

FROM
KAMPALA
TO THE
DISTRICTS

LINKING DATA, SAVING LIVES

SARAH DWYER
CAROL BALES

INTRHEALTH
INTERNATIONAL



FROM **KAMPALA** TO THE **DISTRICTS**

LINKING DATA, SAVING LIVES



"I said I want to be that person."

← OPPOSITE
Margaret Ekel

I HAD TO HELP PEOPLE IN NEED

Margaret Ekel always dreamed of being a nurse. "I first liked their smartness and how smart they were in the public, and I said I want to be that person." Nurses' powerful image also inspired a young Mary Philomena Okello. "As a little girl I used to admire their uniforms and they were smart," she remembers. "Later when I grew up I found that I had to help people in need."

Now a nursing officer/clinical palliative care officer at Lira Regional Referral Hospital in Uganda, Okello loves her work. "It has changed my life," she says. "I now see a human being as a human being." Ekel, a nursing officer/health tutor at the same hospital, is equally enthusiastic. "When I'm on duty I work without thinking of time. Even if it is past time and I haven't finished what I want to do, I just continue. And I just love it, and I feel as if God has given me to serve this need."

Their jobs aren't easy, though. The shortage of health professionals—a common problem throughout the developing world—makes each individual's work harder to manage. "I am the only person who is trained as a clinical palliative care officer in the whole of this area," Okello points out. "The patients are many... I can't manage. I need more people trained."

Ekel agrees. "We need some help. We need more trained people." Until recently, however, it was difficult to know exactly how many nurses had been trained in the country.

A LOT IS EXPECTED FROM THEM

Florencia Rita Matte, registrar of the Uganda Nurses and Midwives Council from 2000-2008, began her career as a midwife and recognizes the importance of nurses in her country. "Nursing in Uganda forms the greater bulk of health professionals offering health services in the country," she says. "The majority are down in the health facilities which are located in the district level and where the majority of the community live."

As a nurse herself, she understands the many challenges nurses face. "A lot is expected from them, but often times the working environment is not conducive. There's no running water. There's no electricity. Even the facilities sometimes are inadequate." Salaries are also a major issue. "Many times they say their pay is quite little. You find the lowest level of a nurse, the enrolled nurse, gets around 300 or 360,000 [approximately \$133-160]...and the majority are at that level."

Margaret Ekel remembers a time during the war in northern Uganda, when she arrived at work to find a badly wounded victim: "I found a lady who was cut.... The patient was in critical condition and maggots were just coming in large numbers from the wounds. There was no power in the hospital. I had to get my money to buy the charcoal and look for the charcoal stove and then sterilize the instruments. I started working on that patient from 2pm until 9pm. When the night nurse came she said, 'sister it is enough. You can now go and rest and I'll take over.' For three days the maggots kept on coming from the septic wound until the wound healed properly. She got up and walked out of it, and that was a complete joy."

"Often times the working environment is not conducive."

OPPOSITE
children waiting
for health services





“...it was difficult for you to be able to know the exact number of nurses we have as a country.”

← OPPOSITE
women waiting to
register at the Nurses
and Midwives Council

THEY COME TO REGISTER WITH THE NURSING COUNCIL

Eunice Tushemereirwe works as the records officer at the Nurses and Midwives Council. “This is the only registration institution for the nurses in Uganda,” she explains. “So all of them from different schools in Uganda, they come to register with the Nursing Council.”

The council installed the Capacity Project’s licensure and qualification software, iHRIS Qualify. Matte describes how the project began. “We got the Registry Project, as we call it here at the nursing council. This has been supported by the Capacity Project, which is under IntraHealth, and it started in March 2006 with the training of data entry and examination of the existing data at the council. The main objective was to establish a reliable, relevant and functional electronic database.”

“Before this data bank was established in the nursing council,” Matte says, “we were using hard copies [and] it was difficult for you to be able to know the exact number of nurses we have as a country.”

WE ARE GOING TO ENTER ALL THIS DATA

The task of computerizing all the old paper files was daunting, however. “They said we are going to enter all this data,” Matte remembers, “and we just couldn’t believe that it would all get in! It sort of overwhelmed us, and it was all dusty. Nobody wanted to touch it. So I said, we just have to put on some other clothes to touch this data—it was all dusty!”

OPPOSITE
paper files at the Nurses
and Midwives Council



“It sort of overwhelmed us, and it was all dusty.”





“The number that registered is much higher than the number that licensed. Where are the others that registered, but are not licensed? Is it because they are practicing without licensing, therefore practicing illegally? Or is it that without the registration, they disappeared into other professions? Or is it that they even left the country? That is now for the managers to work on. And I think that’s one of the significant things about these databases—as you analyze them and produce information, they raise flags.”

—Dr. Vincent Oketcho, chief of party, IntraHealth/Uganda

JUST GO TO THE SYSTEM

Fortunately the team was up to the challenge, and as Matte reports, “so far data has been captured of all enrolled and registered nurses, enrolled and registered midwives, enrolled and comprehensive nurses, bachelor of science nurses...so we are actually up to date.”

Now, says Tushemereirwe, “Just go to the system, you put in the name...and I will get all the details about a nurse or a midwife. It is far easier and storage has become easier.”

With the new system, the council can track how many nurses do not have current licenses. The number of nurses renewing their licenses has increased, helping to ensure that nurses working in the country are properly qualified. The system is also assisting with verification and spotting cases of impersonation. “So you find when somebody comes for their certificate which is not entered, then we are able to reply immediately that this is not a registered person,” states Matte. This helps fulfill the council’s mission “to protect the public from unsafe nursing practices through the regulation of the nursing professionals.”

“...we are actually up to date.”



OPPOSITE
(clockwise from upper left) employee at Nurses and Midwives Council; Vincent Oketcho; statue of Florence Nightingale outside Council; Eunice Tushemereirwe



WITHOUT DATA YOU CANNOT MAKE APPROPRIATE PLANS

How else is the new system helping? “Without data you cannot make appropriate plans,” Matte points out. “The Ministry of Health has been able to use the data we are giving them to give feedback to the Ministry of Education on which particular cadres they require most on the ground.”

The Ministry of Health is using the council’s data to strengthen human resources planning and management. Going further, the Ministry also installed the Capacity Project’s HR management software, iHRIS Manage.

“It’s important that we address the issue of human resource crisis in Uganda,” says Dr. Eddie Mukooyo, the Ministry of Health’s assistant commissioner of the resource center. “In order to do that we need to have information on the availability of human resources.”

“The government and Ministry of Health is happy with the outputs that we are now getting from all these different data sets that are producing tangible data to inform policy and planning of resource allocation,” Mukooyo adds.

“Health workers are the backbone of health service delivery, because you can put in place any system but whatever system you may put in place has to be operated by the health workers. They are the people who provide the services, so they are the most important asset of the Ministry and the most important aspect of health service delivery.”

—Francis Ntalazi, assistant commissioner of HR management, Ministry of Health

“We need to have information on the availability of human resources.”

OPPOSITE TOP RIGHT
Eddie Mukooyo

BOTTOM (LEFT TO RIGHT)
Martin Namutso, human resources information systems consultant, IntraHealth/Uganda;
Irene Zawedde, human resources information systems advisor, IntraHealth/Uganda



“We can now improve our production, knowing the number of staff we have and the mix of the skills. You can plan for them better—where they are supposed to go for upgrading, for different courses—but also plan for their exit, which is usually a big problem.”

—Dr. Vincent Owiny,
district health officer, Oyam

LINK WITH THE DISTRICTS

Right now we are trying to see how best we can now link with the districts [in terms of our] information system on human resources,” says Mukooyo.

Oyam and Lira districts piloted the Capacity Project’s iHRIS Manage software. Sarah Awor is a biostatistician in Oyam’s District Health Office. “We should be making updates to the Ministry of Health about the staff [working in Oyam],” she asserts. Using the new system, “we’re able to run those reports and mail to the Ministry. But hopefully with time we can be able to make comparisons of the kind of staff that we have, make different analyses, so that if we are planning to make recruitments, we know where best to advertise, where best to add in more human resources.”

Biostatistician Henry Omoo works in Lira’s District Health Office. “We have started benefitting so much from the system,” he shares. “Once the data is inputted and specific reports are wanted, within a click of a button you will generate a report!” Omoo says the districts can run several reports, including a list of health workers in each facility and a salary grade breakdown.

“We like the software,” Leo Okoletwop agrees. He works as a medical records officer in Lira. “It will ease our work and make data entry very easy. It will also make our service delivery very efficient and effective because our data will portray what we’re actually doing in the district here.” He wants the software to be installed in all health centers in the district.

“We like the software.”

← **OPPOSITE**
(clockwise from
upper left)
Sarah Awor; Sarah
Awor and Vincent
Owiny; road to Lira
and Oyam districts;
Leo Okoletwop

IT'S ABOUT
SAVING LIVES

In Oyam, Sarah Awor emphasizes the bottom line. "Because here it's about saving lives, so how many lives are we going to save with this kind of capacity that we have? I think the most important use of human resource data is to monitor the capacity and the quantity and the quality of the workers."

"I now know that as a nurse you die a nurse, whether you have retired and gone to the village... the community will still want you to give that needful help."

—Margaret Ekel

You matter because you are you. You matter to the last moment of your life, and we'll do what we can to help you live until you die."

—Mary Philomena Okello



"Because here it's about saving lives..."

OPPOSITE →
(clockwise from upper right)
health worker, Lira;
children in Kampala;
Josephine, senior nursing officer at Lira Regional Referral Hospital; man outside Lira Regional Referral Hospital

