ABSTRACT

Health information systems (H.I.S) collect, collate, analyze, evaluate, store and disseminate health information used for planning, forecasting, budgeting, decision making plus monitoring and evaluating health programs. Utilization of H.I.S has however been noted to be inadequate in Kenya thus denying the patients the benefits that would be realized if such information was used to improve services. The general objective of this study was to compare H.I.S in public with private health facilities in Kisumu County, Kenya. The specific objectives were to compare the knowledge and perceptions of health workers on H.I.S, compare the availability and functionality of the required H.I.S infrastructure and to compare the utilization of H.I.S by healthcare workers (HCWs) in public with private health facilities. The study was conducted in Kisumu County, Kenya using a cross-sectional design. 196 HCWs from 21 private facilities and 249 from 32 public health facilities participated. Data was collected by questionnaires from the HCWs and a checklist by each health facility. Data was analyzed to determine odd’s ratios (OR) and ‘p’ values. The results showed knowledge and perceptions were similar in public and private health facilities. Most HCWs (88%) in both public and private facilities generally knew the uses of H.I.S but some (57.7%) perceived H.I.S as a burden leading to excess workload. Infrastructure for health information was inadequate across both categories of health facilities. Public health facilities had less electricity connection (p<0.01, OR = 0.656 and 95% confidence interval (CI) = 0.511-0.843), internet access (p=0.05, OR=0.33 and 95% C.I. =0.70-1.57) and customized HMIS policy (p<0.01, OR= 1.17 and 95% C.I.= 0.98-1.39). However, they were more likely to have the National HMIS policy (p<0.01, OR= 6.50 and 95% C.I. = 1.29-32.81) and to give data feedback to the community (p<0.01, OR= 6.67 and 95% C.I.= 0.77-57.92). Utilization of H.I.S was low in both public and private health facilities. There was limited use for budgeting/ resource allocation especially in public facilities. In conclusion, there was negative perception of H.I.S among health workers in both hospital categories; knowledge levels were high in both hospital categories while infrastructure was inadequate especially in public health facilities. Utilization of health information was low in both categories. We recommend that the government institute interventions that would lead to improvement in knowledge and perceptions, H.I.S infrastructure and utilization of health information which will translate to better provision of healthcare to the population.