • supportive supervision • opportunities for training to improve performance				

Activity	No	Partly	Yes	Explanation/comments
• coaching and mentoring • necessary tools and physical resources				
Schemes of service and guidelines for management of career progression that have been reviewed/developed/disseminated by MOH are followed in processing promotions				
Promotion cases/documents submitted to Public Service Commission				
Quantity and quality of services periodically assessed to determine if workload and staffing norms and standards are appropriate				
Code of conduct and disciplinary action				
All staff have access to the employee Code of Conduct (see County Public Service HR Manual, pp 21-37)				
Code of conduct and disciplinary procedures explained in staff induction				
System exists for confidential grievance reporting of sexual harassment and other forms of workplace violence				
Breach of discipline cases processed as per County Government Act 2012, County Public Service HR Manual and Kenya Employment Act 2007 (e.g., personal interests, abuse of office, political favoritism, gifts, undue influence, absence from duty, loss of public funds, sexual harassment, etc.)				
Salaries and benefits administration				
Salaries, increments, and allowances determined as per Public Service HR Manual				

Activity	No	Partly	Yes	Explanation/comments
Salaries paid on the first appointment and monthly				
Salaries paid in full and on time *(Specify in comment column any month in the past 6 month where delays occurred)*				
All approved allowances paid in full and on time. *(Specify in comment column any allowance not paid)*				
Employee leave tracked and administered as per Public Service HR Manual				
80% of employees meet minimum leave uptake requirements reducing leave roll over				
Training and development				
Employee training funds established by by National level				
Training funds used for job-related training that enhances performance and service delivery				
Selection of staff for in-service training opportunities based on training policy reviewed/developed/disseminated by MOH, training needs assessment (TNA), availability of funds, and established entry criteria				
Regulation of health workers				
All health workers hold current licenses and registration with their professional council/board, if relevant				
Cadres without professional regulatory bodies have been trained and certified in the services they are hired to provide				
Labour relations				

Activity	No	Partly	Yes	Explanation/comments
Trade disputes resolved in accordance with the Labour Relations Act 2007				
Effective communication channels for top down and bottom up communication established and applied consistently				
Health and safety				
Occupational Safety and Health (OSH) Policy Guidelines for the Health Sector 2014 (and other guidelines listed in the OSH Policy Guidelines, page 13) disseminated to all facilities				
National Occupational Safety and Health (NOSH) focal person designated				
Facility OSH (FOSH) committee established at all National facilities				
OSH Guidelines implemented by HR Manager for Health, staff, and OSH committee: • regular OSH awareness session conducted amongst staff • regular inspections/audits conducted • amelioration of safety risks/hazards identified during inspections • training/retraining of staff on OSH policies and guidelines • investigation/reporting of accidents/incidents • provision of personal protective equipment				
Social amenities and programs for staff wellness and welfare provided at National facilities, per schemes for staff wellness and welfare developed/ disseminated by MOH				
Termination and pension				

Activity	No	Partly	Yes	Explanation/comments
National level facilities processes and maintains records of health worker exits from the public service according to guidelines in the Public Service HR Manual • resignation • termination of appointment • retirement • dismissal • death				
National Level Facility manages pensions and gratuities according to guidelines in the Public Service HR Manual and Retirement Benefits Authority (RBA) rules				

National-level/ National Level Facility HRH Service Quality Action Plan

Name of National station/Facility: _____Name of HR Supervisor: _____

Date of HRH service quality supervision: _____ Period of review: From date: _____ To date: _____

Instructions:

- Consult checklist and explanations on preceding pages before developing. Be specific.
- Review quarterly and note progress in comments column.

HRH gaps identified	Underlying cause of gap	Agreed measures for action	By when	By whom	Comments/Progress

COUNTRY HRH COMMITMENTS REPORTING TOOL

COUNTRY HRH COMMITMENTS REPORTING TOOL

County: ..... **Year of reporting: .....**

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
Devolve HRH ICC to 47 counties to oversee the implementation of HRH strategies in the Counties with linkage to existing national coordinating mechanism by 2015.	1. Devolution of HRH-ICC to Counties by 2015 2. Establishing a mechanism for linkage between National HRH-ICC and County HRH-ICC by 2015	Existence of a functional county coordinating mechanism established for the HRH						
To recruit 12,000 health workers per year by 2017 for health care delivery at facility level to support facility and community level health services.	1. Recruit 12,000 health workers comprising at least (Nurses, Clinical Officers, Doctors, Laboratory technologists, Health records Officers, Nutritionists, Radiologists) per year to 2017	Number of health workers recruited during the year *(Attach list of numbers recruited per cadre)*						
To Recruit 40,000 CHS Personnel by 2017 to support community	1. Recruit 40,000 community health extension workers	Number of CHEWs recruited during the year						

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
level health services and the one million community health worker campaign	(CHEWS) by 2017 2. Advocacy to Counties to establish community health services within each county by 2017 3. Establishment and functioning of community health units from 2,511 in June 2012 to 9,294 by 2017 4.Establish a mechanism for Community Health insurance through National Hospital Insurance Fund (NHIF) as a modality for motivating the work as per the Kenyan context by 2015.	*(Attach list of numbers recruited)*						
To Increase spending in the Health Sector on HRH beyond staff salary and allowances by 2017.	1. Increase efficiency and effectiveness in use of available resources in health care delivery including HRH by 2017. 2. Allocate HRH	Amount in KES spent in the health sector on HRH beyond staff salary and allowances *(Attach HRH budget lines and actual money*						

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
	budgets beyond employees emoluments towards employee welfare, employee relations, reward and recognition, work climate improvement, occupation health and safety by 2017. 3. Improve efficiency in HR processes for example recruitment, HR records management amongst others by reducing the turnaround time and utilization of ICT tor cost effectiveness by 2017. 4. Prepare guidelines and tools to help the County Governments budget and plan for health service delivery and commensurate HRH establishment by	*spent)*						

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
	2015. 5. Take stock of the assets available in each county including HRH as a critical step in resource rationalization for efficient and effective service delivery by 2014.							
To promote Public Private Partnership for health financing and establish mechanism for mutual benefits for a better health workforce and quality service delivery	1. Promote investment in health care by private sector with Counties in terms of infrastructure, / ICT solutions and financing of HRH development for example through Afya Elimu fund and other initiatives by 2017. 2. Adopt a multi-sectoral participatory approach for delivery of health interventions in attaining the best possible health outcomes between	Number of PPP for Health Financing Initiatives established that improve on the health workforce and quality of service delivery *(Attach details of PPP - name, purpose amount)*						

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
	the public sector (beyond the health sector), private and private-not-for-profit sector, faith based organizations at County and National level by 2016. 3. Strengthen linkages with development partners in supporting government efforts towards funding initiatives towards improved service delivery, availability of health workers at facility level, and ongoing reforms in the health sector by 2017. 4. Promote the National Health Insurance through increase effectiveness of National hospital insurance fund (NHIF) as a social health							

HRH Commitments	Targets	Indicators	Jan – March	April - June	July - Sept	Oct - Dec	Total to date	Annual Target
	financing mechanism by 2015. 5. Develop innovative and equitable financing strategies that enhance universal health coverage and access to healthcare by 2017.							

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