

**Ethnic Health System Strengthening Group
(HSS)**

**HUMAN RESOURCE GUIDELINE
and
PROCEDURE**

**2017
Edition**

Background to this document

In 2014 with the advent of a fragile peace process, its Burma Base health service together with partner agencies and IRC saw an opportunity to strengthen the existing health system in Eastern Burma.

The first step in this process was to conduct health facility assessments which were done using the UNHCR Balanced score card. These assessments were conducted in 2015. Based on the result of assessments we were able to understand better the need for a health system strengthening project. Throughout 2015, 8 partner organizations conducted a series of workshop and meeting to form a steering committee and constitution for the HSS project to be formally started.

The 8 partner organization who sit on the steering committee include the Back Pack Health Worker Team (BPHWT), Burma Medical Association (BMA), Civil Health Development Network (Karenni) (CHDN), Karen Department of Health and Welfare (KDHW), Mae Tao Clinic (MTC)/ Burma Based Health Service (BBHS), Mon National health Committee (MNHC), Pa-Oh Health Working Committee (PHWC), and Shan State Development Foundation (SSDF).

By the end of 2015 the constitution was signed by the 8 partners and a strategic plan was formulated with an action plan written for 2016. This was circulated widely both in Burmese and English. This project supports Ethnic Health Systems Strengthening, based on the WHO's 6 building blocks; 1) Governance and Leadership, 2) Health Information Systems, 3) Health Financing, 4) Human Resources, 5) Essential Medical Products and Technology, and 6) Service Delivery.

The purpose of the document is to detail standard practices and procedures among members. It provides guidance on actions and governances the rights of health workers to effectively serve their communities. Due to the different roles and service delivery environment of participating members, they will also maintain their own detailed Human Resource policies.

This policy aims to:

1. Standardize entitlements and protections of health workers
2. Set out minimum requirements and responsibilities for different cadres of health workers and administrative staff
3. Articulate common procedures and practices for workforce retention
4. Develop a common code of conduct for health workers and supporting staff

Role of Health System Strengthening Working Group in Ethnic Health System Strengthening Project

- *Standardizations*: The working group will initiate and mentor, in the standardization processes of corresponding partner organizations, in various development areas and sectors.
- *Technical support*: Regular and periodical technical support will be delivered to the partner organizations.
- *Organize or implement in joint activities*: Coordinate and/or integrate the joint implementations amongst the partnering organizations or through the HSS organizing activities.

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How to use this Document

- *This document only will support for Human Resources Management and Development minimum standards of overall ethnic health system*
- *The partnering organizations may refer, adapt or adopt into their EHOs' own systems*

Section (1)

(1.1) Function of a Village Tract Health Centre (VTHC)

Service availability and coverage

The Village Tract Health Centres taking action in ethnic administration areas fill the basic and essential gaps of health needs in the community. One VTHC covers at least 1,500 to 2,000 population, providing selective Essential Package of Health Services (EPHS) to the community. Necessarily, the clinic will operate on 5-days a week, an OPD, basis. The staffs will also deliver public health services through outreach or facility based activities, utilizing their 50% of working hours, if there will be no public health emergencies. The functional management will be under the supervision of respective Referral Centres. The quality output from the VTHCs will be empowered by the Operations and the Quality Control Teams.

Functions of a VTHC includes:

1. Collection of basis health data and Vital statistics
2. Drawing plans and implementing health education activities improve the health knowledge of community
3. Environmental health and Water and Sanitation
4. Communicable disease surveillance, prevention and control activities
5. School Health
6. Nutrition Promotion
7. Treat the common disease
8. Reproductive Maternal and Child Health
9. Vaccination (EPI)
10. Disaster Preparedness and response
11. Training and Supervision (esp. VHWs and TTBAAs)
12. Emergency Health Care

Essential Package for Health Services available at the functioning VTHC includes:

1. Maternal & Newborn Health Services
2. Child Health Services
3. Reproductive Health Services
4. School Health Service
5. Prevention and Control of Communicable Diseases
6. Emergency Health Services
7. Mental Health Services
8. Eye Care , Basic Dental Health Care
9. Trauma Care Services
10. Management of General Health Ailments
11. Prevention and Treatment of Non-Communicable Diseases (NCDs)

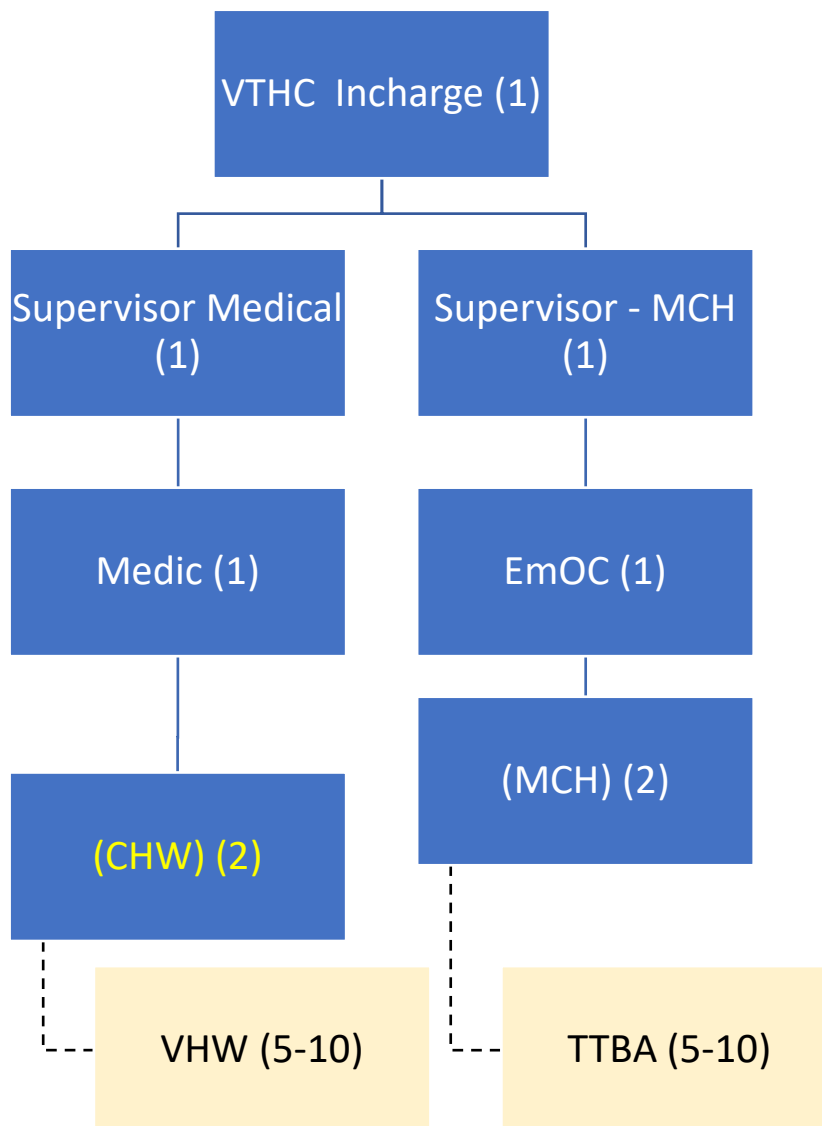
(1.2) Organization Set – Up of a VTHC

A VTHC is established at rural area based on the facts that the area is accessible by 1500-2000 population, Out Patient Service (5 days a week) and locally recruited staff.

A VTHC is manned by (1) VTHC In-charge, (1) Supervisor Medical, (1) Supervisor MCH, (1) Medic, (1) EmOC (2) Community Health Worker (CHW), and (2) Midwife / Maternal and Child Health Workers.

There will be locally trained Village Health Workers (VHW) and Trained Traditional Birth Attendants (TTBA) volunteering and being reserved in the comprehensive health care of VTHC.

Organization set-up of a Village Tract Health Centre VTHC



(1.3): Coordination and Reporting System

Category	Reporting to	Coordination with
VTHC In-Charge	Township Health Office(r)	Partner organization, Donor, organization and local authority leader
Supervisor Medical	VTHC In-Charge	Partner organization, Donor and organization and local authority leader
Supervisor MCH	VTHC In-Charge	Partner organization, Donor and organization and local authority leader
Health Worker level (1) and level (2)	Supervisor Medical	Organization, local authority leader and other volunteers/ health worker
Mother and Child Health Workers (all levels)	Supervisor MCH	Organization, local authority leader and other volunteers/ health worker
Village Health Workers	Health Worker level (1) and/or level (2)	VTHC staffs, community
Trained Traditional Birth Attendants	Mother and Child Health Workers (all levels)	VTHC staffs, community

Section 2: Recruitment and Hiring Procedures

2.1 Types of recruitment

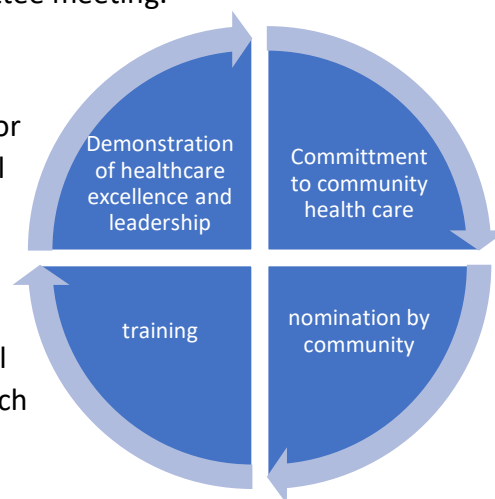
VTHC Staff are clinical and public health workers based with a clinic or mobile teams. It is compulsory they have to serve a minimum of two years after any long term health training done. (Supervisors and below)

Elected and appointed positions exist for management staff in specific positions of leadership (VTHC In-charge) in the local health administrative Committee meeting.

2.2 Equal Opportunity in employment

The organisation hires staff regardless of gender, ethnicity or disability. Language skills are considered essential requirements for some positions. For village health committee, it is a requirement that the individual is from the local area.

To address gender equality, and/or ethnic/local representation, quota systems may be set by each organisation for leadership roles.



2.3 Approval

Required VTHC Staff positions will be approved by a selection team appointed by organization and /or Village Tract Health Committee. Requisition process is prepared by VTHC In-charge and submitted to a selection team. Selection team members **should be** compose of the following personnel –

- 1 Management HR (Township Health Office) (Lead)
- 1 Clinic In-charge
- 2 Community leaders
- 1 Staff representative (whose position is the same or not lower than the position which is recruiting).

The selection team members must understand or be aware of the role, responsibility and Job description of applicant or the vacant position. Be oriented according to recruitment process on chapter 2.7.

The selection will be transparently recorded in the "Interview Summary Form (or) Report", and will be sent to the headquarters, and one copy each will be kept at the Township Health Office and corresponding clinic. The candidates who are and are not being selected will be informed within two weeks of the decision-making date.

The Forms submitted

- *Application form with referees*
- *CV form*
- *Interview summary form*

2.4 Selection criteria

Each training and position has its own criteria. However, common criteria are

- For positions of responsibility, age must be 18 and above
- Able to communicate in Local language, good communication skills
- Literate and numerate
- Prioritized from/for local community
- Demonstrated commitment to community healthcare
- Demonstrated understanding of community organizing and leadership potential
- For long trainings (more than six months), age must be above 18
- Minimum commitment to organization is 2 years. For those undertaking trainings, they must recommit to a further two years of service beyond the training.

Note: First preferences given to internal candidates by giving them opportunities of promotion.

2.5 Qualification

Candidates complete (attend and pass) training according to the requirements set by the training program/Department in order to take up their position.

2.6 Demonstrate excellence/leadership

After completing training, trainees can commence work in their respective communities. Health workers demonstrating excellence or leadership may be identified by their leaders for advanced training. Eligibility for advanced training may also require demonstrating capacity through tests or experience as required by the training program. Health workers accepting the responsibility for further training should make a further commitment of time (depending on the program), and understand that they may be requested to serve their responsibilities at district level or in communities other than their respective community. These responsibilities will be negotiated between the health worker and their supervisor, and should take into consideration family and other responsibilities of the individual.

2.7 Recruitment Process

Announce the vacancy through local community. The recruitment process will be conducted at Local Health Administration Office. After the manpower requisition, duly approved by the organization, is received by selection team and the following process is adopted:

1. Announcement (position title, report from and to, JD, last date of application ...)
2. Receiving applications and nominations from communities

3. Short listing suitable candidates as per our requirements and parameters
4. Interview and proficiency tests
5. Selection and inform the selected candidate
6. Joining, completion of personal profile, Probational period (Three months), after specific orientation sessions

Note: From process 1-5 will be responsible by the selection team; 6 will be processed by In-charge.

2.8 Notice of Vacancy, New Position, and training opportunity

New or vacant positions should be announced in the local community. From those interested, the communities can nominate suitable candidates for vacancy, new positions, and initial training opportunities

2.9.12 Interviews

The short-listed candidates are informed through Email, Phone or letter for the interview. The selection team will play the role of interview panel. The final selection bears the approval of the selection team.

2.10 Proficiency Tests

Depending on nature of work proficiency test are conducted for assessing the potentiality before final personal interaction, only if needed.

2.11 References

At the time of applying position, the potential candidate is required to give name and contact information of two referees.

2.12 Joining Formalities

The selection team initially issues the offer letter and on acceptance to the selected candidate for three months probational period, Appointment letter for the selected candidates duly signed by the organization.

The candidates at the time of joining are required to sign agreement / Contract letter.

2.13 Orientation

New worker should be provided orientation to their office or clinic and service area. Their supervisor should be responsible for this orientation. It should include introduction of the worker and their responsibility to the community, even though the individual is known to the community.

The worker should be provided information about organisation policy, local procedures, and their individual responsibilities.

2.14 Personnel Profile

Basic information of staff will be collected by In-charge or supervisor and submit to township health office. This includes HR profile, application form, contract, Certificate copy, ID copy, Marriage certificate (if married and applicable). The original file will maintain in Township health office and one true copy in VTHC.

Section 3: Separation

Service commitment is for a minimum of two years. Employees may leave on their own will before the end of their contract. The supervisor position and above must give 90 days-notice to Township Health Office in writing of their final day of work and provide handover notes to their replacement. Other positions below under supervisor must give 30 days-notice to the VTHC in charge in writing of their final day of work and provide handover notes to their replacement. The organization should also be informed.

Contract termination from both sides, employer and employee, can be done with one month notice prior to the designated date.

Village health workers and trained birth attendants may be asked to provide local orientation to their replacement.

Health workers, who have attended trainings on scholarship and not completed their commitment for service, may be required to follow the decisions made by mother organization.

Section 4: Termination

All employees may be terminated due to under performance or misconduct. In this case, the following process should be followed.

Staff may be terminated for unsatisfactory performance of their responsibilities, habitual absences, habitual failure to follow direction, breach of confidentiality, and misconduct.

Those, who has appointed as staff, must follow each organizations' Code of Conduct, and failed to do so, will be termed as misconduct.

1. Supervisors who identify staff failing to perform their duties should meet with the staff member and a more senior leader (eg., for a struggling TTBA, meet with MCH Supervisor and VTHC in Charge. If the issue is with a VTHC in Charge, the meeting should be with the Township and, and so on according to the local management structure).
2. The staff member should be provided with an opportunity and timeline for improving their performance.
3. If the staff member fails to improve according to the timeline, they may be issued with a warning and a new agreement made for improved performance.
4. If the staff member again fails to improve their performance, termination orders must be agreed to by the Local health administration or VTHC in-charge. Staff should be given four weeks' notice of their termination.
5. In cases of gross misconduct, staff may be immediately terminated, with agreement from the Local health administrative office or VTHC committee.
6. Termination of contract in case of any legal perpetration by the employee, the employer has the right to terminate the contract within three working days without any notification)
7. Termination of staff who are within the probational period can be conducted with the 24-hours' notice to the specific staff, or redefining the period of probation stated in the clause 2.

Section 5: Work Schedule and Pay Practices

Hours and Days of work

Clinic hours may be generally from 9:00 A.M. to 5:00 P.M. with lunch break for one hour from 12:00 P.M. to 1:00 P.M. VTHCs should have clearly posted information about emergency contact for a health worker out-of-hours.

During outpatient services, there must be at least one supervisor on duty. Hours for outpatient services must be regular and made known to the local community. The specific times and days may be set by the clinic in charge according to local context. It is expected that outpatient services are available a minimum of 20 hours per week.

Clinical and administrative staff are expected to work a total of 40 hours per week. Staff who are unable to work 40 hours a week can arrange to work their specific work plan with the appropriate adjustment to their stipend.

For all positions the working hours may vary to a certain extent depending on the activities going on at any point in time. The nature of work may occasionally demand extra time for which no extra incentive is provided. It is the responsibilities of supervisors to ensure that additional working hours are not excessive.

Absence from work will be followed by misconduct policy.

Section: 6 Benefits

a) Public Holidays

Up to 12 public holidays may be set by Local authorities each year.

b) Stipend

The stipend will be provided at the end of every month for the preceding month in cash.

Any position who is under the probational period is eligible to get full of the stipend of the position entitled. It can be also varied depending on the organizations' own policies.

The stipend rates are considered as follows:

Banding level	Positions	Step 1 (Basic)	Step 2	Step 3	Step 4	Step 5
Level 5	In-charge; Clinic/VTHC Manager	3500	3600	3700	3800	4000
Level 4	Supervisor (Senior Medic; EmOC ;)	3000	3100	3200	3300	3400
Level 3	Medic, EMOC	2500	2600	2700	2800	2900
Level 2	MCHW;CHW + Additional	2000	2100	2200	2300	2400
Level 1	CHW;	1500	1600	1700)	1800	1900

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The ranges mentioned above are currently practicing actual payment rates.

The rates may change/be increased according to the practical changes of policy, conflict and budget availability.

The stepping and leveling of stipend rates on the conditions of skills, commitment and further development of each individual staff, and other conditions such as Exchange Rate; Inflation Rate; Monetary Indices may also apply with time.

Performance evaluation should be considered annually, best to be performed within third and fourth weeks of every November, and the evaluation form must return to the headquarters before 10th of every December; for permanent staffs.

Performance evaluation for staffs under probation, promoted, and assigned new positions, should be performed within last weeks of their probation periods, and the report must be returned to the headquarters within the first two weeks of the new staff acceptance.

c) Leave

- **Annual Leave:** All staff are entitled to 30 working days leave for each year after completion of probation period.
- **Maternity leave:** A total of 40 working day is provided for one pregnancy
- **Paternity leave:** A total of 10 working days is provided
- **Leave without Pay:** A total of 30 calendar days.
- **Permanent incapacity/bereavement:** If a member of staff is permanently disabled or killed during service, they or their families will be paid 3 months stipend as a contribution to their expenses.

d) Staff Health Assistance Fund

The organisation will contribute partial costs of workers in emergency health cases (decided the Township Health office or VTHC on a case by case basis)

e) Travel for Work Purposes and Costs

- No travel expenses are paid for travelling from home to regular clinic or office.
- Staff are reimbursed when they are required to travel for work.
- Transport and accommodation and costs are reimbursed from receipts. The travel arrangements chosen should be inexpensive but safe.
- If the journey is cancelled or deferred due to unforeseen circumstances, the advance taken if any, must be deposited back if the journey is not taking place within a day or two.
- If the travel is due to staff capacity building, and the staff has the advance commitment to serve back to the organization, one third to half of the travel expenses can be granted as a scholarship.

f) Increment Calculation

- All staff are eligible to receive annual increment each year on after completing one full year of employment, with the satisfactory results from one annual staff performance appraisals. Basic salary increases should go through salary band step by step from 1 to 5.
- Salary increase is only from obtaining 2.5 overall rating score. Below 2.5 has no salary increase

G) Social Benefit

- All staff have opportunity to access social benefit such as wedding, Funeral and maternity.
- provided allowance for staff depend on annual budget.

H) Incentive

- Local organization should consider to provide accommodation (land and staff house) for Over 20-year commitment staffs.

Section 7: Training and Development

Staff wishing to take long trainings should arrange with their supervisor how they will continue to fulfil their work hours and responsibilities while at training. If they are unable to fulfil their responsibilities during training, they must take unpaid leave. Depending on the length of the training, they may be replaced. (Long training means six months above training)

7.1 On-the-job Training (Internship)

On-the-job training or internship program builds confidence and helps in learning the process and procedures of the work very effectively. Goals and opportunities for skill development are identified by the supervisor and employee during job and performance assessments. The Human Resources and Training managers support supervisors to provide skill development to all staff. Opportunity to learn by his own, the On the Job Training or intern will have a priority in considering for replacements at the vacant positions.

7.2 Professional Training

Professional training includes Health Worker level 1 (CHW 6 months theory + 4 months Practical), Health Worker level 2 (Medic: 6 months theory + 4 months practical) and Health Worker level 3 (Health Assistant 22 month), and Public Health Certificates and a range of other specialized trainings. (MCH, EmOC and etc...)

7.3 External Training

Supervisors should nominate staffs *according to their area of specialization* to such training courses/workshops. Staff who attend trainings in and outside of the organisation should share with their team there knowledge. They should also report to their supervisor about the quality of the training attended and whether they would recommend a similar training for other employees in the future.

Section 8: Code of Conduct

8.1 Policy of non-discrimination

The health of patients and communities are the highest priority. Any person seeking the care and services is eligible to receive this, regardless of race, ethnicity, nationality, gender and its orientation, religion, political affiliation and social status. Staff cannot let personal belief interfere with their work. Neither should any staff be promoting any party affiliated politics while representing their organisation.

8.2 Impartiality

To ensure accountability and credibility for the work, no staff member can receive personal gifts that might compromise this. A token of appreciation and gratitude, no staff must ever accept money from patients.

Anyone who wishes to donate the organization or VTHC, should be directed to donation box or VTHC Committee.

8.3 Accountability

We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.

8.4 Confidentiality and Security of information

All staff members are obliged to practice confidentiality of information. In our work we try to live up to the principles of transparency and accountability, but due to the vulnerable political situation. All staff must be cautious about passing over information concerning our patients, projects, finances, of staffs and partner organizations. Any passing of sensitive information may compromise the work, our staff and the communities we serve.

If any outsider, researcher, reporter or journalist asks for information about the organization, project or staff members always refer to the information on the website or ask for the persons contact information and get back to them after discussing it with the related media contact person of organization.

8.5 Harassment

Any form of physical or verbal harassment among staff will not be tolerated, and can lead to penalty or dismissal. Harassment includes sexual harassment (verbal and physical) bullying and all types of maltreatment that can make colleagues feel uncomfortable in the workplace.

If you suspect, or observe any type of harassment, please report to the VTHC In charge, Village health committee, who will investigate the issue. Anyone who reports an issue or the suspicion of a situation is entitled to remain anonymous, and will not be held responsible.

8.6 Drugs and Alcohol

All staff members must not use or be under the influence of alcohol or illegal drugs during working hours or while representing his organization, or at any space in the VTHC building and compound. A staff member who is using any drugs or alcohol might be constrained in the ability to perform their tasks in a satisfactory manner.

Any suspicion of misuse of drugs and alcohol must be reported to the Area-in-Charge, VTHC In-charge, village health committee, so the necessary help and support measures can be taken.

8.7 Open Space Policy

All staff are part of the same team honesty and openness is important to keep the working environment positive and productive. Any questions concerning employment, assignments, responsibilities, capabilities or conflicts among colleagues can at any time be discussed with the supervisor.

Issues and conflicts that require the involvement of several staff members can be discussed at a staff meeting. Any employee can ask the local leader to call a staff meeting. If the issue is sensitive (divided levels), then it may be raised above the local level for action.

8.8 Conflict of Interest

All staff members are expected be loyal to the best interest of the organization and should avoid acting in ways that can be misunderstood as a conflict of interest.

Staff members should not accept personal gifts (other than tokens of appreciation) or contributions from partners, donors or patients, without the approval from the Area-in-Charge (clinic In-charge, village Health Committee). They should also refrain from building work relations or volunteer with organizations and parties that might imply a conflict of interest.

Section 9: Duties and Responsibilities of Health Workers

9.1 Duties and Responsibilities of VTHC In-charge

VTHC In-charge is the sole person for managing all process of health care delivery for Village Tract and responsible for administration as well as implementation of all health care activities. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Management
 - a. VTHC Activities Management
 - i. Oversee the activities designated to the clinic with competent accountability
 - ii. Responsible for services deliverables according to the VTHC function.
 - iii. Lead the planning of monthly activities of Supervisors
 - iv. Review and revise the work plan proposed by the Supervisors and coordinate for them.
 - v. Assist and guide the clinical and outreach activities, in the absence of their respective supervisors
 - vi. Coordinate the multiple project assignments under his/her clinic from township health plan in accordance with the organizational guidelines
 - vii. Committed flexible management under stressful conditions
 - viii. Organize and Facilitate Village Health Committee/village tract health committee meeting.
 - ix. Must participate in the proposal developments concerning for his/her area
 - b. Staff Management
 - i. Chair the monthly staff meetings
 - ii. Plan and coordinate the capacity building activities for all individual staffs
 - iii. Ensure the endurance of staffs under difficult conditions with very limited resources

- iv. Lead the local recruitment panel for each local vacant position
- v. Ensure the best performance outcomes from the staff under his supervision regularly by using staff competency check lists and other evaluation forms
- vi. Deliver proper conflict resolution strategies among the staffs when the conflict arises
- vii. Has the responsibility to orientate the staff with the current organizational and administration and human resources policies and updated amendments
- c. Facility Management
 - i. Oversee management of VTHC infrastructure, assets and inventories, store facilities and keep the records
 - ii. Ensure the occupational health and safety of each and every staff, neighborhood and patients who were being hosted at the clinic
- d. Financial Management
 - i. Oversee, plan and manage day to day and monthly budgets
 - ii. Forecast and request for monthly budgets
 - iii. Responsible for preparing the general monthly financial report
- e. Pharmacy Management
 - i. Ensure (delegate) of the orders & deliveries are met in time and with the procedures
 - ii. Monitor and ensure that very least amount of drugs or the medical supplies and equipment are unexpectedly expired or damaged with the help of the clinical supervisor who is responsible for the pharmacy store management
 - iii. Keep the log books and other records of the store
- f. Logistics & Procurement Management
 - i. Keep the assets and inventories record and regular assess the needs through with the advices from subordinates
 - ii. Arrange travel for staff and approve the travel requests and advance travel allowances
 - iii. Purchase the local inventories (supportive kits) along with the procurement guidelines from mother organization
- 2. Communication, Coordination & Cooperation
 - a. Coordination with local authorities and community.
 - b. Cooperation with local departments/other organization (Health, agricultural, education)
 - c. Liaison on donor visits, authority visits
 - d. Referral network
 - i. Build and strengthen the referral networks, both local EHO and government facilities.
 - ii. Prepare the properly signed and informative referral form for each referring patient.
 - iii. If available, provide a staff in assisting the referring patient, upon request or needed
 - e. Communication looping with mother organization or other supporting organization.

- i. Keep in the communication loop with the mother organization or supporting organizations for all times for information updates and/or commands to receive in time
- 3. Monitoring & Reporting
 - a. Monitoring
 - i. Regular (monthly) and periodic monitoring sessions with proper checklists
 - b. Activity Report
 - i. Submit the regular(monthly) and periodical reports to mother organization (e.g township health in-chagre) and/or supporting organizations.
 - ii. Provide the special reports if any emergency disease outbreak, disasters response or participated
 - c. Financial report
 - i. Submit the regular(monthly) and periodical financial reports
 - ii. Submit the updated assets and inventories list to mother organization or supporting organizations
 - iii. Submit the recruitment reports, performance evaluations and conflict reports to mother organization or supporting organizations.
 - d. Training report
 - i. Submit the training reports, both quantitatively and qualitatively, to mother organization or supporting organizations, whenever the training is being conducted
 - ii. Record and relay the feedbacks from the trainees upon the conducted trainings and expectations for future trainings
 - e. Safety & Security report
 - i. Submit periodical safety and security reports to mother organization or supporting organizations
- 4. Qualification
 - a. Provision of documented evidence of completion of Medic /HA / EmOC and Village Tract Health Center Facility Management.
 - b. Equivalent CPH/HIS.
- 5. Criteria
 - a. At least 3 years-experience in community health work together with clinical practicum from known Organizations (EHOs)
 - b. Fluent in local languages. Burmese and/or English is a plus.

9.2 Duties and Responsibilities of Supervisor (Medical)

Supervisor Medical is working under the VTHC In-charge. Oversee all community disease in target population. Supervise the health worker, assist VTHC in-charge as needed and coordinate with co-worker and partner organization. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

- 1. Community Care
 - a. Oversee all community diseases in the village, for the assigned village/health facility by outreach supervisions

- b. Supervise the infection prevention and control activities in the community
 - c. Be assured of community HIS documentations as part of the HIS team of HQs (e.g., surveillance, campaigns, etc.)
 - d. Prompt action and response on the expected or unexpected disasters depending on the conditions with limited resources
 - e. Lead the community mobilizing activities such as awareness raising, desensitization, participatory action and research (PAR), etc. assuring the sustainability resulted from each community-based project (e.g., WATSAN, Livelihoods, etc.)
 - f. Manage, supervise and train the local staff with updated public health information.
 - g. Provide regular CME related to public health topic.
 - h. Plan and schedule the outreach activities and home-based health education and counseling sessions for each population in the community
 - i. Review on Health Education and counseling sessions conducted (Community Health worker) against guidelines and checklists
2. Clinical Care (Clinic based)
- a. Solely responsible for providing diagnosis, perform investigation procedures with provided checklists, and supervise or perform treatment and follow-ups resulted from outreach investigations
 - b. Supervise the infection prevention and control activities in the facility.
 - c. Be assured of HIS documentations such as log book and medical record.
 - d. Quality control/assurance on Log book and medical record review, competency check list, share clinical knowledge from CME training, Case Study, Clients satisfaction assessment.
 - e. Participate in Local CME workshop.
3. Management and Supervision
- a. Be a panel member in local recruitment team upon request
 - b. Initiate and coordinate the recruitment of VHWs/ community health worker
 - c. Responsible for delegated duty by In-Charge
 - d. Involve in pharmacy requesting and ordering
4. Planning, Communication and Coordination
- a. Work together with the VTHC In-charge in coordination with VHC or other management bodies
 - b. Conduct the trainings related to diseases under surveillance and case definition sessions for community with related issues
 - c. Coordinate the VTHC In-charge in building up a referral network and maintaining communication with all partners
 - d. Be present at all coordination meetings together with clinic manager/ VTHC In-charge
5. Referral
- a. Responsible for decision maker of the case for referral
 - b. Communicate with referral center as needed
 - c. Organize the referral process and supervise co-worker.
6. Reporting and Documentation
- a. Has the responsibility to submit the monthly written clinical reports to VTHC In-charge.
 - b. Taking the responsibility in recording and keeping of patients' log books, records, growth charts, logistic and supplies documents, as needed

- c. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested
- 7. Qualification
 - a. Provision of documented evidence on completion of advanced trainings level 2 health worker training (CHFM, HA, Medic, Pharmacy Management Training)
- 8. Criteria
 - a. At least 2 years practicum in community health or clinical care and service with community health worker position
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

9.3 Duties and Responsibilities of Supervisor (MCH)

Supervisor MCH is working under the VTHC In-charge. Oversee all Mother and Child health care and service in target population. Supervise the MCHW, assist VTHC in-charge, supervisor as needed and coordinate with co-worker and partner organization. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Maternal & Child Care
 - a. Oversee all pregnancies in the village, deliveries, obstetric emergencies and family planning actions, for the assigned village/health facility by clinic-based supervisions
 - b. Monitor and supervise clinical performance according staff competency Check list.
 - c. Prepared and readied for all normal and simple deliveries, especially for performing EmOC procedures, and supervise the MCHW (Midwife Assistants) in their performances both on site and at outreach, additionally with essential new born care.
 - d. Supervise the infection prevention and control activities related to RH department including delivery room and instruments.
 - e. Monitor and check the record related to admissions and discharges, deliveries, or deaths (maternal and child), or associated diseases due to deliveries.
 - f. Be responsible for birth certification of any delivery conducted in clinic or those assisted by Midwife Assistant or EHO-trained TBAs.
 - g. Take the leading role for maternal child helath.
 - h. Prompt action and treatment, or referral, if fetal or maternal distress is detected before, during and after delivery process, depending on the conditions with limited resources
 - i. Supervise and train the local TBAs on updating the care and treatment protocols and cross cutting issues of MCH,
 - j. Mentor, nurture and supervise the MCH workers
 - k. Manage and supervise every MCH related activities e.g., nutrition promotion kits
 - l. Participate in every local CME, lead on the cross-cutting MCH issues
2. Immunization
 - a. Work collaboratively and cooperatively with the health workers from other sectors or other management bodies for immunization.
 - b. Monitor for keeping the loop of cold chains in immunization.
3. Counseling and health education

- a. Plan and schedule the health education and counseling sessions for the related topics.
 - b. Review and discuss on Health Education and counseling sessions conducted by MCHW/Midwife Assistants and TTBA's against guidelines and checklists
 - c. Develop awareness referral process to community.
4. Referral and Coordination
- a. Work together with the VTHC In Charge, in coordination with Village Health Committee or other management bodies.
 - b. Coordinate the VTHC In Charge in building up a referral network for maternals and newborns and maintaining communication with all partners
 - c. Social networking; Help the patients in making decision on the referring centers; Decision making upon choosing the beneficiaries/ recipient of the nutritional supplies/kits
5. Reporting and Documentation
- a. Has the responsibility to collect information for report writing to VTHC In-charge.
 - b. Taking the responsibility in recording and keeping of patients' log books, community surveillance records, health promotion activity reports and records, growth charts, logistic and supplies documents.
 - c. Assist the M&E team, participate and learning on M&E process.
6. Qualification
- a. Provision of documented evidence of completion of Advanced MCH trainings (BEmOC, ALSO)
 - b. HFM training, HIS training
7. Criteria
- a. At least 2 years practicum in maternal and child health work
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

9.4 Duties and Responsibilities of EmOC (MCHW)

EmOC is working under the Supervisor MCH. Oversee all Mother and Child health care and service in target population. Assist Supervisor MCH as needed and coordinate with co-worker and partner organization. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Maternal & Child Care
- a. Oversee all pregnancies in the village, deliveries, obstetric emergencies and family planning actions under the supervisor MCH.
 - b. Prepared and readied for all normal and simple deliveries, especially for performing EmOC procedures, and supervise the MCHW (Midwife Assistants) in their performances both on site and at outreach when there is no supervisor.
 - c. Perform infection prevention and control activities related to RH department including delivery room and instruments.
 - d. Check the record related to admissions and discharges, deliveries, or deaths (maternal and child), or associated diseases due to deliveries.

- e. Be responsible for birth certification of any delivery conducted in clinic or those assisted by Midwife Assistant or EHO-trained TBAs.
 - f. Prompt action and treatment, or referral, if fetal or maternal distress is detected before, during and after delivery process, depending on the conditions with limited resources
 - g. Participate in train the local TBAs on updating the care and treatment protocols and cross cutting issues of MCH,
 - h. Participate in every local CME.
2. Immunization
 - a. Work collaboratively and cooperatively with the health workers from other sectors or other management bodies for immunization.
 3. Counseling and health education
 - a. Provide health education and counseling sessions for the related topics.
 - b. Participate in discussion on Health Education and counseling sessions conducted by MCHW/Midwife Assistants and TBAs against guidelines and checklists
 - c. Provide awareness referral process to community.
 4. Referral and Coordination
 - a. Work together with the VTHC In Charge/Supervisor MCH, in coordination with Village Health Committee or other management bodies.
 - b. Assist Supervisor MCH to coordinate and building up a referral network for maternals and newborns and maintaining communication with all partners
 5. Reporting and Documentation
 - a. Assist Supervisor MCH to collect information for report writing to VTHC In-charge.
 - b. Recording and keeping of patients' log books, community surveillance records, health promotion activity reports and records, growth charts, logistic and supplies documents.
 - c. Participate and learning on M&E process.
 6. Qualification
 - a. Provision of documented evidence of completion of Advanced MCH trainings (BEmOC)
 - b. HFM training, HIS training is preferred.
 7. Criteria
 - a. At least 2 years practicum in maternal and child health work
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

9.5 Duties and Responsibilities of Health Worker (HW 1 or CHW)

Health Worker is working under the Clinical Supervisor. Take responsibility in community health care and service in target population. Assist supervisor medical as needed and coordinate with co-workers and partner organization under the supervisor medical. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Work under supervision for Screening, Diagnosis & Treatment for some diseases
 - a. Timely and regularly observing and reporting back of the suspected infectious diseases such as Dengue, Diarrhea and etc. to the supervisors

- b. Participate and sometimes lead the necessary activities such as campaigns concerning on prevention of the diseases and those for health promotion
 - c. Provide health education
 - d. Work together with VHWs/Health post worker under the supervision of VTHC in control and prevention of communicable diseases such as Malaria, TB and etc.
 - e. Assist the clinical supervisors in the process of treatment or campaign.
 - f. Assist the patients or the families taking the treatment for communicable or infectious diseases, using the guidelines and protocols such as Direct Observe Treatment.
 - g. Assessment through checklists on the possible epidemic diseases outbreaks under proper supervision
 - h. Participate in every local CME
2. Coordination and cooperation with other sectors for health promotion activities
 - a. Take part in School Health or Community Nutrition Promotion and Community Water & Sanitation activities
 - b. Work collaboratively with the village management committee for environmental sanitation activities
 - c. Provide awareness to work-related hazards in the community.
 - d. Timely and regularly provide the information and possible risks
 3. Referral and Coordination
 - a. Help the VTHC In-Charge or clinical supervisors in coordination with VHC or other management bodies.
 - b. Assist the VTHC In-Charge or clinical supervisor in building up a referral network and maintaining communication with all partners.
 - c. Provide assistance to the referring patients as assigned.
 4. Reporting and Documentation
 - a. Has the responsibility to submit and collect information for report writing to corresponding supervisors
 - b. Participate in recording and keeping of patients' log books, community surveillance records, health promotion activity reports and records, logistic and supplies documents.
 - c. Lead in distributing the IEC materials to the communities.
 - d. Assist the seniors or supervisors in reviewing the records and participate in the M&E, Learning of assigned health centers
 - e. Participate the meeting and be a notes taker in meetings
 5. Qualification
 - a. Provision of documented evidence of completion of CHW training
 6. Cateria
 - a. At least one-year experience working in the community.
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

9.6 Duties and Responsibilities of Health Worker/Medic (HW2)

Health Worker (2) is working under the Supervisor Medical. Take responsibility in community health care and service in target population. Assist supervisor medical as needed and coordinate with co-workers and partner organizations under the supervisor. Protect image and be accountable on the grounds of ethics and etiquettes of medical

professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Community Care + Clinical Care (Clinic based)
 - a. Assist Supervisor medical to manage community diseases in the village, for the assigned village/health facility.
 - b. Working with Supervisor medical to provide diagnosis, perform investigation procedures and treatment.
 - c. Take responsibility for infection prevention and control activities in the community and targeted facilities under supervisor medical supervision.
 - d. Assist Supervisor medical the community mobilizing activities such as awareness raising, desensitization, participatory action and research (PAR), etc. assuring the sustainability resulted from each community-based project (e.g., WATSAN, Livelihoods, etc.)
2. Diagnosis/Screening & Treatment for all Common Disease
 - a. Timely and regularly observing and reporting back of the suspected infectious disease such as Dengue, Diarrhea and etc. to the supervisors
 - b. Participate and sometimes lead the necessary activities such as campaigns concerning on prevention of the diseases and those for health promotion
 - c. Provide health education
 - d. Work together with VHWS under the supervision of VTHC in control and prevention of communicable diseases such as Malaria, TB and etc.
 - e. Assist the patients or the families taking the treatment for communicable or infectious diseases, using the guidelines and protocols such as Direct Observe Treatment.
 - f. Assessment through checklists on the possible epidemic diseases outbreaks under proper supervision
 - g. Participate in every local CME
3. Coordination and cooperation with other sectors for health promotion activities
 - a. Take part in School Health or Community Nutrition Promotion and Community Water & Sanitation activities
 - b. Work collaboratively with the village management committee for environmental sanitation activities
 - c. Provide awareness to work-related hazards in the community
 - d. Timely and regularly provide information and possible risks
4. Referral and Coordination
 - a. Assist or learn and working together with supervisor medical for decision maker of the case for referral
 - b. Organize the referral process under supervisor medical.
 - c. Assist VTHC Incharge or clinical supervisors in coordination with VHC or other management bodies.
 - d. Assist the VTHC in building up a referral network and maintaining communication with all partners
 - e. Provide assistance to the referring patients as assigned
5. Reporting and Documentation
 - a. Assist supervisor to collect information for report. Has the responsibility to submit the verbal report or written reports to corresponding supervisors.

- b. Participate in recording and keeping of patients' log books, community surveillance records, health promotion activity reports and records, logistic and supplies documents, as needed
 - c. Lead in distributing the IEC materials to the communities.
 - d. Assist the supervisors in reviewing the records and participate in the Monitoring & Evaluation and learn of assigned health centers.
6. Qualification
- a. Provision of documented evidence of completion of Level 2 Health worker training (medic)
7. Cateria
- a. At least one-year experience in community health work as Community Health Worker position.
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

9.7 Duties and Responsibilities of MCHW

MCHW is working under the Supervisor MCH. Take responsibility in Maternal and Child health care and service in target population. Assist supervisor MCH as needed and coordinate with co-worker and partner organization under the MCH. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

1. Maternal & Child Care
 - a. Responsible for all village ante- and post-natal care, through on site and outreach activities
 - b. Solely responsible for recording vital signs, history taking and clinical examination, procedure, preparation for investigation process and filling the necessary forms of pregnant women
 - c. Prepared and readied for all normal and simple deliveries, both on site and at outreach, additionally with essential new born care.
 - d. Is responsible for immediate prevention of maternal and neonatal problems.
 - e. Record every admissions and discharges, deliveries, or deaths (maternal and child), or associated diseases due to deliveries
 - f. Be responsible in assistance for birth certification
 - g. Take the leading role in caring newborns and infants regularly, and post-partum mothers in IPD/OPD
 - h. Prompt action on initial treatment, or referral, if any emergency or complicated obstetric cases is suspected, during and after delivery process.
 - i. Train the mothers of newborns on proper lactation practice
 - j. Provide a special care to Low Birth Weight Babies and assistance to their mothers in handling and caring them.
 - k. Work with the local TTBA's on updating the care and treatment protocols and cross cutting issues of MCH
 - l. Mentor the local TTBA's upon necessities
 - m. Responsible for distribution of any promotion kits to pregnant women
 - n. Participate in every local CME
2. Immunization

- a. Has to work collaboratively with the health workers from other sectors or other management bodies in the immunization campaigns and with the assistance from clinical supervisor
 - b. Is responsible for keeping the loop of cold chains in immunization projects, Extended Program of Immunization
- 3. Counseling and health education
 - a. Provide any family planning education to all reproductive age.
 - b. Give family planning counseling for parents of newborns and If needed, educate and counsel the chosen contraceptive method.
 - c. Provide education on proper nutrition to mothers.
 - d. Post-natal psychosocial counseling to new mothers and close family members
 - e. Conduct specific counseling sessions depends on the special needs of the specific age groups
- 4. Referral and Coordination
 - a. Help the VTHC Incharge or supervisors MCH in coordination with VTHC or other management bodies.
 - b. Assist the VTHC Incharge in building up a referral network for mothers and newborns and maintaining communication with all partners
 - c. Provide assistance to the referring patients as assigned
- 5. Reporting and Documentation
 - a. Recording and keeping RH log books, outreach activity reports and records, growth charts, logistic and supplies documents, as needed
 - b. Collect information in number of pragnet women, under five, ANC, deliveries, vaccination, Birth registration, Maternal/Neonatel/under five death.
 - c. Has the responsibility to submit the verbal report or written reports to corresponding supervisors.
 - d. Assist supervisors in reviewing the records and participate in the Monitoring and Evaluation and Learning of assigned health centers
- 6. Qualification
 - a. Completion of MCH training
- 7. Criteria
 - a. Fluent in local ethnic language. Burmese and/or English is a plus.
 - b. Provision of documented evidence of completion of MCH training

9.8 Duties and Responsibilities of Public Health Supervisor

Public health supervisor work under the supervision of VTHC In-charge. Oversee all community disease in target population. Supervise the health worker, assist VTHC in-charge as needed and coordinate with co-worker and partner organization. Protect image and be accountable on the grounds of ethics and etiquettes of medical professionals, Be proactive and punctual. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested

- 1. Community Care
 - a. Oversee all community diseases in the village, for the assigned village/health facility by outreach supervisions
 - b. Supervise the infection prevention and control activities in the community
 - c. Be assured of community HIS documentations as part of the HIS team of HQs (e.g., surveillance, campaigns, etc.)

- d. Prompt action and response on the expected or unexpected disasters depending on the conditions with limited resources
 - e. Lead the community mobilizing activities such as awareness raising, desensitization, participatory action and research (PAR), etc. assuring the sustainability resulted from each community-based project (e.g., WATSAN, Livelihoods, etc.)
 - f. Manage, supervise and train the local staff with updated public health information.
 - g. Provide regular CME related to public health topic.
 - h. Plan and schedule the outreach activities and home-based health education and counseling sessions for each population in the community
 - i. Review on Health Education and counseling sessions conducted (Community Health worker) against guidelines and checklists
2. Planning, Communication and Coordination
 - a. Work together with the VTHC staff in coordination with VHC or other management bodies
 - b. Be present at all coordination meetings together with VTHC In-charge
 3. Reporting and Documentation
 - a. Has the responsibility to submit the Public Health activities reports to VTHC In-charge.
 - b. Taking the responsibility in recording health information, disease surveillance, logistic and supplies documents.
 - c. Perform any duties assigned directly by the immediate supervisors and indirectly by the management bodies when requested
 4. Qualification
 - a. Provision of documented evidence on completion of advanced training and CPH.
 5. Criteria
 - a. At least 2 years practicum in community health or clinical care and service with community health worker position
 - b. Fluent in local ethnic language. Burmese and/or English is a plus.

Section 10: Retention strategies

	WHO GUIDANCE	JOINT STRATEGY
TRAINING	Targeting admissions to increase the likelihood of graduates choosing to practice in isolated areas	Community nomination of trusted persons for training as village and community health workers Deployment of health workers to match their home community
	Locating schools and residency programs outside of cities	Transitioning training from cross-border training center to field clinics
	Revising curricular to include topics relevant to context	Refresher/upgrade trainings on relevant health problems New curricular for field monitoring and management
	Design of relevant professional development accessible from where they live and work	Transition of CHW trainings to district sites Provision of monitoring workshops at field sites
FINANCIAL INCENTIVES	Sustainable financial incentives to outweigh opportunity costs	Review and standardizing stipends Non-monetary support – rations, housing support.
PERSONAL AND PROFESSIONAL SUPPORT	Provide a safe working environment	Taking advantage of improved security situation in transport arrangements
		Mental health training for self-care and peer support
		Continue supportive supervision
		Improve Multi-Level Communication – Complain and feedback
		Standardizing health worker to population ratios and geographical area.
Provide career development opportunities in isolated areas	Decentralizing decision-making, where appropriate, to district and clinic levels Participatory approach, feedback and learning action	
Adopt public recognition measures	Health workers recognized at community events	
Adopt public recognition measures	Development and empowerment of village health committees	
POLICY	Introduce and regulate enhanced scopes of practice	Standardizing key competencies across partners
	Compulsory service requirements are accompanied by support and incentives	Linking training opportunities to compulsory service requirements for both field and administrative staff Providing opportunities for advancement for all capable staff Equal opportunity for Promotion base on competency and commitment
	Providing education subsidies to increase recruitment	Advocating to donors for provision of scholarships to suitably motivated ethnic health workers Follow the HR carrier pathway for the development of Health Worker capacity building.
	Introduce different types of health workers with appropriate training and regulation	Adopting task shifting approach

Updates and Amendment

Related Documents and Templates

1. Performance Appraisal
2. Competency Checklist (clinical)
3. Reporting Template (will be attached as annex)
4. Contract Template (will be attached as annex)