

University of Nairobi

B.Sc. Computer Science

Year 2 Sem 2 Project proposal

**MEDICINE TRACKING SYSTEM**

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1. **Introduction.**
   1. **Background**.

Health care is an essential need to humans and it should be administered as a right as according to the constitution. It is vital for a government to set up quality health centers that offer quality services to all.

The National Government of Kenya has been very instrumental in the construction of public health centers in urban centers spread across the country. These health facilities act independently where each has its own head/director. It is only in private hospitals with wide spread branches that have interconnection of data and personnel.

The Ministry of Health takes control of management of these public facilities through those heads and gives directives on issues pertaining personnel, equipment, maintenance etc. but the general decision making in this institution rely on the heads.

The management of these public health facilities and all health facilities in general is very important in the development of the health sector. This will improve operations and aid in effective decision making.

* 1. **Problem statement**

An integrated medicine management system which integrates all health sub systems with a health portal is yet to be developed. The Pharmacy and Poisons Board has done part of the task by being concerned with the registration of medical products and health technologies, ensuring appropriate pharmacy practice, testing of medical products and technologies. But there is one missing piece, the tracking of the medicine. The lack of this has brought about:

* Lack of a digitized form of data storage.
* Poor tracking of medical drugs.
* Unpreparedness during shortage of medicine.
* Lack of following up with patients on dose administration.
* Poor stock keeping of medicine
  1. **Objectives.**

This project aims to design a system that could:

* Have a digital storage of patient data.
* Manage the medicine stock in hospitals.

1. **Literature Review.**
   1. **Current situation**

Currently the government has given licensing to 14193 medical facilities that are widespread all over the country (According to the Kenya Master Health Facility List). The following data shows the medical distribution in the country per county:

Baringo 292

Bomet 204

Bungoma 279

Busia 188

Elgeyo Marakwet 146

Embu 207

Garissa 206

Homa Bay 307

Isiolo 79

Kajiado 390

Kakamega 358

Kericho 277

Kiambu 744

Kilifi 395

Kirinyaga 231

Kisii 284

Kisumu 360

Kitui 443

Kwale 222

Laikipia 219

Lamu 68

Machakos 483

Makueni 353

Mandera 216

Marsabit 144

Meru 583

Migori 329

Mombasa 373

Muranga 382

Nairobi 1292

Nakuru 641

Nandi 253

Narok 222

Nyamira 202

Nyandarua 189

Nyeri 449

Samburu 142

Siaya 290

Taita Taveta 133

Tana River 87

Tharaka Nithi 201

Trans Nzoia 186

Turkana 283

Uasin Gishu 278

Vihiga 152

Wajir 164

West Pokot 177

These medical facilities may have been set up either by the government, through the community, or through professional health practitioners. These health facilities at the moment each act independently from the other. Only form of interconnection is through NHIF (National Health Insurance Fund) and other health insurances as forms of payment.

As per the Health Act 2017, a unified health system was established to coordinate the inter-relationship between the national government and county government systems in order to provide for regulation of health care services through a health care service provider, health products and health technologies. The health sector was put under monitoring of the county through a county executive department (with a County Director of Health) that was in line with the health policy guidelines for setting up a county health system that is answerable to the County Governor and the County Assembly. The county director of health was the technical advisor on matters of health in the county.

The Government (through the Kenya Health Information System) makes annual reports that summarize the objectives of the entirety of a governmental year. These reports highlight the achievements of the year and compares performance (of the set objectives) to the other previous years.

The health facilities are divided into different levels. The levels are:

1. Community facilities – Run by medical clinical officers.
2. Health Dispensaries – run by clinical officers.
3. Health centers – run by one doctor, clinical officers and nurses.
4. County hospitals – run by a director (who is a doctor).
5. County referral hospitals - run by Chief Executive Officers (who are medics by profession) and have big in-patient capacities.
6. National referral hospitals – same as level 5 (county referral) but offer specialized treatments to patients.
   1. **Role of ICT in Health.**

In recent years, health has digitalized some of its functions. Some hospitals practice a digitalized form of data handling through the creation on accounts in their databases. Examples of such hospitals are Aga Khan and Nairobi West. These hospitals encourage patients to sign up at their hospitals before being treated.

According to the Kenya Digital Master Plan, the government is planning to create data centers(hubs), install high speed optical infrastructure to health facilities, digitize 5 billion governmental manual records etc. These plans will create opening for the digitization of the health sector.

* 1. **The previous existing systems.**

In the near past, data was mainly handled physically and brought about bulkiness in management. Test for performance of the ministry was mainly done annually with the reports. Only some of the private owned hospitals inculcated digital data management in their operations.

* 1. **What is the need for a medicine tracking system**

Any health patient will hold an account in that system that enables them to have different functionalities. The reasons are as follows:

* There is a need to track medicine handling in hospitals all over the country since resource is scarce.
* There is need to prioritize patients with chronic conditions to receive medicine first.
* There is need to manage medicine so that it can be enough for all patients.
* There is need to receive reports from doctors on method of prescription.
* There is need to track returns on medicine revenue.
* There is need to follow up on patient dose administration.

1. **System analysis and design**
   1. **Methodology**

SPIRAL METHOD.

This is a modern method that combines elements of prototyping and linear models. The linear sequences of activities are to be executed in a staggered fashion. The sequence will be in constant loop in developing a part of the application. Each increment may be incorporated with prototyping or complete development of module.

Sequence:

* Requirements
* Analysis
* Implementation and testing
* Evaluation
* Communication

The first increment will entail the core product (the database and the users) addressing the core needs.

This method will prove effective since the program cannot be implemented in one go.

Steps to cover:

* The first time will cover the elicitation and requirement specification.
* A prototype may be developed covering the core elements obtained during the elicitation.
* Each pass through the planning region will cause a change in the project plan.
* Feedback and communication will result in plan revision and adjustment.
  1. **Implementation**

**requirements elicitation**

Purpose of requirements elicitation

* To get explanations, understand better and explore opinions.
* To get ideas of designing the medicine tracking system.
* To get the reviews of previous medicine tracking systems and how it can be improved.
* To get the feel of the previous medicine tracking system.
* To know the data collected by the system.

Methods used

* Interviews.
* Task observations
* Document analysis.
* Generating scenarios and use cases.

Target Audience of requirements elicitation

* Doctors of different hospitals.
* Citizens of different counties.
* The office of the Minister of Health.

How is the information used

* It is used to design a simpler vetting process.
* It is used to get suggestions of where the system can be efficient.
* To raise the need of an efficient medicine tracking system.
* To know the data to be collected, its size and how it is stored whether physically or cloud.
  1. **Analysis**

The system is to be built as a database with several users (patient ,doctor ,director of health). Each user has its own features on how they access the database. They all enter their login information in a common portal from which they are redirected depending on the level. The director will be able to fully exploit all the data that is available. Doctors can access a portion and the patient/citizen has the least access out of all users.

The following requirements should be included in the operation of the application.

Functional requirements

The functional requirements for a citizen:

* Update any personal data.
* Add medicine doses.

The functional requirements of the doctor:

* Update hospital data.
* Assign medicine to patient.
* Store solution to treatment of patient.
* Search through hospital data (available medicine).
* Book medicinal pickups.

The functional requirements for the director of health:

* Search through all data.
* Form reports on the data.
* Allocate medicine to hospitals

Nonfunctional requirements

This section shows any other requirements that the system should hold. The system should have:

* Security – There should be a high level of security of the data held by the system. Only authorized personnel (the minister) can access the secured page on the system.
* Performance and response time – The system should have a high-performance rate when executing user’s input and should be able to provide feedback within a short time.
* Error handling – An appropriate error message should be displayed to guide the user on how to recover from an error in case they run into one.
* Availability – The system should always be running for 24 hours, 7 days a week.
* Ease of use – The system should be user-friendly and have a graphical user interface (GUI).
* The system should remind patients to pick up medicine.
* The system should notify both the doctor and director of an upcoming shortage
* The system should track returns on medicine

Pseudo-requirements

* The system should be cloud based
* There should be session timeouts.

1. **REFERENCES**

* Kenya Digital Master plan
* Kenya Community Health Strategy 2020-2025
* Ministry of Health website <https://www.health.go.ke>
* The Health Act No.21 of 2017
* Action for transparency Health structure and levels of hospitals <https://actionfortransparency.org/kenyas-health-structure-and-the-six-levels-of-hospitals-roggkenya/>
* https://web.pharmacyboardkenya.org

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