



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 15, 1996

ADMINISTRATIVE ORDER
No. 9-A s.1996

SUBJECT: Policies and Implementing Guidelines Governing Management of Training and Human Resource Development (HRD) Programs in the Department of Health

SECTION I: RATIONALE

Every health worker has a duty to develop his competencies necessary to attain the highest standard of performance required of his job. As a job becomes more complex, a need to raise the capability levels and upgrade the versatility and adaptability of employees is necessary hence, the importance of employee training is increased.

Employee training seeks to effect a relatively permanent change in an individual that will improve his/her ability to perform on the job.

To address the needs of employees of the Department of Health, the Health Manpower Development and Training Service (HMDTS) in the Central Office together With Health Manpower Development and Training Division (HMDTD) in the Regional offices are mandated to provide develop and maintain an adequate, stable supply of qualified personnel to manage and achieve the short and long term goals of the Department of Health (DOH).

SECTION II: MANDATE FOR TRAINING

Under EO 119, HMDTS is mandated to perform the following functions:

- * formulate plans, policies, programs, standards and techniques for effective and efficient manpower development
- * accredit training officers and programs to ensure quality training programs
- * to provide training and advisory services to implementing agencies
- * conduct studies and researches related to manpower development for the purposes monitoring and evaluating training programs, assessing the quality of training programs; and determining training needs
- * coordinate all training and development programs of the Department

As the counterparts of HMDTS in the Regions, the Health Manpower Development and Training Division (HMDTD) in the Regions are similarly mandated.

SECTION III: COVERAGE

This Administrative Order shall cover all short course in-house training programs of the Department of Health and shall be addressed to all units of the Department of Health conducting training and development programs. In house training programs are categorized as follows (defined in Annex F)

Orientation for Newly Hired Personnel
Basic / Advanced Training for Trainors Courses
Professional / Technical / Scientific Programs
Supervisory Development Programs
Executive Development Programs
Pre-Retirement Programs

SECTION IV: GENERAL POLICIES

Quality Assurance shall be part and parcel of planning and management of all training courses. This is a formal mechanism for assuring and maintaining efficiency, effectiveness, system and work process that are key to strong service results.

1.1 For the purpose at setting standards duality assurance shall be integrated into the whole range of activities and techniques on training intervention. This shall reserve as basis by which the accuracy or quality of the training program is judged and continuously upgraded.

1.2 All training and development programs shall conform to the required criteria/standards for the different phases of the training and development process which are the Pre—Training, Training and Post-Training Phases.

2. All training and development programs involving basic knowledge, attitude and skills (KAS) on various health programs shall be implemented in an integrated approach. In the same integrated manner, refresher courses shall be conducted regularly by HMDTS/HMDTD in close coordination with the services/offices/units concerned including DOH-retained hospitals.

3. Highly specialized training courses shall be conducted by the unit concerned. Design of the course including its objectives shall be developed in consultation with HMDTS/HMDTD.

4. Likewise, retained hospitals shall conduct training and development programs at their level. The design of the course including its objectives shall be developed in consultation with HMDTS/HMDT.

5. Generic Courses such as Supervisory Development Course, Basic Trainers Course etc. shall be offered by HMDTS/HMDTD on a regular basis.
6. HMDTS shall come up regularly with an analysis of the HRD needs of the department. This shall serve as a basis of all local and foreign training and development activities.
7. HMDTS/HMDTD shall serve as a clearing house of all training and development programs being conducted by all units in the Department. Thus, all training programs shall be coordinated with HMDTS at the national level and with HMDTD at the regional level. Management of these programs shall be in accordance with the procedures and standards set herein.
8. Each office/service/unit shall designate a training officer who shall be accredited by HMDTS/HMDTD and who shall be responsible for coordinating with HMDTS/HMDTD in conducting training activities within the Service.
9. Accreditation of all health and health related training and development programs conducted by all DOH units shall conform with HMDTS policies and guidelines on accreditation and shall be based on PRC and CSC guidelines for accreditation.
10. Selection of participants shall be based on the participant's competency requirements and other training needs and the objectives of the course. Substitution of participants shall not be allowed especially in discipline-based training and development programs.
11. Evaluation shall be part and parcel of all training and development programs (refer to 4.3.4 of this document for specific policies on evaluation).
12. At least five (5%) percent of work and financial plans of each Service/Office/Unit should be for Human Resource Development (HRD). HRD includes training and development of all health workers from all levels.

SECTION V: IMPLEMENTING GUIDELINES

The following procedures, criteria and standards shall govern the conduct of training and human resource development programs for all health workers:

1. Responsibility of Training

Management of training programs shall be the responsibility of accredited training officers in each unit at the central Office and in Retained Hospitals. In the Regions, implementation of training and development programs shall be the responsibility of the HMDTD. In this regard, HMDTS shall accredit training officers in each unit in accordance with set criteria. These accredited training officers shall be responsible for coordinating all training and development programs in their units

with HMDTS.

2. Coordination of Training Activities

2.1 Central

2.1.1 All Office/Services/Units at the Central Office shall coordinate with the HMDTS in the identification of training programs that shall be conducted at the national level for the entrant year. Training Needs Analysis (TNA) shall be undertaken the result of which shall be utilized in coming up with an annual training calendar. Annual Training Calendar of each office/ service/unit shall then be submitted to HMDTS not later than November 15 of the proceeding year using Form A (attached). Training designs and worksheets of each training program should also be enclosed.

2.1.2 Likewise, Regional Program Coordinators shall coordinate with HMDTD in the identification of training programs that shall be conducted at the regional level for the succeeding year. The resulting plan shall then be consolidated and forwarded to HMDTS by HMDTD copy furnished Central Office/Services/Unit concerned together with the annual training calendar using attached Form A and B and its supporting training designs and worksheets of each training program not later than November 15 of the proceeding year.

2.1.3 Prior to consolidation and publication of the DOH Annual Training Calendar, HMDTS/HMDTD shall check on the quality of these proposed training programs and on overlaps in terms of course objectives contents, participants, schedule and venue. These clearing process shall be done through a coordination workshop which shall be held every year end. A consolidated DOH Annual Training Calendar shall be circularized by the end of January.

2.1.4 DOH Training Calendar containing training and development programs for Local Government Unit (LGU) clients shall be prepared separately for easy reference, and information (Form B attached). This shall be circularized through the Local Government Academy (LGA) of the Department of Interior and Local Government (DILG). Likewise, this training calendar shall be included in the Comprehensive Health Care Agreement (CHCA) with LGUs.

2.1.5 For any change of schedule the HMDTS/HMDTD shall be informed weeks before the actual conduct of the training so that necessary adjustment of schedule, participants and venue shall be approved.

2.1.6 Postponement of scheduled training programs shall be allowed only if Department Orders have not been signed and in cases of fortuitous events. Examples are natural and man—made calamities like typhoons, strikes etc..

2.2 Regional Health Office

In each Regional Health Office Regional Coordinators of all technical programs and the HMDTD

shall jointly conduct TNA not later than the end of September. HMDTD shall conduct TNAs of field personnel in areas not covered by technical programs such as work behavior, supervisory development orientation of new employees and pre-retirement seminars. Regional Training Plans shall be submitted to Regional HMDTD not later than the first week of November of the preceding year.

All retained hospitals in the region shall submit their training and development calendar to the HMDTD for consolidation not later than the first week of November of the preceding year.

3. Timeframe for Training

Implementation of training programs in the central and regional levels shall be done from January to November of the year. The month of December shall be utilized for evaluation and planning purposes only.

4. Quality Assurance

The following procedures, criteria and standards in each activity of different phases of the training and development process shall constitute quality training program in the Department.

4.1 Phase I : Pre Training Phase - Activities in this phase revolve around planning the training program. The following should be carried out:

4.1.1 Define Competency Requirement of the Job/Service/Program

4.1.2 Conduct Training Needs Analysis

This is a data-gathering process by which a particular set of skills knowledge and/or attitude of target learners is described as a need or requirement to improve Job performance. TNA is a prerequisite to planning a training program. For courses being conducted regularly, it revise the course in response to the recent trends. TNA is carried out for the purposes of.

- * determining topics to be discussed
- * ensuring relevance of the training program
- * identifying courses to answer performance discrepancies

4.1.2.1 Identifying needs can be earned out in the following techniques or approaches.

Problem Based Approach

Under this approach the following steps shall be undertaken:

- * List the problems 3
- * Divide the problems into training and non-training treatable
- * Restate the problems as training needs
- * Assign or prioritize needs

Competency Based Approach

The steps that shall be used in defining Competency Models and in assessment of needs shall be the following:

- * Develop a Competency Model
- * Assess the present level of performance
- * Determine needs
- * Divide the needs into training and non—training treatable
- * Assign priorities

Task Analysis Method

The steps that shall be undertaken under this approach are the following:

- * Review goals and objectives
- * Identify all task related to a specific job role
- * Specify the KSA necessary to perform each task
- * Interview worker and supervisor to determine the problems they are having in performance of the task
- * Prioritize KSA and task
- * Design objectives

4.1.2.2 The procedure in conducting TNA shall be the following:

- * Select any of the technique in determining training needs and develop tools for gathering data
- * Conduct a pretest oh the prototype tools for clarity and validity
- * Finalize and reproduce the assessment tool
- * Conduct need assessment using developed tool
- * Tabulate and analyze data gathered
- * Segregate training and non-training treatable needs
- * Prioritize the training treatable needs based on impact to the program and the majority of the respondents

affected.

- * Develop a training plan/program based on the prioritized needs identified.

4.1.3 Set Objectives

Based on the results of the TNA, for every training programme, specific, measurable, attainable, result oriented, time-bound and challenging objectives shall be set to indicate the terminal and enabling behaviors desired of the learners.

4.1.4 Develop the Instructional/Course Design

Instructional/Course Design is a prescription of the events and activities necessary to provide an environment that fosters achievement of specific learning objectives. It shall serve as a blueprint for the development of instructional materials and media to accomplish set objectives.

Instructional/Course design shall include the following:

- * Instructional Plan that identifies appropriate learning points per topic, content areas, instructional strategies, media, pre and post activities, evaluation schemes, target time and duration.
- * Lesson Plan per session specifying key points outline including time and events/schedule and agenda.

4.1.5 The following are other activities that shall be carried out prior to training program implementation:

4.1.5.I Preparation of the following:

- * Worksheet - This contains the training programs, rationale, objectives, list of topics, methodologies/training strategies, operating details such as number and category of participants, inclusive dates, venue and course requirement.
- * Schedule of Activities - This illustrates the day to day program of activities.
- * Evaluation Tools for all levels: Reaction, Learning, Job-behavior, Result Levels
- * Instruction Materials - For every session within the training programme, a specific instructional material shall be prepared prior to the implementation of the course that include the following:
 - * Session designs / guide (manuals, trainers guide / module/session plans)
 - * Participants materials/handouts

- * Administrative Documents

- * Pertinent documents shall also be prepared, processing and approval of which should take place at least one month before the actual conduct of the training.

- * Department Order

- * Memorandum of Agreement (MOA)/Contract of Services for food and lodging

- * Certificate of Availability of Funds

- * Certificate of Course Completion

- * Requisition of supplies and materials

- * Media Equipment

Media shall be incorporated into the instructional program in ways that will support and enhance the learning process when used properly. For each instructional design, different audio-visual aids/equipment must be identified to best enable the learner to perform as required. Such audio-visual equipment include the following:

- * tape recorder

- * overhead projector

- * video tape

- * slide projector

- * public address system

- * movie projector

- * others

4.1.5.2 For technical programs, recruitment of participants shall be in accordance with the defined job competency requirements of an applicant to the program, the objectives of the course and on other criteria that maybe set by the unit conducting the training program.

4.1.5.3 Preparation of a list of training faculty and support staff

4.2 Training Phase: This phase includes the actual conduct or implementation of the training program. It shall involve administrative preparation, detailed coordination, planning and Implementation of training courses/programs utilizing updated and appropriate concepts and strategies.

All OOH sponsored/conducted training programs should conform to the activities and standards listed below:

4.2.1 Ratio of Trainer/Trainee

To ensure maximum participation and learning, there should be a maximum number of trainees for every trainer in various training activities as follows:

- * lecture - 1 trainer : 30 trainees
- * laboratory experience - 1 trainer : 5 trainees
- * clinical field practice — 1 trainer : 3 trainees

4.2.2 Number of Support Staff

Depending on the size of the class, a total of at least five (5) support staff shall be allowed per training class who shall be responsible in documenting the course, in operating audio—visual equipment required of the session, in accomplishing all the administrative activities attached such as the making of the D.O. MOA., certificates, payment of services availed etc. and in other liaison activity, that the course may require. These five support staff shall include the following:

- 2 - Documentors
- 1 - Audio- Visual equipment operator
- 1 - Administrative Assistant
- 1 - Driver

4.2.3 Training Faculty

The trainer shall be adept with the many aspects of the role requirements as a trainer and to the whole range of activities that are necessary for her/him to be able to design, develop and deliver an appropriate program in the department.

4.2.3.1 A course director must exhibit the following sets of qualification:

- * completed the Master Training Course or its equivalent conducted by an accredited training institution;
- * must be proficient in both oral and written communication;
- * has designed/managed/conducted at least five (5) training courses.

4.2.3.2 Assistant course director must be able to conform with the following set of requirements:

- * completed a Basic Training Course on training management or its equivalent;
- * has managed/conducted at least three (3) training courses

4.2.3.3 A session facilitator shall be required to possess the following qualifications:

- * has mastery of subject matter and possesses excellent teaching skills;
- * skilled "hands on" training preferably with experiences in specific programs e.g. CDD (preparation of (ORS)}, management of varying degrees of dehydration) EPI (proper administration of vaccine, cold chain management) etc.;
- * proficient in both oral and written communication.

4.2.4 Responsibilities of Trainees:

Recruited trainees to the training program should be made aware of his/her responsibilities before, during and after the course. These are:

- * confirmation of attendance
- * full participation to the sessions
- * complete attendance

A certificate of attendance shall be awarded to participants who completed a particular training program while a certificate of appearance shall be given to those who shall have an absence of not more than 10% of the total training hours.

After a training program, training reports shall be submitted by each trainee to his/her supervisor. Likewise a reentry plan shall be required of each trainee who completed the course.

4.2.5 Training Venues

Training programs/courses shall be conducted in places nearest to the official station of the majority of the participants. Government training facilities and other less expensive venues shall be utilized as per Department Memorandum No. 25 s. 1995. (Attached as Annex I).

4.2.6 Training Methods

A variety of training methods shall be utilized in training programs to be able to achieve its objectives. The use of distance learning methods shall be considered as a method of training especially for training programs involving LGU health personnel.

4.2.7 Training Budget

Every training course shall be accompanied by a training budget which should consist of the following:

- * daily allowance/accommodation or per diem for the duration of the training

- * transportation from station to venue of training and back
- * supplies and materials to be used
- * rental for venues and if necessary, rental of facilities and equipment
- * gasoline expenses
- * payment of honoraria

Rate of the above shall be in accordance with Civil Service Commission and Department of Budget and Management issuances notably Department Memorandum No. 25, s. 1995.

4.3 Post Training Phase

The Course Director shall be responsible for the following activities after a training program.

4.3.1 Prepare training report which include proceedings, TNA report, materials/handouts, list of participants/trainors/facilitators, result of evaluation and training cost.

4.3.2 Submit the above documents to HMDTS/HMDTD not more than two weeks after the last day of training.

4.3.3 Submit a copy of the course worksheet and the names of the participants who completed the course to mother professional organizations as part the Continuing Professional Education requirements.

4.3.4 Evaluate Training

Evaluation is a systematic process of collecting data that measure efficiency and effectiveness of training programs. Evaluation shall be conducted as part of the course. It plays a key role in quality control by providing feedback on the effectiveness of the training. All levels of evaluation such as the reaction, learning, job behavior and results or impact level shall be conducted in varying degrees for each training program.

4.3.4.1 Designs of all training program should include evaluation schemes tor all four (4) levels which are as follows:

Level 1 - Reaction level - measures how participants reacted to the program. Example: Use of Reaction or "Happiness" Sheets done right after the training program. Questionnaires

Level 2 - Learning Level - is evaluated to determine what knowledge is learned, what skills are developed and what attitudes are changed -Example: Pre and Post Test; Performance Test, Role Plays, Task Simulation

Level 3 - Behavior Level — is evaluated to measure changes in job behavior which occurred as a result of the training program attended. Example: Survey Questionnaire; Interview Observation

Level 4 - Results Level - this level tries to determine what final results occurred in the organization because of attendance and participation of the trainee in a training program. Example: Survey Questionnaire; Observation or Focus Group Discussion

4.3.4.2 Reaction and Learning Levels shall be done during or right after the training. Behavior level shall be done three to six months after the training while results or impact level may be done three to five years after a training program.

4.3.4.3 Evaluation design will be based on the objectives of the training program to be evaluated. It should contain the following:

- * description of the evaluation - a clear and measurable statement of the desired results of the evaluation.

- * strategy for data collection

Example: Survey Questionnaire; Personal/ Telephone Interview, Focus Group Discussion and Observation

- * method of data analysis

- * evaluation tools

4.3.4.4 Evaluation can be conducted by the trainers themselves but it is preferable that the evaluation be carried out by a person who did not conduct the training so as to provide objectivity to the evaluation. The person to conduct the evaluation may observe the training to provide evaluative feedback.

4.3.4.5 Results of the evaluation is to be incorporated into a report which should contain the following:

- * Summary - intended for those who will not read the full report

- * Purpose - statement of the purpose of evaluation on how it was designed to meet that purpose.

- * Methods - description of the methods used for data collection and a summary of the findings.

- * Summary of Costs

- * Results - should be expressed in terms of increased individual and organizational benefits

- * Conclusion or Recommendations

4.3.4.6 The Evaluation Report should be disseminated to the following:

* Major Stakeholders: Ex: Top Management/Decision Makers or Supervisors

* Trainers or Persons involved in the conduct of training

* Trainees

SECTION VI EFFECTIVITY

This Order supercedes all other Orders inconsistent with the above-mentioned guidelines and stipulations.

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