



**MINISTRY OF HEALTH OF THE KINGDOM OF SWAZILAND**

**POLICY FOR HUMAN RESOURCES  
FOR HEALTH**

**October 2012**

## **Foreword**

The Government of the Kingdom of Swaziland has prioritised the Ministry of Health in an effort to improve health service delivery. The health workforce is key to health service delivery hence the development of the HRH policy that will address the supply and utilization of human resources (HR) in Swaziland. It also responds to the contemporary challenges and development of the disease complexities and advancements in technology.

Following the assessment of the health workforce conducted in October 2009, feasible strategies for strengthening the human resource base and its management were identified as critical to responding to the implementation strategies. One of the recommendations in the situation analysis was to develop a policy for Human Resource for Health and a strategic plan.

This policy intends to regulate and direct planning, management, development, training, utilization and monitoring of human resources within the health sector.

On behalf of the Government of Swaziland, I call upon all regulatory bodies, health service providers, educators, managers, stakeholders and strategic 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 Swaziland.

Benedict Xaba, MP

The Honourable Minister for Health

## **ACKNOWLEDGEMENTS**

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The Ministry of Health recognizes the efforts of the interdisciplinary team, together with the multidisciplinary and inter-sectoral teams for their tireless effort in the development of this policy ; the Ministry of Public Service and Ministry of Labour and Social Security for their invaluable input; the professional bodies' critical analysis and contributions; and the consultant from WHO Regional Office for Africa for insightful expertise during the development of the policy document .

Lastly, the MOH acknowledges all individuals and organizations whose assistance was essential to finalize this policy document.

Dr Steven Shongwe

Principal Secretary Ministry of Health

**ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
GNP	Gross National Product
GO	General Orders
HIV	Human Immune Virus
HRD	Human Resource Department
HRH	Human Resources for Health
HRIS	Human Resource Information System
HSC	Health Service Commission
JD	Job Description
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
NDS	National Development Strategy
PHC	Primary Health Care
PMS	Performance Management System
RHMT	Regional Health Management Team
SAHCD	Southern African Human Capacity Development Coalition
TB	Tuberculosis
WHO	World Health Organisation

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## **1. CHAPTER 1**

### **1.1. INTRODUCTION**

Swaziland is a landlocked country with an estimated surface area of 17,364km squared and a population of 1.1 million (National Health Sector Strategic Plan 2008-2013) with the majority of the population residing in rural areas and only 23% in urban areas. Similarly to other developing countries, Swaziland is facing challenges related to human resources for health required for the delivery of health care at all levels of health service delivery.

### **1.2 CONTEXT**

Swaziland adopted the Primary Health Care (PHC) strategy for health service delivery. The primary objective is to improve the health status of the Swazi 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 National Development Strategy (NDS, 1999) 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. The Public Service Human Resource Development Guidelines (1999) formed the basis for the development of this policy.

This policy acknowledges the on-going public and health sector reforms taking place in relation to human resources such as the revision of the organisational structure, development of the essential health care package which defines the health services provided at different levels of the health system; development of staffing norms, which determines staffing requirements for the delivery of the essential health care package; the development of a performance management system, and increase of health workers' salaries. The Ministry of Health (MOH) has made significant achievements in its endeavours to prepare suitably qualified personnel. The Situation Analysis of the Health Workforce of Swaziland of October 2009 indicates that the country has produced highly qualified professionals and technical cadres totalling to 3,726.

### **1.3 ORGANISATION OF HEALTH WORKERS**

The Ministry of Health has the overall responsibility for the provision of health services in the country. Health services are delivered by;

- Public and mission sectors; six hospitals, eight public health units and five health centres
- Public sector 89 health clinics and 174 outreach health clinics
- Private not for profit, the majority owned by missions and subsidised by government
- Private for profit; fifty clinics with or without beds

- Industry owned facilities; clinics owned by manufacturing companies mostly located in company premises

#### **1.4 PROFILE OF HUMAN RESOURCES FOR HEALTH**

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, and demotivated workforce. In 2004, 44% of the posts for physicians, 19% posts for nurses and 17% of the posts for nursing assistants were vacant (Kober and Van Damme 2006). The current doctor ratio is 10 per 100,000 population, Nurse ratio is 56 per 100,000 population while the midwife ratio is 64 per 100,000 population. The key health indicators such as infant, child and maternal mortality remain high; Infant mortality 85 per 1000 live births, under five mortality is 120 per 1000 live births and Maternal Mortality Ratio is 482 per 100,000 live births and an HIV prevalence rate of 26.1 among the 15-49 (Swaziland Demographic Health Survey 2006-2007 and National Health Sector Strategic Plan 2008-2013).

Other HR planning associated challenges include the parallel functioning of the HR and the planning department which creates a gap in synchronizing the HR demands and supply, weak Human Resource Information System (HRIS), inadequate service availability mapping to track available numbers of health workers, cadres, location, and estimates of staff requirements, training database and essential Health Care package.

The health sector recognizes and appreciates the on-going public sector reforms in the Ministry of Public Service such as the Performance Management System (PMS) and others. This requires strengthening in as far as human resource capacity is concerned to ensure appropriate health care service delivery through the establishment of the Health Service Commission. The continued absence of a Health Services Commission to streamline recruitment of health personnel creates perpetual delays in filling vacant positions with qualified candidates as well as effecting promotions, transfers, deployment and development of clear job descriptions and job evaluations.

An assessment of the health work force was conducted in October 2009, (HRH Situational Analysis). The findings of the assessment were disseminated at a national forum for human resources held in the same month. Various stakeholders attended the national forum, which brought out a number of issues that needed follow up. One of the issues discussed was the need for human resources for health policy, which could guide the Ministry of Health to effectively plan, manage and utilise its valuable human resources. Thus the ministry could strategically and effectively respond to current health challenges, which are exacerbated by emerging and re-emerging disease. 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.



## **1.5 POLICY RATIONALE**

The importance of developing a HRH policy was emphasised during the 62<sup>nd</sup> World Health Assembly held in Geneva in 2009 and ECSA Health Minister's Conference, held in Swaziland, March 2009. At this occasion, member states were urged to develop their human resources for health policies and comprehensive planning for education, development, management, research and regulation of health workers for effective service delivery. In order to achieve this mandate and meet health sector human resource needs, the Ministry has found it necessary to develop the policy for Human Resources for Health (HRH). This policy is within the context of the National Health Policy, which necessitates the development of a comprehensive strategic plan for human resources for the health sector as a means of implementation.

## **CHAPTER 2**

### **2.1 VISION**

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

### **2.2 MISSION**

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.

### **2.3 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.
7. Broad involvement and participation of all relevant stakeholders.

### **2.4 GOAL**

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

#### **2.4.1 OBJECTIVES**

The objectives of this policy are to:

- I. Provide a focused and detailed policy direction on issues of HRH planning, development, management including recruitment, motivation and retention that will ensure quality service.

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- II. Provide policy direction on HRH education and training of the required competences/cadres based on service delivery requirements in optimal quantities and quality.
- III. Promote research into HRH interventions to provide evidence base for the improvement of service delivery.
- IV. Address the contemporary challenges affecting HRH within the decentralized system.

### **2.5 SCOPE**

The provisions of this policy and the guidelines arising hereof shall be binding to all individuals and entities whether government, mission, private, industrial, non-governmental or international as long as they are involved in the delivery of health services within the Kingdom of Swaziland. This policy will be used in conjunction with the Public Service Policies and other related policies to provide guidance to the health sector on all issues related to Human Resources for Health

## CHAPTER 3

### HUMAN RESOURCE DEVELOPMENT

The Human resource portfolio has drastically changed over the years. During all these years of change, there has not been matching production and upgrading of skills. The in-service and pre-service training programmes have to take into consideration the emerging and re-emerging health challenges that affect health service delivery. Taking this approach would reduce the ad hoc training workshops and high attrition rate due to human resource mobility of health workers.

Pre-service education in Swaziland needs to be expanded to cover shortfalls in disciplines such as dental therapy, pharmacy, laboratory technicians, Family Nurse Practitioners at diploma level. This requires dialogue among the Ministry of Health, Ministry of Education and Training and Ministry of Labour and Social Security to expand infrastructure in the existing training institutions and establishing collaboration with external institutions.

Pre-service and in-service training needs to be effectively integrated in order to address issues of retention. The Ministry is committed to the development of a health workforce that is relevant, decentralized and responsive to health service demands.

#### **Training**

- 3.1 The Ministry of Health has a stewardship role for the overall training in the sector and shall ensure that relevant standardised training curricula and methods are utilised according to need.
- 3.2 A training plan for HRH shall be consistent with the In-Service Training Policy of the Government of Swaziland.
- 3.3 Tasks shall be moved where appropriate to lower levels and this shall be accompanied with relevant training to improve health coverage and make more efficient use of available health workers
- 3.4 All training shall be in line with the skills requirements of the health sector and proceeded by the Training Needs Assessment.
- 3.5 The Ministry of Health, in collaboration with the National Human Resources Planning and Development Unit of MoPS, shall be responsible for planning, implementing, monitoring and evaluation of in-service training programmes.
- 3.6 In-service training shall include both technical and administrative skills at all levels of service delivery.
- 3.7 The ministry shall scale up the numbers and competencies of allied health workers such as laboratory, pharmacy, radiography, anaesthesia.

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- 3.8 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.
- 3.9 Training Programmes shall focus on improving productivity and career paths for all staff to promote progression (vertical and lateral) and productivity. 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.
- 3.10 The capacity of the Training Unit in the Ministry shall be strengthened by providing adequate support staff, developing staff capacity and mobilising adequate resources.
- 3.11 The Training and Personnel Committee shall support various forms and types of staff training and development initiatives.
- 3.12 All training institutions shall be accredited by a recognised a National Qualification Authority

### **Continuing Education**

- 3.13 The Ministry shall develop a mechanism of coordination and collaboration of all continued education activities with training institutions, regulatory councils and partners.
- 3.14 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. .
- 3.15 Innovative teaching and learning strategies including distance education options, attachments, exchange programmes and facility based training 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.

### **Training Eligibility Criteria**

- 3.16 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 making a significant change in role. This provision shall cover only those employees subject to normal conditions of employment..
- 3.17 Eligibility for long term training shall be in accordance with the In Service Training Policy of the Government of the Kingdom of Swaziland

### **Training Needs Assessment**

- 3.18 The employee, the supervisor and HRD (MOPS) 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.

### **Master Training Plan**

- 3.19 Departments and regions shall prepare training plans to include functional and or work specific training and general training, to facilitate the development and costing of the master training plan. These plans shall be monitored and reviewed annually by the relevant committee and should take into consideration new developments.

### **Training Budget**

- 3.20 Adequate resources shall be mobilized for training in and outside the country for basic, specialization pre-service and in-service training in consultation with MOLSS and MOPS. The Ministry shall take maximum advantage of external aid and grants to supplement local funds so as to achieve the objectives of the HRD Policy. The Human Resources Development in MOPS shall assist in the execution of training awards.

### **Defining Standards and Competencies**

- 3.21 Performance Standards by HRH category shall be discussed and defined. The ministry shall develop norms and standards for each category of health workers in accordance with the country needs.
- 3.22 Standard staffing norms and patterns shall be developed and reviewed periodically.
- 3.23 The Ministry shall enforce existing accreditation regulatory frameworks to ensure safe practice.

**Study Leave and In-Service Bonding**

- 3.24 The Ministry shall uphold the bonding process as stated in the In-Service Training Policy and establish other means of retaining trainees after completion of programme of study.

**Monitoring, Evaluation and Impact Assessment**

- 3.25 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.
- 3.26 Training of health workers shall take place only in accredited and reputable institutions in and outside the country.
- 3.27 At the Ministry's level, impact assessment shall be carried out after six (6) months of the completion of a training programme to assess the added value and change in job performance and personal effectiveness..

## CHAPTER 4

### PLANNING, MANAGEMENT AND UTILISATION

The economic cost of preventable diseases (HIV and AIDS, TB and Non Communicable Diseases) is on the increase. Diseases reduce the annual incomes of the Swazi society, the lifetime income of individuals, and prospects for economic growth. The losses are a significant percentage of the GNP of Swaziland each year, which translates into millions of Emalangeni. Planning, recruiting, developing, motivating and retaining highly competent health care shall be a national priority translating to improved economic indicators.

#### Planning for Human Resources

- 4.1 Planning for human resource shall be geared to making available the right skills competences and attitudes at the right time and in right numbers to deliver quality health services. It shall also take into consideration the quality and quantity of workload as a consequence of HIV and AIDS and other emerging and re-emerging diseases.
- 4.2 HR Department shall prepare a strategic HR Plan in collaboration with the planning unit for approval by the MoH
- 4.3 HR Plan shall be reviewed annually.

#### Organisation and Management of Human Resources

- 4.4 The MOH headquarters shall be the focal point from which decentralised structure and functions will emanate.
- 4.5 The national level shall be responsible for overall coordination, articulation of national policy, legislation, standards, norms, guidelines and protocols, mobilisation of resources and provision of technical support to the regions and other levels.
- 4.6 Capacity for Human Resource Management shall be strengthened at all levels to enhance performance of the health sector. 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
- 4.7 Regional Health structures shall be responsible for overall coordination of regional HR activities including planning, implementation, monitoring and evaluation.



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4.8 The Government of the Kingdom of Swaziland shall establish a Health Service Commission as provided by Public Health Bill to deal with all human resource issues within the health sector.

4.9 Relevant management committees shall be put in place to facilitate harmonization, co-ordination within the MOH and between relevant Ministries and other stakeholders.

### **Personnel Records**

4.10 Every employee shall have a personal record which is kept confidential under lock and key at the headquarters and a duplicate file kept at HSC and other responsibility centres. The personal file shall contain all relevant records pertaining the employee.

4.11 The Human Resource focal person shall have custody of personnel files except for those belonging to senior management staff, which are kept at the headquarters.

### **Human Resource Information System**

4.12 The MOH shall maintain a comprehensive HRIS, which is functional, and up to date data to inform policy, planning and implementation.

4.13 The HRIS shall generate periodic reports to relevant ministry departments and stakeholders as and when needed.

4.14 The HRIS shall be staffed with adequately trained personnel that can produce quality data and information to be used in decision making.

### **Recruitment and selection**

4.15 Recruitment, selection and deployment of health employees shall be based on principles of transparency, fairness and by providing equal employment opportunities for all applicants.

4.16 Employment of personnel in health services shall be on permanent and pensionable or contractual basis as provided for, in the current procedures.

4.17 The Ministry may employ expatriate staff or contract retired health workers as and when the need arises.

4.18 The support staff (such as hospital orderlies, cleaners, drivers, messengers and cooks) shall be interviewed and recommended by the facility for approval by the headquarters.

### **Job Description**

- 4.19 The MoH HR departments shall prepare a Job Description (JD) and person specification in consultation with MSD. The HRD shall file the final Job Description, and the supervisor shall avail the JD to newly employed personnel.
- 4.20 The JDs shall be reviewed at least every five years to take into account the new developments of the health sector.

### **Deployment**

- 4.21 The process of deployment of staff shall be transparent and according to the needs of the health sector. All deployment procedures and practices shall be in accordance to the General Orders of the Government of Swaziland.
- 4.22 MOH headquarters shall make the initial posting of professional employees. The RHMT shall make subsequent placement of the employees within the region.

### **Posting**

- 4.23 All posting shall be consistent, transparent and objective, and shall be in accordance with the General Orders of the government of the Kingdom of Swaziland and the labour laws of the government of Swaziland.

### **Orientation**

- 4.24 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

### **Probation**

- 4.25 Appointment to permanent and pension able position shall be subjected to probationary period, following which an employee shall be confirmed in his appointment if his/her work has proved satisfactory. Staff on probation shall not be eligible for loans, advances and training.

### **Confirmation after Probation Period**

- 4.26 An employee shall be confirmed in the pensionable establishment provided that his/her probationary period has been successful in accordance with the Government Standing Orders.

### **Remuneration**

- 4.27 Remuneration shall be fair, competitive and attractive in order to motivate and retain health workers to ensure sustainable service delivery.

### **Allowances/Benefits**

- 4.28 The health sector employees are entitled to allowances as specified in the relevant Government guidelines, which shall be reviewed periodically. The following are highlighted due to their importance: in relation to staff motivation.

### **Accommodation**

- 4.29 Accommodation shall be provided on individual basis according to their ranks if available. Institutional houses shall be occupied by officers who are working shifts and on calls

### **Housing Allowance**

- 4.30 Where accommodation is not available, housing allowance shall be paid in line with the Public Service Policy. .

### **Travel Allowance**

- 4.31 Travel allowance shall be provided to staff that stay far from their duty station in line with the Public Service Policy.

### **Overtime**

- 4.32 Overtime allowances shall be paid in line with Public Service Policy

### **Leave policy**

- 4.33 Leave policy shall be administered in line with the General Orders of the Government of Swaziland.

### **Career Progression**

- 4.34 The Ministry 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.. Staff shall be encouraged to develop themselves in their area of competence in accordance with the needs of the sector.

### **Promotion**

- 4.35 Recommendation for promotions shall be made by the Internal Promotions Committee and will be in line with the General Orders of the Government of

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Swaziland and schemes of service. Employees shall be promoted according to competence, qualification, experience and performance..

### **Acting Appointment**

- 4.38 The ministry shall appoint employees into acting positions for not less than fifteen working days with payment. Acting on eligible appointments shall be reviewed within the stipulated six months period and within which decisions for confirmation should be made to avoid prolonged acting periods.

### **Motivation and Retention**

- 4.39 The ministry shall establish clear staff motivation strategies to ensure continuity of service delivery. In addition to remuneration and allowance packages, the ministry shall package appropriate non-monetary incentives for its employees.

### **Occupational Health and Safety**

- 4.40 The Ministry of Health shall strengthen the workplace occupational health and safety programme through capacity building for staff, upholding protection and safety standards at all levels, and provision of HIV and AIDS, and TB counselling and related services among others.

### **Workplace Wellness Programme**

- 4.41 The ministry shall strengthen the workplace Wellness programme at all the health sector facilities and shall ensure that all staff have access to appropriate counselling and other health services. All staff of the ministry and their families shall be provided with sufficient, updated information to enable them to protect themselves from infection and to cope with the presence of emerging and re-emerging diseases.

### **Performance Management**

- 4.42 The Ministry performance management system shall be in accordance with the Public Service Policy. Performance management systems shall be used to assess employees constructively, fairly and assist in identifying and supporting training and development needs of staff.
- 4.43 Every supervisor shall be responsible for ensuring that all employees under their supervision are appraised at least once per annum to maintain high standard of performance.

### **Professional Standards**

- 4.44 Professional ethics and standards shall be promoted for all health workers. The professional regulatory bodies shall be strengthened to enforce accreditation and monitor set standards.

- 4.45 The ministry shall establish a collaborative and coordination mechanism with regulatory professional bodies and relevant stakeholders to ensure quality services and public safety.

### **Staffing Arrangements**

- 4.46 The Ministry shall explore and implement innovative staff arrangements for various cadres and at different levels as a response to changes in technologies and also due to prevalent staff shortages at points of service delivery.

- 4.47 The new and innovative staff arrangements will be guided by the requirements of the essential health care package (EHCP) and be implemented with a systematic process of design, capacity building, implementation and regular feedback aimed at improving the quality of health care.

### **Absorption of staff from vertical programmes**

- 4.48 The Ministry where necessary and the required resources are available shall absorb specific health workers providing essential health services through vertical arrangements responding to epidemics, such as HIV and TB, in order to ensure continuation of service delivery and integration of service delivery upon completion of the respective programmes.

- 4.49 The absorption of the staff from vertical programmes will be guided by criteria to be developed in conjunction with authorities in charge of public service and employment as well as with due consideration to the significance of the cadres and type of services delivered.

## **CHAPTER 5**

### **EMPLOYEE AND LABOUR RELATIONS**

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

#### **General Issues**

- 5.1 The HRH policy is guided by the laws of the country and government regulations in addressing the following; discipline, surcharge, grievance, separation, attendance and protective clothing issues. .

#### **Uniform provision**

- 5.2 Uniforms shall be issued to eligible officers at least once a year, as per the MOH uniform Policy.

#### **Discrimination**

- 5.3 Health workers shall not be discriminated based on race, gender, religion, health status, disability and socioeconomic status.

#### **Information Dissemination**

- 5.4 Communication channels shall be in accordance with the Health Information Policy All available rules, regulations and procedures shall be made accessible to all.

## CHAPTER 6

### RESEARCH INTO HUMAN RESOURCE

- 6.1 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 seeking for innovative solutions to challenges.

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

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

#### **Priority research**

- 6.3 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. .

#### **Investment into human resources related research**

- 6.4 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.
- 6.5 Research shall be carried out based on a priority research programme to be reviewed periodically using existing national and international institutions. Individuals shall also be commissioned to undertake specific research.
- 6.6 The Research Development Committee within the Ministry's structure shall be constituted to approve research at service delivery level; while training institution shall instil research skills at pre-service and in-service levels.

## **CHAPTER 7**

### **IMPLEMENTATION FRAMEWORK AND FUNDING MECHANISMS**

- 7.1 This policy shall be implemented through the development of the HRH strategic plan and taking into consideration the regulatory frameworks for education and practice. The HR Department shall be responsible for implementing the HRH Policy.

#### **Short and medium term /operational plans**

- 7.2 Costed short and medium term operational plans shall be developed at all levels from the HRH Strategic Plan for implementation.

#### **Institutional Mechanisms for achieving the policy objectives**

- 7.3 The HRH policy components shall be reinforced with technical, cooperation, funding and supported through institutional mechanisms with bilateral, multilateral and other stakeholders in HRH for the be established.

#### **Monitoring and evaluation**

- 7.4 Indicators for monitoring and evaluating, the policy shall be stipulated in the comprehensive HRH Strategic plan.

#### **Funding mechanisms**

- 7.5 Ministry of Health shall ensure adequate funding for the implementation of this policy. The HRH plan shall be costed and be used as resource mobilisation tool in the public sector, development partners and the private sector.



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## **APPENDIX 1**

### **STRENGTH, WEAKNESSES, THREATS AND OPPORTUNITIES (SWOT ANALYSIS)**

The assumptions for successful implementation of this policy are summarised below using the strengths, weaknesses, opportunities and threats (SWOT) format.

#### **Strengths**

- Political commitment to develop human resources
- Political stability
- Reliable communication system
- Trained personnel
- Existence of Health programmes
- Good and well organised health infrastructure
- On call/stand by allowance
- Implementation of the decentralisation policy
- Strengthened Multisectoral collaboration
- Support from partners and stakeholders
- Developed national protocols and guidelines
- Availability of local education and training institutions
- Availability of scholarships/grants for local pre-service and in-service training

#### **Weaknesses**

- Inter-ministerial dependency such as finance and HR
- Centralised financial management and procurement systems and inadequate budget for purchase of modern equipment
- Slow tendering process frustrating performance
- Limited regulatory and professional bodies capacity
- Limited capacity in management systems
- Limited health information systems capacity
- Delay in filling-up vacant posts at all levels
- Inadequate dissemination of information on available medical schemes

#### **Opportunities**

- Capacity to reach out to the remote areas
- High demand of services
- Technical Assistance to form new partners
- Dissemination of relevant key documents to improve performance of the ministry
- Existence of tertiary referral schemes such as Phalala Fund
- Large pool of information generated from studies that can be used in implementing objectives
- Zero growth policy – HIV/AIDS can be used to bargain for additional resources for health
- Full implementation of the decentralisation policy
- Defining areas of collaboration and effecting monitoring mechanism

**Threats**

- Exodus of health personnel
- Budget constraints
- Trade unionism
- Limited external training opportunities
- Deteriorating economy
- Heavy disease burden
- Impact of HIV/AIDS/TB on HRH