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the CapacityProject
Planning, Developing & Supporting the Health Workforce

Building HR Information Systems: Leading the Way Together in Uganda

In Uganda and other developing countries, the demand for medical professionals is increasing while the supply is decreasing. Only about half of Uganda's approved public sector positions for nurses are filled, while HIV and AIDS continue to take a toll on health workers as well as the rest of the population.

Rita Matte, Registrar of the Uganda Nurses and Midwives Council, with files awaiting computerization

To help build the health workforce, the Capacity Project assisted Uganda's Ministry of Health to craft and implement a comprehensive agenda for human resources for health. Strengthening the Ministry's ability to gather and use accurate data for strategic planning is an important part of the Project's work. Improved human resources information systems (HRIS) will help the Ministry to plan for recruitment, training and retention of health professionals.

With key partners, the Project formed a Health Workforce Advisory Board to guide the process of HRIS strengthening. Board members represent several departments in the Ministry of Health, the four professional licensing associations, training institutions and nongovernmental organizations.

The Board's process of identifying data needs began with key human resources questions. Where were the country's health workers trained? What were their levels of licensure and registration? How were they recruited to their posts? What access have they had to professional development and performance improvement opportunities? Are they staying in their jobs, and if not, why not? The existing paper-based information systems couldn't provide answers.

Dr. Edward Mukooyo is the Ministry of Health's Assistant Commissioner, Resource Center. "The Board provided a forum for different stakeholders to air our views and to participate in the design of the program," he explains, "so everybody felt they were able to contribute and were part of the process of developing a human resources database for Uganda that would be functional."

Samwel Wakibi, Regional HRIS Advisor for the Capacity Project, entering data with Yosiya Lwanga

The Project's participatory approach was "commendable," according to Dr. Mukooyo. "That approach ensures that the program that's being designed fully meets the local requirements and promotes use of information from the human resources team for policy decisions and allocations," he affirms.

At first it was difficult for stakeholders with different priorities to agree on a course of action. Dr. Paul Kiwanuka-Mukiibi, In-Country Coordinator for the Capacity Project

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Dr. Paul Kiwanuka-Mukiibi with Rita Matte

in Uganda, thinks this challenge was a healthy one that benefited the outcome. "Not only should we look for consensus, but we should also look for areas where we might not be agreeing," he states. "In this case, everyone has been upfront and that has made a tremendous difference in bringing everyone along together." As a result, he says, "the stakeholder consensus was a *real* consensus."

After a series of weekly discussions, the Board identified computerization of the Uganda Nurses and Midwives Council's data as an urgent priority. The Project made improvements to the Council's network and infrastructure and installed a certification and licensing information system that will track all health professionals in Uganda from the time they enter pre-service training until they leave the workforce. Developed by the Project, the iHRIS Qualify software collects and aggregates data on a country's health workforce. The Project plans to install similar systems in the other councils in the next few months.

The integrated HRIS database will also link the councils to other data sources, including the Ministry of Health's Principal Personnel Office, which manages recruitment, hiring and payroll and is the direct link to Uganda's other ministries and sectors that deal with health workers. Strengthening HRIS will improve the Ministry's human resources management activities and support a coordinated effort to plan for the health workforce.

Data from the new system is helping stakeholders address problems such as out-migration and retention. Guided by the Health Workforce Advisory Board, the Project is developing local ability to use and improve the system even after its assistance has ended. As Dr. Mukooyo puts it, "The three key words here are ownership, sustainability and capacity-building."

The Capacity Project
IntraHealth International, Inc.
6340 Quadrangle Drive
Suite 200
Chapel Hill, NC 27517
Tel. (919) 313-9100
Fax (919) 313-9108
info@capacityproject.org
www.capacityproject.org

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