



REPUBLIC OF KENYA
Ministry of Health

HUMAN RESOURCE MANAGEMENT MENTORSHIP USER GUIDE AND TOOLS



HUMAN RESOURCE MANAGEMENT MENTORSHIP USER GUIDE AND TOOLS

August 2016



Disclaimer

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.



Table of Contents

Foreword	2
Acronyms	3
Definition of terms.....	4
Introduction	6
Scope of the Mentorship Programme	7
Objectives of the Mentorship Programme	8
Principles of the Mentorship Programme	8
Mentoring Fundamentals	8
a) Responsibilities of key people	8
b) Attributes of mentors and mentees	9
c) Selection criteria for mentors and mentees	10
d) Competency framework for identification of mentors	11
e) Key competencies to be built in mentees.....	11
f) Code of conduct for mentorship programme	14
Mentoring Process.....	15
Annex: Mentorship Tools and Templates.....	19
Annex A: Mentoring Agreement Form	20
Annex B: Mentorship Session Log	22
Annex C: Mentorship Plan.....	23
Annex D: Mentorship Journal: Weekly Entry	24
Annex E: Mentorship Programme Monitoring Tool.....	26
Annex F: Evaluation Tool: Mentor	28
Annex G: Evaluation Tool: Mentee	31
Annex H: Mentorship Programme Evaluation Tool.....	33
Annex I: Mentorship Programme Withdrawal Form.....	34
List of Contributors.....	36



Foreword

This user guide is designed to help the health sector continue to address challenges in the management of its workforce. These include inadequate HR management skills, human resource professionals as well as lack of structures for building the skills of newly-hired health workers and managers at the facility, county and national levels.

The HRM Mentorship Programme will facilitate a relationship in which experienced HR mentors share knowledge and experiences with mentees working in the public health sector towards a mutually beneficial professional development relationship. Mentors will be helpful in building competencies in areas of efficiency in HR practice as well as best practice in routine HR functions for effective discharge their roles.

Mentoring relationships have proven to be an excellent way of enhancing professional growth. The MOH strongly supports mentoring as a way of enabling officers to become accomplished, productive and successful in their chosen endeavours, and in sustaining their professional vitality, both now and in the future. With this in mind, the MOH is issuing this mentoring user guide. We hope that it will be useful to all HR practitioners and managers with responsibility over personnel. We encourage officers to use this guide as a resource to assess their mentoring needs as they relate to professional development.

The Ministry of Health encourages all national and county health departments to support and actively promote mentoring to build professional growth of all HR officers and any other officer managing health workforce. Increasing numbers of qualified HR managers to foster better management of health workforce towards enhanced motivation, productivity and retention is the cornerstone of this mentorship user guide. In this regard, therefore, the Ministry of Health is committed to facilitating the mentorship programme to achieve the desired results. In doing so, we will build on the progress made so far in the management of the health workforce at the national and county levels to step up the momentum towards quality health services for Kenyans.



Dr Nicholas Muraguri
Principal Secretary, Ministry of Health
Republic of Kenya

Acronyms

CCOH – County Chief Officer of Health

COH – Chief Officer of Health

CPSB – County Public Service Board

CS – Cabinet Secretary

FBOs – Faith-Based Organisations

HRH – Human Resources for Health

HRM – Human Resources Management

HR – Human Resources

HRM&D – Human Resource Management and Development

MOH – Ministry of Health

NGO – Non-governmental organisation



Definition of terms

The terms below are defined for utilisation within the context of this user guide.

Mentorship

Mentorship is a one-on-one relationship in which a more experienced person helps to guide a less experienced person in their personal development.

Mentoring

Mentoring is the process of enabling an individual to gain more knowledge and skills to assist him/her assume more responsibility for more effective service delivery, job performance and career management. It is a relationship designed to build confidence and empower the individual to take increased initiative for personal, professional and organisational development. Mentoring differs from other forms of help, such as "instructing", "coaching" or "tutoring".

Mentor

A mentor is an experienced person who provides information, advice, support, and encouragement to a less experienced person, often leading and guiding by example through his/her expertise or success. Mentors serve as trusted and significant advisors, providing guidance on issues encountered on the job and alternative perspectives on issues in terms of both problem identification and problem solving. The mentor is responsible for providing support to, and feedback on, the individual he or she is mentoring.

Mentee

This is an individual who has recognised the need to be advised, guided and trained by a more experienced person in the field of interest and area of competency building.

Supervision

Supervision serves as an educative and supportive function. It is an opportunity to raise professional issues and gain further expertise. Supervision allows an individual to learn from his or her own experiences in working with customers, review their approaches and develop support practices, which ensure that service delivery is following best practice standards. In the work context, supervision will focus on building good practices in HR, skills and knowledge acquisition for the Human Resources for Health (HRH) Manager/Officer for improved Human Resource (HR) practices and service delivery, whereas mentoring will focus on career development.



Coaching

Coaching is a method of improving individual or team performance through direction and instruction in order to learn a particular skill or work towards a set goal. The purpose of coaching is to improve the individual's performance on the job. This involves either enhancing current skills or acquiring new skills. This differs from mentoring, whose purpose is to develop the individual not only for the current job, but also for the future.



Introduction

The Government of Kenya is determined to improve access to essential healthcare services and to ensure that the sector plays its role in the realisation of Vision 2030, public service reforms and Sustainable Development Goals. To achieve this, there is need to enhance the quality, quantity and distribution of the health workforce.

The health sector continues to experience challenges in the management of its workforce. These include inadequate HR management skills, shortage of HR professionals, lack of appreciation and use of HR policies and user guides in the management of health workers, lack of structures for building the skills of newly-hired health workers and managers at facility, county and national levels.

Against this background, the Ministry of Health in collaboration with partners supporting HRH strengthening, finalised the second Kenya Health Sector Human Resource Strategy (2014-2018). The strategy defines long-term strategies for addressing constraints to human resource management and development (HRM&D) so as to effectively improve health service delivery. The successful implementation of the strategy at national and county level will require that capacity to manage human resources for health is continuously improved. This will include having adequately skilled HR officers and managers both at the national and county levels. Within the devolved HRM policy guidelines on human resources for health (2015), the MOH has a concept note for establishment of county HRH units, job profile and competency framework for county HRH officers and manager. This will facilitate counties to set up HR units within the health department, and in collaboration with county HR structures recruit and induct HR professionals to take up these roles. There will be need for the HR professional to be trained on application of HR practices within the public sector, and especially in the health sector. Following their training, these HR professionals will undergo mentorship to empower them to translate the knowledge acquired into skills and competencies.

The HRM Mentorship Programme will facilitate a relationship in which experienced HR mentors from the public service, private sector and faith-based organisations (FBOs) share knowledge and experiences with mentees working in the public health sector towards a mutually beneficial professional development relationship. Mentors drawn from the private sector will be helpful in building competencies in areas of efficiency in HR practice as well as best practice in routine HR functions. Those drawn from the public sector will be useful in building competencies in application of existing public service policies, guidelines and procedures, as well as interdepartmental engagement on HR issues. HRH managers and line managers in the national and county governments will be linked to experienced HR professionals, who will use this user guide to build their

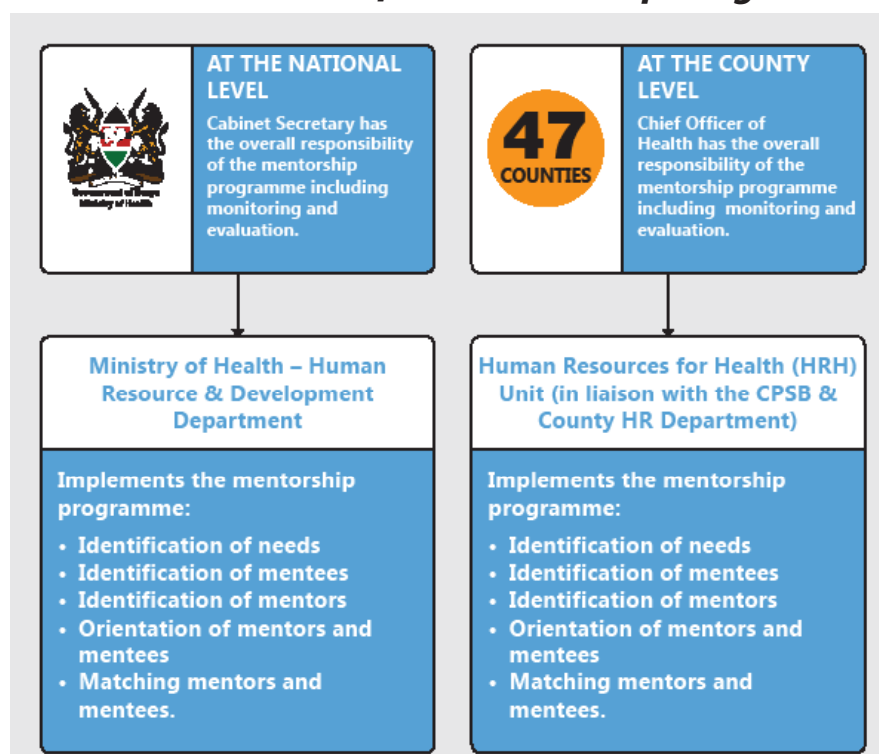


capacity as HRH managers and as line managers with HR responsibilities so as to effectively discharge their Human Resource roles.

Scope of the Mentorship Programme

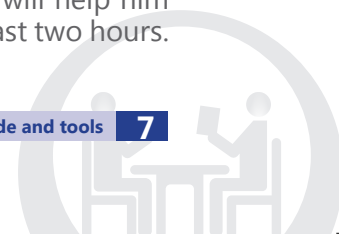
At the national level, the HRM Mentorship Programme will be domiciled in the Ministry of Health, department of HRM&D under the Cabinet Secretary (CS). At the county level, the programme will be domiciled in the Department of Health, HRH Unit under the County Chief Officer for Health, and in liaison with the County Human Resource Department and the County Public Service Board (CPSB).

Institutionalisation of the Mentorship Programme



The target group for this Mentorship Programme will include all HR officers and any other officer managing health personnel.

The recommended period for this programme will be a minimum of seven (7) to ten (10) sessions between the mentor and the mentee over a period of seven to ten weeks, with at least one session per week. The weekly sessions will allow the mentee to work on assignments that will help him to put knowledge into practice. Each session should last at least two hours.



Objectives of the Mentorship Programme

- Link experienced HR professionals from the public and private, (including NGO and FBO) sectors with less experienced HRH officers in the public sector to share knowledge and experiences and build their HRM capacity.
- To build HRH capacity in the public service.
- Enhance the HR management skills for HRH officers and other officers with HR responsibilities.
- Develop a pool of mentors within the public health sector for sustained mentorship.

Principles of the Mentorship Programme

- Both the mentor and mentee must demonstrate high levels of integrity.
- Mentoring will involve a definite time commitment from both the mentor and the mentee.
- Mentoring requires a trusting, confidential relationship based on mutual respect.
- The purpose of mentoring must be mutually agreed upon by the mentor and mentee with clearly articulated goals and outcomes.

Mentoring Fundamentals

a) Responsibilities of key people

i) Mentors

- Develop the mentorship plan with the mentee based on identified areas of competencies requiring capacity building.
- Schedule mentorship meeting with the mentee.
- Plan the meeting schedules ahead; have some initial questions prepared and some relevant experiences to share with the mentee.
- Listen and communicate with the mentee.
- Maintain confidentiality at all times.



- Provide guidance and give feedback as required.
- Assist the mentee to achieve the goals set for the mentorship programme.
- Introduce the mentee to professional networks and explore career development opportunities.
- Maintain professional boundaries and refer the mentee to other professionals if need be.

ii) Mentees

- Identify areas of improvement.
- Take responsibility for own development.
- Be proactive about initiating contact with the mentor using the various existing communication methods.
- Maintain confidentiality at all times.
- Be willing to listen and learn.
- Ask for feedback and give feedback when required.
- Prepare for the meeting ahead of time.
- Maintain punctuality.
- Be clear about the mentorship goals to be learned and achieved.

iii) Supervisors/Mentor and mentee institutions

- Granting permission to the mentor/mentee to participate in the mentorship programme

b) Attributes of mentors and mentees

i) The mentor shall:

- Demonstrate excellent interpersonal skills in the areas of building rapport (asking questions, giving and receiving feedback, listening, persuading, influencing and encouraging others)
- Think and tackle situations creatively
- Help the mentee to learn and be open to learning
- Observe and correctly interpret situations
- Demonstrate high integrity and uphold professional ethics
- Be patient and willing to make time for the mentee



ii) The mentee shall be:

- Inquisitive and eager to learn
- Accept criticism and learn from mistakes
- Flexible and courageous to explore new ideas and approaches
- Willing to take responsibilities
- Open and honest
- Respectful and grateful
- Willing to listen, watch, learn and grow
- Cooperative and committed

c) Selection criteria for mentors and mentees

The selection of mentors for the HRM mentorship programme will be based on the following guidelines. The candidate should:

- Be an HR professional or line manager with proven work experience managing employees in a recognised or reputable organisation/institution.
- Demonstrate time commitment for the mentorship programme
- Be able to communicate effectively
- Be willing to share experiences
- Be capable of providing constructive feedback.
- Be able to motivate, build capacity of the mentee and portray leadership qualities
- Maintain confidentiality at all times

A person who has undergone a successful mentorship programme may also be considered to be a mentor.

The selection of mentees for the HRM mentorship programme will be based on the following guidelines. The candidate should:

- Be officers practising Human Resource Management
- Be self-driven and motivated to learn



d) Competency framework for identification of mentors

Identification of the mentor will be guided by the competency level of the mentee. The progression principle used assumes that the more experienced the mentee is, the more the mentor should have greater breadth and depth of knowledge of HRM. Basic level for entry will be officers with up to three years of work experience. Advanced level will be for senior officers with over three years of work experience.

Basic level

The mentor shall:

- Be knowledgeable and experienced in mentorship
- Have high integrity
- Have ability to start where the mentee is
- Apply flexibility and appreciate diversity and difference
- Have ability to set aside own answers/problem-solving skills to enable the mentee to develop their own skills.

Advanced level

The mentor shall:

- Offer few and well-timed suggestions
- Have ability to create effective focused interventions but with multi-faceted impact in situations of high complexity and ambiguity
- Demonstrate understanding of where the mentee has been and the type of experience the mentee has had and then connect that with future career goals
- Provide positive reinforcement when necessary

e) Key competencies to be built in mentees

These competencies are derived from the devolved HRM guidelines on human resources for health – proposed competency framework for the HRH manager/officer. The competency areas include:

- a) Knowledge of Organisation
- b) HR industry knowledge
- c) County governance
- d) Coaching/guidance/advice other health managers on HR issues
- e) Change management



The table below describes the competencies and demonstrable behaviour expected in the mentee upon completion of the mentorship programme.

Competency Name	Competency Description	Demonstrable behaviour
Knowledge of Organisation	Knowledge of the county's vision, structure, culture, philosophy, operating principles, values, and code of ethics; ability to apply this understanding appropriately to diverse situations.	<ol style="list-style-type: none"> 1. Monitors the industry for organisational best practices and structures to consider internally. 2. Establishes desired culture and associated best practices. 3. Provides detailed information on county's experiences, history, and industry reputation to stakeholders. 4. Works to improve county's position in the industry and marketplace. 5. Trains others on the functions, key responsibilities, and practices of multiple departments or units. 6. Participates in developing formal procedures and structures for getting things done within the organisation.
HR Industry Knowledge	Knowledge of the HR trends, directions, major issues, regulatory considerations, and trendsetters; ability to apply this knowledge appropriately to diverse situations.	<ol style="list-style-type: none"> 1. Articulates and discusses specific HR issues and challenges within the health department/county. 2. Comments on recent developments in the regulatory environment. 3. Monitors market changes and communicates implications to management. 4. Participates in major HR professional associations; subscribes to HR-specific publications. 5. Raises co-workers' awareness of industry standards, practices and guidelines in Human Resource Management (HRM). 6. Compares and contrasts the latest developments and emerging issues in the HRM.



Competency Name	Competency Description	Demonstrable behaviour
County Governance	Knowledge of the processes, customs, policies, and rules affecting the way the county is administered and controlled; ability to ensure compliance with same.	<ol style="list-style-type: none"> 1. Complies with codes of ethics that benefit the overall good of all constituents. 2. Ensures that internal business practices mirror industry-standard best practices. 3. Leads the County Health Department towards higher standards for governance practices. 4. Proves that the County Health Department processes are in compliance with applicable laws and regulations. 5. Promotes county values that promote ethical and responsible decision-making.
Coaching Others	Knowledge of coaching concepts and methods; ability to encourage, motivate, and guide individuals or teams in learning and improving effectiveness.	<ol style="list-style-type: none"> 1. Coaches others to improve their skills. 2. Observes skill practice; offers constructive feedback. 3. Coaches one or several individuals or teams on a specific competency or subject area. 4. Monitors individual or team progress through feedback sessions.
Change Management	Ability to manage the successful and smooth transition from current to desired culture, practices, structure, and overall Organisational environment.	<ol style="list-style-type: none"> 1. Plans, implements, and manages change in a variety of significant settings. 2. Communicates impact of changes in the health department. 3. Works with team to identify and remove obstacles to change. 4. Evaluates potential impact of changes and identifies ways to increase acceptance. 5. Participates in planning change effort for health department. 6. Adjusts own work effort, style, and content to support desired change.



f) Code of conduct for mentorship programme

In gaining entry into the HRM mentorship programme, it is understood that the code of conduct is to be adhered to at all times.

- a) Dedication from both parties is required to make the mentorship programme work. The programme will require time commitments and both parties must be willing to participate in the programme on a continuous basis as prescribed in the mentorship user guide.
- b) All mentors and mentees will be expected to enter into the mentorship relationship with a commitment to assist each other to develop and learn in an environment that will support honesty, fairness and respect.
- c) If the mentorship relationship is not working for any reason, the Cabinet Secretary/County Chief Officer of Health (CS/CCOH) or their delegated representative should be notified immediately to ensure that the matter is addressed and if necessary a new mentor/mentee is allocated.
- d) Once one has made the commitment to participate in the mentorship programme and for any reason they cannot continue to the end, they need to notify the CS/CCOH or their delegated representative and their mentee/mentor as soon as possible. Those wishing to withdraw from the programme should complete the Mentorship Programme Withdrawal Form. (**Annex I**)
- e) Within the mentorship relationship, it is expected that there will be no bullying, abuse, harassment or misconduct on the part of the mentor or mentee and that failure to abide by this may result in termination of the programme.
- f) In becoming a part of the mentorship programme, the mentor/mentee will be expected to provide some time to share ideas, knowledge and experiences with their partner in the mentorship relationship.
- g) Confidentiality and privacy of the mentor/mentee will be strictly adhered to and failure to do so may result in termination of the programme.
- h) Mentors/mentees should be aware that once the mentorship programme has ceased, they are no longer a recognised mentor/mentee pair in the programme.



Mentoring Process

a) Identification of mentees and their needs

To understand the interests and needs of the employees, the department will conduct a needs assessment. This can be through the performance appraisal system or a survey, which will highlight what the employee requires both professionally and personally. Employees may also express to the employer their interest to be mentored in a given area.

b) Identifying a pool of mentors

Mentors will be identified on the basis of their HR qualifications and experience. This will be guided by the specifications highlighted in the Mentoring Fundamentals: Selection Criteria for Mentors and Mentees of this user guide. At the national level, the Department of HRM&D under the CS will be responsible for this activity. At the county level, the Chief Officer of Health (COH) in liaison with the CPSB and the County HR department will be responsible for this activity.

c) Orientation of mentors and mentees

The mentorship programme is most successful when mentors and mentees receive thorough orientation before they are matched. By providing prospective mentors/mentees with a pre-match orientation, you allow them to make more informed decisions about whether or not to participate in the programme or not. The prospective mentors/mentees should clearly understand the goals of the programme as well as their roles and responsibilities. The orientation session will entail, among others:

- Insight to existing HRM policies, guidelines and procedures for the health sector for use as reference materials during the mentoring process;
- An overview of the mentorship programme, including mission, goals, commencement date and duration;
- The qualities of successful mentors/mentees, including the responsibilities and expectations of mentors/mentees;
- A description of eligibility and suitability requirements;
- The level of commitment expected (time, energy, flexibility, frequency); and
- A summary of policies including those governing privacy, communication structures, liability and evaluation.



Each mentor and mentee must attend this orientation session before she or he is allowed to embark on the programme.

d) Matching mentors and mentees

Creating appropriate matches is crucial for the success of the individual match and for overall programme success. A matching procedure will help in understanding the process of properly matching mentors and mentees.

At this stage, the mentees will be matched with a mentor based on the needs identified. Factors to consider will include the knowledge, skills, experience of the mentor vis-à-vis the needs of the mentee, preferences of the mentor and mentee, compatibility of meeting times, and common interests, among others. Upon matching the mentee and mentor, an initial meeting will be set up to introduce the pairs. At the onset of the meeting, both mentor and mentee shall complete and sign the Mentoring Agreement Form (***Annex A***)

e) Mentorship meeting session

Phase 1: Preparing

Both mentor and mentee must prepare individually and in partnership for the meeting. The mentor may explore personal motivation and their readiness to be a mentor, assess their skills and identify their own areas for learning and development. Both must establish clarity about their expectations and roles. They will do so by completing the Mentorship Plan. (***Annex C***)

Sample questions for the mentor: "Can I work productively with this individual? Do I honestly feel that I can further this person's learning?"

Sample questions for the mentee: "What do I want to learn from this experience? What are my goals? What will success look like?"

Phase 2: Negotiating

The mentor and mentee come to an agreement on the learning goals and define the content and process of the relationship. This will include establishing ground rules and creating a shared understanding about assumptions, expectations, goals, and needs. Other tasks will include:

- Agree when and how to meet, responsibilities, criteria for success, accountability, and timeline for closure
- Discuss confidentiality, boundaries, and limits



Phase 3: Assess progress toward learning goals

The mentor and mentee will assess the progress of the mentorship meetings by completing the Mentorship Session Log (**Annex B**) at the end of every session and the Mentorship Journal on a weekly basis. (**Annex D**)

The Mentorship Session Log will help both the mentor and mentee keep a record of sessions attended. The Mentorship Journal will help both the mentor and mentee to keep track of the areas covered, review the action plan for the previous week and prepare another plan for the next session. Key questions for the mentor to ask the mentee include:

- What progress are you making toward realising your learning goals?
- What is your greatest success thus far?
- What is your biggest frustration?
- What gives you the most satisfaction about what you are learning?

Phase 4: Closing

This outlines the procedure of ending a mentorship session. Tasks in this phase will include evaluating if the learning goals have been met and agreeing on the action plan of what needs to be done prior to the next mentoring session. (**Mentorship Journal, Annex D**)

f) Monitoring

It is important to monitor the mentoring programme to ensure the set goals are being met, and address any challenges that the mentor and mentee may be facing. It is good practice to measure the progress of the mentorship programme to establish expectations, to assess how well the relationship is working and to measure the outcomes. A Mentorship Programme Monitoring Tool (**Annex E**) has been developed to guide the CS/COH or the delegated authority to carry out monitoring after every three mentoring sessions.

g) Evaluation

It is important to evaluate your mentoring programme to ensure that it is achieving its aims. This will be done in the following ways:

- The mentor will fill an evaluation tool for the mentee and the mentoring sessions (**Evaluation Tool: Mentor Annex F**)
- The mentee will complete an evaluation tool that assesses mentor and mentoring sessions (**Evaluation Tool: Mentee Annex G**)



- The CS/COH or their appointed representatives will complete *an evaluation tool* to assess the entire mentorship programme (***Mentorship Programme Evaluation Tool, Annex H***).

Participants can also be asked to give feedback on the effectiveness of the mentoring relationship. The formats for the feedback could include:

- a simple questionnaire where the participants answer specific questions about the programme
- a written report from each participant
- an interview of each of the participants

The diagram below illustrates the mentorship process.

Mentoring Process



Annex: Mentorship Tools and Templates

Annex A: Mentoring Agreement Form

Annex B: Mentorship Session Logs

Annex C: Mentorship Plans

Annex D: Mentorship Journal: Weekly Entry

Annex E: Mentorship Programme Monitoring Tool

Annex F: Evaluation Tool: Mentor

Annex G: Evaluation Tool: Mentee

Annex H: Mentorship Programme Evaluation Tool

Annex I: Mentorship Programme Withdrawal Form



Annex A: Mentoring Agreement Form

I, _____ do hereby accept to be a mentor to you, _____ in your profession as a HR practitioner and trust that it will be a rewarding experience in enhancing your career and that it will be limited to discussing HR management and development issues.

1. The mentoring relationship will last for 10 sessions.
2. We will meet at least once every week at an agreed venue for a minimum of two (2) hours. Meeting times, once agreed upon, should not be cancelled unless it is unavoidable. At the end of each meeting, we will agree on the date for the next meeting.
3. In between meetings, we will contact each other for any consultation by telephone/email on need basis during working hours.
4. The aim of the programme is to develop capacity in application of HR principles and best practice in the following areas:
 - a)
 - b)
 - c)
5. My role (Mentor) will include:
6. Your role (Mentee) will be:
7. The mentorship will be on a one-on-one contact. All the contents of our meetings will be treated with confidentiality.
8. We will be honest and provide constructive feedback to each other and we will both be open to such feedback.

Mentor's Name: _____ Signature: _____

Date: _____

Mentee's Name: _____ Signature: _____

Date: _____



Tips for Completing the Mentoring Agreement:

While the mentoring agreement is being discussed, both parties must understand and agree on the following:

- a) The goal for the relationship
- b) What the mentee wants to learn
- c) Learning support required for the mentee
- d) How often will the sessions take place and how long is a session
- e) How much time the mentee is committing to achieving learning goals
- f) How the mentee prefers to learn
- g) How the mentor plans to encourage and support accountability.



Annex B: Mentorship Session Log

Mentor's Name.....

Mentee's Name.....

Session 1

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 2

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 3

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 4

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 5

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 6

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 7

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 8

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 9

Date:		Venue:	
Signed: Mentor		Signed: Mentee	

Session 10

Date:		Venue:	
Signed: Mentor		Signed: Mentee	



Annex C: Mentorship Plan

Mentor's Name:	Date:	Time:
Mentee's Name:	Mentoring Venue:	Required Mentoring Areas
Specific Mentoring Objectives:		
MENTORING OUTLINE		Time Estimate
Introduction to Mentoring Session		
Body of Mentoring Session		
Summary of Mentoring Session		
Evaluation of Mentoring Session		



Annex D: Mentorship Journal: Weekly Entry

Name of HR Mentee:.....

Name of HR Mentor:.....

Mentoring Venue:..... Date:.....

Areas Covered in Mentoring Session:

a).....
.....
.....

b).....
.....
.....

c).....
.....
.....

Action Plan on the Areas:

a).....
.....
.....

b).....
.....
.....

c).....
.....
.....



Review of Action Plan:

a).....
.....
.....
.....

b).....
.....
.....
.....

c).....
.....
.....
.....



Annex E: Mentorship Programme Monitoring Tool

Name of Mentor	
Address of Mentor	
Place/County	
Name of Mentee	
Name of Monitoring Officer	
Date of monitoring	
Mentorship Agreement Form available	Yes___ No_____
Suitability of the mentor: Suitable____ Unsuitable____	Comments:
Qualification of the mentor	
Number of sessions scheduled	
Number of sessions covered	
Are they on schedule (<i>refer to Mentorship Log</i>) Yes___ No_____	Comments: •
Number of needs identified	
Were the identified needs met?	Yes___ No_____ Explain:
Main topics covered	



Availability of mentee	
Punctuality of mentee	
Adequacy of time	
Challenges	•
Suggested solutions	•
Mentee's action	
Mentor's action	
Cabinet Secretary/Chief Officer of Health action	
General opinion of the mentorship process	•
Conclusions and recommendations	•



Annex F: Evaluation Tool: Mentor

Name of Mentor:.....

Name of Mentee.....

Number of mentorship sessions scheduled to date _____

Number of sessions covered to date _____

If the two above are not consistent, please give an explanation

Main topics covered to date: _____

Has the mentee been available on all appointments? If no, please provide more details

Did the mentee keep time? If no, please provide more details

Is the time allocated for mentorship adequate to address the targeted areas? Please explain



Is the venue for mentorship appropriate? Please elaborate

Please share with us any key challenges faced during the mentorship programme.

How should these challenges be addressed?

Mentee actions?

Mentor action?

Ministry/County actions?

In your opinion, what would you say are the key successes so far of the mentorship process in relation to the set objectives?



What do you recommend to make the mentorship more successful?

Any other feedback?



Annex G: Evaluation Tool: Mentee

Full Name			
Contact details			
email			
Mentor		Session No.	

Mentoring Relationship

On a scale of 1-5 with 1 being the lowest and 5 being the highest,
Please review the areas below and mark if the mentoring relationship has impacted on any of these areas:

	Grade				
	1	2	3	4	5
The mentor was well matched to my needs					
The mentor was supportive during the session					
Having a mentor has made a difference to my professional growth					
Having a mentor has made a difference to my work					
The mentor supported my gaining awareness to new horizons that I was unaware of					
The mentoring process matched with my expectations					
I would recommend the mentoring programme to my colleagues					
Comment					

Please share with us any key challenges faced during the mentorship programme?



How should these challenges be addressed?

Mentee actions:

Mentor actions:

Ministry/county actions:

In your opinion, what would you say are the key successes of the mentorship process in relation to the set objectives?

What do you recommend to make the mentorship programme more successful?

Any other feedback?



Annex H: Mentorship Programme Evaluation Tool

Name of Mentor	
Address of mentor	
Place/County	
Name of Evaluation Officer	
Date of evaluation	
Evaluation period	
How many mentors/mentees were identified?	
How many were engaged in the process? (Explain any variance)	
Was orientation conducted?	Yes___ No_____ If no, explain:
Mentorship agreement form signed	Yes___ No_____ If no, explain:
Was a mentorship work plan in place?	Yes___ No_____ If no, explain:
Was the mentor and mentee relationship form signed?	Yes___ No_____ If no, explain:
Was the mentorship journal maintained?	Yes___ No_____ If no, explain:
Number of sessions scheduled	
Were all the scheduled sessions covered?	Yes___ No_____ If no, explain:
Was the monitoring tool adequate?	Yes___ No_____ If no, explain:
Were the sessions adequate?	Yes___ No_____ If no, explain:
Were the identified needs met?	Yes___ No_____ If no, explain:
Conclusions and recommendations	



Annex I: Mentorship Programme Withdrawal Form

I (Name).....a (Role).....
wish to withdraw from the mentorship programme with effect from
(date).....

The withdrawal is based on the following reason(s) (professional/personal/
both/other). Kindly list the reason(s)

How would you have done it differently?

Mentor:.....
.....
.....
.....

Mentee:.....
.....
.....

What worked/didn't work?

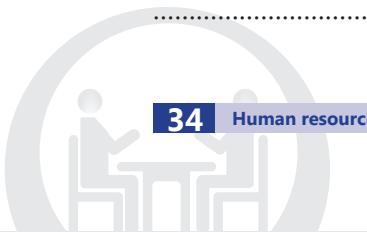
Mentor:
.....
.....
.....

Mentee:.....
.....
.....

Would you like to be involved in another mentorship programme? If Yes/
No why?

Would you recommend the mentor to another mentee? Yes/No (explain)

.....
.....



Would you recommend that the mentee is matched with another mentor?
Yes/No (explain)

.....
.....
.....
.....

Mentor's Name.....

Mentor's Signature.....

Date

Mentee's Name

Mentee's Signature.....

Date

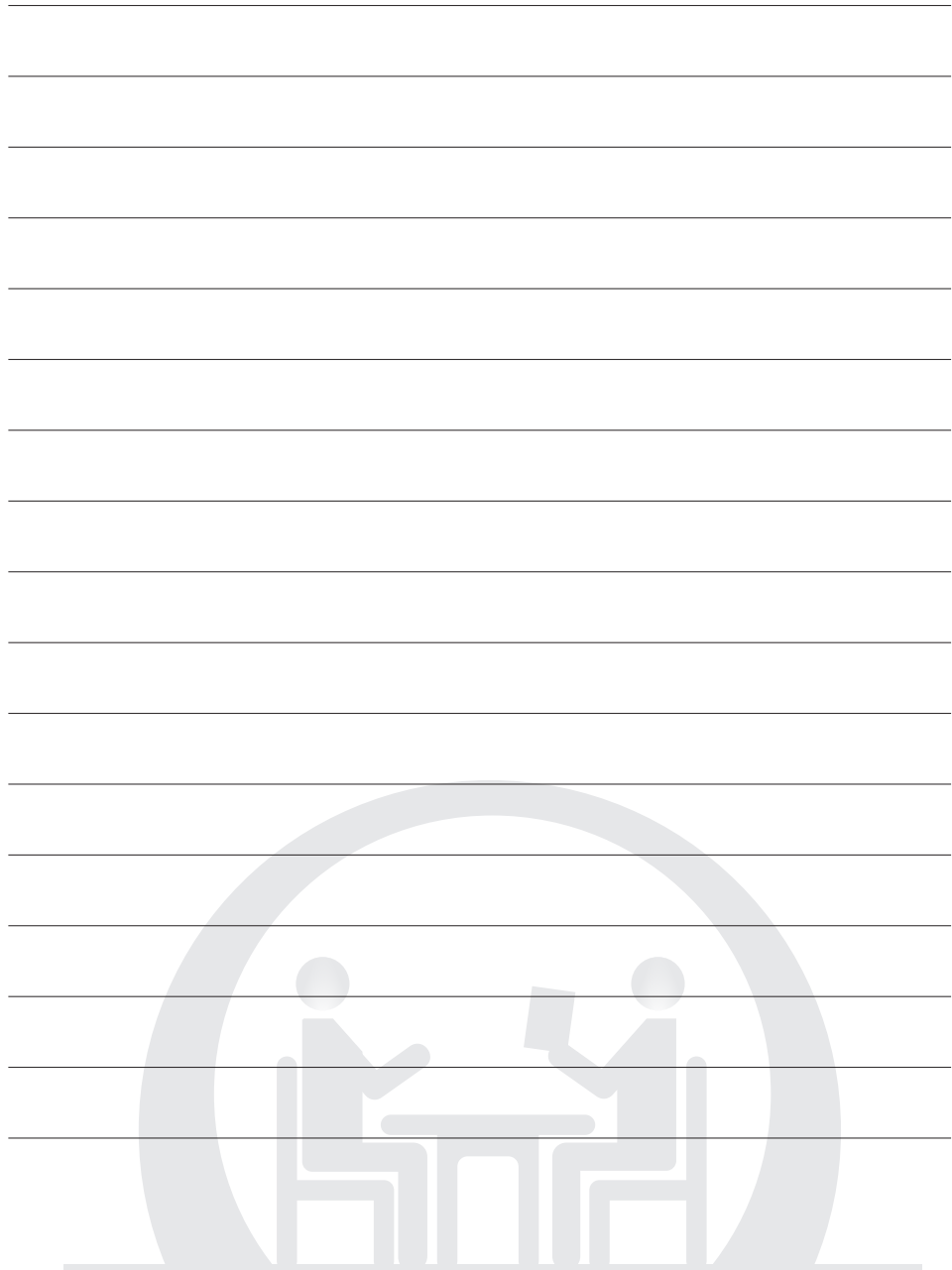


List of Contributors

1. Mr David M. Njoroge, Ministry of Health
2. Murianki A. Cirindi, Ministry of Health
3. Mr Duke Ongechi, Ministry of Health
4. Jane Muhia, Ministry of Health
5. Violet M. Tenyeri, Ministry of Health
6. Milkah Kuloba, Ministry of Health
7. Joseph Mwangi, Ministry of Health
8. Shadrack Kimeu, Ministry of Health
9. Nyokabi Njogu, Ministry of Health
10. Dorothy Njeru, Ministry of Health
11. Joseph Mirereh, Ministry of Health
12. John Kabanya, Ministry of Health
13. Rahab W. Maina, Ministry of Health
14. Mr Simon G. Mwangi, Public Service Commission
15. Mr Paul Kangira, Transitional Authority
16. Mr Leonard M, Miinyan, County Government of Turkana
17. Grace A. Ajwang, County Government of Kisumu
18. Mr Anthony Wanyama, County Government of Uasin Gishu
19. Winnie Kimondo, County Government of Muranga
20. Lucy Wambua, County Government of Makueni
21. Mr Zaddock Angahya, County Government of Nairobi
22. Dorcas Adhiambo Onyango, County Government of Homa Bay
23. Mr Michael Ochieng, County Government of Mombasa
24. Pamela A. Awuor, County Government of Siaya
25. Vincent O. Muchilla, County Government of Busia
26. Mr Philemon Allah, County Government of Migori
27. Mercy Mwakio, County Government of Migori
28. Robi Mabanga, County Government of Migori
29. Eng Michael Okumu, County Government of Migori
30. Mr Peterlis Nyatuga, County Government of Migori
31. Dr Janet Muriuki, IntraHealth International
32. Mathew Thuku, IntraHealth International
33. Dr Linet Nyapanda, IntraHealth International
34. Mukami Kathambara, IntraHealth International
35. Wycliffe Omanyia IntraHealth International
36. Sarah Atieno, IntraHealth International



Notes



Notes



Ministry of Health,
Afya House, Cathedral Road,
P.O. Box 30016-00100, Nairobi, Kenya.
Telephone: +254-20-2717077
Email: ps@health.go.ke

