

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

**7.1.8**

**Examples of HIS/RHIS Accountability and Transparency**

(Drawn from Other Modules and Materials[[1]](#footnote-1))

**Section 1: Examples of routine health information system/health information system (HIS/RHIS) performance and development topics as possible subjects for accountability**

1. Data needs
   1. Selecting and defining core indicators by system level
   2. Monitoring core indicators at each level
   3. Defining and monitoring catchment/responsibility area target population groups
   4. Disease notification and results of outbreak investigation
   5. Monitoring and reporting provision of essential services and target achievement
   6. Monitoring and reporting essential support: financing, staffing, and supplies
2. Data collection, processing, analysis, and dissemination
   1. Beneficiary record maintenance: individual patient and family (services received, drugs provided, and treatment outcome)
   2. Facility-recording systems: registration and tabulation
   3. Community recording and communication systems
   4. Facility reporting: aggregate, by diagnosis, drug use, laboratory results, and more
   5. Data-quality assurance: pre-submission, higher-level assessment, feedback, and supervision
   6. Data storage: paper and electronic
   7. Data/record confidentiality
   8. Data analysis and presentation: tabular, graphic, decision-support, and geographic information system (GIS)
   9. Data dissemination: routine and special reports, electronic transmission, websites, newsletters, case studies, assessments, and evaluations
   10. Data integration and interoperability, reduction of fragmentation, and redundancy
3. HIS/RHIS organization, systems development, and support
   1. Managerial services, functional linkages, and integration
   2. Pursuit of post-donor sustainability of operations and funding
   3. Mechanisms for expanding and upgrading facilities, equipment, and staff
   4. Human-resource management: workforce planning and development, training, supervision, and mentoring
   5. Information and communications technology (ICT) infrastructure planning, development, and maintenance
   6. Data-governance mechanisms (data-governance plan, council, standards/policies, procedures, metadata stewardship, HIS/RHIS monitoring, and assessment)

**Section 2: Types and levels of HIS/RHIS accountability and methods for monitoring accountability fulfillment**

* 1. Types of accountability
     1. Planning: completion and approval
     2. Development: scheduling, resource availability, progress, scale-up, and completion.
     3. Functional requirements: financial resource availability, human resource availability/capacity, and infrastructure availability
     4. Functional performance: output, coverage, timeliness, quality, and completeness
  2. Relevant system levels
     1. Service beneficiary
     2. Community
     3. Facility
     4. District
     5. Province or region
     6. Health Program
     7. Central health sector
     8. Other sectors
     9. International
  3. Examples of methods/indicators for monitoring/assessing fulfillment of accountability
     1. Plan document completed, approved, and issued
     2. Implementation plan approved and funded
     3. Development products and milestones completed and placed in operation
     4. Staff recruitment and appointment completed
     5. Core health and service indicators defined and updated, and data sources confirmed
     6. Target groups defined
     7. Responsibility-area populations estimated and updated
     8. Monitoring charts and reports prepared, displayed, and submitted
     9. Service-performance reports submitted
     10. Disease and service trend analysis performed, documented, and shared
     11. Disease outbreaks confirmed, investigated, controlled, and reported
     12. Data-quality monitoring and assessment conducted, and deficiencies addressed
     13. Patient and facility records properly maintained, stored, and protected (results of supervision visits and assessments)
     14. Evidence of required data transfer, communications, and dissemination
     15. Evidence of data-system integration and sharing
     16. Evidence of data-management policy, procedures pursuit, and adherence.

**Section 3: Examples of use of transparency to foster and benefit from adequate performance and accountability**

* + 1. Use of annual health reports to identify facilities and districts with high performance on RHIS management, maintenance, and use
    2. Enumeration and dissemination of comparative facility and district recording-and- reporting performance in terms of completion, timeliness, validity, and quality
    3. Preparation and dissemination of HIS/RHIS success stories, innovations, and achievements
    4. Articles describing recent HIS systems development, architecture, and interoperability



1. Heywood, A. & Boone, D. (2015). *Guidelines for data management standards in routine health information systems.* Chapel Hill, NC, USA: MEASURE Evaluation. Retrieved from <https://www.cpc.unc.edu/measure/resources/publications/ms-15-99?searchterm=Guidelines+for+data+management+standards+in+routine+health+information+systems>. [↑](#footnote-ref-1)