



**SIERRA LEONE GOVERNMENT  
MINISTRY OF HEALTH AND SANITATION**

**HUMAN RESOURCES FOR HEALTH  
POLICY IN SIERRA LEONE FOR THE  
MINISTRY OF HEALTH AND SANITATION**

OCTOBER, 2006.

## TABLE OF CONTENTS

	-	<b>Page</b>
Acronyms	-	3
Forward	-	5
<b>CHAPTER 1</b>		
Introduction	-	6
Vision	-	7
Mission Statement	-	7
Values	-	7
Goal	-	7
Objectives	-	8
Process of developing HR Policy	-	8
<b>CHAPTER 2</b>		
Human Resource Development	-	9
Goal	-	9
Training	-	9
Continuing Education	-	10
Training Eligibility Criteria	-	11
Training Needs Assessments	-	11
Master Training Plan	-	11
Training Budget	-	12
Donor Funded Training	-	12
Defining Standards & Competences	-	12
Study Leave & In-service Bonding	-	12
Monitoring, Evaluation & Impact Assessment	-	12
<b>CHAPTER 3</b>		
Planning, Management &Utilization'	-	13
Planning for Human Resource	-	13
Health Management Systems	-	13
Organization & Management of Human Resources	-	14
Personnel Record	-	14
Human Resource Information System	-	14
Recruitment &Selection	-	15
Job Descriptions	-	15
Deployment	-	15
Transfers	-	15
Orientation	-	16
Probation	-	16
Confirmation after Probation Period	-	16
Remuneration	-	16
Salaries	-	16
Other Allowances	-	16
Accommodation	-	16
Housing Allowance	-	16

Overtime	-	17
Leave Policy	-	17
Career Progression	-	17
Promotion	-	17
Acting Appointment	-	17
Motivation and Retention	-	17
Occupational Health and Safety	-	17
Performance Management	-	18
Professional Standards	-	18
MOHS Staff Secondment	-	<b>18</b>

#### **CHAPTER 4**

Employee and Labour Relations	-	19
Issues	-	19
Discipline	-	19
Surcharges	-	19
Grievance	-	19
Separation	-	19
Attendance	-	19
Private Work	-	19
Uniform Provision	-	19
Discrimination	-	19
Information Dissemination	-	20

#### **CHAPTER 5**

Research into Human Resource	-	21
Promising and best practice and lessons learnt	-	21
Priority Research	-	21
Investment into Human Resources Related Research	-	21

## ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
DHMT	-	District Health Management Team
GNP	-	Gross National Product
JD	-	Job description
HIV	-	Human Immune Deficiency Virus
HR	-	Human Resources
HRH	-	Human Resources for Health
HRIS	-	Human Resources Information system
HRHS	-	Human Resources for Health and Sanitation
MCHA	-	Maternal and Child health Aide
MDGs	-	Millennium Development Goals
PHC	-	Primary Health Care
SL- PSRP-	-	Sierra Leone Poverty Reduction Strategy Paper
DC	-	District Council.

## **FOREWORD**

This HRH policy document addresses the production and utilization of Human Resources (HR) within the Ministry of Health and Sanitation in Sierra Leone. It also responds to the contemporary challenges and developments including the exodus of human resources and advancement in technology.

Sierra Leone is facing a major crisis in responding to the heavy Burden of Disease and this exerts a lot of strain on the already overwhelmed health system. Following the development of the draft Health Human Resource Plan in August 2004, feasible strategies for strengthening the human resource base and its management were identified as critical to responding to implementation strategies. One of the recommendations in the human resources plan was to develop a policy for human resources for health and Sanitation.

This policy intends to regulate and direct planning, production, management, utilization and monitoring of HR within the health sector.

Therefore, on behalf of the Government of Sierra Leone I call upon all regulatory bodies, health service providers, educators, managers, all stakeholders and partners concerned to play a pivotal role in the equitable implementation of this policy. The Ministry in partnership with all stakeholders is committed to implementing this policy for the benefit of the people of Sierra Leone.

Ms. Abator. Thomas  
**The Honourable Minister for Health and Sanitation**

## **CHAPTER I**

### **INTRODUCTION**

Sierra Leone adopted the Primary Health Care (PHC) strategy for health service delivery. The primary objective is to improve the health status of the Sierra Leone nation through the provision of quality services that are equitable and client focused, leading to a healthy, productive and prosperous society. The health sector strategy has been reoriented and refocused to meet the national health challenges as stated in the Poverty Reduction Strategy Paper (SL-PRSP, 2005) and to embrace the Millennium Development Goals (MDGs). These goals aim at eradicating extreme poverty and hunger, reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases among others.

This policy acknowledges the on going public sector reforms and Local Government decentralization initiative relative to human resources as well as public sector standing orders in place which regulate public service personnel of which health workers are part. The means with which these health- related goals will be reached include human resources as a critical input. Furthermore, importance of adequate quality human resources for health and sanitation is a national outcry as recognized in most national and global documents.

The Ministry of Health and Sanitation (MOHS) has made significant achievements in its endeavours to prepare suitably qualified personnel. The Ministry's Skills Inventory of 2004 and the draft human resources development plan of the Health Workforce of Sierra Leone of 2004 indicate that the country has produced highly qualified professionals and technical cadres totaling to 3,740. Whilst the health sector has made these achievements, it continues to be faced with increasing challenges of a high disease burden, increasing poverty, deteriorating social welfare indicators, inadequate human resources, poor skills mix, de-motivated workforce and a high attrition rate. This has been exacerbated by the exodus of health workers.

One of the recommendations in the human resources plan is the need for human resources for Health and Sanitation policy, which could guide the Ministry of Health and Sanitation to effectively plan, manage and utilize its valuable human resources. Thus the ministry could strategically and effectively respond to current health and sanitation challenges, which are exacerbated by the high disease burden. Furthermore, the Ministry will be able to strategically plan for its Human Resource for Health (HRH) so as to timely develop and implement strategies to address future challenges and needs as they arise.

This policy document does not contain course admission criteria for various pre-service programmes obtained in Sierra Leone.

This policy is within the context of the draft National Health policy.

## **VISION**

By the year 2015, the Ministry of Health and Sanitation shall have in place adequate, well-managed, efficient and motivated human resources for health and social welfare capable of providing equitable access and distribution of services leading to a healthy and productive Sierra Leone.

## **MISSION STATEMENT**

The Ministry is committed to developing a competent, dedicated, productive and client centred workforce through improved planning, management, development and utilization of human resources to deliver quality service to the population.

## **VALUES**

This policy is based on the following values:

1. Quality and cost effectiveness in human resource development based on client needs and set norms and standards;
2. Professional conduct and performance standards oriented towards the client;
3. Efficiency and effectiveness in delivery of quality health care services;
4. Transparency and fairness in all principles and practices of human resources management and development;
5. Equality of access to managerial and leadership positions based on merit and relevant qualifications;
6. Decentralized implementation of the HR policy and strategy in accordance with the national health decentralization strategy; and
7. Broad involvement and participation of all relevant stakeholders.

## **GOAL**

The goal of the policy is to ensure right quality, quantity, skill mix, and equitable distribution of health and sanitation personnel are available to meet health care needs in an environment that promotes effective and safe practice.

## **OBJECTIVES**

The objectives of this policy are to:

1. Provide a focused and detailed policy direction on issues of HRH management including planning, production, motivation that will ensure quality service delivery;
2. Provide policy direction on HRH education and training of the required competences/cadres based on service delivery requirements in optimal quantities and quality;
3. Promote research into HRH interventions to provide evidence base for the improvement of service delivery; and
4. Form a basis for the review of the implementation of the human resources strategic plan to address the contemporary challenges affecting HRH within the decentralized system.

## **PROCESS OF DEVELOPING THE HRH POLICY**

The Ministry has held a number of fora where HR issues emerged as a national concern including the need to develop a policy. These discussions led to the consultative and participatory process. A draft human resources plan of the Health Workforce in Sierra Leone was developed in August 2004. The findings were discussed with a cross section of stakeholders at a National Human Resources (HR) forum and the recommendations are being implemented.

The development of a zero draft HRHS Policy document commenced with literature review. This was followed by the identification of a Technical Working Group that finalized the policy document. Consensus-building workshops with various stakeholders formed a valuable approach to the development of this critical document.

## **CHAPTER 2**

### **HUMAN RESOURCE DEVELOPMENT**

The in service and pre-service training programmes have to take into consideration the challenges and new developments related to priority health problems such as malaria, maternal and infant mortality, Tuberculosis in order to have a adequately prepared human resource. Taking this approach would reduce the ad hoc training workshops as well as high attrition rate due to exodus of health workers.

#### **GOAL**

The goal is to develop human resource for health and sanitation policy that is relevant, decentralized and adequate to meet health service demands.

#### **2.1 Training**

- 2.1.1 A training plan for HRH shall be consistent with the requirements of the Public service reforms, decentralization and Training Policy of the Government of Sierra Leone.
- 2.1.2 The Ministry shall determine its training requirements and priorities in consultation with Government Training Department and MOEST to meet the needs of the Ministry.
- 2.1.3 Training should respond to the needs of the Ministry and Tailor-Made to address the current trend and challenges.
- 2.1.4 The Ministry, in collaboration with District Councils shall concentrate on planning, implementing, monitoring and evaluation of In-Service training programmes for serving employees.
- 2.1.5 Technical skills for both technical and administrative supervision shall be a regular feature of in service training especially for district and rural facilities with improved communication facilities.
- 2.1.6 Pre-service training needs and priority requirements for the Ministry shall be identified and submitted to the Ministry of Education, Science and Technology (MOES&T), Development Partners and Local Training Institutions.

- 2.1.7 Considering the population and a stagnant economy of the country and service delivery needs, scaling up of the required numbers of post graduate competencies such as public health doctors, internal medicine doctors, dentistry, specialized nursing areas, anaesthesia and any other specialized discipline etc, shall be planned for and implemented based on staggering principle.
- 2.1.8 Training of paramedics shall be given priority given problems with deployment in rural areas and the large exodus of highly qualified health personnel. This situation is a large bottleneck in the Ministry's endeavours to increase health care coverage and deliver health care efficiently.
- 2.1.9 Scaling up of production of the cadres at both pre and in service levels shall be preceded by an assessment of training institutional requirements for purposes of capacity building for teaching and learning facilities including infrastructure, teachers and learning materials etc.
- 2.1.10 The Ministry shall develop a mechanism of coordination and collaboration with training institutions to ensure relevant outputs. It shall also have direct inputs into the design and review of curricula to guarantee relevance.
- 2.1.11 Training Programmes shall focus on facilitating career paths for all staff to promote progression (vertical and lateral) and productivity, and for this reason such programmes shall need to be positively related to internal policies on recruitment, promotion, grading, remuneration and performance appraisal, and where feasible to external practices of accreditation and certification.
- 2.1.12 The capacity of the Training office in the Ministry shall be strengthened by providing adequate support staff, developing staff capacity and mobilizing adequate resources.
- 2.1.13 Training programs should reflect the dictum "no person should be engaged to perform a task if a lesser trained, lesser paid worker could be employed to carry out the task adequately".
- 2.1.14 The Training Committee shall support various forms and types of staff training and development initiatives.

## **2.2 Continuing Education**

- 2.2.1 The Ministry shall develop a mechanism of coordination and collaboration of all continued education activities with training institutions and partners.
- 2.2.2 The knowledge and skills of all health workers shall be sustained and upgraded through continuing education in order to keep abreast with the changing technology and service requirements.

- 2.2.3 Innovative teaching and learning strategies including distance education options shall be used extensively for upgrading and continuing education of health workers. These training opportunities shall be made available and accessible for all health workers.
- 2.2.4 So far as is practical, staff are to be trained in-country and within the region rather than overseas except in cases where the particular training can not be obtained within the country and the region.
- 2.2.5 Facility based in-service training shall be coordinated at facility level but reports of training; course content, facilitators, length of course and participants should be forwarded to the training officer at MOHS headquarters.
- 2.2.6 The MOHS training office shall keep all training records – pre-service and post basic training.

### **2.3 Training Eligibility Criteria**

- 2.3.1 All health workers shall have equal access to high quality training and development programmes on the basis of health sector needs with the exception of orientation, which is a requirement for all new staff and staff to occupy new positions.
- 2.3.2 Pre-service training and post basic(in-service) training programmes admission criteria are stipulated for each programme and training institutions should follow these requirements rigorously in accepting new applicants so as not to dilute programme and output quality.
- 2.3.3 Appointed Medical officers should serve for not less than two years in the provinces before going for post graduate qualifications.
- 2.3.4 MOHS Staff Nurses shall pursue any nursing specialization, including Public Health after having acquired one year work experience, after which attaining midwifery training and two years post midwifery training work experience.
- 2.3.5 All serving MOHS Officers above age 50 years shall not be accorded long-term training.

### **2.4 Training Needs Assessment**

The employee, the supervisor, (District Councils) and HRMD Unit in MOHS as a co-operative role, shall identify training needs jointly. A systematic training and development needs assessment shall be carried out for all work units and staff members. The assessment shall be based on competence needs and skill-based.

### **2.5 Master Training Plan**

Once the master training plan is prepared and costed annually, departments and District Councils, shall prepare training plans to include functional and/or work specific training and general training. As a rule, training will be job specific and performance related. These plans shall

be monitored and reviewed periodically by the relevant committee and should take into consideration new developments.

## **2.6 Training Budget**

Adequate resources shall be mobilized for training in and outside the country for basic, specialization, pre-service and in-service training in consultation with the Ministry of Finance and Education, Science and Technology. The Ministry shall take maximum advantage of external aid and grants to supplement local funds so as to achieve the objectives of the HRMD Policy.

## **2.7 Donor Funded Training**

All donor funded training specific to certain programs or location shall be coordinated by the HRMD Unit at MOHS headquarters.

## **2.8 Defining Standards and Competencies**

2.8.1 Standards by HRH category should be discussed and defined. The Ministry shall develop norms and standards for each category of health workers in accordance with the country needs.

2.8.2 Standard staffing patterns should be developed and reviewed periodically.

2.8.3 The Ministry shall enforce existing accreditation regulatory frameworks to ensure safe practice.

## **2.9 In-Service Bonding**

The Ministry shall establish innovative ways and means of retaining trainees after completion of programs of studies and these will include bonding.

## **2.10 Monitoring, Evaluation and Impact Assessment**

Regular internal and external evaluation of the training institutions shall be conducted for relevance and appropriateness (trainer-trainee ratio, competence of lecturer, adequate infrastructure, teaching and learning materials, and harmony between training and practice), and this shall be done by professional and technical regulatory bodies. Training of health and Sanitation workers shall take place only in accredited and reputable institutions in and outside the country.

At the MOHS and District Councils level impact assessment shall be carried out after six (6) months of the completion of a training programs to assess the added value and change in job performance and personal effectiveness using an assessment format such as

questionnaires and /or interviews, performance appraisal and self-assessment reports. Impact assessment shall be conducted by supervisors in consultation with the Training Officer who shall in turn prepare an overall report to advise and inform future decision in training programs.

## **CHAPTER 3**

### **PLANNING, MANAGEMENT AND UTILISATION**

The economic cost of preventable diseases, when put together, is getting very high. Diseases reduce the annual incomes of the Sierra Leone society, the lifetime income of individuals, and prospects for economic growth. The losses are a significant percentage of the GNP of Sierra Leone each year, which translates into millions of Leone. Investing in health and social welfare services and valuing its workers, as part of the health and sanitation system and their role in the fight against diseases is critical. Therefore, planning, recruiting, developing, motivating and retaining highly competent health care and sanitation workers shall be a national priority that should translate to improved economic indicators for the Sierra Leone nation. As a result, the economic situation of the country should not constitute an absolute limiting factor for recruiting and retaining health care and sanitation workers.

#### **3.1 Planning for Human Resources**

Planning for human resource shall be geared to making available the right competences and attitudes at the right time and in right numbers to deliver good quality health services. It should also take into consideration the quality and quantity of workload. The HR planning shall be reviewed regularly to take into account realities. The DHMT under district assemblies shall submit annual HR Plans to the Planning and HR Units for review and consolidation every year.

HR Planning shall be strengthened at headquarters and District Councils by integrating it in all planning processes and building internal capacity to forecast, prepare timely and realistic strategic HR plans.

The MOHS Planning Unit is responsible for preparing the Ministry's five (5) year Development Plan. Complementary to the Development Plan, the Planning Unit in collaboration with the HR Department must review the strategic HR Plan every year.

Each District Health Management Team (DHMT) within the District Councils shall participate in the preparation of the HR Development Plan and the corresponding strategic HR Plan. The DHMT planning team must take the current economic situation into careful consideration if the resulting strategic HR Plan is to be a realistic and useful tool.

The HR and the Planning Units shall together submit and defend the consolidated annual HR Plan to the Ministries of Finance and Education, Science and Technology for review and approval. All the plans shall be costed.

## **3.2 Health Management Systems**

Capacity for health management shall be strengthened at all levels to enhance performance of the health sector.

### **3.2.1 Organization and Management of Human Resources**

The HR management policy and practice is aimed at recruiting and retaining competent health workers to guarantee provision of quality health services at all levels of the health delivery system.

The MOHS headquarters will be the focal point from which decentralized structure and functions will emanate. The national level shall be responsible for overall coordination, articulation of national policy, legislation, standards, norms, guidelines and protocols, mobilization of resources and provision of technical support to districts and other levels.

District Council Health and Sanitation structures shall be responsible for overall coordination of district health and sanitation activities including planning, implementation, monitoring and evaluation.

Relevant management committees shall be put in place to facilitate harmonization, co-ordination and better management within the MOHS and between all relevant Ministries.

Decision-making shall be consultative and participatory with full involvement of the relevant management teams to promote and ensure upward, downward and lateral accountability within the Ministry and with all relevant stakeholders and partners.

The available personnel management policies and procedures with relevant reviews will be valid and updated periodically. For details refer to the Public Service General Orders.

### **3.2.2 Personnel Records**

Responsibility centres in the districts shall maintain personnel files for each employee in the centre. The personal file shall contain all relevant records pertaining to employees.

In hospitals and health centres, the administrator or head of the facility shall have in custody all personal files of employees in the facilities except senior management staff. The personal files shall be kept in a secure place in each responsibility centre.

MOHS headquarters shall keep all MOHS personnel files. The Establishment Secretary shall keep all original files of MOHS personnel.

### **3.2.3 Human Resource Information System**

The MOHS shall strengthen and maintain a comprehensive HRIS, which is functional, well equipped, with adequately trained personnel that can produce quality, relevant and up to date data to inform policy, implementation, research and decision-making at all levels. A national HR database of all health personnel shall be maintained and such system shall be accessible on a need-to-know basis. Quarterly and annual reports shall be prepared and disseminated to relevant Ministries /departments and Stakeholders.

#### **3.2.4 Recruitment and selection**

For recruitment and selection procedure details, refer to the Public Service General Orders. Due to a large number of qualified health personnel not employed and not on the payroll, the Ministry of Finance shall issue a directive to the Ministry of Health and Sanitation, District Councils and Establishment Secretary's Office authorizing new posts in excess of the agreed authorized establishment at the beginning of each budget year.

#### **3.2.5 Job Description**

For all established posts the supervisor must prepare a Job Description (JD) and person's specification and submit to the HR Officer for technical input. The supervisor and the Senior HR Officer shall file the finalized Job Description. Job Descriptions shall form the basis of drafting the advertisement.

The JDs shall be used in orientating new employees to their duties. The JDs shall be used for setting performance objective and annual work plans. Supervisors shall also use the JDs as a guide in ensuring that employees are performing all the duties of their positions and in conducting performance appraisal. The JDs shall be reviewed at least once in five years to take into account the new developments of the health sector.

#### **3.2.6 Deployment**

The process of deployment of staff shall be transparent and according to the needs of the health sector as defined by staffing norms and vacancies. All deployment procedures and practices shall be in accordance to the General Orders of the Government of Sierra Leone. MOHS headquarters shall make the initial posting of professional employees and support staff to a district through the postings committee. The DHMT within district assemblies shall make consequent placement of the employees within the district.

#### **3.2.7 Transfer**

A transfer is the movement of an employee from one workstation to another not necessarily within the same Ministry. It may bring about a change in benefits depending upon the duty station. A staff member can apply for a transfer when a vacant position emerges. The ministry has a right to transfer employees from one district to another.

The district shall transfer an employee as per service demand. The DHMT within district assemblies shall make the final decision on all transfers of employees within the District. All transfers shall be consistent, transparent and objective, and shall be in accordance with the

General Orders of the government of Sierra Leone. Transfer policy guidelines of the MOHS shall be reviewed periodically in response to the needs of the health sector.

### **3.2.8 Orientation**

All new employees and those making a significant change in role shall go through an orientation process. The process shall be completed in the first three (3) months of appointment. The purpose of the orientation is to make each new employee or an employee moving to a new post adjust quickly and fit in the new role.

Further, to facilitate a quick and smooth settling down of the employee to enhance the fulfillment the responsibilities of the job. Widely disseminated and standardized orientation guidelines should be utilized with necessary adjustments for specific areas.

A list of key documents relating to their work including labour relations documents shall constitute part of the orientation guidelines and shall familiarize themselves with their contents.

### **3.2.9 Probation**

For details refer to the Public Service General Orders.

### **3.2.10 Confirmation after Probation Period**

For details refer to the Public Service General Orders.

### **3.2.11 Remuneration**

For details refer to the Public Service General Orders.

### **3.2.12 Salaries**

For details refer to the Public Service General Orders.

### **3.2.13 Other Allowances**

For details refer to the Public Service General Orders.

### **3.2.14 Accommodation**

For details refer to the Public Service General Orders.

### **3.2.15 Housing Allowance**

For details refer to the Public Service General Orders.

### **3.2.16 Overtime**

The MOHS and District Councils shall effect payment of duty and overtime allowances to health personnel.

### **3.2.17 Leave policy**

For details refer to the Public Service General Orders.

### **3.2.18 Career Progression**

The Ministry and District Councils shall ensure that all cadres have clearly defined, documented and approved career structures based on common or equivalent grades and titles for the different professional groupings. Assessments for equivalencies in rank, grade, etc should be recognized especially for remuneration purposes within the context of the overall objectives of the Ministry. Staff shall be encouraged to develop themselves in their area of competence in accordance with the needs of the sector.

### **3.2.19 Promotion**

Promotions shall be made by the Promotions Committee for MOHS staff at headquarters and will be inline with the General Orders of the Government of Sierra Leone. District assemblies shall initiate the promotion of their staff. Performance records shall be given greater weight when a staff member is considered for promotion. Employees shall be promoted according to competence, qualification, experience and performance records. Proper grounding in the management discipline and practice shall precede promotion of medical personnel into management jobs. A letter of promotion shall be written to the staff member signed by the appointing authority and copied to the relevant departments.

### **3.2.20 Acting Appointment**

For details, refer to the Public Service General Orders.

### **3.2.21 Motivation and Retention**

The Ministry, together with District Councils, shall establish clear staff motivation strategies to ensure continuity of service delivery. In addition to remuneration, loan and allowance packages, the ministry shall package non monetary incentives for its employees such as subsidized housing, furniture, clear reporting lines, relevant and suitable management style and counseling services. It shall also explore other strategies for retention of its employees.

### **3.2.22 Occupational Health and Safety**

The Ministry of Health and Sanitation together with district assemblies shall strengthen the workplace occupational safety and health systems programme through financial support, capacity building for staff, ensuring and upholding protection and safety standards at all levels, and related services among others.

### **3.2.23 Performance Management**

The Ministry and district assemblies' performance management system shall be in accordance with the General Orders of the government of Sierra Leone. It is critical to ensure that these performance management systems are used to assess employees constructively and fairly and assist in identifying and supporting training and development needs of staff.

Every supervisor shall be responsible in ensuring that all employees under their supervision are appraised at least once per annum to maintain high standard of performance.

Results of performance appraisal must be strictly confidential except to the appraised individual, next level supervisors and HR Unit.

### **3.2.24 Professional Standards**

Professional ethics and standards shall be promoted for all health and sanitation workers. The professional regulatory bodies shall be strengthened to enforce accreditation and monitor set standards. The ministry shall establish a collaborative and coordination mechanism with regulatory professional bodies and relevant stakeholders to ensure quality services and public safety.

Providing adequate funding, computerizing practicing health personnel registers and building the capacity of these bodies shall strengthen existing health personnel professional bodies.

### **3.2.25 MOHS Staff Secondment**

The MOHS shall second its staff to other providers, which provide health services to Sierra Leone population where MOHS services are unavailable depending on the availability of staff.

## **CHAPTER 4**

### **EMPLOYEE AND LABOUR RELATIONS**

The Ministry is committed to promote good labour relations, transparency, and fairness. The MOHS employees as public servants are expected to conduct themselves according to general orders, and also adhere to the public service disciplinary code and grievance handling procedures as well as other government rules and regulations.

#### **4.1 Issues**

The policy regarding the following issues is as follows.

#### **4.2 Discipline**

See general orders, the public service disciplinary code.

#### **4.3 Surcharges**

See general orders, the Public Service Disciplinary Code.

#### **4.4 Grievance**

See general orders, the Public Service Disciplinary Code.

#### **4.5 Separation**

See general orders, the Public Service Disciplinary Code.

#### **4.6 Attendance**

See general orders, the Public Service Disciplinary Code.

#### **4.7 Private work**

See general orders, the Public Service Disciplinary Code.

#### **4.8 Uniform provision**

Uniforms and protective clothing shall be issued to eligible officers once a year. Wearing of a proper uniform should be enforced.

#### **4.9 Discrimination**

No one shall be discriminated based on race, gender, religion, disability and socioeconomic status.

#### **4.10 Information Dissemination**

Workers shall be well informed about the industrial relations. Communication channels shall be made clear at all levels. All available rules and procedures shall be made accessible to all.

## **CHAPTER 5**

### **RESEARCH INTO HUMAN RESOURCE**

The National Health Research Unit, once established, shall include HRH as one of its major components

The objective of this research into HRH development is to encourage practical, applied research and innovations that shall promote innovative solutions to challenges.

#### **5.1 Promising and Best practice and lessons learnt**

Human resources for health and sanitation best practices; lessons learnt shall be promoted, documented and disseminated to inform decisions at all levels.

#### **5.2 Priority research**

Priority HRH research and experimentation or studies into innovative interventions for challenges such as migration and brain drain, motivation and retention, new curricula, innovative teaching and learning practices, testing out incentives packages before replication, shall be promoted and supported among others.

#### **5.3 Investment into Human Resources Related Research**

There shall be deliberate effort to encourage applied/practical, health systems research at all levels to provide evidence based solutions to address specific challenges facing HRH development.

Research shall be carried out based on a priority research programme to be reviewed periodically using existing national institutions. Individuals shall also be commissioned to undertake specific research. The Research Development Committee within the Ministry's structure shall be constituted to approve research at service delivery level; while training institution shall instill research skills at Pre-Service and In-Service Levels.

