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Namibia Capacity Building for Country-Owned HIV/AIDS Services:

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Human Resources for Health

Data sharing agreement

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# Abbreviations and Acronyms

|  |  |
| --- | --- |
| Abbreviation/Acronym | Definition |
| Additional to staff establishment | Positions in addition to the approved number of positions as per staff establishment |
| Data set | A data file or collection of interrelated data e.g. all staff employed by MoHSS |
| Data owner | Data owners are the primary data collectors and have the right to make changes to the data |
| Data user | Data users only have read-only access to the data and has no authority to make changes to the data |
| Read-only | Rights to only view data |
| MoHSS | Ministry of Health and Social Services |
| FBO | Faith-based organization |
| HRH | Human resources for health |
| Staff establishment | Approved number of positions per job/occupation |
|  |  |

# Document History

| Ver. No. | Ver. Date | Prepared By | Reviewed By | ReviewDate | Approved By | Affected Section & Summary of Change |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 15/09/2014 | Rosaline Hendricks |  |  |  | Initial document creation |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# Background

The Ministry of Health and Social Services (MoHSS) of Namibia is working towards having a complete view of the Health Worker status for the entire country. Towards this end, IntraHealth International assisted MoHSS by:

* Conducting an initial HRIS assessment in 2007,
* Rolling out HRIMS,
* Migrated HRIMS to HCMS,
* Customized and implemented iHRIS Manage for 6 FBO facilities

All these represent separate source data sets that are owned and managed by each facility and is accessible only to staff based at each facility. To enable HRH data sharing between the MoHSS and the FBO facilities, it is necessary to develop a data sharing agreement to provide a policy framework that will govern the terms of the data sharing. FBO facilities already share data with the MoHSS as part of the memorandum of understanding (MoU) between MoHSS and FBO. This data is shared mostly as aggregate information.

# Goals of Data Sharing

Data sharing allows organizations to eliminate duplication of efforts to collect data and instead use existing datasets. MoHSS is specifically tasked to make policy and planning decisions for the entire country, and subsidizes FBOs 100% through paying salaries and benefits and covering all operational costs of the FBOs. Although FBOs submit quarterly reports on specific HR indicators to regional offices, these reports are paper based, not always up to date and uses a number of different formats. For more effective HRH planning, MoHSS need to have access to accurate HRH data to inform them of the total number of health workers, attrition and vacancy rates and other HRH indicators needed to inform their budgeting and planning process.

The purpose of this agreement is therefore to define the data elements the MoHSS and FBO partners could be sharing, frequency and format the data will be shared and who will have access to the data.

# Responsibilities of Data Owners

Prior to sharing, data should be cleaned of all items that could be used to directly identify an individual e.g. name, telephone numbers, and national identification number. Where it is required to share personal information, the terms should be clearly spelled out and agreement should be obtained from individuals.

Data owners must ensure that individuals have given permission that their data could be shared with other stakeholder; else only aggregated data should be shared. Data owners must ensure data is shared at the intervals agreed upon e.g. monthly, weekly, etc.

MoHSS is the data owner of public health worker data which contain core HR data such as identification data and demographic data. In addition, MoHSS is collecting data on work location, training, skills, qualifications, and a number of other HR related data.

Each FBO facility is the data owner of their own data, and collects similar data as MoHSS.

# Responsibilities of Data Users

Data Users should not share data that is not aggregated with third-parties that have not entered into a data sharing agreement. Data Users should only allow read-only access to data they do not own. Any changes should be communicated to data owners to be made to the master data.

# Definition of Data Elements to be shared

At this stage the final decision has not been made whether data will be shared at individual or aggregate level.

## Person level information

Below is a list of data elements at individual health worker level that is recommended for sharing.

* Name of facility
* Facility type
* Geographic location of facility
	+ Region
	+ District
	+ Town;
* Position of health worker;
* Appointment date of health worker;
* Retirement date based on date of birth of health worker ;
* Early retirement date based on date of birth of health worker;
* Grade and notch;
* Education level
* Gender
* Nationality
* Receipt number of last payment to renew registration with the Health Professional Council of Namibia (HPCNA);
* Date of last payment to renew registration with the Health Professional Council of Namibia (HPCNA);

## Aggregated data elements

Below is a list of aggregated data elements that is recommended for sharing. Aggregated data should be at a minimum include region, district, facility, cadre, job category, gender, year and month.

* Number of new appointments
* Number of positions filled, approved, vacant and additional to staff establishment
* Number of movements per type of movement
	+ Transfer
	+ Transfer in rank
	+ Promotion
	+ Demotion
* Number of attritions per type of attrition
	+ Resignation
	+ Dismissal
	+ Death
	+ Retirement
	+ Early retirement

# Frequency and formats of sharing

Currently FBO’s submit monthly, quarterly and annual reports to MoHSS, mostly related to performance and in support of financial requests. This data agreement is specifically to promote the sharing of HRH data, so these are the proposed frequency and formats of sharing HRH data.

# Implementation

**Methods for Data Sharing**

Although the purpose of this agreement is not to select a method for data sharing, we found it good to include the available methods for clarity.

The most ideal method would be electronic format, as that will eliminate double-entry of data which is likely to result in errors. Therefore ways to share data could be:

* Giving a data user a user name and logon with appropriate authority rights to access the data owners’ system;
* Data owner extracting the required data and providing this to data users in a pre-defined electronic format;
* Using a Health Worker Registry framework, provide data user a user name and logon to access aggregated data;

**Data Documentation**

Regardless of the mechanism used to share data, each dataset will require documentation. Proper documentation is needed to ensure that others can use the dataset and to prevent misuse, misinterpretation, and confusion. Documentation should include details about codes, definitions of field names and a description of that data stored in a field.

**Access**

MoHSS will have only read only access to the data and will furthermore ensure that access to the data sets are restricted and controlled.

# Data Sharing Agreement Template

Data Sharing Agreement

Between the undersigned and the

Ministry of Health and Social Services (MoHSS)

**Conditions:**

What type of data will be shared?

|  |  |
| --- | --- |
| **Level of data** | **Yes/No** |
| Person level data |  |
| Aggregated data |  |

At what frequency will data be shared?

|  |  |  |
| --- | --- | --- |
| **Frequency**  | **Yes/ No** | **If yes, additional terms**  |
| Monthly |  | By the 15th of each month |
| Quarterly |  | By the 15th of the first month after the end of a quarter |
| Annual  |  | By the 15th of the first month after the end of a year |

In which format will data be shared?

|  |  |
| --- | --- |
| **Format** | **Yes/No** |
| Hardcopy – in pre-defined format |  |
| Electronic copy – comma separated value (csv) format |  |

This Data Sharing Agreement is signed as proof that you have read this agreement; fully understand the conditions and will comply with this agreement at all times.

**Signed on behalf of Organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Names and Surname Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation Date

**Signed on behalf of MoHSS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Names and Surname Signature

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Designation Date