**KAKAMEGA COUNTY ISSUES /CHALLENGE FOR HACKATHONS**

**Challenge 1:**

The DHIS system does not capture essential commodities but captures others. Reports are extracted manually form 160 facilities; There is also need to add it as a dataset in the DHIS-2.

**Descriptive Details**

* Pharmacy - a tool for seeing the commodities at facility level and at county level (overall) so that facilities are able to report for various essential commodities just like facility, maternal, child health care. E.g. zinc ORS, pneumonia drugs

Flags for stock outs, or when there are excess stocks

Dashboards for CEC, in charge to see what is going on, consumption, months of stock left

**Use Case Format**

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|  | **Pharmacy** |
| **Description** | * Health worker who is a pharmacist/ pharm-Tech/ or other health-care providers (mostly Nurses) * Basic computer literacy necessary * Working in a busy facility that is understaffed. * Health-care worker can be working at different levels: facility level and managerial level (at facility level, sub-county and county level); |
| **What success looks like?** | * There will tracking of commodity consumption at facility level; * Aggregation of commodity consumption and stock levels at sub-county and county levels; * Reduced stock-outs and overstocking (ordering based on consumption); * Informed budgeting of essential health commodities; * Provide real-time and flexible reporting on essential commodities; |
| **Constraints** | * Budgetary allocation * Infrastructure especially internet services etc * Human Capacity; |

**Challenge 2:**

**Outpatient and inpatient workload at health facilities cannot be accessed on weekly basis online**

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|  | **HMIS** |
| **Description** | Access weekly workload reports from health facilities online |
| **What success looks like?** | * Weekly workload reports from Health facilities can be access at all levels in the County online. |
| **Constraints** | * Budgetary allocation * Infrastructure especially internet services etc * Human Capacity; |

**Challenge 3:**

**DHIS2 does not run analysis according to financial years to give the correct figure. This is because the denominators of the two calendars are different.**

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|  | **CHMIS** |
| **Description** | * Running coverages of indicators for financial years don’t give correct answers. |
| **What success looks like?** | -Coverages of indicators for financial years will be analysed accordingly |
| **Constraints** | * Restructuring of DHIS 2 |

**Challenge 4: Integrating KMHFL to DHIS2 to reduce the process of transitioning health facilities and CUs from KMHFL to DHIS2.**

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|  | **CHMIS** |
| **Description** | * KMHFL is integrated to DHIS2 |
| **What success looks like?** | -There will be linkage between KMHFL and DHIS2 |
| **Constraints** | * Restructuring of KMHFL and DHIS 2 |

**Challenge 5: Integrating iHRIS to DHIS2 so that the workload can be compared with the workforce.**

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|  | **CHMIS &HR** |
| **Description** | * Workload Vis a Vis work force cannot be triangulated. |
| **What success looks like?** | - There will be linkage between iHRIS and DHIS2 |
| **Constraints** | * Restructuring of iHRIS and DHIS 2 |

**Challenge 6: Updating IHRIS to that it’s consistent with staff return and IPPD data.**

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|  | **HR** |
| **Description** | * Data on HR is inconsistent with staff return and IPPD data. |
| **What success looks like?** | - HR data in all systems are always consistent |
| **Constraints** | * Updating HR data in all the systems |