Imagine you’re a health-sector manager faced with competing priorities for your country’s valuable human resources for health (HRH). You need data to help you make the most effective decisions, yet the information you seek is not easy to find—and not always easy to understand. “Often looking at the data, I was not quite sure what to do exactly,” admits one health manager in Swaziland. Another manager laments that trying to gather information “was a nightmare because the data was not readily available, not well analyzed and often wrong.”

The Capacity Project has been helping to strengthen human resources information systems (HRIS) in several African countries, and many of the systems are now able to produce useful reports about the health workforce. “Now we’re in the stage where we should start using [HRH] information for planning, for policy-making, for evidence for decisions,” observes Dr. Eddie Mukooyo, chair of the Uganda Health Workforce Advisory Board. But this hasn’t always been feasible. As one manager confesses, “I did not bother to collect data before but just made requests for posts without consulting the database.”

“One of the key challenges that health-sector leaders usually have are issues of decision-making and the lack of accurate, quality data,” says Zanele Dlamini, technical assistant on HIV/AIDS to the Principal Secretary’s Office at the Ministry of Health and Social Welfare (MOHSW) in Swaziland. Information on the health workforce was unreliable and not shared among decision-makers. To help, the Capacity Project worked with Ministry leaders to strengthen the country’s HRIS and link data from relevant parts of the sector to include all health workers. The next challenge was to help HRH practitioners and policy-makers to put the data into context and inform their decisions.

In February 2008, a three-day workshop in Ezulwini Valley helped 28 managers to understand information available from their HRIS and apply tools for making evidence-based decisions. (The Project’s activities in Swaziland are continuing through the Southern Africa Human Capacity Development Coalition, a Capacity Project Associate Award led by IntraHealth International and funded by USAID through the President’s Emergency Plan for AIDS Relief.) “What I thought was very surprising were the vacancies that were over a year old and those that were due for retirement—[they] are already of their ages and overdue,” Dlamini remarks. “This has financial implications for the Ministry as well as the personnel itself.”

Michael Mndzebele, regional health administrator at the MOHSW, comments that the workshop “brought to the fore how much information we have that we don’t make use of. I will make sure that the data generated in my department is analyzed and made available to me and the rest of the team for our future decision-making.”

Workshop participants in Swaziland
This event built on lessons learned from a workshop the Capacity Project led in Uganda in June 2007 for planners and managers from the ministries of health and education and the faith-based sector. It marked the first opportunity for many participants to review reports from the new HRIS at the Nurses and Midwives Council. Dr. Mukooyo recounts that “of those who registered for an examination we were able to note how many were able to pass, how many were able to go on to be licensed and how many eventually were able to be deployed. Then we found that people from more rural areas tended to stay longer [in nearby rural posts]. That was good information for us—we should allocate more resources for those training schools for people in their own population to train and go on to work in their own areas.”

“It is not enough simply to make data available,” concludes the Project’s Ummuro Adano. “There must be a process in place for analyzing the information and getting it to the right decision-maker or key stakeholder with the power and resources to act on it.” In Uganda, the Project’s Dr. Pamela McQuide points out that “we compared the number of currently registered nurses to what we projected we needed in the Strategic Plan—we are using those numbers for the president’s Master Plan that’s being written, to see how many nurses need to be trained.”

Notes Dlamini, “[This process] is going to be very beneficial for the health sector and beyond the Ministry of Health.”