

# Human Resources for Health Management Toolkit

*Developed to assist managers in day-to-day HR management*

## Module 10: Human Resources Information System



Partnership for Reviving Routine  
Immunisation in Northern Nigeria;  
Maternal Newborn and Child Health Initiative

[www.prrinn-mnch.org](http://www.prrinn-mnch.org)



## **Acknowledgement**

Human resource management is key to providing quality health care services. The understanding of the dynamics and management of human resources is the bedrock around which service delivery revolves.

The PRRINN-MNCH programme has over the last 7 years been actively involved in several ways to solve the challenges of managing human resources in the 4 states of its operations (Jigawa, Katsina, Yobe and Zamfara). This manual is one of the modest efforts by the programme to support states to address the challenges of human resource management.

In the course of its work, the programme realised that human resource management, as a distinct work stream, has been lumped together with personnel management. This has led to the neglect of key human resources activities and its attendant effect of overall performance and management of human resources. This manual therefore provides key managers with the basic step-by-step process of managing human resources.

During the development of this manual, several individuals have contributed to this final document. I would like to acknowledge the contribution of the Consultants led by Michael Siebert; State Teams under the leadership of the STMs; State Stakeholders led by Permanent Secretaries and Office of the Head of Service in Jigawa, Katsina, Yobe and Zamfara States. The Directors of Personnel Management and members of the respective states Human Resources for Health Coordinating Committees have all played significant role in refining this document and its adoption by the states. Also worthy of mention is the Programme's HR LECs who have been responsible for the day-to-day follow up in the development of the manual.

It is my hope and prayers that Human Resources Units of the respective states SMOH and other agencies will utilise this document to improve the quality of their work.

I would also like to acknowledge the funding for this document by UK and Norwegian Government through DFID.

Dr Ahmad Abdulwahab

National Programme Manager

PRRINN-MNCH

# Human Resources for Health Management Toolkit

## Foreword

This *Human Resources for Health* Management Toolkit is a step-by-step guide for health planners and managers to improve planning and management of human resources (HR), for the health system as a whole and within health facilities. It aims to help address some of the acute problems from shortages of skilled, experienced health workers.

The HRH toolkit is partly the output of PRRINN-MNCH in northern Nigeria, the Partnership for Reviving Routine Immunisation in Northern Nigeria /Maternal Newborn and Child Health programme funded by the UK Government and State Department of the Norwegian Government for the benefit of the Nigerian people. Many staff and officials in the states where PRRINN-MNCH works and team members of PRRINN-MNCH have helped to develop and test this toolkit – their contributions are gratefully acknowledged. The output is also the result of ongoing collaboration in a number of countries between health professionals of Health Partners International and Health Partners Southern Africa.

PRRINN-MNCH works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health care.

This management toolkit does not necessarily reflect the views or policies of the UK Government, the Nigerian Government or any of the state governments with which we work. However we hope it will provide useful, practical assistance and guidance for human resources managers in their work.

**Bryan Haddon**

*Chair, Health Partners International, UK*

February 2014

## **Preface**

In any developing public health sector HR forms the foundation of health care service delivery. The key however is making sure that Ministries of Health have the right people with the right skills in the right positions in the right number at the right places. In Northern Nigeria the scenario is no different. In an effort to achieve this, PRRINN-MNCH embarked on a process of strengthening the HR function within the ministries through initiatives such as establishing HR Units with clearly defined objectives and responsibilities. These HR Units however needed basic step-by-step guidance as to not only to administrate HR but to comprehensively and effectively do HR Planning, HR Management and HR Development. Facing the shortage of qualified HR practitioners, the Human Resources for Health (HRH) Toolkit was developed from a wide range of sources to provide a reference document to assist HR officers and managers with HR related functions.

This toolkit is not all-inclusive and covers the key aspects around HR within the Northern Nigerian context and is aimed at addressing the basic elements of HR. Although Northern Nigeria is unique with specific challenges around HR management, planning and development, the basic principles of HR remains the same. The Toolkit therefore applies academic/theoretical HR methodologies and approaches into day-to-day actions.

The HRM Toolkit consists of 10 Modules as listed below.

### **Module 1: HR Planning**

Strategic HR planning predicts the future HR management needs of the health services after analyzing the current human resources, the external labour market and the future HR environment that the MoH will be operating in. The analysis of HR management issues external to the organization and developing scenarios about the future are what distinguishes strategic planning from operational planning. The basic questions to be answered for strategic planning are: Where are we going with health services and how does that impact HR? How will we develop HR strategies to successfully get there, given the circumstances? What skill sets do we need?

### **Module 2: HR Management & Risk Management**

Ministries with good governance practices clearly establish the division of authority and accountability among the senior management, HR director and line managers. The role of the senior management is governance and the role of the HR director is management. Sometimes the roles can get hazy. In clarifying whose job it is, the senior management and the HR director must always keep in mind the legal responsibilities and liabilities as the employer.

### **Module 3: Recruitment & Retention**

Making sure you recruit well is so important. Committed, motivated, qualified employees help your ministry achieve its purpose. Health service providers cannot afford to be short-staffed. Limited financial resources mean that hiring mistakes can be a huge financial burden. Hiring the wrong person is a poor use of resources for recruiting and orienting a new staff member. Having clearly defined recruitment process and procedures prevents costly recruiting mistakes. Repairing the damage can take a lot of time and effort.

### **Module 4: HR Performance Management**

Performance management is a process by which managers, supervisors and employees work together to plan, monitor and review an employee's work objectives and overall contribution to the ministry. More than just an annual performance review, performance management is the continuous process of setting objectives, assessing progress and providing on-going coaching and feedback to ensure that employees are meeting their objectives and career goals.

### **Module 5: HR Discipline**

Clear expectation, appropriate supervision and feedback on a day-to-day basis are the best ways to avoid the necessity of implementing a discipline process as outlined below. However, when problems with behaviour or performance occur, discipline is necessary. By implementing a discipline process, you provide employees with an opportunity to become a productive part of your Ministry and you make any termination more defensible.

### **Module 6: Employment Termination**

Termination is an action taken by the Ministry to end the employer/employee relationship. Ministries have a basic right to terminate the employment of an employee, but along with that right comes responsibilities. Employers must comply with the employment/labour standards and human rights legislation for their jurisdiction and beyond that, employers must treat employees fairly and in good faith.

### **Module 7: Diversity in the workplace**

Building and sustaining diversity in Ministries can only be achieved by planning and design. It is therefore increasingly important to address how to support diverse, inclusive workplaces. What does a diverse inclusive work environment look like? How do we tangibly encourage and support diversity so that all people feel welcome within our workplaces irrespective of their gender, disability or race? When people feel welcome and safe from discrimination and harassment they are more motivated and their performance will improve. Absenteeism and performance problems decrease while productivity, morale and employee retention increase.

## **Module 8: Effective HR Teams**

Despite the daily onslaughts of e-mails, phone calls and memos, meetings are still one of the most effective ways that people share and exchange information, get feedback, plan, collaborate and make important decisions for their ministries. So why do meetings have such a negative impact? Meetings seem to be getting longer, more frequent and generating fewer results. This can result in employees becoming frustrated as they feel that meetings are taking them away from, rather than adding value to their work. Ministries can increase the effectiveness of their team through effective communication, management of conflict and setting-up work teams.

## **Module 9: HR Training & Development**

The changes in the public sector has had an impact on workplace learning. Think of the current positions in your ministry and the need for increased competence in change management, financial management, service delivery management, and so forth. Change also puts the spotlight on training and education as a means of equipping health workers with the tools they need to adapt to changing health skill requirements, organizational change and increasing complexity in the external public health environment.

## **Module 10: HR Information System**

Computers have simplified the task of analysing vast amounts of data, and they can be invaluable aids in HR management, planning and development, from payroll processing to record retention. With computer hardware, software, and databases, Ministries can keep records and information better, as well as retrieve them easier and quicker. HRIS (Human Resources Information System) is an integrated system designed to provide information used in HR decision making. The HRAdmin software was developed and implemented in the four PRINN-MNCH states. This module provides end-users with the know-how of utilising the system to its full potential.

**Michael Siebert**

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# 1. Reminder: HR management in organizations

HR management has three roles in organizations; administrative, operational, and strategic roles:

*HR Management Roles*

	Administrative	Operational	Strategic
<b>Focus</b>	Administrative processing and record keeping	Operational support	Organization-wide, global
<b>Timing</b>	Short term (less than 1 year)	Intermediate term (1-2 years)	Longer term (2-5 years)
<b>Typical Activities</b>	<ul style="list-style-type: none"> <li>• Administering employee benefits</li> <li>• Conducting new employee orientations</li> <li>• Interpreting HR policies and procedures</li> <li>• Preparing equal employment reports</li> </ul>	<ul style="list-style-type: none"> <li>• Managing compensation programs</li> <li>• Recruiting and selecting for current openings</li> <li>• Conducting safety training</li> <li>• Resolving employee complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Assessing workforce trends and issues</li> <li>• Engaging in community workforce development planning</li> <li>• Assisting in organizational restructuring and downsizing</li> <li>• Advising on mergers or acquisitions</li> <li>• Planning compensation strategies</li> </ul>

# 2. Allocating HR efforts to contribute value

There has been a mismatch between the way HR officers have allocated their efforts and what contributes value for the organization. The greatest amount of time and costs of HR management are concentrated at the administrative level. However, HR management adds the greatest value at the strategic level, and the administrative activities produce a limited value for the organization.

*Cost of HR vs. Value Added of HR*



### 3. What is a Computerized Human Resources System?

HRIS (Human Resources Information System) or HRMS (Human Resources Management System) is an integrated system designed to provide information used in HR decision making.

Computers have simplified the task of analysing vast amounts of data, and they can be invaluable aids in HR management, from payroll processing to record retention. With computer hardware, software, and databases, organizations can keep records and information better, as well as retrieve them with greater ease.

### 4. Value of HRIS

An HRIS serves two major purposes:

#### 4.1 HR Administrative and Operational Role

The first purpose of an HRIS is to improve the efficiency with which data on employees and HR activities is compiled. Many HR activities can be performed more efficiently and with less paperwork if automated. When on-line data input is used, fewer forms must be stored, and less manual record keeping is necessary. Much of the reengineering of HR activities has focused on identifying the flow of HR data and how the data can be retrieved more efficiently for authorized users. Workflow, automation of some HR activities, and automation of HR record keeping are key to improving HR operations by making workflow more efficient.

#### 4.2 HR Strategic Role

The second purpose of an HRIS is more strategic and related to HR planning. Having accessible data enables HR planning and managerial decision making to be based to a greater degree on information rather than relying on managerial perception and intuition. For example, instead of manually doing a turnover analysis by department, length of service, and educational background, a manager can quickly compile such a report by using an HRIS and various sorting and analysis functions.

HR management has grown in strategic value in many organizations; accordingly, there has been an increased emphasis on obtaining and using HRIS data for strategic planning and human resource forecasting, which focus on broader HR effectiveness over time.

### 5. The Uses of an HRIS

An HRIS has many uses in an organization. The most basic is the automation of employee administration, payroll and benefit activities. With an HRIS, employees' career movement, development and changes can be tracked. Beyond these basic activities, many other HR activities can be affected by the use of an HRIS.

*Uses of a Human Resource Information System (HRIS)*



## 6. How to choose an HRIS?

It is crucial when establishing an HRIS that the system be able to support the HR strategies of the organization. This requires analyses of the uses of HR information, both in the HR unit and throughout the organization.

To design an effective HRIS, we advise starting with questions about the data to be included:

- ✓ What information is available, and what information is needed about people in the organization?
- ✓ To what uses will the information be put?
- ✓ In what format should the output be presented to fit with other organization's records?
- ✓ Who needs the information?
- ✓ When and how often is it needed?

Answers to these questions help pinpoint to your exact needs.

## 7. Considerations when deciding to have an HRIS

### 7.1 Budget is always the number one issue

Implementation costs are often difficult to forecast, and systems invariably cost more than anticipated. There are several reasons for this finding. Cost can increase as organizations begin to realize the amount of change that self-service involves. HR processes often need to be re-examined and redesigned. Upon close inspection, data in existing systems often prove unreliable or incomplete. The amount of customization required is usually more than planned. The hardware infrastructure may not be so strong as originally believed. Indeed, implementation costs often run 150 percent of the cost of the software, and costs often run about 15 percent over budget.

It is important to be realistic in the budget estimates and to make sure the business case is strong enough so that, if costs are more than anticipated, the organization can still show a reasonable ROI.

### 7.2 Ease of use is critical

User acceptance is critical to long-term success. The interface must be designed for ease of navigation and reflect best practices in software design. Users will compare the software to others with which they are familiar. If information is difficult to find or navigation is confusing, users will have negative early experiences and be less likely to go to the system for their HR services.

### 7.3 Training those who will be using the HRIS

Training is critical to the successful implementation of an HRIS. This training takes place at several levels. First, everyone in the organization concerned with data on employees has to be trained to use new recording forms compatible with the input requirements of the system. In addition, HR staff members and HR executives must be trained on the system. Support and instruction from hardware and software vendors also are important in order for the organization to realize the full benefits of the system.

### 7.4 Consider security and privacy

Security is always an issue on the Internet, especially when personal information about employees is involved. Controls must be built into the system to restrict indiscriminate access to HRIS data on employees. Today, the trend is toward “single sign-on” systems that streamline access and provide a reasonable level of security.

## 8. HRAdmin2

### 8.1 HRAdmin2 Overview

HRAdmin2 is a management system on human resources or a “Human resource information system” (HRIS). The effective management of human resources for health hinges on the availability of timely, accessible, and relevant information. A management system on human resources improves the decision-making capability of research managers as it captures the following aspects of human resources:

- ✓ Personal details
- ✓ Post details
- ✓ Salary details
- ✓ Tracking
- ✓ Deployment
- ✓ Training plans and monitoring career development etc.

The primary focus of an HRIS is to assist managers in ensuring that the goals and objectives of the state health systems are met.

Data on current staff, MoH, MoLG, PHCA, SHMB and other authorities is generated, collected, organized, combined, processed, and reported in ways that inform managers about the status of human resources in their organization. HRAdmin2 is a stand-alone system of current human resources in health that facilitates these activities. It is primarily designed to effectively collect, systematize, process and retrieve relevant and updated information pertaining to human resources in health. The system will pave the way for improved planning, implementation, monitoring, and evaluation of human resource development.

The system aims to:

- ✓ Collect and maintain an up-to-date inventory of human resources in the health.
- ✓ Provide relevant information to both national, state and regional level management for an effective human resources policy and program formulation.
- ✓ Provide a tool in studying the utilization and distribution of available manpower resources in the health by geographical area or department and come up with recommendations to improve the situation when necessary.
- ✓ Assist in the appraisal of staffing requirements/needs to formulate the human resource development program.

The key to successful utilisation of the system is to fully understand its design, its structure and its utilities. There are fundamental principles in the utilisation of any HR

system.

The most important principal is:

**“Garbage in = Garbage out” principal.**

**If employee details, transfers, movements etc, are not updated on a monthly basis, the reporting from the system will be inaccurate.**

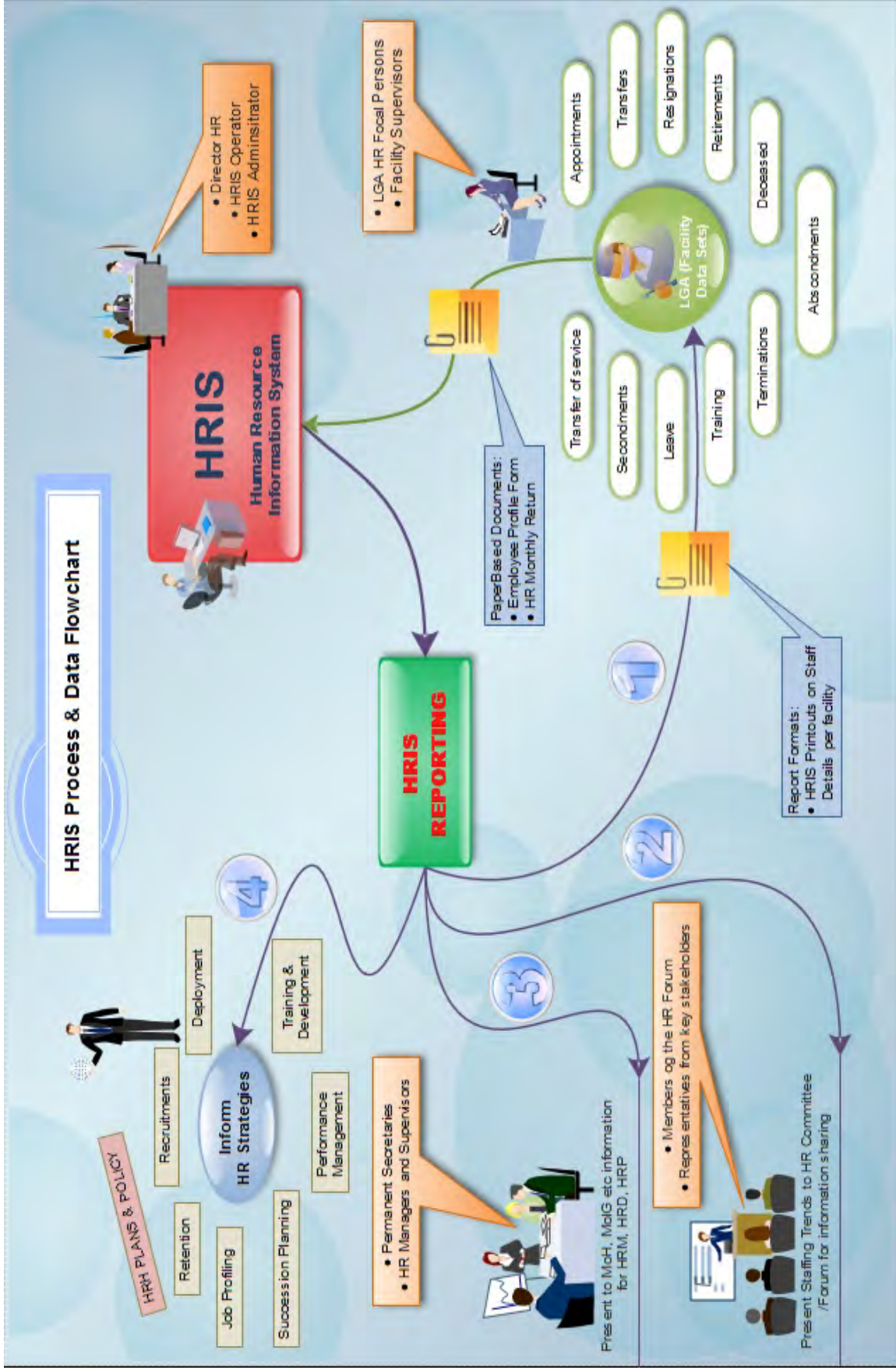
**This will result in miss-informed decision making.**

## 8.2 HRAdmin2 Process and Data Flow

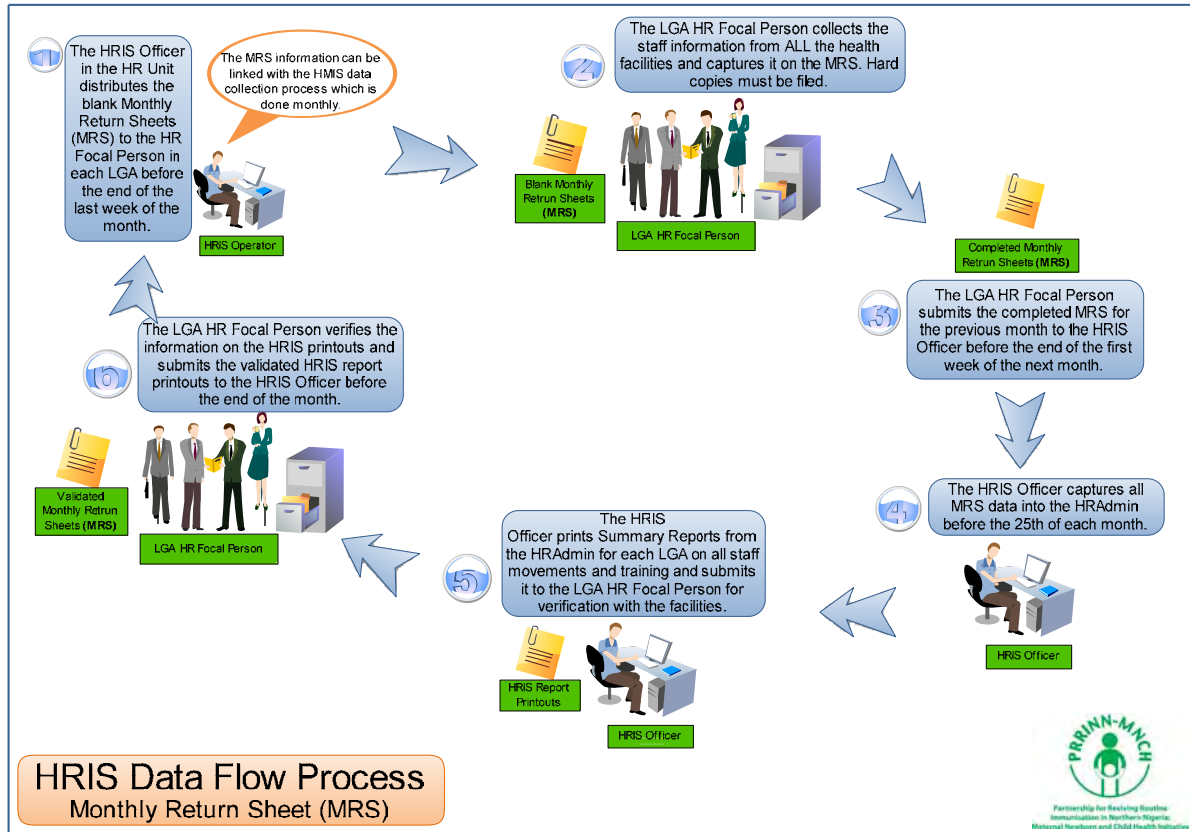
The HRAdmin process consists of three main elements: ground level data collection, HRAdmin data processing, and HRAdmin reporting as illustrated below. These main elements of the HRAdmin process have different timelines and cycles. Each will now be discussed in more detail.

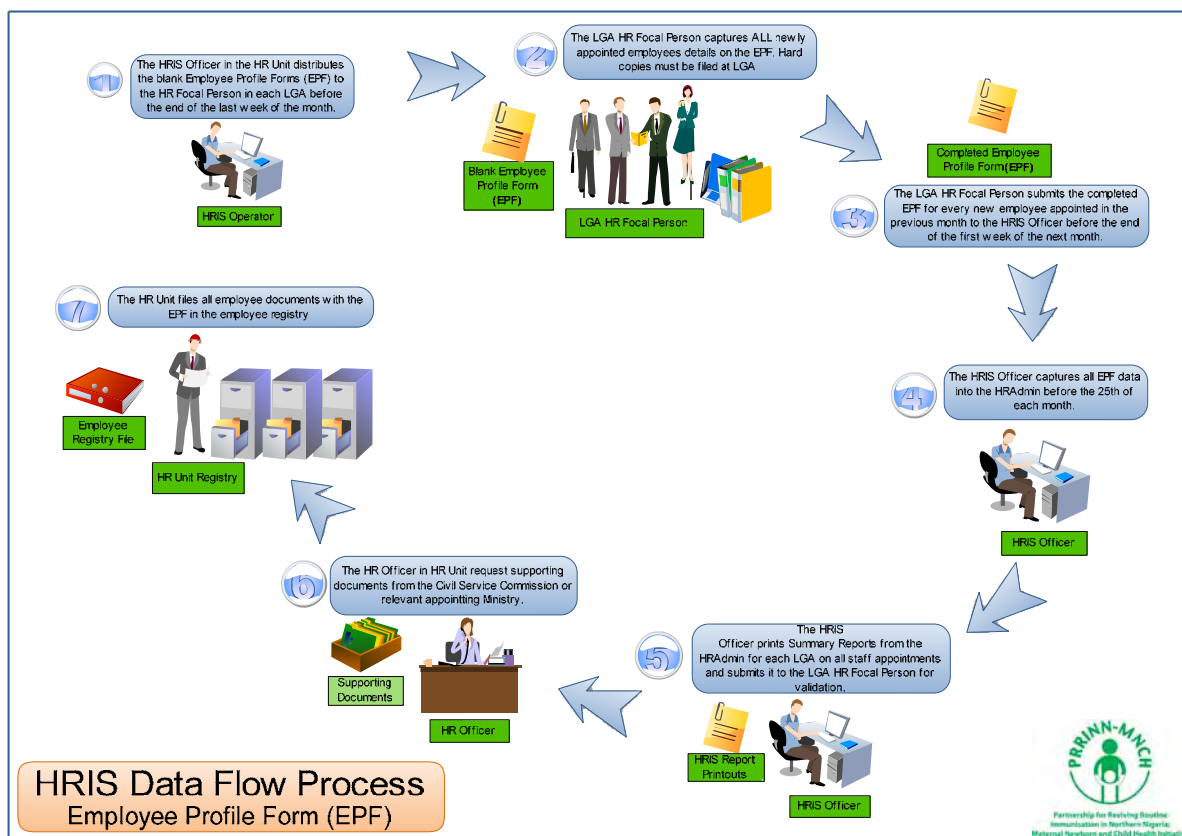
### 8.2.1 Ground level data collection

All employees are appointed to a facility or unit in providing health care services. Therefore all employee data need to be collected at facility or ground level. The LGA is the data collection point as the LGA has direct communication with the facilities in the LGA geographical area. The data elements that are recorded at this level includes: appointments, transfers, resignations, retirements, deceased, abscondments, secondments, terminations, training, leave and transfer of service. The *MONTHLY RETURN SHEET* (Attached as Annex 1), was designed according to existing paper based records and is used to record and report on the abovementioned employee data elements. The reporting cycle for the MRS needs to be determined by each individual state but a general guideline for the process flow of the MRS was developed for reference.



When a new employee is appointed the *EMPLOYEE PROFILE FORM* (Attached as Annex 2), is used to record all the necessary personal details of the person. This includes training and development, appointment history and personal demographics. The next section explains the step by step approach on the utilization of these forms. The EPF process flow chart illustrates a generic flow of the EPF data.





## 8.2.2 HRAdmin Data Processing

This element is the centre of all the HRIS activities and the most important of the three elements to ensure that the HRAdmin is successful. The HRAdmin data processes element has three stages:

**Data capturing Stage** – The data collected from the ground level by means of the Monthly Return Sheets and the Employee Profile Forms are captured into the HRAdmin software by a dedicated HRIS officer. The interface screens on the HRAdmin follows the same layout as the forms to ensure user-friendly use. All data elements are captured and saved on the HRAdmin

**Data Verification Stage** – The captured data must then be processed and verified. The verification process is needed to ensure accuracy of the data and to make sure that the data is real-time (up to date). Staff movements are rapid and recording movements sometimes contains errors which need to be corrected. The verification process is done by means of selected facility reports on employee data, which are sent back to the ground level facilities to be checked and verified.

**Data Correction Stage** – Correction and changes recorded during the verification stage now needs to be captured and corrected on the HRAdmin system. This follows the same process used during the data capturing stage.

### 8.2.3 HRAdmin Reporting

The main objective of the HRAdmin is to provide accurate, reliable and relevant employee data to support decision-makers and policy-makers to make effective planning and decision that will enhance health service delivery through effective HR management. This is the final element in the HRAdmin process, the reporting. The reporting is to provide the HR information that is derived from processing the raw employee data and providing analyzed information sets. The HRAdmin reporting module is divided into four main categories (see [Annex 3](#) for detailed breakdown of available reports on HRAdmin2):

- ✓ Age & Gender
- ✓ Employee Data
- ✓ Appointments
- ✓ HR Indicators

### 8.2.4 HRAdmin Reporting Levels

The above mentioned reports are aimed at four different audiences, each using the reports for a variety of purposes. Each reporting audience will be discussed separately.

#### 8.2.4.1 Facility/LGA Reports

The facility reports are detailed information to provide the facility manager, the LGA manager and the HR coordinator an overview of the staffing status in the facility or LGA. This will also include and up-to-date reflection of staff utilisation and career development aspects. The facility reports serves as a verification of captured data which contributes to the accuracy and relevancy of the HR information. Facilities and LGAs can use these reports for service delivery planning, budgeting and training to name a few.

#### 8.2.4.2 HR Committee Reports

The mandate of the HR committee is to monitor staffing trends and act on HR issues that might jeopardise the delivery of health care. This committee consists of key representatives from different ministries and authorities and are high-level decision makers. HR Committee reporting from the HRAdmin consists of analysed data sets reflecting certain trends in the staffing profile in health. An example is to look at the age analysis of priority health professionals such as Doctors or Nurses. Another example is the gender profile of the health sector. The HR committee can take these trend and identify critical and potential problem areas, establish a task team and develop solutions and action plans that can either prevent or address the identified staffing issue. These reports are more high-level and should not contain detailed staffing information but rather overviews.

#### **8.2.4.3 Senior Management Reports**

The senior management in various ministries need to make decisions on staffing issues on a daily basis. They need to act and respond to short, medium and long term HR issues. The HRAdmin reporting at senior management level will provide them with adequate, accurate, reliable processed information to make informed decisions on operational HR problems. The HRAdmin reports to senior management also inform them and keeps them updated on the overall status and profile of the staffing in their respective ministries. Should they as senior managers identify potential problem areas or queries, they can request detailed reports and investigation of the issues.

#### **8.2.4.4 Strategic Management Reports**

Strategic management reports are the highest level of reporting and impacts the long-term staffing in health care. These reports are aimed at highlighting specific operational and strategic staffing patterns that informs the HR policy and planning. These reports informs retention strategies, recruitment strategies, job profiling, succession planning, staff training and development, deployment and staff utilisation and performance management strategies. These strategies are based on information of the current staffing levels and aims to correct and prevent possible staffing crisis's. The impact of these strategies should be visible on comparative analysis of two consecutive years HRAdmin reports to senior management.

**HUMAN RESOURCE INFORMATION SYSTEM DATA SHEET**

Human Resource Data for the Month of \_\_\_\_\_ 20\_\_

Name of Institution \_\_\_\_\_

**Instructions:**

1. This form must be completed by Health facilities (LGA HR Focal Officer) at the end of every month and submitted to the HR department on or before 4<sup>th</sup> of the following month.
2. This data includes: New Recruitments/Appointments, Transfers, Promotions, Resignations, Retirements, Dismissals, Suspensions/Interdictions, Deaths, Training, Transfer of Service, Incremental Step-Salary Increase, Abscondments, Secondments and Leave.
3. All data fields need to be completed.
4. Do not use acronyms. Please provide full descriptions of e.g. Post Cadres/Ranks and Facility Names.
5. Ensure that the data reflected is only for the month indicated at the top of the page.
6. Please provide supporting documentation to verify the data provided. (These documents will be returned to the registry file).
7. Use clear hand writing.
8. All dates should be written in the following format: DD/MM/YYYY
9. Complete all the sections below. Where no data is available indicate it by writing "NIL".
10. The data will be utilized to do Human Resource Planning and management. It will enable the verification of staff movements, trends, training and development and will inform decision makers to proactively address staff problems e.g. staff shortages, lack of skills etc.

**1. NEW RECRUITMENTS/ APPOINTMENTS**

**All new appointees/recruitments are to complete "Employee Profile Form".**



#### 4. PROMOTION

- a. Total number of staff promoted \_\_\_\_\_
- b. Give details of each staff member promoted

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Personal subhead Number	Old Post Cadre	New Post Cadre	Facility/ Work Station	Promotion Date	New Salary Grade Level	Salary Grade Step / Notch
1											
2											
3											
4											
5											

#### 5. RESIGNATIONS

- a. Total number of staff that resigned \_\_\_\_\_
- b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Reason for Resignation	Last Working Date
1									
2									
3									
4									
5									



### 8. SUSPENSION/INTERDICTION

a. Total number of staff suspended/interdicted \_\_\_\_\_

b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Reasons for suspensions/interdiction	Last Working Date
1									
2									
3									
4									
5									

### 9. DEATHS

a. Total number of staff diseased \_\_\_\_\_

b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Date of Death	Cause of Death
1									
2									
3									
4									
5									

### 10. EMPLOYEES ON TRAININGS

- a. Total number of staff away on training \_\_\_\_\_
- b. Give details of each staff undergoing training.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Type of training/course	Organization who provided the training	Date started	Date Finished
1											
2											
3											
4											
5											

### 11. TRANSFER OF SERVICE

- a. Total number of staff transferred of service \_\_\_\_\_
- b. Give details of each staff on transfer of service out or into. Note that those transferring into must complete "Employee Profile Form".

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Transferred to	Last Working Date
1									
2									
3									
4									
5									

**14. SECONDMENTS**

- a. Total number of staff that seconded \_\_\_\_\_
- b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Seconded From: Work Station	Seconded To: Work Station
1								
2								
3								
4								
5								

**15. LEAVE**

- a. Total number of staff that took leave \_\_\_\_\_
- b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Leave Type: (Holiday, Maternity, Study, Compassion)	Leave Starting Date	Leave Ending Date	# of Days Taken
1											
2											
3											
4											
5											
6											

**12. INCREMENTAL STEPS-SALARY INCREASE**

- a. Total number of staff that received incremental step-salary increase \_\_\_\_\_
- b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Old Salary Grade Step/ Notch	New Salary Grade Step/ Notch	Effective Date of new Salary Step
1										
2										
3										
4										
5										

**13. ABSCONDMENT**

- a. Total number of staff that absconded \_\_\_\_\_
- b. Give details of each staff.

#	First Name	Last Name (Surname)	Date of Birth	Sex M/F	Post Cadre	Personal Subhead Number	Facility/ Work Station	Date Absconded	Presumed Reason for Absconding
1									
2									
3									
4									
5									

## Employee Profile for (Employee Name) \_\_\_\_\_

<b>A. PERSONAL DETAILS</b>				
Title:	Initials:			
First Name:	Second Name:			
Surname:	Gender: Male / Female			
Date of Birth: (dd/mm/yyyy)	Personal Subhead Number (PSN):			
Nationality:	Phone Number:			
State of origin:	LGA of origin:			
Languages:	Open File Number:			
Disabled: Yes / No	If Disabled Specify:			
<b>B. POST CADRE RANK AND SALARY DETAILS</b>				
Current Post Cadre Description (RANK):				
Current Salary Grade Level:	Current Salary Step:			
First Appointment Date:	Current Promotion Date:			
Type of Appointment: Temp / Permanent / Contract / Casual / Volunteer / Other:				
Previous Post Cadre (RANK):				
Previous Salary Grade Level:				
<b>C. PRESENT PLACE of WORK, POST AND LOCATION</b>				
Place of Work:				
Department:				
Unit:				
Ward:				
LGA:				
Job Title:				
<b>D. FORMAL QUALIFICATIONS (Please tick the qualifications you have completed)</b>	<b>Tick (X)</b>	<b>Institution Attended</b>	<b>Date Started (DD/MM/YYYY)</b>	<b>Date Completed (DD/MM/YYYY)</b>
PSC (Primary School Certificate)				
SSCE/GCE/WAEC (Senior School) Certificate (Specify):				
Diploma (Specify):				
Higher Diploma (Specify):				

BA (Specify):				
BSC (Specify):				
B Ed (Specify):				
MBBS				
MSC (Specify):				
Masters (Specify):				
MBA (Specify):				
PGD (Specify):				
PhD (Specify):				
Professional Qualification (Specify):				
<b>Other Specify:</b>				
<b>TRAINING COMPLETED (Please tick the qualifications you have completed)</b>	<b>Tick (X)</b>	<b>Organisation who provided training?</b>	<b>Date Started (DD/MM/YYYY)</b>	<b>Date Completed (DD/MM/YYYY)</b>
Competency-based Life Saving Skills in Emergency Obstetric/newborn Care (CBLSS EOC&NC)				
Expanded Life Saving Skills (ELSS)				
Life Saving skills (LSS)				
Modified Life Saving Skills (MLSS)				
Magnesium sulphate (MgSO4)				
Focused Antenatal Care/Post natal Care and Family Planning (F-ANC/PNC and FP)				
Kangaroo Mother Care (KMC)				
Integrated Management of Childhood Illnesses (IMCI)				

Essential Newborn Care (ENC)				
Interpersonal communication and counselling (IPCC)				
Post abortion Care (PAC)				
Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT)				
Maternal Death Audit or review (MDA)				
Peri-natal Death Audit (PNDA)				
Training of Trainers (TOT) (On any of the above)				
<b>Other Specify:</b>				
<b>COURSES COMPLETED (Please specify)</b>	<b>Duration: 0 -3 Months</b>	<b>Organisation who provided course?</b>	<b>Date Completed (DD/MM/YYYY)</b>	
<b>COURSES COMPLETED (Please specify)</b>	<b>Duration 3 – 6 Months</b>	<b>Organisation who provided course?</b>	<b>Date Completed (DD/MM/YYYY)</b>	

## Module 10\_Annex 3\_HRAAdmin Reports

Report Group	Report Name	Report Description	Selection Criteria	Target Audience	Report Uses	Reporting Cycle
Age and Gender	Age Range – Retirement Planning – Facility Summary	Provides a summary of current employees retiring in a specified year range by LGA, Ward, Facility and post	<ul style="list-style-type: none"> <li>Age range</li> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facilities</li> <li>HR forum</li> <li>Perm. Sec.</li> <li>Director HR</li> </ul>	<ul style="list-style-type: none"> <li>Short, medium &amp; long term retirement planning.</li> <li>Succession planning</li> <li>Recruitment Planning</li> </ul>	Annually
	Age Distribution Summary - Facility	Provides an age distribution profile of selected post cadres by facility/ies, grouped by LGA and Ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Succession Planning</li> <li>Recruitment Planning</li> </ul>	Bi annually
	Age Distribution Summary - State	Provides an age distribution profile of selected post cadres for a State summary.	<ul style="list-style-type: none"> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>Determine the age profile of health workers in the State</li> <li>Succession Planning</li> <li>Recruitment Planning</li> </ul>	Quarterly
	Age Gender Distribution – Facility Summary	Gives detailed overview of age and gender distribution profile by post cadre's by facility/ies grouped by LGA and Ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Age and gender specific succession planning.</li> </ul>	Bi annually
	Age Gender Distribution – State Summary	Gives details overview of age and gender distribution for all post cadre's for a State summary.	<ul style="list-style-type: none"> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>Age and gender equality planning at state level to develop strategies around age and gender specific recruitment.</li> <li>Planning for social issues around age and gender specific service delivery.</li> </ul>	Quarterly
	Gender Distribution – Facility Summary	Provides a gender distribution profile of selected post cadres by facility/ies, grouped by LGA and Ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Gender equality planning at facility level.</li> <li>Planning for social issues around gender specific service delivery.</li> </ul>	Quarterly
	Gender Distribution – State Summary	Provides a gender distribution profile of selected post cadres for a State summary.	<ul style="list-style-type: none"> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> </ul>	<ul style="list-style-type: none"> <li>Gender equality planning at state level to develop strategies around gender</li> </ul>	Bi annually

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Employee Data	Employee details- Appointments- Employee ID	Summary of an individual employee's personal and appointment details.	<ul style="list-style-type: none"> <li>Employee ID</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>specific recruitment.</li> <li>Planning for social issues around gender specific service delivery.</li> </ul>	Based on request purpose
	Employee details- Appointments- By facilities	Provides a summary of each employee and his/her appointment details grouped by facility/ies.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>For verification purpose and records</li> </ul>	Based on request purpose
	Employee details- Career Development - Employee ID	Summary of an individual employee's personal and training details.	<ul style="list-style-type: none"> <li>Employee ID</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>For verification purpose and records</li> </ul>	Based on request purpose
	Employee details- Career Development - By facilities	Provides a summary of each employee and his/her training details grouped by facility/ies.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>HR Department</li> <li>Individual Employee</li> </ul>	<ul style="list-style-type: none"> <li>For verification purpose and records</li> </ul>	Based on request purpose
	Appointments	Current Appointments - Employee Details	Lists individual details (Name, Sex etc) of current employee, appointed in facility/ies grouped by LGA and Ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>For verification purpose and records</li> </ul>
Current Appointments - State Summary		Summary of the total number of current appointments in the various post cadres in the State.	N/A	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of staffing ratios e.g. Professional to sub-professional.</li> <li>Assessment of staffing ratios e.g. Clinical vs Non-clinical</li> </ul>	Bi annually
Current Appointment by Post Cadre – Facility Summary		Gives a summary of current appointments by post cadre by facility/ies, grouped by LGA and Ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Record maintenance at facility level and at LGA level for monitoring and evaluation of staffing levels</li> </ul>	Monthly Basis
Current Appointment by Post Category- State Summary		Provides a summary of all post cadres in the state grouped according to Post Categories e.g. Administrative Production, Health Professional I Medical Doctor, Health Professional I Nursing, Health Professional Dental, Operational	N/A	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of staffing ratios e.g. Professional to sub-professional.</li> <li>Assessment of staffing ratios e.g. Clinical vs Non-clinical</li> </ul>	Bi annually

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	Support Production etc.								
Current Appointments by Post Category - Facility Summary	Provides a summary of all post cadres in the facility grouped according to Post Categories e.g. Administrative Production, Health Professional Medical Doctor, Health Professional Nursing, Health Professional Dental, Operational Support Production etc.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of staffing ratios e.g. Professional to sub-professional.</li> <li>Assessment of staffing ratios e.g. Clinical vs Non-clinical</li> </ul>	Bi annually				
Appointment Type - Details	It gives the details of the appointment types of staff in facilities in specific time period with a selection of LGA, Ward & Facility.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E for recruitment &amp; retention strategies</li> </ul>	Bi annually				
Appointment Type - State summary	It provides a summary of post cadre by the appointment type of staff in state in specific time period	<ul style="list-style-type: none"> <li>Post Cadre</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> <li>Director HR</li> <li>Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>HR Planning</li> <li>HR Management</li> </ul>	Bi annually				
Post Category Hierarchical Stats	Provides an annual summary of current appointments by post cadre, facility, LGA and ward.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> <li>Start Year</li> <li>End Year</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Director HR</li> <li>Program Managers</li> </ul>	<ul style="list-style-type: none"> <li>Comparative analysis of selected post cadre movements and distribution</li> </ul>	Annually				
Staff movement details	It gives the details of the appointment (permanent, contract, casual etc) and movement types (Resigned, deceased, absconded, transferred etc) of staff in facilities by selected criteria LGA, Ward & Facility	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>Facility In-charge</li> <li>LGA Managers</li> </ul>	<ul style="list-style-type: none"> <li>Track the staff movements by appointment type</li> <li>Analysis of staff movement trends and reasons</li> </ul>	Quarterly				
Appointment Type - Details	It gives the details of the appointment types of staff in facilities in specific time period with a selection of LGA, Ward & Facility.	<ul style="list-style-type: none"> <li>LGA</li> <li>Ward</li> <li>Facility</li> </ul>	<ul style="list-style-type: none"> <li>HR forum</li> <li>Perm. Sec.</li> <li>Head Of Service</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E for recruitment &amp; retention strategies</li> </ul>	Bi annually				

## HR Indicators

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Appointment Type - State summary	It provides a summary of post cadre by the appointment type of staff in state in specific time period					<ul style="list-style-type: none"> <li>• Director HR</li> <li>• Chairman CSC</li> <li>• HR forum</li> <li>• Perm. Sec.</li> <li>• Head Of Service</li> <li>• Director HR</li> <li>• Chairman CSC</li> </ul>	<ul style="list-style-type: none"> <li>• HR Planning</li> <li>• HR Management</li> </ul>	Bi annually
Human Resource Analysis	This report provides a snap shot overview of HR key indicators as a summary report.					<ul style="list-style-type: none"> <li>• HR forum</li> <li>• Perm. Sec.</li> <li>• Head Of Service</li> <li>• Director HR</li> <li>• Chairman CSC</li> <li>• External Organisations</li> <li>• Donors</li> <li>• Partners</li> </ul>	<ul style="list-style-type: none"> <li>• Illustrate the status of workforce for comparative analysis, planning, funding and</li> </ul>	Annually

## Human Resources for Health Toolkit

This toolkit helps you to get the most out of your investment in human resources for health. You need to plan and manage your human resources actively, ensuring optimal efficiency.

This toolkit shows you how.

People form the foundation of health care service delivery. Thus it makes financial sense to manage these valuable resources to ensure that:

- The right people with the right skills need to be available in the right number at the right place to do the right job
- Timely and accurate data on availability and distribution of health workers is accessible for informed decision making

### The Modules

1. **HR Planning**
2. **HR Management & Risk Management**
3. **Recruitment & Retention**
4. **HR Performance Management**
5. **HR Discipline**
6. **Employment Termination**
7. **Diversity in the workplace**
8. **Effective HR Teams**
9. **HR Training & Development**
10. **HR Information System**

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