

Family Health Teams for Improved Urban Primary Health Care: A Case Study



Re-thinking the Family Health Team Approach at Selam Health Center in Gullele

Written by Ms. Halima Mohammed,
Yale Global Health Leadership Institute

Executive Summary

The Ethiopian Urban Health Extension Program was created with the goal of providing effective, equitable, and efficient primary health care in urban settings. With the Federal Ministry of Health's goal to strengthen primary health care across the country and leverage current successes, the HEPCAPS2 project (Developing the Long-term Capabilities of Ethiopia's Health Extension Program Platform Project) engaged Salem Health Center in Gullele, Addis Ababa as a key learning lab for urban primary health care reform.

"The family health team has reached a segment of the community that has never been reached before and this is one of the best things done"

- Selam Health Center Family Health Team home visit beneficiary

The HEPCAPS team identified important challenges inhibiting the effectiveness and reach of family health teams. In turn, the health center management team employed key management changes, enabling the family health teams to become more reliable, efficient, and reach a greater portion of the local community.

Challenges

While the Urban Health Extension Program has had many successes, primary health care experienced a variety of challenges. Among the challenges was high attrition of health workers (mainly HEPs), failure to provide the services that were expected of the health facility (e.g. no Dental ,psychiatry clinic Minor operations and diagnostics), a sub-optimal referral network, complex urban sanitation and waste disposal issues, an increasing burden of non-communicable disease (including mental health), and a weak emergency medical service system. To help address these challenges, the HEPCAPS2 project assembled a working group with the AARHB and supported the reform of implementing family health teams at Gullele sub-city woreda 09, Selam Health Center.

Family Health Teams (FHT) were established to provide basic health and

HEPCAPS2 worked in close collaboration with the Addis Ababa Regional Health Bureau (AARHB) to address weaknesses in primary health care delivery in the Gullele woreda, with particular focus on improving the family health team approach.

“This program has enabled us to have more pregnant mothers attending ANC follow up and it has enabled us to increase the family planning performance as we had very low achievement in that regard. The program has brought the proportion of short acting and long acting family planning method users to 50/50 i.e. 50% short term and the same long term. I think the program has helped us in this accord”

–Family Health Team Member

prevention services by traveling out to the community. Each FHT was responsible for a predetermined number of families located in a specific geographic area. The FHT was expected to provide health counseling, prevention, orientation related to recovery, and counseling on frequent diseases and overall health promotion in the community.

The broader objective of the family health team approach was to:

- Ensure health centers have good and strong linkage with health extension professionals
- Provide better quality service to the health center catchment population with special focus on priority groups to ensure equity among various populations
- Strengthen referral system (including consultation) between health centers and hospitals (bidirectional)
- Ensure health profile of the catchment population is updated regularly.
- Ensure integration across facilities

However Selam Health Center and its family health teams encountered a shortage of staff; five out of 50 health professionals resigned from their job because they said they did not want to move house

to house. Another challenge was a lack of coordination between the facility staff and the health extension professionals (HEPs) since space restrictions prohibited the HEPs from being based at the health center. Moreover, a shortage of drugs at the health facility resulted in the inability to provide FHTs with necessary drugs for household visits, causing dissatisfaction in the community.

Strategy

The HEPCAPS team organized several consultative meetings with the AARHB working group, FHTs, and facility leadership. After helping prioritize key FHT issues, the HEPCAPS2 project worked with the health center management team to address staff shortages by reorganizing FHT composition and developing a detailed scope of work for FHTs to support staff recruitment.



The HEPCAPS2 project also developed tools for FHT data collection; conducted sensitization workshops to build support of FHT model; assisted the AARHB in conducting several capacity building activities for FHTs and other health center staff; facilitated agreement between FHT and health center coordinators to jointly conduct supervision and site visits to improve coordination; conducted a mapping exercise of the woreda; and supported provision of family health kits to properly equip the FHTs for household visits.

Results

Between April 2015 and September 2015, 425 out of 1149 (37%) households were visited by a family health team and among them were pregnant mothers, under five children and clients with chronic non communicable and communicable disease (hypertension, Diabetics and defaulter tracing). In addition, among 28 schools in the catchment woreda, 18 were visited to strengthen school clubs, address reproductive health issues through peer programs, and provide health education.

Client satisfaction surveys were conducted, showing an overall average rating of 7 out of 10 for having satisfaction for the service and information received by family health teams. This intervention



demonstrated Gullele - Selam Health Center's ability to better identify and reach those within the community in need of care; the intervention also highlighted that such reform demands coordinated decision-making and commitment across different levels of the woreda.