

# **FAMILY HEALTH TEAM**

**Lessons from Field Implementation**  
Bole Subcity

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**ENSURING  
OWNERSHIP  
OF HEALTH  
SERVICE IS  
OUR  
ULTIMATE  
OBJECTIVE**

**A**lemtsehay Paulos is the Deputy Head of Addis Ababa City Administration Health Bureau. According to her, the major responsibilities of the Bureau include coordinating the disease prevention and health service provision efforts as well as expanding access for equitable and quality health services through expansion of health centers in the city.

In order to fulfil these responsibilities, the health extension program is working hard to increase awareness primarily on model health extension packages. “As successful as the health extension program is,” said Alemtsehay, “we came to understand the need for a more comprehensive and targeted system mainly focusing on priority groups who need further support.”

In this regard, the city health bureau in collaboration with the Federal Ministry of Health has been working on primary health care redefining to increase the link between health centers and health extension programs. “It is not a separate project but fits into the bigger government strategic plans and has been given due emphasis in the second Growth and Transformation Plan” said Alemtsehay.

The health care redefining aims to bring a better link between beneficiaries and health facilities, resulting in more equitable and affordable service provision. Alemtsehay mentioned the preparation, which involved identification of major problems and multiple experience sharing from other countries was conducted for six months and the implementation manual has been developed to guide the piloting.

The Family Health Team project, which fits into this bigger picture, is now being piloted in three health centers in Addis

Ababa. According to Alemtsehay, identifying clients and service needs, and a vulnerability assessment based on epidemiological and economic factors was completed before the commencement of the piloting of the Family Health Team model.

“As part of our pro poor approach, pregnant women, homeless people and school children have been given special attention.” said Alemtsehay. She stressed the positive feedback from beneficiaries, especially in linking the community with the health centers. “Ensuring ownership of health service is our ultimate objective” she added.

Through the collaborative efforts of the Health Extension Program, the Family Health Team and the various development groups working in the selected areas, health care services which primarily target vulnerable groups are being given in selected health centers. Awareness creation and support efforts, as well as initiatives to link the community with health centers, have been successful.

Explaining the bureau’s scale up plans, Alemtsehay said the Family Health Team will be scaled up in the city. The redefining will serve as an umbrella covering all existing and upcoming projects and programs. Based on figures at the bureau, one Health Extension Worker works to address 500 household and 40 percent of these need Family Health Team support. In addition to pregnant women, children and homeless people, the bureau also plans to work with industries/factories to make sure workers get access to health care services.

*Alemtsehay Paulos*



**NOTHING MORE  
SATISFYING  
THAN SEEING A  
HAPPY FACE**

“There is nothing more satisfying than seeing a happy face” says Alemayehu Beyene speaking about how happy his clients are with the Family Health Team service provided to them.

Alemayehu is working in the TB department in Gerji Health Center. He is also a member of the Family Health Team working in Ketena two. He states that the very objective of the Family Health Team is to make health care services accessible to indigents. “This is a driving force for most of us” says Alemayehu.

Alemayehu and his team members travel long distances to get to clients and provide health education on family planning, hygiene and sanitation, and HIV treatment and care. According to him, there are problems related to transportation and they sometimes pay for transport out of their pockets.

After getting to clients and providing basic health education, Alemayehu and his team mates sometimes refer clients to the nearby health center depending on the severity of cases. According to Alemayehu, there are three types of referral pads they use to refer clients, which indicates the urgency of the case. For simple cases like trachoma, the Family Health Team uses the white pad. For mild cases, they use the yellow pad and

the red pads are reserved for serious cases which need immediate medical treatment.

Alemayehu explained about the two types of data keeping systems the Family Health Team uses in their day to day activities. According to him, the household folders are posted in every household. “We write the cases of every household in codes for confidentiality” said Alemayehu. The second folders are used to report the compiled data.

During the weekly review meetings, Alemayehu and his teammates identify problems, such as the need for transport allowances. Alemayehu also added that curative services need to be improved as rapidly as the preventative services.

*Alemayehu Beyene*



**A SUCCESS TO  
CELEBRATE AND  
A STRONG NEED TO  
SCALE UP**

**T**adelech works as an outpatient department (OPD) curative service processes owner in Gerji Health Center. She and her colleagues facilitate the services provided to clients and patients who have been referred to the health center by the Family Health Team. The Family Health Team is integrated with the regular service provision of the health centers.

“We first register them on a registration form and classify them based on their Ketenas and severity of their problems” says Tadelech explaining the initial receptions of clients at the triage. Five major steps are involved in service provision at the health centers: registration and triage, consultation with the physician, service provision, record the process and refer for advanced care when necessary.

The patients who visit Gerji health center are either referred to the center due to severe medical conditions, or have developed better health seeking behaviors following the various awareness creation activities conducted by the Family Health Team.

After the clients are categorized based on their ketenes and severity of cases, they get the necessary treatments. “This can be challenging at times, as we have lots of

other patients coming from elsewhere.” says Tadelech. She stressed on the importance of the Family Health Team and the need to scale it up to other areas but recommends more examination rooms and skilled personnel in the health center to avoid waiting and delays in service provision.

According to Tadelech, the approach has been successful in identifying the most vulnerable groups in the society.

*Tadelech Youssuf*





**TEAM  
WORK**  
THAT'S WHAT IT TAKES

**T**esfanesh, Disease Prevention and Promotion Processes Owner at Gerji health center, believes every activity in the health sector calls for strong partnership and can be most successful if team work is applied. This belief helped her to fulfill her responsibilities in the Family Health Team (FHT). She works in the health center, as well as in the community visiting households together with her team mates. She says every team member understands the major objectives of the Family Health Team and believes in the need to address the problems of identified target groups. She added that her team focuses on disease prevention and awareness creation at the household level like other teams. According to Sr. Tesfanesh, the Family Health Team in her health center has its own sub teams (Group A & B). The sub-team rotation takes place every month. “Both the health workers/professionals and the community members were receptive to the new Family Health Team approach” says Tesfanesh. In the regular review meetings held every Friday, Tesfanesh and her teammates always strive to improve the flow of clients to the health centers by identifying barriers and trying to address them. “People want to get free treatment at the health centers”

says Tesfanesh. “We are doing extensive work to make them better informed about the program and understand the objectives” added Tesfanesh. Tesfanesh oversees the performance of Family Health Team activities together with the Medical Director at the health center. Some of the challenges identified by Tesfanesh and her team include; lack of transportation allowances for the health workers to go out to the field, misunderstands and misinformation specifically related to client’s expectation of free drugs and medications are “We are working on them” says Tesfanesh. “Team work: That is all it takes”.

*Tesfanesh Deribe*

**SERVICE  
FOR THOSE  
WHO NEED  
IT MOST**



**T**he community level interventions implemented by the Family Health Team focus on home visit, school and workplace interventions and interventions targeting homeless people.

Betselot Kidanu is a health extension professional at Gerji health center. She described how the first step of the community level intervention was collecting data from the households and community. In her woreda data collection was been completed in 2014. Betselot and her teammates collected data about clients, which included details including names and address of clients, number of children, job status, list of property, and current health status. Betselot is currently following up 50 households who fall in to one of the three categories identified as priority target groups for the Family Health Team.

According to Betselot, the first category includes pregnant mothers and children under the age of five. The second category is chronic and non-communicable disease cases such as HIV/AIDS, diabetes, hypertension and asthma. “The poorest of the poor” who cannot afford to get health care services due to economic reasons are in category three.

Betselot says the majority of her clients are people who migrated from rural areas in search of better economic opportunities in Addis Ababa. She provides trainings in hygiene, sanitation and family planning. “We give the services to those who need it most” says Betselot.

*Betselot Kidanu*



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The results are  
worth the effort

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**T**he Family Health Team is formed by the primary health care unit task force led by the sub-city Health Office Head. The working group includes head of the woreda 13 health office; Hiwot Adinew. Hiwot highlights the benefits of the Family Health Team project in providing basic health services especially for people with low income.

Hiwot Explained that there are five Family Health Team working in accordance with their schedules in woreda 13 health center. She is responsible for overseeing the activities of the team, as she is the member of the primary health care unit task force at her sub city.

In the regular performance review meetings, the Family Health Team members report on activities and discuss challenges faced in implementing the model. According to Hiwot, one of the major problems in her woreda is the frequent mobility of households looking for better job opportunities. “It has been difficult to find daily laborers in their house during visits” says Hiwot. To solve this problem, the Family Health Team is trying to identify and record longtime resident clients.

Hiwot believes the FHT program is playing a pivotal role in early identification and intervention of health

problems and illnesses, especially in communities with lower socioeconomic conditions. “It is a difficult task but the result is worth the effort” says Hiwot.

*Hiwot Adinew*

**LESSONS LEARNED**

**H**agere, a Health Extension Professional in Gerji health center, works with her Family Health Teammates on household visits and interventions targeting homeless people. She was involved in data collection to categorize clients, and recalls how challenging it was to identify clients as most of them are daily laborers who couldn't be found at any time of the day. She said people move from one place to another looking for jobs and this caused delays in data collection. In her home visits and intervention activities in schools, Hagere identifies people and refers them for further treatment at the health center when needed. "People expect me to give them vaccinations and medicines right away" says Hegere. She explains the objectives of the Family Health Team to clients every time she faces similar questions and lately she is observing significant changes.

According to the work schedule for Hagere and her Family Health Team mates, Thursdays are always dedicated to homeless people, community and schools. "They are more receptive and understanding" says Hagere. She follows up on her clients' health status every month and gives health education on hygiene, and vaccination.

Hagere believes there are many implementation problems as the FHT program is a new initiative. She, however, believes that the lessons learned from her health center can be taken and integrated in future scale up plans.

*Hagere*





**STILL A  
LOT TO DO**

**M**olla is the Medical Director at Woreda 13, Gerji Health Center. He says Gerji health center is one of the three health centers selected for piloting the Family Health Team approach.

According to Molla, all medical and support staff have gone through a comprehensive orientation about the Family Health Team (FHT) program organized by the Addis Ababa Regional Health Bureau.

Molla explained that the implementation of FHT program commenced in March 2014. The initial preparatory tasks included identifying indigents, and forming five teams and sub teams based on ketenas. Every team includes a health extension Professionals, clinical nurses and B.Sc. nurses.

Molla and his staff conduct the Family Health Team activities based on the data collected before the implementation of the program. “There are regular schedules for visits.” explains Molla. Mondays are for mothers and children under five years of age, Wednesday is for chronic communicable and non-communicable cases and Thursday is for people living on street, work place, school and youth center.

As the medical director of the health center, Molla’s role in the program is supervising and overseeing the day-to-

day activity and progress of the program. “There is still a lot to be done” says Molla. Molla and the FHT team members review their activities every Friday and identify problems. According to Molla, some of these problems include logistic problems to transport kits, shortage of medical inputs, and inadequate space to arrange clients according to their ketenas.

Molla says the feedback from clients is a driving force for improvements in the program and his health center is trying to solve the problems in close consultation with the health Bureau.

*Molla Yehuala*



**INTEGRATED  
EFFORTS FOR A  
BETTER RESULT**

**H**ilina's routine on Thursdays start early in the morning when she goes out to churches. Unlike many others, she goes there not only for religious rituals but also to help others in need of her services. "Thursdays are for homeless people," says Hilina, a health extension professional at Gerji health center. She goes out together with nurses and other health extension professionals and looks for beggars around churches and slums. She and other Family Health Team members provide information and support on hygiene, sanitation and family planning.

It was on one of such Thursdays that Hilina met a mother of twins who didn't have any information about birth control and contraceptives. Hilina told her about family planning, the use of contraceptives, and referred her to the health center.

According to Hilina, one of the problems in implementing the Family Health Team Project is the mobility of people who don't have permanent residences. She wishes she could follow up on that women, but she hasn't seen her around for quite a while now.

Hilina believes the Kebele and Woreda offices should work together to give homeless people an identification card and temporary shelters. "Integrated efforts will make things much easier" adds Hilina.

*Hilina Mesfen*

A man with a beard and glasses, wearing a white lab coat over a dark patterned shirt, stands in a hallway. He is holding a stack of papers in his left hand and a blue and silver pen in his right hand. The background shows a hallway with a railing and a doorway.

— POSITIVE —  
PERCEPTIONS  
DESPITE SOME  
CHALLENGES

**A**s Anteneh steps into Gerji Health Center every morning, his first task is to meet with the Family Health Team members and brainstorm about the plan for the day.

Anteneh Asfaw is a Family Health Team Coordinator in Gerji Health Center. He has the major role of coordinating the family Health Team. There are five teams with roles assigned every day.

According to Anteneh, the Family Health Team identified clients based on income and case considerations. “As helpful as the Family Health Team is...” said Anteneh, “..... Focus should be given to curative services.”

In the weekly review meetings the Family Health Team conducts at the health center, they have identified problems related to inputs for the medical kits they take as they go out to clients, and transportation problems. Anteneh mentioned that despite the challenges, the community has a positive perception of the Family Health Team.

*Anteneh Asibe*





**Struggling**  
*to afford*  
life

“I wish you all the best, my children” said Mitike, 58 years old widow with a gentle maternal smile. She acknowledges the efforts of the Family Health Team in her community.

A mother of six and grandmother of one 8 years old child, Mitike cooks for people and washes clothes to bring food to the house. None of her children have jobs and she still carries the burden of supporting her family. Mitike lives in a small house and rents a small room to get extra income. But she mentioned she still cannot afford to get health care services. She is hypertensive and was referred by the Family Health Team to go to a health center. When she went to the health center, she was told to pay for her medication. “How can I afford to pay that much money?” asks Mitike. She had to borrow money from her relatives to pay for the medicine.

Mitike and many others strongly believe in the benefits of the Family Health Team. But they require further reforms and systems to help them get affordable health care services.

*Mitike Balcha*





HEALTH INSURANCE  
SCHEME AND THE FAMILY  
HEALTH TEAM PROJECT  
*should go together*

**B**itew is currently working as Bole Sub City Health Bureau Medical Service Process Owner. He was the head of Gerji Health Center during the initial stages of the Family Health Teams introduction. According to Bitew, the Family Health Team is part of a bigger plan to expand primary health care to the community. While explaining the difference between the Family Health Team and the Health Extension program, Bitew highlighted that the Family Health focuses on curative services in addition to health promotion. He explained that basic curative services for non-communicable diseases and palliative care are being provided at the community level. The nurses measure the blood pressure of clients, prescribe medicines, and refer clients to the health center, depending on the severity of cases. Bitew mentioned there was challenges during the initial stage of the implementation. One of the challenges was the resistance from the medical professionals to go to the community because there was no transport services. Bitew also added there were some resistance as the community only knew about health promotion. He added service provision at the community level was not widely known. “Daily laborers and homeless people are

happy when we go to them and talk to them about the Family Health Team” said Bitew.

According to him, one of the repeated requests from the homeless clients is to get Kebele identification cards to help them get free health care services at the health center. Bitew admits that there are still some gaps in this regard, and mentioned that the woreda administration is trying to identify people with similar problems to solve the problem.

There was also a huge problem in the use of toilets as most of the clients don't have access to clean toilets. To solve this problem the town administration is constructing public toilets.

Bitew strongly believes in the need to scale up the Family Health Team approach to other parts of the country, but he stresses on the need to start the implementation of the community based health insurance scheme to make sure the community has access to affordable health services.

*Bitew Admasu*





**An integrated  
system that  
brings all  
stakeholders  
together for a  
better future**

**G**irma Berhanu is the acting head of the Bole Sub City Health Bureau. He said The Family Health Team is an integrated system that brings all stakeholders including the city health bureau, health centers and health extension program together in the health care service provision.

Girma described how the Family health team project was initiated by the Federal Ministry of Health, Addis Ababa health Bureau and partner organizations. He believes communicable and non-communicable disease prevention are now more accessible to the community as a result of the relentless efforts by the Family Health Team.

Girma is a member of the task force responsible for overseeing the activities of the Family Health Team. Following the hierarchies and systems, the task force monitors progress and performance of the Family Health Team program.

Girma recalled the plan to have regular task force meetings on Wednesdays. Due to multiple workload and competing priorities, there have been times where the task force couldn't conduct the regular meetings. Girma strongly believes in the role of the Family health Team to increase accessibility of health care services. He

advised that drug supply should be adequate and a new structure should be devised in collaboration with the Ministry of Civil Service to create a clear set of goals and procedures to achieve the intended objectives.

*Girma Berhanu*

The views expressed in this publication do not necessarily reflect the views of the Bill and Melinda Gates Foundation

# FAMILY HEALTH TEAM

Lessons from Field Implementation

Bole Subcity



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