

**FUNCTIONALITY OF COMMUNITY-BASED HEALTH INFORMATION  
SYSTEMS IN EMBAKASI SUB-COUNTY, NAIROBI COUNTY, KENYA**

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A functional Community-Based Health Information System (CBHIS) is poised to collect, collate, analyse, evaluate, store, and disseminate community health-related data and information for use by the community. There is inadequate information available of what influences the functionality of CBHIS in Embakasi Sub-county. This is an impediment to informed strategies that can enhance focused improvement and maintenance of functional CBHIS. The main objective of the study was to assess functionality of CBHIS in Embakasi Sub-County, Nairobi County, Kenya. The specific objectives were: To determine the relationship between workers individual characteristics and functionality of CBHIS; to assess the internal factors that influence functionality of CBHIS and to assess the external factors that influence functionality of CBHIS. The target population was 10 functional Community Health Units (CHUs) in Embakasi sub-county. A sample size of 80 health workers from CHU and link health facilities was used. The study was descriptive cross sectional in nature where both qualitative and quantitative methods of data collection were used. The study adopted Key Informants interview, for link health facility workers, and 2 sets of questionnaires for CHU workers. The data acquired was analyzed using thematic analysis, MS Excel and Statistical Package for Social Sciences Software respectively and presented in frequencies, percentages, tables, charts and graphs. Relationship between the independent variables and the dependent variable was established using Chi-square test of association, fisher's exact test and Logistic regression models since the responses were categorical. A total of 68 respondents were interviewed with a response rate of 67%. There was a significant relationship between marital status, age of the Community Health Volunteers (CHVs), and ability to collect data at ( $p=0.024$  and  $p=0.016$  respectively). However, at  $\alpha=0.05$  there was no significant evidence linking gender and ability to collect data ( $p=0.637$ ). Besides, at  $\alpha=0.05$  there was a strong relationship between experience and CHVs ability to understand indicators ( $p=0.033$ ). There was no sufficient evidence linking CHV education level, age and understanding of indicators ( $p=0.696$  and  $p=0.469$  respectively). The tools, feedback forums, training and support supervision were available but inadequate and that CHUs did not have data analysis capacity. There was acute shortage of workers, inadequate tools and the reporting lines were not clear. The community was very supportive to CHUs activities and the linkages were effective as stated by all the respondents. However 3(60%) of the Community Health Extension Workers (CHEWs) pointed out that the county leadership was unsupportive to the CHUs while 2(40%) reported the county leadership supportive. The study recommends that CHUs functionality be reinstated in order to strengthen the functionality of CBHIS, HIS and the entire health system. Marital status, age and experience of workers should be considered when selecting the CHVs; the local leadership should provide the workers with adequate tools, capacity build them on data analysis, strengthen dialogue and action days, offer frequent refresher training and equip the workers with supervisory skills. Finally, the linkages between CBHIS and FHIS should be strengthened and that the local leadership should support the community health unit activities. The researcher proposed that further research be done to determine the role of Community-Based health data in strengthening decision making at the national and local level.