



Kibrewosen, SEUHP

Urban Health Extension Professional Mahlet Nigatu visiting a client's household

Clearing the Hurdles: Support to Achieve Excellence in Service Provision in the Urban Health Extension Program



Strengthening Ethiopia's Urban Health Program (SEUHP)

In 2014 in SEUHP - supported cities/towns, 95,529 individuals received direct services from UHE-ps

In the highly populated Kotebe neighborhood in Addis Ababa, a 33-year-old mother of one, Yeshe Lante, eagerly waits for her regular visit from Mahlet Nigatu. Mahlet is one of 4600 Urban Health Extension Professionals (UHE-ps) working as part of Ethiopia's Urban Health Extension Program (UHEP), which aims to extend the reach and effectiveness of the urban health care system to the community level through the provision of household-level services. A few months earlier, Yeshe was tested for HIV after Mahlet conducted an HIV risk assessment and referred her to the nearest health center for HIV counseling and testing. As Yeshe's husband spends most of his time working outside of Addis and is hard to reach during UHE-p visits, Mahlet also provided Yeshe with information on HIV screening and on couples HIV counseling and testing. Yeshe also looked to the UHE-p for help in determining the best family planning strategy for her and her family.

Before Mahlet departed for her next household visit, she reminded Yeshe to access additional health services on the issues they discussed during the visit. Mahlet filled out a referral slip including Yeshe's personal information, the reasons for referral, and the type of health services Yeshe had been provided with during the visit. Mahlet discussed these details with Yeshe, and advised her to visit Kotebe Health Center, the nearest health facility.

Yeshe— who says she previously looked for excuses to avoid visiting a health facility – was convinced by Mahlet to utilize health services at Kotebe Health Center. The referral slip gave her a sense of confidence that she would receive the services she needed, and that the services would be delivered in a professional manner. “Mahlet wrote the type of service I wanted from the facility on this piece of paper. They will help me, without me suffering to explain myself,” Yeshe described. Indeed, during her facility visit, Yeshe received family planning services and reserved a date to be re-tested for HIV. Yeshe admits that without the visit from the UHE-p and the referral support, it is unlikely she would have utilized facility-based health services; a situation that would have left her wondering about her HIV status and uncomfortable about her family planning choices.

Supporting a Stronger Referral System

Improved referral linkages can strengthen health and social service provision, build important linkages between community and facility-based support, and help ensure that individual needs are met in a respectful manner at all levels of the health care system.

As part of its work to strengthen the overall UHEP referral system, the USAID-funded Strengthening Ethiopia's Urban Health Program (SEUHP) initiated a platform where Health Center Medical Directors, Core Process Owners, Case Team Coordinators, UHEP Supervisors, and UHE-ps come together for regular meetings at health centers to exchange feedback on how the referral system is functioning and to seek out opportunities to improve the system. These opportunities also serve to enhance the collaborative team spirit between UHE-ps and Health Center staff.

SEUHP has also been working with City/Town Health Offices (C/THOs) and Regional Health Bureaus (RHBs) to revise the UHEP referral slips and endorse a standardized referral tool, including providing on-site coaching on proper referral slip utilization. According to Mahlet, the standardized referral system streamlines UHE-ps' efforts: "We used to do much advocacy on many health-related matters. Yet, it was confusing: what shall be done once the awareness is there? This referral system introduced by SEUHP helped us to see the fruits of our sweat; improving access to primary health care for families. We are able to work with health centers. It is also making us more credible in the community." In one month, Mahlet reported making seven referrals to Kotebe Health Center. Five referrals were for HIV related health services.

Addressing Gaps and Providing In-Service Training

One of the main challenges facing the UHEP is high staff turnover. Additionally, some UHE-ps are deployed before receiving the pre-service training, which compromises the overall quality of services. Mahlet, like many UHE-ps, was unsure about how to use various on-the-job tools, and doubted her ability to assess and meet her clients' health service needs.

To address these issues, SEUHP conducted a UHE-p knowledge and skill gap analysis, which identified inconsistent service provision, failure to follow protocols, and unstructured reporting as major impediments to delivering high-quality services. Together, SEUHP and the C/THOs developed an in-service training series – the competency-based "Core Public Health Training"- to improve UHE-p skills, knowledge, and motivation to deliver HIV, tuberculosis, maternal and child health, non-communicable disease, inter-personal communication, and monitoring and evaluation services. In 2014, SEUHP provided a five-days training to over 1,289 UHE-ps in 28 cities/towns. The program also assisted with the process of institutionalizing the supportive supervision mechanism to strengthen the capacity of UHE-ps and their supervisors to deliver quality health services; make referrals and linkages to facility-based health services; build rapport with beneficiaries; and prioritize needs.

Through SEUHP's efforts, Mahlet and her colleagues' confidence and skills have grown. Today, Mahlet is held in high esteem by her clients, Yeshi among them. "The training on core public health services was an eye opener regarding what I need to do and how I should do it," she affirms.

Limited or no referral and linkage system between UHE-ps and health centers has been an impediment to the full integration into facility-based primary health care services in urban Ethiopia.
