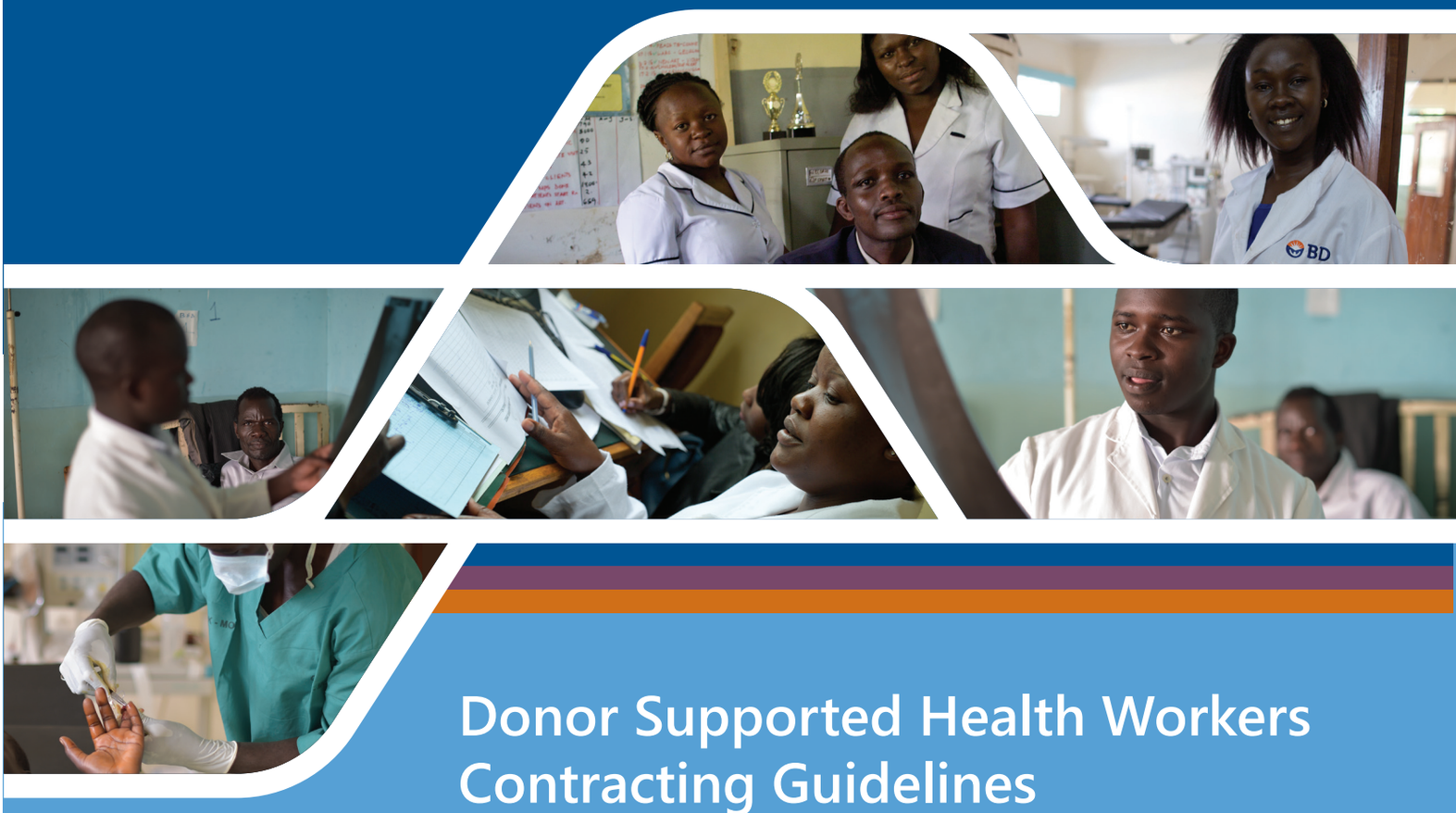
Government of Kenya
Ministry of Health



Donor Supported Health Workers Contracting Guidelines

AN EXTRACT FROM
Devolved HRM Policy Guidelines
On Human Resources for Health

February 2015

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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 characterized 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 favor 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
FBOs	Faith Based Organizations
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

Chapter 1

Introduction and background

1.1 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.

1.2 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.

1.3 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.

Chapter 2

Contracting Guidelines

2.1 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 Labor 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 benefiting 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.

Annex 1

MEMORANDUM OF UNDERSTANDING

Between

County Government of .....

and

Donor Implementing Partner

Concerning

Donor Funded Contract Health Workers

NOVEMBER 2014

MOU BETWEEN.....COUNTY GOVERNMENT AND "DONOR /IMPLEMENTING PARTNER"

Article 1: Preamble

This document constitutes an agreement annexed to the HRH donor contracting guidelines between ..... Development Partner of P. O. Box ..... Nairobi, Kenya, and the County Government of ..... P. O. Box ..... WHEREAS the County Government of ..... is enshrined as a geographical unit in the Constitution of Kenya 2010 and a Devolved Government that derives its powers from Articles 191 and 192, and in the Fourth Schedule of the Constitution of Kenya and the County Governments Act of 2012 with delineated functions and responsibilities including the devolved management of the Human Resource for Health (HRH) and health service delivery.

WHEREAS the development/implementing partner ..... is implementing a project for the period of ..... years with the overall goal of supporting contracting of ..... health workers.

WHEREAS County Government of ..... and donor implementing partner ..... have a mutual interest to improve quality of service delivery and the management of the health workforce.

THEREFORE, the Parties - the County government and donor implementing partner agree as follows:

Article 2: Purpose of the Agreement

The purpose of this Agreement is to outline the specific nature of the collaboration between the parties in respect to donor contracting of health workers for deployment to county health facilities or project sites. As part of fulfilling their respective mandates, the parties wish to work together to achieve the following objectives:

1. Establish a framework for management of the donor supported contract health workers as defined in the MOH donor contracting guidelines.
2. Provide for the engagement of the contract health workers within the GOK terms and conditions of service for harmonious integration into the County health workforce.
3. Provide for the undertaking of cost of advertising and recruitments by the donor partner supporting the contract workers.
4. Establish a mechanism for parties to undertake medical insurance, work injury benefits insurance and the professional indemnity insurance.
5. Provide for the County undertaking of ad hoc salary increment that goes beyond donor partner planned increment.
6. Establish systematic planning, budgetary allocation and transitioning of the health workers to the County Payroll after the life of the donor support for sustainability.

Article 3: Roles and Responsibilities

In order to achieve the above objectives the following activities will be undertaken by the parties entering this agreement:

(i) County Roles and Responsibilities

(a) General Roles and Responsibilities

1. Nominate a senior focal person from the County health department as liaison between the County and the development partner in supporting the health worker contracting.
2. Support preparation of employment contracts using agreed upon standard County template and obtain approval by County Public Service Board (CPSB) and participate in the contract issuance exercise.
3. Participate in the management of contract workers including providing regular monthly feedback on the monthly payroll verification of the staff in post and other related matters.
4. Systematically make budget provision to transition to appropriate job groups at the close of donor funding

(ii) Roles and Responsibilities of Development Partner

1. Manage the donor supported Health Workforce and provide payroll administration and processing of salary and other remunerations for the contract workers up to and including the date of their transition to the county payroll.
2. Engage the contract health workers within the GOK terms and conditions of service for harmonious integration into the County health workforce.
3. Undertake cost of advertising and recruitment exercise for the contract workers.
4. Coordinate the Health Workforce management onsite and offsite supervision and submit relevant reports to the County or National level.
5. Organize and undertake with the County contract issuance to the health workers in the County.
6. Provide medical insurance, work injury benefit, medical insurance and professional indemnity cover to the contract workers.
7. Negotiate a 6-month timeline with the County for transition of the Health Workforce prior to close of donor support.
8. Hand over the contract workers employees' personnel files to the County upon transition of the workers to County payroll.

Joint roles and responsibilities

1. Performance management and performance evaluation
2. Medical insurance and WIBA
3. Negotiate 6 month timeline to transition contract health workers to county payroll
4. Data management
5. Transitioning of contracted health workers and hand over of their personal files to the county

Article 4: Management

The partnership will be managed within the existing governance structures of the County Government of ..... .and Donor implementing partner. The County Governor and Chief of Party of Implementing partner will have the overall authority and responsibility on all matters related to this partnership. The County Health department will oversee the day-to-day activities of the partnership.

Article 5: Period of Performance

The performance period of this agreement shall be from .....; during the donor implementing partner support project's life cycle Subject to availability of funds

Article 6: General Provisions

A. Amendments:

Either party may request changes to this agreement. Any changes, modifications, revisions or amendments to this agreement which are mutually agreed upon by and between the parties to this agreement shall be incorporated by written instrument, and effective when executed and signed by all parties to this agreement.

B. Force Majeure

Neither Party shall be liable for any unforeseeable events beyond its reasonable control not caused by the fault or negligence of said Party, which cause said Party to be unable to perform its obligations under this agreement, and which it has been unable to overcome through the exercise of due diligence. In the event of the occurrence of such force majeure events, the party unable to perform shall promptly notify the other Party. It shall further use its efforts to resume performance as quickly as possible and shall suspend performance only for such period of time occasioned by the force majeure event.

C. Termination:

This agreement may be terminated when the activities of the donor contracting support come to an end.

D. Disputes:

Any dispute, controversy, or claim relating to this agreement shall be resolved through negotiation. If no resolution can be reached by negotiation, then conflicts shall be settled by mediation by a designated arbitrator agreeable by both parties.

E. Entirety of the Agreement:

This agreement represents the entire understanding between the parties and supersedes all prior negotiations, representation and agreements, whether written or verbal.

Article 7: Commitment

This partnership is based on the parties' goodwill and geared towards realization of mutual benefits for the three parties.

Now the two parties do affirm their commitment to this partnership as outlined in this document, the work plan and other instruments, which by their very nature supersede the authority of this document.

In witness whereof, the duly authorized representatives of the parties sign this agreement in two originals of equal content and validity of the dates in the places below.

Done and signed at ..... County Head Quarter
the..... day of ..... 2014.

For: County Government of .....

His Excellency The Governor

Name: .....

Sign: .....

Date .....

For: Donor Implementing Partner **Chief of Party/ Director**

Mr/Mrs/Dr.: .....

Sign: .....

Date: .....

Witnesses:

1. Name: .....

Sign: .....

Date: .....

2. Name: .....

Sign: .....

Date: .....

BD

Annex 2

Contract Health Workforce Stepwise Transition Process

In Africa, health worker shortages and rural-urban staffing imbalances represent major obstacles to health service delivery (KPMG 2013; O'Brien and Gostin 2011; World Health Organization 2006). Improving availability and retention of skilled health workers, particularly in the public sector, is the cornerstone of Kenya's response to its health care needs, including HIV/AIDS prevention, care, and treatment. The Kenya Health Sector Human Resource Strategy (KHSHRS 2014 -2018) identifies six (6) human resources for health investment areas as dependent on availability of appropriate and equitably distributed health workers, conducive environment that attracts and retains, systems for HR planning, adequate financial resources mobilized to support investments in HRH, responsive institutional framework that supports health worker performance, and their training and development.

In 2006, IntraHealth with United States Agency for International Development (USAID) funding introduced contracting of health workers to support public health facilities in responding to HIV care and treatment. The contracting of health workers was to help seal the critical staffing gaps across health facilities and counties, and supplement the national and county governments' efforts in improving service delivery. Placement of contract health workers and subsequent inclusion into the government schemes of service has proved as a sustainable model that builds into the health worker presence at site as well as promotes collaborative partnership between partnering organization and the county governments. As a pioneer of this model, IntraHealth through its USAID funded projects including Human Resources for Health (HRH) Capacity Bridge Project has worked with the national and county governments to transition over 1,500 health workers to government payroll.

THE YEAR

2006

IntraHealth with United States Agency for International Development (USAID) funding introduces contracting of health workers to support public health facilities in responding to HIV care and treatment in Kenya.

The HRH Capacity Bridge Project has worked with the national Ministry of Health (MOH) and county governments, Public Service Commission, Transition Authority and other contracting partners to develop a standard health workforce contracting guidelines that harmonizes donor recruitment, deployment, and county transitioning of health workers. This document was disseminated to the County of Governors, (COG), County Departments of Health (CDH), County HR Departments (CHRD), County Public Service Boards (CPSB) and contracting partners for use in the counties and institutionalization. The contract health workforce stepwise transition process (overleaf) presents a ten-step process necessary for ensuring that contracted health workforce sustainably and progressively fill in the existing gaps in human resources for health in the public health sector for quality service delivery.

Contract Health Workforce Stepwise Transition Process

1. **Project engages COG** on transition of contract workers being supported.
2. **COG communicates to county/counties** to plan and budget for transition of contract workers.
3. **Project engages CDHs, CHRD & CPSBs** to lobby for transition of contract workers.
4. **Project ensures contract terms** are aligned to MOH/County employment terms.
5. **CDH in collaboration with contracting partner does staffing needs analysis, develops recruitment plan and budget** submits to county cabinet for approval.
6. **County cabinet approves** the recruitment plan and budget.
7. **CDH prepares and presents indent** to the CPSB against the approved recruitment plan.
8. **The board carries out interviews for the candidates** to assess suitability.
9. **Successful contract workers** are issued with appointment letters and placed on county payroll.
10. **CDH and partner conducts assessment** on staff retention and motivation 6 and 12 months later.

CDH County Department of Health
CHRD County Human Resource Department
COG Council of Gorvernors
CPSB County Public Service Board
MOH Ministry of Health

Explanation of the Transition Process

	STEPS	PROCESS DETAILS
1	Project engages Council of Governors (COG)	Addressing health workforce gap is a national concern and desires higher-level engagement and ownership. Consistent with this, there is need to hold engagement meeting with the Council of Governors (who undertake county consultations, and encourage and initiate information sharing on the performance of county governments with regard to the execution of their functions) and share information on the contracting model being implemented for the contract health workforce including numbers, cadres and specific county being supported.
2	The Council of Governors communicates to the county	The Council of Governors can then lobby for the project with the counties by formal communication requesting the county public service board and county health department to transition the partner supported contract health workers.
3	Project engages County Department(s) of Health (CDH), County Human Resource Department(s) (CHRD) and County Public Service Board(s)(CPSB)	It's critical that the project engages the county structures involved in human resource management, namely the county human resource department and the county public service boards alongside the county department of health. Engagement meeting with the health committee of the members of the county assembly (MCA) may also be planned as part of the lobby initiatives.
4	Project ensures contract terms are aligned to Ministry of Health/County	Should the terms of remuneration of the exiting contracted staff not be aligned to the government's salary scales, the project needs to adequately engage the staff and ensure that there is good understanding of their future terms and conditions of employment upon transition to the county government payroll. This is key in facilitating staff transition on similar terms to those in the county performing the same functions/roles. Best practice would be for the contracting partner to ensure that from the onset of contracting staff for any county, staff salaries are aligned to those of national/ county government.
5	Staffing needs analysis, recruitment plan and budget development	The county department of health in collaboration with the project needs to undertake a staffing needs analysis to inform development of the recruitment plan and budget. The department of health should allocate resources at the commencement of the fiscal year to support the staff remuneration. Should the anticipated transition process be initiated within the fiscal year, a budget analysis is essential to identify resources to support staff salaries and be included in the health department's supplementary budget. It's essential for the partner to have a good understanding of the government fiscal cycle and thus work with the department of health to ring-fence funds towards salaries for transitioning of the contract workers.

	STEPS	PROCESS DETAILS
6	Cabinet approval of recruitment plan and budget	The recruitment plan and budget are forwarded by the Chief Officer of Health to the County Executive Committee member for health for discussion and approval at the County Cabinet level.
7	Preparation and presentation of Indent	Upon receipt of the approval, the county department of health in collaboration with the project prepares the indent. The indent (an advert based on schemes of service and job descriptions for the relevant positions being hired) is presented to the County Public Service Board by the Chief Officer of Health. In some instances, this may be through the County Secretary.
8	CPSB interviews for assessment of candidate suitability	The County Public Service Board sets up a panel to assess the candidates' suitability for purposes of ensuring that the staff are of good standing on the basis of academic and professional qualifications, and registration status with their respective regulatory boards.
9	Issuance of appointment letters and allocation of personnel payroll number	The successful candidates is then be issued with county appointment letters and subsequently placed on the county payroll under terms aligned to Ministry of Health/County and assigned personal numbers. Where feasible, the staff are retained at their service delivery points for continuity of health services.
10	Post-transition follow up of staff	Post-transition follow up assessment to ascertain the outcome of the transition process and staff satisfaction by both the county department of health and the Project is critical. This should be carried out six to twelve months after the transition.

Annex 3

Draft Human Resources for Health Program Manager/Officer Role Profile

The HRH Program Manager/Officer will be responsible for hands on implementation of all HR support to the Project and works in liaison with the County HRH Unit and its HRH Officer. The role will include supporting the implementation of the Ministry of Health's Donor Supported Health Workers Contracting Guidelines, Kenya Health Sector HR Strategy, other HR policies including on human resource development, performance management, change management, employee relations and welfare with regards to the contracted health workforce to deliver proactive HR services and programs. Specific roles will include:

1. Support county in the implementation of HR policies and processes including staffing, recruitment, workplace health & safety, rewards and benefits, training & development, HR planning, organization and coordination with regards to health workers.
2. Coordinate and ensure implementation of contract staff performance appraisals.
3. Ensure harmonious employee relations and welfare as well as open communication channels.
4. Support and participate in HR supervision of the county contract health workforce
5. Proactively contribute to development of the HRH budget to include transition of contract workers.
6. Maintain HR systems that inform County HRH information needs on contract health workers

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 (for manager position) .
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 with good negotiation and influencing skills.
9. Excellent interpersonal skills.
10. Proficient in Microsoft Office packages and HRIS.

Elements of Partner HRH Programming for Contract Health Workforce

IntraHealth International

USAID Funded Contract Health Workforce Through It's Three Projects

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