**HCBC HMIS: USE CASE SUMMARY**

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| **Sn** | **Use case name** | **Purpose** | **Input** | **Source of input** | **Output** | **Output recipient(s)** |
| 01 | Provide community health worker with necessary forms and data collection materials. | To allow the community health worker collect data and conduct surveys. | Forms and data collection material. | Ministry of health(MOH). | Forms and data collection materials receipt conformation. | Community health worker. |
| 02 | Schedule appointments and visits. | To allow community health workers to plan their monthly duties and to get the participant/patient consent. | Appointments notebooks. | Community health worker. | Schedule for monthly work. | Designated MOH officer at ward level health facility. |
| 03 | Visit participant/patient to collect relevant data/survey. | To capture the relevant data from participant/patient as per the ministry requirements within the community. | Form data inputs and meeting details. | Participant/patient. | Filled forms and health worker’s notes | Community health worker. |
| 04 | Review data provided and generate a monthly summary. | To ensure that the data provided is complete and summarize it for presentation to the MOH representative. | Captured form data and monthly summary forms. | Community health worker. | Data collected in forms together with summary data | Designated MOH officer at ward level health facility. |
| 05 | Revisit participant/patient in cases where data collected was inconclusive. | To ensure completeness of required information, to seek clarification and request data in cases where collected data is misplaced. | Form data and inputs and notes. | Community health worker | Misplaced data or additional data required that was not initially recorded. | Designated MOH officer at ward level health facility. |
| 06 | Fill the referral form in cases of emergency or hospitalization requirement. | To allow participant/patient easy access to a public health facility when they develop life threatening complications. | Referral form data. | Participant/patient. | Correctly filled referral form. | Medical doctor in a referred public health facility. |
| 07 | Summarize form data from all community health workers within the ward. | To ensure that all community health workers have provided all the required filled forms, and to summarize and tabulate the information in the summary form. | Summary form information. | Designated MOH officer at ward level health facility. | Completed summary forms and all the filled and collected form data within the ward. | Designated MOH officer at the constituency level. |
| 08 | Receive all ward level summaries and form data collected, summarize and tabulated the data provided from all the wards within the constituency. | To collect all ward summaries and form data from the designated MOH officers at the ward level, and generate a constituency level summary. | Summary forms and data collected from all the wards. | Designated MOH officer at the constituency level. | Completed summary forms and all filled and collected form data within the constituency. | Designated MOH officer at the sub-county level. |
| 09 | Receive all constituency level summaries and form data collected, summarize and tabulated the data provided from all the constituencies within the sub-county. | To collect all constituency summaries and form data from the designated MOH officers at the constituency level, and generate a sub-county level summary. | Summary forms and data collected from all the constituencies. | Designated MOH officer at the sub-county level. | Completed summary forms and all filled and collected form data within the sub-county. | Designated MOH officer at the county level. |
| 10 | Receive all sub-county level summaries and form data collected, summarize and tabulated the data provided from all the sub-counties within the county. | To collect all sub-county summaries and form data from the designated MOH officers at the sub-county level, and generate a county level summary. | Summary forms and data collected from all the sub-counties. | Designated MOH officer at the county level. | Completed summary forms and all filled and collected form data within the county. | Designated MOH officer at the national level. |
| 11 | Receive and acknowledge stipend payment | To ensure that the community health worker is duly compensated and acknowledge the payment was received | Stipend payment information. | MOH | Pay slip | Community health worker. |