



Division of Epidemiological Surveillance,  
Health Situation and Trends Assessment



ASSESSMENT OF NATIONAL CAPACITY FOR INFORMATION  
SUPPORT TO HEALTH MANAGEMENT

This proposal outlines a methodology for the assessment of the information needs of health service activities at different levels, starting with the health centre and its immediate supervisory level. At each level the assessment considers the services, activities and managerial processes whose information needs are to be met, and leads to the identification of possible ways of meeting them.

The assessment is carried out by a team which works with the staff of selected health units for a period of five to seven days, during which time they study the activities undertaken, the management processes and the information requirements. On the basis of this experience proposals for improvement of mechanisms, procedures or methodology for information support are prepared by the teams in close collaboration with the personnel of the units and their supervisors. This should ensure that any proposals for changes are based on the real needs of the levels affected.

The combined findings from all the levels and units examined are used as the basis for the design of mechanisms and processes which will ensure the availability of the minimum information required for effective action in the health system. The assessment is seen as the first step in the process of improving information support.

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## 1. INTRODUCTION

The aim of the health service is to improve the health status of the population. To do this most effectively it must be able to respond to the needs of the population it serves. This implies a type of management in which decisions are taken in the light of the current and predicted needs of the community or of the health services which are trying to meet these needs, rather than dependence on an inflexible, institutionalised set of routines. Action is urgently needed in most countries to instil and develop this type of approach to management. Essential to this development is a consistent and reliable supply of relevant, up to date and understandable information on the health status of the community and on the processes of the health system itself.

Health information is required to assist the rational planning and management of health services. Although some health information is available in all countries, it is a fact of life that this information is often unreliable and not available in a form, or at a time, suitable for the management of the health services. At all levels of the health service, this hampers rational planning and allocation of resources and makes accurate assessment of progress towards goals impossible. At the same time, workers at the periphery are overburdened with the work of collecting data with little relevance to their day-to-day needs.

There is a tendency in many countries to look at information as a free-standing item rather than as an element and tool of all service activities. This attitude has led to the development of information systems which are vertically structured and out of touch with the health activities whose managers they should serve. This in turn has too often led to emphasis being placed on the collection of information at the periphery to meet the information needs of more central levels, rather than on ensuring that workers at all service levels have the information they need to manage their activities as effectively as possible.

A rational approach to the development of practical information support to health management should start with an examination of the functions and activities of the service itself, and of the management, including supervision, monitoring and evaluation of these functions and activities at each level. From this should arise a definition of the minimum information requirements for the optimum performance of the managerial processes. This should be followed by an exploration of the ways and means of obtaining this information in the form and at the time and place that it is required.

The guiding principles for data collection should be that although not all the information required at a particular service level can arise from activities at that level, data collection by workers at each level should be restricted whenever possible to those data that they require for their own activities, and that the exchange of relevant information should be the basis for supervision and management. The management structure of the health service is thus the course through which the information should flow.

It is not practicable in many countries to attempt to introduce radical change across the entire health system at the same time. The major shift in managerial emphasis demanded by the movement towards Health for All through Primary Health Care must occur gradually. The starting point for this change must be the community and the services in immediate contact with it. The eventual adoption of a revitalised PHC-based national health system depends on an appreciation of the needs and activities at the periphery being the basis for central planning and management.

## 2. OBJECTIVES

The overall objective of the assessment is to facilitate and promote action to strengthen the national capability to collect and use the information needed for the support of the management of the health system, including the monitoring and evaluation of progress towards national goals.

The subsidiary objectives are to enable health programme managers to know:

- What are the minimum information requirements at each level for the effective planning, management and evaluation of activities related to each element of PHC?
- What information is currently available, in what form, and how is it used?
- What information is required but not available?.
- What practically can be done to meet the information requirements at each level and ensure that it is appropriately used as a tool of management and supervision?

## 3. APPROACHES

3.1 Although an assessment of information support may be appropriate as a part of a review of implementation of any PHC element, its main objective will be best achieved if the information needs of most or all elements of PHC represented at particular service levels can be considered simultaneously. This will avoid undue repetition and facilitate coordination of action to strengthen management. The pre-requisite of such an assessment is that there should exist among the managers of the different elements a common recognition of the needs for such an assessment. This will be aided by the existence of a coordinating group or an overall director of PHC activities who can take the responsibility and decisions needed for a coordinated assessment.

3.2 The assessment procedure can only be the first stage in a much longer process. The information framework in many health systems is bound up with traditional, and not always utilitarian, attitudes to information collection, and the most valuable aspect of the exercise may be that it provides all involved in information use with an opportunity to reassess their information needs alongside those of other users, and in full knowledge of the implications for the health care system and its workers. Although discussion with users is an essential part of the exercise itself, the completion of the formal assessment should be only the beginning of the gradual process of modifying the existing information support to health care services so as to strengthen those services.

3.3 The most cost-effective procedure is likely to be a formal assessment carried out over a period of three to four weeks by a national team with WHO support. During this period, appropriately selected units at each level of the service would be visited for periods of five to seven days, and a detailed study of the activities at that unit and level and its managerial links with other levels would be carried out along the lines suggested below.

3.4 The assessment is to serve national purposes and is clearly the responsibility of the national health authorities. From the point of view that WHO collaboration may well be provided in the formulation or implementation of the national development programme, and specifically in implementing actions to strengthen information support to health management, it is suggested that countries and WHO should collaborate in the assessment.

## 4 PROCEDURE

The assessment is seen as comprising four stages:

### 4.1 STAGE 1 - PLANNING AND PREPARATION

This must include:

4.1.1 Preliminary discussions with central health service and programme managers. The success of the assessment depends on the acceptance of the process and its findings by the senior managers of the service. Considerable time and effort should be spent on ensuring the support of such managers not just for the assessment but for its use as a first step in modifying information support.

The findings of the field review will be analysed in the light of the needs and expectations of the national programmes, and the impetus to affect changes in the structures or procedures at different levels of the service must come from the senior managers of these programmes. The chief obstacle to the rationalisation of information support may be the disinclination of managers to change the information profile that they have become accustomed to, or to compromise in the interests of a more coordinated and simplified information support to PHC as a whole. They should therefore be involved in the process at an early stage. There would be an advantage to holding a short (one to two days) seminar well in advance of the commencement of the assessment. Such a seminar would have as its objectives:

- to obtain basic agreement on the need for coordination of information-related activities between different programmes
- To discuss with programme managers the rationale and the proposed outline of the assessment procedure and to get their views on the priorities to be considered
- to open the way for detailed discussions with individual managers on the information needs of their programmes.

4.1.2 Formulation of objectives for the assessment, arising from discussion of recognized priority problems, drawing on the the findings of PHC reviews and other sources.

4.1.3 Review of existing documentation relating to programme objectives, development and implementation of information support to national programmes, previous reviews of programme implementation, development and use of indicators, monitoring and evaluation of programmes and progress in implementation of Health for All strategies, and data available on the functioning of relevant programmes.

4.1.4 Selection of personnel A core team consisting of from five to eight persons will be required to plan and undertake the assessment, formulate the recommendations for the ensuing plan of action and write the report. During the field visits this team will be supported at each level by workers from that level and the level immediately above it. This group will comprise the resource group for sensitization and training during the period of planning and implementation following the assessment.

The core team should comprise workers responsible at central and provincial/regional levels for relevant elements of the primary health care programme and workers from the health information and/or epidemiological services. In particular, senior managers with responsibility for MCH, Family Planning and PHC coordination should be included in the team. There are

likely to be advantages in including as team members staff from WHO or other interested agencies with expertise in information support, PHC development and managerial processes.

4.1.5 Selection of units to be visited. The basis of the management and information support structure must be an appreciation of activities and needs at the most peripheral levels of the service. This level must therefore be included. It is also essential, for the purpose of examining the supervisory links, to look at the level responsible for immediate supervision and support of the peripheral health unit. The inclusion of other units and levels may be required.

The importance to central health planning and management of being aware of the differences in needs and services in areas of differing geographical or socioeconomic conditions may mean that several units need to be visited at each of the levels under consideration. A random selection is not required. It may well be preferable to select units known from experience to be of particular importance, to offer services of high, medium or low quality or to be of special interest for other reasons.

4.1.6 Finances It is hoped that in most countries the implementation of the recommendations arising from the assessment can be achieved through activities relating to the implementation of PHC, which may be funded mainly from the national budget. It should not, however, be necessary to undertake more than one full assessment of information support, and international support is likely to be available from WHO or other agencies to support such assessments.

#### 4.2 STAGE 2 - DEVELOPMENT OF REVIEW FRAMEWORK

An essential preliminary to the field assessment will be a detailed consideration of those elements of primary health care which are to be included. In discussion with national programme managers and planners, four aspects of each element or programme must be determined:

4.2.1 the quantified targets and operational objectives of the programme at national level (e.g. reduction of incidence of neonatal tetanus to x per thousand live births by 1985, and immunisation of 100% of children aged 12 months by 1986), and at intermediate and peripheral levels (e.g. all women delivering in the catchment area of a maternity centre to have received two doses of tetanus toxoid by the time of delivery, and all children in the village to have completed their full course of immunization by their first birthday)

4.2.2 The functions and activities of personnel and units at each level in relation to each programme and element. For example: what are the responsibilities of the health centre and its staff for storage and distribution of ORS packets? What is the role of the referral hospital in the MCH programme? What function does the first level supervisor have with regard to provision of safe water supplies?

4.2.3 The nature of the information expected to be needed and used for activities and decision-making at each level in relation to each activity.

4.2.4 The managerial structure, referral and supervisory systems. In other words the relationships between the different levels of staff and units in the health system. How is it structured? Who is expected to do what? What is the pattern of supervision, and what should the process entail at different levels?

The discussion must focus on recognized problems and the actions that are being taken to overcome them. The form and content of the assessment must reflect the situation of the national health service and its priority problems. From these preliminary discussions a review framework will be developed which will detail for each level and type of unit:

- its functions in relation to the programmes under consideration,
- the activities needed to fulfil those functions,
- the types of information expected to be required, available and used for the implementation, supervision, management and evaluation of each of these activities.

This list will be used to guide the assessment at each level, to ensure that all activities of all elements are covered and to provide a baseline against which the findings can be assessed.

The preparation of the framework will be carried out by the assessment team as a part of the preparation for the assessment. It is not foreseen that it will involve work other than discussion at central level and examination and collation of relevant documents.

#### 4.3 STAGE 3 - FIELD REVIEW

The review framework evolved in Stage 2 will now be used in a detailed field review of the activities of service units at each level, of the information required for the management of these activities and the information support actually available and used.

The selected sites and units will be visited by members of the team in small groups rather than singly. At each site the team members will be assisted by the personnel working there as well as by a worker responsible for the supervision of the unit under review.

The team will work alongside the staff of the unit, observing the nature of their functions, their activities, the supervision required and obtained, their working links with other levels of the service and with community organizations, the nature and form of data and information obtained, recorded, and reported, and the use made of it for day to day management, communication with the supervisor, self monitoring and evaluation. It is anticipated that in order to get a feel of the needs of the service, a visit of not less than five days to each site will be required.

The findings of the groups will be taken as the basis of problem solving discussions with the personnel of the unit and their supervisors.

The outcome of the visit to each site should fall under four headings:

- A full description of the activities undertaken by the unit in relation to each element;
- a listing of the minimum information requirements for the proper management of the activities of the unit, and of the information actually available for their use. This should include what information is currently available, in what form, how is it used, (including information found to be unnecessary for the activities of the unit and information collected in order to be reported without justification to other levels.), and what information is required but not available?

- Description of problems and constraints related to the collection, analysis, interpretation and use of data and information;
- An indication, based on the experience and views of the unit personnel and their supervisors, of possible solutions to specific problems of management and information support. Including what practically can be done to meet the information requirements and ensure that data and information are appropriately used as a tool of management and supervision?

#### 4.4 STAGE 4 - ANALYSIS AND RECOMMENDATIONS

When the field review has been completed the team will pool and collate all findings. The review should provide information from which all the questions listed as subsidiary objectives can be answered. Namely:

- What minimum information is required at each level for the effective planning, management and evaluation of activities related to each element of PHC
- What information is currently available, in what form, and how is it used?
- What information is required but not available.
- What practically can be done to meet the information requirements at each level and ensure that it is appropriately used as a tool of management and supervision?

Specific recommendations on actions to be taken should be formulated, taking into account all the results of the field review. The findings and the recommendations should be discussed and finalised in the course of further meetings of the programme managers and the PHC coordinating body. A full report, including a summary of recommendations, should be prepared as rapidly as possible and made available to all those involved and interested in its application.

#### FOLLOW UP AND IMPLEMENTATION

The assessment is only the first step. It provide the basis for discussion with planners and managers and for the eventual remodelling and strengthening of the health information support. The findings should be discussed in a post assessment workshop which brings together all the appropriate senior managers from central and provincial levels. The managers should have the opportunity to discuss the implication for their particular areas of responsibility and to play a part in decisions to adopt, share, drop or modify the information to be made available. The meeting should be an opportunity to review the broad information picture and to discern which types of information should be obtained through which routes, adhering all the time to the principle of user collection of information.

The workshop should play an important part in formulating the conclusions and recommendations of the assessment exercise. These should cover actions and modifications of procedures to be taken at each appropriate level of the service. They should specify for each action the objectives, the individuals responsible, the timing, and its relationship to other actions.

In order to maintain the momentum established by the assessment, a review of progress should be scheduled within six months of the initial assessment, to include WHO staff if required.

ASSESSMENT OF SERVICE NEEDS AND INFORMATION SUPPORT  
AT PERIPHERAL SERVICE UNITS

## 1. INTRODUCTION

The aim of the health service is to improve the health status of the population. To do this most effectively it must be able to respond to the needs of the population it serves. This implies a type of management in which decisions are taken in the light of the current and predicted needs of the community or of the health services which are trying to meet these needs, rather than dependence on an inflexible, institutionalised set of routines. Action is urgently needed in most countries to instil and develop this type of approach to management. Essential to this development is a consistent and reliable supply of relevant, up to date and understandable information on the health status of the community and on the processes of the health system itself.

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