

Section I: Organization Information

Make a separate copy of the questionnaire for each type of HRIS or organization that is being assessed.

Organization:			
Department Name:			
Mailing Address:			
Your Name (Assessment Lead):			
Assessment Team Members:			
Date(s) of Assessment:			
Type of Organization or HRIS: <i>(select only one)</i>	<input type="checkbox"/> Scholarship and/or Training	<input type="checkbox"/> Qualification (Licensing, Registration, Certification)	<input type="checkbox"/> HR Management
	<input type="checkbox"/> Workforce Planning	<input type="checkbox"/> Other (specify):	

Complete the following information for every person participating in completion of this questionnaire, including you. Attach additional sheets if more space is needed.

Name	Job Title or Role	Telephone <i>(include country code)</i>	E-mail Address	Sections Completed

Section 2: Infrastructure

		Yes	No	Unsure
2.1	Do you have a telephone in your office or access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Do you have a mobile phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	If yes, does your mobile phone have internet access or SMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If you have a mobile phone, is it provided by your place of business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Do you have electrical power outlets in your work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	How many computers are there in your immediate working group?	Number:		
2.7	Do you have access to your own computer or a shared computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Do you have network access via this computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Do you have Internet access via this computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Is there someone in your organization who is qualified to keep the computer(s) functioning well, and is he/she routinely available to deal with any issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	If yes, is this person located on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	If no, how often are they available?			
	<input type="checkbox"/> On call	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Other (specify):			
Comments:				

Section 3: Human Resources Information System Software

3.1	Indicate the name of your HRIS:			
3.2	What type(s) of data does your HRIS collect? Check all options that apply.			
	<input type="checkbox"/> Disease statistics	<input type="checkbox"/> Facility	<input type="checkbox"/> HMIS	<input type="checkbox"/> Human resources
	<input type="checkbox"/> Patient records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pre-service training
	<input type="checkbox"/> Other (explain):			
			Yes	No
				Unsure
3.3	Is this HRIS application paper-based? <i>(If yes, skip to Section 5.)</i>			
3.4	Do you receive and enter HRIS information via spreadsheets or other electronic documents?			
3.5	Do you receive and enter HRIS information via a database program?			
3.6	If so, what is the type of database?			
	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Filemaker Pro	<input type="checkbox"/> Oracle	<input type="checkbox"/> My SQL
	<input type="checkbox"/> Other database (specify):			
			Yes	No
				Unsure
3.7	Does this system meet your current needs?			
3.8	Do you have a technical support person/team for this HRIS application?			
3.9	Is there a system or process for sending comments for improving this HRIS application?			
3.10	Are updates or changes made regularly to this HRIS application based on the feedback received?			
3.11	Who maintains this HRIS application? Check one option.			
	<input type="checkbox"/> Personnel (MOH)	<input type="checkbox"/> Planning (MOH)	<input type="checkbox"/> Accounting (MOH)	<input type="checkbox"/> Districts
	<input type="checkbox"/> Related ministry	<input type="checkbox"/> Outside consultant	<input type="checkbox"/> Other (explain):	
3.12	How do you access the system? Check all options that apply.			
	<input type="checkbox"/> Any computer with Internet access	<input type="checkbox"/> Networked computer	<input type="checkbox"/> Computer (without network)	<input type="checkbox"/> Printed documents
	<input type="checkbox"/> Unable to access system			
	<input type="checkbox"/> Other (explain):			

3.13	What features are available for data security? Check all options that apply.			
	<input type="checkbox"/> Secure user login	<input type="checkbox"/> Frequent data backups	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (explain):
Comments:				

Section 4: Data Collection

		Yes	No	Unsure	
4.1	Is a standard set of data collected on a regular basis? (If no, skip to section 6.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Indicate the type of data collected on a regular basis. Fill out a new sheet for each type of data collected. Make additional copies of this section and attach.				
	<input type="checkbox"/> Disease statistics	<input type="checkbox"/> Facility	<input type="checkbox"/> HMIS	<input type="checkbox"/> Human resources	<input type="checkbox"/> In-service training
	<input type="checkbox"/> Patient records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pre-service training	
	<input type="checkbox"/> Other (explain):				
4.3	How often is this dataset collected?				
	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Only when requested				
4.4	On which sectors of the health workforce do you collect this dataset? Check all that apply.				
	<input type="checkbox"/> Public	<input type="checkbox"/> Private, for profit	<input type="checkbox"/> Private, FBO	<input type="checkbox"/> Private, NGO	<input type="checkbox"/> Private, association
	<input type="checkbox"/> Private, individual	<input type="checkbox"/> Other (specify):			
4.5	List all departments, organizations and/or people that supply this data:				
4.6	How is this dataset collected? Check all that apply.				
	<input type="checkbox"/> Paper	<input type="checkbox"/> Electronic files	<input type="checkbox"/> Personal visit	<input type="checkbox"/> Other (specify):	
4.7	From first request to receipt of last entry, how long does the data collection activity take?				
	<input type="checkbox"/> An hour	<input type="checkbox"/> A day	<input type="checkbox"/> A week	<input type="checkbox"/> A month	<input type="checkbox"/> A year
	<input type="checkbox"/> Varies:				
4.8	How accurate are the data you receive?				
	<input type="checkbox"/> Very accurate and can be trusted	<input type="checkbox"/> Somewhat accurate but must be verified	<input type="checkbox"/> Inaccurate and cannot be trusted until verified		
		Yes	No	Unsure	
4.9	Is a data-quality audit routinely performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	If routine data-quality audits are performed, how often?				
	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Only when requested
4.11	Provide a short description on the type of data collected in this dataset:				
4.12	Attach copies of data collection forms and/or screenshots of computerized systems.				

Section 5: Data Reporting and Use

		Yes	No	Unsure	
5.1	Do you have a standard set of data or set of reports that you provide regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Who are the principal users of the data and/or reports? Check all options that apply.				
	<input type="checkbox"/> Senior management (MOH)	<input type="checkbox"/> Personnel (MOH)	<input type="checkbox"/> Planning (MOH)	<input type="checkbox"/> Accounting (MOH)	<input type="checkbox"/> Districts
	<input type="checkbox"/> Medical facilities	<input type="checkbox"/> Private sector	<input type="checkbox"/> All staff	<input type="checkbox"/> General public	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other (explain):				
5.3	In what format do you produce reports?				
	<input type="checkbox"/> Paper	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Document	<input type="checkbox"/> Other (specify):	
5.4	How often are these data reports produced?				
	<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Only as requested	<input type="checkbox"/> Other (specify):			
5.5	From the time the request for a report is received, how long does it take to generate a report?				
	<input type="checkbox"/> An hour	<input type="checkbox"/> A day	<input type="checkbox"/> A week	<input type="checkbox"/> A month	<input type="checkbox"/> A year
	<input type="checkbox"/> Varies (explain)				
		Yes	No	Unsure	
5.6	Are these data used for practical decision-making (such as advocating for funds, designing program improvements or influencing policies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	If data were easier to obtain, maintain and produce, is there opportunity for additional use in practical decision-making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:					

Section 6: Sustainability

		Yes	No	Unsure
6.1	Did you receive training on your HRIS and/or policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Is there a manual or handbook on your HRIS and/or policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Is there a routine review of the HRIS and/or policies for all employees in your department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Can you submit feedback and suggested improvements to the HRIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Are updates routinely made to the HRIS and policies based on user feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Section 7: Additional Information

		Yes	No	Unsure
7.1	Are there other people or organizations you feel should be interviewed or should complete this questionnaire in order to have a complete picture of the human resources information systems in this country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	If yes, indicate who else should be contacted for an interview or to complete this questionnaire.			
7.3	Does your organization's HRIS already link to or share information with other human resources information systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	In your opinion, what are the primary advantages or strengths of your organization's HRIS? Check all options that apply.			
	<input type="checkbox"/> Data accuracy	<input type="checkbox"/> Ease of access to data and reports	<input type="checkbox"/> Ease of updating records	<input type="checkbox"/> Data security
	<input type="checkbox"/> Speed of report generation			
<input type="checkbox"/> Other (explain):				
7.5	What are the primary limitations of your organization's HRIS? Check all options that apply.			
	<input type="checkbox"/> Data accuracy	<input type="checkbox"/> Ease of access to data and reports	<input type="checkbox"/> Ease of updating records	<input type="checkbox"/> Data security
	<input type="checkbox"/> Speed of report generation			
<input type="checkbox"/> Other (explain):				
7.6	What changes would you recommend be made to the system?			
7.7	Please provide any information about the system that could help the HRIS team to think about how the system could be strengthened.			