Republic of Kenya

MINISTRY OF HEALTH

Training Policy

May, 2016

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FOREWORD

The Government of Kenya's overall goal in health is to provide accessible, affordable and quality health care to all Kenyans. Health service delivery requires adequate skilled human resource to achieve Constitution of Kenya 2010 and Vision 2030 requirements, public service reforms and the Sustainable Development Goals.

Kenya health sector recognizes that Human Resources for Health is a critical ingredient in the sector's service delivery and national health outcomes. Kenya has experienced skills gap in some critical areas of health over the years. To address these gaps, the policy provides guidance on how to administer training to improve the quality, efficiency and effectiveness of service delivery within the two levels of government.

This training policy constitutes one of our Human Resources for Health capacity building interventions. We hope that both levels of government will find the policy useful in improving the management of training and skills development for effective health service delivery.

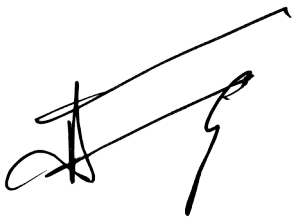
Dr. Nicholas Muraguri,
PRINCIPAL SECRETARY.

PREFACE

This training policy has been developed to provide a framework for the management of training in the health sector. The policy document will be useful to the Ministry of Health in fulfilling its constitutional mandate of providing human capacity and building technical support to the counties. Service delivery in the health sector needs to be up-skilled throughout due to the insurgence of new diseases and increasing resistance of some diseases. In order to address these challenges there is need for a combined approach in handling health issues in the country. One such approach is to ensure the right mix of health workers exist in our health sector. One way of doing this is to harmonise the health training function. Through harmonization, the management of training will be standardized in the county and uniform procedures and practices will be followed in training. This training policy is expected to play this role.

The policy provides guidance on the institutional framework for management of training in the sector. Training of health workforce is done on a continuous basis through short and long term courses, mentorship and on-the-job training programmes. Training is a participatory and a collective responsibility of the Ministry of Health, County Health Departments and other stakeholders. The policy is therefore, meant to guide all those who participate in training the health workforce at the post secondary levels. It also outlines mechanisms for monitoring, evaluation and reporting for accountability of the training function.

I have no doubt that the diligent application of these policy guidelines will play an important role in supporting the effective provision of health services as envisaged by the Kenya Constitution 2010, Kenya Vision 2030 and other international commitments to health by the Kenyan Government.



Mr. David Njoroge
DIRECTOR, HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT.

ACKNOWLEDGEMENT

The Ministry of Health training policy exercise was accomplished through the concerted efforts of many organizations, institutions, stakeholders and individuals that assisted in a variety of ways towards its development, editing and publication of this document.

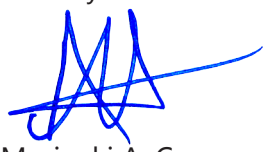
Foremost, we acknowledge the Ministry of Health Human Resource Management and Development team together with technical working groups who spearheaded the whole exercise.

Special acknowledgements go to IntraHealth International, USAID–FUNZOKenya project for providing both technical and financial support, JICA and the Public Service Commission for supporting the development of the policy.

We thank the Council of Governors, County Executive Committee Members of Health and all the county personnel who participated in the development of this policy.

Last but not least, we acknowledge all the non-governmental organizations that supported the Ministry to the completion and utilization of this policy.

Thank you.



Murianki A. C.

SENIOR ASSISTANT DIRECTOR HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT.

LIST OF ABBREVIATIONS AND ACRONYMS

CPD	Continuous Professional Development
CUE	Commission for University Education
GOK	Government of Kenya
HRD	Human Resources Development
HRH	Human Resources for Health
HRM	Human Resource Management
HRM/D	Human Resource Management and development
KMTC	Kenya Medical Training College
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MHRMAC	Ministerial Human Resources Management Advisory Committee
NGO	Non Governmental Organization
NHHRDWG	National Health Human Resource Development-Working Group
PAS	Performance Appraisal System
PEPFAR	President's Emergency Plan for AIDS Relief
PNA	Performance Needs Assessment
PSC	Public Service Commission
SDGs	Sustainable Development Goals
TNA	Training Needs Assessment
TVET	Technical Vocational and Entrepreneurship Training
TWG	Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization

OPERATIONAL DEFINITIONS

Attachment: The temporary placement of a trainee/learner/attachee to a section/unit to learn practical aspects of a job.

Bonding: This is a formal agreement between the employer and employees who attend courses of training binding them to serve in the public service for a specified period of time following completion of the training.

Cadre: This is the grouping of public service employees according to their professional orientation.

Capacity Building: Provision of adequate intellectual capability, physical facilities and supportive work environment for enhanced service delivery.

Course Approval: Authorization given to an employee to proceed for a training course

Critical Skills: These are those skills essential for the attainment of the Ministry of Health's core mandate.

Development Partners: These include NGOs, Multilateral and Bilateral organizations supporting training in the health sector.

Evaluation: Is a periodic assessment of the relevance, efficiency, effectiveness and impact of training, against set objectives. It looks at what was set out to be done, what has been accomplished, how it was accomplished and changes that are significant to the relevance of the programme's effectiveness, impact and sustainability.

Health Workforce: This includes all employees working in the Ministry of Health at the national and county levels.

Human Resource Development: A process by which continuous efforts are made to develop the employees for their present and future roles and to identify and utilize their inherent optimal potentialities. It includes opportunities such as employee training, employee career development, performance management, coaching, mentoring, succession management, key employee identification, tuition assistance and organizational development.

Human Resources for Health: This is defined as "all people engaged in actions whose primary intent is to enhance health", according to the World Health Organization's World Health Report 2006. Human Resources for Health are identified as one of the core

building blocks of a health system. They include physicians, nurses, advanced practice registered nurses, midwives, dentists, allied health professions, community health workers, social health workers and other health care providers, as well as health management and support personnel – those who may not deliver services directly but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries, and others.

Internship: This refers to the placement of a student or a recent graduate under supervised practical training.

Monitoring: Involves continuous or ongoing correction and analysis of information in-order to measure the performance of the training interventions, progress and effect on the learner. It compares actual progress with what was planned so that adjustments can be made in the implementation and is an internal activity that is the responsibility of those who manage training thus representing a good management practice. It aims at improving the efficiency and effectiveness of training.

Part time training: This refers to a mode of study in which employees engage partly in performance of work and partly in their studies.

Public Service: Any sector of the economy which receives funding from the exchequer.

Relevant Course: A course as per the requirements of an officer's scheme of service and regulatory bodies.

Seconded Officers: These are officers who were employed by the Ministry of Health but were devolved to the counties for the three year transition.

Skill Gaps: This refers to under performance observed in an employee due to inadequate skills.

Training Bio Data: Is an instrument for capturing the essential details of an employee requesting for a course approval.

Training Institutions: Are all the institutions that offer health related courses at all levels of training.

Training Needs Assessment: Refers to the exercise of collecting, collating and analyzing data from employees to establish gaps in knowledge, skills and attitudes necessary for effective performance of their duties.

Training: Planned process to modify attitude, knowledge, skill or behaviour through learning experience to achieve effective performance in an activity or range of activities.

Chapter 1

Introduction

Human Resources for Health is one of the core building blocks of a health system. Global evidence points to a direct correlation between the size and quality of a country's health workforce and its health outcomes. Kenya still faces both quantitative and qualitative deficiencies in its Human Resources for Health (PNA, Capacity Kenya 2010; State of Medical Education in Kenya FUNZOKenya, 2013). The country falls short of the World Health Organization (WHO) recommended standard of 2.3 doctors and 21 nurses for 1,000 population. The current levels for Kenya are 1.5 doctors for 1000 population.

The WHO (2006) report says Kenya is one of the 57 countries in the world that face a severe health workforce crisis and is one amongst the 36 within sub-Saharan Africa. This situation compromises the health status of the citizenry and requires a coordinated and effective response. This training policy endeavours to provide a coordinated approach to the training of the health workforce. This first chapter begins with a situation analysis of the current training, legal and policy context that will inform the writing of a comprehensive policy that enhances coordination and management of training within the Ministry of Health.

1.1 Situation analysis

1.1.1 Health Training in Kenya

Health training in Kenya is done at two levels, pre–service and in–service level.

a) Pre–Service Training: This training is regulated by statutory bodies both within the Ministries of Health and Education. The Commission for University Education (CUE) and Technical Vocational Education and Training (TVET) are responsible for observance of the educational and training aspects at university and middle level colleges respectively. The professional bodies within the Ministry of Health regulate the technical aspects of the training with prescribed core curriculum for the core competencies to be taught by training institutions. Seven public and three private universities currently train doctors and other health professionals with an annual output in 2013 of 710 medical officers, 207 Pharmacists and 70 Dentists. Other cadres of health workers trained at undergraduate and graduate levels are nurses with annual output of 3,329, laboratory technologists 854, clinical officers 1,500 and nutritionists 233. The main institution training middle level health workforce is

Kenya Medical Training College. It trains various cadres of professionals constituting about 90% of all the health workforce country wide. It produces approximately 6,000 health workers of various cadres annually. Besides KMTC, there are a number of private and faith based institutions that train different cadres of health workers. Pre-service training is paid for by the individuals seeking these trainings.

b) In - Service Training: In service training is done by different players both within the Ministry of Health and Non Governmental Organizations. It is largely unregulated and often uncoordinated. There is no statutory provision for regulation of these trainings. Some training courses are undertaken without standard approved curricula, proficient trainers and appropriate infrastructure for training.

In-service training is supported by the Ministry of Health, development partners and through self sponsorship by individuals undertaking these courses. In 2013/14 financial year, the Ministry of Health supported 157 officers for postgraduate courses, and 91 for other courses however, there is need to enhance data management for training in the health sector for more accurate and comprehensive data.

1.2 Legal and Policy Context

1.1.2 Human Resources for Health in Kenya (SARAM, 2013)

The data in Table 1 shows the distribution of health staff by cadre, gender and proportion.

Table 1: Distribution of Health Staff by Cadre, Gender and Proportion

#	Cadres	Total Numbers	Male		Female	% Female
			No.	%		
1	Medical Officer	2,239	1,565	69.9	674	30.1
2	Registered Clinical Officer	4,723	3,056	64.7	1,667	35.3
3	BSc Nursing	772	268	34.7	504	65.3
4	KRCHN	14,214	3,970	27.9	10,244	72.1
5	KECHN	9,201	2,380	25.9	6,821	74.1
6	Occupational Therapist	310	217	70.0	93	30.0
7	Dentist	186	116	62.4	70	37.6
8	Dental Technologist	180	108	60.0	72	40.0
9	Pharmacists	552	333	60.3	219	39.7
10	Pharmaceutical Technologist	1,144	610	53.3	534	46.7
11	Physiotherapist	477	319	66.9	158	33.1
12	Orthopedics Technologist	144	97	67.4	47	32.6

#	Cadres	Total Numbers	Male		Female	% Female
			No.	%		
13	Medical Social Worker	291	99	34.0	192	66.0
14	Plaster Technicians	206	85	41.3	121	58.7
15	Laboratory Technologists	2,909	1,708	58.7	1,201	41.3
16	Laboratory Technician	1,515	715	47.2	800	52.8
17	Health Record & Information Officer	497	267	53.7	230	46.3
18	Health Record & Information Technicians	347	148	42.7	199	57.3
19	Nutritionists	496	136	27.4	360	72.6
20	Public Health Officer	1,232	872	70.8	360	29.2
21	Public Health Technician	737	539	73.1	198	26.9
22	Health Administration Officer	413	282	68.3	131	31.7
23	Medical Engineering	417	344	82.5	73	17.5
24	ICT Officer	207	119	57.5	88	42.5
25	Procurement Officer	239	138	57.7	101	42.3
26	Accountant	583	368	63.1	215	36.9
27	Drivers	845	796	94.2	49	5.8
28	Clerk/Cashier	2,492	917	36.8	1,575	63.2
29	Cooks	452	168	37.2	284	62.8
30	Store Man	131	80	61.1	51	38.9
31	Support Staff (Casual)	9,682	4,277	44.2	5,405	55.8
32	Trained CHW	395	169	42.8	226	57.2
33	Radiographer	347	262	75.5	85	24.5
34	Community Oral H/Officer	150	72	48.0	78	52.0
35	Biochemist	10	4	40.0	6	60.0
36	Economist	6	6	100.0		0.0
37	Social worker	28	9	32.1	19	67.9
38	Others	8,306	4,124	49.7	4,182	50.3
	National	**67,075**	**29,743**	**44.3**	**37,332**	**55.7**

SARAM, 2013

The health sector operates within a local and international policy and legal framework that provides direction on education and training issues.

1.2.1 The Constitution of Kenya, 2010

The Constitution of Kenya, 2010 provides the over arching legal framework for leadership, governance and management of issues within the country. The constitution makes the following provisions with regard to training of the health workforce:

a) The bill of rights exhorts provision of the highest attainable standard of health which includes the right to health care services, including reproductive health and emergency care (article 43 a). The health workforce must be competently trained to provide these health services. The bill of rights also emphasises the right to be free from hunger, to have food of acceptable quality, right to clean, safe and adequate water and reasonable standards of sanitation and the right to a clean healthy environment, also linked to health.

b) Establishment of two levels of government, national and county and devolution of functions. The governments at the national and county levels are distinct and inter-dependent and should conduct their mutual relations on the basis of consultation and cooperation (article 174). The fourth schedule describes national and county governments' functions; capacity building and technical assistance to the counties as a national function. Health service delivery as a county function.

1.2.2 Vision 2030

The Kenya Vision 2030 spells out a blueprint and a master plan for development by the year 2030. It aims at making Kenya a newly industrialized, "middle income country providing high quality life for all its citizens by the year 2030". The social pillar of the vision emphasizes the need to improve the overall livelihoods of Kenyans, through provision of efficient and high quality health care systems with high standards.

1.2.3 Ministerial Policy/Policies

The Ministries of Health and Education both collaborate in the education and training of the health workforce. They both have legal and policy guidelines on different aspects within their mandates, albeit with occasional overlaps.

a) The Health Policy 2014-2030 - provides an over arching policy framework for the Ministry of Health's role in supporting realization of Vision 2030 and meeting the health needs of the Kenyan people.
b) Kenya Health Sector Strategic and Investment Plan 2012-2018 - Outlines training, capacity building and development of the health workforce consonant with Vision 2030 as a key area of focus.
c) Kenya HRH Strategy 2014 -2018 - provides a plan and road map for addressing the HRH constraints within the country.
d) The Universities Education ACT - provides the legal framework for governance and management of all universities in Kenya and the establishment of the Commission for University of Education (CUE).
e) TVET ACT - is the basis for establishment of the TVET authority charged with regulation of middle level training in the country. The ACT also provides legal guidance for governance and management of training institutions at the middle level.
f) Professional Bodies Regulatory ACTs - have statutory powers to regulate different aspects of training and practice within different cadres within the health professions.

1.2.4 International Policy Guidance

a) The Sustainable Development Goals (SDGs) provide an international focus and guidance on development and is a prototype for the local development agenda.
b) The World Health Organization (WHO) provides international guidance on standards for adoption by nations on different aspects of health.

Despite this robust policy environment, a gap in coordination that would ensure quality and effective training of the health workforce is still lacking at different levels.

a) The National and County Governments.
b) The Ministries of Health and Education.
c) The different professional bodies.
d) Training programmes and ministerial strategic and developmental plans– alignment of training programmes to health needs of the population.
e) Training institutions and Ministry of Health agencies.
f) Implementing partners and Ministry of Health.
g) Research development as gap to support coordination and linkages.

1.3 Rationale for the Training Policy

The rationale of this policy is to close the current gaps in coordination of training within the health sector and to align the training courses with the current legal and policy framework and population health needs.

The Health Training Policy therefore aims at providing an institutional framework that will guide and direct training interventions, investments and decisions in the planning, administration, management and development of health workforce at basic, post basic as well as continuing professional development levels. This will ensure provision of quality health care to the citizens.

An implementation framework on training of health workers is also necessary to guide the two levels of government given the 2010 constitutional dispensation. The training policy will provide the modalities and processes for capacity building and technical assistance to be provided to the county government. This will ensure service delivery is not compromised.

This policy therefore endeavours to enhance a coordinated training process for the realisation of vision 2030. It seeks the participation of different actors/stakeholders within the Kenya Health Sector and beyond. The stakeholders include regulatory bodies, education and training institutions, professional associations and government entities. The policy endeavours to articulate the role and responsibilities of each of these parties for effective coordination and management of training programmes within the health sector.

1.4 Broad Policy Statement

The Ministry of Health is committed to continuously and sustainably train its employees in order to upgrade their knowledge, skills, attitudes and competencies. To achieve this, the Ministry will develop a common strategy geared towards harmonization of trainings. The Ministry will budget, administer, manage, account for, and ensure efficient, effective and economic use of funds allocated for Human Resource Development activities.

1.5 Purpose/Goal

The overall goal of this policy is to guide the management of health workers training function in line with the devolved system of governance for highest attainable standards of health service delivery.

1.6 Policy Objectives

The objectives of this policy are to:

a) Align the training function in the health sector to the current legal and policy environment (Constitution 2010, PSC HRD policy, 2015, Kenya, Kenya Health Policy 2014-2030, Kenya Health Sector Strategic and Investment Plan 2012-2018, Kenya HRH strategy 2014 – 2018 and other guidelines).
b) Provide guidance on management and coordination of the training function in the health sector.
c) Provide guidance for optimal use of data for effective HRD decisions.
d) To strengthen human resources development systems and practices.

1.7 Guiding Principles

This policy is guided by the principles and values of Public Service as stated in article 232(1) of the Constitution of Kenya 2010 which include:

a) High standards of professional ethics.
b) Efficient, effective and economic use of resources.
c) Responsive, prompt, effective, impartial and equitable provision of services;
d) Involvement of the people in the process of policy making.
e) Accountability for administrative acts.
f) Transparency and provision to the public of timely, accurate information fair competition and merit as the basis of appointments and promotions.
g) Representation of Kenya's diverse communities; and
h) Affording adequate and equal opportunities for appointment, training and advancement at all levels of the public service, of
    a. Men and women;
    b. The members of all ethnic groups; and
    c. Persons with disabilities.

1.8 Scope

This policy will guide the management of training of health workers in the health sector. It will be used by various institutions and actors involved in different aspects of health worker training. These include:

a) Government,private and faith based institutions that train for the health sector.
b) Public, faith based non-governmental and private health care facilities that serve as practical training sites for health workers.

c) Health care professionals, who are licensed certified or registered to provide health care services in Kenya.
d) Training institutions and other providers of Continuing Professional Development in Kenya.
e) Health professional and regulatory bodies involved in the training for the health sector.
f) Health research institutions.
g) Development partners that support health training programs in the health sector.

1.9 Policy Development Process

The development of this training policy involved many stakeholders led by the Ministry of Health. It included County Governments, Human Resource Development Units (HRDs), Ministry of Health Departments, Public Service Commission, Regulatory bodies, Development and Implementing partners.

A technical working group was constituted bringing together different stakeholders to develop the training policy. Several workshops were held and a first draft developed. The draft was shared in various fora including at the National Health Human Resource Development-Working Group (NHHRDWG) meeting and round table meeting. The draft was further shared with various development partners and Heads of Department at the Ministry of Health. Input from the County Health Departments was obtained in a retreat with representatives of the County Executive Committee Members for Health. Technical advice was also received from representatives of the Transition Authority and Directorate of Public Service Management in this retreat.

The document was finalized in a five (5) day retreat where all the views obtained were collated and compiled to form this policy document.

Chapter 2

Human Resource Development Institutional Framework

The human resource development function is the responsibility of the National Government as provided for in Schedule Four of the Constitution of Kenya 2010.

2.1 Policy Statement

The Ministry of Health is committed to work closely with stakeholders to ensure fair & equitable distribution of training opportunities among the health workers.

2.2 Role of Different Institutions

2.2.1 The Public Service Commission

The Public Service Commission (PSC) shall be responsible for the overall development of human resource for health. The Commission shall:

a) Oversee the development of human resource in the health sector.
b) Ensure that the health workers are efficient and effective.
c) Provide the HRD policies and guidelines for the achievement of the Ministry of Health mandate.
d) Provide feedback on the training impact assessment report.
e) Promote the values and principles mentioned in Articles 10 and 232 of the Constitution of Kenya, 2010 throughout the public service.
f) Review and make recommendations to the Ministry in respect of skills, competencies, attitudes and qualifications of officers that are required in the Public Service.

2.2.2 The Ministry Responsible for Public Service

The ministry responsible for Public Service shall carry out the following functions:

a) Provide technical support in the management of the training function.
b) Provide course approvals and sponsorship awards for foreign courses.

2.2.3 The Ministry Responsible for Finance

The ministry responsible for finance shall ensure that adequate funds for human resource

for health workforce trainings and development are availed on a timely basis to the ministry.

2.2.4 Ministry Responsible for Health

The ministry shall:

a) Develop training projections, plans and priorities that shall precede all training in the health sector.
b) Implement HRD policies, standards, guidelines, rules and regulations.
c) Manage and co-ordinate the training and development function.
d) Update and maintain the skills inventory.
e) Develop, update and maintain records of training and development activities.
f) Develop HRD plans to support achievement of goals and objectives in the ministry's' strategic plans.
g) Carry out Training Needs Assessment in consultation with other stakeholders;
h) Discuss and recommend training requests for approval by authorized officer;
i) Budget and mobilize resources for training activities.
j) Monitor, evaluate, audit and submit quarterly reports on HRD programmes to the Public Service Commission.
k) Establish National Health Human Resource Development Working Group to enhance effective coordination of all training activities in the two levels of government.

2.2.5 The Cabinet Secretary Responsible for Health

The Cabinet Secretary will provide strategic direction in Human Resource Development for health workers in the ministry. He/she will also make approval for local training as well as recommend officers for foreign training.

2.2.6 Ministerial Human Resource Management Advisory Committee (MHRMAC)

The composition of the Ministerial Human Resource Management and Advisory Committee (MHRMAC) will be as directed by the Public Service Commission from time to time.

a) The Committee shall deliberate and determine the training and development matters for health workforce in line with the constitution, policies and any other guidelines issued by the Public Service Commission from time to time.
b) The committee shall consider and recommend for approval by the Cabinet Secretary the staff development strategies, training projections, training needs assessment and skills inventory. The committee shall also recommend

individual and group training requests for approval by the Cabinet Secretary.

c) The MHRMAC of the Ministry of Health shall advise on optimal utilization of local and foreign training resources and opportunities, identification and selection of suitable applicants for various training programmes and assessment of the impact and effectiveness of the training.

2.2.7 The County Government

The department responsible for health will provide strategic direction on development of Human Resource for Health at the county.

The County Government will:

a) Set up appropriate structures for coordination of trainings at the county level;
b) Carry out Training Needs Assessment at the county level.
c) Develop training projections, plans and priority for officers in consultation with the National Government.
d) Discuss, recommend and submit training requests from the county for approval by the Cabinet Secretary for courses sponsored by the National Government.
e) Develop competencies of county health workers in liaison with regulatory authorities.
f) Approve health workers' trainings in relevant programs that are self-sponsored or sponsored by the county government in compliance with training policy and regulations.
g) Budget and mobilize additional resources for training activities.
h) Promote public private partnership for training human resources for health.
i) Ensure that every health worker is trained at least for 5 days in every financial year; (staff development section).
j) Bond health workers who attend trainings as per the bonding guidelines; (bonding section).
k) Provide quarterly reports to the entity responsible for training within the Ministry of Health.

2.2.8 The Training Institutions

The ministry will work with the accredited training institutions for human resource development in the health sector. They shall be responsible for:

a) Developing, implementing and reviewing training programmes in collaboration with key stakeholders.

b) Establishing, equipping and maintaining documentation/information, learning and/or resource centres according to standards set by regulators.
c) Quality assurance of the training programmes, materials, trainers' qualifications and institutional capacity in liaison with regulatory bodies and;
d) Developing and maintaining of infrastructure, in tandem with set standards by regulators and international standards.

2.2.9 The Regulatory Bodies

The regulatory bodies shall:

a) Accredit training institutions.
b) Ensure that curricula are in line with country health needs and priorities.
c) Renew licenses of training institutions for health workers as per their schedules.
d) Approve curriculum and training facilities for undergraduate and postgraduate training for health workers.
e) Approve and accredit continuous professional development providers.
f) Supervise and regulate training of health workers.
g) Supervise internship training.
h) Conduct qualifying and pre-registration examination for foreign trained health workers.
i) Provide periodic reports on in-service and pre-service training of health workers to department responsible for HRD in the Ministry of Health.

Chapter 3

Training Management and Implementation

Management and coordination of training is critical for the achievement of training objectives.

3.1 Policy Statement

The ministry will develop a common strategy geared towards harmonization of trainings. The ministry will budget, administer, manage, account for, and ensure efficient, effective and economic use of funds allocated for Human Resource Development activities.

3.2 Training Needs Assessment

Training Needs Assessment is a performance audit that generates and provides information to assess the inadequacy of knowledge and skills which inhibits an organization from attaining its objectives. All training in the ministry will be based on comprehensive Training Needs Assessments (TNAs) to be conducted every three (3) years or as need arises. Training objectives will then be aligned with the Kenya Health Sector Strategic and Investment Plan, objectives and goals; and the Performance Appraisal reports. The identified training needs will be prioritized and training plans developed and implemented.

3.3 Training Projections and Plans

Training Projections are part of an organization's HRM & D plans. All Departments and County health departments will be required to prepare training projections to guide the MHRMAC in nominating and selecting officers for training. The projections will be linked to the national goals and priorities, strategic plans, TNA reports, Performance Appraisal Reports and the training budget.

3.4 Design of Training Programmes

Training programmes comprise short and long-term, local and foreign courses in specific professions that are intended to impart required knowledge, skills, attitudes and competencies to enhance staff performance. The ministry will design specific in-house training programmes which address the identified training needs. In addition, training can be provided under institutional level both locally and abroad. In designing training programmes, the ministry will ascertain the:-

a) Availability of professionally qualified and experienced trainers/facilitators.

b) Training programmes that are competency based and cost effective.
c) Effective evaluation feedback system to assess the impact of training and performance.
d) Guidelines on standards of training.
e) Funding.
f) Appropriate training facilities and equipment.

Training will be provided by public service training institutions, consultants selected through the prevailing government procurement regulations and other accredited local and foreign training institutions. The government recognizes the role of public-private partnership in training provision and will encourage this collaboration. Training will be delivered through e-learning, distance/open learning, sandwich/holiday modes, part-time, regular and parallel programmes among others.

3.5 Nomination and Selection of Trainees

Nomination and selection for individual and group training will be based on approved training projections. The approved training programmes will address national health and individual goals. Selection of trainees shall be in accordance with the national values and principles of governance (Article 10), leadership and integrity (Chapter 6), Bill of rights (Article 27) and values and principles of public service (Articles 232) of constitution of Kenya, 2010.

3.6 Authorization for Training

The ministry will approve training of officers in accordance with service regulations. An officer on an approved training will be deemed to be on duty and thus entitled to all requisite benefits.

Authority for local training shall be granted by the authorized officer based on the recommendation of MHRMAC, while authority for foreign training shall be granted by the ministry responsible for Public Service upon recommendation by the authorized officer.

An officer on an approved training will be expected to successfully complete the programme within the stipulated period, submit a training report and a certificate to the authorized officer. An officer, who fails to complete a training programme without a valid reason, will be required to refund the cost of the training.

An officer who fails to complete an approved training programme within the stipulated period of the programme shall undertake the course at his/her own time and cost.

An officer who returns from local or foreign long term training will not be eligible for approval for another long course until the expiry of two years. However the officer will be eligible for a short course after six (6) months service unless it is in-house training.

Every officer at all levels will be eligible for at least five (5) days training in a fiscal year.

3.7 Training Levy

All officers undertaking courses lasting more than four weeks in local or foreign training institutions will contribute to the cost of their training at the rate of 10% of the basic pay for local training and 20% for foreign training to the ministry responsible for public service before the commencement of the course.

The training levy is paid regardless of whether the courses are sponsored by the government of Kenya or development partners through bilateral or multilateral arrangements.

Officers undertaking part-time or full-time self-sponsored courses are however exempted from paying the training levy.

3.8 Training Bond

The ministry shall bond officers proceeding on an approved training lasting six (6) months and above either in local or foreign institutions. Where the ministry considers the value/ cost of a training lasting less than six (6) months to be high and constraining the ministry's training budget, the officer will be bonded for a minimum period of one (1) year but not exceeding five (5) years. Details on the bonding period are contained in the Human Resource Policies and Procedure Manual.

3.9 Financing of Training

a) Capacity building and human resource development will require adequate resource allocation for effective service delivery. Therefore, the national government will allocate at least 2% of recurrent budget for training. The County government will also be encouraged to allocate at least 2% of the recurrent budget for additional training as per the County priorities.
b) Sponsorship for training will be based on availability of funds, and training priorities as identified by the National and county governments.

c) Health workers will be encouraged to undertake training for personal development on self-sponsorship. Upon completion, the officers may claim a 50% refund on eligible/relevant courses.
d) The cost of undergraduate training for serving officers will not be met by the ministry.
e) Private sector organizations/development partners will be encouraged to support and finance training of health workers according to the sector priorities on approval by the ministry.
f) There will be a mechanism to facilitate partnerships with the public and private sector for increased financial access for health worker training.
g) The ministry shall protect training funds from budgetary cuts and reallocation.
h) Officers can access funding from the training revolving fund that has been set up by the government.

3.10 Structured Training

Officers shall undertake the following training programmes at different levels within their careers:-

3.10.1 Certificate/Diploma

Where knowledge and skills are required at this level for an officer's performance improvement and career progression, approval of the training shall be based on the prevailing training regulations.

3.10.2 Undergraduate Programmes

Officers are encouraged to undertake relevant undergraduate studies under self-development and part time arrangements. The government shall not sponsor serving officers for these programmes. Attainment of such qualifications is not a guarantee for automatic promotion.

3.10.3 Affirmative Action for Undergraduate Programmes

Officers from marginalized and minority groups and persons living with disabilities may be recommended for sponsorship for relevant undergraduate degree programmes and identified training needs. Such recommendations shall be forwarded to the Public Service

Commission for approval. This affirmative action shall remain in force until such time that a representative public service is achieved.

3.10.4 Masters Programmes

The ministry shall continue to support and approve training at this level for officers requiring the skills as prescribed in the respective career progression guidelines. An officer wishing to pursue the same on self-sponsorship shall get approval from the authorized officer as recommended by MHRMAC. Approvals and/or sponsorship for a second masters' programme shall not be granted.

3.10.5 PhD Programmes

The ministry shall approve training at this level for officers working in universities, research institutions and in departments or agencies where research is a major component of their job.

Requests by officers wishing to pursue PhD on self-sponsorship shall be approved on condition that the area of study is relevant to their duties and that the approval shall not provide for reimbursement of training expenses.

3.10.6 Foreign Training

The sponsorship for foreign training will specifically be focused on national priorities and limited to specialized technical skills that are not available in local institutions. Course approvals and coordination of foreign training programmes under development partners, bilateral and multilateral arrangements are to be undertaken by the ministry responsible for Public Service. Nomination and selection of trainees for such training shall be recommended by MHRMAC/CHRMAC.

3.10.7 Pre-Retirement Training

The ministry shall organize to adequately prepare employees for retirement by developing and implementing customized training programmes.

3.11 Appeals on Training

If an officer is dissatisfied with a decision on award of training opportunities, he/she may appeal to the commission for review after exhausting the internal appeals mechanism at the ministry.

3.12 Standardization, Accreditation and Certification

a) Basic and post-basic institutions and practical training sites offering health training will be certified by regulatory authorities.
b) The Ministry shall ensure that training institutions develop curricula based on prescribed core curriculum by regulators and aligned to the health needs of the population.
c) Continuing Professional Development curricula and programmes will be updated to meet the demands of current health care training and education.
d) The Ministry shall facilitate officers to undertake continuing professional development to enhance their professionalism and compliance with the standards of their regulatory and professional bodies.
e) The national and county governments will take inventory of specialized skills and put intervention strategies in place to guide equitable distributions of skills.
f) Officers will be recommended for training in accredited institutions by the relevant authorities.

3.13 ICT in Training and Data Management

The ministry and the county government will establish a data management system and ICT infrastructure to manage training data in liaison with relevant stakeholders. They will ensure ease in accessibility of data and information on training. A portal will be created and maintained at the ministry.

3.14 Internship and Industrial Attachment

3.14.1 Internship

Trainees graduating from training institutions join the labour market with academic and theoretical approaches to work and hence require practical exposure in a real work environment. The ministry will use internship programmes for the purpose of providing interns with the requisite practical experience. Internship programmes shall be guided by the constitution and other policy guidelines and shall not exceed one (1) year.

3.14.2 Industrial Attachment

The ministry will support industrial attachment by providing opportunities to students in tertiary and higher education institutions to enable them acquire practical aspects of their

respective areas of specialization in a real work place environment.

Attachment will be undertaken during the course and the duration will be for a maximum of three (3) months. The attachment shall be in line with the values and principles of public service and the existing labour laws.

3.15 Human Resource Capacity Development

3.15.1 Induction

Induction and orientation training is expected to help an employee familiarize with the work environment and requirements. The ministry will conduct induction training within three (3) months for newly recruited officers and those who have joined the ministry on transfer, promotion and re-designation.

3.15.2 Mentoring

The ministry will encourage and strengthen a mentoring culture by encouraging implementation of mentoring programmes as a way of developing staff.

3.15.3 Coaching

Coaching programmes will be developed and entrenched in the Human Resource for Health strategy to assist the employee accept responsibility for his own actions or omissions and to address work related problems so as to achieve superior performance.

3.15.4 Role Modelling

Leaders at the ministry will model good professional conduct and a positive work ethic. Ministry employees are encouraged to learn and emulate positive behaviour from their leaders, senior managers, colleagues and juniors in the internal/external environments.

3.15.5 Knowledge Management

The ministry generates a lot of knowledge and information through normal operations, research, reports and observations. The knowledge is usually in the custody of the individual officers as tacit knowledge or in the organization as explicit knowledge. Knowledge is a resource to be shared by all and hence the need to harness, conserve and protect the knowledge from loss, misuse, mismanagement and abuse. Proper knowledge

management enhances economic growth and productivity, improves service delivery and supports generation of new ideas.

The ministry shall promote a culture of openness and information sharing through establishment of knowledge sharing platforms including well equipped and managed documentation, learning and resource centres to encourage a reading culture.

3.15.6 Career Guidance and Counselling

The ministry responsible for health shall put in place career guidance and counselling for health workers in order to discuss their career opportunities and aspirations to enhance their performance in line with government guidelines.

3.15.7 Talent Management

Mechanisms shall be developed and a conducive environment provided to identify, harness, recognize, nurture and retain talented staff for the benefit of both the individual and the Ministry and Health Services.

3.15.8 Staff Secondment

The ministry shall utilize secondment as a way of providing officers with opportunities to acquire practical knowledge and skills, learn and benchmark from public organizations with known areas of specialization. The secondment period will not exceed three (3) years and may be renewed once.

3.15.9 Research and Development

The ministry shall enhance or support research as a tool for making informed decisions and policies by:

a) Allocating a minimum of 15% of working time for research activities.
b) Allocating 1% of the Ministry's recurrent budget for research activities.
c) Encouraging creativity and innovation.

Chapter 4

Monitoring and Evaluation

Monitoring and Evaluation are important components in tracking the implementation and performance of training programmes. It provides results and enhances accountability of resources in training.

4.1 Policy statement

The ministry is committed to monitoring and evaluating the effectiveness and impact of training programmes. It will develop a monitoring and evaluation plan that will evaluate the training policy, training plans, strategies, activities and budgets. The framework will provide clear reporting lines, tools and coordinating mechanisms between the different stakeholders involved in training.

4.2 Monitoring and Evaluation

Monitoring is about tracking performance about set targets, standards and strategies. It enables corrective action and accountability in reporting in the course of programme implementation. Evaluation involves assessment of the relevance, efficiency, effectiveness and impact of training, against set objectives.

The ministry shall monitor and evaluate the following aspects of training implementation:

a) Number of health workers trained disaggregated by county, cadre, age, training type, gender.
b) Number of local and foreign trainings.
c) Training levy, its collection and remittance.
d) Number bonded after training.
e) Number who exited training.
f) Number retained in workforce after training.
g) Modes and types of training, their effectiveness and numbers.

The ministry shall monitor and evaluate the aspects of the training programmes:

a) Course design.
b) Course content.
c) Teaching material.
d) Facilitators.

e) Teaching methods.
f) Infrastructure.

4.2.1 Monitoring & Evaluation Plan

The entity responsible for HRD in the Ministry of Health shall be responsible for the development and implementation of the M&E plan with respective departments at national and county levels. It shall evaluate the training policy and programmes. The purpose of the M&E plan is to support stakeholders to generate data and information for accountability, decision-making and effective management of the training programmes. The M&E plan will also enable assessment of the policy, its implementation, review and evaluation.

4.2.2 Data Collection, Flow and Reporting

Data collection and reporting tools for each activity will be developed, operationalized and standardized for routine data management. Data will be collected on a monthly basis on trainings, policy implementation, dissemination and utilization of HRIS among others. At the end of each quarter, semi-annually or annually, data will be reported to MOH (HRM/D) using standard reporting templates. Quarterly progress narrative reports will be compiled using standardized templates and submitted to Ministry of Health (HRM/D) within 30 days after each quarter. The M&E unit will support the technical teams to carry out data management and reporting of all indicators that monitor policy implementation. An annual report on policy implementation will be produced and shared with relevant audiences on progress.

4.2.3 Baseline, Mid-term and End-term Evaluation

The ministry shall undertake an evaluation before, during and after training. Baseline mid-term and end-term assessments will be conducted in all counties and at the national level. The assessments will aim at finding out areas of training that require remedial support and respond accordingly.

4.2.4 Training Impact Assessment

Training impact assessment evaluates the effectiveness and relevance of a training programme in terms of content, application, adaptability and the behaviour change of the trainee on the job and in the work environment. Impact assessment shall be entrenched in

the public service as a basis for future decisions on HRD programmes. This will be carried out after three (3) years.

4.3 Human Resource Development Audit

The HRD activities and systems will be regularly reviewed, monitored and audited to facilitate optimum utilization of employees' potential and improved productivity.

Human Resource Development audit will establish the extent of compliance with the Constitution, HRD policies, guidelines, rules and regulations. It will also identify the risks and recommend mitigation measures. The Ministry will conduct HRD audit based on norms and standards and mechanisms for auditing human resource functions developed by the Public Service Commission from time to time.

4.4 Review of the Policy

This policy will be reviewed every five (5) years or as the need arises. The aim is to take into account emerging issues and international trends.

Chapter

5

Appendices

Appendix 1 – List of Contributors

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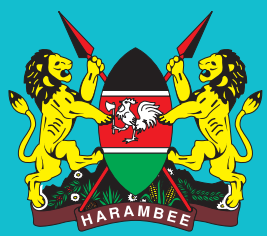

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