



MINISTRY OF HEALTH

Human Resource Information System (HRIS) Strategic Plan 2016 - 2018

**Strengthening demand and accessibility to
Human Resources Information,
for Evidence Based Decision Making**

April 2016



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FOREWORD

The delivery of health services in Uganda is implemented by both the public and private sectors with GoU being the owner of most facilities. The total number and skill mix of the health workforce are inadequate to effectively respond to the health needs in Uganda.

Over the past decade, the vital importance of building strong national health systems has gained heightened global attention. In Uganda, the Government of Uganda has made unprecedented resources available and respective development partners to combat the major pandemics and ensure increased demand and improved accessibility to information for decision-making.

However, the capacity for ensuring that the right health care provider is in the right place with the right skills has remained weak over time. Reliable, timely and accurate information has hitherto remained insufficient to make the right health sector decisions. The sector requires current, accurate data on human resources for health (HRH). A strong Human Resources Information System (HRIS) enables health care leaders to quickly answer the key policy and management questions affecting service delivery.

A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely health information by decision-makers at different levels of the health system, both on a regular basis and in emergencies. Strengthening improved demand and accessibility to human resources information, for evidence-based decision-making is still perplexing.

The best measure of a health system's performance is its impact on health outcomes. In order to improve performance of the health sector we all need information for decision-making. Lack of information can significantly stifle the planning processes. System strengthening is a process, which requires careful planning. The need for HRIS strategic planning is therefore of paramount importance.

This HRIS strategic plan moves the health sector in the right direction, on a course that must be given the highest priority. HRIS is a fundamental "building block" of a health system and a tool for policy-makers and planners in the health sector. I want to urge all HRH stakeholders to embrace, support and jointly implement this HRIS strategic plan.

Dr. Mwebesa Gatianga
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EXECUTIVE SUMMARY

A well functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely health information by decision- makers at different levels of the health system, both on a regular basis and in emergencies. The Human Resource Information Systems (HRIS) make accessible to health sector leaders with the information they need to assess HR problems, plan effective interventions and evaluate those interventions.

Ministry of Health (MoH) has established the integrated Human Resource Information System (iHRIS) in 111 districts, 14 referral hospitals, two National referrals (Butabika and Mulago), UVRI, National Medical Stores, Uganda Cancer Institute, Uganda Blood Transfusion Services, UNMEB, UPMB, UCMB, and MoH Headquarters, four professional councils (UNMC, AHPC, UMDPC, and Pharmacy).

The system has mainly been supported through respective development partners;to provide computing equipment, capacity building and continuous IHRIS automation. However, this kind of support is not sustainable and thus USAID has tasked the “Strengthening Human Resources for Health” - SHRH project, to ensure that the HRIS support is handed over to the Uganda government before the end of 2018.

Transitioning of HRIS to the government system is to be achieved through several processes, including establishing a HRIS coordination team charged with management, developing local capacity for HRIS technical capabilities, forming HRIS communities of practice and peer support networks to develop a critical mass for HRIS, as well as completing installation of databases in districts. Within these processes are financial implications that will be prioritized for sustainability. The coordination team will be in part charged with advocating for financial allocations for HRIS activities under the MoH, Ministry of education & sports, Ministry of Local government and Ministry of Public service. The coordination team will function within a known framework that spells out its roles and responsibilities and guide its activities.

It is on that background that that a HRIS coordination team has been established by the Ministry of Health - MoH to take care of the functions of observatory, eHealth and HRH TWG HRIS sub-committees to ensure HRIS sustainability and Usage in Uganda. This will be the main driver of HRIS activities for the next three years.

The coordination team will continue to work with the e-Health Technical Working group – TWG and also serve on the HRH TWG. The coordination team will support the functioning of the Uganda HRH observatory and HRIS transition to government and other local entities. The coordination team, with joint participation and leadership by both the HRH and eHealth TWGs, will represent users and implementers of HRIS respectively. This will ensure participation of other key HRH and eHealth stakeholders and partners, including USAID, UNICEF, DANIDA, WHO, EU, World Bank and others emerging development partners. Other duties of the HRIS coordination team will be to develop, review, and implement the HRIS work plan. HRIS coordination team will advocate for its proposed budget for HRIS activities internally and also with Health Development Partners to ensure that the team has the resources it needs to carry out its activities.

Participants representing MoH, professional councils and other implementing partners put together a team with the following objectives;

- a) Review the evolution and current state of stakeholder involvement in HRIS.
- b) Develop a medium term (2-3 year) strategic plan for HRIS
- c) Develop a short-term “100 days” Action Plan
- d) Agree on what needs to be in place and how stakeholders can work together to sustain HRIS efforts in the future without external project support.
- e) Identify and agree on monitoring processes to ensure that plans and agreements are implemented successfully.

The strategic plan focuses on three major strategic objectives:

1. Strengthen national and sub-national HRH knowledge management systems to enhance information sharing and feedback mechanisms among all stakeholders to inform decision making
2. Build and strengthen capacity to sustain production, absorption and recruitment of the HRH
3. Continuously strengthen HRIS interoperability with other existing national systems, data demand and use, and accessibility to reliable knowledge wealth for human resources for health.
4. Establish a people component mechanism for strengthening demand creation, continuous usage for HRIS information and establishment of ownership.

The HRIS strategic plan, defines next steps and priorities for the HRIS coordination team as:

1. Strengthening national and sub-national HRH data-system to enhance information sharing and feedback in decision-making
 - Improve connectivity
 - Implement the infrastructure recommendations of the MoH-RC modernization Committee (including call a center)
 - Develop skills of existing staff and address human resource gaps that are preventing effective support to the system
 - Support formation of a national database of health workforce information
 - Collaborate with development partners to address computing Infrastructure issues.
2. Strengthen capacity to sustain the Human Resources Information system
 - Conduct a situation analysis to identify gaps that improve accessibility to reliable HRH data
 - Once staff plan is approved, support population of the staffing plan.
 - Strengthen skills of users and managers to use the system
3. Interoperability with other existing systems ensuring support for integrated national health information system
 - Consolidate ability of HRIS to be able to export / Import data from other HRH data management systems to avoid dual data entry.
 - Advocate for integration with other national health data management systems
4. Strengthen HRIS demand a usage for daily HRH operations and management of resources.
 - Strengthen daily HRIS usage among all HRH processes management
 - Create demand for updated and reliable HRH data among all stakeholders & MoLG.

INTRODUCTION

The key health workforce challenges in Uganda are shortages of health workers both in numbers and skills, inequitable distribution of the available health workers, and low productivity. More than 60% of the few health workers available are concentrated in urban areas serving less than 20% of our population, while over 80% of the population living in the rural areas is served by less than 40% of the available health workers. Underpinning these health workforce challenges are weak personnel and performance management systems, and inadequate resources to support the health workforce. Without a system that continuously provides data on available health workers, their distribution and productivity it was nearly impossible to quantify and analyze the human resource gaps and develop focused interventions to solve the human resource problems. The establishment of the HRIS is a key step in tackling the HRH crisis in Uganda.”

Clearly, HRIS has grown and the use of the system has rapidly expanded. Users of the system experience its benefits and continue to envision ways to increase its functionality and improve its ease of use. As with any evolving technology system, HRIS challenges remain to be addressed. Additionally, the external projects that have been providing technical and financial support to the Ministry of Health (MoH) to develop and run the system will be ending over the next several years, increasing the need to strengthen MoH capacity to further develop, maintain and sustain the system independent of external assistance. This strategic plan aims to address these concerns through short and medium term planning of strategies and activities the MoH can implement to roll out and sustain the use of HRIS.

STRATEGIC ANALYSIS

The strategic analysis is based on the analysis of internal factors that comprise HRIS’s strengths and weaknesses as well as the external factors that affect the ability for HRIS to thrive as a primary tool for HRH data management. These factors are then summarized in form of key issues that HRIS should deal with over the next three years and form the bedrock of its strategy.

INTERNAL ANALYSIS

Internal analysis comprise HRIS strengths – the capabilities and endowments that can be deployed to produce the service that meets or exceeds clients’ expectations or weaknesses that include inadequacies and limitations that constrain the ability to fulfill clients’ expectations.

HRIS Functionality: Functionality of HRIS in districts stands at 78% (86) in the 112 districts. Functionality was measure on several components identified as key in functionalizing HRIS, which among others include and summarized as: -

- a) 82% of districts indicating to have a trained staff dedicated that operate the HRIS,
- b) 92% districts computer equipment working normally,
- c) 81% district HRIS focal persons able to log into the HRIS,
- d) 78% HRIS focal person able to enter/update data in all fields and
- e) 57% offices connected by Local Area Network (LAN).
- f) 48% of HRIS data use for decision making especially for recruitment
- g) The most used report is staffing establishment gap analysis

Mandate of the Coordination & Monitoring Team: HRIS is constituted under MOH policy documents and the need for health sector strengthening initiatives like the “Health Sector Strategic Investment Plan – II, its mandate is to develop capacity for HRIS technical capabilities at all levels of usage, build and coordinate HRIS communities as well as effecting installation of databases in all 112 districts and line ministries. This position puts HRIS at an advantage to complement government efforts towards scaling up provision of Health services through improved HRH management. This mandate can be used to: attract more funding towards HRH challenges as well as enforcing standards and regulations.

Committed and experienced coordination team members: HRIS has a collection of skilled and experienced members. This expertise can be used to offer strategic oversight and technical support to enhance the operations of HRIS.

Good reputation: over the years, the health sector and the public have increasingly recognized HRIS. This good reputation can be used as a springboard for increasing bargaining power to attract new funding arrangements; collaborations and can significantly enhance demand for data.

Extensive local and international networks & collaborations:the HRIS coordination team has worked with several partners locally and internationally to advance the quality of service delivery through improved HRH management. The networks also provide opportunities for expanding on the knowledge and skills of HRH.

HRIS WEAKNESSES

Inadequacy of sustainable funding:HRIS relies on Donor funding for its operations. This creates uncertainties on the future of the system and makes long term planning difficult. There is need to strengthen the GoU commitment towards HRIS funding as well as identifying and explore diverse funding opportunities.

Poor data utilization:Evidence based decision making is one of factors challenging healthcare sector and this is manifested through poor HR management practices, low demand for and use of HRH data in planning for recruitment, preparing staff for retirement and scheduling continuous development programs such as short and long term training.

The introduction of HRIS in the health sector was aimed at boosting data collection and storage; improving access a processing and improving planning and decision-making.

However, demand for and use of HRIS information in planning for health workforce by human resource managers remains a challenge. The baseline survey analysis reveals that the demand for and use of HRIS data among the 81 districts stands at 27%.The most frequently requested reports are Audit Report (14%), Staff list (43%) and retirement exit report (43%).

Weak implementation mechanisms: HRIS does not have adequate mechanisms to effectively translate plans into action. For the success of the strategic planning processes, there is need to strengthen operational planning processes as well as performance management systems so that the performance of departments can be gauged against how far they have implemented relevant components of the strategic plan.

Weak marketing systems: HRISprovides (and has the capacity to do more) a wide range of services that are not publicized. This requires a good marketing strategy targeted towards the right audiences for maximum impact. The marketing strategy should reveal HRIS's unique capacities and match these with available opportunities.

Organizational structure: There is no officially approved nation-wide structure, which has resulted into unpredictability and weaknesses in the lines of administration.

Poor communication: HRIS being a nationalHRH system with a range of key stakeholders spread across the country, does not have adequate communication mechanisms to keep end users and key stakeholders informed about what is happening and obtain feedback from them. Such a situation would encourage the growth of the 'grape vine' as a means of sharing and transmitting information, which is quite dangerous for the system. Therefore, there is a need for a clear and comprehensive communication policy and strategy that guides communication processes within and outside the organization.

EXTERNAL ANALYSIS

The external analysis looks at factors outside the HRIS operations, which can either promote or hinder growth and sustainability. These are examined at two levels: the Political, Economic, Social and Technological (PEST) factors that are happening nationally and internationally; and the extent to which HRIS has met the expectations of its stakeholders. The issues emerging from these two levels are summarized as opportunities and threats facing HRIS.

MANAGEMENT AND LEADERSHIP FACTORS

Political: GoU is committed to improving HRH management. However, government's ability to do so is constrained by limited resources. Accordingly, GoU has welcomed involvement of other actors to play a supportive role in the provision of technical staff and funding. For HRIS, GoU through MOH is taking a lead role in its operationalization and continues to support its existence and survival. HRIS can ride on this good will and support to establish and/or strengthen relationships with government organs for mutual benefit.

Economical: Much as there is good will on the part of government to ensure that the HRIS is fully functional, most of its components needed for it to run smoothly remains costly and only accessible to a few especially at the district level.

Socially: HRIS provides (and has the capacity to do more) a wide range of services that are not publicized. HRIS coordination team has the opportunity in collaborating with other actors and needs to be very clear in terms of rights and obligations of the public to ask and receive data produced by HRIS.

Technology: the world has seen emergence of new technology for health service provision as well as for information and communication. HRIS coordination team needs to be on the lookout for these new technologies and assess their suitability and application in the local settings. In addition, the increased capabilities of the Internet make it possible for increased data and information transmission that can ease communication and data transfer between HRIS and its key stakeholders. Multi-media technology also offers opportunities for communication with clients especially those who are participating in training.

LONG-TERM INSTITUTIONAL ARRANGEMENTS FOR MANAGEMENT AND COORDINATION OF THE HUMAN RESOURCE INFORMATION SYSTEM – HRIS.

The Long Term Institutional Arrangements (LTIA) outlines the processes and mechanisms for aligning the implementation of HRIS with the overall Government of Uganda's national development framework – the National Development Plan 2015/16 – 2019/20. The development of LTIA addresses challenges faced with the project mode of development assistance, drawing from lessons learned and the shortcomings of the architecture of the project implementation mechanisms prior to December 2015. The LTIA aspires to make human resources for health (HRH) development assistance for health more effective through supporting country owned strategies, working through and strengthening national systems and structures, mutual accountability and managing for development results as outlined in the health sector strategic investment plan (HSSIP-II)

The ministry of health, through the Health Workforce Alliance Board (HWAB) and other national initiatives to improve availability and performance of human resources for health, laid the foundation for establishing the Integrated Human Resources information Systems (IHRIS) in Uganda. The components of IHRIS included the following modules for the respective stages of HRH processes:

- HRIS Training – For training institutions and training partners
- HRIS Manage – For regular management of HRH for districts and health facilities
- HRIS Plan – For national level HRH workforce planning
- HRIS Qualify – For registration and licensure by health professional councils
- HRIS Retain – A tool for assessment for HRH Retention implications of a given health worker

All the respective modules have been implemented among respective stages of human resources for health development and management.

HRIS COORDINATION AND MONITORING FUNCTIONS UNDER THE LONG- TERM INSTITUTIONAL ARRANGEMENT

The HRIS coordination and monitoring team is the implementation engine for strengthening the use and ensure improved data quality as a result of a functional integrated HRIS. This team reports to the MoH human resources coordination mechanisms led by the Assistant Commissioner for Health Services - ACHS (HR).

CORE FUNCTIONS;

- Analyze dashboards and periodical HRH reports
 - Monitor warning signs of inadequate performance
 - Identify signs of success or expected good results
 - Document and disseminate best practices
- Problem or bottleneck identification
 - Investigate through regular site visits, periodical audits, conduct expert reviews & Participants questioning.
 - Classify problem or challenge identified
 - Identify key participants

- Advocate for mechanisms to improve HRH system performance
 - Advocate for appropriate resources to meet the challenge identified in a holistic and systematic manner
 - Be part of the long lasting HRH solution by streamlining precedents
 - Show concern and interest to support last mile HRH
- Inculcate data demand and use
 - Establish value for relying on updated HRH data for decision-making
 - Establish an advocacy platform for improving staffing levels to meet international standards
 - Establish an advocacy platform for improving people performance among respective service areas
- Contribute to policy formulation
 - Advocate for an all inclusive rewards and remuneration to improve HRH welfare
 - Review HRH standards and establishments to meet the changing demands in the community and service areas

MANAGEMENT INFORMATION SYSTEM, M&E AND DATA QUALITY ASSESMENTS

Monitoring and evaluation (M&E) is an essential determinant of the HRH capacity building and development in Uganda. The implementation of the HRIS will be coordinated by the coordination and monitoring team, to ensure reliable health indices is made available for decision-making. Strengthening HRH development will fully comply with the Uganda HSSIP M&E plan, which serves as the basis for all M&E related processes such as the health sector component of the Sector Wide Approaches (SWAP) and Health Policy Advisory Committee (HPAC).

The Monitoring and evaluation of HRH development shall be done through the framework already in place and coordinated by the department of Human Resources under the Ministry of Health. All HRH initiatives have to be monitored as per the relevant health sector performance frameworks and M&E plans. This can be achieved through respective national, district and facility based routine data quality audits, onsite data verification and M&E systems strengthening tools:

- To measure the extent to which agreed standards and targets are achieved
- To ensure that HRH activities are implemented in accordance with proposed national strategy
- To ensure that activities and data obtained are of good quality and conform to national and **international standards**
- To ensure quality and timely programmatic and financial reporting.

HRIS DATA QUALITY IMPROVEMENT CHALLENGES

There are several data quality improvement approaches affecting the full utilization of HRIS in Health sector.

- a) Strengthening HRIS ownership and commitment to HRH data use affects:
 - i. The quality of information generated
 - ii. Underscores demand of data for planning and decision-making.
 - iii. Improves awareness of HRIS as a tool providing data for planning at all levels
 - iv. Improves planning for sustainability of HRIS equipment, software and the people component
 - v. Enhance use experience and data reliability
- b) Absence of a documented health information technology maintenance plan has led to:
 - i. Equipment breakdown
 - ii. Loss or theft of computers and their related accessories such as monitors, mouse, keyboards, UPS and etc.
 - iii. No data backup and storage plan in districts
 - iv. Low Financing/budgeting to replace or repair broken equipment.
 - v. No schedule to service equipment.
- c) High staff turnover has vastly affected the functionality and use of data in decision-making.
 - i. Low quality of data resulting from poorly trained replacements
 - ii. Because of low staff attraction rates in hard-to-reach districts, transfer of HRIS-focus persons has affected succession planning and hands-on mentoring.
- d) Low HRIS data demand and Usage
 - i. Low demand for HRH data among local governments and national level is due to poor data use culture for evidence decision making
 - ii. Decision making and planning is not based on HRH sound evidence.
 - iii. Poor guidance on required reports.
 - iv. Effective and efficient utilization of HRIS as tool for planning HRH needs has been affected.
- e) Poor coordination of all HRIS implementing partners resulting into:
 - v. Poor support supervision and mentoring.
 - vi. Mentality that HRIS is a donor based system,
 - vii. Poor feedback on HRIS gaps and challenges affecting district data update and use.

HRIS STRATEGIC OBJECTIVE: 2016 - 2018

A set of desired results to be achieved by 2018 has been identified. These strategic desired results areas are categorized into four themes: “buy-in”; “quality [HRIS system quality]”; “outcomes/impact” and “HRIS data demand and usage” These themes are refined into the strategic objectives presented in the plan.

From the themes, desired results, existing or likely challenges and opportunities related to each desired results are identified. This is followed by development of strategies, identifying people responsible to ensure that the strategy will be carried out, needed resources, indicators of success. The assumption being that the strategy would be completed within three years. The strategic objectives within the plan are as following:

- 1) Strengthen national and sub-national HRH knowledge management systems to enhance information sharing and feedback mechanisms among all stakeholders to inform decision making
- 2) Build and strengthen capacity to improve accessibility to quality and reliable HRH data
- 3) Continuously advocate for HRIS interoperability with other existing national systems, data demand and use, and accessibility to reliable knowledge wealth for human resources for health.
- 4) Strengthen the people component of the system at the national and subnational level, to create demand for human resources for health using reliable information.

MOH THREE YEAR HRIS STRATEGIC PLAN (2016 – 2018)

DESIRED RESULT	CHALLENGES	OPPORTUNITIES	STRATEGIES TO ACHIEVE RESULT	STAKEHOLDERS	PEOPLE RESPONSIBLE	RESOURCES	INDICATORS OF SUCCESS	
HRIS Support Centre exists and is being used	Personnel	Commitment	Improve existing MoH Library infrastructure and MOH Call centre	[MOH, UHSSP, UNICEF, BTC, Intrahealth, WHO, CDC, UNFPA, SURE, MEEPP, HEBS, HPCs]	Director Planning for Health Services	Fully fledged Office	A functional support or call Centre in place at MOH	
	Funding	Funding	Collaboration with all stakeholders	[MOH]	Director Planning for Health Services & Under Secretary	Call Centre computing infrastructure, office operations & management, software and maintenance	Call log activity from the management software	
HRIS Information Center	Office space	Existing Knowledge base	Develop formal manuals, guidelines for Health Information Systems, contact lists for all health service delivery and related centers / personnel	[MOH, UHSSP, UNICEF, BTC, Intrahealth, WHO, CDC, UNFPA, SURE, HPCs, HEBS, MoESTS/BTVET, MoFPED]	Principal Assistant Secretary - MOH	Computers	Report on Issues reported, fixed and pending.	
		Existing and Functional infrastructure				Telephone system	Expanded knowledge base	
	Personnel	Commitment	Establish a health information systems support center at MOH	MOH, UHSSP, UNICEF, BTC, Intrahealth, WHO, CDC, UNFPA, SURE, HPCs, HEBS, MoESTS, MoFPED, Global Fund, Gavi, e.t.c]	Human Resources for Health Department	Call centre Staff		An Information Centre in place
						Furniture	Fully fledged Office	

	Funding	Funding	Continuous advocacy and partner involvement		Director Planning for Health Services & Under Secretary,	Computers	Functional computing infrastructure in place
	Office space	Existing functional Knowledge Management Portal	Collaboration with all stakeholders		Health Information technology Unit	Call Centre computing Infrastructure	Monthly report on access and use of Information center resources
HRIS Data complete and accurate	Inadequate Infrastructure	Existing MoH Resource Center	Develop formal manuals and guidelines for HRIS	Information scientist/Library	Information center Staff	Printed HRIS guidelines and manuals	
		Centralized system	Collaborate with MoH Resource Center		Furniture		
	Staff turn over	Demand for data	Support users in capturing HR data in real time	MOH, UHSSP, UNICEF, BTC, Intrahealth, WHO, CDC, UNFPA, SURE, HPCs, HEBS, MoESTS, MoFPED, Global Fund, Gavi, Star-E, Star-SW, SDS, ACCLAIM, CHAI, JICA, PEPFAR, etc.	IT Personnel (MoH and Implementing Partners)	Funding for support supervision	% of completeness and accuracy
			Integrating HRIS with DHIS2 to contribute to the league table.				
	Buy-in from users and data managers		Improve system accessibility		HRIS focal Person		Number of users accessing the system per day
iHRIS location		Introduce quarterly HRIS support supervisions		Records officers			

Secure HRIS	Personnel	Existence of a centralized system	Work with all stakeholders and IPs to provide support supervision in their regions	MOH, UNICEF, CDC, Intrahealth,	HRO	Funds to produce Guidelines	User management and access control guidelines created and implemented	
			Enabling the Self Service module to allow the staff to check their record status					
	Staff turn-over	MoH IT personnel	Create a formal communication mechanism for user management (advocacy for the formal comm.)	MOH, UHSSP, UNICEF, Bureaux, BTC, Intrahealth, WHO, CDC, UNFPA, SURE, HPCs, HEBS, MoESTS, MoFPED, Global Fund, Gavi, Star-E, Star-SW, SDS, ACCLAIM, CHAI, JICA, PEPFAR e.t.c	IT personnel	Funds for training	Number of users trained in the use of the system annually.	
	Lack of formal communication mechanism on user management		Categorize the users in line with MoH schemes of services (Note: Create a notification mechanism for changes made on records in the system)					
All HRH Managers and Users have been equipped and have capacity to run the system	Computer literacy skills	Locally based Implementing partners	Regular training of HRIS users and managers		MoH IT Personnel			

	Staff turn-over	Presence of Nation-wide HRIS support core team	MoH HRO team	Number of users that can login and enter data in all fields in the system.	
	Inadequate computers				HRIS Resource person Nation-wide
	Poor attitude towards systems				
Centralized System	Network coverage	Synergy	IT Personnel MoH	Single integrated system to manage all HIS issues	
	Lack of Synergy	Existing infrastructure	MOH	Number of remote sites that are able to access the central system	
	Parallel Systems	Funding from Development partners and implementing partners			Funding for network equipment for Isolated districts
Establish HRH data demand and use	Low data demand and Behaviour change	Available knowledge of HRIS functionality	MOH personnel officers and all health professional councils.	HRH business processes shifting from paper based into computerized	
	Ownership creation	Increased evidence of existing gaps in staff establishment at all levels	MOH personnel officers and all health professional councils.	Increased confidence in the available information for decision making	
	Integration of existing Parallel HRH systems	Funding from Development partners and implementing partners	MOH, health professional councils, MOES, MOLG	Advocacy and leadership in improved HRH development	Well -equipped HRH data Centre in place

			system			
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ESTABLISHING GOVERNMENT AND STAKEHOLDERS COMMITMENT TO STRENGTHEN OWNERSHIP.						
Desired Result	Strategies/ Activities	People responsible	Indicators of Success	Timeframe		
All Health Stakeholders brought on Board	Conduct a SWOT Analysis	Commissioner HRM	Bi-Annual Stakeholder Meetings	Year 1		
	Constitute a coordination and monitoring team	Commissioner HRM	Operational Stakeholder Engagement Framework			
	Strengthen HRH partners coordination and oversight					
	Resource Mobilization,lobbying and advocacy					
	Establish a wider stakeholders forum for HRH strengthening					
	Operationalize the MOH Call Centre					
HRIS optimally used to manage HRH data by Government	Implement M&E frameworks under the Long Term Intuition Arrangement	Commissioner HRM	Circular Mandating use of HRIS as tool for HRH reporting and Planning	Year 2		
	Showcase Benefits of iHRIS Utilization	Commissioner HRD, Commissioner HRM and Health Information Technology Unit	Quarterly bulletin disseminated to all stakeholders			
	Disseminate and publish HRH indices		Interactive Dashboard Developed			
	Build and Expand HRIS Management Skills to all stakeholders		Timely and Quality Reports Submitted			
	Ensure improved accessibility to updated HRIS databases		District Local Governments and Health Information technology Unit			
	Develop and Implement the HRH M&E Framework	Human Resource Department, Resource Centre and MOH M&E Unit	Efficient Information SharingPlatform	Year 3		
Political Leadership and will, demonstrated through investment in	Lobbying and Advocacy strategy development	PS MOH	Enhanced Budget allocation for HRIS			

information systems for health	Convene Annual High level HRH meeting - Advocacy and dissemination	Human Resources Department	Increased use of HRIS in HRH Planning
		Ministry of Finance, Planning and Economic Development	

HRIS PROGRAMMING (2016 - 2018)				Yr1	Yr2	Yr3
Overall HRIS technical support & Management Structures						
	Establish MOH national structures to Integrate HRIS into daily usage					
	Establish and attend HRIS coordination events/meetings					
	Finalize detailed annual work plan to improved HRH data quality					
	Complete Installation and Integration of the Call Centre into MOH communication structures					
	Establish a partners coordination framework to use HRIS for HRH management					
	Establish district and national HRIS steering committee that involves MOH, MOFP, UBOS, MOES, MOLG, Medical bureaus & CSO					
	Staff orientation, Job Description clarifications, purchase respective office equipment					
	Develop organizational guidelines, & communication lines with staff, partners and other line ministries					
	Conduct district advocacy meetings to dialogue with district leadership on proposed HRIS transitioning & implementation (From PHRO to Biostatisticians)					
	Develop detailed timetable of activities					
	Establish financial mechanisms and partner engagement					
	Secure planned equipment					
	Conduct annual HRIS performance review					
To improve the planning & coordination processes for HRIS management by 2018.						
1.1	Conduct baseline HRIS assessments to inform management of HRIS optimum national coverage and response					
	Disseminate regular usage of HMIS - Human Resources data management tools					
	Team formation and implementation of regional based HRH data quality teams					
	Conduct technical support and supervision to inculcate regular data entry and analysis to establish findings					
	Collate the district and national HRH data, to develop district HRH profile that incorporate both private and public sector					
	Dissemination of findings through periodical HRH stakeholders meeting to all local governments and implementing agencies					
1.2	Select and design interventions to address gaps					
	Compile a list of HRH policies, standards, guidelines, protocols and standard operating procedures					

	Print and disseminate agreed policies, standards, IEC guidelines, protocols and standard operating procedures for service delivery at districts and health facilities		
1.3	Implement the agreed on interventions;		
	Support district planning to strengthen local government district service commissions		
	Support accessibility to quality HRH data for interested HRH partners		
1.4	Conduct semi-annual follow-on assessments of district capabilities		
	Hold periodical (Bi-Annual / Annual) HRH assessments and measurement		
1.5	Coordination and sharing of best practices		
	Attend periodical HRH partners forum to strengthen collaborations and coordination frameworks		
	Attend to International meeting and conferences to share and learn from other best practices		
	To improve the competencies of district health teams to utilize HRH data for planning, programme improvement and decision making by 2018		
2.1	Conduct an assessment of the health information system and use: Assess the status and use to inform policy		
	Conduct an assessment of health information systems in order to understand their utility		
	Establish linkages between the various information systems to ensure interoperability, accessibility and use		
	Harmonize information needs for the various actors at national, local governments, councils and line ministries		
2.2	Establish mechanisms for demand creation and data use		
	Review and adapt the national training guides on data management, demand and use		
	Train and mentor district personnel in data demand and use		
	Establish Periodical (Bi-annual) data review and use meetings		
2.3	Conduct training and mentorships in continuous HRH data quality self assessments		
	Conduct capacity building in data quality improvement and advocacy for HRH basing on data		
2.4	Support & operationalize routine reporting and other key health activities implemented by the private sector within the districts.		
	Develop mechanism for linking and ensuring HRH reporting from the private sector		
	Coordinate the development of data collection tools for specialized health institutions e.g. blood bank, cancer institute, etc....		
	To establish bulletins on HRH sector performance to enable evidence based planning by 2018		
3.1	Design and develop annual scorecards comparing HRH performance across program, local governments and all HRH partners		
3.2	Establish a mechanism for regular update of district profiles regarding HRH		
3.3	Develop annual health sector HRH statistical abstract in collaboration with all HRH partners		
3.4	Support the districts to develop district level HRH statistical abstracts in collaboration with the planning department		

3.5	Establish continuous quality improvement activities			
3.6	Support the dissemination of bulletins through websites, gazetted newspapers and reports			
3.7	Provide evidence to strengthen annual data use forums to advocate for the HRH			

Budget for the HRIS Strategic Plan

#	Activity	Target (%)	Year 1 (2016)				Year 2 (2017)				Year 3 (2018)				Cost
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Intermediate Result 1: All Health Stakeholders brought on Board															
1.1	Conduct a SWOT Analysis														
	1.1.1														
	1.1.2														
1.2	Constitute a coordination and monitoring team														
	1.2.1														
	1.2.2														
1.3	Strengthen HRH partners coordination and oversight														
	1.3.1														
	1.3.2														
1.4	Resource Mobilization, lobbying and advocacy														
	1.4.1														
	1.4.2														
1.5	Establish a wider stakeholders forum for HRH strengthening														
	1.5.1														
	1.5.2														
1.6	Operationalize the MOH Call Centre														
	1.6.1														
	1.6.2														
	1.6.3														

Intermediate Result 2 : HRIS optimally used to manage HRH data by Government												
2.1	Implement M&E frameworks under the Long Term Intuition Arrangement											
	2.1.1											
	2.1.2											
2.2	Showcase Benefits of iHRIS Utilization											
	2.2.1											
	2.2.2											
2.3	Disseminate and publish HRH indices											
	2.3.1											
	2.3.2											
2.4	Build and Expand HRIS Management Skills to all stakeholders											
	2.4.1											
	2.4.2											
2.5	Ensure improved accessibility to updated HRIS databases											
	2.5.1											
	2.5.2											

Intermediate Result 3: Decision Makers Using HRIS as the Primary tool for HRM Planning												
3.1	Develop and Implement the HRH M&E Framework											
	3.1.1											
	3.1.2											
	3.1.3											
	3.1.4											
	3.1.5											

Intermediate Result 4: Political Leadership and will, demonstrated through investment in information systems for health

4.1	Lobbying and Advocacy strategy development																			
	4.1.1																			
	4.1.2																			
	4.1.3																			
	4.1.4																			
	4.1.5																			
4.2	Convene Annual High level HRH meeting - Advocacy and dissemination																			
	4.3.1																			
	4.3.2																			
	4.3.3																			
	4.3.4																			

HRIS Coordination Team M&E framework

Monitoring, Evaluation and Reporting

Monitoring and evaluation is an invaluable internal management tool that looks at how the team collects the information it needs and analyzes the information. It also raises, and attempts to address, some of the issues to do with taking action on the basis of what you have learned.

Monitoring is mainly a planning phase where goal and objectives along with indicators are set; while **Evaluation** is a systematic determination of a project's merit, worth, significance using criteria governed by a set of standards basing on the agreed/ planned goals.

For the case of HRIS this will be done formatively (taking place during the life of a project) with the intention of improving the strategy or way of functioning of the coordination team.

What monitoring and evaluation have in common is that they are geared towards learning from findings to inform decision making, making strategy that contribute to policy formulation and inform progress / performance. This is achieved by focusing on three aspects:

Efficiency; This indicates that the input into the work is appropriate in terms of the output. This could be input in terms of money, time, staff, and equipment to mention but a few. (input=output)

Effectiveness; Is a measure of the extent to which the coordination team achieves the specific objectives it has set. Has the organization been able to achieve its set goals/ objectives? . (that is doing the right thing)

Impact: Tells the coordination team whether or not what it did made a difference to the problem situation they were trying to address. In other words, was your strategy useful?

The coordination team will carry out Monitoring and evaluation for the purpose of:

- Helping the team identify problems/needs and their causes;
- Prioritizing the problem. (coming up with the most pressing to the least)
- Suggesting possible solutions to problems;
- Raising questions about assumptions and strategy;
- Pushing the team to reflect on where they are going and how they are getting there;
- Providing the team with information and insight;
- Encouraging the team to act on the information and insight and Increase the likelihood that will make a positive development difference.

There are many different ways of doing an evaluation and the coordination team will use the methods below at different times and depending on the circumstances;

- **Self-evaluation:** This involves the coordination team holding up a mirror to itself and assessing how it is doing as a way of learning and improving practice.
- **Participatory evaluation:** This is a form of internal evaluation. The intention is to involve as many people with a direct stake in the work as possible. This may mean that the coordination team and beneficiaries working together on the

evaluation. An outsider may be called in, but only as a facilitator of the process, not an evaluator.

- **Rapid Participatory Appraisal:** It is used as a starting point for understanding a local situation and is a quick, cheap, useful way to gather information. It involves the use of secondary data review, direct observation, semi-structured interviews, key informants, group interviews, games, diagrams, maps and calendars. In an evaluation context, it allows one to get valuable input from those who are supposed to be benefiting from the development work. It is flexible and interactive.
- **External evaluation:** This is an evaluation done by a carefully chosen outsider or outsider team.
- **Interactive evaluation:** This involves a very active interaction between an outside evaluator or evaluation team and the organization or project being evaluated. Sometimes an insider may be included in the evaluation team.

DIFFERENT APPROACHES TO EVALUATION

Approach	Major purpose	Typical focus questions	Likely methodology
Goal-based	Assessing achievement of goals and objectives.	Were the goals achieved? Efficiently? Were they the right goals?	Comparing baseline and progress data in finding ways to measure indicators.
Decision-making	Providing information.	Is the project effective? Should it continue? How might it be modified?	Assessing range of options related to the project context, inputs, process, and product. Establishing some kind of decision-making consensus.
Goal-free	Assessing the full range of project effects, intended and unintended.	What are all the outcomes? What value do they have?	Independent determination of needs and standards to judge project worth. Qualitative and quantitative techniques to uncover any possible results.
Expert judgment	Use of expertise.	How does an outside professional rate this project?	Critical review based on experience, informal surveying, and subjective insights.

a) Planning for monitoring and evaluation

The first information gathering should, take place when you do your needs assessment. This will give the team the information it needs against which to assess improvements over time and this will be the planning process where indicators will be set to tell you what you want to know and the kinds of information it will be useful to collect.

However during evaluation, there is need for comparison to identify gaps, variances and establish best practices that can be replicated to other settings.

This was done at Ridar Hotel Mukono from 14TH – 18TH September 2015 ,different goals and objectives along with their indicators were set for the coordination team. Therefore in the operations of the coordination team was need to clarify on the following before the startingof evaluation.

a) WHAT DO WE WANT TO KNOW?

In order to answer this question, the monitoring and evaluation system must give us information about:

- Who is benefiting from what we do? How much are they benefiting?
- Are beneficiaries passive recipients or does the process enable them to have some control over HR work?
- Are there lessons in what we are doing that has a broader impact than just what is happening in the project?
- Can what we are doing be sustained in some way for the long-term, or will the impact of our work cease when we leave?
- Are we getting optimum outputs for the least possible amount of inputs?

Process and product are not separate in projects. What we achieve and how we achieve it are often the very same thing hence the importance of indicators. Both process and product should be part of your monitoring and evaluation system. But how do we make process,product and values measurable?

Indicators show that process is in motion for the product to be realized. Indicators are an essential part of a monitoring and evaluation system because they are what you measure and/or monitor. Through the indicators you can ask and answer questions such as:

- Who? (target group/beneficiaries)
- How many?(population size)
- How often?(period of process)
- How much? (resource availability)Where?(location)

b) DIFFERENT KINDS OF INFORMATION – QUANTITATIVE AND QUALITATIVE

Information used in monitoring and evaluation will be classified as either Quantitative or Qualitative. Quantitative measurement tells “how much or how many and will be expressed in absolute numbers or as a percentage and can also be expressed as a ratio. Qualitative measurement tells how people feel about a situation or about how things are done or how people behave.

The monitoring and evaluation process will require a combination of quantitative and qualitative information in order to be comprehensive.

c) HOW WILL WE GET INFORMATION?

The team will use the reports, minutes, attendance registers, financial statement, case studies, recorded observation, structured questionnaires, sample surveys, systematic review of relevant official statistics that are in line with its work as a source of monitoring and evaluation information outside HRIS.

MONITORING & EVALUATION (M&E) FRAMEWORK

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Goal								
Outcomes								
Outputs								



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