



Progress Report to Establish and Execute Training Information Management System as part of HRIS

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In resource scarce environments like the PRRINN-MNCH States, HRD issues are the key challenges both for the primary and secondary health care systems. Supply side assessments of the baseline survey identified human resource problems as key challenge for the delivery of primary health care services, including immunization programmes. PRRINN-MNCH has undertaken many activities to strengthen human resources and related activities, specifically training of staff to fill the SBA gaps identified. Lack of usable available HR information HR planning, management and effective utilisation becomes problematic. The first phase of the TIMS imitative focused on design, development and implementation of a Training Information Management System (TIMS) with the HRIS. It included data collection for cluster II & III and verification of cluster I information, roll-out process, linking HRAdmin with training data and piloting.

The objective of this assignment was to support the implementation of the TIMS as part of the HRIS at State and LGA levels and train staff (both paper based and electronic) in all aspects of the HRIS. A team of three consultants engaged at different levels with the main objective of fast tracking the TIMS as part of the HRIS.

The introduction of TIMS was accepted well by all State representatives mainly because of TIMS being integrated with the already implemented HRAdmin2 (HRIS). Training was successfully completed with an interactive 3 day training session for the states. Each state also received an updated database with the cluster staffing loaded and an installation disk for the HRAdmin2 software. Zamfara, Yobe and Katsina only had cluster I staffing loaded and Jigawa State had all cluster data loaded. The HRIS utilisation in the states are progressing well. Key users demonstrated their ability to capture, edit and maintain data on the HRAdmin (HRIS) installed. The added TIMS dimension, although new, followed the same user interface as the rest of HRAdmin and users could therefore easily follow the procedures on the system.

It became apparent that much time is spent on the collection and collation of MNCH training data thus influencing the generation of accurate training reports.

Training indicators are in place under output 2 and 3 of the PRRINN-MNCH Monitoring and Evaluation Milestones 2011 Template. These indicators were discussed with the Program Monitoring and Evaluation Manager and in time served their purpose for the program as a monitoring tool linked to the reaching of targets. However, the mentioned needs to be part of the monthly TIMS reports generated by the system.

The following interventions need to be considered to ensure that accurate and reliable training information is readily available thus enhancing clock speed and service delivery.

It is proposed that a simple training template checklist be developed for all trainers.

At the same time, Trainers and HRM staff/role-players be trained on the proposed TIMS Monthly Procedure, Roles and Responsibility process flow (Annex 6).

Monitoring and Evaluation staff has limited capacity in time. In order to build on their limited capacity it is proposed that post training evaluation toolkits be developed.

There is a need to develop a training information management section that is part of the HR Manager toolkit.

In order to promote sustainability within the State Health Ministries it is proposed that the project consider implementing a Ministry Process Flow Program as part of the HRM department function.

The TIMS information as such are not currently high priority resulting in incomplete and inaccurate training data. Implementation of any HRIS is a process of technical activities but also a process of institutionalising the concept of HRIS data maintenance, reporting and utilisation.

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