INFORMATION AND COMMUNICATION TECHNOLOGY ADOPTION IN HIV AND AIDS COMPREHENSIVE CARE CENTERS IN NAIROBI COUNTY, KENYA

Student Name: Rucha Kenneth Kibaara

SYNOPSIS

HIV and AIDS remains a public health challenge in Kenya. Unaids has identified use of ICT in HIV and AIDS comprehensive care centers (CCCs) as one strategy to improve effectiveness and efficiently in delivery of services to HIV and AIDS patients. In spite of the numerous advantages that ICT offers in provision of quality services in prevention, data collection and curative management of HIV and AIDS pandemic, CCCs may not be adequately prepared in terms of support and resources. Few empirical studies have been carried out to determine ICT adoption status of patients and health workers and effectiveness of the same on service delivery. Moreover, the body of knowledge regarding ICT in HIV and AIDS CCCs services is generally lacking and no adequate systematic compilation of information for reference or knowledge transfer exists. There is a gap in knowledge regarding the situation of ICT application in HIV and AIDS CCCs services with a view of improving quality of services offered. The factors that influence ICT adoption, health workers perceptions about ICT and the actual ICT predictors need to be understood. This study was designed to investigate and describe these factors and suggest ways to enhance ICT adoption and application so that CCCs can improve the quality of services to HIV and AIDS patients. A cross-sectional Survey which involved 196 health workers was conducted in 28 CCCs in Nairobi County. Informants were selected using simple systematic random sampling. Data was collected using self-administered questionnaires and focus group discussions. More than two thirds (77%) of all respondents had a positive perception of ICT drivers. Individual factors which were significantly related to ICT adoption status were age and ICT training. Technological aspects were size of facility, quality of ICT systems, information intensity, financial resources, technological resources, management support. Organizational of factors were ICT complexities, ICT compatibility, ICT affordability, ICT information security, image of facility. External environmental factors were competitive pressure and patients’ pressure, ICT security, systems quality, information intensity, financial resource, technological resources management support, ICT complexities, ICT compatibility, ICT affordability, information security, image of facility, competitive pressure and patients’ pressure. Real predictors of health workers ICT adoption were ICT security, systems quality, information intensity, financial resources, technological resources, management support, ICT complexities, ICT compatibility, ICT affordability, information security and image of facility, competitive pressure and patients’ pressure. Perceptions of ICT drivers and contributors, the predictors included ICT access, ICT personalization and ICT optimism. Most of the health workers have
not adopted ICT. To optimize this continuous on job training and ICT Strategic plans are recommended. Most of the health workers had a positive perception of both the ICT drivers. To tap this potential, ICT infrastructure and motivational rewards are recommended. Significant factors and predictors of ICT adoption were identified. It is recommended that favorable legislation be done.