

SYSTEMS  
DEVELOPMENT  
MATERIALS

- PN - AAN - 904 -

**COMMUNICATION SYSTEM WORKBOOK**

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*15N 32386*

UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE  
DR. TERENCE A. ROGERS, DEAN

*The Health Manpower Development Staff 1978-83*

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MINISTRY OF HEALTH, MASERU  
NTSIENG RANKHETHOA, P.H.N., N.C.

*Guyana*

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EDWARD J. KLECKER, B.S.  
MERRILL M. SHUTT, M.D., M.P.H.

**The MEDEX Primary Health Care Series**

**COMMUNICATION SYSTEM  
WORKBOOK**

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Health Manpower Development Staff

John A. Burns School of Medicine

University of Hawaii, Honolulu, Hawaii, U.S.A.

Prepared for \_\_\_\_\_

Prepared by \_\_\_\_\_

Date completed \_\_\_\_\_

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## Ordering List for Workbook Forms

<b>Form 1: LIST OF PERSONS INTERVIEWED</b>	_____	<b>Form 11: SUMMARY OF FORM 5</b>	_____
<b>Form 2: LIST OF DOCUMENTS REVIEWED</b>	_____	<b>Form 12: SUMMARY OF FORM 6</b>	_____
<b>Form 3: SCHEDULE FOR THE MONTH OF _____</b>	_____	<b>Form 13: SUMMARY OF FORM 7</b>	_____
<b>Form 4: WORK FLOW ANALYSIS</b>	_____	<b>Form 14: SUMMARY OF FINDINGS AND CONCLUSIONS</b>	_____
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<b>Form 9: OBJECTIVES OF THE SYSTEM</b>	_____		
<b>Form 10: FUNCTIONS OF THE SYSTEM</b>	_____		

SECTION 1  
**INTRODUCTION**

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## USING THE MANAGEMENT SYSTEM WORKBOOK

This is one of eight workbooks in a series designed to guide you in analyzing the management systems needed to support the delivery of primary health care services. The eight management support systems are:

Drugs and Medical Supplies	Communication
General Supplies	Personnel
Facilities and Equipment Maintenance	Finance
Transportation	Health Information

This workbook will help you conduct a comprehensive study of the communication system leading to recommendations for improving the efficiency and effectiveness of the system. The communication system is used to provide, protect, and manage communication resources that link health workers to each other, to their supervisors, and to patient referral centers.

The management system workbook consists mainly of forms. The forms will help you collect information in a standardized way so that it can be systematically reviewed and analyzed. Instructions for using the workbook are in the Management Analysis Training Module. The module includes exercises to prepare you to use the workbook forms to conduct an analysis of a management support system. Since management procedures vary for each country's health care system, the workbooks fit no one situation perfectly. Before

you begin using a workbook you must adapt it to satisfy the special conditions in your country or region. You may need to:

- Translate the workbook into the local language
- Change the terminology to reflect local usage
- Limit or expand the scope of the analysis
- Omit certain forms or add new ones
- Revise individual forms
- Combine one or more workbooks

You will summarize the results of your analysis in a report that outlines alternative recommendations for improving the system you have studied. This report will become a reference document in the larger process for management development in your country. This process includes workshops that bring together policy level officials and field personnel who are involved in the operation of the system. These persons review the study report and recommend actions to be taken based on the study recommendations. This effort for strengthening the management support for primary health care services parallels other efforts to upgrade the management skills of primary health care workers in the system. In this way, the workers are provided with the skills they need to make the system function effectively and efficiently, and the system is strengthened to respond to the improved capabilities of the workers.

## DESCRIPTION OF STUDY METHODS

Information will be gathered by the following methods:

The information gathered will be validated by the following methods:

Findings and conclusions will be formulated by the following methods:

Alternative recommendations will be formulated by the following methods:

SECTION 2

**INFORMATION SOURCES AND  
SCHEDULING OF WORK ACTIVITIES**

### FORM 1: LIST OF PERSONS INTERVIEWED

Use this form to plan your interview schedule and to keep a record of all the interviews that you conduct. Record the date of the interview and the name, title, address, and telephone number of each person interviewed or to be interviewed. This information will be included as an appendix to your written study report.

DATE	NAME	TITLE	ADDRESS	TELEPHONE

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## FORM 2: LIST OF DOCUMENTS REVIEWED

Record the title, author, publisher, and date of publication for every major written document that you review for your study. Also include the date of the review and the source of the document. The information on this form will be included as an appendix to your written study report and will serve as your reference bibliography.

TITLE	AUTHOR	PUBLISHER/ DATE OF PUBLICATION	DATE REVIEWED	SOURCE OR LOCATION

**FORM 3: SCHEDULE FOR THE MONTH OF \_\_\_\_\_**

Use this form to schedule and plan your work activities. Complete a new form for each month.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SECTION 3  
**INFORMATION GATHERING**

## FORM 4: WORK FLOW ANALYSIS

This is a general use form for recording and analyzing the flow of work activities. Keep extra copies of this form available to supplement the interview and survey forms that follow.

Activity _____	
Begins _____	Ends _____
Location _____	Date _____

PRESENT METHOD		PROPOSED METHOD	
Step Number	Action	Step Number	Action

## FORM 5: COMMUNICATION EQUIPMENT AND SERVICES

Use this form to record existing communication equipment and services at each level of the primary health care delivery system.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

TYPE AND AVAILABILITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Telephone:		
Two-way radio:		
Messenger:		

TYPE AND AVAILABILITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Hand carry:		
Postal:		
Other:		

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## FORM 6: COMMUNICATION NEEDS

Use this form to record present and future communication needs.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Emergency medical consultation:		
Routine medical consultation:		
Patient referral:		

COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Reporting of communicable diseases:		
Reporting of other information:		
Administration and logistics:		

COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supervision:		
Continuing education:		
Personal use by staff:		
Other:		

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## FORM 7: POLICIES OF THE COMMUNICATION SYSTEM

Use this form to record present and proposed communication policies. Attach copies of policy directives when available.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Requests for emergency assistance:		
Patient evacuation:		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Routine consultation:		
Use of telephone or radio:		
Training in use of telephone or radio:		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Maintenance and repair of equipment:		
Responsibility for overseeing communications practices:		
Other:		

hc

**FORM 8: VALIDATION OF FORM \_\_\_\_\_**

Use this form to validate information that you obtain through personal interview. Review the information on the appropriate interview form with persons working at the next higher or next lower organizational levels of the system. Attach this form to the interview form reviewed.

HIGHER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				
LOWER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				

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SECTION 4

**OBJECTIVES AND FUNCTIONS  
OF THE COMMUNICATION SYSTEM**

## FORM 9: OBJECTIVES OF THE SYSTEM

Use this form to record the present and proposed objectives of the communication system. Using the information you have gathered, describe what the system is now doing and what it should do in the future to adequately support the delivery of primary health care services.

Present objectives:

Proposed objectives:

## FORM 10: FUNCTIONS OF THE SYSTEM

Use this form as an organizational responsibility chart to help define the scope of the communication system. In the first column, record all of the functions of the system that you have identified. In the succeeding columns, indicate which aspect of each function is performed by the various organizational levels of the system. Use the following symbols to note the type of responsibility assumed for each function:

- P -- Prepares or reviews an action
- R -- Recommends an action
- A -- Approves an action
- E -- Executes an action
- M -- Monitors an action

FUNCTIONS	COMMUNITY LEVEL	HEALTH POST LEVEL	HEALTH CENTER LEVEL	DISTRICT LEVEL	REGIONAL LEVEL	CENTRAL MINISTRY OF HEALTH LEVEL	OTHER CENTRAL LEVEL

## SECTION 5

# SUMMARY OF FINDINGS AND CONCLUSIONS

### Using Forms 11 to 13

Use Forms 11 to 13 to summarize the information that you have recorded on Forms 5 to 7. Notice that Forms 11 to 13 are similar in format to Forms 5 to 7. This will ease your work in summarizing the information. Use as many extra pages as you need.

Prepare a summary form for each organizational level of the primary health care system. For example, if you gathered information on Form 5 from each of the following organizational levels, you would then prepare six different versions of the same summary form, one for each organizational level:

Community

Health post

Health center

District

Central ministry of health

Other central agency

**FORM II: SUMMARY OF FORM 5—COMMUNICATION EQUIPMENT AND SERVICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

TYPE AND AVAILABILITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Telephone:		
Two-way radio:		
Messenger:		

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TYPE AND AVAILABILITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Hand carry:		
Postal:		
Other:		

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**FORM 12: SUMMARY OF FORM 6—COMMUNICATION NEEDS**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Emergency medical consultation:		
Routine medical consultation:		
Patient referral:		

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COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Reporting of communicable diseases:		
Reporting of other information:		
Administration and logistics:		

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COMMUNICATION PURPOSE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supervision:		
Continuing education:		
Personal use by staff:		
Other:		

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**FORM 13: SUMMARY OF FORM 7—POLICIES OF THE COMMUNICATION SYSTEM**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS AND IMPROVEMENT
Requests for emergency assistance:		
Patient evacuation:		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Routine consultation:		
Use of telephone or radio:		
Training in use of telephone or radio:		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Maintenance and repair of equipment:		
Responsibility for overseeing communications practices:		
Other:		

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## FORM 14: SUMMARY OF FINDINGS AND CONCLUSIONS

Use this form to describe the issues and problems that you have identified in your study. Summarize each issue or problem in the "Findings" column. Assign each conclusion a reference number to link it to the alternative recommendations to be described in Form 18.

<input type="checkbox"/> Community <input type="checkbox"/> Health post	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
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FINDINGS	CONCLUSIONS	REFERENCE NUMBER

88

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

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SECTION 6  
**PROBLEM-SOLVING**

## FORM 15: STATEMENT OF PROBLEM AND ROOT CAUSES

This is the first of three forms used in the step-by-step problem-solving approach to analyzing and developing solutions to management problems. Use this form to state each problem that you identify and its root causes. The completed form will be the basis for further analysis.

### STATEMENT OF THE PROBLEM

What is the problem?

When and how often does it occur?

How does the problem affect health management?

How severe is the impact?

Where does the problem occur?

Who is affected by the problem?

Who is responsible for the work activity where the problem occurs?

### ROOT CAUSE(S) OF THE PROBLEM

1.

2.

3.

**FORM 16: ANALYSIS OF FORCES AFFECTING CHANGE**

This is the second form in the problem-solving approach to solving management problems. Use this form to identify factors that either constrain actions toward reaching a solution or help in reaching a solution. The completed form will be the basis for further analysis.

CONSTRAINING FORCES	HELPING FORCES

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### FORM 17: ALTERNATIVE PROBLEM-SOLVING APPROACHES

This is the third of three forms in the problem-solving approach to solving management problems. Use this form to identify and examine alternative approaches to solving the problems that you have identified. This completed form becomes a reference for developing your final recommendations.

APPROACH	ADVANTAGES	DISADVANTAGES

SECTION 7  
**ALTERNATIVE RECOMMENDATIONS**

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**FORM 18: ALTERNATIVE RECOMMENDATIONS FOR CONCLUSION \_\_\_\_\_**

Complete one copy of this form for each study conclusion that you described on Form 14. For each conclusion develop a minimum of two alternative recommendations, with accompanying justification statements. Rank the recommendations according to priority, with the most desirable listed first. Use as many extra pages as you need. You will submit these recommendations to others in the group decision-making process for management systems improvement.

RECOMMENDATIONS	JUSTIFICATIONS
1.	
2.	
3.	

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# **PERSONNEL SYSTEM WORKBOOK**

**The MEDEX Primary Health Care Series**

**PERSONNEL SYSTEM WORKBOOK**

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Health Manpower Development Staff

John A. Burns School of Medicine

University of Hawaii, Honolulu, Hawaii, U.S.A.

Prepared for \_\_\_\_\_

Prepared by \_\_\_\_\_

Date completed \_\_\_\_\_

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## Ordering List for Workbook Forms

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SECTION 1  
**INTRODUCTION**

## USING THE MANAGEMENT SYSTEM WORKBOOK

This is one of eight workbooks in a series designed to guide you in analyzing the management systems needed to support the delivery of primary health care services. The eight management support systems are:

Drugs and Medical Supplies	Communication
General Supplies	Personnel
Facilities and Equipment Maintenance	Finance
Transportation	Health Information

This workbook will help you conduct a comprehensive study of the personnel system leading to recommendations for improving the efficiency and effectiveness of the system. The personnel system is used to plan, recruit, employ, supervise, and evaluate health manpower.

The management system workbook consists mainly of forms. The forms will help you collect information in a standardized way so that it can be systematically reviewed and analyzed. Instructions for using the workbook are in the Management Analysis Training Module. The module includes exercises to prepare you to use the workbook forms to conduct an analysis of a management support system. Since management procedures vary for each country's health care system, the workbooks fit no one situation perfectly. Before

you begin using a workbook you must adapt it to satisfy the special conditions in your country or region. You may need to:

- Translate the workbook into the local language
- Change the terminology to reflect local usage
- Limit or expand the scope of the analysis
- Omit certain forms or add new ones
- Revise individual forms
- Combine one or more workbooks

You will summarize the results of your analysis in a report that outlines alternative recommendations for improving the system you have studied. This report will become a reference document in the larger process for management development in your country. This process includes workshops that bring together policy level officials and field personnel who are involved in the operation of the system. These persons review the study report and recommend actions to be taken based on the study recommendations. This effort for strengthening the management support for primary health care services parallels other efforts to upgrade the management skills of primary health care workers in the system. In this way, the workers are provided with the skills they need to make the system function effectively and efficiently, and the system is strengthened to respond to the improved capabilities of the workers.

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## DESCRIPTION OF STUDY METHODS

Information will be gathered by the following methods:

The information gathered will be validated by the following methods:

Findings and conclusions will be formulated by the following methods:

Alternative recommendations will be formulated by the following methods:

SECTION 2  
**INFORMATION SOURCES AND  
SCHEDULING OF WORK ACTIVITIES**

### Form 1: LIST OF PERSONS INTERVIEWED

Use this form to plan your interview schedule and to keep a record of all the interviews that you conduct. Record the date of the interview and the name, title, address, and telephone number of each person interviewed or to be interviewed. This information will be included as an appendix to your written study report.

DATE	NAME	TITLE	ADDRESS	TELEPHONE

## Form 2: LIST OF DOCUMENTS REVIEWED

Record the title, author, publisher, and date of publication for every major written document that you review for your study. Also include the date of the review and the source of the document. The information on this form will be included as an appendix to your written study report and will serve as your reference bibliography.

TITLE	AUTHOR	PUBLISHER/ DATE OF PUBLICATION	DATE REVIEWED	SOURCE OR LOCATION

**Form 3: SCHEDULE FOR THE MONTH OF \_\_\_\_\_**

Use this form to schedule and plan your work activities. Complete a new form for each month.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

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SECTION 3  
**INFORMATION GATHERING**

### Form 4: WORK FLOW ANALYSIS

This is a general use form for recording and analyzing the flow of work activities. Keep extra copies of this form available to supplement the interview and survey forms that follow.

Activity _____	
Begins _____	Ends _____
Location _____	Date _____

PRESENT METHOD		PROPOSED METHOD	
Step Number	Action	Step Number	Action

### Form 5: PERSONNEL MANAGEMENT PRACTICES

Use this form to describe practices and procedures related to personnel management. Not all questions will apply to every organizational level of the primary health care system. Mark those questions which do not apply N/A (not applicable). Attach copies of personnel policies, procedures, forms, regulations, directives, and manuals, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Human resource planning for primary health care:		
Recruitment:		
Selection:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Transfer:		
Promotion:		
Grievances:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Job descriptions:		
Job classifications:		
Grade/rank and salary levels:		

63

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Employee performance evaluation:		
Benefits and allowances:		
Annual leave:		

10

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Sick leave:		
Special leaves:		
Merit awards or incentives:		

65

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Disciplinary action:		
Employment termination or discharge:		
Temporary duty:		

99

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Retirement:		
Training and orientation:		
Continuing education:		

67

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Setting hours of work:		
Consultation about personnel regulations and procedures:		
Other:		

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### Form 6: SUPERVISORY PRACTICES

Use this form to describe the involvement of supervisors in personnel management.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____		Number of service contacts per month _____	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Source of information about personnel management regulations and procedures:		
Training in personnel management regulations and procedures:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
<p>Persons depending on the supervisor for information about personnel management regulations and procedures:</p>		
<p>Persons and locations supervised:</p>		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
On-site visits and performance evaluation of persons supervised:		
Responsibility for orienting and training persons supervised:		
Other:		

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### Form 7: PERSONNEL RECORDS

Use this form to describe all personnel reports that are received and prepared, and all personnel records that are maintained at the health center level and above. Attach a sample copy of each report or record.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____	
Population served _____	Number of service contacts per month _____		

PERSONNEL REPORTS RECEIVED	RECEIVED BY	RECEIVED FROM	DATE RECEIVED	ISSUES AND PROBLEMS
PERSONNEL REPORTS PREPARED	PREPARED BY	PREPARED FOR	DATE PREPARED	ISSUES AND PROBLEMS

PERSONNEL RECORDS MAINTAINED	MAINTAINED BY	REASON FOR MAINTAINING	ISSUES AND PROBLEMS

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## Form 8: HUMAN RESOURCE PLANNING PRACTICES

Use this form to describe existing human resource planning policies and procedures at the district level and above.

Person interviewed _____	Title _____	Location _____	Date _____
Population served _____	___ District ___ Region ___ Central Ministry of Health ___ Other _____	Number of service contacts per month _____	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Future roles and relationships of primary health care workers:		
Participants in human resource planning for primary health care:		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
<p>Linkages between personnel officials and program planning officials in planning future human resource needs:</p>		
<p>Linkages between personnel officials and training officials in planning future human resource needs:</p>		
<p>Linkages between personnel officials and financial planning officials in planning future human resource needs:</p>		

75

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accuracy of existing personnel inventory information:		
Predictions of future primary health care human resource needs:		
Predictions of future production of new primary health care workers:		

nl

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Completeness and accuracy of existing human resource plans for primary health care:		
Expected surpluses or deficits in numbers of primary health care workers over the next five year period:		
Current plans for human resource planning:		

17

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Need for training in human resource planning:		
Other:		

8

### Form 9: RESOURCES OF THE PERSONNEL SYSTEM

Use this form to describe available resources at the district level and above for personnel management.

Person interviewed _____	Title _____	Location _____	Date _____
Population served _____	___ District ___ Central Ministry of Health	___ Region ___ Central Ministry of Health	___ Other _____ Number of service contacts per month _____

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Personnel management specialists:		
Clerical staff:		
Training for personnel management specialists and clerical staff:		

69

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Office space and working conditions of personnel office staff:		
Availability of personnel management policy and procedure manuals:		
Available transportation and communication for personnel management functions:		

22

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Funds for personnel management functions:		
Supplies and equipment for personnel management functions:		
Other:		

18

## Form 10: AUTHORITIES AND ORGANIZATION OF THE PERSONNEL SYSTEM

Use this form to describe how the personnel management system at the health center level and above is organized, including how authority for personnel management is distributed.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____	
Population served _____	Number of service contacts per month _____		

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Recruitment:		
Selection:		
Transfer:		

22

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Promotion:		
Grievances:		
Job classification:		

23

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Employee performance evaluation:		
Annual leave:		
Sick leave:		

24

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Special leaves:		
Disciplinary action:		
Discharges:		

85

CENTRAL MINISTRY OF HEALTH PERSONNEL OFFICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Organizational structure and chain of command:		
Relationships with central government personnel office:		
Relationships with primary health care administrators:		

CENTRAL MINISTRY OF HEALTH PERSONNEL OFFICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships with field officers:		
Relationships with standing and ad hoc committees:		
Other:		

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**Form 11: VALIDATION OF FORM \_\_\_\_\_**

Use this form to validate information that you obtain through personal interview. Review the information on the appropriate interview form with persons working at the next higher or next lower organizational levels of the system. Attach this form to the interview form reviewed.

HIGHER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				
LOWER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				

SECTION 4

**OBJECTIVES AND FUNCTIONS OF THE  
PERSONNEL SYSTEM**

## Form 12: OBJECTIVES OF THE SYSTEM

Use this form to record the present and proposed objectives of the personnel system. Using the information you have gathered, describe what the system is now doing and what it should do in the future to adequately support the delivery of primary health care services.

Present objectives:

Proposed objectives:

### Form 13: FUNCTIONS OF THE SYSTEM

Use this form as an organizational responsibility chart to help define the scope of the personnel system. In the first column, record all of the functions of the system that you have identified. In the succeeding columns, indicate which aspect of each function is performed by the various organizational levels of the system. Use the following symbols to note the type of responsibility assumed for each function:

- P -- Prepares or reviews an action
- R -- Recommends an action
- A -- Approves an action
- E -- Executes an action
- M -- Monitors an action

FUNCTIONS	COMMUNITY LEVEL	HEALTH POST LEVEL	HEALTH CENTER LEVEL	DISTRICT LEVEL	REGIONAL LEVEL	CENTRAL MINISTRY OF HEALTH LEVEL	OTHER CENTRAL LEVEL

91

## SECTION 5

# SUMMARY OF FINDINGS AND CONCLUSIONS

### Using Forms 14 to 19

Use Forms 14 to 19 to summarize the information that you have recorded on Forms 5 to 10. Notice that Forms 14 to 19 are similar in format to Forms 5 to 10. This will ease your work in summarizing the information. Use as many extra pages as you need.

Prepare a summary form for each organizational level of the primary health care system. For example, if you gathered information on Form 5 from each of the following organizational levels, you would then prepare six different versions of the same summary form, one for each organizational level:

- Community
- Health post
- Health center
- District
- Central ministry of health
- Other central agency

22

**Form 14: SUMMARY OF FORM 5—PERSONNEL MANAGEMENT PRACTICES**

<input type="checkbox"/> Community <input type="checkbox"/> Health post	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
--	---	--	--------------------------------------

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Human resource planning for primary health care:		
Recruitment:		
Selection:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Transfer:		
Promotion:		
Grievances:		

94

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Job descriptions:		
Job classifications:		
Grade/rank and salary levels:		

46

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Employee performance evaluation:		
Benefits and allowances:		
Annual leave:		

96

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Sick leave:		
Special leaves:		
Merit awards or incentives:		

16

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Disciplinary action:		
Employment termination or discharge:		
Temporary duty:		

88

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Retirement:		
Training and orientation:		
Continuing education:		

bb

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Setting hours of work:		
Consultation about personnel regulations and procedures:		
Other:		

10/1

**Form 15: SUMMARY OF FORM 6—SUPERVISORY PRACTICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Source of information about personnel management regulations and procedures:		
Training in personnel management regulations and procedures:		

101

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Persons depending on the supervisor for information about personnel management regulations and procedures:		
Persons and locations supervised:		

102

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
On-site visits and performance evaluation of persons supervised:		
Responsibility for orienting and training persons supervised:		
Other:		

101  
60

**Form 16: SUMMARY OF FORM 7—PERSONNEL RECORDS**

<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
---	--	--------------------------------------

PERSONNEL REPORTS RECEIVED	RECEIVED BY	RECEIVED FROM	DATE RECEIVED	ISSUES AND PROBLEMS
PERSONNEL REPORTS PREPARED	PREPARED BY	PREPARED FOR	DATE PREPARED	ISSUES AND PROBLEMS

PERSONNEL RECORDS MAINTAINED	MAINTAINED BY	REASON FOR MAINTAINING	ISSUES AND PROBLEMS

10/5

**Form 17: SUMMARY OF FORM 8—HUMAN RESOURCE PLANNING PRACTICES**

___ District	___ Region ___ Central Ministry of Health	___ Other _____
--------------	--	-----------------

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Future roles and relationships of primary health care workers:		
Participants in human resource planning for primary health care:		

9/6

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
<p>Linkages between personnel officials and program planning officials in planning future human resource needs:</p>		
<p>Linkages between personnel officials and training officials in planning future human resource needs:</p>		
<p>Linkages between personnel officials and financial planning officials in planning future human resource needs:</p>		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accuracy of existing personnel inventory information:		
Predictions of future primary health care human resource needs:		
Predictions of future production of new primary health care workers:		

108

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Completeness and accuracy of existing human resource plans for primary health care:		
Expected surpluses or deficits in numbers of primary health care workers over the next five year period:		
Current plans for human resource planning:		

106

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Need for training in human resource planning:		
Other:		

110

**Form 18: SUMMARY OF FORM 9—RESOURCES OF THE PERSONNEL SYSTEM**

___ District	___ Region ___ Central Ministry of Health	___ Other _____
--------------	--	-----------------

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Personnel management specialists:		
Clerical staff:		
Training for personnel management specialists and clerical staff:		

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Office space and working conditions of personnel office staff:		
Availability of personnel management policy and procedure manuals:		
Available transportation and communication for personnel management functions:		

11

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Funds for personnel management functions:		
Supplies and equipment for personnel management functions:		
Other:		

**Form 19: SUMMARY OF FORM 10—AUTHORITIES AND ORGANIZATION OF  
THE PERSONNEL SYSTEM**

<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
---	--	--------------------------------------

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Recruitment:		
Selection:		
Transfer:		

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Promotion:		
Grievances:		
Job classification:		

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DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Employee performance evaluation:		
Annual leave:		
Sick leave:		

110

DELEGATION OF AUTHORITY	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Special leaves:		
Disciplinary action:		
Discharges:		

CENTRAL MINISTRY OF HEALTH PERSONNEL OFFICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Organizational structure and chain of command:		
Relationships with central government personnel office:		
Relationships with primary health care administrators:		

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CENTRAL MINISTRY OF HEALTH PERSONNEL OFFICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships with field officers:		
Relationships with standing and ad hoc committees:		
Other:		

## Form 20: SUMMARY OF FINDINGS AND CONCLUSIONS

0

Use this form to describe the issues and problems that you have identified in your study. Summarize each issue or problem in the "Findings" column. Assign each conclusion a reference number to link it to the alternative recommendations to be described in Form 24.

<input type="checkbox"/> Community <input type="checkbox"/> Health post	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
--	---	--	--------------------------------------

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

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FINDINGS	CONCLUSIONS	REFERENCE NUMBER

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SECTION 6  
**PROBLEM-SOLVING**

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### Form 21: STATEMENT OF PROBLEM AND ROOT CAUSES

This is the first of three forms used in the step-by-step problem-solving approach to analyzing and developing solutions to management problems. Use this form to state each problem that you identify and its root causes. The completed form will be the basis for further analysis.

STATEMENT OF THE PROBLEM
What is the problem?
When and how often does it occur?
How does the problem affect health management?
How severe is the impact?
Where does the problem occur?
Who is affected by the problem?
Who is responsible for the work activity where the problem occurs?
ROOT CAUSE(S) OF THE PROBLEM
1.
2.
3.

## Form 22: ANALYSIS OF FORCES AFFECTING CHANGE

This is the second form in the problem-solving approach to solving management problems. Use this form to identify factors that either constrain actions toward reaching a solution or help in reaching a solution. The completed form will be the basis for further analysis.

CONSTRAINING FORCES	HELPING FORCES

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### Form 23: ALTERNATIVE PROBLEM-SOLVING APPROACHES

This is the third of three forms in the problem-solving approach to solving management problems. Use this form to identify and examine alternative approaches to solving the problems that you have identified. This completed form becomes a reference for developing your final recommendations.

APPROACH	ADVANTAGES	DISADVANTAGES

12/10/02

SECTION 7  
**ALTERNATIVE RECOMMENDATIONS**

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**Form 24: ALTERNATIVE RECOMMENDATIONS FOR CONCLUSION \_\_\_\_\_**

Complete one copy of this form for each study conclusion that you described on Form 20. For each conclusion develop a minimum of two alternative recommendations, with accompanying justification statements. Rank the recommendations according to priority, with the most desirable listed first. Use as many extra pages as you need. You will submit these recommendations to others in the group decision-making process for management systems improvement.

RECOMMENDATIONS	JUSTIFICATIONS
1.	
2.	
3.	

1/2-20

# **FINANCE SYSTEM WORKBOOK**

**The MEDEX Primary Health Care Series**

**FINANCE SYSTEM WORKBOOK**

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Health Manpower Development Staff

John A. Burns School of Medicine

University of Hawaii, Honolulu, Hawaii, U.S.A.

Prepared for \_\_\_\_\_

Prepared by \_\_\_\_\_

Date completed \_\_\_\_\_

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## Ordering List for Workbook Forms

<p><b>Form 1: LIST OF PERSONS INTERVIEWED</b> _____</p> <p><b>Form 2: LIST OF DOCUMENTS REVIEWED</b> _____</p> <p><b>Form 3: SCHEDULE FOR THE MONTH</b> <b>OF _____</b> _____</p> <p><b>Form 4: WORK FLOW ANALYSIS</b> _____</p> <p><b>Form 5: FINANCIAL RESOURCES</b> _____</p> <p><b>Form 6: FINANCIAL RECORDS</b> _____</p> <p><b>Form 7: FISCAL CONTROL PRACTICES</b> _____</p> <p><b>Form 8: CASH MANAGEMENT PRACTICES</b> _____</p> <p><b>Form 9: PERSONNEL PAY PROCEDURES</b> _____</p> <p><b>Form 10: EXPENSE REIMBURSEMENT PRACTICES</b> _____</p> <p><b>Form 11: FINANCIAL PLANNING PRACTICES</b> _____</p> <p><b>Form 12: RESOURCES OF THE FINANCE SYSTEM</b> _____</p> <p><b>Form 13: POLICIES AND ORGANIZATION OF THE</b> <b>FINANCE SYSTEM</b> _____</p> <p><b>Form 14: VALIDATION OF FORM _____</b></p> <p><b>Form 15: OBJECTIVES OF THE SYSTEM</b> _____</p> <p><b>Form 16: FUNCTIONS OF THE SYSTEM</b> _____</p> <p><b>Form 17: SUMMARY OF FORM 5</b> _____</p>	<p><b>Form 18: SUMMARY OF FORM 6</b> _____</p> <p><b>Form 19: SUMMARY OF FORM 7</b> _____</p> <p><b>Form 20: SUMMARY OF FORM 8</b> _____</p> <p><b>Form 21: SUMMARY OF FORM 9</b> _____</p> <p><b>Form 22: SUMMARY OF FORM 10</b> _____</p> <p><b>Form 23: SUMMARY OF FORM 11</b> _____</p> <p><b>Form 24: SUMMARY OF FORM 12</b> _____</p> <p><b>Form 25: SUMMARY OF FORM 13</b> _____</p> <p><b>Form 26: SUMMARY OF FINDINGS AND</b> <b>CONCLUSIONS</b> _____</p> <p><b>Form 27: STATEMENT OF PROBLEM AND</b> <b>ROOT CAUSES</b> _____</p> <p><b>Form 28: ANALYSIS OF FORCES AFFECTING</b> <b>CHANGE</b> _____</p> <p><b>Form 29: ALTERNATIVE PROBLEM-SOLVING</b> <b>APPROACHES</b> _____</p> <p><b>Form 30: ALTERNATIVE RECOMMENDATIONS</b> <b>FOR CONCLUSION _____</b> _____</p>
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SECTION 1  
**INTRODUCTION**

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## USING THE MANAGEMENT SYSTEM WORKBOOK

This is one of eight workbooks in a series designed to guide you in analyzing the management systems needed to support the delivery of primary health care services. The eight management support systems are:

Drugs and Medical Supplies	Communication
General Supplies	Personnel
Facilities and Equipment Maintenance	Finance
Transportation	Health Information

This workbook will help you conduct a comprehensive study of the finance system leading to recommendations for improving the efficiency and effectiveness of the system. The finance system is used to plan, obtain, control, and use financial resources to support the delivery of primary health care services.

The management system workbook consists mainly of forms. The forms will help you collect information in a standardized way so that it can be systematically reviewed and analyzed. Instructions for using the workbook are in the Management Analysis Training Module. The module includes exercises to prepare you to use the workbook forms to conduct an analysis of a management support system. Since management procedures vary for each country's health care system, the workbooks fit no one situation perfectly. Before you begin using a workbook you must adapt it to satisfy the special

conditions in your country or region. You may need to:

- Translate the workbook into the local language
- Change the terminology to reflect local usage
- Limit or expand the scope of the analysis
- Omit certain forms or add new ones
- Revise individual forms
- Combine one or more workbooks

You will summarize the results of your analysis in a report that outlines alternative recommendations for improving the system you have studied. This report will become a reference document in the larger process for management development in your country. This process includes workshops that bring together policy level officials and field personnel who are involved in the operation of the system. These persons review the study report and recommend actions to be taken based on the study recommendations. This effort for strengthening the management support for primary health care services parallels other efforts to upgrade the management skills of primary health care workers in the system. In this way, the workers are provided with the skills they need to make the system function effectively and efficiently, and the system is strengthened to respond to the improved capabilities of the workers.

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## DESCRIPTION OF STUDY METHODS

Information will be gathered by the following methods:

The information gathered will be validated by the following methods:

Findings and conclusions will be formulated by the following methods:

Alternative recommendations will be formulated by the following methods:

SECTION 2  
**INFORMATION SOURCES AND  
SCHEDULING OF WORK ACTIVITIES**

### Form 1: LIST OF PERSONS INTERVIEWED

Use this form to plan your interview schedule and to keep a record of all the interviews that you conduct. Record the date of the interview and the name, title, address, and telephone number of each person interviewed or to be interviewed. This information will be included as an appendix to your written study report.

DATE	NAME	TITLE	ADDRESS	TELEPHONE

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**Form 2: LIST OF DOCUMENTS REVIEWED**

Record the title, author, publisher, and date of publication for every major written document that you review for your study. Also include the date of the review and the source of the document. The information on this form will be included as an appendix to your written study report and will serve as your reference bibliography.

TITLE	AUTHOR	PUBLISHER/ DATE OF PUBLICATION	DATE REVIEWED	SOURCE OR LOCATION

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Form 3: SCHEDULE FOR THE MONTH OF \_\_\_\_\_

Use this form to schedule and plan your work activities. Complete a new form for each month.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

1/0

SECTION 3  
**INFORMATION GATHERING**

### Form 4: WORK FLOW ANALYSIS

This is a general use form for recording and analyzing the flow of work activities. Keep extra copies of this form available to supplement the interview and survey forms that follow.

Activity _____	
Begins _____	Ends _____
Location _____	Date _____

PRESENT METHOD		PROPOSED METHOD	
Step Number	Action	Step Number	Action

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### Form 5: FINANCIAL RESOURCES

Use this form to record information on the existing financing of primary health care services. Do not be concerned with the amount or adequacy of the funds. Rather, address the administration, flow, and control of the funds. Attach copies of financial statements when available.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____		Number of service contacts per month _____	

SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Ministry of health operating funds (list by category):			

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SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Ministry of health capital funds (list by category):			
Fees for services (list by category):			

SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Donor contributions (in cash or kind, list by category):			

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SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Other (list by category):			

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SUMMARY OF SOURCES OF FUNDS	4 Years Ago 19__		3 Years Ago 19__		2 Years Ago 19__		Last Year 19__		Present Year 19__		Next Year 19__	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Ministry of health operating funds:												
Ministry of health capital funds:												
Fees for services:												
Donor contributions:												
Other:												

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## Form 6: FINANCIAL RECORDS

Use this form to describe financial reports that are received and prepared, and financial records that are maintained. Attach a sample copy of each report or record.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

FINANCIAL REPORTS OR STATEMENTS RECEIVED	RECEIVED BY	RECEIVED FROM	DATE RECEIVED	ISSUES AND PROBLEMS

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FINANCIAL REPORTS OR STATEMENTS PREPARED	PREPARED BY	PREPARED FOR	DATE PREPARED	ISSUES AND PROBLEMS

FINANCIAL RECORDS MAINTAINED	MAINTAINED BY	REASON NEEDED	ISSUES AND PROBLEMS

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### Form 7: FISCAL CONTROL PRACTICES

Use this form to describe existing fiscal control practices. Attach copies of directives covering fiscal control procedures and practices.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____		Number of service contacts per month _____	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Apportioning or allocating funds:		
Encumbering or committing funds:		
Disbursing funds:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Approving payroll:		
Approving procurement:		
Analyzing expenditures against budget:		
Adjusting expenditures against budget:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accommodating deficits:		
Accommodating surpluses:		
Other:		

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Last Fiscal Year Expenditure Performance, 19\_\_:

COST CATEGORY	AMOUNT	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Surplus accounts:			
Deficit accounts:			

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Current Fiscal Year Expenditure Performance, 19\_\_:

COST CATEGORY	AMOUNT	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Surplus accounts:			
Deficit accounts:			

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### Form 8: CASH MANAGEMENT PRACTICES

Use this form to describe the availability and use of cash at the work place. Attach copies of directives, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
___ Community	___ Health center	___ Region	___ Other _____
___ Health post	___ District	___ Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Types, amounts, and sources of cash kept:		
Receipt of cash:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Storage of cash:		
Persons with access to cash:		
Disbursement of cash:		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Uses of cash:		
Problems caused by lack of cash:		
Other:		

### Form 9: PERSONNEL PAY PROCEDURES

Use this form to describe how primary health care personnel are paid. Attach copies of directives, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
___ Community	___ Health center	___ Region	___ Other _____
___ Health post	___ District	___ Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

PROCEDURE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Personnel payment:		
Check cashing:		

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PROCEDURE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Implementation of changes in pay status:		
Other:		

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### Form 10: EXPENSE REIMBURSEMENT PRACTICES

Use this form to describe how personnel are reimbursed for out-of-pocket expenses. Attach copies of directives, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
___ Community	___ Health center	___ Region	___ Other _____
___ Health post	___ District	___ Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Reimbursable expenses:		
Methods of obtaining reimbursement:		
Other:		

### Form 11: FINANCIAL PLANNING PRACTICES

Use this form to describe existing planning and budgeting policies and procedures. Attach copies of directives, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community <input type="checkbox"/> Health post <input type="checkbox"/> Population served _____	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health <input type="checkbox"/> Number of service contacts per month _____	<input type="checkbox"/> Other _____

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Guidelines and format for multi-year primary health care planning:		
Formulation of multi-year primary health care plans:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Linkages between program planning and financial planning:		
Revenue forecasting:		
Guidelines and format for annual capital estimates:		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Guidelines and format for annual operations estimates:		
Participants in formulation of annual estimates:		
Completeness of annual estimates:		

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accuracy of annual estimates:		
Supplements to or revisions of annual estimates:		
Other:		

### Form 12: RESOURCES OF THE FINANCE SYSTEM

Use this form to describe the personnel and other resources available for financial analysis, planning, and management, including fiscal accounting and reporting.

Person interviewed _____	Title _____	Location _____	Date _____
___ District	___ Region ___ Central Ministry of Health	___ Other _____	

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Financial management specialist personnel:		
Financial management clerical personnel:		
Accounting and other equipment:		

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RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supplies:		
Office space and working conditions:		
Availability of written policies, procedures, forms, and manuals:		

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RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Transportation and communications:		
Funds:		
Other:		

### Form 13: POLICIES AND ORGANIZATION OF THE FINANCE SYSTEM

Use this form to describe the policies and organization of the finance system. Attach copies of policy directives, statutes, and other documents on subjects covered.

Person interviewed _____	Title _____	Location _____	Date _____
___ District	___ Region ___ Central Ministry of Health	___ Other _____	

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Linkages between policy planning, programming, and financial planning:		
Compatibility of accounting formats with financial planning formats:		
Type of budgeting and accounting formats (line item, program, performance, program planning budgeting system - PPBS)		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Annual estimates (financial planning) cycle:		
Availability of financial reports to operating level officials:		
Authority for transferring funds among different cost categories:		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supplementary estimates or appropriations:		
Disposition of large deficits and surpluses:		
No cost versus fee for service health care:		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Financing alternatives for primary health care:		
Other:		

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ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supervisory chain of command:		
Delegation of authority and accountability:		
Centralization versus decentralization:		

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships between central finance and ministry of health finance offices:		
Relationships between ministry of health planning and finance offices:		
Responsibility for budget preparation:		
Relationships with outside organizations:		

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ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Organization of ministry of health finance office:		
Standing and ad hoc planning and review committees:		
Other:		

**Form 14: VALIDATION OF FORM \_\_\_\_\_**

Use this form to validate information that you obtain through personal interview. Review the information on the appropriate interview form with persons working at the next higher or next lower organizational levels of the system. Attach this form to the interview form reviewed.

HIGHER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				
LOWER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				

SECTION 4

**OBJECTIVES AND FUNCTIONS OF THE  
FINANCE SYSTEM**

### Form 15: OBJECTIVES OF THE SYSTEM

Use this form to record the present and proposed objectives of the finance system. Using the information you have gathered, describe what the system is now doing and what it should do in the future to adequately support the delivery of primary health care services.

Present objectives:

Proposed objectives:

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### Form 16: FUNCTIONS OF THE SYSTEM

Use this form as an organizational responsibility chart to help define the scope of the finance system. In the first column, record all of the functions of the system that you have identified. In the succeeding columns, indicate which aspect of each function is performed by the various organizational levels of the system. Use the following symbols to note the type of responsibility assumed for each function:

- P -- Prepares or reviews an action
- R -- Recommends an action
- A -- Approves an action
- E -- Executes an action
- M -- Monitors an action

FUNCTIONS	COMMUNITY LEVEL	HEALTH POST LEVEL	HEALTH CENTER LEVEL	DISTRICT LEVEL	REGIONAL LEVEL	CENTRAL MINISTRY OF HEALTH LEVEL	OTHER CENTRAL LEVEL

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# SECTION 5

## SUMMARY OF FINDINGS AND CONCLUSIONS

### Using Forms 17 to 25

Use Forms 17 to 25 to summarize the information that you have recorded on Forms 5 to 13. Notice that Forms 17 to 25 are similar in format to Forms 5 to 13. This will ease your work in summarizing the information. Use as many extra pages as you need.

Prepare a summary form for each organizational level of the primary health care system. For example, if you gathered information on Form 5 from each of the following organizational levels, you would then prepare six different versions of the same summary form, one for each organizational level:

- Community
- Health post
- Health center
- District
- Central ministry of health
- Other central agency

1/20

**Form 17: SUMMARY OF FORM 5—FINANCIAL RESOURCES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Ministry of health operating funds (list by category):			

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SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Ministry of health capital funds (list by category):			
Fees for services (list by category):			

122

SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Donor contributions (in cash or kind, list by category):			

182

SOURCE OF FUNDS	AMOUNT RECEIVED	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Other (list by category):			

1981

SUMMARY OF SOURCES OF FUNDS	4 Years Ago 19__		3 Years Ago 19__		2 Years Ago 19__		Last Year 19__		Present Year 19__		Next Year 19__	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Ministry of health operating funds:												
Ministry of health capital funds:												
Fees for services:												
Donor contributions:												
Other:												

**Form 18: SUMMARY OF FORM 6—FINANCIAL RECORDS**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

FINANCIAL REPORTS OR STATEMENTS RECEIVED	RECEIVED BY	RECEIVED FROM	DATE RECEIVED	ISSUES AND PROBLEMS

186

FINANCIAL REPORTS OR STATEMENTS PREPARED	PREPARED BY	PREPARED FOR	DATE PREPARED	ISSUES AND PROBLEMS

127

FINANCIAL RECORDS MAINTAINED	MAINTAINED BY	REASON NEEDED	ISSUES AND PROBLEMS

198

**Form 19: SUMMARY OF FORM 7—FISCAL CONTROL PRACTICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Apportioning or allocating funds:		
Encumbering or committing funds:		
Disbursing funds:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Approving payroll:		
Approving procurement:		
Analyzing expenditures against budget:		
Adjusting expenditures against budget:		

cbf

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accommodating deficits:		
Accommodating surpluses:		
Other:		

191

Last Fiscal Year Expenditure Performance, 19\_\_ :

COST CATEGORY	AMOUNT	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Surplus accounts:			
Deficit accounts:			

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Current Fiscal Year Expenditure Performance, 19\_\_:

COST CATEGORY	AMOUNT	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Surplus accounts:			
Deficit accounts:			

193

**Form 20: SUMMARY OF FORM 8—CASH MANAGEMENT PRACTICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Types, amounts, and sources of cash kept:		
Receipt of cash:		

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PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Storage of cash:		
Persons with access to cash:		
Disbursement of cash:		

195

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Uses of cash:		
Problems caused by lack of cash:		
Other:		

196

**Form 21: SUMMARY OF FORM 9—PERSONNEL PAY PROCEDURES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Personnel payment:		
Check cashing:		

10/1

PROCEDURE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Implementation of changes in pay status:		
Other:		

**Form 22: SUMMARY OF FORM 10—EXPENSE REIMBURSEMENT PRACTICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Reimbursable expenses:		
Methods of obtaining reimbursement:		
Other:		

**Form 23: SUMMARY OF FORM 11—FINANCIAL PLANNING PRACTICES**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Guidelines and format for multi-year primary health care planning:		
Formulation of multi-year primary health care plans:		

CAL

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
<p>Linkages between program planning and financial planning:</p>		
<p>Revenue forecasting:</p>		
<p>Guidelines and format for annual capital estimates:</p>		

201

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Guidelines and format for annual operations estimates:		
Participants in formulation of annual estimates:		
Completeness of annual estimates:		

202

PROCEDURE OR PRACTICE	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Accuracy of annual estimates:		
Supplements to or revisions of annual estimates:		
Other:		

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**Form 24: SUMMARY OF FORM 12—RESOURCES OF THE FINANCE SYSTEM**

___ District	___ Region ___ Central Ministry of Health	___ Other _____
--------------	--	-----------------

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Financial management specialist personnel:		
Financial management clerical personnel:		
Accounting and other equipment:		

h06

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supplies:		
Office space and working conditions:		
Availability of written policies, procedures, forms, and manuals:		

502

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Transportation and communications:		
Funds:		
Other:		

**Form 25: SUMMARY OF FORM 13—POLICIES AND ORGANIZATION OF THE FINANCE SYSTEM**

___ District	___ Region ___ Central Ministry of Health	___ Other _____
--------------	--	-----------------

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Linkages between policy planning, programming, and financial planning:		
Compatibility of accounting formats with financial planning formats:		
Type of budgeting and accounting formats (line item, program, performance, Program Planning Budgeting System - PPBS, etc.)		

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POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Annual estimates (financial planning) cycle:		
Availability of financial reports to operating level officials:		
Authority for transferring funds among different cost categories:		

208

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supplementary estimates or appropriations:		
Disposition of large deficits and surpluses:		
No cost versus fee for service health care:		

10/29

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Financing alternatives for primary health care:		
Other:		

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ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Supervisory chain of command:		
Delegation of authority and accountability:		
Centralization versus decentralization:		

116

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships between central finance and ministry of health finance offices:		
Relationships between ministry of health planning and finance offices:		
Responsibility for budget preparation:		
Relationships with outside organizations:		

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ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Organization of ministry of health finance office:		
Standing and ad hoc planning and review committees:		
Other:		

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## Form 26: SUMMARY OF FINDINGS AND CONCLUSIONS

Use this form to describe the issues and problems that you have identified in your study. Summarize each issue or problem in the "Findings" column. Assign each conclusion a reference number to link it to the alternative recommendations to be described in Form 30.

<input type="checkbox"/> Community <input type="checkbox"/> Health post	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
--	---	--	--------------------------------------

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

n/c

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

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SECTION 6  
**PROBLEM-SOLVING**

## Form 27: STATEMENT OF PROBLEM AND ROOT CAUSES

This is the first of three forms used in the step-by-step problem-solving approach to analyzing and developing solutions to management problems. Use this form to state each problem that you identify and its root causes. The completed form will be the basis for further analysis.

STATEMENT OF THE PROBLEM	
What is the problem?	
When and how often does it occur?	
How does the problem affect health management?	
How severe is the impact?	
Where does the problem occur?	
Who is affected by the problem?	
Who is responsible for the work activity where the problem occurs?	
ROOT CAUSE(S) OF THE PROBLEM	
1.	
2.	
3.	

### Form 28: ANALYSIS OF FORCES AFFECTING CHANGE

This is the second form in the problem-solving approach to solving management problems. Use this form to identify factors that either constrain actions toward reaching a solution or help in reaching a solution.

CONSTRAINING FORCES	HELPING FORCES

8/8

### Form 29: ALTERNATIVE PROBLEM-SOLVING APPROACHES

This is the third of three forms in the problem-solving approach to solving management problems. Use this form to identify and examine alternative approaches to solving the problems that you have identified. This completed form becomes a reference for developing your final recommendations.

APPROACH	ADVANTAGES	DISADVANTAGES

211

SECTION 7  
**ALTERNATIVE RECOMMENDATIONS**

026

**Form 30: ALTERNATIVE RECOMMENDATIONS FOR CONCLUSION \_\_\_\_\_**

Complete one copy of this form for each study conclusion that you described on Form 26. For each conclusion develop a minimum of two alternative recommendations, with accompanying justification statements. Rank the recommendations according to priority, with the most desirable listed first. Use as many extra pages as you need. You will submit these recommendations to others in the group decision-making process for management systems improvement.

RECOMMENDATIONS	JUSTIFICATIONS
1.	
2.	
3.	

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**The MEDEX Primary Health Care Series**

**HEALTH INFORMATION SYSTEM  
WORKBOOK**

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Health Manpower Development Staff

John A. Burns School of Medicine

University of Hawaii, Honolulu, Hawaii, U.S.A.

Prepared for \_\_\_\_\_

Prepared by \_\_\_\_\_

Date completed \_\_\_\_\_

2/2/83

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## Ordering List for Workbook Forms

<p><b>Form 1: LIST OF PERSONS INTERVIEWED</b> _____</p> <p><b>Form 2: LIST OF DOCUMENTS REVIEWED</b> _____</p> <p><b>Form 3: SCHEDULE FOR THE MONTH</b> <b>OF _____</b> _____</p> <p><b>Form 4: WORK FLOW ANALYSIS</b> _____</p> <p><b>Form 5: HEALTH INFORMATION GATHERED AND</b> <b>REPORTED</b> _____</p> <p><b>Form 6: HEALTH INFORMATION RECEIVED</b> _____</p> <p><b>Form 7: HEALTH INFORMATION NEEDED FOR</b> <b>PLANNING AND MANAGEMENT</b> _____</p> <p><b>Form 8: EVALUATION INDICATORS</b> _____</p> <p><b>Form 9: RESOURCES OF THE HEALTH</b> <b>INFORMATION SYSTEM</b> _____</p> <p><b>Form 10: POLICIES AND ORGANIZATION OF THE</b> <b>HEALTH INFORMATION SYSTEM</b> _____</p> <p><b>Form 11: VALIDATION OF FORM _____</b> _____</p> <p><b>Form 12: OBJECTIVES OF THE SYSTEM</b> _____</p>	<p><b>Form 13: FUNCTIONS OF THE SYSTEM</b> _____</p> <p><b>Form 14: SUMMARY OF FORM 5</b> _____</p> <p><b>Form 15: SUMMARY OF FORM 6</b> _____</p> <p><b>Form 16: SUMMARY OF FORM 7</b> _____</p> <p><b>Form 17: SUMMARY OF FORM 8</b> _____</p> <p><b>Form 18: SUMMARY OF FORM 9</b> _____</p> <p><b>Form 19: SUMMARY OF FORM 10</b> _____</p> <p><b>Form 20: SUMMARY OF FINDINGS AND</b> <b>CONCLUSIONS</b> _____</p> <p><b>Form 21: STATEMENT OF PROBLEM AND ROOT</b> <b>CAUSES</b> _____</p> <p><b>Form 22: ANALYSIS OF FORCES AFFECTING</b> <b>CHANGE</b> _____</p> <p><b>Form 23: ALTERNATIVE PROBLEM-SOLVING</b> <b>APPROACHES</b> _____</p> <p><b>Form 24: ALTERNATIVE RECOMMENDATIONS</b> <b>FOR CONCLUSION _____</b> _____</p>
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SECTION 1  
**INTRODUCTION**

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## USING THE MANAGEMENT SYSTEM WORKBOOK

This is one of eight workbooks in a series designed to guide you in analyzing the management systems needed to support the delivery of primary health care services. The eight management support systems are:

Drugs and Medical Supplies	Communication
General Supplies	Personnel
Facilities and Equipment Maintenance	Finance
Transportation	Health Information

This workbook will help you conduct a comprehensive study of the health information system leading to recommendations for improving the efficiency and effectiveness of the system. The health information system is used to gather, organize, report, and use data for planning and managing primary health care services.

The management system workbook consists mainly of forms. The forms will help you collect information in a standardized way so that it can be systematically reviewed and analyzed. Instructions for using the workbook are in the Management Analysis Training Module. The module includes exercises to prepare you to use the workbook forms to conduct an analysis of a management support system. Since management procedures vary for each country's health care system, the workbooks fit no one situation perfectly. Before

you begin using a workbook you must adapt it to satisfy the special conditions in your country or region. You may need to:

- Translate the workbook into the local language
- Change the terminology to reflect local usage
- Limit or expand the scope of the analysis
- Omit certain forms or add new ones
- Revise individual forms
- Combine one or more workbooks

You will summarize the results of your analysis in a report that outlines alternative recommendations for improving the system you have studied. This report will become a reference document in the larger process for management development in your country. This process includes workshops that bring together policy level officials and field personnel who are involved in the operation of the system. These persons review the study report and recommend actions to be taken based on the study recommendations. This effort for strengthening the management support for primary health care services parallels other efforts to upgrade the management skills of primary health care workers in the system. In this way, the workers are provided with the skills they need to make the system function effectively and efficiently, and the system is strengthened to respond to the improved capabilities of the workers.

## DESCRIPTION OF STUDY METHODS

Information will be gathered by the following methods:

The information gathered will be validated by the following methods:

Findings and conclusions will be formulated by the following methods:

Alternative recommendations will be formulated by the following methods:

SECTION 2

**INFORMATION SOURCES AND  
SCHEDULING OF WORK ACTIVITIES**

220

### Form 1: LIST OF PERSONS INTERVIEWED

Use this form to plan your interview schedule and to keep a record of all the interviews that you conduct. Record the date of the interview and the name, title, address, and telephone number of each person interviewed or to be interviewed. This information will be included as an appendix to your written study report.

DATE	NAME	TITLE	ADDRESS	TELEPHONE

**Form 2: LIST OF DOCUMENTS REVIEWED**

Record the title, author, publisher, and date of publication for every major written document that you review for your study. Also include the date of the review and the source of the document. The information on this form will be included as an appendix to your written study report and will serve as your reference bibliography.

TITLE	AUTHOR	PUBLISHER/ DATE OF PUBLICATION	DATE REVIEWED	SOURCE OR LOCATION

952

**Form 3: SCHEDULE FOR THE MONTH OF \_\_\_\_\_**

Use this form to schedule plan your work activities. Complete a new form for each month.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SECTION 3  
**INFORMATION GATHERING**

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### Form 4: WORK FLOW ANALYSIS

This is a general use form for recording and analyzing the flow of work activities. Keep extra copies of this form available to supplement the interview and survey forms that follow.

Activity _____	
Begins _____	Ends _____
Location _____	Date _____

PRESENT METHOD		PROPOSED METHOD	
Step Number	Action	Step Number	Action

### Form 5: HEALTH INFORMATION GATHERED AND REPORTED

Use this form to describe existing reporting practices. Attach sample copies of all reporting forms.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Health status:				

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Service activity:				

168

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Resources:				

238

### Form 6: HEALTH INFORMATION RECEIVED

Use this form to describe information that is supplied to primary health care workers by higher levels of the system. Attach sample copies of all data sheets.

Person interviewed _____		Title _____		Location _____		Date _____	
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health					
Population served _____		Number of service contacts per month _____					

TYPE OF INFORMATION	RECEIVED BY	RECEIVED FROM	RECEIVED WHEN	RECEIVED HOW
Health status:				

TYPE OF INFORMATION	RECEIVED BY	RECEIVED FROM	RECEIVED WHEN	RECEIVED HOW
Service activity:				

240

TYPE OF INFORMATION	RECEIVED BY	RECEIVED FROM	RECEIVED WHEN	RECEIVED HOW
Resources:				

2/11

## Form 7: HEALTH INFORMATION NEEDED FOR PLANNING AND MANAGEMENT

Use this form to record the opinions of workers at the various levels of the primary health care system on their actual information needs.

Person interviewed _____	Title _____	Location _____	Date _____
___ Community	___ Health center	___ Region	___ Other _____
___ Health post	___ District	___ Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
Health status:			

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
Service activity:			

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
Resources:			

## Form 8: EVALUATION INDICATORS

Use this form to record what primary health care workers believe to be the most important primary health care information needs.

Person interviewed _____	Title _____	Location _____	Date _____
___ Community	___ Health center	___ Region	___ Other _____
___ Health post	___ District	___ Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

HEALTH STATUS INDICATORS (Select 8)	SERVICE ACTIVITY INDICATORS (Select 8)
___ Infant mortality rate	___ Number and percentage of people with access to safe water supply by districts
___ Maternal mortality rate	___ Number of latrines per 1,000 people
___ Percentage of children aged one to four with nutritional status below 80% of accepted standard	___ Prenatal visits per 1,000 pregnant women
Reported age-specific mortality rates for:	___ Tetanus toxoid doses per 1,000 pregnant women
_____	___ Supervised deliveries per 1,000 pregnant women
_____	___ Postpartum visits per 1,000 deliveries
_____	___ BCG immunizations per 1,000 infants
Reported age-specific morbidity rates for:	___ DPT immunizations per 1,000 infants and children under 5
_____	___ Measles immunizations per 1,000 infants and children under 5
_____	___ Polio immunizations per 1,000 infants and children under 5
_____	___ Number of encounters for personal health care services per 100,000 people
Other:	Other:
_____	_____
_____	_____
_____	_____

MANAGEMENT PERFORMANCE INDICATORS (Select 8)	RESOURCE INDICATORS (Select 8)
<input type="checkbox"/> Percentage of rural health centers with 80% of required standard drugs on hand at any given time	<input type="checkbox"/> Community health workers per 1,000 people
<input type="checkbox"/> Percentage of rural health centers with penicillin in stock 80% of the time	<input type="checkbox"/> Midwives per 20,000 people
<input type="checkbox"/> Percentage of rural health centers with 80% of required standard equipment on hand and in proper working order at any given time	<input type="checkbox"/> Mid-level health workers per 20,000 people
<input type="checkbox"/> Percentage of community health workers receiving one or more supervisory visits per month	<input type="checkbox"/> Physicians per 100,000 people
<input type="checkbox"/> Percentage of mid-level health workers receiving one or more supervisory visits per month	Other primary health care workers:
<input type="checkbox"/> Percentage of primary health care vehicles in operating condition at any given time	<input type="checkbox"/> _____ per 100,000 people
<input type="checkbox"/> Percentage of approved primary health care supervisory positions filled	<input type="checkbox"/> _____ per 100,000 people
<input type="checkbox"/> Percentage of patients referred to next higher organizational level	<input type="checkbox"/> Cost per family contact
<input type="checkbox"/> Percentage of days primary health care workers are not on the job due to illness	<input type="checkbox"/> Cost per outpatient contact
Other:	<input type="checkbox"/> Cost per immunization for:
_____	_____
_____	_____
_____	<input type="checkbox"/> Per capita primary health care cost
_____	<input type="checkbox"/> Total annual cost of primary health care
_____	<input type="checkbox"/> Primary health care cost as % of total health care costs
	Other :
_____	_____
_____	_____
_____	_____
_____	_____

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## Form 9: RESOURCES OF THE HEALTH INFORMATION SYSTEM

Use this form to describe existing resources to support the health information system.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____	
Population served _____	Number of service contacts per month _____		

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Statisticians and information processing specialists:		
Statistical clerks or other clerical personnel:		
Data processing equipment:		

LHC

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Data processing supplies:		
Working conditions for statistical specialists and clerks:		
Availability of printed report forms:		

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Information distribution capability:		
Funds:		
Other:		

116

## Form 10: POLICIES AND ORGANIZATION OF THE HEALTH INFORMATION SYSTEM

Use this form to describe the policies and organization of the health information system. Attach copies of policy directives, procedures, and organizational charts, as appropriate.

Person interviewed _____	Title _____	Location _____	Date _____
<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	
Population served _____	Number of service contacts per month _____		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Reporting requirements:		
Reliability of information:		
Access to reported information:		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Use of reported information at the community level:		
Use of reported information at the health center level:		
Use of reported information at the district level:		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Use of reported information at the regional level:		
Use of reported information at the central ministry of health level:		
Use of reported information by other agencies and at the international level:		

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Central processing and redistribution of information:		
Validity of information:		
Confidentiality of information:		

25

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
User participation in planning future information needs:		
Other:		

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Responsibility for adequacy of primary health care information system:		
Delegation of authority and accountability:		
Centralization versus decentralization:		

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships with outside organizations:		
Role and relationships of central data processing office:		
Other:		

**Form 11: VALIDATION OF FORM \_\_\_\_\_**

Use this form to validate information that you obtain through personal interview. Review the information on the appropriate interview form with persons working at the next higher or next lower organizational levels of the system. Attach this form to the interview form reviewed.

HIGHER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date
Comments:				
LOWER ORGANIZATION LEVEL	Person interviewed	Title	Location	Date.
Comments:				

1.5.11

SECTION 4

**OBJECTIVES AND FUNCTIONS OF THE  
HEALTH INFORMATION SYSTEM**

250

## Form 12: OBJECTIVES OF THE SYSTEM

Use this form to record the present and proposed objectives of the health information system. Using the information you have gathered, describe what the system is now doing and what it should do in the future to adequately support the delivery of primary health care services.

Present objectives:

Proposed objectives:

### Form 13: FUNCTIONS OF THE SYSTEM

Use this form as an organizational responsibility chart to help define the scope of the health information system. In the first column, record all of the functions of the system that you have identified. In the succeeding columns, indicate which aspect of each function is performed by the various organizational levels of the system. Use the following symbols to note the type of responsibility assumed for each function:

- P -- Prepares or reviews an action
- R -- Recommends an action
- A -- Approves an action
- E -- Executes an action
- M -- Monitors an action

FUNCTIONS	COMMUNITY LEVEL	HEALTH POST LEVEL	HEALTH CENTER LEVEL	DISTRICT LEVEL	REGIONAL LEVEL	CENTRAL MINISTRY OF HEALTH LEVEL	OTHER CENTRAL LEVEL

## SECTION 5

# SUMMARY OF FINDINGS AND CONCLUSIONS

### Using Forms 14 to 19

Use Forms 14 to 19 to summarize the information that you have recorded on Forms 5 to 10. Notice that Forms 14 to 19 are similar in format to Forms 5 to 10. This will ease your work in summarizing the information. Use as many extra pages as you need.

Prepare a summary form for each organizational level of the primary health care system. For example, if you gathered information on Form 5 from each of the following organizational levels, you would then prepare six different versions of the same summary form, one for each organizational level:

- Community
- Health post
- Health center
- District
- Central ministry of health
- Other central agency

26

**Form 14: SUMMARY OF FORM 5—HEALTH INFORMATION GATHERED AND REPORTED**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Health status:				

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Service activity:				

1987

TYPE OF INFORMATION	GATHERED BY	REPORTED TO	REPORTED WHEN	REPORTED HOW
Resources:				



TYPE OF INFORMATION	RECEIVED BY	RECEIVED FROM	RECEIVED WHEN	RECEIVED HOW
Service activity:				

26

TYPE OF INFORMATION	RECEIVED BY	RECEIVED FROM	RECEIVED WHEN	RECEIVED HOW
Resources:				

196

**Form 16: SUMMARY OF FORM 7—HEALTH INFORMATION NEEDED  
FOR PLANNING AND MANAGEMENT**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
Health status:			

298

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
<p>Service activity:</p>			

69

TYPE OF INFORMATION	WHY NEEDED	NEEDED FROM WHOM	NEEDED HOW OFTEN
Resources:			

11/10

**Form 17: SUMMARY OF FORM 8—EVALUATION INDICATORS**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

HEALTH STATUS INDICATORS	SERVICE ACTIVITY INDICATORS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Others:	Others:

8-71

MANAGEMENT PERFORMANCE INDICATORS	RESOURCE INDICATORS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Others:	Others:

272

**Form 18: SUMMARY OF FORM 9—RESOURCES OF THE HEALTH INFORMATION SYSTEM**

<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
---	--	--------------------------------------

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Statisticians and information processing specialists:		
Statistical clerks or other clerical personnel:		
Data processing equipment:		

26  
2

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Data processing supplies:		
Working conditions for statistical specialists and clerks:		
Availability of printed report forms:		

pkc

RESOURCES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Information distribution capability:		
Funds:		
Other:		

9/12

**Form 19: SUMMARY OF FORM 10—POLICIES AND ORGANIZATION  
OF THE HEALTH INFORMATION SYSTEM**

<input type="checkbox"/> Community	<input type="checkbox"/> Health center	<input type="checkbox"/> Region	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health post	<input type="checkbox"/> District	<input type="checkbox"/> Central Ministry of Health	

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Existing reporting requirements:		
Reliability of information:		
Access to reported information:		

2/19

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Use of reported information at the community level:		
Use of reported information at the health center level:		
Use of reported information at the district level:		

277

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Use of reported information at the regional level:		
Use of reported information at the central ministry of health level:		
Use of reported information by other agencies and at the international level:		

2/16

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Central processing and redistribution of information:		
Validity of information:		
Confidentiality of information:		

619

POLICIES	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
User participation in planning future information needs:		
Other:		

96

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Responsibility for adequacy of primary health care information system:		
Delegation of authority and accountability:		
Centralization versus decentralization:		

196

ORGANIZATION	ISSUES AND PROBLEMS	SUGGESTIONS FOR IMPROVEMENT
Relationships with outside organizations:		
Role and relationships of central data processing office:		
Other:		

*236*

## Form 20: SUMMARY OF FINDINGS AND CONCLUSIONS

Use this form to describe the issues and problems that you have identified in your study. Summarize each issue or problem in the "Findings" column. Assign each conclusion a reference number to link it to the alternative recommendations to be described in Form 24.

<input type="checkbox"/> Community <input type="checkbox"/> Health post	<input type="checkbox"/> Health center <input type="checkbox"/> District	<input type="checkbox"/> Region <input type="checkbox"/> Central Ministry of Health	<input type="checkbox"/> Other _____
--	---	--	--------------------------------------

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

FINDINGS	CONCLUSIONS	REFERENCE NUMBER

SECTION 6  
**PROBLEM-SOLVING**

200

## Form 21: STATEMENT OF PROBLEM AND ROOT CAUSES

This is the first of three forms used in the step-by-step problem-solving approach to analyzing and developing solutions to management problems. Use this form to state each problem that you identify and its root causes. The completed form will be the basis for further analysis.

### STATEMENT OF THE PROBLEM

What is the problem?

When and how often does it occur?

How does the problem affect health management?

How severe is the impact?

Where does the problem occur?

Who is affected by the problem?

Who is responsible for the work activity where the problem occurs?

### ROOT CAUSE(S) OF THE PROBLEM

1.

2.

3.

## Form 22: ANALYSIS OF FORCES AFFECTING CHANGE

This is the second form in the problem-solving approach to solving management problems. Use this form to identify factors that either constrain actions toward reaching a solution or help in reaching a solution. The completed form will be the basis for further analysis.

CONSTRAINING FORCES	HELPING FORCES

**Form 23: ALTERNATIVE PROBLEM-SOLVING APPROACHES**

This is the third of three forms in the problem-solving approach to solving management problems. Use this form to identify and examine alternative approaches to solving the problems that you have identified. This completed form becomes a reference for developing your final recommendations.

APPROACH	ADVANTAGES	DISADVANTAGES

SECTION 7  
**ALTERNATIVE RECOMMENDATIONS**

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**Form 24: ALTERNATIVE RECOMMENDATIONS FOR CONCLUSION \_\_\_\_\_**

Complete one copy of this form for each study conclusion that you described on Form 20. For each conclusion develop a minimum of two alternative recommendations, with accompanying justification statements. Rank the recommendations according to priority, with the most desirable listed first. Use as many extra pages as you need. You will submit these recommendations to others in the group decision-making process for management systems improvement.

RECOMMENDATIONS	JUSTIFICATIONS
1.	
2.	
3.	