



HRIS in the USAID Tanzania Human Resources Project: many perspectives, one vision

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Thank you for the help...

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- Hilal Seif Mohammed
- Bunto Mbozi

Zanzibar MOH

- Mohammed Habib Ally

Background

- **2007-2009:** USAID global Capacity Project engaged to address lack of health workforce data in TZ
 - Work started with MOHSW, CSSC and Zanzibar
 - Open source technologies universally embraced to support local ownership, capacity-building and innovation.
- **2009-2013** Tanzania Human Resources Project
 - Primary stakeholder moves from MOHSW to PMO-RALG. JICA continues to support MOHSW system
 - Focus moves from a health-specific system to a broader local civil service support to ensure ownership and adoption
 - Work with CSSC broadens to additional organizations – BAKWATA and APHFTA
 - Zanzibar continues (and excels) with collaboration of DANIDA and strong local ownership
 - Conflicts arise and begin resolving between disparate systems

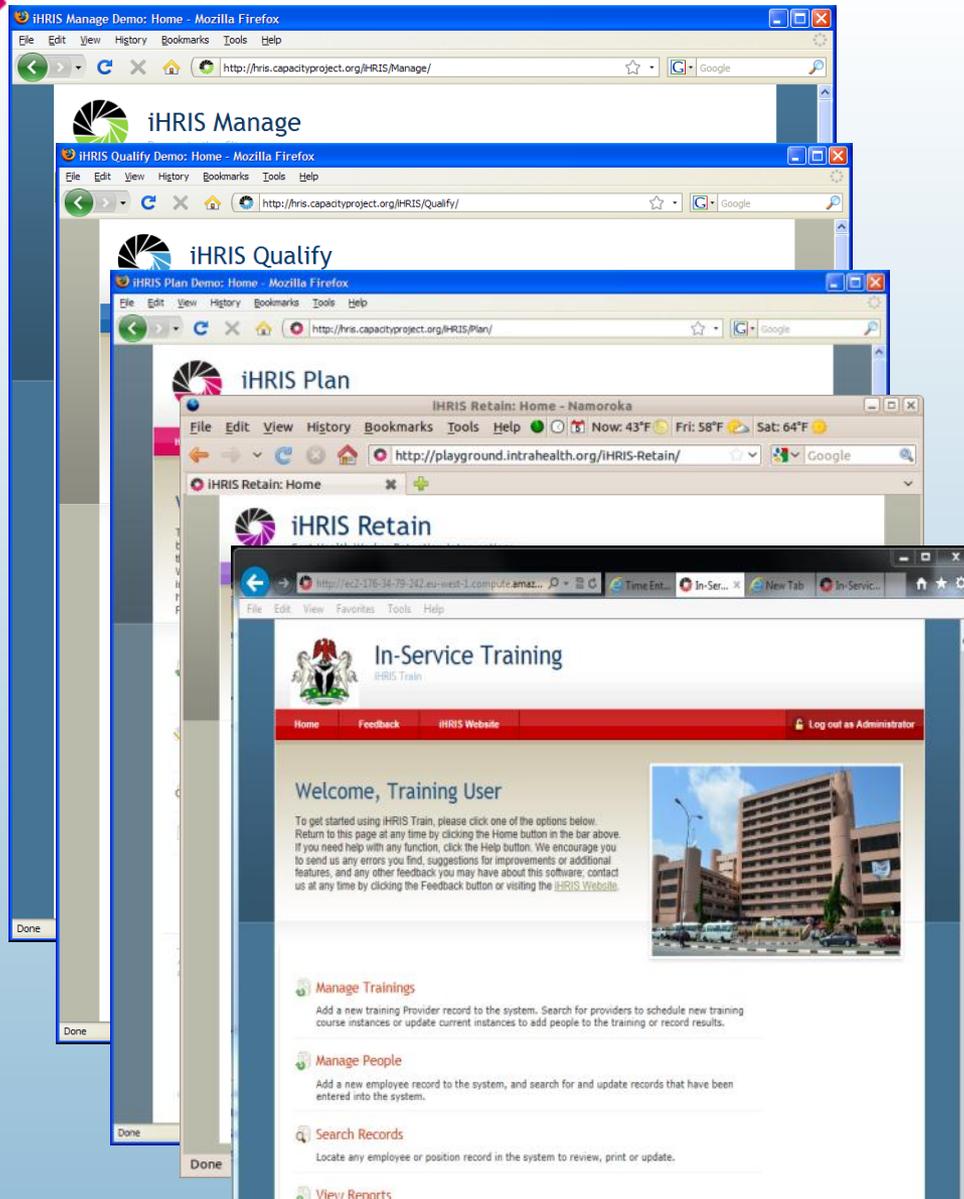
Good Health Worker Data is Needed for...

- **Education and Training** – to make sound decisions about education and training, quantity and type
- **Registration** – to ensure qualified supply
- **Deployment** – to meet needs
- **Management** – of personnel; tracking movements
- **Planning** – right person, right place, right skills, right time





iHRIS



 **iHRIS Manage** is for health service delivery

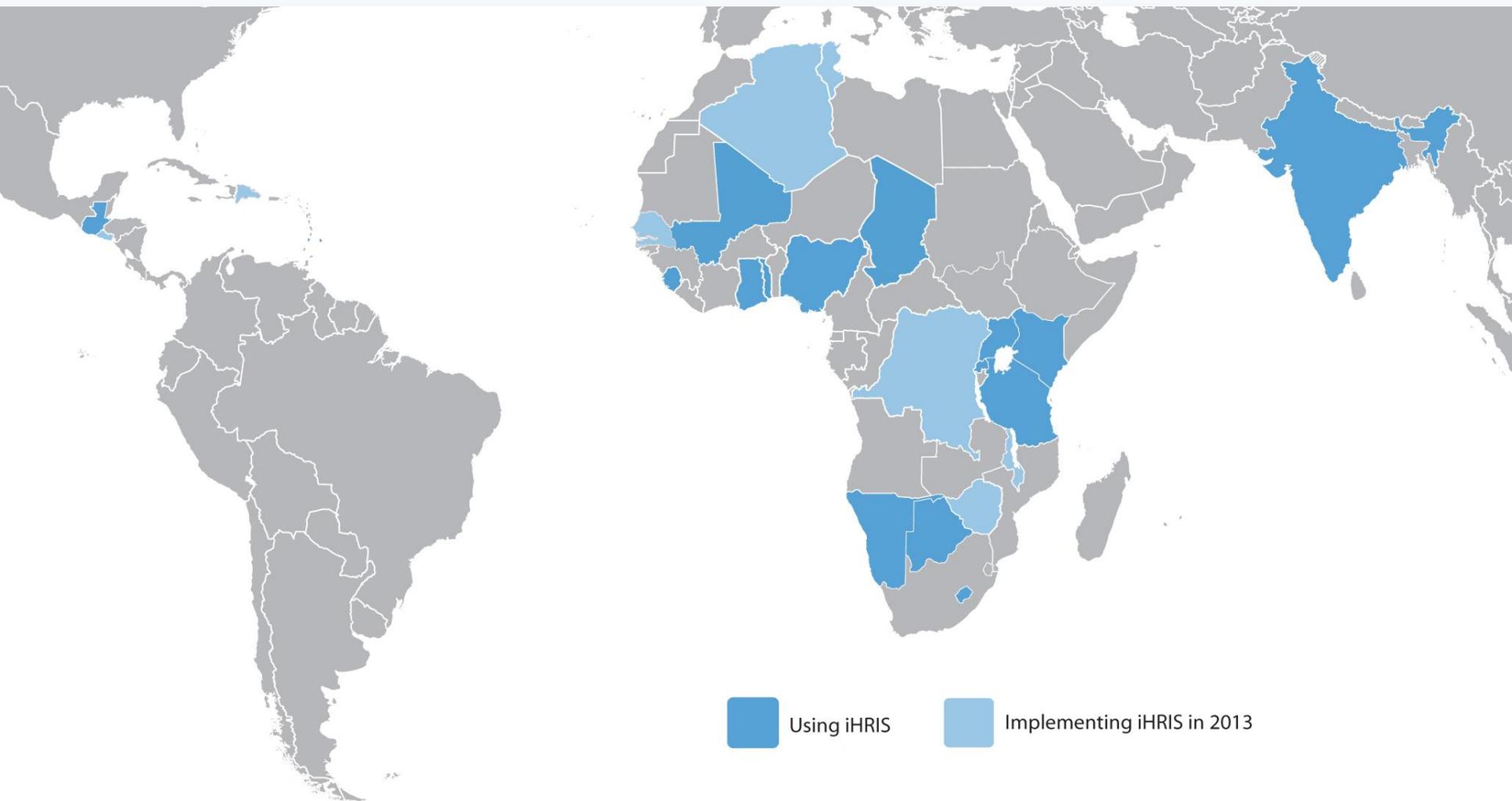
 **iHRIS Qualify** is for health professional councils

 **iHRIS Plan** is for workforce planning and modeling

 **iHRIS Retain** helps plan and cost retention interventions

 **iHRIS Train** tracks pre-service and in-service training

Countries actively using iHRIS



iHRIS global community

- More than 100 active participants in open source community
- Six donors
 - USAID
 - CDC
 - Canada
 - DFID
 - WHO
 - World Bank
- Six implementers
 - IntraHealth
 - Abt
 - Baylor
 - FSD
 - IMA
 - MSH
- All supporting over 600,000 health worker records worldwide.

HRIS Strengthening Toolkit

- Country ownership & stakeholder leadership
- Assessment tools and procedures
- Data quality
- Capacity-building
 - technical
 - data demand and use
- Sustainability and continuous improvement strategies



Implementation Process – 2009-2013

System Design

- HRIS Assessment & Needs Analysis in Makete district
- MOU with Stakeholders

Implementation

- Software Customization
- Equipment

Deployment

- Deployed in 5 phases to 168 districts
- Multiple organizations engaged through THRP's broad partnership

Data Entry & Quality:

- Collection and entry through personal data sheets
- Updates sustained through routine processes
- M&E & data quality assurance

Capacity-Building

- Using and managing the system
- Local development team at UDSM
- Data use for decision-making
- Regional Best Practices in Iringa

Sustainability

- iHRIS interoperability
- Helpdesk and support network – tzhris@googlegroups.com
- Data centralization to reduce, costs of management and support.

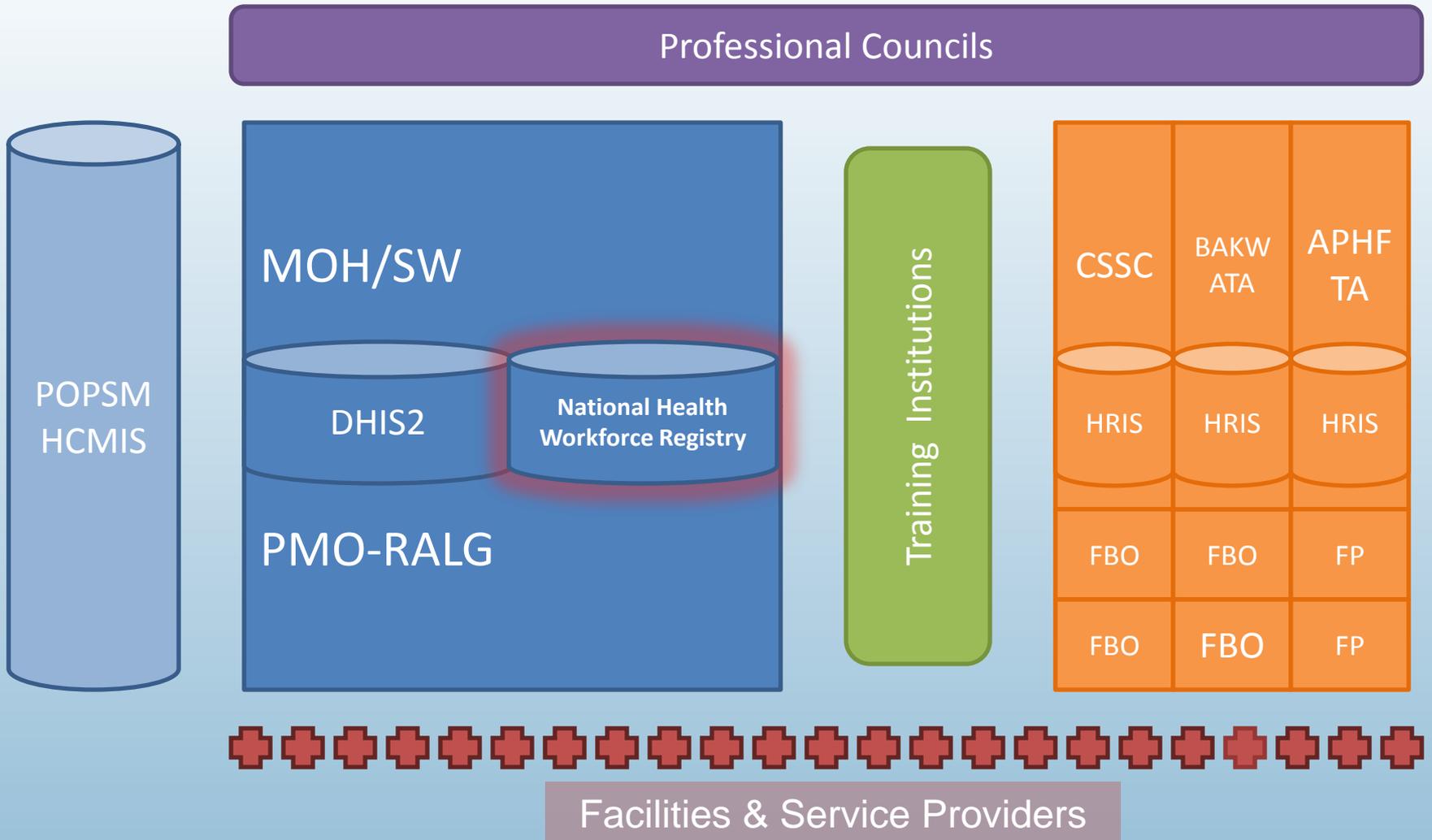
THRP HRIS Support Goals

- **Quality:** Stakeholders have accurate and timely data to support health workforce planning and management.
- **Access:** Stakeholders have the information needed for decision making and have the appropriate resources in place to develop needed reports in house.
- **Leadership:** Stakeholders broaden their current use of their data to advocate for health workforce issues and lead the planning and projection of the health workforce supply and demand for their domains.

Systems supported

- **PMO-RALG LGHRIS:** local government HRIS
 - 320,000 civil service employees – ~50%
 - 22,000 local health workers
- **FBO & Private Sectors:** 2 FBO associations & private sector association
 - 17,000 health workers – 30-40%
- **Para-social Workers:** tracking volunteer community social workers
 - 3,800 PSWs – 80%
- **Zanzibar:** island region with own MOH (and HRIS)
 - 4,200 health workers – 95%

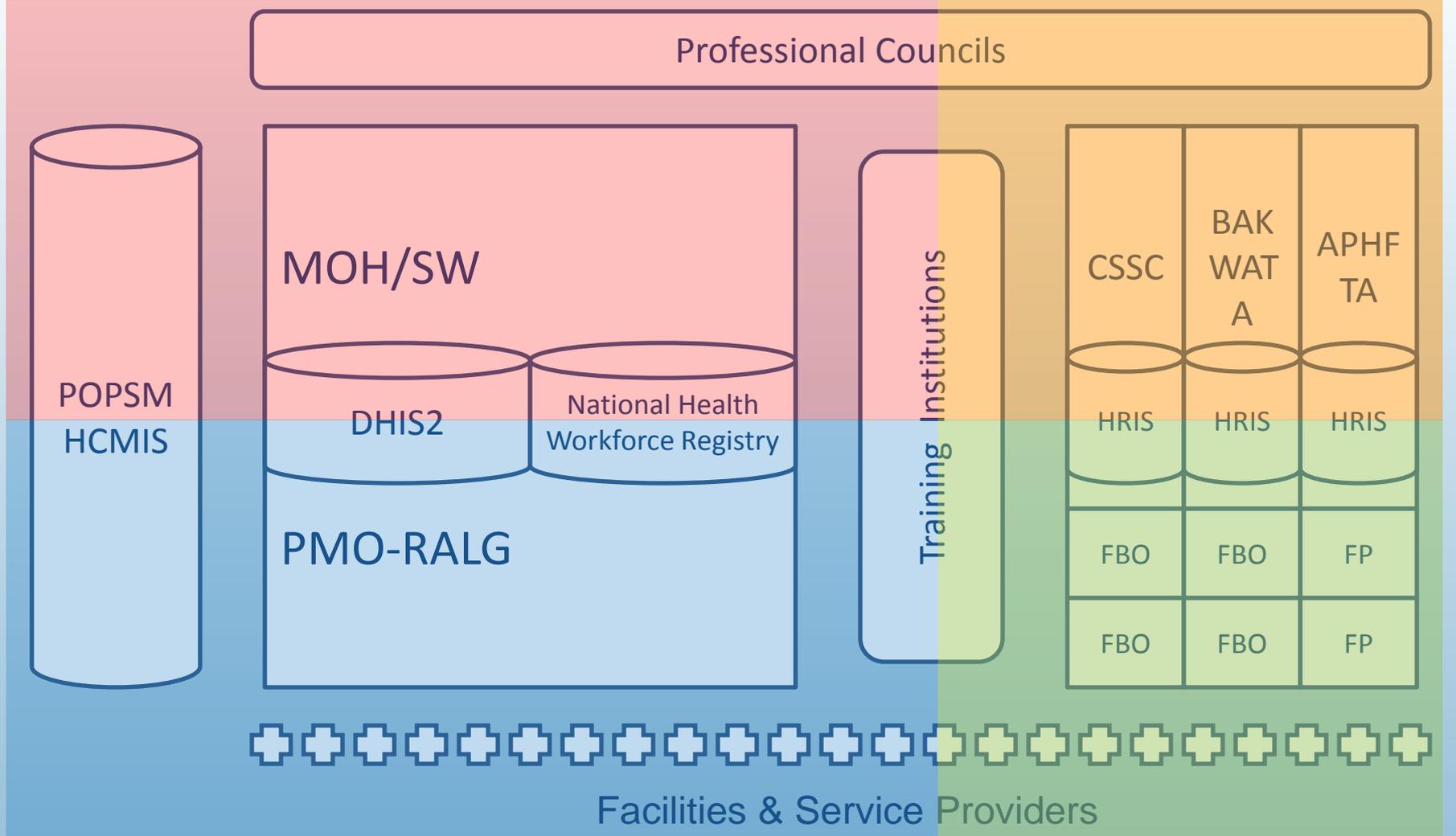
Tanzania Health Workforce Information Systems and Sources - Vision



National/Local, Public/Private

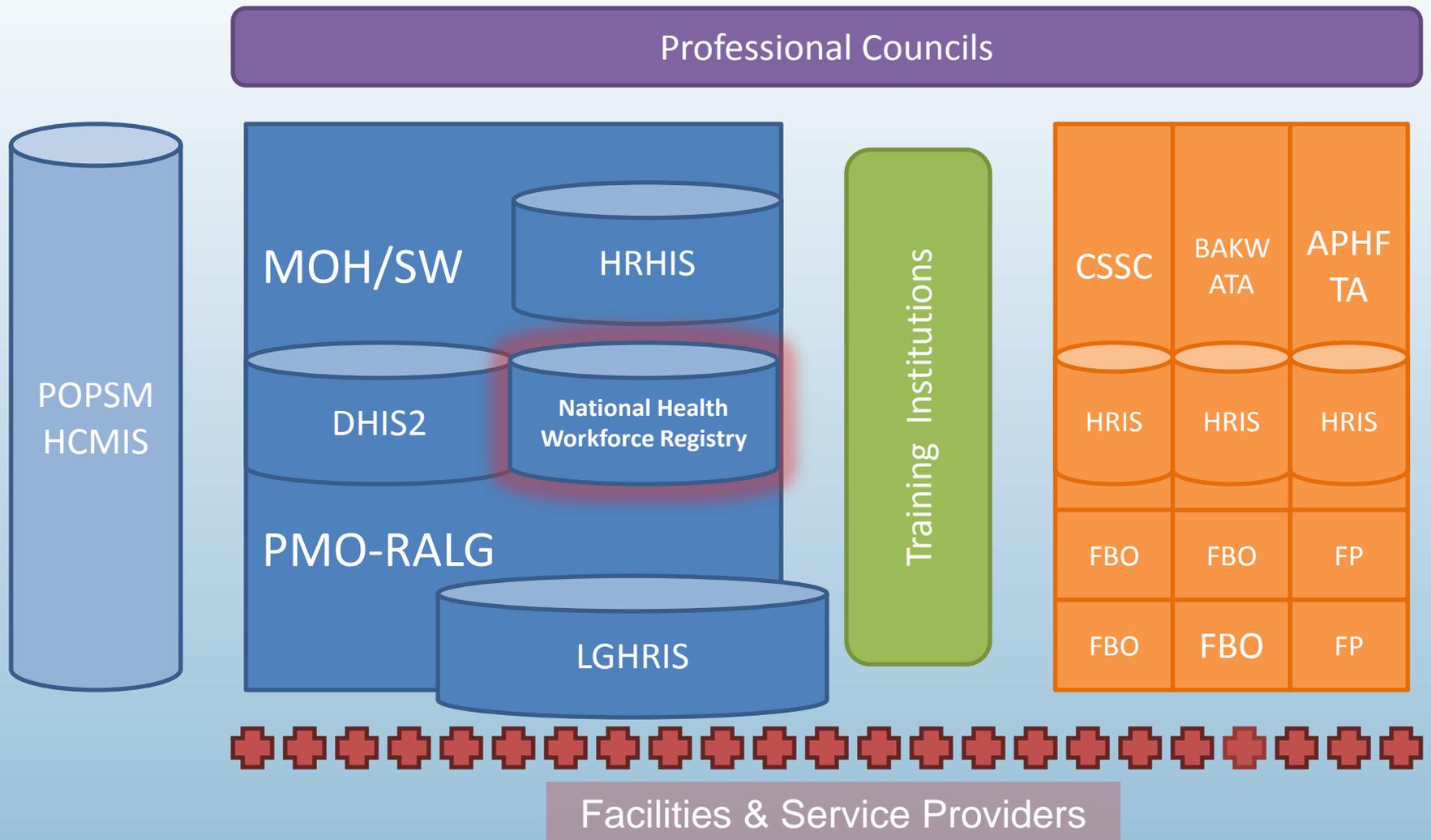
National

Private Sector

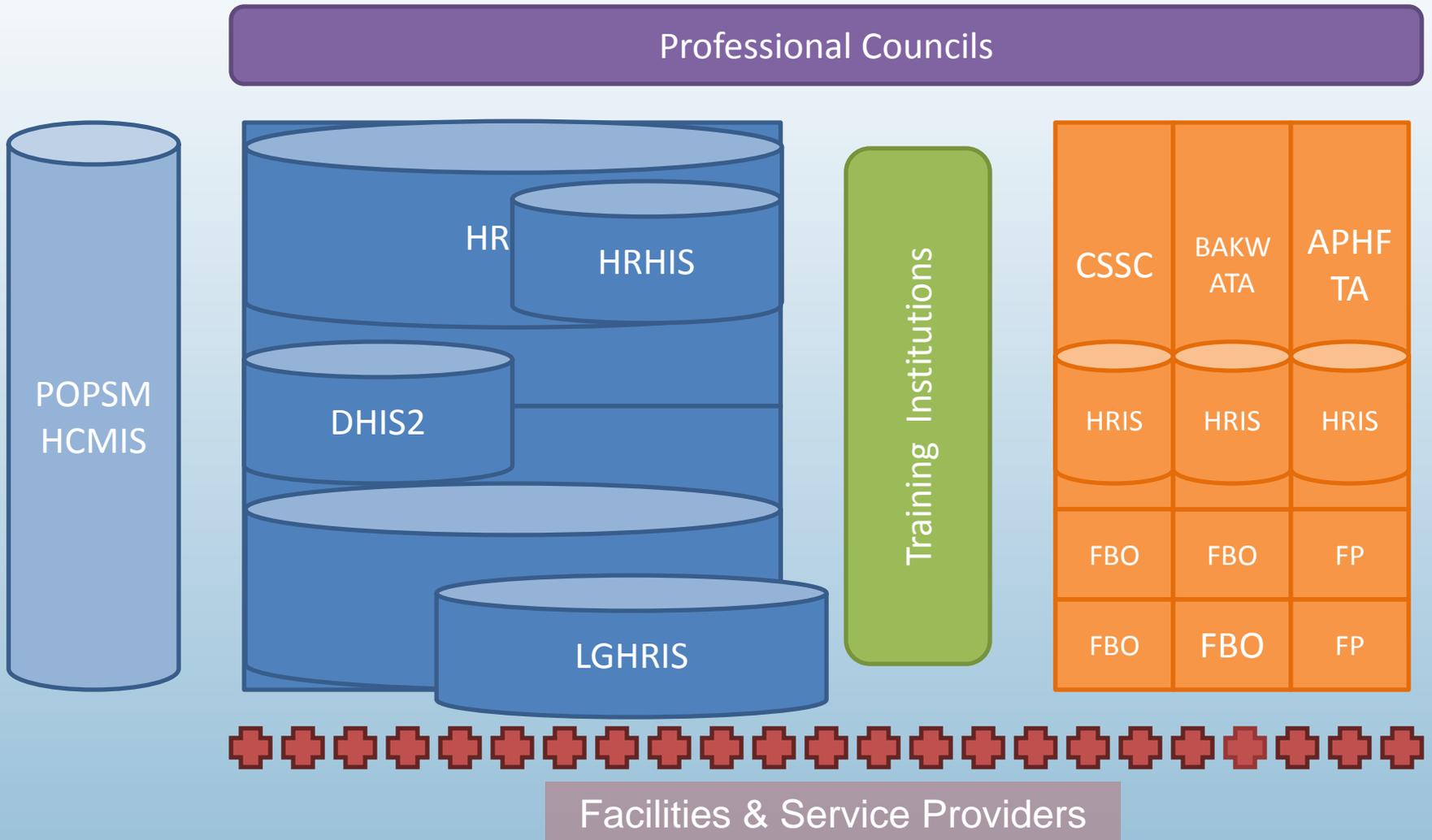


Local

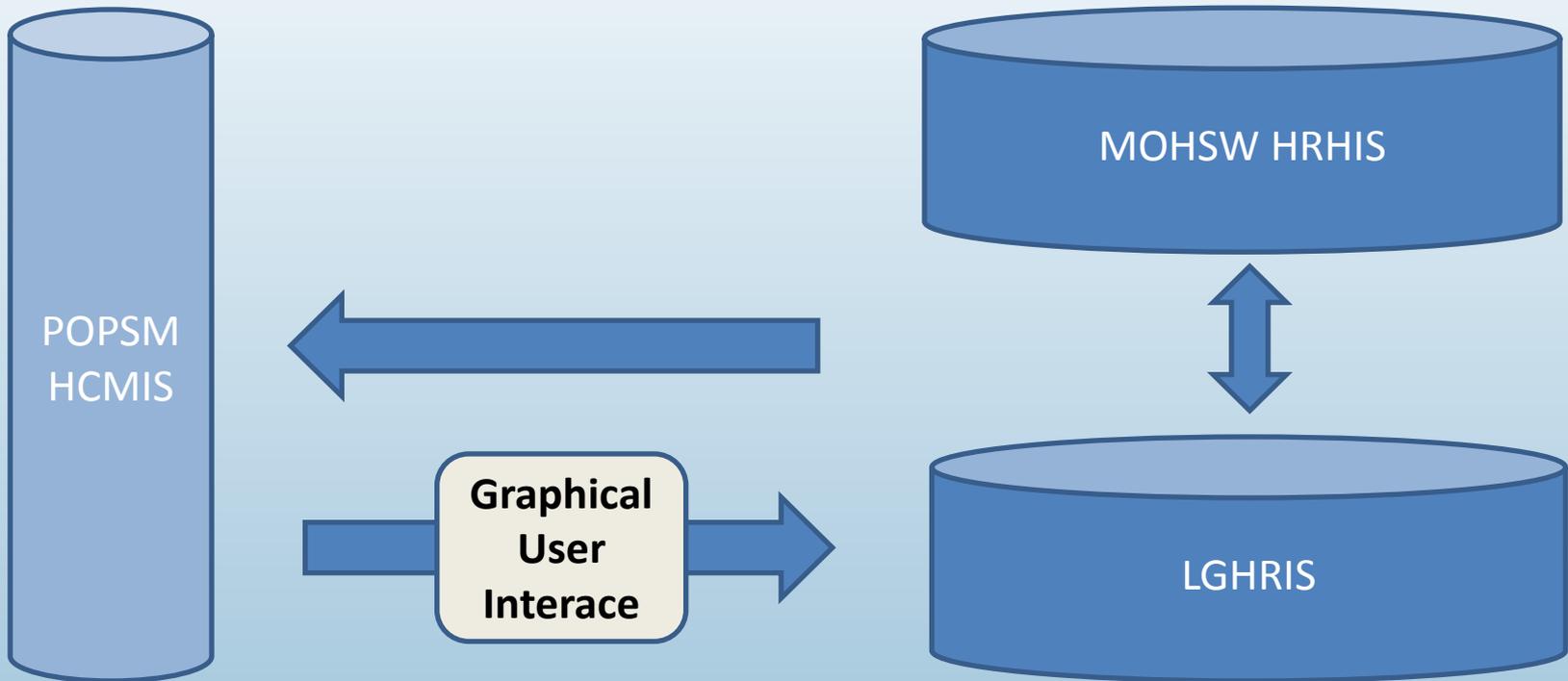
Tanzania Health Workforce Information Systems and Sources - Reality



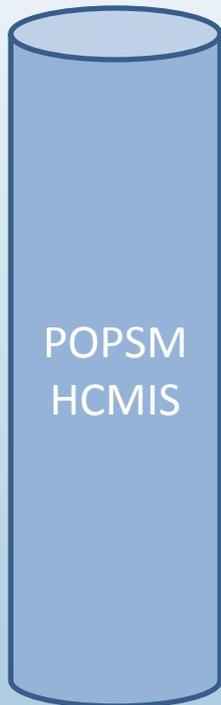
Moving towards interoperability



Interoperability



Public Sector: Why three systems?



- Used for payment purposes
- Support promotion
- No info on duty station
- Can't be used for local HR management



- Originally designed for high-level planning & recruitment to districts
- Really an M&E system to capture and analyze national health workforce demographics
- Local multi-sectoral HR management system – more HR data than any other
- Used to support deployment, management, retention at LGA



LGHRIS Highlights

Deployment:

- All 133 LGAs and 21 RAs - ~30% covered by PMO-RALG's own funds – ongoing for 39 new sites
- 320,000 civil service employees
- 22,000 health workers

Capacity Building

- 1600 Human Resource Officers (HRO) and other staff trained in use of system
- 60 ICT officers trained in maintenance and support
- Shared infrastructure (equipment and connectivity) with other GoTZ systems

Data Use

- Improved collaboration between HROs and health leaders to improve quality of data in both LGHRIS and HRHIS
- Similar quality improved between HRHIS and HCMIS to support promotions
- Retirement planning
- Retention and benefits support (e.g. repatriation of families and belongings)

Interoperability

- Successful technical interoperability achieved
- 'Socio-political' interoperability discussions ongoing.

4.3 Search Records & Filter by Designation

Results limited by: Designation: Principal Accountant I

Surname	First Name	Designation Title	Office/Workstation	Employee Status	Designation Start Date	Designation End Date	Designation Cadre	Check Number	PF. Number	TSC Number
Tobuya	M. Millan	Principal Accountant I	Nachingwea District Council (HQ)	Employee	2 October 1989		Accountants			
Nkwa	Chripher	Principal Accountant I	Masasi District Council (HQ)	Employee	21 November 1991		Accountants			
George	L. 'es	District Treasurer	Tandahimba District Council	Employee	19 September 1989		Accountants			
Domingo	Tubshya	Principal Accountant I	Lindi Municipal Council (HQ)	Employee	15 May 2000		Accountants			
E. 'e	K. any	Principal Accountant I	Lindi District Council (HQ)	Employee	1 October 1999		Accountants			

Choose options to limit results Save as default

Employee Status: Select Value

District/Local Govt. Authority: Select Value

Designation Cadre: Select Value

Department/Unit: Select Value

Office/Workstation: Select Value

Designation: Principal Accountant I

Click surname to see details



Filtered by Designation



TANGE Analysis - Filtered by Medical Doctors

Log out as Administrator

TANGE (Main Tange Report)

Tange ya Watumishi

Results limited by: Cadre: Medical Doctors

Results found : 102

Jump to: [1](#) [2](#) [3](#)

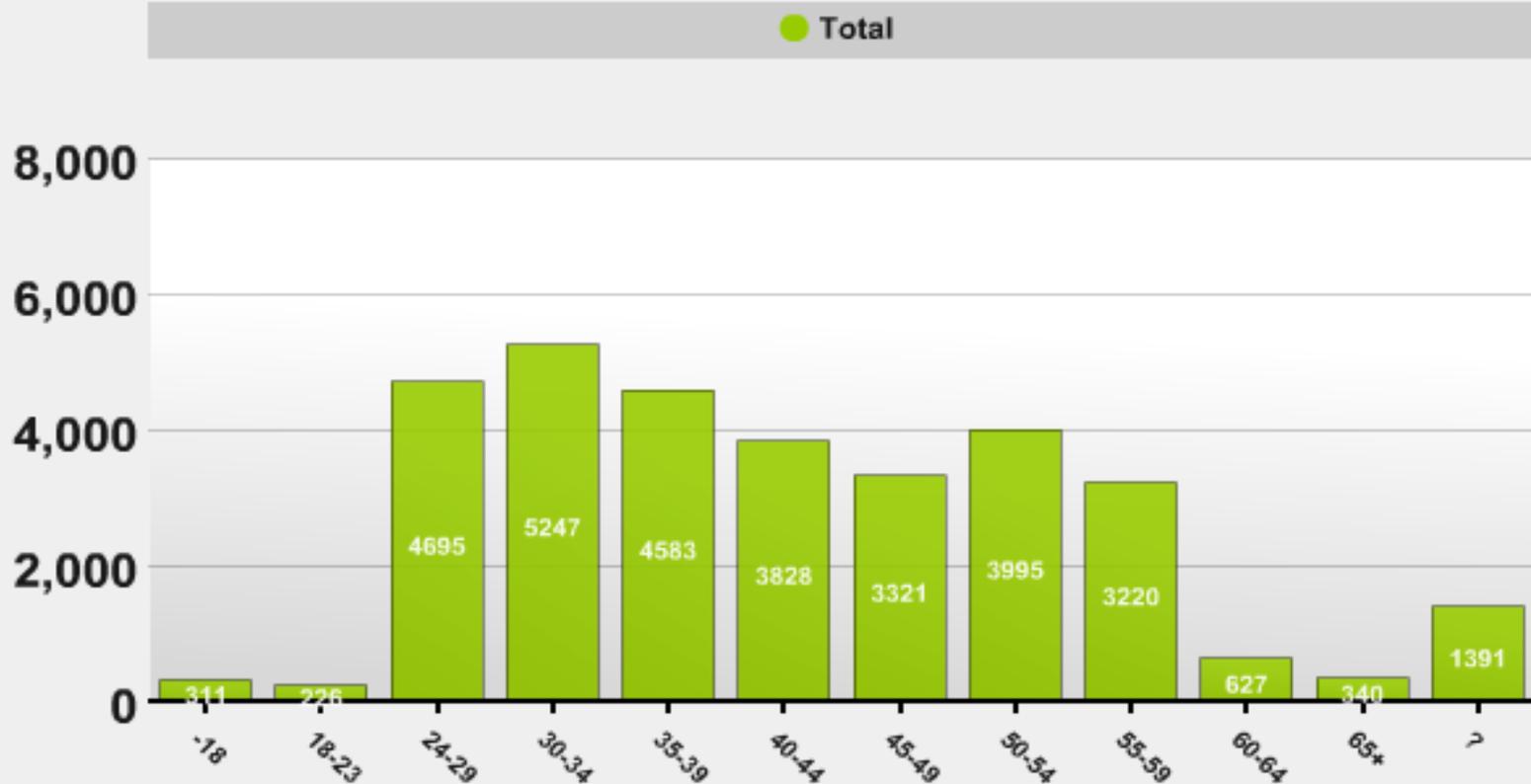
						Services				
35	Masoud	Salim	Shaaban	Male	Medical Doctor II	Administration & Personnel Department	TGHS E	12262764	LD/PF. 15114	
36	Mushi	Nellugendo	Augustino	Female	Medical Doctor II	Health-Curative Services	TGHS E	11495325	kmc/a/pf/1510	
37	Kessy	Jonas	Paul	Male	Medical Doctor II	Health-Curative Services	TGHS E	12327672	1569	
38	Wisko	Hagai	Angelo	Male	Medical Doctor II	Health-Curative Services	TGHS E			
39	Ngailo	Editruda	Regnald	Female	Medical	Health-	TGHS	12278557	KMC/A/PF/1391	

TANGE Analysis – Employees Age distribution

Age Distribution

Total of all staff by age range.

Print



FBO & Private Sector Highlights

Deployment:

- CSSC - 47 health facilities in 5 zones
- BAKWATA - 22 facilities
- APHFTA - 3 facilities
- 17,000 health workers collectively

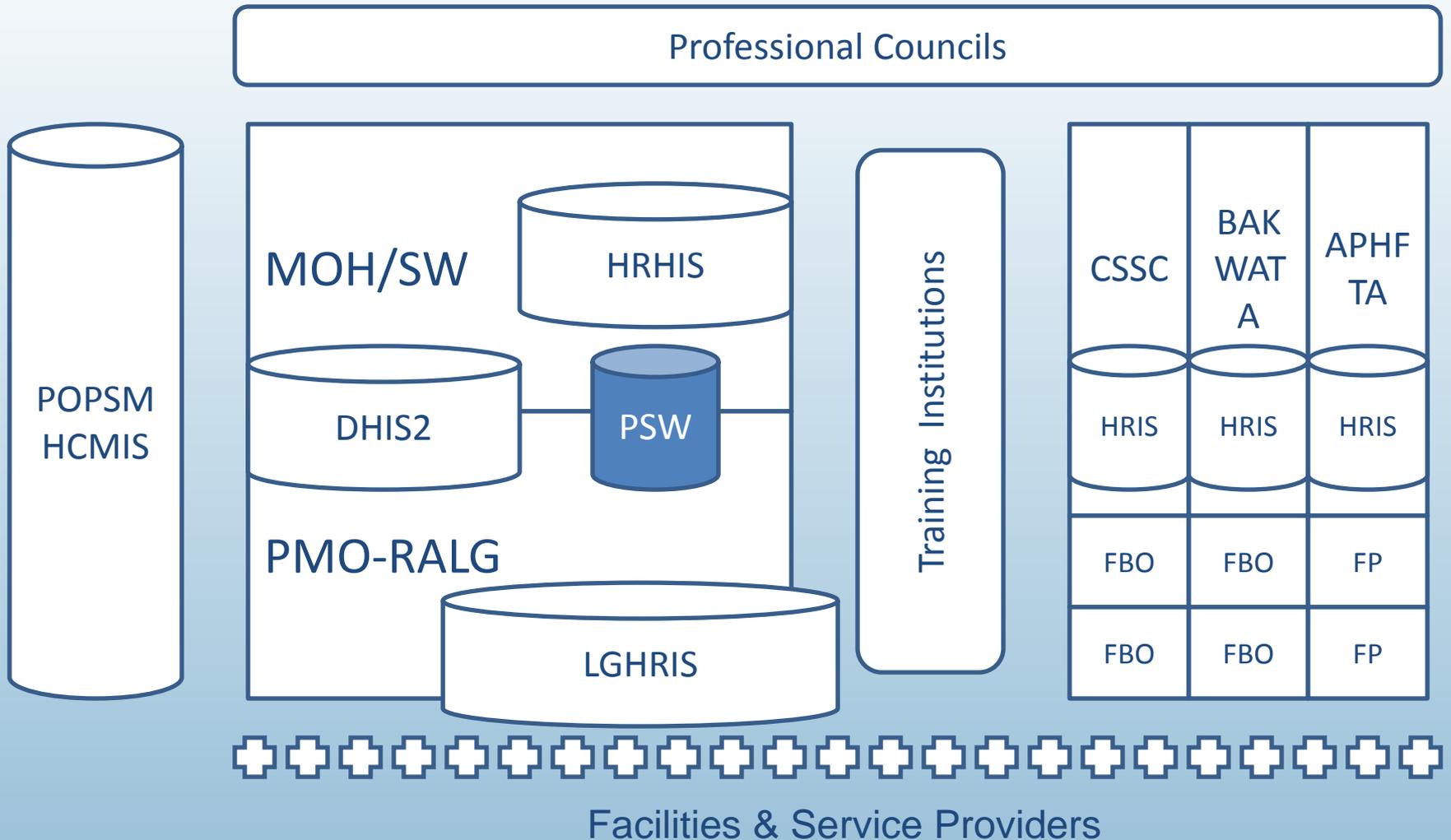
Capacity Building

- 36 managers trained in use of HRIS for HRH Management

Data Use

- Tracking and reporting on employees seconded to MOHSW
- Retirement and establishment planning

Para-Social Worker System



PSW System Highlights - <http://.www.psw.or.tz>

Deployment:

- 3766 PSWs in the system – 80% of total trained

Capacity Building

- DSW introduced to the system
- Training planned by end of project

Data Use

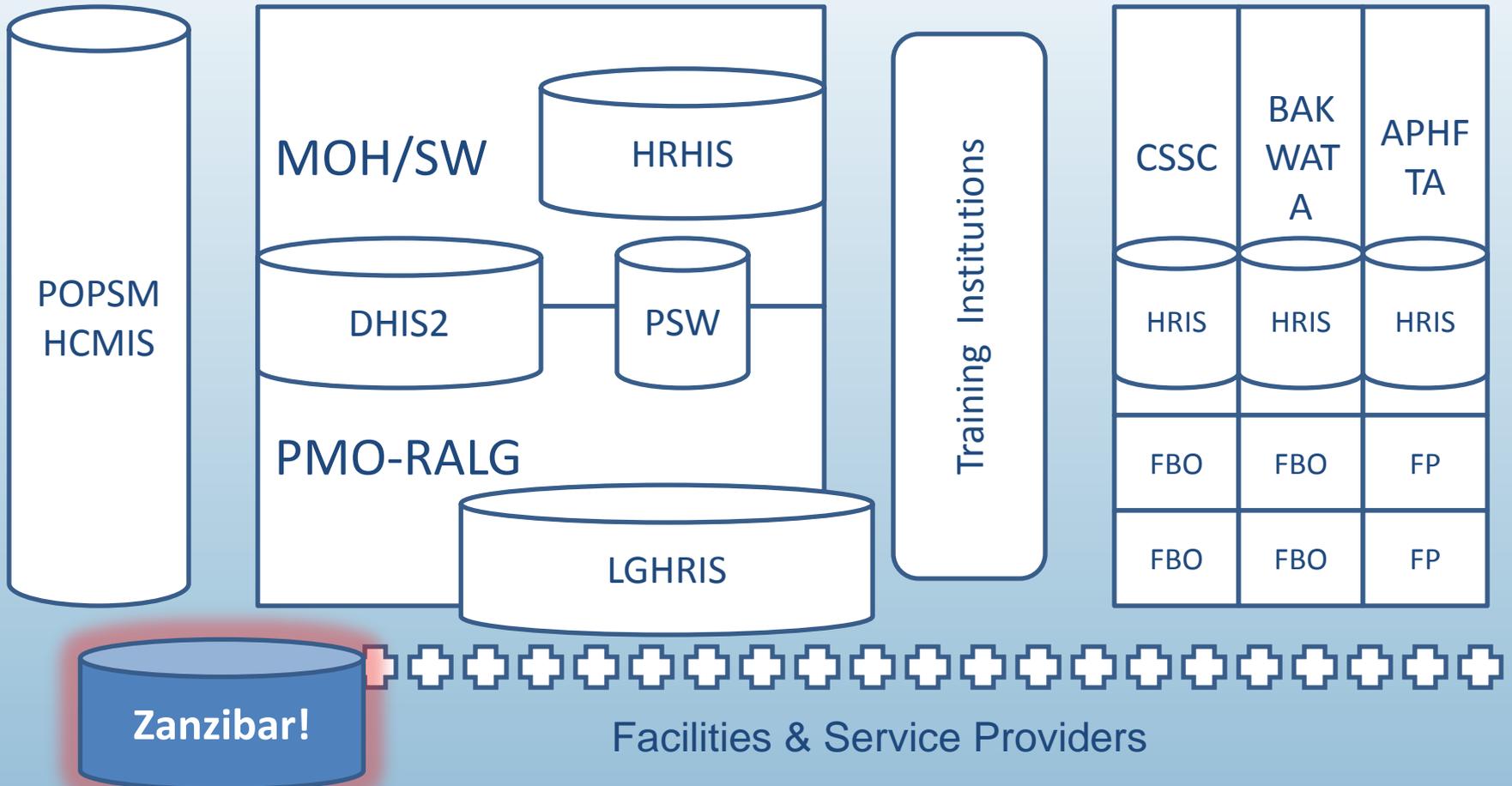
- Tracking attrition by urban vs. rural

Sustainability

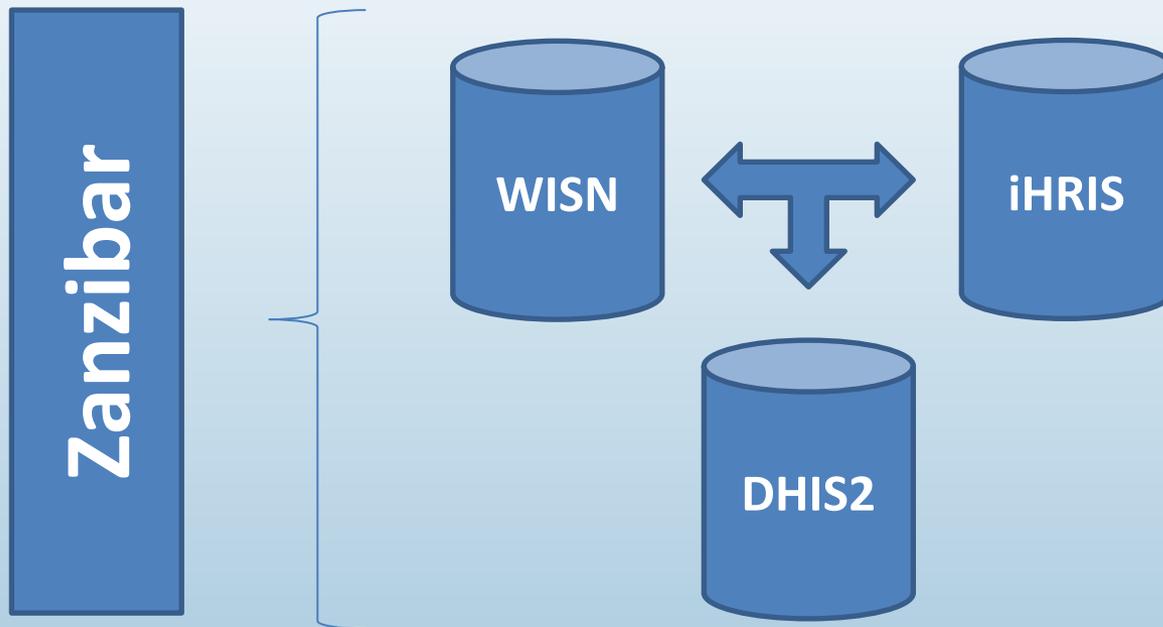
- DSW has expressed strong interest
- Capacity uncertain

One more thing...

Professional Councils

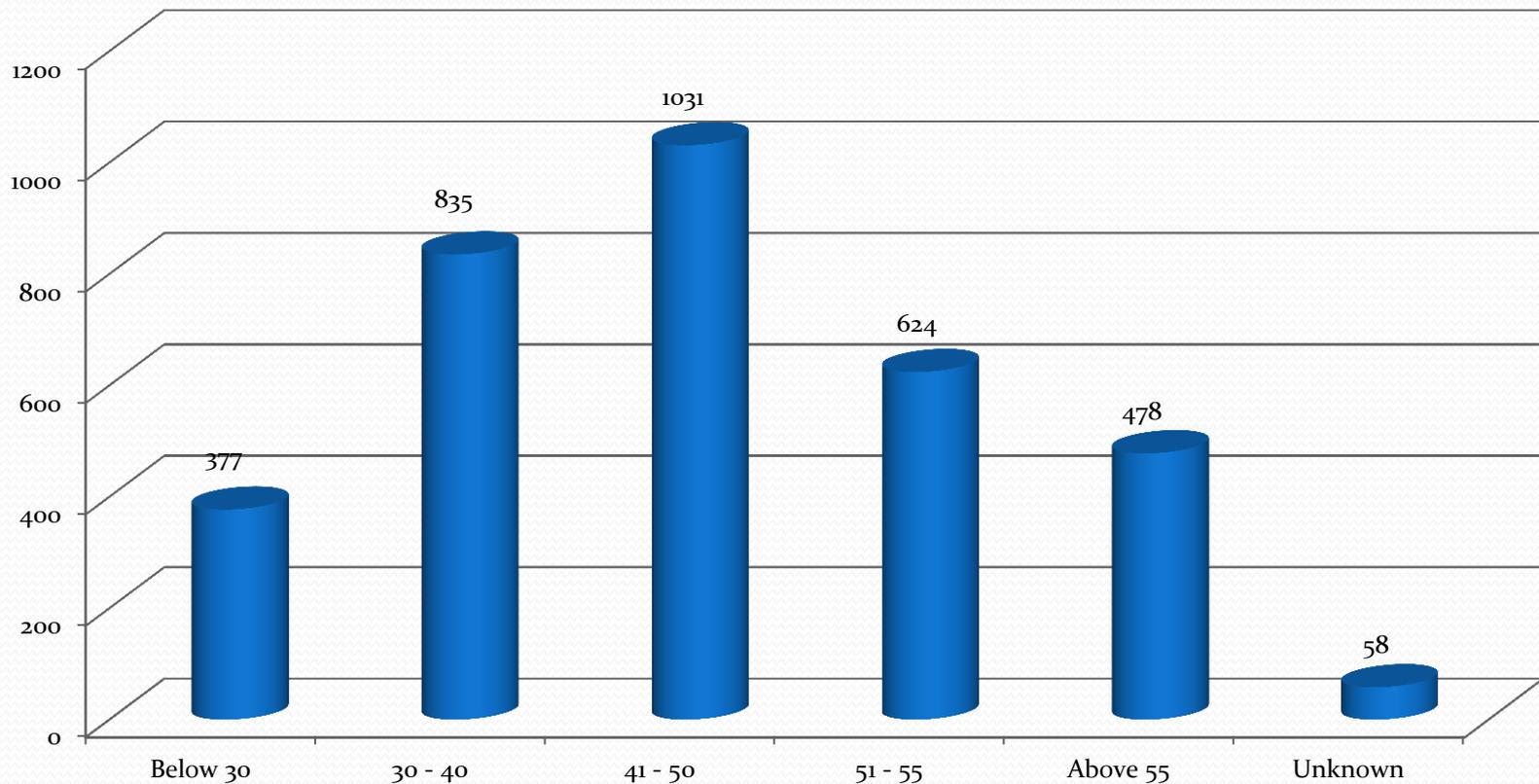


The case of Zanzibar

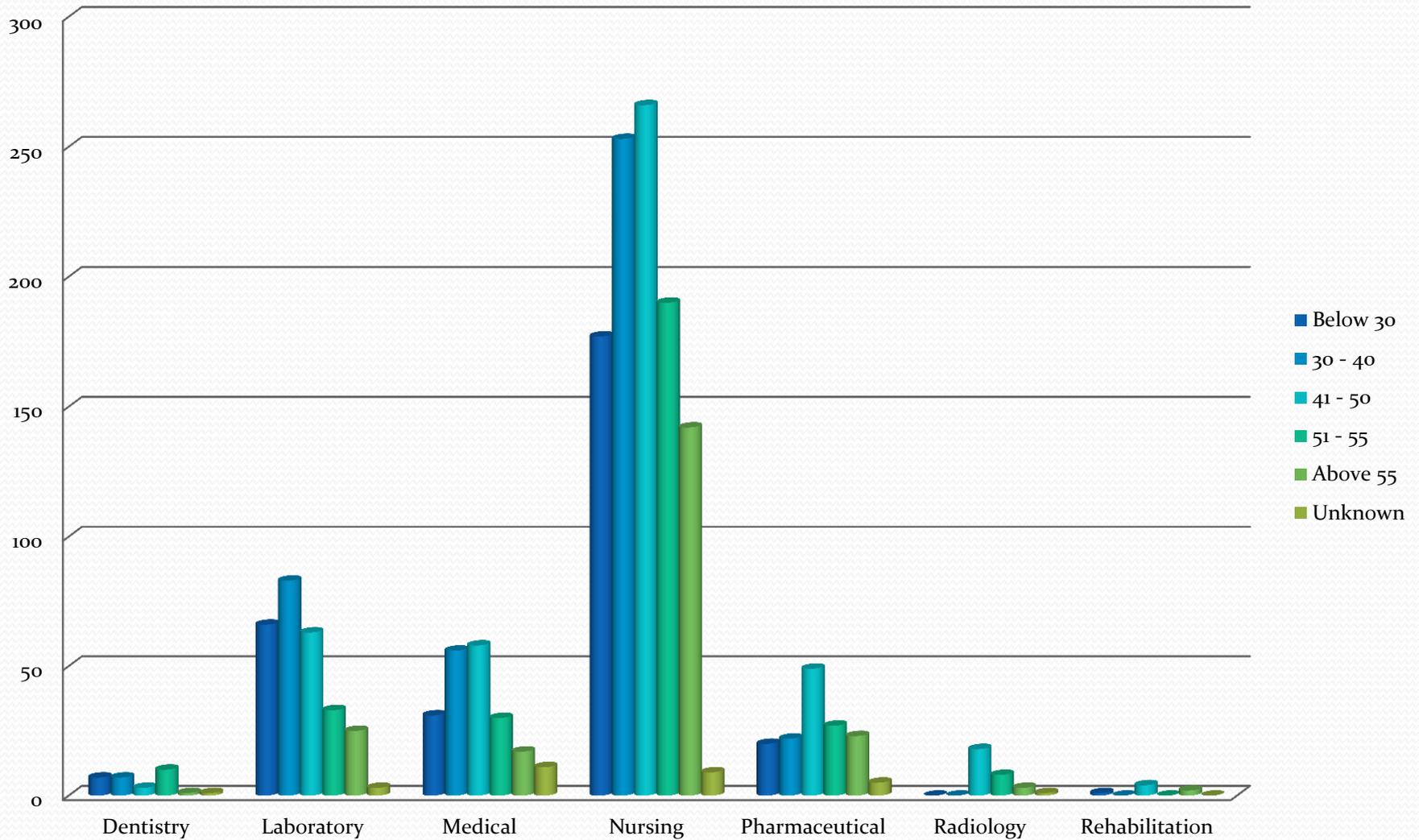


Zanzibars aging workforce

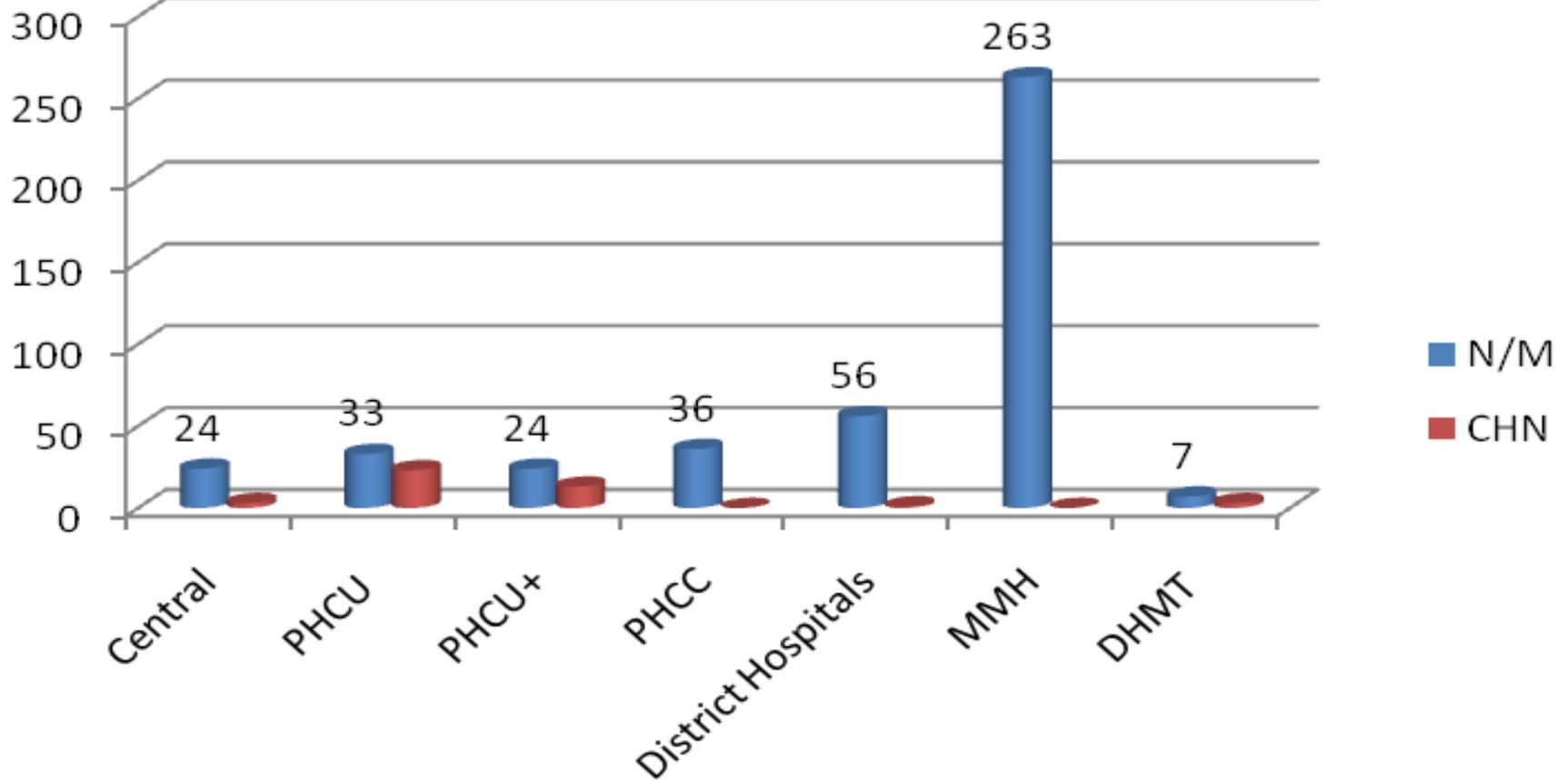
Number of Staff – Dec, 2012



Age range by Selected Categories - Dec, 2012



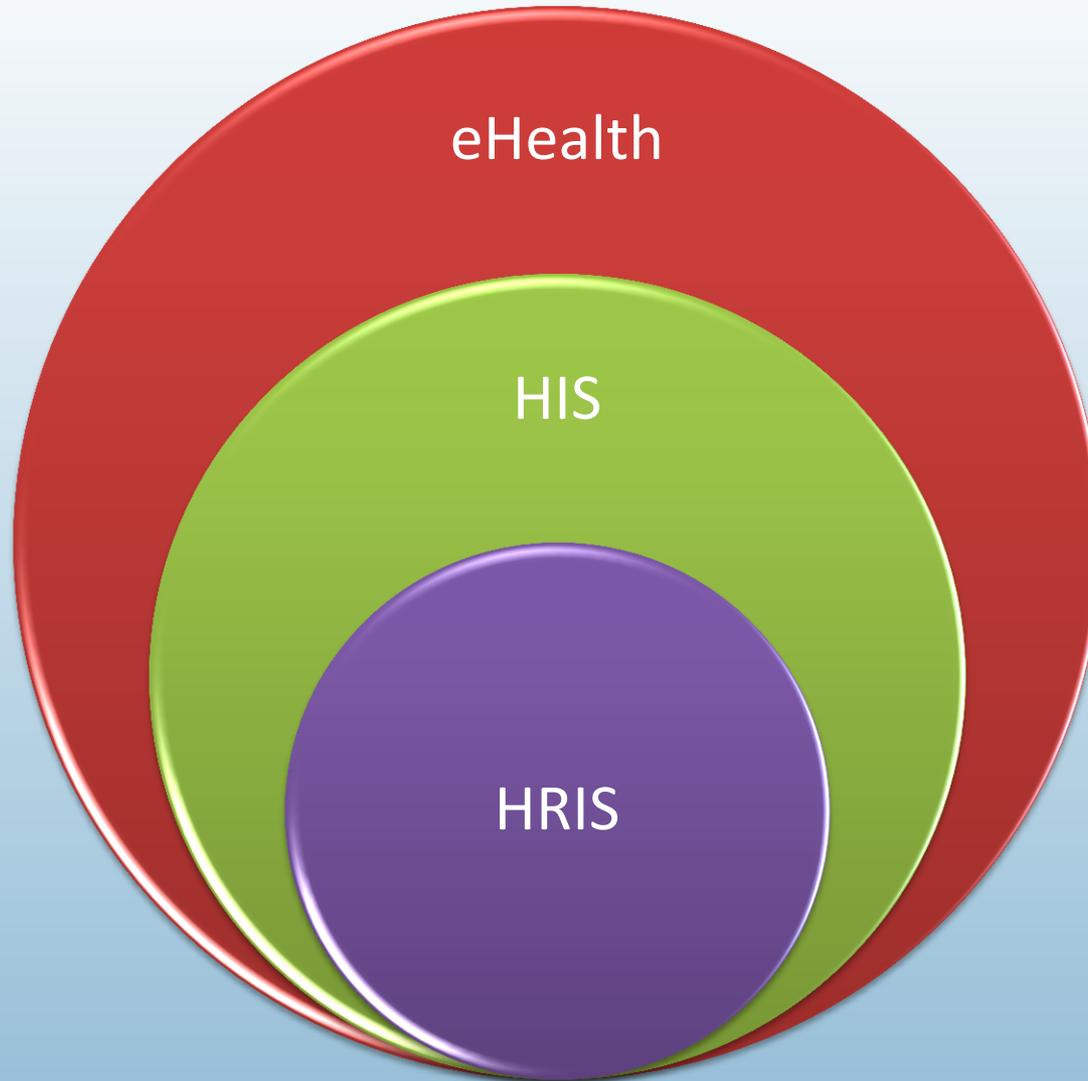
Nurse/Midwife and Community Health Nurse deployments



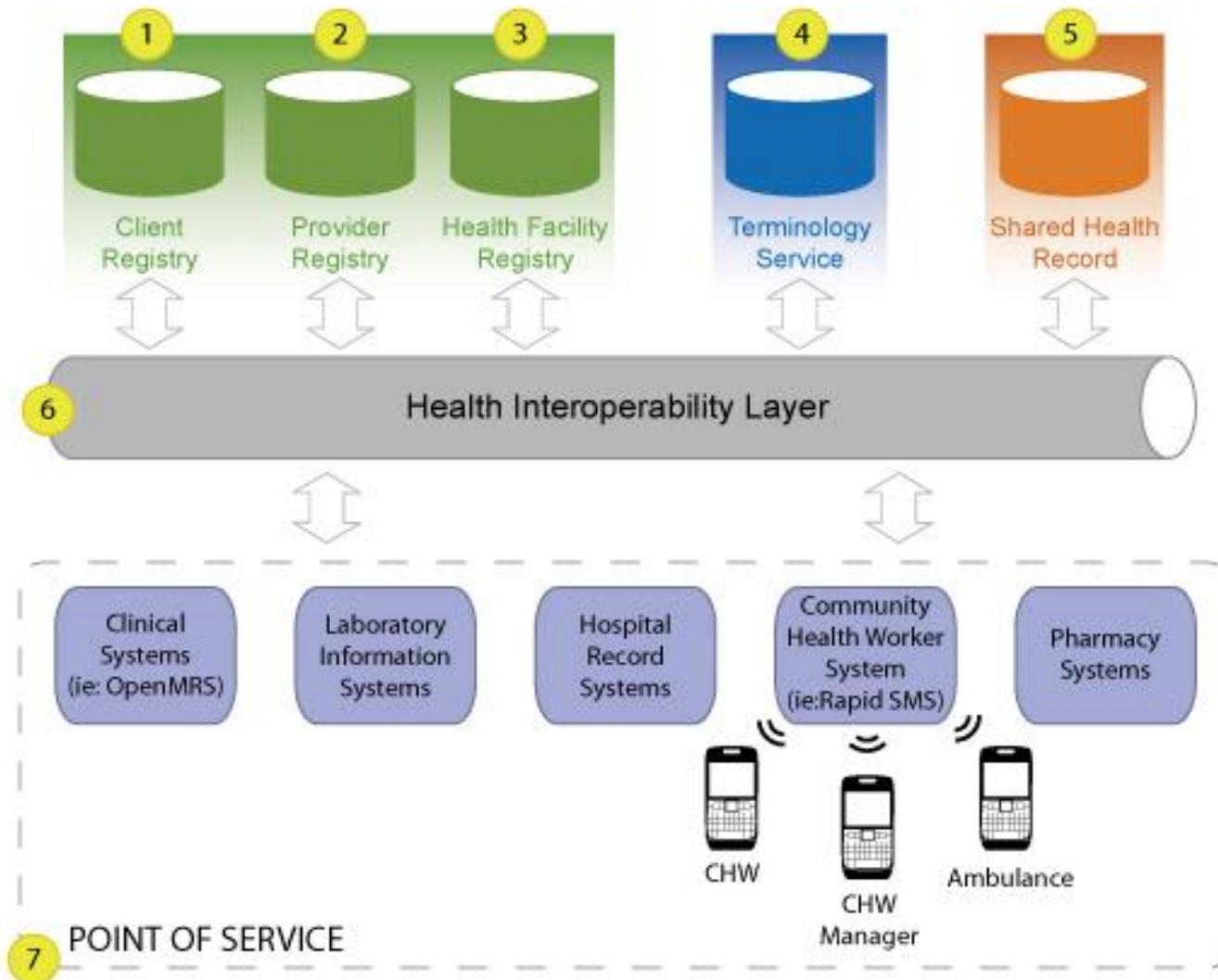
Success Stories

- The system is accessible online by www.zanhealth.go.tz/
- It is now at least 95% up-to-date
- It is Reliable for decision making
- It has been a very useful tool in making case to the Department of Civil Servants for appealing new positions
- It is now used to determine employees deserving Risk Allowance by being able to distinguish those staff working at risk areas from those who don't at any particular time
- The iHRIS is now used to produce report of staff deserving responsible allowance
- There have been a series of Report requests from different units within and outside the MoH

eHealth Architecture



PEPFAR Open Health Information Exchange



Challenges

- Data Quality
- ICT Capacity & Support
- Workload of Multiple Systems
- Ownership in some local government agencies

Sustainability

- Strong country team at UDSSM
- Country-wide stakeholder collaboration
- Larger global iHRIS community
- Centralized server lowers costs of deployment and support
- Helpdesk for PMORALG - +255 787 515 612 and email: helpdesk@lghris.info

Recommendations

General

- Strongly support data quality and data use through ongoing mentorship
- Share and scale up best practices
- Engage in and support planned efforts to define and support the health workforce information domain as part of larger eHealth architecture and OpenHIE
- Support the inclusive engagement of broader health workforce stakeholders in this process

PMO-RALG LGHRIS

- Reinforce culture of data use
- Collaborate with local training institutions to ensure ongoing capacity-building of ICT and HR staff

FBO & Private Sector

- Continue support to complete the process of scale up to all FBO and private facilities

PSW System

- Integrate social welfare workforce (volunteer and professional) into the larger health workforce information domain

Zanzibar HRIS

- Continue to support the further and more sophisticated analyses of Zanzibar data
- Support sharing the Zanzibar work as a best practice in the country and beyond

Tanzania Unintended Consequences

- In Tanzania
 - The fact all systems facing similar challenges is having a unifying effect
 - Building a culture of data among HR professionals
 - HRHIS focusing on more management due to influence of LGHRIS
- Around the world
 - iHRIS Academy 2013
 - Helpdesk model
 - UDSM consultants traveling other countries



Thank you & Asante sana

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