OROMIA HEALTH BUREAU
FIRST ANNUAL RESEARCH CONFERENCE

*Building a resilient health
system to ensure the quality of health
care during a public health emergency
July 2022*

Implementation of Health Information System at Health Posts in Oromia Region

Outline

- Background
- Objective
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- Acknowledgement

Background

- Community Health Information System (CHIS) is part of the broader HMIS reform, designed and implemented within the framework of the Health Extension Program
  - Collects data on basic demographic statistics
  - Health service delivery
  - Utilization based on the health extension package in the health posts
- Currently CHIS is rolling out to all of the agrarian and pastoralist health posts in the region

Background

- The Oromia regional health bureau conducts regular supportive supervion on a quarterly basis
  - With the aim of strengthening the health information system at all levels
- As part of this activity, assessement on implementation of CHIS was conducted
  - So that implementation of the specific dimensions of CHIS could be seen well in order to identify what is going well and not

Objective

- To determine implementation of CHIS at selected health posts in Oromia region, in the second quarter of the Ethiopian fiscal year, 2014
  - October to December, 2014/2022

Methodology

What?

- Facility-based assessment on 22 randomly selected health posts from different Zones

When?

- February 14-27, 2022

Who?

- HIS experts from the regional health bureau in collaboration with personnel at different level

Methodology

How?

- Semi-structured checklist with four components:
  - CHIS supply (15%)
  - CHIS process (15%)
  - Data quality (30%)
  - Information use (40%)
- Descriptive analysis was conducted and results are prsented using tables and graphs
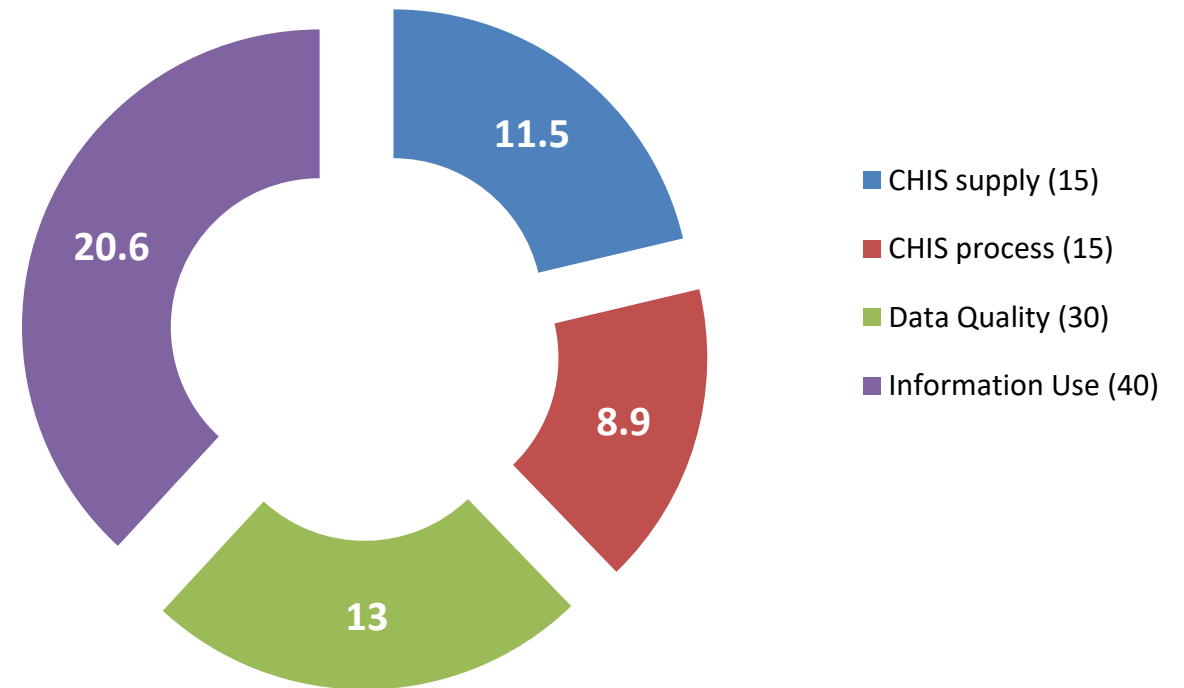
Findings

The average implementation of CHIS at the health posts is found to be 54

- CHIS supply – 11.5/15 (76.6%)
- CHIS process – 8.9/15 (59.3%)
- Data Quality – 13/30 (43.3%) and
- Information Use – 20.6/40 (51.5%)

CHIS implementation with dimensions

- CHIS supply (15)
- CHIS process (15)
- Data Quality (30)
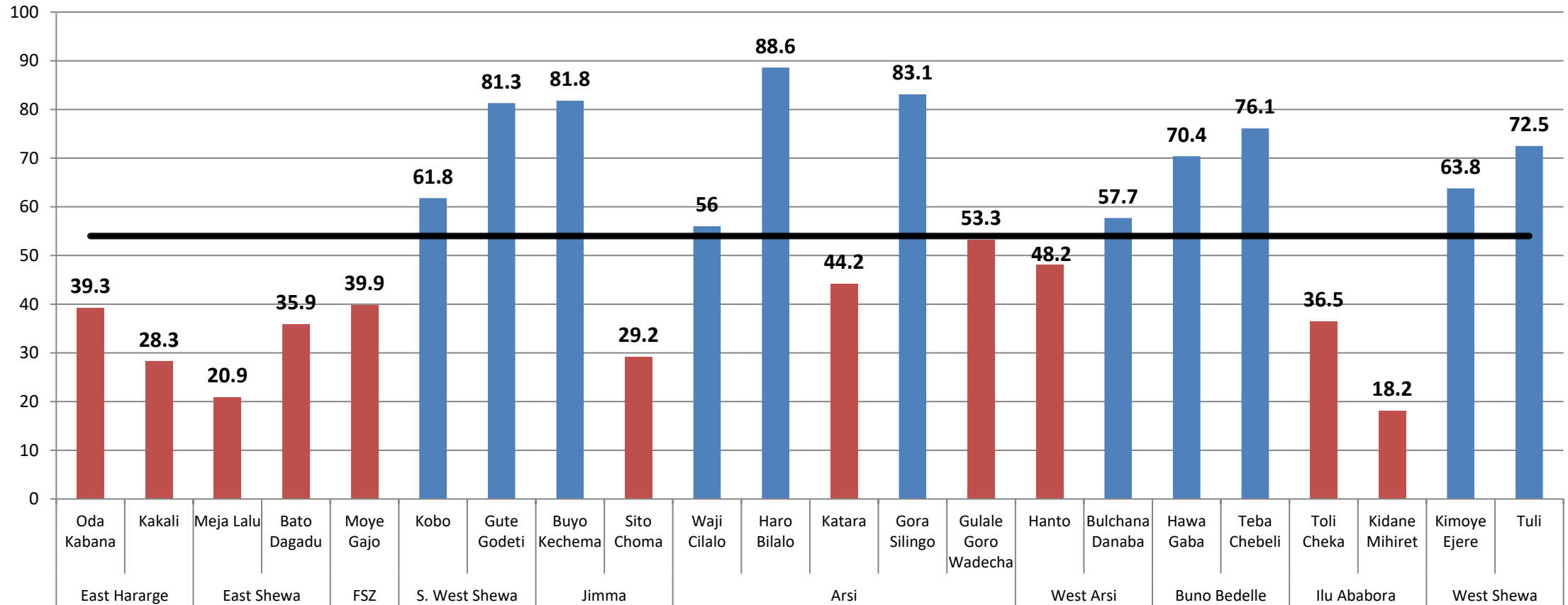- Information Use (40)

11.5

8.9

13

20.6

Findings

- Implementation of CHIS was found to be below the average level (54/100) at nearly half of the assessed health posts (10/22)

- Health posts assessed from *South West Shewa*, *West Shewa*, and *Buno Bedelle* Zones have CHIS implementation above the average level

- While all of the health posts from *East Hararge*, *East Shewa*, and *Finfinne Special Zones* have CHIS implementation below the average level

Findings

Average Implementation of CHIS at HPs in Oromia, 2022

Region	HP	Value
East Hararge	Oda Kabana	39.3
East Hararge	Kakali	28.3
East Shewa	Meja Lalu	20.9
East Shewa	Bato Dagadu	35.9
FSZ	Moye Gajo	39.9
S. West Shewa	Kobo	61.8
S. West Shewa	Gute Godeti	81.3
Jimma	Buyo Kechema	81.8
Jimma	Sito Choma	29.2
Arsi	Waji Cilalo	56
Arsi	Haro Bilalo	88.6
Arsi	Katara	44.2
Arsi	Gora Silingo	83.1
Arsi	Gulale Goro Wadecha	53.3
Arsi	Hanto	48.2
West Arsi	Bulchana Danaba	57.7
Buno Bedelle	Hawa Gaba	70.4
Buno Bedelle	Teba Chebeli	76.1
Ilu Ababora	Toli Cheka	36.5
Ilu Ababora	Kidane Mihiret	18.2
West Shewa	Kimoye Ejere	63.8
West Shewa	Tuli	72.5

Findings

Haro Bilalo HP (Arsi Zone) was found to be the best performer – 88.6 followed by other HP from the same zone (83.1) and Buyo Kechema, Jimma zone (81.8)

- CHIS supply – 13.6
- CHIS process – 12.5
- Data Quality – 22.5
- Information Use – 40

The list CHIS performance was observed at Kidane Mihiret HP (Ilu Abbabora Zone) - 18.2

- CHIS supply – 2.7
- CHIS process – 1.2
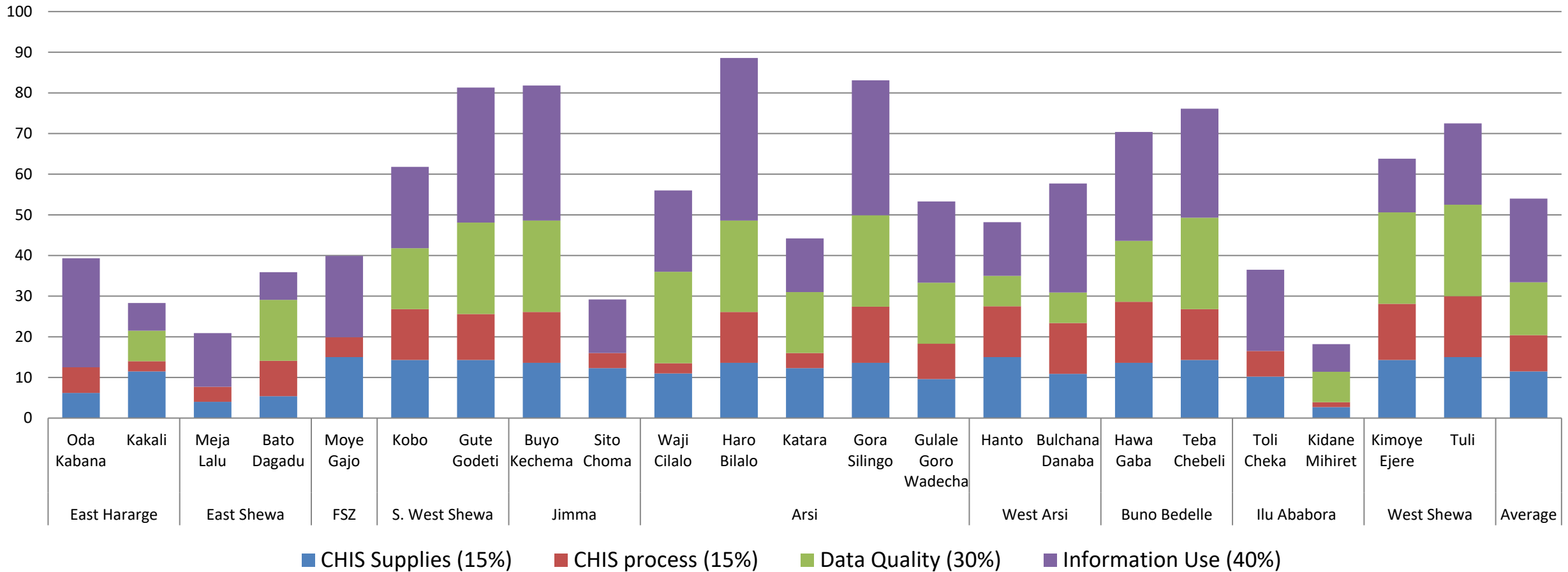- Data Quality – 7.5
- Information Use – 6.8

The variation between the high performer and low performer is 63.6

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Findings

Implementation of CHIS by its dimensions at HPs in Oromia region, 2022

Findings

- Supply for CHIS was found to be good (11.5/15) at the HPs
  - Commitment of the ministry and support from funding agencies and partners
  - A good opportunity to strengthen the HIS within the context of limited infrastructure and resource
- However, data quality was the least practiced health information system dimension at the health posts (13/30)
  - Though there is improvement in quality of data at health facilities (including HPs) in the recent yeasr, the optimum level is not achieved yet
  - Emanate from differenet factors including organizational and behavioural

Findings

- Among the CHIS Process, slightly more than half (8.9/15) were implemented at the health posts
  - Pointing out for a strong commitment among HEWs to update family folders (both hard copy and eCHIS); finalizing electronic household information registration; and use tally sheet and field book as a source document to produce report
- Infromation use was also among the CHIS dimensions expecetd to be improved along with data quality (20.6/40)
  - Poor knowledge on data analysis on key indicators
  - Irregular performance review with stakeholders
  - Absece of action plan for prioritized problems, and follow up

Conclusion

- Implementation of CHIS at health posts of Oromia region (in the second quarter of 2014) is low with a great variation among the HPs
  - Poor data quality takes the lion share in deteriorating the status of CHIS at the health posts
    - Poor record/report completeness and timeliness
    - Poor practice of Lots Quality Assurance Mechanism (LQAS) on monthly basis

Recommendation

- There is a need for strengthening the regular and need-based supportive supervision and mentorship for CHIS low performing health posts
  - Strong linkage between HPs and HCs for the close support
  - Developing strong leadership and commitment to assure ownership
  - Continuing moving toward digitalization of the CHIS (eCHIS)
- Sharing good practices at the best performing sites
  - Identification and dissemination of best practices
- Further explanation for the observed level of implementation

Acknowledgement

- Oromia regional health bureau
- HIS Experts from health institutions and organisations in the region
- Health care providers and health extension workers in the region
- Fenot-UBC Harvard Project