**Common Health Service Subsystems and Related RHIS Functions**

**7.2.3**

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**Needing Staff Development**

| **1****No** | **2****Service & Support****Subsystem** | **3****Data Types & Sources** | **4****Level** | **5****Selected Functions Supported by the Management and Use****of the HIS by Level of the Service System** | **6****Principle Types of Staff Involved in RHIS/HIS Functions** |
| --- | --- | --- | --- | --- | --- |
| **1** | **Basic Health Services**(Health Service Delivery) | Individual patient/ client data from patient records, summary tabulations and reports derived from original service records, census, civil registration, and survey data | Patient | Patient register and record maintenance within service sites |  |
| Facility | Facility client register maintenance |  |
| District | Facility service report review and summarization |  |
| Prov/Reg | District service report review and summarization |  |
| Central | Review of provincial/regional service performance levels and trends |  |
| International | Global and regional indicator summaries |  |
| **2** | **Specialized Health Programs (TB, HIV, Malaria, EPI, MCH, FP, and Nutrition)**(HealthServiceDelivery) | Detailed case-specific data, family registers, home-based records and service summaries from the community, basic and special program service outlets, and campaign activities | Pt./ Client | Patient register and service record maintenance |  |
| Community | Case identification and monitoring |  |
| Facility | Case registration and service record maintenance |  |
| Dist/Prov/Reg | Receipt, use, and management of facility reports |  |
| Central | Central program offices maintenance and use of program service data |  |
| Int’l Orgs & Donors | Receipt, maintenance and use of national program indicator data |  |
| **3** | **Hospital****Services**(Health Service Delivery) | Data on out- and in-patient caseloads, patient diagnostic group, ICD-coding, length of stay, staffing data including vacant positions, drug and equipment availability and needs, fees and other payments, cash flow and management, and patient referral records, | Private & NGO Hospitals | Maintain patient information summaries and reports as required by the hospital management, the government, and the funders |  |
| District | Monitor and oversee the submission and content of reports prepared by government and private hospitals within the district; manage referral system |  |
| Province/ Region | Similar to those described for the district level |  |
| Cent & Ref Hospitals | Maintenance of all required patient records and summary reports, in-patient, out-patient, referral and laboratory |  |
| MOH Medical Care Program | Monitors and oversees the performance and development of the national medical care program and services; development of medical facilities and institutions |  |
| **4** | **National Disease/Health Surveillance and Outbreak Response**(Health Service Delivery) | Case and outbreak notifications, results of outbreak investigations, and lab diagnostics. | Community | Community support to disease surveillance: CBOs and CHWs |  |
| Facility | Health facility participation in disease surveillance |  |
| District | District health office participation in disease surveillance |  |
| Province/ Region | Provincial-regional health office participation in disease surveillance |  |
| Central | Central-level management and oversight of national disease surveillance |  |
| Int’l Orgs | International disease and outbreak monitoring and response |  |
| **5** | **Human Resource Management**(Health Workforce)(Partially Managed Outside the Health Sector) | HR management systems in health sector produce and maintain a wide array of data on size and characteristics of health workforce. The data are generated from all HR administrative procedures and occasional HR surveys, as well as training. | Community | Selection and involvement of community health workers, and the training and registration of traditional practitioners and midwives |  |
| Facility | Maintain staff records, including training; submit routine reports of staffing complement and vacant positions |  |
| District | Monitor facility and community staffing reports and situation |  |
| Provincial/ Regional | Monitor district and facility staffing situation; receive and support requests for staff placement and reassignment |  |
| Central | Develop and maintain standard classification of public health staff categories and levels, including the government civil service post classification system; develop and update facility-specific staffing norms |  |
| International | Monitor national, regional, and global HR levels, trends, and capacity |  |
| **6** | **Health Supply & Logistics Management**(Availability of Essential Medicine) | Health supply and logistics management requires extensive data generation and maintenance on all aspects of drug and equipment procurement, storage, distribution, usage, loss and misappropriation, stockouts, expiry, and drug reactions and resistance. | Facility | Maintain records, inventories, and rates of usage of basic medicines, vaccines, and supplies; expiry experience; stockouts; and report as required |  |
| District | Receive reports from facilities and monitor usage rates in comparison with reported client services; supervise and investigate apparent supply management problems and stockouts |  |
| Provincial/ Regional | Receive reports from facilities and districts and monitor usage rates in comparison with reported client services |  |
| Central | Monitor medicine and supply requirements and usage rates; manage procurement of supplies requiring national-level bulk purchasing and importation; create, maintain, and update essential drug lists and standards |  |
|  | International | Monitor national reports of drug resistance and adverse reactions; coordinate with donors requirements for supporting national drug shortfalls and emerging needs |  |
| **7** | **Health Infrastructure****Management (Facilities, Equipment, Transport)**(Health Service Delivery) | This service support system requires and generates data on current and planned health facilities: their state of functionality, equipage, and available utilities. | Facility | Maintain records of facility maintenance and repair, including costs incurred |  |
| District | Monitor and maintain records of facility operational status; take action to address facility, equipment, and transport maintenance needs |  |
| Province/ Region | Planning, budgeting, and oversight of public health sector facility construction and maintenance; equipment procurement and maintenance; and transportation procurement, distribution, maintenance |  |
| District | Receipt of, review of, and response to facility infrastructure reports; budgeting and implementation of routine and ad hoc repairs across health facilities |  |
| Central | Develop and oversee of health facility expansion plans and budgets |  |
| **8** | **Health Financial Management**(Health System Financing) | Budget and expenditure data are primarily generated at the central and provincial level. Various sources of funding, such as central finance ministry, provincial, district, and municipalities offices, donor organizations, and charitable agencies, often maintain their own financial records. | Community | Manage community health funds for use by families and for emergency response |  |
| Facility | Maintain financial records related to fee administration, bank account management, local expenditure management and receipt control, and performance-based funds for service operations |  |
| District | Support the preparation of annual or biannual facility and health office budgets; monitor within-district expenditure; prepare reports on expenditure levels and trends across the district |  |
| Province/ Region | Monitor area-wide expenditure reports and analyze trends by district, season, and year. Oversee annual and medium-term planning and budgeting, with attention to facility and staffing trends and norms |  |
| Central | Develop and maintain overall organization and program budgeting, PBF systems, and financial management systems and procedures, including the entry and flow of budget and expenditure data and reporting |  |
| **9** | **Information & Communications Technology****(ICT)****Management**(Health Information System) | Inventories of hardware and software throughout the health service system, database locations, content and functional descriptions; plans and budgets for system development, expansion and maintenance | Community | Participate in the use of mHealth, landline, and radio communications for defined purposes according to established procedures |  |
| Facility | Establish and maintain communications with communities and CHWs. Maintain access to the Internet and to MOH websites and email as possible, with computers provided by the MOH or donors. |  |
| District | Populate required databases and reporting according to established procedures and available equipment and Internet/web communications. |  |
| Province/ Region | Provision and maintenance of equipment, software, and training to expand communications and processing |  |
| Central | Develop and pursue planned e/mHealth systems development, software, platforms standards, procedures, training and maintenance |  |
| **10** | **Knowledge Management and Dissemination**(Health Information System) | Documents and data from designated sources for inclusion in the MOH archives; data and results from selected surveys and research efforts for national and international publications | District | Maintain district health data assembled for reports; produce required quarterly and annual summaries |  |
| Province | Maintain provincial health data as assembled from routine reports; produce quarterly and annual summaries of district reports as required |  |
| Central | Maintain data warehouses, platforms and means of data/information dissemination to the public and program managers; analyze, compile, and issue compendiums of health and service data with attention focused on core indicators through various formats. Prepare and submit required reports to international agencies and partnerships such as the MDG authority. |  |
| **11** | **Management, Leadership, & Governance of the Health Sector**(Leadership and Governance) | All core health, service, and resource indicators; data on health and disease levels and trends; resource and budget levels and trends; existing and draft legislation, regulations, policy, strategy and program documentation; international health policy, strategy, and regulations | Community | Participation on health facility, district, provincial, and central health committees and advisory councils to provide citizen feedback |  |
| Facility | Create and maintain facility management committees; maintain a staff quality and performance monitoring team |  |
| District | Monitor service performance, identify gaps, and prepare annual plans and budgets with development and performance improvement components; send delegates to health governing councils and planning groups |  |
| Province/ Region | In addition to district functions, mobilize private sector and CBO involvement in health initiatives; monitor adherence to national health legislation and public health regulations; identify noncompliance and issue sanctions and penalties as necessary |  |
| Central | Create professional health associations; creation of national health council with cross-sectoral political and citizen participation; creation and maintenance of national health committees and technical working groups to analyze the health situation and needs; formulate new health legislation, regulations, policy, strategy, and development programs and projects; monitor adherence to national health legislation, public health regulations, and health policy and standards |  |

