**HOME AND COMMUNITY BASED CARE (HCBC)**

**HEALTH MANAGEMENT INFORMATION SYSTEM**

INTRODUCTION

The Home and Community Based Care is an initiative by Non-governmental organizations and the Ministry of Health within the City of Nairobi and its environs. Community health workers are selected from known and trusted members of the community. These members better understand their community, have influence, understand the difficulties and dynamics of their communities, therefore they can easily approach, interview, educate, provide medical assistance and referrals to medical facilities when necessary. This approach is used as most affected people feel uncomfortable to share or disclose issues affecting them to strangers.

The HCBC initiative generally allows health workers to conduct data collection and surveys, perform monitoring and evaluation exercises, report, provide referrals for free medicine (ARV and TB) and treatment, and counseling to members of their communities.

The data collected by the health workers is aggregated and grouped by the various civic and administrative regions i.e. sub-locations, locations, divisions, districts and counties. The data is also used to generate specific reports on the various health issues affecting the communities. These report are used by the various stakeholder to conveniently understand the community, act and/or react to situation such as outbreaks and marginalization.

The HCBC data management system at the community level is manual as the Health workers use provided with various forms required to capture predetermined data. Every month the Health workers create a schedule of people they require to visit in their community. When they visit a participant, the interview and evaluate the person and record their finding on the provided forms as required.

At the end of the month the community health worker gathers all the filled forms and takes them to the relevant ministry of health in their area. This data is aggregated and sent to the next level of administration of the ministry until it gets to the county and national level. This process involves a lot of paperwork and takes time. At the end of each month the Community Health Workers are paid a stipend for the work they do.

OBJECTIVES

1. To enable Community Health workers, collect data using mobile devices.
2. To allow the collected data to be electronically manipulated and accessed by all relevant stakeholders in real-time.
3. To allow the data to be easily disseminated as may required.
4. Maintain mobile devices inventory that is given to the Health Workers.

STAKEHOLDERS

1. Nairobi City community/residents.
2. People living with HIV and AIDS (PLWHA).
3. People under Tuberculosis (TB) treatment.
4. Community Health Workers.
5. United Nations Children’s Fund (UNICEF).
6. Ministry of health (Medical services and Public health and sanitation).
7. Japan International Cooperation Agency (JICA).
8. US President’s Emergency Plan for Aids Relief (PEPFAR).
9. United states Agency for International Development (USAID).
10. National Aids and STI Control Program (NASCOP).
11. Kenya Medical Research Institute (KEMRI).
12. National Aids Control Council (NACC).
13. National Council for Population and Development (NCPD).
14. National Public Health Laboratory Services (NPHLS).
15. Kenya National Bureau of Statistics (KBS).

SCOPE

FUNCTIONALITY

UNEXPECTED OUTCOME AND EXCEPTION HANDLING