

REQUIREMENTS SPECIFICATION USING
ACTIVITY ANALYSIS AND DESIGN FRAMEWORK
FOR PRIMARY HEALTH CARE INFORMATION
SYSTEM IN IFE CENTRAL LOCAL GOVERNMENT
NIGERIA

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ABSTRACT

This research assessed the existing manual Primary Health Care Information System and identified actors and their contributions to Information System Development with a view to building effective requirements specification for developing a Computer Based Primary Health Care Information System.

Primary data were collected from several relevant actors at the Primary Health Care centre, Enuwa in Ife Central Local Government using interview and participatory techniques. The Activity Analysis and Design (ActAD) checklist was used as a guide for the interview. Actors were identified using the ActAD framework. Documents were inspected and the existing system processes in the centre were observed. The relevant actors were also observed at work. The ActAD framework was used to analyse the work activity at the centre and in identifying the stakeholders. Volere requirements specification template was employed to document the results.

The result showed that there were 24 actors who use patients' Information at the Primary Health Centre. Such actors included health managers, health workers and other research agencies. The research also showed that most of the actors contributed to the development and use of Information System at the primary health care level through direct data capturing and processing. Contributions of others were in the areas of reports' appraisal, trend of diseases and drug use. A list of 46 functional requirements such as patients' biographic data, data on family planning and immunization that the system would capture and process, was obtained through the information elicited from various actors. Over 80% of the actors interviewed agreed on the relevance of each of the requirements specified. More than 75% of the requirements were confirmed to be relevant during validation. The assessment of the existing manual system showed that the Primary Health Care System hitherto was disjointed and had no well defined requirements and hence flawless computerisation could not be easily achieved.

It was concluded that the existing system was disjointed and had no well defined requirements. Therefore for an efficient Computer-Based Primary Health Care Information System to be built there was a need for proper coordination and a set of effective and flawless requirements specification produced by all stakeholders.