

Health Management Information System (HMIS) and Human Resource Information System (HuRIS) in Nepal

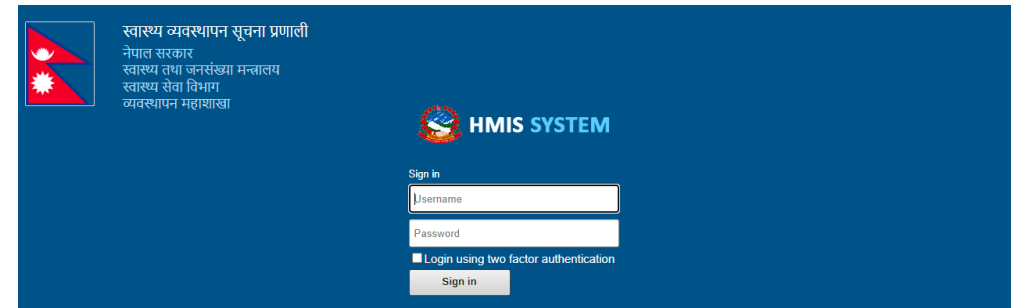


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Presentation Outlines

■ Health Management Information System (HMIS) in Nepal

- Introduction
- Origin & Development
- Role, Importance and Implications
- Review and Critical Appraisal



■ Human Resource Information System (HuRIS) in Nepal

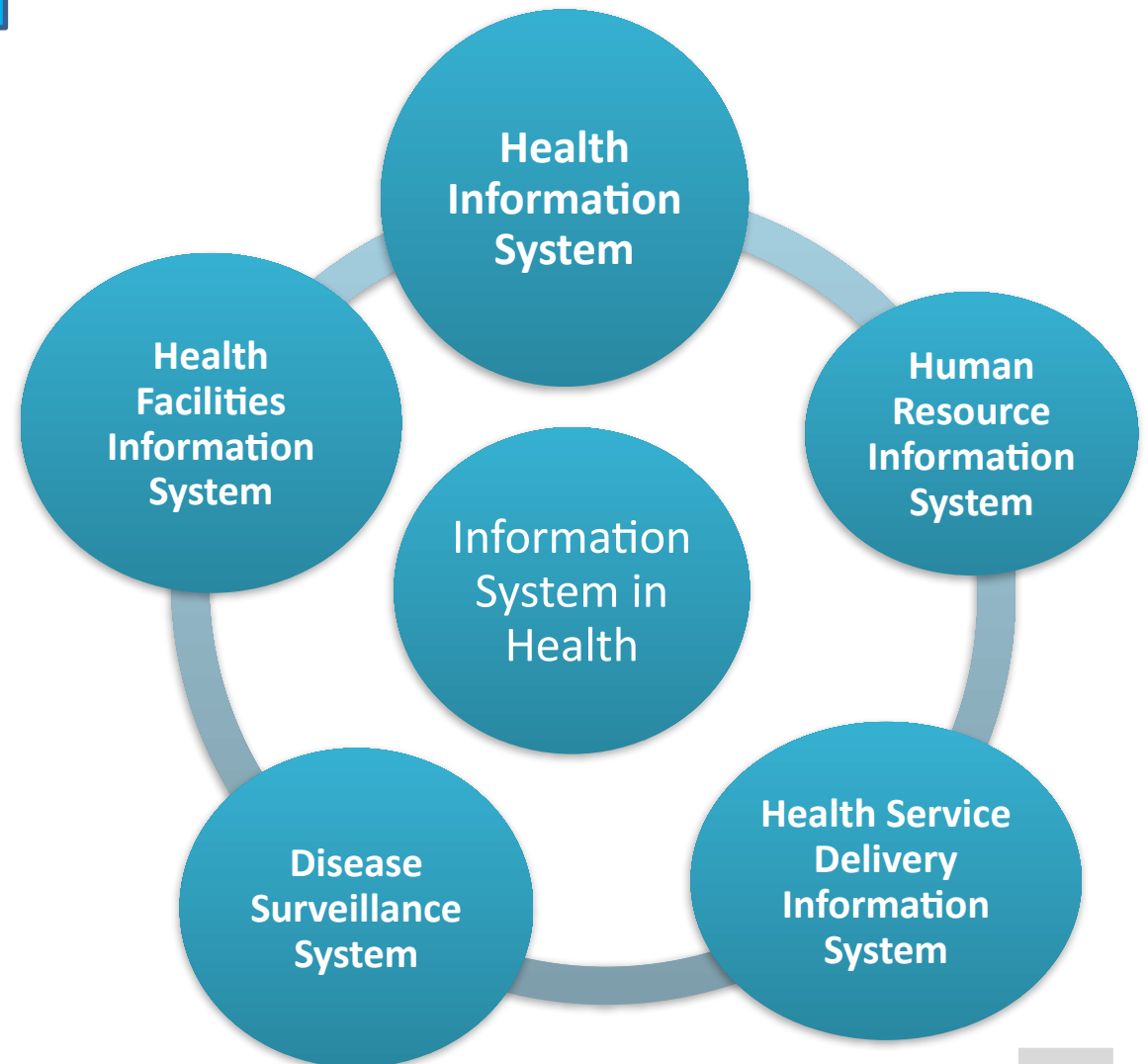
- Introduction
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Information System in Health

“ A health information system can be defined as an integrated effort to collect, process, report and use health information and knowledge to influence policy-making, program action, and research”

- WHO 2003

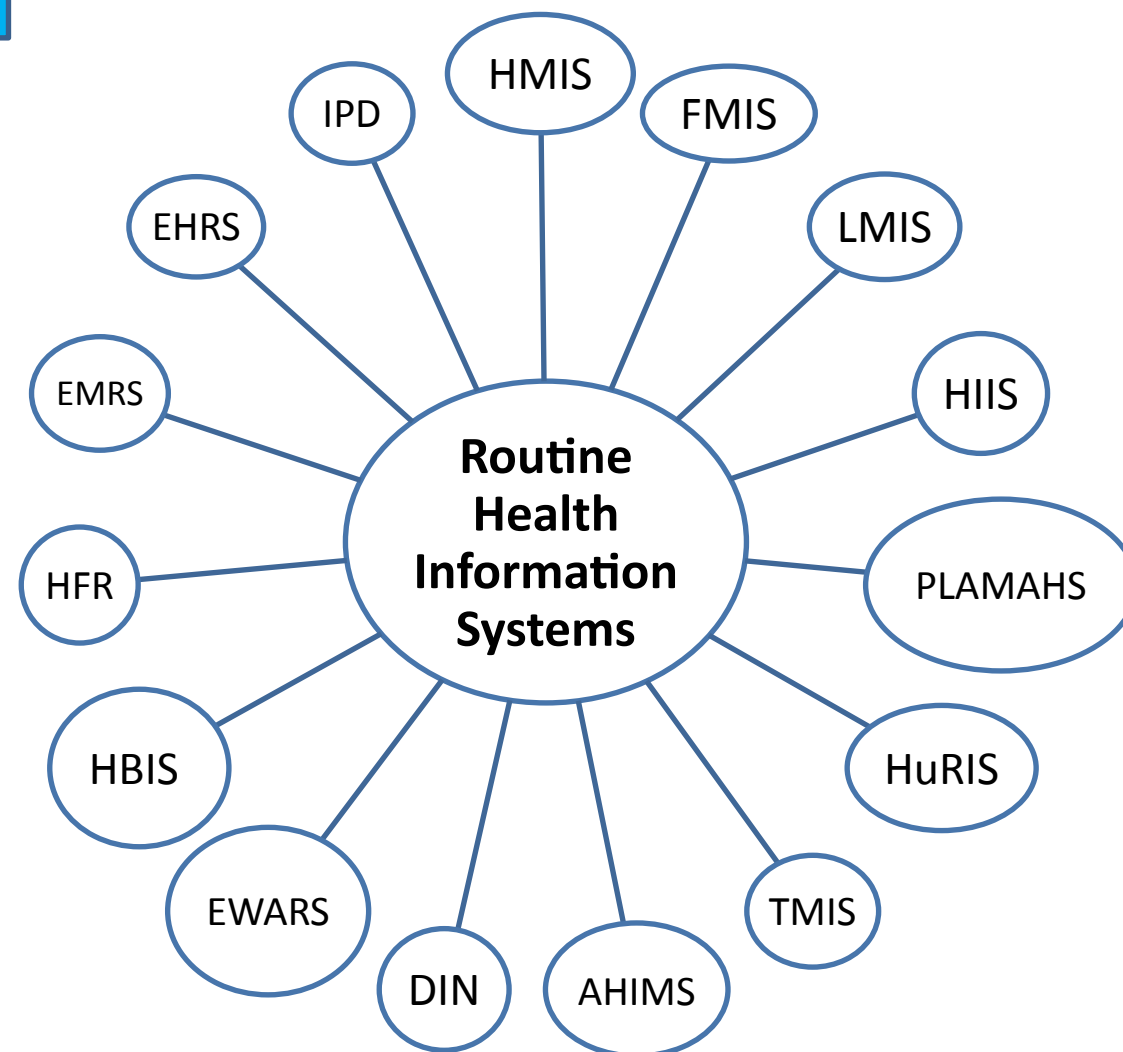
One of among six Health System Building Blocks



Information System in Health

Types of Information System

- Routine Information: HMIS
- Disease Surveillance: EWARS, MDS
- Logistics: LMIS
- Financial Management: FMIS
- Infrastructure: HIIS
- Human Resource: HRH, TMIS
- Assets: PLAMAHS
- Drug: DIN
- Ayurveda: AHMIS
- Insurance: HBIS



Health Management Information System (HMIS) in Nepal

Sources of Health Information

- Routine Health Information System
- Facility based Information
- Population based Information (Housing & Population Surveys)
- Disease Surveillance
- Vital registration



Source: IHMIS Roadmap 2022-2030

HMIS: Origin and Development in Nepal (AD)

1958

- Initiation of Program Reporting for Malaria Eradication Program

1994

- Integration of all vertical reporting system
- Health Management Information System (HMIS) Introduced; 38 forms

2007

- Piloting of Health Sector Information System (HSIS) in Lalitpur, Parsa & Rupendehi (2064-68 BS / 2007-2011 AD)

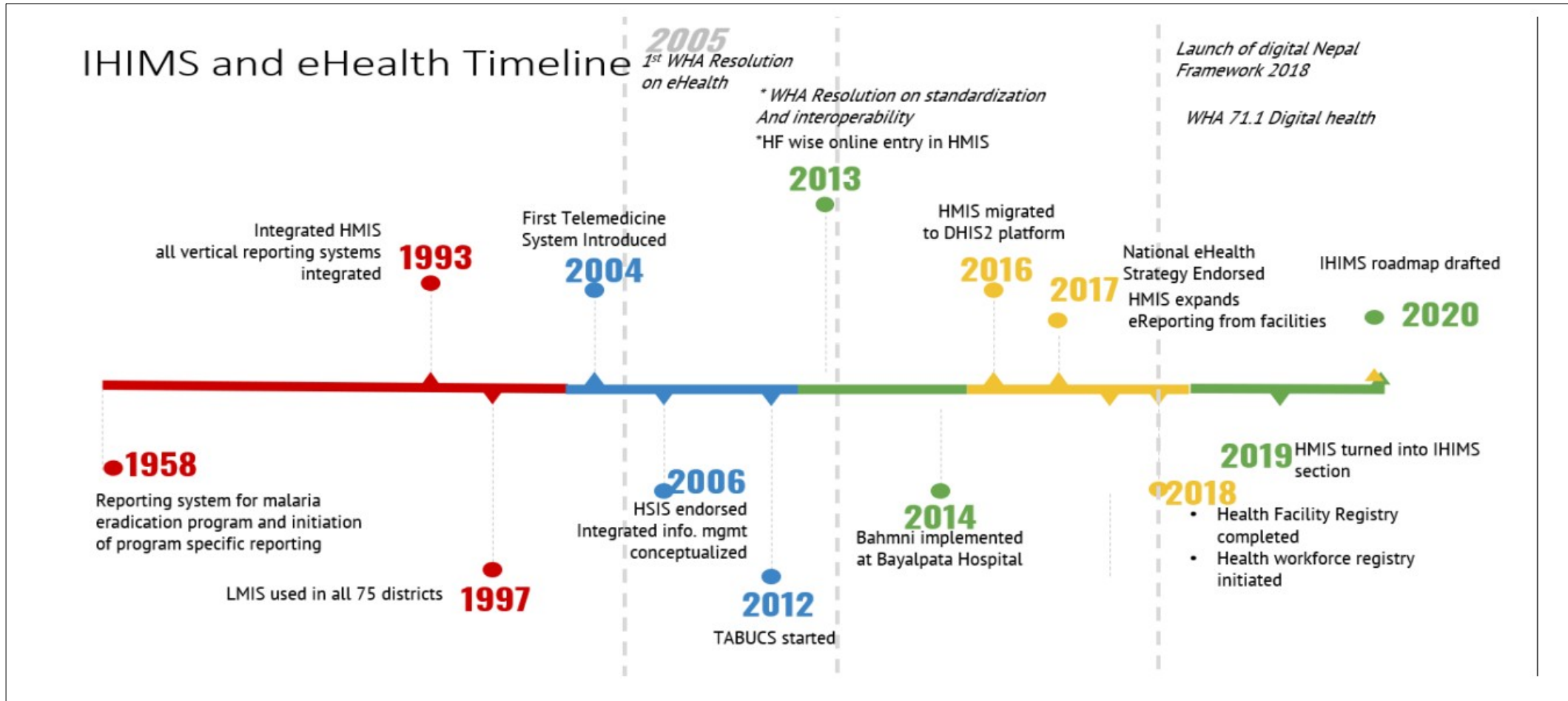
2015

- HMIS Online reporting from D(P)HOs, HFs and LGs 2015 onwards

2020

- Revision of HMIS Tools
- IHMIS Roadmap 2022-2030 approved by the cabinet

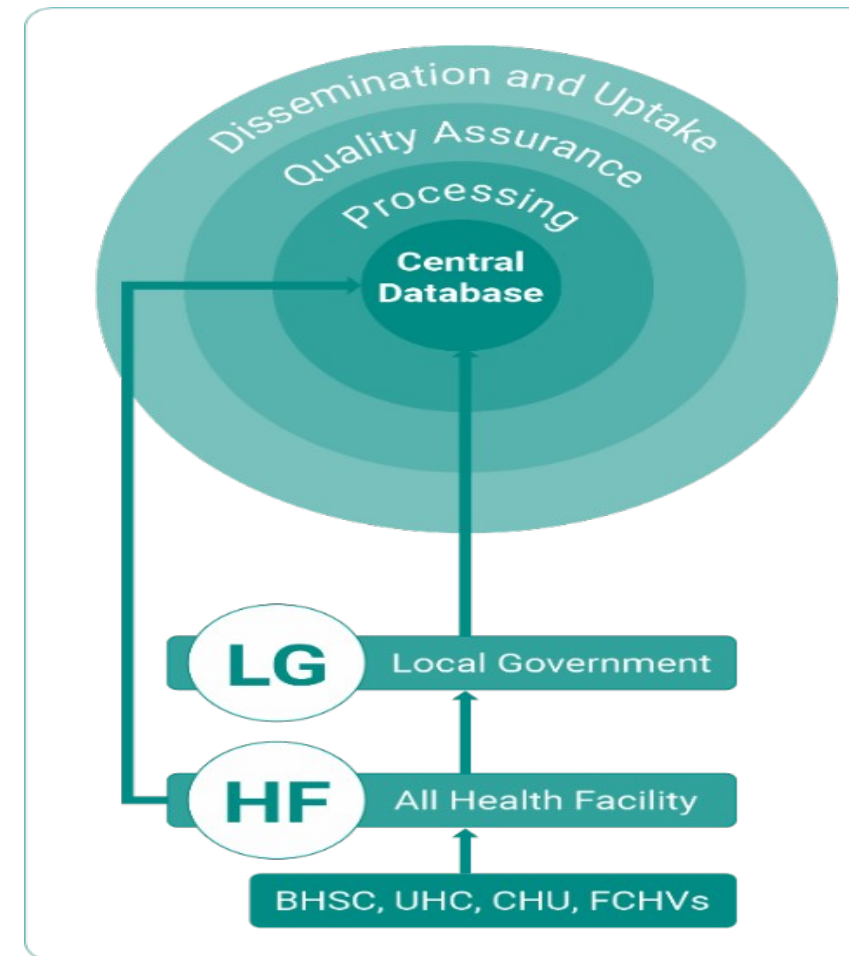
HMIS: Major Milestones in Development



Health Management Information System (HMIS) in Nepal

Use of DHIS-2 for Routine HMIS

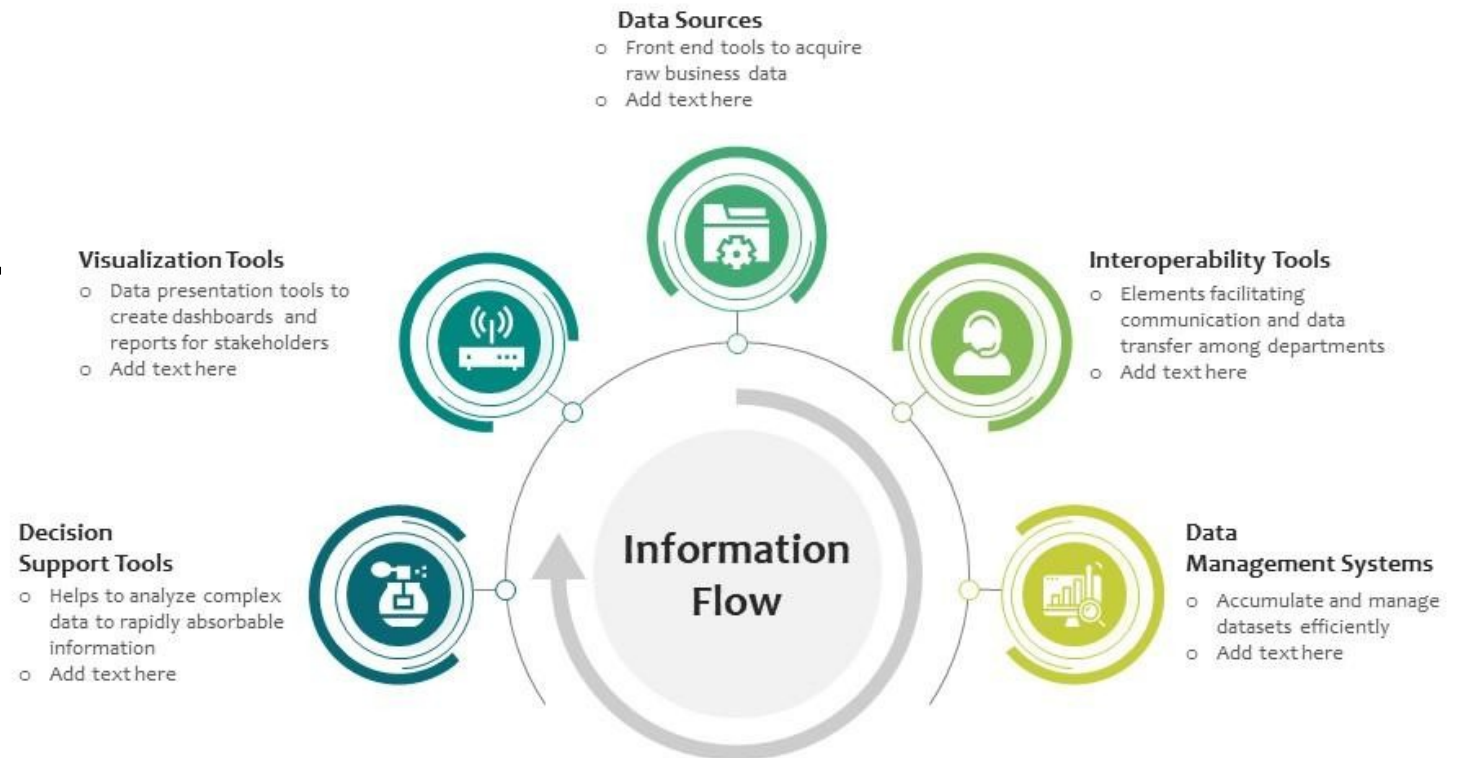
- Free open source software developed by Oslo University, Norway and implemented more
- In use more than 67 countries over the world to manage the Health sector recording and reporting .
- DHIS 2.30 version currently in use



Health Management Information System (HMIS) in Nepal

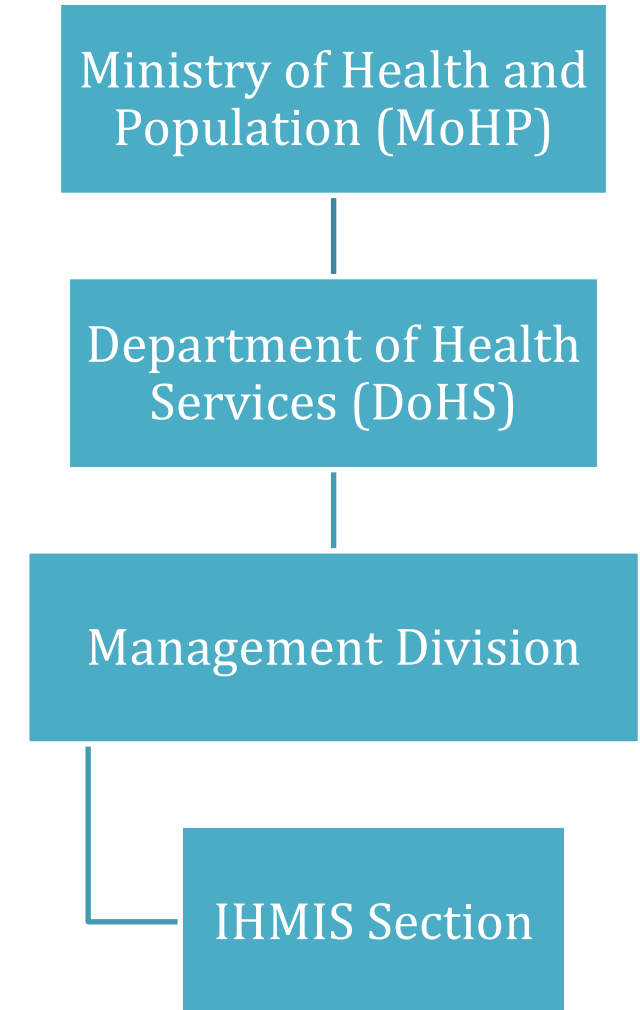
Key Features

- Online entry and reporting
- Data Access based on need
- Dashboard & Data visualizer
- Pivot table, GIS
- Data quality modules
- Event Capture
- Standard reports
- Feedback and messaging



Institutional Framework for HMIS

- **IHMIS Section** responsible for HMIS in Nepal:
 - Formulating policy and guidelines related to the national level HMIS,
 - Effective management of health information,
 - Integration of existing health system and interoperability,
 - Develop and modify indicators and reporting mechanism, prepare annual report
- **Planning, monitoring and regulation section under PHD** responsible for overall health information management in the province level.
- **Health section under the local level**



HMIS Revision 2019/2020 AD

HMIS Recording and Reporting Tools before revision

SN	Sub no.	Group
1	1.1 -1.6	Common forms-6
2	2.1 – 2.7	Infants and child health-7
3	3.1 – 3.7	Maternal and Neonatal Health -7
4	4.1 – 4.3	Community services-3
5	5.1 – 5.6	Malaria, Kalazaar & Leprosy, Geriatric -6
6	6.1 – 6.10	Tuberculosis -15
7	7.1 – 7.6	HIV/AIDS & STI-6
8	8.1 – 8.3	Hospital -3
9	9.1 – 9.5	Reporting forms - 5

Total Forms: 58
(53 Recording + 5 Reporting)

Updated: HMIS Recording and Reporting Tools

SN	Sub no.	Group
1	1.1 -1.8	Common forms -8
2	2.1 – 2.8	Infants and child health-8
3	3.1 – 3.8	Maternal and Neonatal Health-12
4	4.1 – 4.4	Community services-4
5	5.1 – 5.10	Malaria, Kalazaar & Leprosy, Geriatric -10
6	6.1 – 6.10	Tuberculosis -15
7	7.1 – 7.6	HIV/AIDS & STI-5
8	8.1 – 8.6	Hospital-6
9	9.1 – 9.5	Reporting forms - 5

Total Forms: 73
(68 Recording + 5 Reporting)

Total Forms:73
68 Recording
5 Reporting

HMIS Revision 2019/20 AD

15 new tools covering five different program

- RH morbidity,
- NCD and Mental health,
- Geriatric,
- OCMC,
- SSU,
- NRH,
- HPE register,
- Abortion service cards,
- Rehabilitation service card and register and
- SNCU/NICU register

SN	HMIS no	Forms	Status	SN	HMIS no	Forms	Status
1 Common forms				6 Tuberculosis			
1	1.1	Master register	Revised	43	6.1	Presumptive TB Register	Revised
2	1.2	Health service card	Revised	44	6.2	Laboratory Request and Report form	Revised
3	1.3	Outpatients register	Revised	45	6.3A	Laboratory Examination (Microscopy) Register	Revised
4	1.4	Referral/Transfer slip	Revised	46	6.3B	Laboratory Examination (Genexpert) Register	Revised
5	1.5	Defaulter tracing slip	Revised	47	6.4A	Tuberculosis treatment Card Register (Health facility)	Revised
6	1.6	Open tally sheet	Same as old	48	6.4 B	Tuberculosis treatment card (Patient)	Revised
7	1.7	Monthly Monitoring Sheet (Palika)	Revised	49	6.4 C	DR TUBERCULOSIS TREATMENT MANAGEMENT CARD	Revised
8	1.8	Monthly Monitoring Sheet (HF/Hospital)	Revised	50	6.4 D	DR TB Patient Card	Revised
2 Infant and child health				7 HIV/AIDS and STI			
9	2.1	Child health card	Revised	51	6.5A	Tuberculosis treatment register	Revised
10	2.2	Immunization register	Revised	52	6.5 B	DR TB Treatment register	Revised
11	2.3	Nutrition register	Revised	53	6.6	Contact Investigation form	Revised
12	2.4	IMCI register	Revised	54	6.7	Contact Investigation and TBPT Register	Revised
13	2.5	IMAM child health card	Revised	55	6.8	TBPT Card	Revised
14	2.6	IMAM register - Basic HF	Revised	56	6.9	TB Referral Form	Revised
15	2.7	IMAM register - hospital	Revised	57	6.10	aDSM Adverse Event Recording/Reporting Form	Revised
16	2.8	NRH register	New				
3 Maternal and Newborn Health				8 Hospital			
17	3.1	Face sheet	Revised	58	8.1	Admission register	Revised
18	3.2	Pills and Depo service register	Revised	59	8.2	Discharge register	Revised
19	3.3	IUCD and Implant service register	Revised	60	8.3	Emergency service register	Revised
20	3.4	Sterilization register	Revised	61	8.4	SNCU/NICU Register	New
21	3.5	Maternal health card	Revised	62	8.5	OCMC Register	New
22	3.6	Maternal and newborn health service register	Revised	63	8.6	SSU Register	New
23	3.7	Safe abortion service register	Revised				
24	3.7A	Medical Abortion Service Card	new				
25	3.7B	Manual Vacuum Aspiration Service Card	new				
26	3.7C	Second Trimester abortion service card	new				
27	3.7D	Post Abortion Care-Client card	new				
28	3.8	RH Morbidity Register	new				
4 Community services				9 Monthly reporting form			
29	4.1	PHC ORC register	Revised	64	9.1	FCHV reporting form	Revised
30	4.2	FCHV register	Revised	65	9.2	ORC reporting form	Revised
31	4.3	Vitamin A register	Revised	66	9.3	Health Facility reporting form	Revised
32	4.4	Health Promotion and Health Education Register	new	67	9.4	Public hospital reporting form	Revised
				68	9.5	Non-Public hospital reporting form	Revised
5 Malaria, Leprosy/Kalazaar and Geriatric							
33	5.1	Malaria, Leprosy and Kalazaar sample collection form	Revised	69			
34	5.2	Malaria, Leprosy and Kalazaar laboratory register	Revised	70			
35	5.3	Malaria and Kalazaar treatment register	Revised	71			
36	5.4	Leprosy examination and treatment card	Revised	72			
37	5.5	Leprosy treatment register	Revised	73			
38	5.6	Rehabilitation Service Register	New				
39	5.7	Rehabilitation service card	New				
40	5.8	Leprosy Contact Service Register	new				
41	5.9	NCD and Mental Health Register	new				
42	5.10	Geriatric Register	new				

New tools=15, Revised tools=57 and Tally Sheet (1)

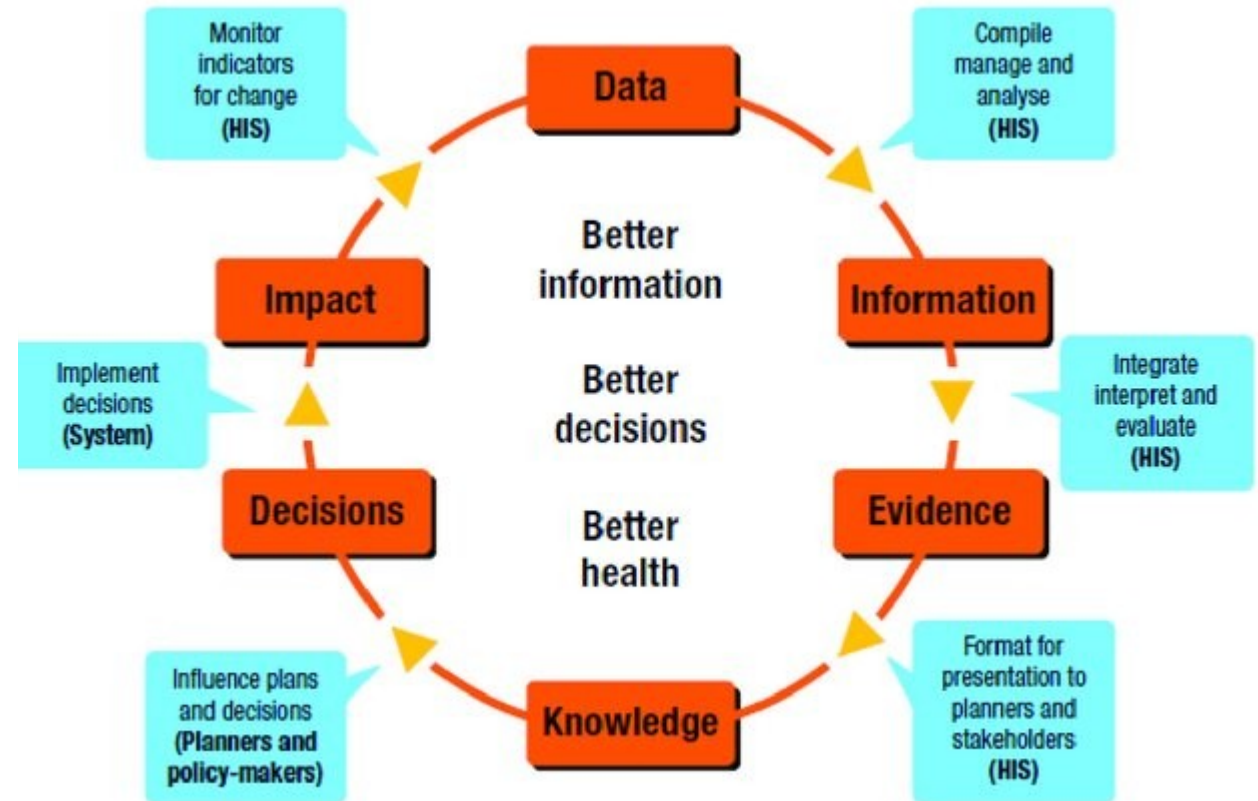
Health Management Information System (HMIS) in Nepal

SN	Program	Previous		Now		
		# indicators	%	# of indicators	%	% change
1	Safe motherhood/MNH	36	13.6	47	12.8	30.6
2	Family planning	2	0.8	3	0.8	50.0
3	Female community health volunteers	10	3.8	7	1.9	-30.0
4	Primary health care outreach services	4	1.5	3	0.8	-25.0
5	Immunization	28	10.6	32	8.7	14.3
6	Integrated management of childhood illnesses	31	11.7	31	8.5	0.0
7	Nutrition	25	9.4	34	9.3	36.0
8	HIV/AIDS	24	9.1	16	4.4	-33.3
9	Tuberculosis	18	6.8	8	2.2	-55.6
10	Epidemiology and disease control (Malaria, Kalazar, Leprosy, NCD & Mental Health, Injury)	33	12.4	78	21.3	136.4
11	Curative services	26	9.8	31	8.5	19.2
12	Health facilities(service availability, MSS, reporting and data quality)	28	10.6	23	6.3	-17.9
13	RH morbidity- New Added			5	1.4	
	Population Program (OCMC/SSU/Geriatric)-New Added			46	12.6	
	Health promotion and education-New Added			2	0.5	
	Total	265	100.0	366	100.0	

HMIS no	Forms	Status
2	Infant and child health	
2.8	NRH register	New
3	Maternal and Newborn Health	
3.7A	Medical Abortion Service Card	new
3.7B	Manual Vacuum Aspiration Service Card	new
3.7C	Second Trimester abortion service card	new
3.7D	Post Abortion Care-Client card	new
3.8	RH Morbidity Register	new
4	Community services	
4.4	Health Promotion and Health Education Register	new
5	Malaria, Leprosy, Kalazar and Geriatric	
5.6	Rehabilitation Service Register	New
5.7	Rehabilitation service card	New
5.8	Leprosy Contact Service Register	new
5.9	NCD and Mental Health Register	new
5.10	Geriatric Register	new
8	Hospital	
8.4	SNCU/NICU Register	New
8.5	OCMC Register	New
8.6	SSU Register	New

HMIS Role, Importance and Implications

- ❖ Assessment of population health
- ❖ Health Care Delivery monitoring and evaluation
- ❖ Program performance evaluation
- ❖ Process Implementation
- ❖ Evidence-based actions
- ❖ Program and policy development
- ❖ Resource evaluation
- ❖ Health Alerts and Warning
- ❖ Preparedness, planning and readiness



HMIS Role, Importance and Implications

- ❖ Health System Strengthening
- ❖ Human resource planning
- ❖ Infrastructure and Health Facilities Mapping
- ❖ Development of targeted intervention based on data disaggregation; implications of need-based approach
- ❖ Tracking National targets and global commitments



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

नियमित तथ्याङ्क गुणस्तर परीक्षण प्रणाली Routine Data Quality Assessment System

सूचना प्रणालीबाट आउने तथ्याङ्कहरूको गुणस्तर परीक्षण गर्न र समग्र सूचना प्रणाली ब्यवस्थापनको अनुगमन तथा मूल्याङ्कनको संरचना, सूचकहरूको परिभाषा अभिलेख तथा प्रतिवेदनको निर्देशिका, अभिलेख तथा प्रतिवेदन सामग्री, तथ्याङ्क ब्यवस्थापन प्रक्रिया एवम तथ्याङ्कको प्रयोग जस्ता बिबिध पक्षहरूको मापन गरी सुधारका कार्यक्रमहरू अगाडि बढाउन नियमित तथ्याङ्क परीक्षण प्रणाली प्रयोग गरिन्छ।



Government of Nepal - Ministry of Health and Population

Home BHS **HMIS** NDHS NHFS

Health Management Information System

Ministry of Health and Population, Kathmandu, Nepal

PROGRAMME: All

INDICATOR: Percentage of children under one year immunize

NATIONAL: 88.2 in 2077/78

Critical Appraisal on HMIS

- ❖ Policies Commitment for strengthening HMIS; National Health Policy 2019, Nepal Health Sector Strategy 2022-2030, IHMIS Roadmap
- ❖ Development of National e-health strategy; leveraging Modern technologies for better health information system
- ❖ Designated sections and authorities with required HR at all levels
- ❖ User-friendly system i.e., DHIS-2
- ❖ Allows disaggregation of data based on caste, ethnicity, age, sex and disease and improved use of data at different levels
- ❖ Improved quality of data, focus at the point of data generation, i.e. at HF level

Critical Appraisal on HMIS

- ❖ **Reporting:** Irregular, Incomplete and inconsistent, under reporting
- ❖ **Weak coverage and reporting status:** 88% public hospital only reporting national status, 69% public hospitals and 67% FCHVs reporting in Bagmati (Annual Report 2021/22, DoHS-MoHP)
- ❖ **Data Discrepancy :** Difference in data reported and recorded, need of RDQA and Data Quality Review (DQR)
- ❖ **Internet Connectivity, device availability and reluctancy**
55% of health facilities have computers with internet connectivity- NHFS 2021
- ❖ Poor Monitoring and supervision system for data
- ❖ **Need of interoperability** between different information system like MDIS, EWARS and DHIS-2 for Malaria

Critical Appraisal on HMIS

- ❖ Need of onsite coaching and mentoring for data recording and reporting
- ❖ Need of **Health Sector Information Strategy** (Drafting on process)
- ❖ Need of **national data security and protection strategy**, in line with international standards for data storage and use- HL7 (range of global standards for the transfer of clinical and administrative health data between applications)
- ❖ **Orientation, Training and capacity development:** Hands on skill development training on DHIS-2, EWARS

Critical Appraisal on HMIS

Under Development Information System

- Electronic Health Record
- Electronic Medical Record
- Health Data Directory
- Patient/Client Registry
- E-Governance



Legend:

	Fully Functional
	Partially used
	Under development

Human Resource Information System (HuRIS) in Nepal



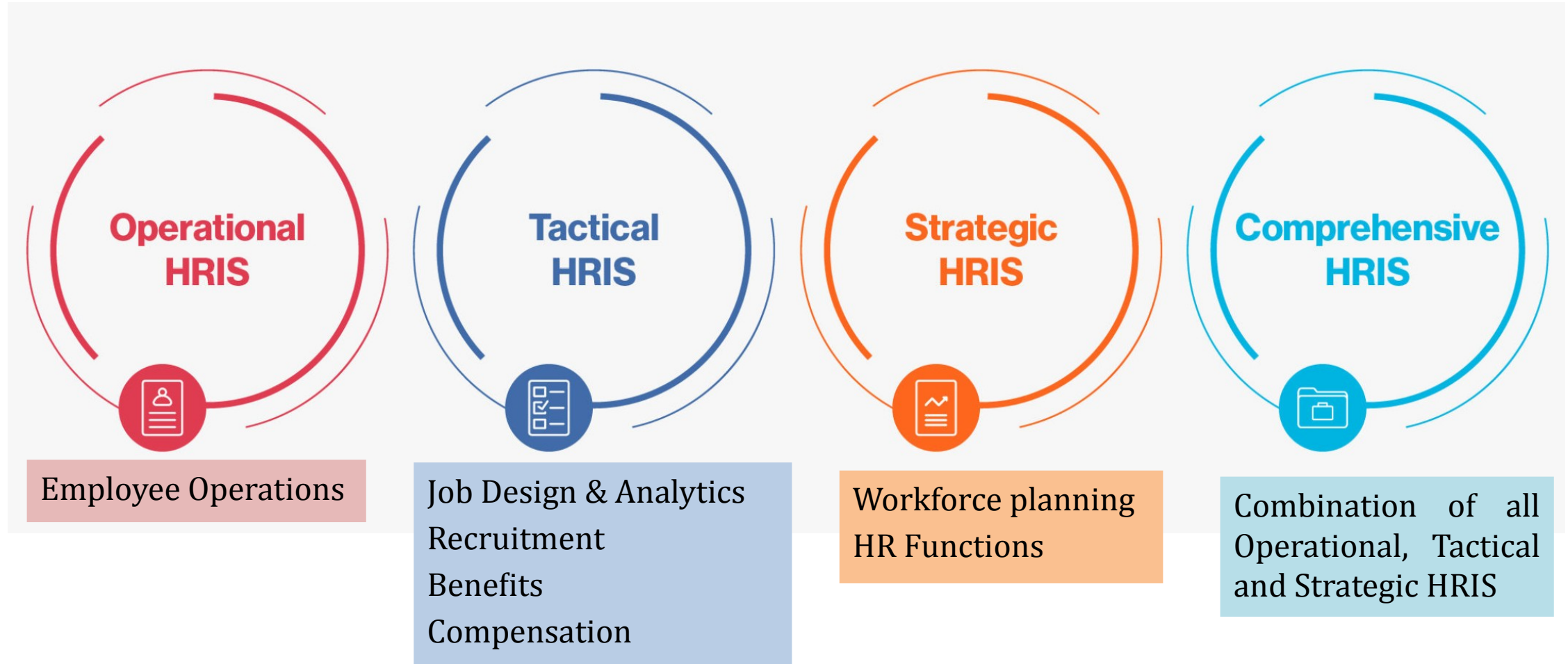
Human Resource Information System

- System with HR related data, information, personnel information, tools and transactions.

HRIS or HuRIS General/broad term for HRM	HuRDIS Specific term for HRD Application of HRIS in aspects of HRD	HRMS Overall Human Resource Management	HCMS (Human Capital) Managing the entire employee life cycle from recruitment to retirement.
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- Record keeping system of HR including categorization of existing human resource by socio-demographic characteristics, job category, skills and qualifications, hierarchy... etc
- Intersection of human resources and information technology through HR Software, nowadays called as e-HR

Human Resource Information System Types

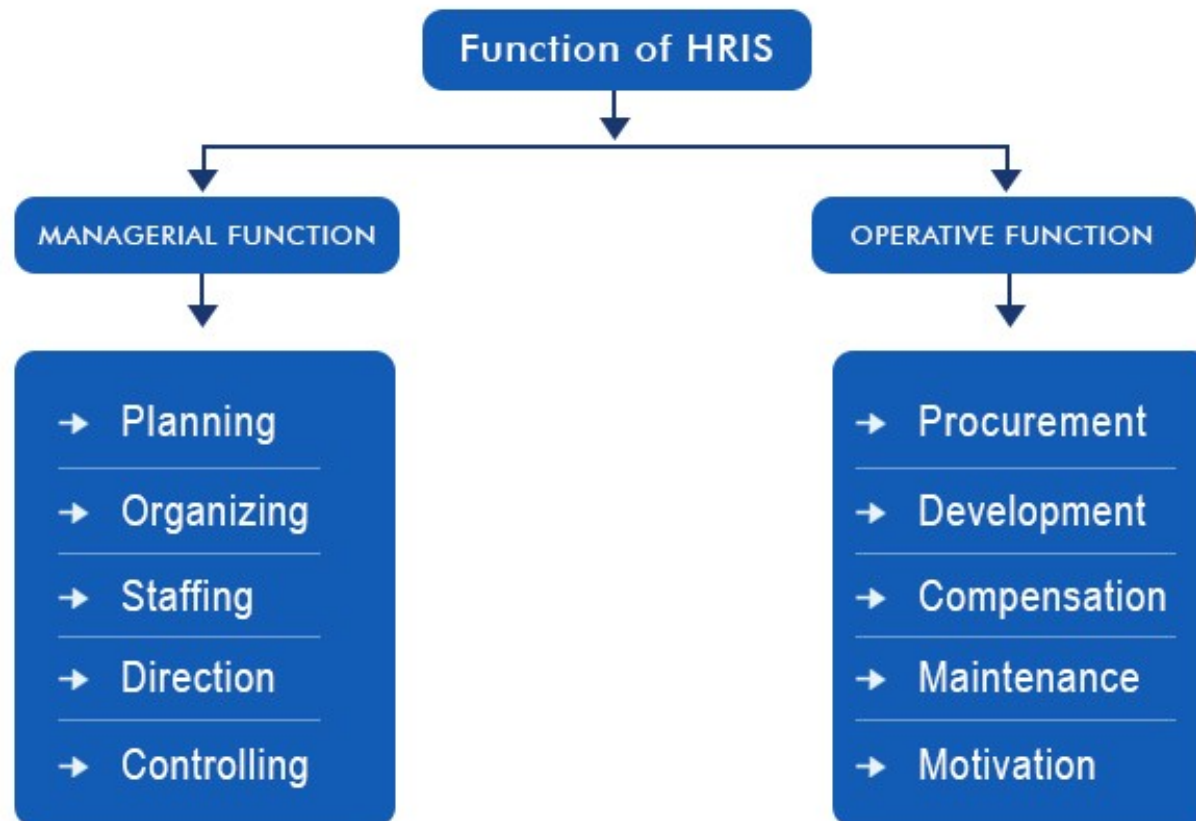



Human Resource Information System Functions

- Personal Administration
- Recruitment and retention
- Time and Labor Management
- Payroll Functions
- Benefits Management
- Performance Appraisal
- Reward Management
- Leave & Employee Services
- Trainings Information
- HR Analytics & Reporting



Human Resource Information System Functions & Benefits



- **1 Improved efficiency**
By automating tedious admin tasks, your team can focus on bigger projects.
- **2 Improved accuracy**
Removing tedious, recurring tasks helps eliminate the possibility of human error.
- **3 Improved transparency**
Employees can access their own records and see what kind of data is being stored.
- **4 Improved security**
Storing employee data in one location minimizes the opportunities for a data breach.

Minimum Data Set for HRH Registry- WHO



Human Resources for Health Information System

Minimum Data Set for Health Workforce Registry

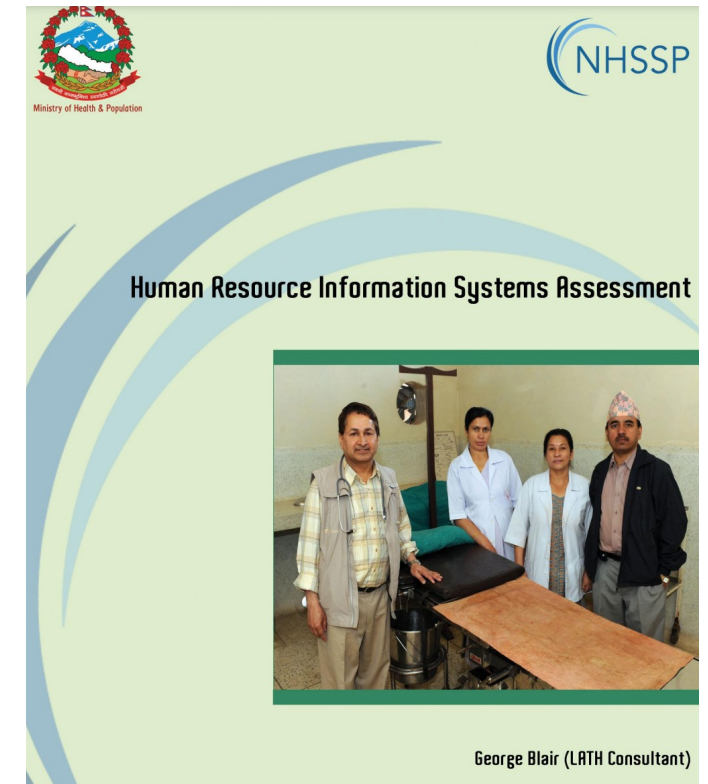
Minimum Data Set for Health Workforce Registry

- | | |
|--|--|
| 1. Identification Number | 6. Contact Information |
| 2. Full name | 7. Education, Professional License and Certification |
| 3. Birth History | 8. Employment Status |
| 4. Citizenship, Country of Residence, and Language | 9. Employment Address |
| 5. Address | 10. Data Submission Institution |

Functional domains	Primary functions
Pre-Entry <i>(Planning Workforce Needs)</i>	Action Plan and Budget
Entry <i>(Preparing Workforce)</i>	Education - Enrolment Education - Graduation Education - Accreditation Regulation - Registration and Licensing Regulation - Disciplinary Action Recruitment
Exist <i>(Managing Workforce)</i>	Payroll Administration Training (in-service) Leave Management Relicensure PBF Evaluation Transfer Disciplinary Action
Exit <i>(Retiring Workforce)</i>	Retirement Discharge - Involuntary Discharge - Voluntary Discharge - Death during tenure Pension

HuRIS in Nepal; Origin and Development

- GTZ provided Technical Assistance to support HuRDISH (later known as HuRIS) from 1993 to 2007 for strengthening Human Resource Information System in Nepal
- HuRIS upgraded on 2007 to Oracle to enable districts for remote data capture using the Internet.
- Standard internationally used database
- Staff in 73 out of 75 districts were trained in entering data into HuRIS



HuRDIS in National Strategy

संघीय तहमा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयले प्रयोग गर्दै आएको आधुनिक सूचना प्रविधिमा आधारित मानव संसाधन विकास तथा सूचना प्रणाली सुदृढीकरणका लागि सफ्टवेयर तयार गरी प्रयोगमा ल्याउने र प्रदेश र स्थानीय तहसम्म विस्तार गर्ने ।

क्र. सं.	रणनीति	क्रियाकलापहरू
(घ)	स्वास्थ्य जनशक्ति सूचना प्रणाली	
१.	नेपालको स्वास्थ्य प्रणाली, अन्तर्राष्ट्रिय श्रम सङ्गठनले विभिन्न पेशाहरूको वर्गिकरण गर्न निर्धारण गरेको मापदण्ड र विश्व स्वास्थ्य सङ्गठनले स्वास्थ्य जनशक्तिको वर्गिकरण गर्न प्रयोगमा ल्याएको मापदण्डलाई आधार बनाई स्वास्थ्य जनशक्तिको वर्गिकरण गरी स्वास्थ्य जनशक्तिसँग सम्बन्धित सबै प्रकारका सूचना व्यवस्थापनमा लागू गर्ने ।	<p>१.१ राष्ट्रिय परिवेश र विभिन्न अन्तर्राष्ट्रिय मापदण्डको आधारमा स्वास्थ्य जनशक्तिहरूको वर्गिकरण ढाँचा तयार गर्ने ।</p> <p>१.२ स्वास्थ्य जनशक्तिहरूको वर्गिकरणको स्वीकृत ढाँचालाई स्वास्थ्य जनशक्तिसम्बन्धी सबै सूचना व्यवस्थापनमा प्रयोगमा ल्याउने ।</p> <p>१.३ स्वास्थ्य जनशक्तिको अभिलेखीकरण (रजिष्ट्रि) को कार्य सम्पन्न गर्ने । यसमा स्वास्थ्य जनशक्तिको वर्गिकरण बमोजिमको संख्या, शिक्षाको किसिम, वितरण, माग तथा तहगत पारिश्रमिक विवरणको अभिलेख राख्ने ।</p>
२.	स्वास्थ्यसम्बन्धी व्यवसायी परिषद्मा दर्ता भएका स्वास्थ्य जनशक्तिको निश्चित अवधिपछि पुनः नविकरण गर्ने तथा पेशा-व्यवसाय, ठेगाना परिवर्तन भएमा सो को विवरण सम्बन्धित परिषद्मा अत्यावधिक गराउने यसको लागि सूचना प्रणाली विकास गर्ने ।	<p>२.१. स्वास्थ्यसम्बन्धी व्यवसायी परिषद्हरूमा दर्ता भएका स्वास्थ्य जनशक्तिहरूको निश्चित अवधिपछि नविकरण गनुपर्ने कार्यविधि तर्जुमा गरी लागू गर्ने । (गैसस तथा निजी क्षेत्रमा कार्यरत रहने समेत)</p> <p>२.२. दर्ता भएका स्वास्थ्य जनशक्तिको पेशा-व्यवसाय, ठेगाना परिवर्तन भएमा परिषद्लाई जानकारी गराउनु पर्ने व्यवस्थाका लागू गरी नियमित अत्यावधिक गर्ने प्रणाली स्थापित गर्ने ।</p> <p>२.३. माथी बुदा नं. २.१ र २.२ को प्रयोग गर्दा सञ्चार प्रणालीको अवसरलाई उपयोग गर्ने ।</p>

क्र. सं.	रणनीति	क्रियाकलापहरू
३.	चिकित्सा शिक्षासम्बन्धी विभिन्न विद्या र तहअनुसार शिक्षण संस्था र स्वास्थ्य जनशक्ति उत्पादनको विवरण नियमितरूपमा अत्यावधिक गर्ने प्रणालीको विकास गर्ने र इ-प्रविधिमा आधारित सिकाइको थालनी गर्ने ।	<p>३.१ चिकित्सा शिक्षासम्बन्धी विभिन्न विद्याहरूका तहगत शैक्षिक कार्यक्रमहरूमा भर्ना भएका र उत्तिर्ण भएका विद्यार्थीहरूको विवरण दुरुस्त राख्ने व्यवस्था गर्ने ।</p> <p>३.२ बुदा नं. ३.१ अनुसारको यस्तो विवरण सम्बन्धित शिक्षण संस्थाले चिकित्सा शिक्षा आयोगमा वार्षिकरूपमा पठाउने प्रणालीको विकास गर्ने ।</p> <p>३.३ बुदा नं. ३.२ अनुसार यसरी राख्ने र पठाउने विवरणको फारमको ढाँचा र सो फारम भने निर्देशिका तयार गर्ने । तयार हुने फारमहरू सूचना प्रविधिमा आबद्ध गर्ने ।</p> <p>३.४ चिकित्सा शिक्षासम्बन्धी विभिन्न विद्याहरूका तहगत शैक्षिक कार्यक्रमबाट उत्तिर्ण भएका स्वास्थ्य जनशक्तिको सङ्ख्या शिक्षण संस्थाअनुसार प्रष्ट हुने गरी चिकित्सा शिक्षा आयोगको वेब साइटमा हरेक वर्षको शुरूमा अत्यावधिक गर्ने र सो को जानकारी स्वास्थ्य तथा जनसंख्या मन्त्रालयमा पठाउने ।</p> <p>३.५ सेवा प्रवेश अगाडी र सेवामा रहेको सिकाइ निरन्तरताका लागि इ-प्रविधिमा आधारित सिकाइको बातावरण विकास गर्ने ।</p>
४.	सङ्घीय तहमा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयले प्रयोग गर्दै आएको आधुनिक सूचना प्रविधिमा आधारित मानव संसाधन विकास तथा सूचना प्रणालीमा सुदृढीकरणका लागि सफ्टवेयर तयार गरी प्रयोगमा ल्याउने र प्रदेश र स्थानीय तहसम्म विस्तार गर्ने ।	<p>४.१ आधुनिक सूचना प्रणालीमा आधारित मानव संसाधन विकास तथा सूचना प्रणालीको सफ्टवेयरमा:</p> <p>(क) स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय, विभाग र सङ्घीय तहका अस्पताल, स्वास्थ्य विज्ञान प्रतिष्ठान एवम् अन्य स्वास्थ्य संस्था /निकायहरूमा कार्यरत स्थायी, अस्थायी, करार, विकास समितिबाट नियुक्त सबै प्रकारका स्वास्थ्य जनशक्तिको विवरण अत्यावधिक गर्न सकिने किसिमले तयार गरी सङ्घीय तहमा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयले प्रयोगमा ल्याउने ।</p> <p>(ख) प्रदेश तथा स्थानीय तहका सरकारी निकायहरूमा उपयोगमा रहेका सबै प्रकृतीको स्वास्थ्य जनशक्तिको विवरण अत्यावधिक गर्ने ।</p>

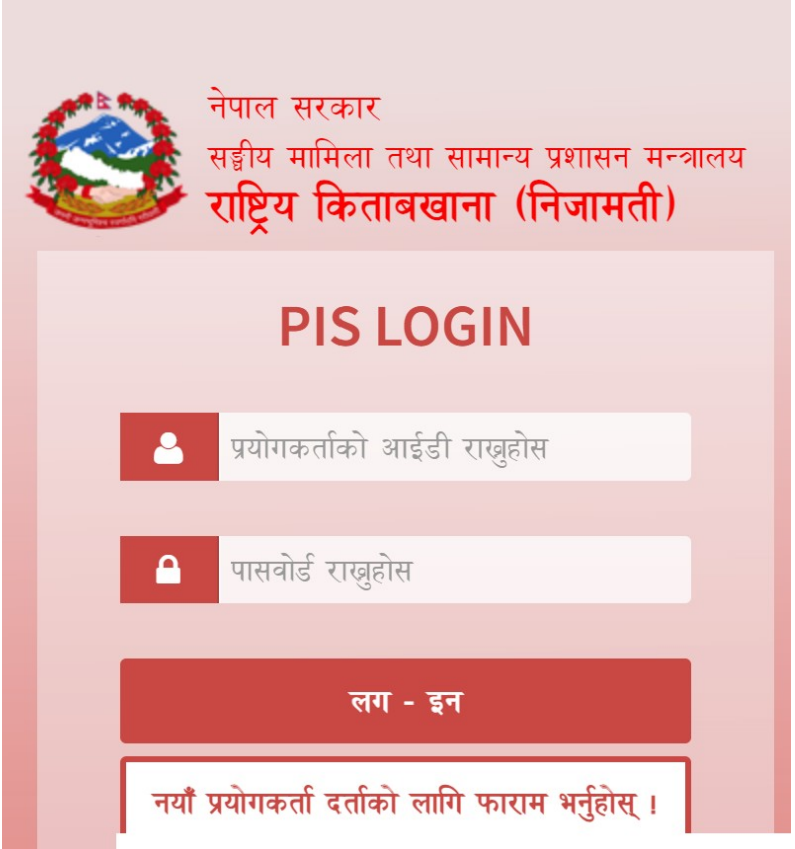
२०७८

नेपालको स्वास्थ्य जनशक्ति सम्बन्धी राष्ट्रिय रणनीति

(२०७७/७८ देखि २०८६/८७)

Personal Information System (PIS)

- Managed by MoFAGA
- Originally access database for the whole public sector.
- Upgraded to a fully functional HRIS database, using Oracle 9i and Redhat Linux.
- Advantage of remote data capture
- Implemented with WorldLink Technologies
- Civil service wide system, devolved to support the main aspects of human resource administration.



नेपाल सरकार
सङ्घीय मामिला तथा सामान्य प्रशासन मन्त्रालय
राष्ट्रिय किताबखाना (निजामती)

PIS LOGIN

प्रयोगकर्ताको आईडी राख्नुहोस

पासवर्ड राख्नुहोस

लग - इन

नयाँ प्रयोगकर्ता दर्ताको लागि फाराम भर्नुहोस् !

HuRIS vs PIS

- Fundamental difference between HuRIS and PIS
 - HuRIS does not perform an administrative function, while PIS does
- PIS; kept up-to-date to administer employee records while HuRIS not up to date
- HRIS contains: personal details, education and training, appraisal, transfer, promotion, disciplinary action, post, location and employment base while PIS particularly focused on all employee record

HuRIS vs PIS

Features	HuRIS	PIS
Scope	Health only	All Civil services
Type of database	Oracle	Oracle
Remote data capture using internet	Yes	Yes
Administrative/Operation role	No	Yes
Validation Exercise	No	Yes
Data Accuracy	Questioned	Yes
Standard reports for workforce statistics	Yes	Yet to be written

Critical Appraisal on HuRIS & PIS

Policy Commitment and New Initiatives

- Development of National HRH strategy Roadmap and IHMIS Roadmap 2022-2030 prioritizing 'need of strengthening human resource information system'
- Workload Indicators and Staffing Norms (WISN) piloting
- Integrated HRH database i.e, iHRIS software implemented through two professional councils (Nepal Pharmacy Council and Nepal Ayurvedic Medical Council) with the plan to extend to other remaining professional councils
- Planning of information system integration and inter-operationability

Critical Appraisal on HuRIS & PIS

- Inconsistent classification of staffs and not up to date HuRIS
- No effective use of 'HuRIS' and still traditional practices
“the present human resource information system HuRIS is not up-to-date and is believed to contain **only three-fourths of the total personnel** (Ministry of Health and Population, 2010).”
- Need of integration of PIS, HuRIS and TIMS
- Need of routine information collection, timely update and time series report publication for HRH analysis (Need, Demand, Status)

Critical Appraisal on HuRIS & PIS

- Monitoring and evaluation of Information System essential
- Projection and Estimation of HR Needs based on HuRIS
- Limited information available on HuRIS and PIS

Critical Appraisal on HuRIS & PIS

The MoGA staff implementing PIS and those in the file registry are paid by a performance based incentive system, which means that if they meet all their output based targets, they would receive a bonus of 15 per cent of their salary. For instance, validating 3,000 files a month is worth a 70 per cent bonus. The best performers have received 130 per cent. This has resulted in higher productivity, which when coupled to automating manual processes through PIS will enable the establishment of 65 staff to be reduced by 20 per cent a year for at least two years. This has been rolled out and will be implemented in 2023. Targets achieved or are no longer relevant.

Work is taking place on implementing an integrated payroll module. It maintains the payscale, pay, grade and gratuity amounts, and pay history from the start of an individual's employment in the Civil Service. The Department provides payroll reports used by each of the 8,500 government offices. The module has financial planning and modelling capabilities. The complexity of yearly incremental pay, which differs by grade of staff and when they were appointed is delaying this work. However, when this is implemented, it will result in the data being more accurate, as any errors in pay are likely to be taken up by those adversely affected.

PIS caught the attention of The Himalayan Times, in an article, "Government staff records to be made paperless (Pokharel, 2011)." If correspondence will be through the system and paper records will only be used for court purposes. Most functions will be delegated to users at district level. Newly retired staff currently have to visit Kathmandu to collect their documentation. In the future, this will be issued at the place of work on their last working day. A smartcard issuing system is being set up and these cards will be used for automated timekeeping purposes to manage attendance.

little progress was made in the integrated approach to information management. Different information systems seldom 'talk' to each other and suboptimal health information governance means the adequate use of information and evidence in decision making remains limited. In 2007 Health Sector Information Strategy (HSIS) was drafted but never really implemented; changes in technological, M&E and health landscape that has taken place since then warrants that this strategy

Way Forward

- Integration and ensuring interoperability between PIS, HuRIS and TIMS creating an employee profile from recruitment to retirement
- Capacity development and Training on using Human Resource Information System
- Ensuring data validation time and again
- Report generation, dissemination and evidence-based or data-driven HRH planning catering need of the Country
- Developing Integrated HRH database in coordination with Councils and Academia

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**HUMAN RESOURCES ARE THE MOST
VALUABLE ASSETS THE WORLD HAS. THEY
ARE ALL NEEDED DESPERATELY.**

- ELEANOR ROOSEVELT -

Thank You!