

22 October 2009

Islamic Republic of Afghanistan

Ministry of Public Health

Human Resources for Health

Policy 2008 - 2012

OVERALL POLICY STATEMENT

“The Ministry of Public Health is committed as a top priority to using a comprehensive approach to human resources management and development in order to produce, deploy and retain an appropriately trained health workforce, possessing the variety of skills needed to deliver affordable and equitable packages of health services as the basis for health care.

The selection, training, deployment and retention of skilled health professionals, specialist and specialist administrative staff, is important to the Ministry. This will be achieved through implementation of a transparent competitive recruitment process, based on functional needs, the production and implementation of an annual workforce plan, targeted employment of the best qualified health and administrative workers, particularly women, and annual staff appraisal, throughout all levels of the health system.

The MoPH will undertake an annual needs assessment and capacity building plan of existing staff and implement the plan so as to raise quality performance. MoPH will also ensure standards through rigorous professional registration, accreditation of curricula and training institutes, and audit of professional conduct through supporting establishment of professional councils.”

GOAL

To manage and further develop the human resources of the MoPH so as to ensure the effective and cost-effective delivery of quality health care services to the population of Afghanistan.

OBJECTIVES

To implement strategies and plans designed to achieve policies relating to: Workforce Planning; Availability of a Skilled Workforce, Organisational Development, Personnel Management, In-service Training and Development; and Governance and Coordination. These strategies and plans are documented in a companion document to this Policy Statement, which covers the first two years of this policy.

The HR Taskforce will monitor achievement of priority activities and their targets documented in the Plan on an annual basis.

The HR Taskforce will review the Policies and their implementation annually, and essential changes will be submitted to CGHN, TAG and the Executive Board for approval. The Strategies and Plan will be reviewed and revised at the end of the two year period, and the whole Policy document will be revised in 2012 in line with the HNSS.

HR POLICIES

a. Workforce Planning

Policy on workforce planning and client population projections: Workforce planning, utilizing facility-level workload indicators and national workforce projections, shall be undertaken annually to plan workforce needs for the following year.

Policy on HR databases: The HR Database (together with the linked Shared Training Database) will initially be the primary mechanism for data input and analysis so as to undertake effective workforce planning. Although there may be subsidiary databases in other directorates they will all transfer information to this database. There will be annual analysis of data and a workforce planning report produced. Overtime, this data and the information from the pay database, will be aligned with the CSC HRMIS. GDHR staff will be trained to operate personnel functions through computer data collection, storage, analysis, monitoring and cleaning. The data collected will be linked to the HR Database.

Policy on Training Needs Assessment: A systematic annual Training Needs Assessment will be undertaken by the Capacity Building Planning Steering Committee. The work of this group will also utilise the outcomes from the proposed annual Performance Appraisal and Development Needs Analysis Processes when these begin.

Policy on Capacity Building Plan: A Capacity Building Plan will be drafted each year under the supervision of the *Capacity Building Planning Steering Committee*.

Policy on Collaborative Planning:

- The GDHR will coordinate all HR planning, including workforce, training, capacity building, personnel services, etc. in collaboration with relevant GDs, especially Policy and Planning, Health Care Financing and APHI. Provincial input will be obtained in the process.

(b) Availability of a Skilled Workforce

Policy on Registration and Certification Systems for Health Workers and maintenance of professional standards:

The GDHR will ensure the availability of an appropriately trained workforce by ensuring there is an effective health care worker registration system (in collaboration with the Ministry of Higher Education), and a national testing and certification examination process. It will work to facilitate the establishment of an independent Health Professions Council, and also individual independent professions' councils (especially medical, nursing, allied health), which will set standards, implement the registration systems, and will then monitor their activities.

Policy on Accreditation System for Health Training Institutions:

- The GDHR will ensure an effective system for registering and accrediting health professional education and training institutes (for pre-service, in-service and post-basic training), NGO-supported programs, and trainers of specialist doctors, so as to ensure quality. It will collaborate with MoHE to undertake this activity in the short-term, where there are no independent professional educational accreditation boards. Where boards exist (currently midwifery) the professional board will accredit under guidelines established by GDHR.
- Accreditation will be dependant on use of the relevant national curricula (which must be established for all trainings, including specialist doctor trainings), and adherence to pre-determined standards of educational quality, which will be approved by the independent boards where they exist (MoHE/GDHR in short-term where they do not).
- MoHE/GDHR will give priority to facilitating establishment of independent professional accreditation boards. It is urgent that a Medical Council be established to accredit medical institutions and curricula.
- For categories for which training is not available in this country, the independent boards (initially GDHR, together with the MoHE) will nominate overseas training schools that are internationally accredited from which health workers can be obtained.

Policy on advising on admission policy for health professional institutions and pre-service training:

- The MoPH will work closely with MoHE to encourage institutions to ensure that projected intakes to study health sciences are related to MoPH projected workforce needs. It will also ensure this is done at the Institute of Health Sciences, and also at private institutions where possible. MoPH will aim to ensure there is targeted recruitment in terms of categories of health workers needed, gender needs, and locations where they are required.
- The MoPH will also advise the MoHE on undertaking strict monitoring of the entry examination processes and adherence to selection criteria to ensure targeted groups are admitted for training.

Policy on Availability of required categories of health care workers: Categories of health workers need to be reviewed regularly based on changing needs. Workforce planning will be undertaken annually to identify any further specialist categories required, and action required to obtain them from overseas, send students on scholarships or fellowships to other countries, or provide training in country.

(c) Organisational Development

Policy on organizational structures:

- **Organisational structures will be reviewed in September each year, and will be based on functional requirements, with grading in alignment with CSC guidelines.**
- **The organogramme associated with the new structure will be developed by GDHR in collaboration with functional areas, and then endorsed by MoPH and CSC.**

Policy on job evaluation, grading and job descriptions:

GDHR has responsibility for establishing necessary new positions if they can do so within the negotiated ceiling with CSC, in collaboration with relevant Departments. GDHR has responsibility for assisting functional areas re-define positions as required, and facilitating overall approvals from CSC.

d. Personnel Management:

Policy on Recruitment processes (for civil servants and contractors). This will follow the Civil Employees Law and procedures, with original application documents, checking of credentials, and shortlisting against pre-set selection criteria, pre-set questions, interview process and objective report with scores.

Policy on pay, leave, allowances, incentives and deployment:

- **GDHR is responsible for on-going negotiation with CSC regarding classifications, pay scales and allowances.**
- **NGO grantees contracted to implement basic health services will be required to observe MoPH national salary policy, leave and allowance levels.**
- **Guidelines will be developed for advisers employed under “super-salary” arrangements with donors, regarding what incentives, salary, bonuses, allowances they can receive. Allowances and incentives will be linked with specific tasks and outputs.**
- **Procedures will be negotiated with CSC for incentive schemes to encourage filling of priority positions.**
- **Officers who wish to undertake private work for pay, while they are employed full time by MoPH will need to submit a request to GDHR for approval. If the work does not conflict with their primary responsibility, approval may be given for additional deployment.**

Policy on retirement/pensions and redundancy:

- **Procedures will be documented in a simple form and communicated to staff on redundancy, and on assistance that can be provided to assist them cope with the change in their circumstances, including counseling.**
- **Information will be provided on the new Pension arrangements when available.**

Policy on Staff Development and Career Development Assessment These will be undertaken for all staff as part of the PRR process.

Policy on disciplinary measures and termination: Simple information on individual rights and obligations relating to disciplinary measures needs to be provided to staff; and supervisors trained in implementation of the measures, including mechanisms for termination.

Policy on counseling, grievances and dispute resolution:

- GDHR will provide training for supervisors in counseling, and if necessary employ a psychologist as counselor for the Ministry.
- MoPH will establish a Dispute Settlement Commission reporting to the Minister and CSC, with the Chair being a GD with negotiation, mediation and counseling skills.
- The MoPH will establish an independent Health Complaints Office to address health service delivery issues, which will report to the Executive Board and National Assembly Health and Petitions and Grievances Committees.
- Facility Health Complaints Committees which report to NGOs will be monitored, and links to higher level resolution mechanisms established where they are required.

Policy on ethics/code of conduct:

- All staff will sign the Code of Conduct Guidelines and Declaration of Allegiance
- A permanent Transparency Working Group will be established in the Ministry to monitor and advise on transparency and accountability standards.
- The roles of the Internal Audit Department and the proposed Dispute Resolution Commission need to be clarified, so that action on ethical issues can be resolved swiftly.
- The MoPH will facilitate *Vulnerability to Corruption Assessments* with assistance from the UNDP and the Ministry of Finance, if required, and ensure that there is regular monitoring (coordinated by the TWG) to ensure professional standards are implemented and maintained in vulnerable areas.

Policy on equal employment opportunity (EEO): Equality of opportunity for women, employees from all ethnic groups, and people with disabilities, is to occur; and action will be taken to address harassment issues through the Dispute Resolution Commission.

Policy on occupational health and safety (OH&S): Occupational health and safety guidelines will be established based on Afghanistan safety standards (where they exist), and plans to improve them.

Policy on Health Insurance: A system will be established so that MoPH employees can have health insurance subtracted from their pay when the CSC develops the scheme.]

Policy on a Comprehensive HR Procedures Manual:

- The CSC HR Manual will be used, supplemented by specific HR policies for MoPH. This will be updated regularly for reference purposes in each Department and Province. Simple factsheets will be developed for staff to explain CSC and MoPH Laws, Regulations and Guidelines which affect their employment and wellbeing.
- There will be alignment of procedures and manuals provided, of CSC with those of donors groups, relating to recruitment, contract conditions, etc.

(e) In-Service Training and Development

Policy on Continuing Professional Education:

- GDHR is responsible for approving curricula for clinical in-service training, and APHI for public health training.
- A committee will be established reporting to the HR Taskforce, for overseeing the selection of candidates for continuing education overseas of more than 3 months duration (including fellowships/scholarships for specialist doctors and allied health workers). They will ensure provincial staff have equal access.
- Selection of candidates for any training course will be dependant on development of selection criteria, and assessment of candidates' appropriateness based on job description, qualifications, and previous training as documented in the HR Database (managed by GDHR) and the associated Shared Training Database (managed in conjunction with the HR Database). This activity, undertaken by Departments will be monitored by GDHR and APHI.

Policy on Management Training: In-service management training (and report writing) will be conducted as specified in the annual Capacity Building Plan, and coordinated by APHI through the HR Taskforce.

Policy on General and Administrative Training: In-service general and administration training will be conducted as specified in the annual Capacity Building Plan, with additional special training relating to specific administrative speciality tasks, and coordinated by GDHR through the HR Taskforce.

Policy on Training of Trainers: Train-the-trainers courses will be conducted and adequate staff employed so needed courses can be conducted in Dari and Pashto.

(f) Governance and Coordination:

Policy on the Roles of MoPH GDHR and that of other agencies: The GDHR is given the responsibility for coordinating all aspects of a comprehensive approach to HR. This includes policy, planning, recruitment, training (although public health and management training is the responsibility of APHI), licensing, deployment, supervision, management and financing in relation to all health personnel who work in EPHS/BPHS health facilities, as well as Central Office personnel.

Policy on Coordination Mechanisms: The MoPH will utilize four mechanisms to ensure effective coordination of HR: Provincial Coordination, HR Taskforce (including donor and key NGO groups), Capacity Building Planning Steering Committee, and National Coordination with other relevant ministries, through a range of mechanisms, including with the Ministry of Higher Education through the National Training Coordination Committee.