Use of low cost mobile telephony and online Connectivity for cost-effective community health Strategy program in Rarieda District: Success

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Introduction:

Rarieda Community Strategy health program has been implementing the use of ICT in running its activities for the last one year. There has been and Successes observed through use of this integrated ICT system. The object of this paper is to share the success and new skills learned which can be used by any organization to ensure that if they adopt ICT within their strategy then there is likelihood of attaining success. We intend to share these successes and Inadequate and erratic supply of CBHIS tools

Objective:

The key objective is to:

•Reduced costs in implementation of the Community Health Strategy Program

by use of innovative methodologies.

•Attain the highest possible accuracy, timeliness, validity, reliability and quality data on health indicators to help in making critical informed decisions at household, village, community and district levels.

Innovation:

Using readily available resources to design a simplified innovative system that requires little skills in use and user friendly to the Community Health Workers, DHMT and Stakeholders. The Key hardware needed was the low cost mobile telephone that could be easily purchased and owned by the CHWS.The software needed was the application that could run on the mobile telephone and conversion of the MOH513,514,515 tools into an application to be use by the CHWS,CHEWS and DHMT.Training

modeled on low ICT capacity end users, considering the age and education level of the volunteer community Health workers.

Result:

The alpha, and Beta tests have proven to be workable in three community sites of Kokwiri, Rageng'ni and Nyabera sub-locations.as the data is now being gatherd by telephone and uploaed directly into a site created for this purpose. The site is www.nanogdns.org

Cost-Efectiveness:

The CHWs, CHEWS and the CHCS have managed to save time in:

Report Analysis and generation when needed,

Making Timely decisions and response when and where needed.

Quality and analysis of data has also improved, decisions can be made any time just

by running the report generator embedded online for community dialogues and action days.

There has been a great improvement on health indicators for the three communities

and effifiency for decision making for the DHMT (District Health Management Team)

Recommendation:

This is a system that can be scaled up to include the 23 different community Units with the view ti going paperless.Stakeholders can have access to the data at the site and make decisions on best times of doing community interventions like vaccinations.The ICT skills should be integrated in the CHWs Training Curriculum developed by the division of community health services of the Ministry of Public Health and Sanitation of the Government of Kenya to cushion the future.