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TOWARD KENYA'S SUSTAINABLE HEALTH WORKFORCE

# **Operational Manual and Guidelines for the Management of the Sustainable Health Workforce (SHW)**

**October 2014**

*The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.*

**APPROVAL**

This Manual sets out operational guidelines for the management of the Sustainable Health Workforce under the HRH Capacity Bridge Project.

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December 18, 2014

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## Acronyms and Abbreviations

<b>MoH</b>	Ministry of Health
<b>HRH CBP</b>	The HRH Capacity Bridge Project
<b>The Client</b>	HRH Capacity Bridge Project
<b>FBO</b>	Faith Based Organisation
<b>HRH</b>	Human Resources for Health
<b>HR Manager</b>	Human Resource Manager, Sustainable Health Workforce
<b>HQ</b>	Head Quarters
<b>IntraHealth</b>	IntraHealth International
<b>PIN</b>	Personal Identification Number
<b>MoH HRDs</b>	Ministry of Health, Human Resource Directors
<b>NHIF</b>	National Health Insurance Fund
<b>NGO</b>	Non-Governmental Organization
<b>NSSF</b>	National Social Security Fund
<b>PS</b>	Permanent Secretary
<b>PDH</b>	County Directors of Health
<b>SHW</b>	Sustainable Health Workforce

# **1. INTRODUCTION AND STATEMENT OF INTENT**

## **1.1 HRH Capacity Bridge Project**

Building on past Projects, HRH Capacity Bridge Project supports HR planning processes and the sustainability of a GoK/MoH institutional Sustainable Health workforce including working with other players to assist the government integrate new and more transparent hiring and deployment practices. In addition, the project also supports the hiring of health workers through county based partner projects such as APHIApIus.

HRH Capacity Bridge Project is a USAID funded Project being implemented by IntraHealth International

Purpose of the Manual

This manual will act as a reference document for the recruitment and management of health workers recruited for Ministry of health facilities under the Sustainable Health Workforce (SHW) by the HRH Capacity Bridge Project.

In addition, this document also serves as a guide towards providing a uniform level of understanding of the day to day management of the SHW workforce.

## **1.2 1.2. Interpretation and Revision of the Manual**

This manual will be reviewed periodically and adjustments will be incorporated as deemed necessary by the HR Manager overseeing the SHW component of the Project. All changes must be approved by the HRH Capacity Bridge Project Director. Instructions issued which affect or change the interpretation of any policies and procedures contained in this manual must be retained in original form as an addendum, until the relevant section of the manual is amended.

## **1.3 Application**

All staff handling the implementation of the SHW workforce component of the HRH Capacity Bridge Project including those seconded to the HRH Capacity Bridge Project either on permanent, fixed contract or part-time basis must adhere to the provisions within this manual.

## **2. ACTIVITIES FOR HIRING AND MANAGEMENT OF SHW**

### **2.1 Introduction and Overview of HRH Capacity Bridge Project HR Activities**

Management of the Sustainable Health Workforce HR function will entail carrying out the following activities:

1. Human Resource Planning
2. Recruitment
3. Induction
4. Timesheet management
5. Maintenance of personnel documents
6. General management of the health workers
7. Formal staff transfers
8. Support the disciplinary process
9. Payroll management

The sections that follow below describe the detailed activities in each of the key areas.

### **2.2 Human Resource Planning**

- The HR planning process is carried out before the financial year commences and estimates and plans are developed with regard to the human resource requirements and activities for the coming year.
- The HR planning process entails looking at the current HRH staffing versus the ideal staff numbers and skills required by the County Health Department in a given period of time in order to accomplish its goals, considering the budgetary provisions.
- Based on these needs, HRH Capacity Bridge identifies the knowledge, skills and experience required to perform the job/s. The HR plan includes information on the number of vacant positions and the nature of contract required (full-time, part-time, etc.).



The HR Manager overseeing the SHW component of the Project plays a critical role in providing guidance and liaising with the County Departments of Health and APHIApIus/ AMPATHpIus chapters in carrying out the HR planning activities.

## **2.3 Recruitment**

In recruiting health workers, the role of HRH Capacity Bridge Project is to ensure that the recruitment process is efficient and effective. This covers the planning, sourcing, selecting, hiring and deployment of staff. The HR Manager overseeing the SHW component of the Project manages and coordinates the recruitment activities and ensures that HRH Capacity Bridge achieves its objectives. The key steps involved are reflected below.

## **2.4 Identification of staffing gaps**

- Vacancies and gaps are identified through the County Departments of Health by the County Executive Members for Health/ County Chief of Health, County Directors of Health and the County HRH Manager in liaison with the development partners working in the counties e.g. APHIApIus/AMPATHpIus.
- The information on vacancies/requirements and cadres is then forwarded by the County Executive Members for Health/ County Chief of Health, County Directors of Health to the HRH Capacity Bridge Project.

### **2.4.1 Preparation and approval of advertisement**

- Once the staffing needs have been identified, the HR Manager obtains the schemes of service for all cadres of positions being filled to assist in the development of job descriptions in preparation for drafting an advertisement. In cases where the job does not exist in the schemes of service, the MoH technical experts are approached to draft a job description for the position.
- The HR Manager uses the job descriptions to develop the advertisement for the position/s. The draft advertisement is shared internally for comments and approval within HRH Capacity Bridge Project leadership i.e. the Project Director, the Technical Director, Team lead, as well as with collaborating implementing partners' Directors, such as APHIApIus Directors.
- The reviewing teams will determine which medium to use in advertising to the prospective job applicants.
- The job advertisement is open for a period of 14 days from the date of initial placement in the media.
- Applications are sent via post or hand delivery to the various county offices.

## 2.4.2 Receiving applications

Applications are received by the Human Resources department/County Public Service Board at the county offices.

- The HR Manager coordinates the process of receiving applications with the counties and ensures a coding and data entry process is developed for all incoming applications by cadre. Applications are date-stamped, numbered/coded and filed accordingly.
- Once the advertisement closes, the HR Manager ensures that no more applications are received or logged in and late applications are marked as 'late'. Depending on the human resource capacity at the county.
- The HR Manager liaises and coordinates with the County HR Manager to ensure that the data entry clerks are available and understand how to capture the required details from the applications.
- Verification of registration status of candidates with professional bodies/councils should be conducted after short listing is done to minimise chances of many candidates being eliminated during interview due to this reason.

## 2.4.3 Development of selection criteria and short-listing

The HR Manager liaises with the County Cadre Chiefs as well as APHIA Plus to develop the short-listing criterion which is shared with the team. Apart from the required academic and professional qualifications, some other additional selection criteria are agreed and used such as posting based on the applicants' preferred sites or regions to ensure minimal disruption/movement from family and homes so as to ensure retention. A more detailed breakdown of requirements by cadre is contained in appendix 4.

- Upon receipt of the final lists from the counties, the HR Manager follows up with the various professional councils/boards/bodies to ensure that all short-listed candidates required to be registered have authentic professional registration numbers i.e. Nurses, Clinical Officers, Laboratory Technicians/Technologists and Pharmaceutical Technicians.
- The HR Manager then coordinates the short-listing exercise to be carried out in each county. The short-listing panel constitutes of a HRH Capacity Bridge representative, APHIApIus/AMPATHpIus representative, MoH representative preferably County Director of Health, County HRH Manager where applicable or County HR Manager and a County Health Department technical expert in the cadre being short-listed from the county

- The role of the HR Manager is to invite candidates through the most appropriate means, coordinate logistics and quality assure the short-listing process. This includes working with the respective institutions to constitute the panel as detailed above, the venue and duration of the short-listing as well as organizing for meals, accommodation and travel for the panel.
- The HR Manager ensures that the recruitment panel is briefed of their role in the process and the nature of reports they are required to produce from the exercise. The practice has been for HRH Capacity Bridge to ensure that the shortlist is visible to all the panellists to review and agree on the suitable candidates. Once the list is agreed upon, all parties will be required to sign off confirming the final list (i.e. County Health Department, HRH Capacity Bridge and APHIAplus representatives).
- Upon receiving ministerial approval, the HR Manager places an advertisement of the short-listed candidates in the media providing details of the following:
  - o Names of the interviewees;
  - o Interview dates and times;
  - o Venue; and
  - o Information to the candidates on what they are expected to bring along to the interview. These may include all original certificates and identification card.

## **2.5 Interviews**

The role of HRH Capacity Bridge is to assist in the coordination and monitoring of the interview process to ensure equity and transparency.

### **2.5.1 Interview preparation**

- The HR Manager and the County Health Department formalise the interview plans and schedules and coordinate logistics for the interviews, including identifying the panellists, venue, duration, meals and allowances.
- The interviewing panel constitutes of a HRH Capacity Bridge representative, APHIA representative, County Health Department representative preferably the County Health Director, County HR Manager/or County HRH Manager and a county cadre chiefs.
- Together with the HRH Capacity Bridge Project, the HR Manager finalises the interview panel details, interview schedule and logistics.
- Once the panel has been identified and the panellists are communicated to, HRH Capacity Bridge coordinates the logistics for each member, including accommodation, transport and per diems.

- The HR Manager ensures that there is representation from HRH Capacity Bridge in all the interview locations. It is also his/her responsibility to brief the team of the interview process as well as their roles and prepare interview packs with the required information.
- The technical interview questions should be prepared and reviewed in advance by the County Health Department Technical specialists to ensure panellists are fully prepared before the date of interview.

### **2.5.2 Actual interviews**

- All candidates are expected to carry along their original academic and professional certificates.
- During the interview process, the role of HRH Capacity Bridge team is to verify original certificates, quality assure the process on the ground and prepare reports which are submitted to the HR Manager. The team also organizes the logistics on the ground and coordinates the payment of per diems among other assignments.
- The County Health Department officers capture interviewees' data, which include scores, contact details, cadres and preferred districts. The interview documents are maintained by the County Health Department. The HRH Capacity Bridge team is required to prepare reports in line with the templates provided.
- Throughout the interview process, the HR Manager coordinates all activities and ensures the process runs smoothly. S/he is also required to monitor the activities by visiting the different sites to quality assure the exercise and also conduct the debriefing session at the end of the process.

### **2.5.3 Selection and Deployment**

- The selection and deployment exercises are also conducted at the interview site based on the candidates' interview scores (merit) and priority areas of vacancies as identified in the Deployment Plan. This is carried out by the interview panel (County, partner representative and HRH Capacity Bridge) that participated in the interviews and the output is a final proposed list of the agreed candidates for deployment.
- The selection process and the final proposed candidates' lists are rationalised and ratified by the County Public Service Board.
- Upon completion of the recruitment process, the HR Manager should organise a debriefing exercise and capture issues for follow up as appropriate within a week. The HRH Capacity Bridge team should also submit their reports as required during the debriefing meeting. The HR Manager is thereafter required to consolidate the reports and report on the process as appropriate.

#### **2.5.4 Anti-Terrorism search**

- The HR Manager is responsible for ensuring that all staff identified for appointment are screened against anti-terrorism search in accordance with donor regulations, and carry out any necessary further investigations. The information required is primarily the name and ID Number — which are requested for during the application process.
- The HR Manager will inform the County Health Department through the Chief of Health and/or MOH headquarters for National level as well as the APHIAplus partners of any staff who do not pass the anti-terrorism search, in which case they will need to be replaced.
- Only staff who are cleared through the anti-terrorism search will be issued with appointment letters.

#### **2.5.5 Letters of appointment**

- Once the final selected list is approved, the HR Manager is required liaise with the County Department of Health and County Public Service Boards for processing of the letters on the county letterheads. The HR Manager should also ensure that the biodata form is duly completed and signed and all supporting relevant forms are attached i.e. NSSF, NHIF, code of conduct and bio-data forms.
- The appointment letters are then dispatched to the successful applicants through the County Health Department/Ministry of Health and or the County Public Service Board.
- The HR Manager ensures that all successful candidates are communicated to using the most appropriate means to collect their appointment letters from the respective County offices.
- The HR Manager confirms through the County Chief of Health/County Directors of Health/County HRH Manager that all the candidates have reported for duty. In the case of vacancies arising from candidates failing to take up appointments, the HR Manager will provide guidance to the members of the panel on how to fill the vacancies. S/he considers available options such as: identifying candidates from the waiting list of suitable candidates, selecting candidates from the application database (i.e. candidates selected as part of the waiting list) and/or placing a new advertisement, if no suitable candidates are available from the database.
- The waiting list is valid for a period of six months from the time of the interviews.

## 2.6 Induction

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

The induction process includes:

1. The HR Manager liaises with Counties/APHIAplus/ AMPATHplus and any other training mechanism e.g. FUNZO Kenya to conduct the induction.
2. The induction exercise will be carried out at county level and normally takes a total of 5 days. This includes two days to complete the classroom sessions and three days to cover the e-learning material. The e-learning material is distributed to participants in CD format and also includes an on-line test for each module. (The modality may be different as designed by respective counties)
3. During the induction, new hires are required to sign a code of conduct, complete their bio data forms, submit a passport size photo and give copies of their Certificates, PIN, NHIF, NSSF and bank details for payroll purposes. The new hire will be set up on the payroll schedule once all the relevant forms are submitted.
4. New staff must be inducted on the Timesheet completion processes. Timesheet completion guidelines are provided to all new staff during the induction.

## 2.7 Terms of Employment:

- All SHW staff are subject to the code of regulations as stipulated by the Public Service Code of Regulation.
- All SHW staff are issued with contracts (appointment letter) which are time bound, usually one year and can be renewed subject to performance, identified need and availability of funds.
- Salary payment is undertaken through the Project subject to submission of duly filled timesheets. In addition to the appointment letter, the staff are provided with contract terms and conditions providing further details on their employment terms.

- Salaries and allowances paid out are guided by the prevailing Ministry of Health salary scales for each of the job groups. To ensure sustainability and equity, the Project seeks to remunerate the health workers at par with the regular Ministry Health workers. For positions that are not within the approved MoH establishment, HRH Capacity Bridge Project liaises with the Ministry and its other hiring partners to agree on the remuneration to be offered.
- As the SHW staff are employed on contract basis, they are entitled to gratuity on successful completion of their contract period and submission of monthly timesheets (including originals at the end of each quarter) for the contract period. The gratuity rate is based on the government rate for contract workers, currently 31% of basic salary,
- In line with the statutory requirements, Capacity Project remits all statutory deductions including both NSSF (staff and Project contribution) and NHIF contributions to relevant authorities.

## **2.8 Timesheets**

Timesheets are an important method for ensuring proper stewardship and accountability of resources. The US Government, in providing funds to non-governmental organizations, has strict requirements for the completion of timesheets. Failure to follow these requirements can lead to salary expenses being disallowed, non-payment for the period worked, among other things.

Timesheets are also an important tool that benefits the employee, the supervisor and the employer. For the employee, it assists with tracking hours worked, vacation, sick and other leave time. By recording the hours worked each day, employees can identify challenges, for example, certain days when they are over worked and additional support is needed. For the supervisor, it helps them monitor the work load of the employee and also to plan for leave and appropriate coverage. For example, if an employee is consistently working more than s/he is scheduled, the supervisor can try and identify additional help, or work with the employee to find more efficient or effective ways of performing certain functions that may ease the overall workload. For the employer, timesheet record keeping helps to monitor the overall performance of the workforce, and ensure that hours are accurately accounted for. It also offers employers a chance to look at the workforce and determine whether certain areas are over- or under-staffed, and how to allocate new and/or redeploy existing staff accordingly.

Although County Health Department and MOH does not operate a Timesheet system for their regular workers, health workers employed by the USAID funded HRH Capacity Bridge Project are required to complete monthly Timesheets using the provided format and within the stipulated timeframes. All newly recruited Project staff will be provided with the timesheet booklet including a sample of a correctly completed timesheet. In addition, all the staff will be given orientation on the timesheet completion process during induction sessions which are ordinarily carried out at the commencement of their employment. Verification of staff employed by the Project is carried out through a combination of mechanisms such as spot checks, and periodic support supervision visits.

### **2.8.1 Completion of timesheets:**

- Timesheets are to be completed daily, and reflect accurate, after-the-fact record keeping of the number of hours worked by the employee that day.
- All staff should record their hours worked using the original, colour timesheet form as provided by the HRH Capacity Bridge Project. These timesheets will be pre-printed in carbonated triplicate copies with the corresponding month and serial number and distributed to the employee for use. Note: No other timesheet format shall be acceptable.
  - o Employees must complete their full names, cadre, facility, and county.
  - o The payroll number must be indicated.
  - o The month worked must be clearly indicated.
  - o The total hours worked per day should be correctly indicated.
  - o All official Day offs/Night offs should be clearly indicated as DO and NO respectively on the days taken.
  - o In case of leave, the number of hours under the respective leave days should be indicated clearly.
- Timesheets must be manually completed (cannot be typed), ensuring all fields are appropriately completed. Note: Time worked and/or leave taken must be indicated in hours. Marks and other forms of denotations are not acceptable.
- Corrections to timesheets should be explained in the space provided for comments. Any alterations must be countersigned.
- Any staff proceeding on leave (annual and/or maternity) must complete the timesheet for the period he/she will be away, before proceeding on leave. The Timesheet must be accompanied by a leave form that is duly approved and stamped by the facility head.

### **2.8.2 Review and approval:**

- Timesheets must be reviewed and approved by the employee's supervisor who must sign against their name and if delegated, the delegated signatory must state so on the Timesheets by initializing "For".
- The review and approval processes must be evidenced on the three copies of the timesheets.
- Timesheets for staff working in Hospitals and health facilities must be authorized by the Medical Superintendent and facility head at the facility respectively and evidenced by affixing the authorization signatures on the Timesheets. Timesheets must bear the official facility rubber stamp against the space provided for authorisation by the Medical Superintendent and/or facility head as appropriate.



- All Timesheets received at the HRH Capacity Bridge Project offices shall be subject to quality control checks that shall, among others include checking that all spaces are correctly completed. Any Timesheet that does not meet the quality control checks shall be rejected and the employee salary for that month be deferred until the next payroll period upon receipt of the correctly completed timesheet within that month's timesheet submission deadlines.

### 2.8.3 Submission of timesheets

- The employee is personally responsible for ensuring that his/her Timesheets are duly completed, approved and submitted to the HRH Capacity Bridge Project offices within the required timeframes.
- Timesheets will be provided to employees in triplicate copies in a booklet form as follows:
  - o Original(White)-For HRH Capacity Bridge Project
  - o Duplicate(Blue)-For Facility records
  - o Triplicate (pink)-Employee copy. **Must not** be detached from the book.
- **Original Timesheets** must be submitted to the HRH Capacity Bridge Project offices using the most reliable means.
- The duly completed and approved timesheet should be sent directly to the HRH Capacity Bridge office using an email provided for faster delivery and must be received on or before the 5th day of the following month. Timesheets received after 5th of each month shall not be considered for payroll processing. For example: Timesheet for June must reach the HRH Capacity Bridge office on or before 5th of July.
  - o Late Timesheets will result in the delayed payment for the next month's payroll processing cycle. **Note: Payroll processing is strictly based on timesheet status of a given employee up to the month preceding the payroll month.**
- Where there is no reliable means to submit Original Timesheets by the 5th of the following month, Approved Timesheets may be scanned and submitted email [kenyatimesheets@intrahealth.org](mailto:kenyatimesheets@intrahealth.org)
- If scanned copies are being sent by the employee for payroll processing purposes, the original Timesheets must reach HRH Capacity Bridge Offices no later than one month (30 days) following end of the timesheet period. For example: Original Timesheets for March must reach HRH Capacity Bridge Offices no later than April 30th.
  - o Failure to submit an Original copy of the Timesheet will result in withholding of payment for the next month's payroll processing cycle.

- Duplicate Timesheets (Blue copy) must be submitted to the facility head for maintaining in the facility's HR records.
- Triplicate Timesheets (Pink copy) must be maintained by the employees throughout up to contract expiry date and payment of the gratuity. **Note: The triplicate timesheets (pink copies) must not be detached from the booklet and entire booklet containing the pink copies shall be required to be submitted to HRH Capacity Bridge Project as part of the discharge process upon expiry of employee's contract and/or exit from employment.**
- HRH Capacity Bridge Office shall make the necessary follow ups of outstanding Timesheets with the respective individuals through Bulk SMS system and phone calls. Follow up shall be made directly with concerned individuals requesting them to submit their Timesheets. In addition, the facility head will be contacted to confirm whether the individual worked in the relevant period and to request them to follow up submission of the outstanding timesheet. Visits to the facility may be conducted to ascertain the presence and actual work by the staff whose timesheets are outstanding.

#### **2.8.4 Linkage with Payroll processing**

- Salaries shall be deferred until the required Timesheets are received for employees who have not submitted their duly approved Timesheet for the month preceding the payroll month.
- Any deferred salaries shall only be processed during the regular payroll processing period.
- Continued delays in submitting Timesheets for three consecutive months shall face disciplinary action, including termination.
- Timesheet receipt status of all workforce employed under the HRH Capacity Bridge Project shall be profiled on a cumulative basis, analyzed and disciplinary action shall be taken against any employee with a consistent trend of delinquency on Timesheets and face disciplinary action, including termination.
- Payroll processing will be carried out once a month and any deferred salaries on the grounds of outstanding Timesheets and other justified reasons will only be released in the next payroll cycle contingent upon satisfactory receipt of duly filled Timesheets and any other required documents.

### **2.9 Maintenance of personnel data**

#### **2.9.1 Employee files**

- After the induction process, HRH Capacity Bridge opens individual personnel files for all staff which are maintained at the HRH Capacity Bridge office.

- In the event that a new staff member does not have a PIN, an NSSF number and/or an NHIF number, HRH Capacity Bridge assists in the application process by providing the employee with a proof of employment letter to facilitate their registration with the relevant bodies.
- Personnel files are maintained at the HRH Capacity Bridge Project offices by the HR Manager and contain the following documents:
  - o Copies of the staff's academic and professional certificates.
  - o Acknowledged Appointment letter.
  - o Bio data form.
  - o Bank details.
  - o Copies of statutory registrations such as NSSF, NHIF and PIN documents.
  - o Approved Leave application forms
  - o Communication to staff on various HR related matters, such as discipline.
- Staff details are also maintained electronically in the Human Resources Information System (HRIS).
- In the event that the Government through the counties absorbs any of the SHW employees, the personnel files will be handed over to the respective county. The HRH Capacity Bridge Project will however maintain skeleton personnel files of each of the employees containing records of at least: acknowledged appointment letter, absorption letter and bio data form. These can also be retained in an electronic format.

## **2.10 Management of SHWs**

The SHW staff will be managed through a tripartite management model which comprises of the county, the HRH Capacity Bridge project and the APHIAplus/AMPATHplus chapters. The county and APHIAplus/AMPATHplus chapters will closely engage in the day to day management of the staff.

### **2.10.1 Tripartite Model of SHW Management**

- (i) **County Roles and Responsibilities**
- (a) **General Roles and Responsibilities**
  1. Establish an oversight committee for project activities that will actively participate and monitor implementation of the agreed upon interventions.
  2. Nominate a focal person who will provide day today linkages with the Project and who will chair the oversight committee meetings.
  3. Actively participate in County steering committee members in meetings scheduled once in every two months( For consensus on schedule).

4. Allocate appropriate infrastructure and other resources for the project supported County Human Resources for Health Officer (CHRHO) and or the County Cluster Manager( Specific to applicable 10 Counties) to include:
  - a. Secure Office Space with office furniture and electric supply
  - b. Desk top Computer
  - c. Internet access while in the office.
  - d. Office stationery

**(b) Contract Health Workers Management and Transition to County Payroll**

1. Manage in collaboration with the tripartite partners the Sustainable Health Workforce (SHWs) and ensure through the facility managers the workers are available at post and discharging their duties as expected
2. Provide County letter heads and the details of contract signatory in the County Public Service Board to the Project for preparation of individual SWH staff employment contract and share with County Service Board Secretary for sign off.
3. Issue contracts of employment to the Sustainable health Workforce (SHWs) under County letter head and acknowledge the workers as County health workers recruited under the sustainable health workforce model (SHW) by the HRH Capacity Bridge project.
4. Develop/ adopt and Implement the SHW staff contract guidelines in the management of the SHWs at the County.
5. Undertake the safety, welfare and security of the SHWs at the deployed facility, service delivery point to include provision under Work Injury Benefit Act and professional indemnity and access to health care.
6. Organize and undertake in liaison with the oversight committee Contract issuance to the SHWs at the County.
7. Convene a steering committee panel comprising representatives of the tripartite SHW management in needs assessment, HR Planning, formulation of deployment plans and recruitment of SHWs where need arises.
8. Provide verification reports confirming availability of SHWs at facility level each month prior to payroll processing to avoid payment to ghost or dual contracted employee.
9. Approval of leave by the Head of Facility for leaved already earned.
10. Provide prompt communication on changes in employees for example report employees who have been transitioned to County payroll or those who separate with the County.
11. Allocate adequate budgets towards SHWs transition to the County payroll during County Budgeting cycle, supplementary budgets or utilization of surplus or savings.
12. Provide a signed off County approve transition plan for the contract health workforce stipulating schedule and dates for transition of all SHWs at the County.

13. Transition all the SHWs to County payroll on permanent and pensionable terms without subjecting them to interviews, probationary period at the next job group or within the current terms.
14. Retain the transitioned workers in their current facilities for at least one year from transition date to avoid service disruption.
15. Convene disciplinary committees at county level and undertake disciplinary hearing and processes so as to conclude disciplinary cases within one month from the date the case is reported.

**(ii) Roles and Responsibilities of HRH Capacity Bridge Project**

1. Manage in collaboration with the tripartite partners the Sustainable Health Workforce (SHWs) and provide payroll administration and process salary for the Contract workers within a specified agreed period upon which the staff will be transitioned to Counties payroll .
2. Coordinate the tripartite Sustainable Health Workforce (SHWs) management onsite supervision and offsite supervision and submit relevant reports to the County and the APHIAplus/AMPATHpIus partners.
3. Conduct due diligence, payroll verification with the County on the availability at post of each SHWs prior to payroll processing.
4. Build consensus with the County on the contract issuance of the Sustainable health Workforce (SHWs) under County letter head.
5. Obtain confirmation from APHIAplus/ AMPATHpIus and the County about performance of the SHW workers under their scope before renewal of their contracts.
6. Draft the employee contract and staff contract guidelines and share with the County for concurrence.
7. Organize and undertake with the oversight committee Contract issuance to the SHWs at the County.
8. Negotiate with the County for transition of the Sustainable Health Workforce (SHWs), draw a transition schedule with specific timelines to transition of all staff and obtain sign off by the County Public Service Boards by 30th June 2015.
9. Track, monitor and provide update on the progress towards the implementation of the transition and other project activities during the oversight committee meetings and other special meetings.
10. Hand over the SHWs employees' personnel files to the County
11. Provide oversight for the implementation of project activities.
12. Actively participate in steering committee meetings, take minutes and circulate to members.
13. Support institutional development and capacity building in human resources for health management.

### (iii) Roles and Responsibilities of APHIApIus / AMPATHpIus

1. Manage in collaboration with the tripartite partners the Sustainable Health Workforce (SHWs) and ensure the workers are available at post and discharging their duties as expected to meet PEPFAR indicators.
2. Negotiate with the County and the facility in-charges on deployment of SHW staff at HIV Care and Treatment service points
3. In liaison with facility in-charges provide confirmation about performance of the SHW workers under their scope before renewal of their contracts
4. Provide verification reports confirming availability of SHWs at facility level each month prior to payroll processing to avoid payment to ghost or dual contracted employee.
5. Provide prompt communication on changes in employees for example report employees who have been transferred, transitioned to County payroll or those who separate with the County.

## 2.10.2 Regular Supervision and monitoring

The HRH Capacity Bridge Project supports the hiring and deployment of health workers under the Sustainable Health Workforce model in response to the County Ministries/Departments of Health and APHIAplus/AMPATHplus project service delivery needs.

It is good HR practice for HRH Capacity Bridge Project to undertake routine and random supportive supervision that focuses on the health worker in relation to the work environment. Supportive supervision enables the health worker to deliver his/her mandate as per their contractual obligations and payroll related aspects.

### Objectives of Routine Supportive Supervision

The objectives of the HRH Capacity Bridge routine supportive supervision for the health workers are:

- To develop and reinforce linkages and partnerships with other stakeholders within the counties.
- To verify HRH Capacity Bridge salaried staff are present at the facility and are performing their duties.
- To validate payroll data, timesheets and other payroll changes as well as provide refresher orientation to staff on the timesheet completion process.
- To obtain any required documentation and/or information from the employees e.g. missing timesheets, employment data etc.
- To manage any emerging HR concerns (e.g. issues on salaries, discipline, grievances, leave etc.)

- To assess the work climate of health workers (i.e. working conditions, working tools, working hours, etc.)
- To receive feedback from the employees and gauge perceptions of supervisors on the contribution and impact of project staff at the facility.
- To obtain performance related feedback from the facility heads as well as collaborating agencies such as the APHIApIus/AMPATHpIus implementing partners.

### **Routine Onsite Supervision**

- SHW workers will experience a minimum of at least one structured routine supervisory visits during the duration of their contract. This supervision will be conducted by designated full time SHW Field Supervisors who will be responsible for any additional timesheet training or instruction, and may collect original timesheets from the staff. The number of supervisors will be determined by the number of facilities where staffs are posted as well as the geographic spread.
- Annual “barazas” will be held at the county level. The main objective will be to bring together the SHW staff when necessary to discuss important issues, provide (refresher) training in timesheet reporting, identify lessons learned and share best practices as a contract health worker serving the GOK often in hard-to-reach and underserved areas, and discuss any challenges the SHW are having.
- The project will also conduct spot-checks at least once a year or as necessary.
- HRH Capacity Bridge Project will contact supervisors of staff who fail to submit timesheets for two consecutive months or who have erratic and/or delinquent patterns of timesheet submissions to confirm their work status, and the reasons for not submitting their timesheets.

### **Tools for Routine Support Supervision**

Two separate tools covering the SHW staff and the Facility Heads will be employed.

#### **Facility Head tool:**

The tool will be used to collect feedback from facility heads to confirm whether the SHW staff are present and performing their prescribed duties and to identify any problems or challenges of managing and supervising SHW health workers.

### **Project staff tool:**

This tool will be used by HRH Capacity Bridge Project to help assess perceptions of the respective staff on diverse welfare and operational concerns. It will focus on establishing the status with regards to:

- Compliance with timesheet guidelines and contractual obligations
- Clarity of their role within the facility — job description and reporting relationship
- Relationship with supervisor and other colleagues
- Opportunities available for staff training and development and whether they have benefited from them
- Up-to-date and accurate SHW workers employment records
- Any other observations, concerns or perspectives that the staff may have including their personal narratives on their work experiences.

Expected outcomes:

The following will be the anticipated results gained from carrying out supportive supervision:

- Verification that the health worker is on site and performing the duties expected of her/him
- Identification and elimination of any “ghost workers”
- Improved performance of health workers by having their key issues addressed
- Up-to-date and accurate SHW workers employment records
- Obtain details of issues/challenges experienced by employees and ensure proactive corrective measures are taken
- Stronger timesheet management and compliances with timesheet requirements
- Collection of missing Timesheets
- Improved responsiveness to emerging staff issues

### **2.10.3 Performance management**

Performance management of the SHW workforce falls under the regular MoH appraisal system. It is facilitated through MoH’s Performance Appraisal System (PAS) tool and monitored by the respective County Health Department in partnership with other collaborating partners such as APHIA Plus.

The following guidelines should be observed:

- • A copy of the employee’s appraisal needs be filed with HRH Capacity Bridge Project once it has been completed and signed off;



- The HR Manager liaises with the Heads of Facilities to manage the general performance of the SHW workforce. Monitoring of attendance is managed through the Timesheet system.
- In cases of performance issues affecting an SHW staff, the Head of Facility provides information (this should be documented.) to the HR Manager, who should take and/or initiate appropriate action including withholding the staff members pay until the disciplinary issue is resolved including seeking clarification from the HR Directorate in line with the Government code of conduct. The HRH Capacity Bridge office will also contact the employee to clarify the issues. Finally, HRH Capacity Bridge liaises with the County Health Department to obtain information and documentation on the actual action taken against situations of poor performance.
- A copy of all communication, letters, and memos regarding and/or referring to SHW workforce should be sent to the HRH Capacity Bridge Project office to the attention of the HR Manager, for filing in the relevant personnel file.

#### **2.10.4 Leave management**

All SHW staff are entitled to the following leave days as provided in the Kenyan labour laws:

- Annual Leave 21 working days per annum. These may be prorated as per the contract period
- Maternity Leave for female employees-90 calendar days
- Paternity Leave for male employees-14 calendar days

Approval of leave is done by the Head of Facility. The employee must submit to HRH Capacity Bridge a copy of the approved leave application form for filing in the personnel file.

HRH Capacity Bridge Project will validate the leave form details against the Timesheet.

The HR Manager ensures that leave balances are managed appropriately by keeping accurate leave records and liaising with the Facility Heads on outstanding leave balances. Leave taken should also be aligned with the Timesheets.

#### **2.11 Staff Transfers**

HRH Capacity Bridge is required to maintain a list of staff with initial posting versus current posting and record reasons for each of the transfers. HRH Capacity Bridge Project does not have the mandate to authorize staff transfers, but will however facilitate the transfer process once approved by APHIA Plus and the County Medical Offices.

The responsibility of HRH Capacity Bridge Project regarding any staff transfers is as follows:

- Ensure that the requests for transfer are clearly documented by the staff, county directors as well as APHIAplus/AMPATHplus directors; and
- Update the payroll and other personnel records (HRIS & files).

## **2.12 Termination**

Termination of the staff contract may be initiated by either the employer (County Public Service Board/ County Department of Health) or employee. Causes for termination include:

1. **End of contract;** when a staff contract expires and is not being renewed.
2. **Resignations;** when a staff member resigns giving the required notice period of 1 month. The staff should submit a resignation letter directly to the County HR office, with a copy to HRH Capacity Bridge Project. HRH Capacity Bridge Project will then inform the relevant APHIA Plus office of the resignation.
3. **Abscondment/Desertation of duty;** Facility heads/Supervisors are required to report any cases of abscondment of SHW staff posted to their facilities. Once the project is made aware of abscondment either through the facility, lack of submission of timesheets, supervision or any other means, the staff will be terminated from the payroll immediately. The HRH Capacity Bridge Project will then issue a letter to the staff informing them that they have been terminated from the payroll, and file the same in the staff file. The Project will also liaise with the County for an official termination letter.
4. **Death in service;** in the event that a staff member dies while in service, the HR Manager will undertake the exit procedures on their behalf and contact the next of kin. Gratuity accumulated and any unpaid salaries at the time of death will be paid to the next of kin after he/she presents the relevant documents to ascertain the death.
5. **Dismissal;** the services of SHW employees are terminated following the Employment regulations and Civil Service procedures. Termination will ordinarily be warranted by disciplinary cases arising from abscondment from duty, non-performance, delinquency in timesheets and fraudulent activities amongst other justified cases. As employees of Public Service, the disciplinary process for employees is regulated by the Government policies and procedures.

### **2.12.1 Monitoring of Staff Exits**

The HR Manager will maintain a comprehensive data for all SHW workers who have exited from employment with details of: Employment date, facility served, exit date, reasons for exit.

### **2.13 Disciplinary Procedures**

The following are the disciplinary procedures to be followed for employees hired under the HRH Capacity Bridge Project:

- o The head of facility reports the disciplinary case in question directly to the HR Manager, SHW Program and/or directly to County Health Department with a copy to the HR Manager.
- o The HR Manager assesses the case and instructs the Payroll Administrator to withhold the employee's salary awaiting further investigation of the case. He/She writes to County Health Department requesting guidance on the matter. The letter also requests County Health Department to provide HRH Capacity Bridge Project with updates on the investigations and for HRH Capacity Bridge to be appraised of the specific findings, conclusion of the matter and the nature of disciplinary action that has been taken.
- o Based on the advice provided, the HR Manager instructs the Payroll Administrator to either reinstate the salary or terminate the salary.
- o Disciplinary cases and verdicts are communicated to the employee by County HR Manager/ Chief Officer Health as the employer.
- o In cases where there is no communication from the Head of Facility, HRH Capacity Bridge should write to the County Department of Health to investigate the matter and advise appropriately.
- o In occasions where HRH Capacity Bridge Project detects cases requiring disciplinary action through its supervision visits or other avenues, such reports will be shared with Counties and request to be advised on the action taken.
- o HRH Capacity Bridge Project must maintain comprehensive records of all disciplinary cases ensuring adequate documentation is maintained.

## **2.14 Payroll Management**

### **2.14.1 Payroll onboarding process**

Before a new hire is uploaded on the payroll, the following documents are mandatory:

1. Duly executed letter of appointment;
  2. An arrival letter duly signed by the head of facility;
  3. A duly completed and signed bio-data form;
  4. A signed Code of Conduct form; and
  5. A completed timesheet for the period worked.
    - o The arrival letter must be received within 14 days from the date of the employment contract. The new hire will not be placed on the employees data base until the arrival letter is received by HRH Capacity Bridge Project HR Office.
- All new hires are required to submit references for statutory registrations i.e. Identity Card number, PIN number, NSSF number, NHIF number for purposes of statutory remittance.
  - The following information that is critical to payroll processing must be included in the bio-data form:
    - o Facility / Work Station
    - o Name of the employee- as it appears in the National Identity card
    - o Cadre
    - o Appointment date
    - o Arrival date as per the arrival letter
    - o Personal banking details: Account name, bank name, account number, and branch code
    - o ID Number
    - o NSSF Number
    - o NHIF number
    - o PIN number
    - o Contacts (Telephone & e-mail)
    - o Next of Kin details: Name, relationship, Telephone number, e-mail)
    - o Employment grade
  - All staff approved for inclusion in payroll are then assigned payroll numbers by HRH Capacity Bridge Project HR team to facilitate payment of their salaries (the payroll number appears on all payslips).

## 2.14.2 Monthly Changes

- All payroll changes MUST be supported by the relevant documentation.
- The changes must be summarized by the SHW Payroll Accountant in the monthly “Capacity Project Payroll Input worksheet” and reviewed and approved by the HR Manager. The reviews and approvals should signify verification of changes against appropriate supporting documentation. The review and approvals must be evidenced on the worksheet.
- The HR Manager must then communicate these changes in writing to the payroll administrator.
- Payroll changes include the following:
  - o Uniform Allowance - The allowance is paid out once every year within three months from arrival for all cadres entitled to uniform allowance.
  - o Payroll deductions other than statutory deductions such as Higher Educational Loans Board repayment (HELB)
  - o Terminations/ resignations — a list of staff terminated duly approved by the HR Manager and supported by copies of the termination letters/ resignation letters.
  - o Change of bank details.

## 2.14.3 Payroll Processing

The payroll cycle is as highlighted below:

- Timesheets for a given month are received at the HRH Capacity Bridge Project.Office by 5th of the following month.

### Timesheet records

- Receipt of timesheet data is compiled by the Payroll Accountant- HRH Capacity Bridge Project from 6th-10th of the month.
  - o Received timesheets are reviewed for quality and compliance with this manual by the Payroll Accountant between 6th -10th of the month.
  - o In case of clarifications, the employee will be contacted. Heads of Facilities are contacted by HRH Capacity Bridge Project from time to time to confirm the work status of the employee/s;
  - o A monthly timesheet status report/checklist is then updated by the Payroll Accountant.

- The designated SHW Payroll Accountant prepares the monthly Payroll schedule which must be reviewed and approved by the HR Manager.
- The Payroll Input worksheet plus the Payroll schedule must be sent by the HR Manager to Payroll Administrators by 15th day of the month for processing of the monthly payroll.
- The payroll schedule must include the following:
  - List of employees for payroll month.
  - Listing of employee details: Names, employment number, basic pay, allowances etc.
  - Payroll Input worksheet comprised of:
    - List of new employees
    - List of terminated employees
    - List of employees reinstated to payroll
    - Changes in bank details
    - Salary changes
    - Changes on third party deductions e.g. HELB loan repayments etc.
    - Changes on statutory registration details e.g. updates on numbers/references for NSSF, NHIF, Pin Certificate or HELB details
- List of employees on withheld salaries with updated justifications for the withholding.
- List of employees on release of withheld salaries with updated justifications for the releasing.
- Overall payroll reconciliation from previous month showing movement in number of employees and salary values.
- The Payroll Administrator verifies the salary inputs advised by HR Manager against the actual documentation supporting each of the payroll changes. He/She communicates any clarifications and/or changes to the HR Manager.

- The Payroll Administrator uploads the payroll instructions in the payroll system and an exception list is generated. The exception list should only contain the approved monthly payroll changes.
- The exception list is sent to the HR Manager for review and confirmation that all the necessary payroll changes instructions have been properly captured by the Payroll Administrator.
- The reviewed and approved exception list is then submitted to the Payroll Administrator for purpose of payroll processing. The HR Manager must maintain a filed record of the approved exception list with evidence of necessary approval.
- The Payroll Administrator prepares the draft payroll which is sent to the HR Manager for review. The payroll has the following documentation:-
  - o Coinage analysis which lists the withheld salaries
  - o Updated payslips
  - o Updated company totals
  - o Updated payroll summary
  - o Withheld salary reconciliation with updated correct justification for withholding.
- The draft payroll is reviewed by the HR Manager who provides feedback to the Payroll Administrator.
- Upon receipt of reviewed payroll from the HR Manager, the final payroll is prepared and reviewed by the Payroll Administrator and forwarded to the HR Manager.
- After ascertaining that all changes have been made by the Payroll Administrator, the HR Manager then verifies and reviews the final payroll with the accompanying exception reports and draft reports as well as confirms compliance of the payroll process as stipulated in the policy manual.
- The final payroll is then sent to the Assistant Director Finance by 24th of every month. The payroll is then reviewed and approved by 26th of every month by Assistant Director Finance
- The final approved payroll should be supported by the following documents for the Assistant Director Finance to approve funds disbursement: a copy of approved payroll, timesheet status checklist, overall payroll reconciliation, withheld salaries listing with justification for withholding.
- HRH Capacity Bridge Project should transfer funds to the designated salary account management by the Payroll Administrator at least three full working days before the end of the month.

- The salaries should be disbursed to SHW bank accounts so as to be available by the last day of the month. However, in case of salaries bouncing due to incorrect bank details provided by staff, the salaries shall be re-routed based on bank account details clarifications obtained from the employee. Cheque payments of salaries are generally discouraged and may only be prepared on a case by case basis.
- The Payroll Administrator ensures that all statutory deductions are remitted to the respective authorities within the statutory deadlines.
- The Payroll Administrator ensures that payslips are sent to staff via email. It is in the interest of staff that they open and operate email accounts for ease of sending payslips. The payslips are password protected. The password is sent via SMS to new employees once they submit their arrival letters.
- The Payroll Administrator must ensure that the payslips contain the minimum details required by the labour laws.
- The HR Manager is required to ensure that the monthly SHW payrolls are adequately backed up in the HR shared folder at HRH Capacity Bridge Project offices as well as on the Payroll Administrator's network on a monthly basis. This information should be password protected.

## **2.15 Gratuity processing**

Employees hired under the SHW program are ordinarily entitled to a gratuity equivalent to 31% of basic salary or as otherwise stated in the appointment letter. Gratuity must be paid out within at least one month following maturity date.

### **a) Maturity**

Gratuity shall be deemed to mature on the following grounds:

- When an employee successfully completes the contract period and all timesheet records are complete.
- On death of an employee.

### **b) Gratuity processing**

- The HR Manager ascertains availability of gratuity budget
- The HR Manager provides the Project's Technical Director and Team lead with the list of employees detailing employees' name, employment number, contract commencement date and contract end date at least one month to maturity date.
- Upon receiving written approval to process the gratuity, the HR Manager requests the Payroll Administrator to compute the gratuity dues.
- Payroll Administrator must ensure that the detailed gratuity computations have been subjected to tax review.



- The gratuity computations are reviewed and approved along the same mandates of payroll processing.
- The final approved gratuity computations should be submitted to the attention of the Assistant Director Finance at the HRH Capacity Bridge Project to approve funds disbursement.
- Gratuity payments must be accompanied with executed acknowledgement by the employee that he/she has no further claim to the Project and/or employer.
- Gratuity must not be paid until due confirmation has been made that the employee has no outstanding timesheets.

### **c) Provisions**

- Monthly gratuity is accrued at 31% of the basic salary or as otherwise stated in each employee's employment letter.
- The Payroll Administrator compiles detailed gratuity accruals detailing month by month amounts throughout the duration of each employee's employment with the HRH Capacity Bridge Project.
- Monthly gratuity computations shall be adjusted with the varying status of each employee's employment with the Project. e.g. exits through death, resignation, abscondment, etc. Upon death of an employee, gratuity accrued is carried forward until all documentation necessary for processing the payments to the next of kin are received.
- When an employee resigns or absconds duty, the gratuity accrued is reversed on the month that the employee is terminated from the monthly payroll. Reversals for gratuity should be linked to reversals in the withheld salaries reconciliation if the employee has any outstanding withheld salaries.
- The monthly accrual gratuity report is sent to Intrahealth, HRH Capacity Bridge Project attention of Assistant Director Finance not later than the 5th day of every month
- Intrahealth HRH Capacity Bridge Project reviews the gratuity computation and affects the necessary recording of the accruals in the Project's Financial records.





Name of CU: KEELO

No	Indicator	No
	Total women 15-49 years	619
91	Total children 0- 6 months	172
247	Total children under one years old	203
31	Total children under five years old	301
240	Total adolescent and youth-girls (13-24 yr)	291
560	Total adolescent and youth-boys (13-24 yr)	227
561	Total population of the elderly (60+ years)	223

	pr	May	Jun	Jul	Aug	Sept	Oct	Nov	D

