



Government of Malawi

**HUMAN RESOURCES
DEVELOPMENT (HRD) POLICY
FOR THE PUBLIC HEALTH
SECTOR**

**Ministry of Health
Human Resource Management
and Development Division
P.O. Box 30377
Lilongwe 3**

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FOREWORD

The Human Resource Development Policy is aimed at putting in place systems to ensure that training is well organised, transparent, fair and cost effective. The policy will serve as a planning reference and management tool for all investments in training and staff development.

The development of the HRD policy is therefore a clear testimony of the Ministry's commitment to training and staff development. The Ministry will create a conducive environment that will provide an opportunity to all health workers to continuously learn so as to equip them with the requisite skills to effectively implement the Essential Health Package. The policy will also be used as a lens of continuous learning and an integral part of change in the Ministry particularly now when the Ministry is going through a number of reforms under the Sector Wide Approach.

It is expected that the implementation of this policy will promote a culture of continuous learning and development. At the same time, building a professionally competent workforce in the public health sector in Malawi. The end result is a health sector that is continuously supplied with the appropriate skills mix and capacity to develop, support and implements targeted service delivery interventions at every level of the health care system.

My Ministry therefore considers the development of this policy as big milestone and a catalyst for effective implementation of the Essential Health Package in the context of the Malawi Growth and Development Strategy.

Hon. Professor Moses Chirambo M.P.
Minister of Health

ACKNOWLEDGEMENTS

I would like to thank all those who contributed to the development of the HRD Policy. My sincere thanks to the Department of Human Resource Management and Development in the Office of the President and Cabinet for leading the team that reviewed the first draft of this policy.

I would also like to specially acknowledge the valuable comments and constructive contributions from MoH Management and the Human Resource Technical Working Group. I salute you all. Bravo.

C.V. Kang'ombe

Secretary for Health

LIST OF ACRONYMS AND ABBREVIATIONS

CHAM	-	Christian Health Association of Malawi
EHP	-	Essential Health Package
HRD	-	Human Resources Development
HRMD	-	Human Resources Management and Development
HR TWG	-	Human Resources Technical Working Group
MGDS	-	Malawi Growth and Development Strategy
MPSR	-	Malawi Public Service Regulations
NGO	-	Non-Government Organisation
PoW	-	Programme of Work
SWAp	-	Sector Wide Approach
TNA	-	Training Needs Assessment

1.0 INTRODUCTION

1.1 Background

Health indicators for Malawi have generally remained poor over the years. There is a strong consensus amongst stakeholders that human resources pose the major immediate challenge to improving quality and coverage of health care especially in the public health sector. The HIV/AIDS pandemic coupled with the high incidence of local and international migration affecting almost all categories of health workers has far outstripped the numbers entering the public health sector. As a result, the efficient and effective delivery of quality health services is greatly affected.

The Ministry of Health recognizes that its success, as well as that of its partners, in the efficient and effective delivery of quality public health care services largely depends on having adequate numbers of professional health workers and support staff, across all cadres, equipped with the requisite competences (skills, knowledge and

attitude), to deliver health care services at all levels.

The rapid changes that are taking place in the local social economic, cultural, and political environment as well as current reforms in the public health sector and global changes in technology means that public health workers and support staff are continuously faced with situations that require new learning.

1.2 Rationale

In most cases, Human Resource Development (HRD) interventions in the Ministry are ad-hoc and not in light of ongoing work on the human resource requirements. Consequently the current HRD interventions have had limited impact in improving the quantity and quality of personnel needed to implement the Essential Health Package (EHP). In particular, the identification of training needs, the development of training priorities and plans lack systematic analysis and are not linked to public health service goals and objectives. In addition, the human resource planning system is extremely weak and the selection of candidates

for training is often haphazard, with focus primarily centered towards the training of professional workers. Furthermore, the relevance of the training programs is not validated by informed monitoring and evaluation systems.

To effectively address this situation and at the same time respond comprehensively to the changes and current challenges, the Ministry and its partners view continuous training and staff development as a powerful tool to respond to the problem. Hence, the development of this HRD Policy.

The ultimate aim of this policy therefore is to improve staff performance and productivity by maintaining experienced, well trained, motivated and committed personnel with leading-edge skills at all times.

1.3 Linkages with other Relevant Policies

The HRD Policy is in line with the provisions of the Malawi Public Service Training and Development Policy and the Malawi Public Service Act. The policy is also informed by training policies from

the public health sector within the SADC region, in particular South Africa and Namibia.

Specifically, the HRD Policy is based on the priorities of the Joint Programme of Work (PoW) for the Malawi Health Sector Wide Approach (SWAp), 2004-2010 which revolves around the provision of the EHP as part of the Malawi Growth and Development Strategy (MGDS).

1.4 Key Challenges and Barriers

Key challenges and barriers to implementation of this policy include:

a. Institutional Challenges

- i. There may be resistance in accepting the policy as it will spell out systematic training needs assessment for those eligible to undergo training as compared to ad hoc and uncoordinated training practices.
- ii. Change of mindset where people would accept training as part of career development and performance improvement as opposed to

the current trend of taking training as a source for extra income.

b. Coordination and Management Challenges

Training interventions are not well coordinated, monitored and evaluated e.g. donor funded training initiatives are not adequately communicated to top management. This usually ends up in misallocation of training priorities and resources. In addition, it may lead to incorrect statistics on the number of trained personnel. Furthermore, line manager's ownership and commitment to the management of the training and staff development function is limited.

c. Financial Challenges

In some cases the demand for training has not been supported because of inadequate financial resources allocated in the training budget.

iv. Human Resource Management Challenges

There is inadequate human resource capacity due to international migration of qualified staff for greener pastures and death arising from the

HIV/AIDS pandemic. This would affect the implementation of the policy and its programmes.

2.0 BROAD POLICY DIRECTIONS

2.1 Vision Statement

A Public health sector with adequate well trained and qualified health workers effectively implementing the Essential Health Package (EHP).

2.2 Mission Statement

"To provide continuous competency-based training through Pre-service and In-service training that would assist health workers attain highest level of professional development and job satisfaction while contributing to the achievement of the Vision, Mission, Goals and Objectives of the Ministry and its partners."

2.3 Principles and Core Values

The guiding principles of this HRD policy and the core values are based on the mandate, goals and objectives of the public health sector whose overall target is:

"To raise the health status of all Malawians through the development of a health delivery system capable of promoting health, preventing, reducing and curing diseases, protecting life, and fostering the general well

being and increased productivity and reducing the occurrence of premature deaths.”

2.3.1 Guiding Principles

The following policy principles will be embraced in managing the training and staff development function:

- Priority will be given to officers serving in remote, hard to staff underserved rural areas;
- Gender balances will enjoy priority consideration;
- Positive professional attitude will be emphasized and developed in all training endeavors.
- Multi-skilling, team development and sector integration will be given a priority to promote appropriate skills mix for the public health sector.
- Selection of candidates for Pre-service training should be decentralized to provide equal opportunity to all deserving Malawian populace.

2.3.2 Core Values

The core values of the Ministry of Health and its partners focus on pro-poor interventions in the delivery of health care services in the public health sector. These include:

- Equity of services;
- High service quality;
- Availability and Accessibility;
- Collaboration;
- Affordability; and
- Sustainability.

2.4 Overall Goal

The goal of this policy is to provide and maintain clear guidelines that promote consistent management decisions in the administration of training and staff development.

2.5 Objectives

The objectives of this policy are to:

- a) Facilitate systematic training and staff development activities within the public health service;

- b) Ensure that training and development are carefully planned, monitored, evaluated and sustained at all levels of health services.
- c) Facilitate coordination of training efforts in order to eliminate waste of resources;
- d) Strike a balance between the Ministry's and personal development needs.
- e) Provide training programmes that meet international standards.

2.6 Application of the Policy

This policy shall apply to all health workers in the public health service which includes Ministry of Health and CHAM.

3.0 POLICY THEMES

The policy identifies a number of problem areas that need to be addressed by the public health sector under the following themes:

3.1 Training Needs Assessment and Candidates Selection.

Currently, investments in training and staff development activities are not in response to clearly identified training needs due to lack of systematic analysis in the identification of training and staff development needs. Often, staff training is not based on well defined training plans that are linked to organizational goals and objectives, skill requirements, service priorities and programme needs of the public health service.

Furthermore, the selection of candidates for training is often haphazard, with focus primarily centered towards professional workers.

3.1.1 Objective

Align training programmes in line with health sector priority needs.

3.1.1.1 Strategies

a. Basic Training of health workers:

- i. Regular review of the health sector to ensure that courses are offered in line with

the service priorities, programme needs and skill requirements of the public health sector.

- ii. Assist health training institutions to develop curricula that respond to health sector needs.
- iii. Disseminate health sector skills requirements to health training institutions.
- iv. Establish a loan scheme that would assist needy students who are unable to pay tuition fees.
- v. Advocate to Ministry of Education teaching of science subjects in all secondary schools including community secondary schools.

b. Post-basic Training

- i. Conduct annual/regular reviews of the Ministry/partner institutions strategic and annual work-plans /programmes to determine service priorities and skill requirements.

- ii.** Establish training priorities based on the service needs and the skill requirements (gap) of the public health sector.

- iii.** Formulate comprehensive training plans and implement demand-driven training programmes to address the identified gaps.

3.2 Sponsorship And Funding

One of the major challenges that the Malawi Public Health Sector faces in its training and staff development endeavours is inadequate funding and sponsorship.

3.2.1 Objective

To allocate adequate financial resources and put in place mechanisms for rational utilisation of funds based on priority needs of the public health sector.

3.2.1.1 Strategies

- i. All training should be derived from prioritised needs of district and central level plans.
- ii. Establish Training Committees to coordinate the mobilisation, allocation and utilisation of financial resources for approved training and development programmes.
- iii. Encourage staff to initiate applications for educational loans or alternative scholarships and funding other than government sponsorship.
- iv. Periodically monitor utilisation of training funds to ensure that financial resources allocated for training are only utilised for intended training activities.

3.2.2 Objective

To promote understanding among trainees on the terms and conditions governing scholarships

3.2.2.1 Strategies

- i. Develop scholarship information packs for both Pre-service and In-service Training.
- ii. Conduct Pre-training briefings on Malawi Public Service Regulations (MPSR) to prospective study fellows.

3.3 Retention of Trained and Qualified Staff

Although there is increased inflow of trained and qualified personnel into the health system, there is continuous international and local migration of such personnel leaving the public health sector understaffed. This adversely affects the quality of healthcare delivery.

3.3.1 Objective

To retain trained and qualified staff by putting in place mechanisms which shall minimize or arrest their outflow from the health system.

3.3.1.1 Strategies

- i. Develop and implement the training bond for health workers.

- ii. Introduce special incentives for those health workers that obtain a recognized certificate in any profession relevant to his/her duties.
- iii. Review and clarify career structures/guidelines for all health workers in the public health sector.

3.4 Post-Training Skills Application and Performance Monitoring

Despite the significant investments that the Ministry and its partners have made into the training of health workers over the years, its impact on the delivery of health care services and actual contribution to improved organizational efficiency and effectiveness within the public sector has been dismal. This has been caused by a number of factors, prominent amongst them being the absence of a clearly defined skills application and performance monitoring apparatus.

3.4.1 Objective

To introduce an enhanced formal skills application and performance monitoring system for all health workers after training.

3.4.1.1 Strategies

- i. Deploy trained health personnel in areas/ sections that will enable them fully utilize the skills/ expertise that they gained during training.
- ii. Introduce a performance monitoring system to measure skills application upon returning from training.
- iii. Introduce a rewards system for post-training skills application.

3.5 Monitoring, Evaluation & Validation of Training

Despite the fact that HRD activities are considered an important and integral part in the effective delivery of services in the public health sector, the majority of the training and staff development interventions are not well monitored, evaluated and validated. As a result, the determination of their relevance and impact on the delivery of public healthcare services has been extremely difficult.

3.5.1 Objective

To validate training and staff development programmes by instituting monitoring and evaluation systems.

3.5.1.1 Strategies

- i. Develop training evaluation instruments to inform on the training programme attended.
- ii. Monitor skills application after training through regular performance review meetings.
- iii. Undertake regular validation of Government accredited training institutions.
- iv. Monitor attrition rates of students on Pre-service training under government scholarships.

4.0 IMPLEMENTATION ARRANGEMENTS

The institutional arrangements for the implementation of the HRD Policy are as follows:

4.1 Management

The key role and responsibility of top management is to ensure that HRD interventions are implemented in line with national goals and policy for the health sector outlined in the Malawi Health SWAp Programme of Work (2004 – 2010). Specifically, Management's responsibility shall be to:

- Create a conducive environment for training and staff development;
- Provide guidance on policy developments and changes relating to Public Health Sector training and development and to ensure that these are known and effectively applied by all those officers dealing with HR Planning and Development as well as line management;

- Allocate adequate financial and other resources for training and staff development in the public health sector;
- Ensure that Training Committees are in place and operational;
- Ensure that needs based training and staff development plans are developed for implementation by health training institutions and other training service providers;
- Ensure that staff members are properly placed in terms of qualifications, expertise and experience;

4.2 Line management:

Training and development is an integral part of the job of line management. The responsibilities of line management shall be to:

- Create an enabling environment for his/her staff capable of inspiring them and stirring up their talent, contribution and potential;
- Conduct On-the-job training;

- Systematically determine training needs of his/her subordinates;
- Develop plans for performance improvement of staff in line with identified performance gaps, annual work plans and priorities as well as individual career development aspirations;
- Ensure that employee training and development are consistent with the provisions of the HRD Policy;
- Prepare and submit a prioritized training and staff development plan to the Human Resources Division;
- Recommend long-term training request/proposals for his/her Department/section for consideration of the Training Committee;
- Approve short-term training for his/her Department within the criteria specified in the operating units delegation in consultation with the relevant training committee;
- Inform successful staff members of their selection and possibility of proceeding for training including the name of course, duration/timeframe and course provider;

- Deploy staff members appropriately after training in close collaboration with the Human Resources Division;
- Ensure that employees training requests are properly authorized before they enroll on courses;
- Monitor skills application after training and undertake regular training evaluations/validations to ensure training investments contribute to improved job performance;
- Undertake training impact evaluation and provide regular feedback to the Human Resources Division or training providers/institutions on the training programmes.

4.3 Human Resource Management and Development (HRMD) Division

The HRMD Division shall play the following key roles:

- Serve as Contact Point on all HRD matters in the public health sector;

- Provide professional guidance and technical advice on the identification of training needs, preparation of human resource development plans, prioritization of training, candidate selection, course identification and recommendation of reputable and Government approved training institutions;
- Ensure that copies of the HRD Policy are circulated to line Management for easy access by all staff members;
- Undertake regular review of the HRD Policy, Practices and Plans to ensure that they are up-to-date at all times;
- Conduct regular training to equip members of various Training Committees with the requisite skills in undertaking Training Needs Assessment (TNA), occupational training needs, preparation of training and staff development plans and career planning and development;
- Monitor the effectiveness of training by undertaking regular training evaluations in consultation with line management;
- Monitor deployment of staff members after training to ensure that they are in appropriate posts for effective application of

newly acquired skills, knowledge and competences;

- Consolidate annual training and staff development plans submitted by line management;
- Provide secretarial services to Training Committee Meetings;
- Assist line management and Supervisors in undertaking TNA's;
- Develop operational guidelines or manuals to ensure uniformity in the implementation of the Human Resources Training and Development Policy;
- Ensure that all training programmes are delivered by qualified and competent trainers/facilitators;
- Develop and maintain up-to-date institutional and sectoral training databases and skills inventories;
- Ensure that all staff members and sections benefit from training opportunities on need/equitable basis;
- Liaising and cooperating with Government, donors, NGO's, and all relevant organisations on HRD matters;
- Submitting training proposals and prioritised

HRD plans to Government and Donors for possible funding.

4.4 Individual Staff Members

The role of individual staff shall be to:

- Discuss his/her training needs with his/her supervisor on the basis of his/her performance gaps and individual career aspirations;
- Initiate alternative sources of funding or application for educational loans subject to the provisions of the Malawi Public Service Regulations on Advances and Loans to pursue training programme not initiated and funded by the employer;
- Attend training and development programmes as and when opportunities arise;
- Submit a detailed report to the supervisor and HRMD Section on any training programme attended;
- Return to the public health sector after training;

- Apply and share new skills and knowledge acquired during training with work colleagues for improved job performance;

4.5 Training Committee

The responsibility of the Training Committee, whose membership shall be determined by management, shall be as follows:

- Provide policy direction and leadership on any issues relating to HRD;
- Determine areas of training and development that are consistent with the PoW and any policy interventions existing from time to time;
- Implement the human resources training and development policy for the public health sector;
- Ensure that training and staff development needs are effectively identified, prioritised and are fully responsive to, and address, among others, gender issues, HIV/AIDS, human rights, disability issues etc;
- Review training and staff development submissions from supervisors to ensure that

they are in line with identified skills gaps in the public health sector;

- Ensure that selection of staff members to participate in training and development programmes is based on objectively identified skills or performance gaps and that same staff are not repeatedly selected for training;
- Coordinate the mobilization, allocation and utilisation of financial resources for approved training and development programmes;
- With technical advice from the HRMD section, recommend to management granting of paid and/or unpaid study leave to staff members wishing to proceed on self-initiated training;
- Monitor and evaluate the effectiveness of training and staff development interventions.

4.6 Human Resources Technical Working Group (HR TWG)

The role of the HR TWG is primarily an advisory one. As a multi-sectoral grouping of key stakeholders championing the implementation of Pillar One of the PoW (Human Resources), HR TWG shall be responsible for:

- Review progress reports on the implementation of the HRD Policy, Practices and Plans for the public health sector
- Provide guidance on major policy changes, improvements and strategic direction on HRD matters;
- Resolve any major conflicts that may arise between stakeholders during the implementation of the HRD Policy.

5.0 Monitoring and Evaluation

The monitoring and evaluation of this policy will be based on Policy Impact Monitoring and Evaluation Plan. Monitoring and evaluation will be done on an annual and regular basis as may be determined. This will cover specific training interventions as well as implementation of strategies contained in this policy.

5.1 Means of Monitoring

The Ministry of Health shall receive and compile quarterly training reports from public health institutions in order to monitor compliance with the policy. A training Database should be created in order to keep record of training beneficiaries (Training Statistics) and

the data may be used for training impact assessment studies.

Some of the methods that may be used in monitoring and evaluating the effectiveness of training and development programmes shall, among others, include the following:

- Impact Evaluation(End of Course Evaluation);
- Service delivery surveys;
- Training Needs Assessment;
- Examinations results from Health Training Institutions.

5.2 Review of Policy

This policy shall continuously be reviewed to ensure that it remains relevant and responsive to the needs of the public health sector. The policy shall be reviewed once every five years or at any other interval when it becomes necessary.

APPENDIX I: STANDARD OPERATING PROCEDURES (SOPS)

The following standard operating procedures (SOPS) shall act as application guidelines to ensure that the HRD Policy is administered in a simple, consistent and objective manner for all staff categories at all times within all public health service institutions.

TYPES OF TRAINING

All training programmes within the Public Health Sector fall within two main categories namely Pre-service and In-service Training.

Pre-Service Training

Definition and Target Groups

Pre- service training relates to HRD investments in the public health sector targeting trainees pursuing various health related programmes in the local health training institutions.

Overall, Pre-service training aims at increasing the supply of trained professional health workers to meet the growing demand for health services in Malawi. Within the short and medium terms, and in line with the 6 Year emergency training plan, Pre-service training aims at addressing the current health crisis in Malawi which is largely due to acute shortage of professional health workers in the public health sector.

Candidate Selection for Pre-service Training

Selection of candidates shall be made in a manner that ensures transparency and equal opportunity. However, the selection shall be guided by the following key considerations:

- a) All training opportunities for various health training institutions shall be advertised in the local print media and other avenues to ensure open competition amongst all eligible Malawian candidates;
- b) Only suitably qualified candidates who meet minimum entry requirements (such as credits in sciences and other relevant subjects) based on course/programme specifications shall be considered;
- c) Selection of trainees shall be based on a highly competitive and transparent interview process undertaken by competent selection panels using professionally designed and objective assessment tools/criteria;
- d) Selection of trainees shall be based on equitable gender balance, geographical distribution across the 3 regions taking into account existing urban and rural inequities;

In-Service Training

Definition and Target Groups

In-service training relates to those HRD investments in the Public Health Sector targeting staff members. In fulfilling the training objectives of the Ministry, support will be given for both short-term and long-term training.

Short-term Training: Definition and Eligibility

Unless otherwise stipulated, short-term training shall be defined as any competency-based training whose duration is a minimum of one week and a maximum of three months.

The following criteria shall be used in selecting staff to proceed on short-term training:

- The training should be relevant to the staff member field of work, identified performance gaps and be in line with the priority needs of public health sector;
- Must not be on the long term approved training programme;
- In the case of a member of staff having completed his/her post graduate studies, the officer must have served the public health sector for at least a period of one year upon return from their studies;
- Priority will be given to staff members who have not attended any course during the previous year in order to ensure that many staff members benefit;

Long-Term Training: Definition and Eligibility

Unless otherwise stipulated, long-term training shall be defined as any training whose duration is in excess of three months. The following criteria shall be used in selecting candidates for long-term training upon meeting the following conditions:

- Must be confirmed member of staff;
- Must not be more than 55 years of age;
- Must be medically fit and certified by a medical practitioner;

- Must have served the Ministry for at least a period of 3 years upon return from another long-term training; and,
- Must have demonstrated the ability to apply the skills acquired through previous training to improve individual, departmental and Ministry's performance.
- Candidates should only be recommended to undertake a training programme outside Malawi provided that same programme is not offered locally;
- Candidates will have to meet the requirements for particular programmes as may be stipulated from time to time both by the training provider and the sponsor.

In-House Training

Where a significant number of candidates are eligible for the same training, management shall identify an experienced local or international facilitator to design and deliver training on an in-house basis. Other than the issue of numbers, consideration for in-house training shall also be based on training cost, effectiveness of training and impact on organizational performance.

Overall, execution of In-house Training and Staff Development Plans shall commence with the shorter, cheaper and locally based courses. Candidates shall only proceed on further training after demonstrating their ability and commitment to application of new skills for performance improvement.

Unpaid Study leave

Unpaid study leave will be granted to staff to pursue privately initiated local or external courses provided:

- The trainee has served in the Ministry for a minimum period of 3 years;

- The programme to be pursued is directly relevant to the current functions and responsibilities of the member of staff concerned, and
- The concerned member of staff will be required to provide the Ministry with annual official progress reports

Cost Benefit Analysis and Pre -Training Competence Assessment

Prior to sending candidates for training, the direct and indirect costs of training shall, as much as possible, be clearly established by management. The direct cost components include training fees, travel, board and lodge, allowances and other expenses. The indirect cost considerations include absence from work/replacement cost during training, period for skills application after training (retirement considerations and contract renewals), etc.

Where the cost of training an individual is deemed to be higher than the expected benefits to the public health sector, in terms of improved organizational performance, the training should not be undertaken.

Where the existing skill/performance gap is so wide as to require inordinately long periods of training, the Ministry shall explore alternative options for achieving performance excellence in the public health sector. Based on each position's skill profile and the desired level of staff performance versus the job - holders' skill profile and performance record/potential, alternatives to training shall be explored. These options include: recruitment of candidates with the requisite expertise and experience, outsourcing of the function, use of consultants, etc. Where investment in training is not justifiable, the incumbent shall either be redeployed or retrenched based on management's decision and corporate priorities.

Action Planning

Based on the results of the cost benefit analysis, and prior to proceeding on training, the following measures shall be undertaken:

- In line with the agreed individual performance targets and expected results (derived from the annual Departmental/Divisional/Section work plans), the staff member and his/her supervisor shall jointly identify specific tasks requiring performance improvement through training.
- The supervisor and employee shall jointly prepare a practical plan of action with an attached time frame to improve performance in the deficient areas of competence following a course of training.
- The employee, his supervisor and/or Human Resources Section shall identify the relevant courses and recognized training institutions; obtain copy of course content, preferably on internet, for preliminary review and recommendation for management approval.
- The candidate shall prepare, discuss with peers and agree with his/her supervisor a detailed action plan for applying the knowledge and skills acquired from the course and the expected benefits and results to be achieved in the respective public health sector institution.
- Jointly with the supervisor, the staff member shall fine-tune the action plan prior to its submission for management consideration and approval. The approved plan shall clearly indicate:
- The purpose of the training including observable and measurable operational improvements and benefits to the organization, wherever possible.
- Specific competencies (knowledge, skills, and experience) to be gained and/or enhanced by training.

- Clear steps for competence application to achieve specific performance objectives.
- Resource requirements and likely organizational constraints to skills application and implementation of proposed action plan.
- A time-scale for implementing each step of the action plan and deadline to achieve the overall performance improvement.
- Specific consequences for failure to implement the action plan e.g. no further training.
- Signature by supervisor, management and individual candidate establishing mutual obligations for successful implementation of the action plan after training. This forms a formal contractual agreement between management and the staff member prior to proceeding on training.
- During the training, the candidate shall develop the necessary skills within the course; discuss with fellow trainees and trainers the best way to implement the action plan at the workplace after training.

Post training evaluation

- After training, the graduate shall discuss and fine-tune the action plan with peers and the supervisor for implementation.
- Instead of submitting just a report with theoretical recommendations, the graduate shall submit a fine-

tuned action plan to management. Where applicable the action shall include additional targets that may not have been contracted for prior to training.

- The supervisor shall maintain a progress record of the actions taken and objectives achieved on a regular basis. Copies of such records shall be submitted to management on the individuals' personal file.
- Based on the achievements recorded in implementing the action plan, the individual employee shall be rewarded by management for good performance and sanctioned for poor performance.

Training loan scholarship contract

All members of staff undergoing full time Government/Donor sponsored long-term training programme, either locally or abroad, will be required to enter into a formal loan scholarship agreement (see appendix II) binding them to continue and remain in the employment of the Ministry for a period of not less than 5 years from the date of completion of their training.

If any such member of staff chooses to leave the Ministry before the expiry of the bonded period, he/she shall be required to refund expenses incurred by the Ministry, which shall be determined by the corresponding remaining bond period calculated on pro-rata basis.

APPENDIX II: TRAINING BOND

THIS INDENTURE made the.....day of..... **BETWEEN THE MINISTRY OF HEALTH** (hereinafter called Ministry) of the one part **AND**.....(hereinafter called the student) of **postal address**.....of.....**Village, Traditional Authority**.....**District**.....of the other part.

WHEREAS by an agreement made between the **MINISTRY** and....., the said..... agree, inter alia, to grant assistance by way of underwriting further education or technical training of students to be in the service of the Ministry for the purpose of improving the standard and efficiency of such service and it was agreed that the Ministry selected such student for such training.

AND WHEREAS pursuant to the above-cited arrangement the Ministry has agreed with the student to financially support and enable him/her to enter upon a Certificate/Diploma/Degree/Masters/PhD course of study in (Hereinafter called the course) at..... (hereinafter called the Institution) which the said Student has agreed to pursue.

AND WHEREAS the said student has agreed with the Ministry that upon the completion by him/her of the said course, he/she shall serve for a period of not less than two years from the date of completion of the said course as the Ministry may, in accordance these present require, deploy him/her to any health facility with the Ministry or return to duty station.

AND he/she has further agreed with Ministry that in the event of his/her breach of the agreement by his deliberate failure or refusal to continue and remain in the service of the Ministry of Health for the required period or by his/her leaving the required service, without the prior consent of the Ministry before the expiry of such period, he/she or his/her new employer shall be bound for the payment to the Ministry of all amounts paid to or on behalf of the student pursuant to this agreement to which the Ministry all amounts paid to or on behalf of the student pursuant to this agreement leading to the right in the Ministry so to demand recovery or repayment of any sums so computed as liquidated damages.

NOW THIS INDENTURE WITNESSETH as follows:

1. The Ministry agrees with the student:-
 - A. Subject to these presents to allot and expend on behalf of the student such sum or sums as in the opinion of the Ministry, will be reasonably necessary to enable the said student to attend, pursue and complete the said course;
 - B. To pay the said sum referred to in paragraph (a) to or on behalf of the said student in such instalments and upon dates and at such places as the Ministry may deem fit;
 - C. To allow for one resit in the course of one's training programme;
 - D. To utilize employees in there are of expertise;
 - E. To warn the student as per provision of MPSR wherever appropriate.

2. **THE STUDENT** agrees with the Ministry:-
 - A. Diligently to apply himself/herself to all studies and other work assigned to him/her in relation to the said course during the period thereof;

- B. Neither to change the field of study nor extend training programme without prior consent of the Ministry;
- C. To commence the requisite journey to the institution above-referred to in good time to ensure his attendance at such institution on the date and at the time for his said attendance, and to proceed thereto without any unnecessary or unwarranted stop-overs or delays, save as agreed to before hand by the Ministry;
- D. Upon the completion by him/her of the said course, to work or return to duty station and to report to the Ministry for duty as soon as may be applicable and remain in the service of the Ministry for a period not less than two years.

Provided that nothing contained in this agreement shall be construed as imposing any liability on the Ministry to settle any debt incurred by the student or to provide the student with employment, to continue to employ the student for any particular period or in particular capacity.

- E. In the event of his breach of this contract by his/her deliberate failure or refusal to join, continue and remain in the service of the Ministry for the period, if any, required of him/her in accordance with paragraph (d) or by his leaving the said service, without the prior consent of the Ministry, before the expiry of such period, the said student hereby agrees and consents to bound for the payment by him/her to the Ministry of a sum of money as agreed liquidated damages for such breach, which sum to comprise of the totality of any of the following expenses incurred for and on behalf of the said student:-

- i. Tuition fees as prescribed by the institution;
- ii. Salary paid while on course including top-up allowance;
- iii. Research allowance;
- iv. Any other allowance paid while on training.

IN WITNESS WHEREOF the said parties hereto have hereunto set their hands and seals the day and year first above written. **SIGNED, STAMPED** and **DELIVERED** on behalf of the **MINISTRY OF HEALTH** by

Name)
STUDENT
 Signed)

In the presence of

Name.....)
 Signed)

On behalf of the **MINISTRY**

Name)
 Signed)
 Title

In the presence of

Name)
 Signed)
 Title