



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

Standard Operating Procedures
for
Integrated Human Resources for Health
Information System (HRIS)

February 2017

Table of Contents

1	Background.....	3
1.1	Introduction.....	3
2	HRIS Vision, Mission and Objectives.....	3
2.1	Vision.....	3
2.2	Mission.....	3
2.3	Goal.....	3
2.4	Strategic Objectives.....	3
2.5	Specific objectives.....	4
3	Strategies.....	4
4	The priorities for the HRIS:.....	4
5	The Roles for the various levels.....	5
5.1	The roles of the Centre are to;.....	5
5.2	The HRIS Coordination Team.....	6
5.3	The HRIS focal point office at the Human Resource Management Department.....	7
5.4	The Human Resource Development Division.....	7
5.5	Health Professional Councils.....	7
5.6	The Health Development Partners.....	8
5.7	The District HRIS Focal Point will;.....	8
5.8	Data Users.....	8
6	Updating the Human Resources for Information System.....	9
6.1	Health facility:.....	9
6.2	District Health Office:.....	9
6.3	Regional & National Referral Hospitals:.....	9
6.4	MoH:.....	9
7	User Access.....	10
7.1	The different categories of iHRIS data users.....	10
7.1.1	Health workers:.....	10
7.1.2	Health Facility Human Resource Manager.....	10
7.1.3	Other stakeholders.....	10
7.2	Management of Access to iHRIS.....	11
7.3	Agreement between the MOH and External Stakeholders regarding access to the iHRIS.....	12
8	Monitoring and Evaluation.....	14
8.1	Approach to evaluation.....	15

1 Background

1.1 Introduction

Uganda like many of the developing countries is faced by a number of human resource challenges. An analysis of the HRH situation reveals an HRH crisis in the country characterized by a critical shortage of health workers with nearly 50% of the districts operating below 50% of the approved staffing establishment and a health worker per population ratio of 1:1818, well below the WHO recommended levels of 1:439. The scarce HRH is further constrained by gross mal distribution with about 71% of the doctors and 41% of the nurses and midwives located in the urban areas where only 13% of the population lives. Staff productivity is low, in most of the health facilities health workers come late and leave early: absenteeism rates range between 47 and 50%.

The HRH challenges are underpinned by major systemic weaknesses in policy, planning, management, education and training. The interplay between weak HRH management systems and underfunding attributed in part to restrictive macroeconomic policies will perpetuate the HRH crisis and probably worsen it if not addressed decisively. The country therefore needs strong human resource managers able to systematically plan both at strategic and operational level for the human resources as well as advocate for increased funding to address the HRH crisis. This calls for a source of HRH information which is reliable, timely and accurate to provide evidence for HRH planning and advocacy amidst competing priorities.

2 HRIS Vision, Mission and Objectives

2.1 Vision

A country with HRH policies and plans based on accurate and readily available evidence

2.2 Mission

To strengthen capacity of HRH policy and planning at national and sub-national levels by establishing a computerized HRH information system at national and sub-national levels and training users of HRH information in public and private sub-sectors, and linking data systems online with data bases at the MOH headquarters, HPC, and PNFP and other relevant ministries to ensure easy and fast HRH information flow, and timely updating of the HRH data at all levels.

2.3 Goal

To establish, maintain and use a strong knowledge and information base for evidence based HRH functions and decisions.

2.4 Strategic Objectives

The strategic objectives of HRIS strengthening plan are to:

- a) Avail timely, complete and reliable HRH information for policy, planning and management decisions;
- b) Establish capacity to collect, store, analyze, share and update HRH data sustainably;

- c) Strengthen and institutionalize data-driven HRH management process

2.5 Specific objectives

The specific objectives of the HRIS are to:

- a. Improve timely availability of accurate and up to date HRH data for policy, planning and management.
- b. Track the health workforce as they move through the health system
- c. Increase efficiency in the management and maintenance of Health Workforce data
- d. Quicken aggregation, analysis and use of data
- e. Enhance information flow and facilitate regular reporting on the health workforce.

3 Strategies

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

4 The priorities for the HRIS:

- 1.5. Improve coordination and collaboration for HRIS
- 1.6. Strengthening national and sub-national HRH data-system to enhance information sharing and feedback in decision-making
- 1.7. Establish systems for to sustain the Human Resources Information system.
- 1.8. Interoperability with other existing systems ensuring support for integrated national health information system
- 1.9. Strengthening HRIS demand usage for daily HRH operations and management of resources.

5 The Roles for the various levels

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).

5.1 The roles of the Centre are to;

- a. Provide policy framework and guidelines for HRIS use in the sector
- b. establish an efficient and effective national HRH data system, that will collect and transmit electronic records across all levels of the health system without compromising the quality of data along the way.
- c. Coordinate various stakeholders to identify effective, repeatable methods for collecting, validating, storing and reporting education data.
- d. 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
- e. Perform a Problem or bottleneck identification
 - Investigate through regular site visits, periodical audits, conduct expert reviews & Participants questioning.
 - Classify problem or challenge identified
 - Identify key participants
- f. 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
- g. 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
 - improving people performance among respective service
 - rewards and remuneration to improve HRH welfare.
 - Review HRH standards and establishments to meet the changing demands in the community and service areas
- h. Build capacity on the use of IT systems among the users the various levels of the system continuous training all.
- i. Develop and continuously disseminate the latest user guides and appropriate training materials in relation to HRH Information systems.

- j. Technically guide and advise users and managers use of the HRIS
- k. Developed quality control procedures to ensure the data quality from pre-submission quality control activities to the finalization of a QC report.
- l. Maintain and update the HRIS Data Quality and Guidelines.
- m. Provide appropriate data technology standards, maintenance of data flexibility, accessible databases, and reliable reporting and analysis tools.

5.2 The HRIS Coordination Team

The HRIS coordination team at the MoH was been established to;

- a. provide leadership in developing, retooling and planning for human resources at all levels of health care in Uganda. The team will also provide guidance to the Ministry of Health, to streamline human resources for health development, deployment, retention and retirement.
- b. Build and coordinate HRIS communities (e.g. MOH, MOES, teaching institutions, health professional councils and related development partners in Uganda) and peer support networks to develop a critical mass for HRIS, as well as completing installation of databases in all local governments and HRH stakeholders.
- c. Will be the HRH observatory for health indices in Uganda and advocate for resources for HRIS activities aimed at sustainability and functionality of the information management system and
 - ensure that all HRH partners share timely information to streamline duplication of efforts; documenting best practices, build synergies and together advocate for equitable and skilled human resources for health in Uganda.
 - provide information for planning, decision-making, lobbying and advocacy for the right numbers and skills mix of human resources at the highest level possible in line with the HRH technical advisory team
- d. Strengthen national and sub-national HRH knowledge management systems to enhance information sharing and feedback mechanisms among all stakeholders to inform decision making.
- e. Build and strengthen capacity to sustain production, absorption and recruitment of the HRH
- f. Continuously strengthen HRIS interoperability with other existing national systems, data demand and use, and accessibility to reliable knowledge wealth for human resources for health.
- g. Mobilization of financial resources for improving the welfare of HRH, strengthening public private partnerships, research and development

5.3 The HRIS focal point office at the Human Resource Management Department

- a. Maintain the Functionality of the Databases and Linkages
- b. Ensure Continuous Quality Improvement of the Data Bases and Customization of the HRIS to the Needs of the Users
- c. Build capacity of trainers, HR and data managers in the HRIS
- d. Link the district HRIS data bases to the National data base at the MOH
- e. Maintain the functionality of the databases and linkages
- f. Support continuous quality improvement of the data bases and customization of the HRIS to the needs of the users

5.4 The Human Resource Development Division

- a. Establish iHRIS system that provides a holistic view of health worker from pre-service education at a health training institution through employment and regular in-service trainings.
- b. Develop and maintain a database of training institution, training programs and trainees including the entry, pipeline and graduation details by program area and linkages with each training institution for both in-service and pre-service to estimate the graduates who could be available to enter the workforce.
- c. Institute system that tracks in-service training for individual health workers and helps in identifying areas of in-service training needed they can maintain and learn new competences relevant to their environment.
- d. Develop mechanisms that improve coordination for in-service training among various partners and stakeholders to improve efficiencies of in-service training, by reducing the duplication of in-service training instances and the overtraining of individuals. This in turn improves equity among health workers.

5.5 Health Professional Councils

- a. Maintain the iHRIS Qualify system to continuously capture and aggregate the data on various health workers cadre from the time they enter pre-service training through registration and licensure.
- b. Track health workers cadres where they are working, for instance private practices and out-migration to provide a complete country-level picture on the status of health workers and guide policy-makers to make decisions.
- c. track approved credit hours under continuous professional development (CPD) for licensure renewal.

5.6 The Health Development Partners

Partners are key in complementing Government's effort in the establishment, functionality and sustaining the HRHIS, The will provide both technical, and financial support.

5.7 The District HRIS Focal Point will;

- a. Regularly update HRIS data
- b. Input complete and accurate data to the data system in a timely fashion
- c. Act on and resolve all identified anomalies
- d. Maintain accuracy of data through communication on an ongoing basis
- e. Check, validate and act on Data Quality reports following their publication
- f. document and maintain all data and information relating to the establishment of standardized baselines and submit the datasets compiled in the sector- specific data templates and the following documents in accordance to MoPS Procedure for Submission and Consideration:
- g. Produce and publish required reports from HRIS within their remit, highlighting
- h. Liaise HRHIS focal points in health facilities in the district on data quality issues in line with agreed timescales to ensure Data Quality.

5.8 Data Users

- a. Make enquiries through various channels to ensure validity of data
- b. Provide clarity on anomalies as raised by the managers.
- c. Validate the accuracy of the records through use of HRIS data and other information such as payroll forms and personal files from records office

6 Updating the Human Resources for Information System

6.1 Health facility:

All Employees in health units must complete the Staff Listing Individual *i*HRIS data collection form once they are appointed in service and send it through their In-Charges to the District Health Office.

Information recorded on the Staff Listing Individual *i*HRIS data collection form is as follows:

- Names of Employee
- Identification details
- Demographic Information/Data
- Personal Contact & Emergency Contact
- Next of Kin
- Current Position
- Date of First Appointment
- Date of assumption of duty
- Health Facility
- Service Commission Number
- Terms of Employment
- Salary Scale
- Qualifications
- Registration status with the Professional Council
- Registration & License Numbers

6.2 District Health Office:

The office coordinates collection of all information on HRH that is recorded on the Staff Listing Individual *i*HRIS data collection Form, sent from the public health facilities (HC II, HC III, HC IV and General Hospitals). The compiled information for the district (on all the health workers that work in public facilities within the district) is then entered into the online District HRIS data base.

6.3 Regional & National Referral Hospitals:

All Employees in Regional and National Referral Hospitals must complete the Staff Listing Individual *i*HRIS data collection form once they are appointed in service and submit to Human Resource Department through their departmental In-Charges for entry into the online HRIS data bases.

6.4 MoH:

All Employees at MoH must complete the Staff Listing Individual *i*HRIS data collection form once they are appointed in service and submit to Human Resource Department through their Departmental Heads for entry into the online HRIS data bases.

The MoH should support all the different users of the iHRIS Data base i.e Districts, Regional & National Referral Hospitals & Different Medical Bureaus to ensure their data bases are up-to date, Functional, Maintain the servers, and Control access to the system through management of User rights issuance.

7 User Access

Each user in iHRIS shall have a user account which will be identified by a username. A user account allows the user to authenticate to system services and be granted authorization to access them. To log in (authenticate) the user shall be required to enter a valid combination of username and password.

7.1 The different categories of iHRIS data users

7.1.1 Health workers:

When there is a complete individual file, an account is created for a health worker which gives them the liberty to notify and propose potential updates if any, on their personal files: The update is subject to verification by the responsible human resource officer.

7.1.2 Health Facility Human Resource Manager.

This can be anyone depending on the level of health facility for example;

- a. At National Referral Hospitals, Regional Referral Hospitals Health Centre III, IV and General hospitals, the responsible HR officer shall be referred to as HR manager who will be able to enter, view, validate, clean, analyze and use HR data only for their respective health facilities. In other words, their accounts will not permit them to access data for other health facilities.
- b. For the District Local Governments, the PHRO will be in position to enter, edit, view, validate, clean, analyze and use HR data for their entire districts. i.e. they should be able to view the health workforce of all the health facilities within their districts.
- c. Whereas for the MoH headquarters, the Commissioner in charge of the Human Resource Management will be the overseer of all users in the iHRIS in the entire country. He/ She will also be responsible for updating all users in the country. Ministry of Health iHRIS Data Access Guidelines January, 2017

7.1.3 Other stakeholders

Development Partners, Implementing Partners and others will have their accounts enable them to view and analyze data for evidence based decision making on HR issues depending on their

geographical coverage.

7.2 Management of Access to iHRIS

- . a) The MoH Human Resource Management Department with support from the Division of Health Information is responsible for the implementation and management of iHRIS access. This includes enforcing the use and regular change of appropriate passwords including the segregation of duties. It is important to note that passwords shall be compulsory for logging into iHRIS hence the system shall be locked for users with no passwords.

- . b) The MoH is reorganizing the iHRIS security and access. As part of this transition, generic user names will be used for all iHRIS users and will also apply to districts, health sub- districts, facilities and IPs. All users with existing accounts will have their accounts replaced with generic user names which will be made available and known to the relevant human resource managers. Every username shall bear a linkage to the minute number obtained by the user at the time of recruitment.

- . c) The MoH DHI shall fully enable the national data dictionary as a tool for standardizing iHRIS data files (indicators, data elements, validation rules) and as a tool for assisting other stakeholders in designing their additional compatible data sets upon a written approval.

- . d) While internal MoH and district users in the health sector will have a separate approval mechanism, external users to the MoH will be subjected to an access control system to enable them have appropriate access to data. All external stakeholders shall apply to the Permanent Secretary of MoH to obtain a written and explicit authorization to access iHRIS data. Ministry of Health iHRIS Data Access Guidelines January, 2017

7.3 Agreement between the MOH and External Stakeholders regarding access to the iHRIS

I understand that I am responsible for maintaining the security and integrity of all information of MoH Uganda integrated human resource information system and using these resources appropriately;

1. I acknowledge that I am responsible for reading, understanding and observing all Uganda applicable data security laws, regulations, acts and policies. I further recognize that if I fail to comply with these policies, I am subject to disciplinary action including deactivation of the iHRIS access.
2. I agree that data and periodic reports generated by my organization will be shared with MoH HRM Department and the concerned districts and in the event of closure of the project.
3. I understand that the user name is our own individual and organizational code for gaining access to iHRIS.
4. I agree to protect the organization password appropriately and not disclose it or share it with any other partners as required by MoH policies. I also agree never to use any other organization's password without MoH's approval.
5. I understand that I may use my password for access to only information that I have been authorized to view or use in the performance of my responsibilities. I agree to access, use, store and dispose of information which I will use in a manner which ensures continued security and confidentiality in accordance with all applicable MoH policies.
6. I understand that it is strictly forbidden to make any changes to iHRIS (this specifically includes adding data elements that have not been approved in advance in writing by MoH).
7. I agree to use the access provided to support HR data management needs at district, health sub-district and facilities under my jurisdiction.
8. I agree to report to MoH HRM Department in case of any misuse of the above provisions.
Ministry of Health iHRIS Data Access Guidelines January, 2017
9. I agree to inform MoH HRM Department within 30 days on intention of termination of this agreement in the event that this deviates from the duration for which access has been applied for.

10. I understand that my access privileges may be revoked if any of the above provisions are violated.

Name of Nominating Officer (Head of Organization);

Signature Date:

Name of nominated officer

Email address/Phone...../.....

Geographical coverage of interest:

.....

Ministry of Health iHRIS Data Access Guidelines January, 2017

.....For official use only.....

Communication of the outcome of the process within the period of one week from the date of receipt of the application

Date application received:.....

Access Rights Approval Granted Not Granted (Reason:.....)

iHRIS User Name:.....

Provisional password will be sent separately to the nominated person's email address

Name of the Permanent Secretary- Ministry of Health

.....

Signature Date

8 Monitoring and Evaluation

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 will be 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 with the intention of informing the implementation and improving the system or way of functioning of the coordination team.

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

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

Indicators will be used to measure progress, achievements and shortfalls in the HRIS. It assesses a range of options related to the project context, inputs, process, and product, to establish some kind of decision-making consensus.

Different approaches of evaluation indicated here below will be used at different times depending on the circumstances;

- **Self-evaluation:** This will involve the all levels of coordination HRIS holding up a mirror to themselves and assessing how they are performing as a way of learning and improving practice.
- **Participatory evaluation:** This will be applied as an internal evaluation. The intention will be to involve as many people with a direct stake in the work as possible. This may mean that the responsibility levels 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:** the approach will be used as a starting point for understanding a local situation as it is a quick, cheap, useful way to gather information. It will involve the use of secondary data reviews, direct observations, semi-structured interviews, key informants, group interviews, games, diagrams, maps and calendars. In an evaluation context, the approach allows one to get valuable input from those who are supposed to be benefiting from the development work. It is a flexible and interactive method.
- **External evaluation:** This approach will be used by a carefully chosen outsider or outsider team.

- **Interactive evaluation:** This will involve a very active interaction between an outside evaluator or evaluation team and the levels where HRIS has been implemented for evaluation. Sometimes an insider may be included in the evaluation team.

8.1 Approach to evaluation

a. **Goal-based**

The approach assesses achievement of goals and objectives by comparing baseline and progress data in finding ways to measure indicators.

b. **Decision-making** approach is used to provide information

c. **Goal-free** assesses the full range of project effects, intended and unintended. it focuses on outcomes and the value the project it had. It also explores the Independent determination of needs and standards to judge project worth, the Qualitative and quantitative techniques to uncover any possible results.

d. **Expert judgment** involves use of expertise (outside professional) to rate the HRIS. It also involves critical reviews based on experience, informal surveying, and subjective insights of the HRIS