



VILLAGE HEALTH PARTNERSHIP

Safer Motherhood in Rural Ethiopia

August 2016

Program Update & Annual Ethiopia Trip Report

Cindy Nichol, MPP

Laury Bowman, JD

Margaret "Migs" Muldrow, MD

Board of Directors

Village Health Partnership

www.VillageHealthPartnership.org

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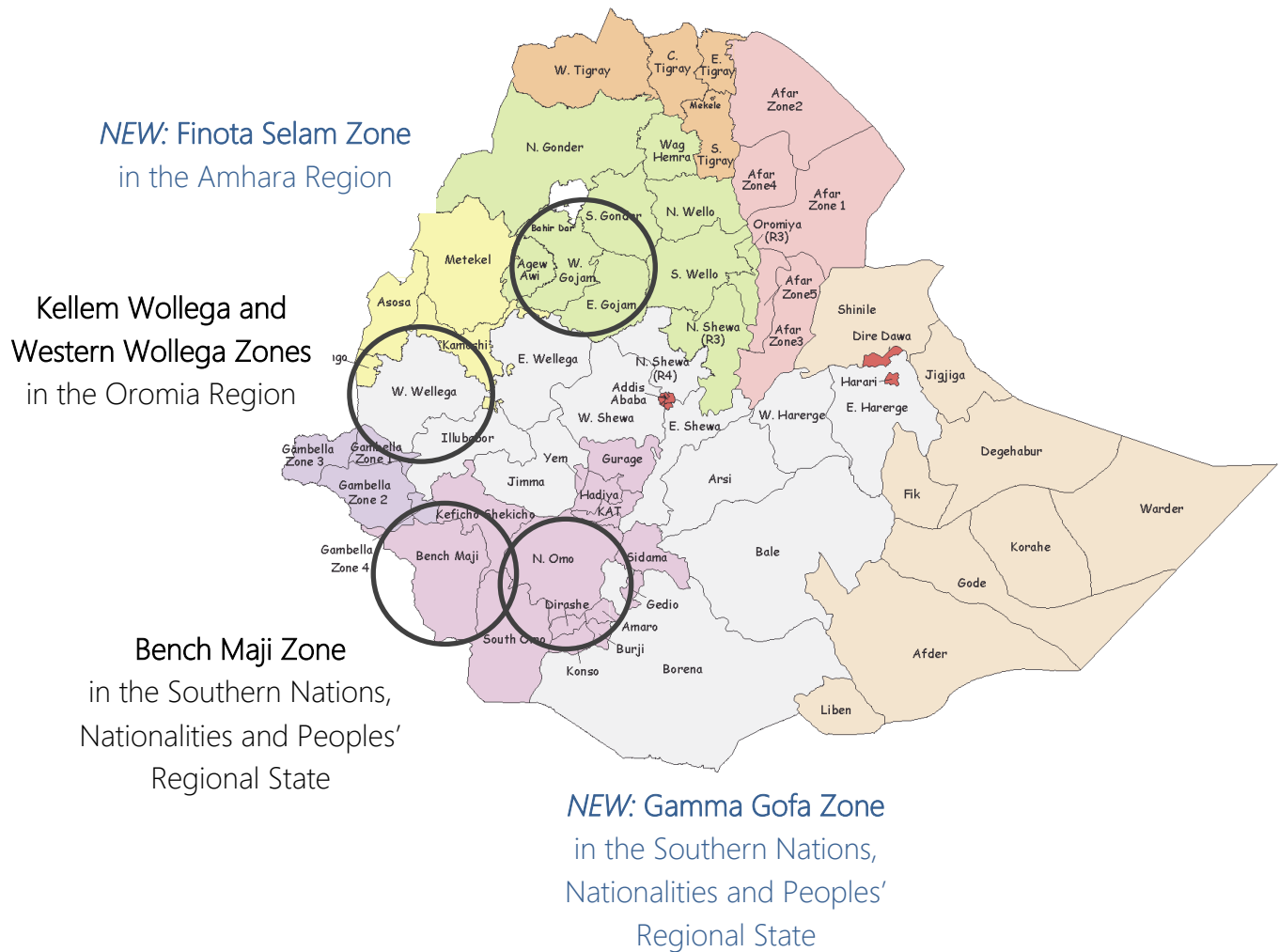
Regions of Ethiopia



Zones of Ethiopia Where VHP Works

Zones where VHP has worked in past years are in black text

Zones where VHP began work in 2016 are in blue text



Route Traveled February-March 2016



By Road: —————

By Air:

Trip North to Finota Selam Zone:

1. Addis Ababa
2. Bahir Dar
3. Arb Gebbia
4. Weybeygn
5. Quarit
6. Ashety Leba Gedel
7. Ber Michael
8. Genet Abo
9. Bahir Dar
10. Addis Ababa

Trip Southwest to Bench Maji Zone:

11. Addis Ababa
12. Jimma
13. Mizan Teferi
14. Aman
15. Shey Bench
16. Bachuma
17. Jomu
18. Chebera

Trip South to Gamma Gofa Zone:

19. Sawla
20. Awasa
21. Addis Ababa

Introduction

The Village Health Partnership (VHP) is an all-volunteer, 501(c)(3) non-profit organization that works for safer motherhood in rural Ethiopia. VHP's mission is to prevent maternal and neonatal death in childbirth, and to treat and prevent gynecologic complications of childbirth. To achieve this mission, programs are focused on 1) capacity building and 2) healthcare, including education/training and treatment/prevention programs. VHP programs must:

- ✓ Be identified through grassroots, community-driven needs assessments
- ✓ Be developed through inclusive partnerships with Ethiopian community and healthcare leaders
- ✓ Meet needs without replicating the work of other organizations or duplicating existing resources
- ✓ Commit to accountability through annual visits to Ethiopia and consistent data collection/analysis

The February-March 2016 Annual Ethiopia Trip



Overview. At the invitation of Ethiopian Regional, Zonal and local government officials, VHP volunteers traveled to Ethiopia to Addis Ababa (the capital), the Finota Salam Zone in the north, the Bench Maji Zone in the southwest, and the Gamma Gofa Zone in the south. In each zone, VHP conducted an ambitious program that included assessments of healthcare facilities, medical provider education and training, and evaluation of the need for a program to treat women with gynecologic complications of childbirth.

Traveling on this trip were three members of the VHP Board of Directors (BOD): Margaret "Migs" Muldrow, MD, Founder and Chair of the VHP BOD, Cindy Nichol, CFO of the Port of Portland and Treasurer of the VHP BOD, and Laury Bowman, JD and Assistant Secretary of the VHP BOD. Board members were accompanied by VHP's In-Country Director, Mr. Tefera Endalew Yayeh, and two nurses: Patty Kelly, RN and Master Trainer for

"Helping Babies Breathe" and Sharon Wilbert, RN and former labor and delivery nurse.

Capacity Building

Healthcare Facility Assessments. The VHP team visited 10 health centers, two district hospitals, and one regional hospital, all in rural areas. In each facility, government officials, healthcare administrators, and medical providers shared their time and actively participated with VHP to complete facility assessments, prioritize needs, and define stakeholder contributions. VHP partnered with Waterlines, Inc. to include assessments of water, sanitation and hygiene at each facility. The team used a VHP healthcare facility survey tool that populated a score card, allowing those performing assessments to quickly highlight needs. The score card facilitated the process of prioritizing needs and identifying who could contribute to meeting those needs. It sets a benchmark standard for all facilities to meet. In the future, the score card will allow for a year over year review of each facility.

Healthcare

Provider Education and Training

During the 2016 trip, VHP beta tested a model for training rural healthcare providers in emergency obstetric care and neonatal resuscitation. Before the trip, VHP selected the American Academy of Pediatrics (AAP) neonatal resuscitation curriculum, “Helping Babies Breathe” and “Essential Care for Every Baby” (HBB/ECEB), for this initial training session. Working with the Academy, VHP translated the curriculum into the national Ethiopian language, Amharic. Project C.U.R.E. partnered with VHP to provide funding to send two nurses to Ethiopia, who then trained 78 providers in the HBB/ECEB curriculum. Project C.U.R.E. also graciously underwrote the cost of the HBB/ECEB training equipment and supplies. VHP procured the required government invitations, arranged training logistics, and paid per diems for each of the students and translators.

Treatment and Prevention

Screen, Transport and Treat (STT) Program. This unique program brings women from remote villages to a screening site staffed by healthcare professionals, and then on to Aira Hospital in Western Wollega for surgical treatment of gynecologic complications of childbirth. VHP met with national, regional and local Development and Social Services Commission (DASSC) leaders and Aira Hospital administrators to review the STT Program. In each area visited, VHP assessed the need for this program and whether or not the medical infrastructure could support screening, transporting and treating women with gynecologic complications.

Trip Journal

Migs and Patty flew directly from Washington Dulles to Addis Ababa on Ethiopian Airlines, landing in the early morning hours. After passing through customs and immigration, they connected with Tefera, who worked side-by-side with VHP in all four regions. Later that day, Sharon arrived from Entebbe Airport and the VHP team began to prepare for four weeks of arduous travel, healthcare facility assessments, HBB/ECEB education and training, and STT Program review.



The team first met in Addis Ababa with Kellem Wollega and Western Wollega Zone (Western Wollega) stakeholders to review the STT Program. They then set forward to assess facilities and train providers, first journeying north to the Quarit Woreda (“District”) in the Finota Selam Zone. The VHP team returned to Addis Ababa, where Laury joined them to head southwest to the Bench Maji Zone. For the last leg of the trip, the team flew by helicopter to the Gamma Gofa Zone in the south, while Laury and Cindy returned home to the United States (U.S.).

Kellem Wollega and Western Wollega Zones in the Oromia Region

Review of VHP’s STT Program

The VHP team met in Addis Ababa with representatives from Central DASSC, the Western Wollega Bethel Synod DASSC Branch Office (WWBS DASSC BO), and Aira Hospital to review the STT Program. VHP was thrilled to learn that more than 200 women have now been screened at health centers near their villages and transported to Aira

Hospital, where they have received surgical treatment for gynecologic complications of childbirth (fistula and uterine/bladder/rectal prolapse with incontinence). What's more, after these women return home to their villages, they are encouraging others to seek treatment and learn about family planning and birth control. They are also advocating that pregnant women receive prenatal care and deliver in health centers, where they can receive skilled assistance to prevent death and disability.

The WWBS DASSC BO shared a key program need: Comorbid clinical conditions (i.e. malaria, anemia) prevent some women from undergoing surgical treatment. VHP and DASSC agreed to establish a fund to treat these comorbid conditions and eliminate this barrier to surgical treatment. To ensure success, it was agreed that all VHP stakeholders will continue to collect STT Program outcome data.

"The women VHP has treated for fistula and prolapsed uterus problems can now live at home with their families, go to market, and carry on normal lives again. For them, the Screen, Transport and Treat program has been a miracle."

Dugassa Beyene, WWBS DASSC BO
Leads STT Program in Western Wollega

After the VHP team returned to the U.S., Central DASSC reached out to start an entirely new conversation: There is a severe shortage of nurse midwives in Western Wollega. DASSC proposed that VHP fund a scholarship program for five qualified students to complete a three-year nurse midwife training program at Aira Hospital. To participate, students must be nominated by their communities, demonstrate academic strength, and commit to working in Western Wollega health centers after completing their education. VHP agreed to fund this program.

Finota Selam Zone in the Amhara Region

The VHP team flew to Bahir Dar, a bustling city on the south banks of Lake Tana, the source of the Blue Nile, and



was officially welcomed over dinner by government officials and healthcare administrators from the region. Early the next morning, the team journeyed by land cruiser over rough gravel roads to the high mountain town of Arb Gebbia in the Quarit Woreda. There they set up tents in a grassy field next to the town's health center. In addition to organizing the assessment of six health centers and the education and training of healthcare providers, the community stationed a guard at the base camp, cooked, and even fixed the team's flat tires!

The next day, the VHP team traveled around the Quarit Woreda to assess all six district health centers, including Arb Gebbia ("Friday Market"), Waybeygn ("Please Say Yes When I Call Your Name"), Ashety Leba Gedel ("The Place Where Ashety Killed the Thief"), Ber Michael ("Door to St. Michael"), and Genet Abo ("God the Father's Heaven"). Travel was difficult and slow. Throughout the Quarit Woreda, VHP witnessed the impact of government efforts and an unprecedented degree of community mobilization.

Following the health center assessments, VHP agreed to:

- Fund construction of a building for labor and delivery, antenatal care, and post-partum care at the Waybeygn Health Center
- Purchase and deliver solar lighting units to illuminate labor and delivery rooms at the Arb Gebbia, Waybeygn, and Ber Michael Health Centers
- Provide labor and delivery equipment and supplies (manual vacuum extractors, blood pressure cuffs, speculums, personal protective equipment (PPE), and rubber sheets to cover delivery tables) for the Arb Gebbia, Waybeygn, and Ashety Leba Gedel Health Centers. VHP will fully furnish labor and delivery and women's services at the Ber Michael Health Center.
- Train a core group of healthcare providers in basic labor and delivery skills and women's health, who will in turn train other healthcare providers in the health centers
- Explore additional skill building in basic emergency maternal and neonatal obstetric care (BEMNOC) for nurse midwives already practicing in the health centers

Finota Selam Zone and Quarit Woreda administrators and healthcare officials will work together to improve leadership at the Quarit and Genet Abo Health Centers. They also committed to improving sanitation and hygiene by keeping latrines clean, installing hand washing stations (a necessity at every health center), and building a latrine at the Waybeygn Health Center. Finally, VHP agreed to work with Waterlines, Inc. to seek out other NGO partners to assess the tremendous water shortage at the Arb Gebbia, Ashety Leba Gedel, and Quarit Health Centers.

While the team performed assessments, the RNs prepared to train 19 students who came from the six health centers in the Quarit Woreda, some traveling for at least a full day to get there. The RNs conducted the HBB/ECEB training in Arb Gebbia over three days alongside a local medical professional who translated for them. At the end of the training program, all 19 students received certificates and were congratulated by the Zonal Health Administrator for their admirable accomplishment. VHP left supplies for continued practice along with equipment for labor and delivery.

For more information, please see the attached score card (Appendix A).

"Women really suffer giving birth. In our mothers' time, women delivered at home, helped by family and neighbors who would roast coffee, pray, and help hold the mother as she pushed. If labor took too long, her husband would remove his belt in sympathy, to help the baby come more easily. The mother would also bite on a coin. After birth, if the placenta didn't come, the mother would press a long sewing needle to the back of her throat to induce vomiting, and the sudden force would push out the placenta. If there was too much bleeding, they would bring a mirror and ask her to call all the saints' names. Then they would bury the placenta just inside the doorstep of the home, give the mother porridge to regain her strength, and give her the baby to nurse.

Now, when we start to feel the pain of contractions, we walk or are carried on a litter to the health center and give birth there."

Pregnant Woman and Friends
Arb Gebbia Health Center

The VHP team returned to Bahir Dar, dusty and tired, and spent the following day regrouping and summarizing their findings, which were again discussed with a government administrator over dinner. Late that evening, the team flew back to Addis Ababa.

Bench Maji Zone in the Southern Nations, Nationalities and Peoples' Regional State

Laury arrived in Addis Ababa in the middle of that same night. Early the next morning, the VHP team loaded gear into a van and began the long drive southwest to the Bench Maji Zone. Once there, they prepared to carry out rigorous assessments of healthcare facilities in Mizan Teferi and across the escarpment, train medical providers, and assess the need for an STT Program.

Mizan Teferi/Aman

The next day, the VHP team began its review of the Mizan/Aman Hospital. In 2015, the hospital was brought under the umbrella of the Mizan Tepi University and is now known as the "Mizan Tepi University Teaching Hospital" (MTUTH). The transition was challenging, initially resulting in a temporary shortage of medical providers and an inability to provide key medical services, including labor and delivery. VHP met with the new MTUTH and University leadership. It is clear that they are committed to providing quality patient care and medical education and training at the hospital. A number of new physicians have been successfully employed and the hospital has now resumed its normal delivery of services. All MTUTH and University leadership maintain the vision of turning the hospital into a regional referral center for maternal care.

VHP evaluated the MTUTH to ensure that it can take on this larger role and determined that it still faces many challenges: a catchment area of 2.5 million people, no reliable access to clean water, inadequate medical facilities, and limited equipment and supplies, all due in part to geographic isolation and few external resources.



The generator funded by VHP and the government is fully functional, supplying the entire hospital, including labor and delivery and the surgical suites, with backup electrical power. The hospital maternity waiting area (MWA), also funded by VHP and the government, is close to completion. The VHP team learned that this construction project has sent a message to many surrounding communities: fully functioning MWAs are a critical component of the healthcare infrastructure, giving pregnant women a place to stay when they come in from remote villages to deliver.

VHP also learned that the Mizan Tepi University may now have the budgetary resources to address the MTUTH's infrastructure needs. However, the hospital's success is dependent on developing and retaining a strong, capable medical and management team to provide consistent leadership and direction. The University understands this and is working towards this goal.

Following the MTUTH assessment, VHP agreed to:

- Train a core group of healthcare providers in basic labor and delivery skills and women's health, who will in turn train other healthcare providers in the hospital and the surrounding health centers
- Explore additional skill building in basic emergency maternal and neonatal obstetric care (BEMNOC) for nurse midwives already practicing in the hospital and the surrounding health centers
- Consider starting an STT Program at the hospital once the MWA is fully functional

Hospital and University administration agreed to complete construction of the MWA and open the facility for use. They also agreed to arrange for local engineers to assess and address the local water management problem at the hospital.

During assessment of the MTUTH, the RNs conducted the HBB/ECEB training course for medical providers from the hospital and 18 surrounding health centers. Over three days, the RNs successfully trained 21 health professionals on the hospital campus, aided by two hospital doctors who translated for them.



For more information, please see the attached score card (Appendix A).

At the end of the visit to Mizan Teferi, government and University officials, hospital administrators, and medical providers treated the VHP team to a celebratory dinner. Before the team's departure, they left supplies for labor and delivery.

Health Facilities Along the Escarpment

Early the next morning, the VHP team left Mizan Teferi and drove several hours to the towns on the escarpment overlooking the Omo River Valley. The team bunked in a guest house in Bachuma on the edge of the cliffs.



Over the next three days, they assessed the health centers in Bachuma, Shey Bench, Jomu, and Chebera, along with the newly constructed but not yet operational Bachuma District Hospital. VHP was struck by the great isolation of these health facilities, the deficiency of resources, and the lack of community mobilization around healthcare issues as compared to the north or even the larger town of Mizan Teferi. Government

efforts to encourage women to come into health centers for safe delivery were only just beginning, and health centers and healthcare providers were unprepared to provide needed medical services.

The VHP team, government officials, health center administrators, and local healthcare providers identified practical ways to partner. VHP agreed to:

- Fund completion of construction of the Shey Bench Health Center maternity waiting area, construct a latrine, shower and kitchen for the MWA, and fully furnish the facility
- Fund construction of an MWA at the Jomu Health Center, along with a latrine, shower and kitchen. VHP will fully furnish the facility.
- Fund the purchase of solar lighting for labor and delivery at the Shey Bench, Jomu, and Chebera Health Centers
- Provide labor and delivery equipment and supplies (manual vacuum extractors, blood pressure cuffs, speculums, PPE, and rubber sheets to cover delivery tables) for the Shey Bench, Jomu, and Chebera Health Centers
- Train a core group of healthcare providers in basic labor and delivery skills and women's health, who will in turn train other healthcare providers in the health centers
- Explore additional skill building in basic emergency maternal and neonatal obstetric care (BEMNOC) for nurse midwives already practicing in the health centers
- Provide funding to transport five women with fistula to Jimma to undergo surgical treatment

"Jomu Health Center is down off the escarpment, heading from the heights of Bachuma down toward the sunbaked Omo Valley. While it is a cultural crossroads where many different peoples meet and interact, it is also very remote from other health facilities, serving over 50,000 people, more than double the number we saw elsewhere.

We saw 30 women sleeping on the health center grounds, anywhere they could find, as they waited to deliver. Labor and delivery was clean, but very poorly furnished. There was no water. We felt the overwhelming crush of need there, and are making it a priority to equip labor and delivery, and build those beautiful women a maternity waiting area, kitchen, latrine, and shower, so they can wait in dignity."

Laury Bowman, VHP BOD

Local administrators and healthcare providers agreed to address leadership issues at the new Bachuma District Hospital, including mobilizing the community to clean the hospital compound. Local administrators will also take measures to improve sanitation and hygiene by keeping latrines clean and installing hand washing stations at all health centers. As in the Quarit Woreda, water is a top priority. VHP agreed to work with Waterlines, Inc. to



develop new partnerships with other NGOs to assess the water situation at the Bachuma District Hospital and at the Shey Bench and Jomu Health Centers.

The RNs conducted a third, highly successful three-day HBB/ECEB training for 17 healthcare professionals on the campus of the government district office in Bachuma. One of the MTUTH doctors was deeply motivated by his training experience at the hospital and joined the RNs to translate the course.

For more information, please see the attached score card (Appendix A).

Laury and Cindy returned to Addis Ababa and then home to the U.S. while the rest of the VHP team flew by helicopter to Sawla in the Gamma Gofa Zone in the Omo River Valley.

Gamma Gofa Zone in the Southern Nations, Nationalities and Peoples' Regional State

In the remote town of Sawla, government, church and hospital leaders welcomed the VHP team with a meal and then gave a formal presentation highlighting the needs of the Sawla District Hospital.

VHP toured the hospital with Kale Hiwot Church leaders, hospital administrators and board members, and government officials. The team spent several days rounding on patients and directly observing on labor and delivery.

VHP was impressed with the exceptionally strong community and hospital leadership, but was also sobered by the absolute isolation of the hospital and the pressing lack of resources. The team sat down with local leadership and identified tangible, practical ways to help meet the needs of the Sawla District Hospital. Once again, using the standardized healthcare facility survey tool, everyone collaborated to identify what VHP can do, what the hospital can do, and what other NGOs may be able to do. VHP agreed to:

- Fund construction of an MWA near the Sawla District Hospital and fully furnish the facility
- Fund the purchase of 12 medical beds for the hospital's labor and delivery unit

Edlana Adina, 26 years old: *"My husband left me to go work in the sugar cane fields. I had to move in with my father. I was pregnant. I went into labor alone in my father's hut. For three days, I was in pain and the baby wouldn't come. I was near dying so my father carried me to the Sawla Hospital."*

When Edlana arrived at the Sawla District Hospital, she was septic and near death. Her uterus had ruptured and her baby was dead. The on-duty health officer performed an emergency hysterectomy and placed her on antibiotics, saving her life. Because of her prolonged labor, Edlana was left with a fistula between her bladder and her vagina. She was also paralyzed from the waist down because the baby's head compressed the pelvic floor, damaging nerves to her lower extremities.

VHP Team: *"When rounding in the hospital, we found Edlana lying in her bed, malnourished and weak, in a pool of urine, with her father at her side. The patient asked us why she had urine continuously flowing down her legs and why she could not walk. We explained again what had happened to her and to her baby. We explained that the doctor had saved her life. We encouraged her to recover quickly by eating eggs for protein. The women in the room listened intently to our conversation with Edlana and then surrounded us. The women had been feeding Edlana the very small amount of food that they had brought with them from their villages. They implored us to help because Edlana and her father had absolutely nothing."*

We knew it would take months for Edlana to regain strength and improve her nutritional status in order to undergo surgical fistula repair and physical therapy. VHP made arrangements with the Sawla District Hospital to pay for Edlana's care and ultimate transfer from the remote area to the Yirga Alem Hamlen Fistula Center."

- Train a core group of healthcare providers in basic labor and delivery skills and women's health, who will in turn train other healthcare providers in the health centers
- Explore additional skill building in basic emergency maternal and neonatal obstetric care (BEMNOC) for nurse midwives already practicing in the hospital and surrounding health centers
- Provide funding for Edlana Adina (see story on previous page) to receive three months of care at the Sawla District Hospital until she is strong enough to be transported to the Yirga Alem Hamlen Fistula Center for surgical repair of her fistula

Sawla District Hospital administration agreed to clean and fence a biohazard area on the hospital compound, construct a latrine for the MWA following its construction, and care for and transport Edlana Adina for surgical treatment.

Over five days in Sawla, the RNs conducted the fourth and final three-day HBB/ECEB training on the Kale Hiwot Church campus. They successfully trained 21 health professionals from the Sawla District Hospital and surrounding health centers.

For more information, please see the attached score card (Appendix A).

After an incredibly successful first visit to Sawla, the VHP team flew by helicopter to Awasa and then drove 12 hours, arriving in Addis Ababa in the middle of the night.

Conclusion

This trip brought into clear focus what is being done in the rural areas of Ethiopia to reduce maternal and neonatal mortality and, more importantly, what still needs to be done. Working with local stakeholders, the VHP team defined the targeted interventions that it will support in 2016.

Capacity Building

- To reduce high rates of maternal and neonatal mortality, the Ethiopian government is encouraging women to deliver in medical facilities rather than at home. In select health centers and hospitals, VHP is working to ensure that these facilities have the capacity to provide needed medical care. The MTUTH will soon complete construction of the VHP and government-funded MWA and ensure that the facility is up and running. MTUTH administration now has the resources to develop into a regional referral center for women's health without significant funding for capital construction from VHP. However, other health facilities demonstrated a clear need for water, electricity, rooms for labor and delivery, maternity waiting areas, and equipment and supplies. VHP will collaborate with the government and local communities to meet these needs and identify other NGOs that can participate in the development effort.



Healthcare

- **Education and Training.** VHP is working to ensure that medical providers in rural health facilities have the necessary skills to ensure a good outcome for women who choose to deliver in a health center or district hospital. Several education and training programs are being developed:
 - First, on this trip, VHP beta tested a model for educating and training nurses, midwives and health officers in the rural health centers. A total of 78 providers were trained in neonatal resuscitation using the AAP's HBB/ECEB curriculum with the material that VHP translated into the national language (Amharic) as a reference. Next year, VHP hopes to return to train some of these students to be trainers, who will then train other rural medical providers in the HBB/ECEB curriculum. In the future, VHP will expand the model to include training in more specialized aspects of emergency obstetric care and women's health.
 - It is clear that midwives in the rural health centers need more in-depth skill building in basic emergency maternal and neonatal obstetric care (BEMNOC). VHP is actively evaluating partners in Ethiopia to provide BEMNOC training. VHP will underwrite the cost of training and provide scholarships to midwives, which will allow them to attend the training.
 - Finally, most rural areas have a severe shortage of nurse midwives. VHP will provide scholarships to five women from Western Wollega to attend a three-year nurse midwifery training program at Aira Hospital. If the initial Western Wollega program is successful, VHP will consider expanding the program to both the Bench Maji and Gamma Gofa Zones.
- **Treatment and Prevention.** VHP will continue to fund the STT Program in Western Wollega. VHP will also establish a small fund to cover the treatment of comorbid conditions that prevent successful surgical treatment of gynecologic complications. Once construction of maternity waiting areas in Shey Bench, Jomu, and the MTUTH are complete, VHP hopes to introduce the STT Program to the Bench Maji Zone and ultimately to the Gamma Gofa Zone.



On this trip, the VHP team traveled to three remote parts of Ethiopia. Local stakeholders worked with the team to define needs, priorities and programs that VHP will fund in 2016. Attached is a summary of the data collected during the assessments of 13 medical facilities and the HBB/ECEB education and training program.

Thank you for your ongoing support of our efforts to achieve safer motherhood in rural Ethiopia.

The VHP Team

Appendix A—Data Summary

I. CAPACITY BUILDING: SUMMARY OF DATA COLLECTED ON HEALTHCARE FACILITIES

Key: **Purple—Government to do**
Blue—Waterlines, WASH, and Engineers Without Borders to consider
Red—VHP to do

A. Amhara Region, Finota Selam Zone: Arb Gebbia, Waybeygn, Quarit, Ashety Leba Gedel, Ber Michael, and Genet Abo Health Centers located in the Quarit Woreda

Facility	Arb Gebbia Health Center	Waybeygn Health Center	Quarit Health Center	Ashety Leba Gedel Health Center	Ber Michael Health Center	Genet Abo Health Center
Population Served	20,307	34,763	29,534	25,022	13,584	22,934
Leadership	Excellent	Good	Poor	Excellent	Excellent	Poor
Community Support	Excellent	Excellent	Moderate	Excellent	Excellent	Poor
Compound/Facility	Clean	Clean	Poor Need Leadership Clean Up	Clean	Clean	Poor
Water	Need Engineering Assessment	Has Water	Need Engineering Assessment	Need Engineering Assessment	Digging Hand Dug Well	Hold Intervention
Hand Washing Stations (HWS)	Need	Need	Need	Need	Need	Need
Latrines	Adequate	Need Latrine	Hold Intervention	Adequate	Adequate	Hold Intervention
Electricity	Need Solar on L&D	Need Solar on L&D		Need Solar on L&D	Need Solar on L&D	
Maternity Waiting Area (MWA) Labor & Delivery (L&D)	Adequate	Need Building For L&D and Women's Services	Hold Intervention	Adequate	Need MWA— Follow Up	Hold Intervention

Facility	Arb Gebbia Health Center	Waybeygn Health Center	Quarit Health Center	Ashety Leba Gedel Health Center	Ber Michael Health Center	Genet Abo Health Center
Equipment/Supplies	Need PPE, Rubber Sheets, Manual Vacuum	Need PPE, Rubber Sheets, Manual Vacuum		Need PPE, Rubber Sheets, Manual Vacuum, Blood Pressure (BP) Cuff	Need L&D, Ante- and Post-Partum: Delivery Table Neonatal Rec. Beds (4) Exam Table Desk/Chair/ Shelves PPE, Rubber Sheets, Manual Vacuum, BP Cuff, Speculums, Surgical Instruments, Basin, Intravenous Pole	
Training Needs	BEMNOC: 2 Midwives HBB: Others	BEMNOC: 2 Midwives HBB: Others	HBB: Others	BEMNOC: 3 Midwives HBB: Others	BEMNOC: 2 Midwives HBB: Others	HBB: Others

B. Southern Nation, Nationalities and Peoples' Regional State, Bench Maji Zone: Mizan Tepi University Teaching Hospital (MTUTH) located in the Aman Woreda, Shey Bench Health Center located in the Shey Bench Woreda, Bachuma District Hospital, Bachuma Health Center, Chebera Health Center located in the Me'enite Goldie Woreda, and Jomu Health Center located in the Me'enite Shasha Woreda

Facility	Mizan Tepi University Teaching Hospital (Regional Health Center)	Shey Bench Health Center	Bachuma District Hospital	Bachuma Health Center (To Be Closed)	Chebera Health Center	Jomu Health Center
Population Served	2,500,000	26,976	350,000	35,164	23,386	53,683
Leadership	In Transition	Good	Poor But Could Be Mobilized	See Bachuma District Hospital	Unclear But Could Be Mobilized	Excellent
Community Support	Excellent	Good	Poor But Could Be Mobilized	See Bachuma District Hospital	Unclear But Could Be Mobilized	Good
Compound/ Facility	Clean	Clean	Poor Need Leadership Clean Up	Poor	Clean	Clean
Water	Working To Fix Problem— Follow Up	Need Engineering Assessment	Need Engineering Assessment	See Bachuma District Hospital	Need Engineering Assessment	Need Engineering Assessment
Hand Washing Stations (HWS)	Adequate	Need HWS	Follow Up	Hold Intervention	Need HWS	Need HWS
Latrines	Adequate	Adequate	Adequate	Adequate	Adequate	Adequate
Electricity	Adequate	Need Solar On L&D	Need Generator	Hold Intervention	Need Solar On L&D	Need Solar On L&D

Facility	Mizan Tepi University Teaching Hospital (Regional Health Center)	Shey Bench Health Center	Bachuma District Hospital	Bachuma Health Center (To Be Closed)	Chebera Health Center	Jomu Health Center
Maternity Waiting Area (MWA) Labor & Delivery (L&D)	Need Finish MWA— Follow Up	Need to Finish MWA, Kitchen, Furnish MWA & Kitchen, Latrine With Shower	Poorly Constructed MWA— Follow Up	Hold Intervention	Adequate	Need MWA, Kitchen, Furnish MWA & Kitchen, Latrine With Shower
Equipment/Supplies	Follow Up	Need L&D Table, PPE, Rubber Sheets, Manual Vacuum	Follow Up	Hold Intervention	Need L&D Table, PPE, Rubber Sheets, Manual Vacuum	Need PPE, Rubber Sheets, Manual Vacuum
Training Needs	BEMNOC: 22 Midwives HBB: Others	HBB: Others		HBB: Others	BEMNOC: 2 Health Officers, 1 Midwife HBB: Others	BEMNOC: 1 Health Officer, 1 Midwife HBB: Others

C. Southern Nations, Nationalities and Peoples' Regional State, Gamma Gofa Zone: Sawla District Hospital in the Gofa Woreda

Facility	Sawla District Hospital
Population Served	987,050
Leadership	Excellent
Community Support	Excellent
Compound/ Facility	Clean Except Biohazard Area— Need to Clean and Fence
Water	Has Water
Hand Washing Stations (HWS)	Adequate
Latrines	Need Latrine For MWA (See Below)
Electricity	Adequate
Maternity Waiting Area (MWA)/ Labor & Delivery (L&D)	Need MWA, Furnish
Equipment/ Supplies	Need 12 Medical Beds for L&D
Training Needs	BEMNOC: 2 Health Officers, 8 Midwives HBB: Others

II. EDUCATION AND TRAINING OF HEALTHCARE PROVIDERS IN THE HELPING BABIES BREATH AND ESSENTIAL CARE FOR EVERY BABY (HBB/ECEB) CURRICULUM PUT OUT BY THE AMERICAN ACADEMY OF PEDIATRICS

Location Of The Training	Arb Gebbia Health Center, Quarit Woreda, Finota Selam Zone	Mizan Tepi University Teaching Hospital, Aman Woreda, Bench Maji Zone	Bachuma Government Office, Bachuma Town, Bench Maji Zone	Kale Hiwot Church Compound, Sawla Town, Gamma Gofa Zone	Total Facilities Represented And Total Trained
Hospitals Represented	0	1	0	1	2
Health Centers Represented	6	18	16	7	47
Medical Doctors Trained	0	2	0	1	3
Health Officers Trained	1	2	1	0	4
Midwives Trained	19	14	14	12	59
Certified Nurses Trained	0	4	2	6	12
Total Trained	20	22	17	19	78

Appendix B—Acronyms

- AAP—American Academy of Pediatrics
- BEMNOC—Basic Emergency Maternal and Neonatal Obstetric Care
- DASSC—Development and Social Services Commission with which VHP works in Western Wollega
- ECEB—Essential Care for Every Baby American Academy of Pediatrics training curriculum
- HBB—Helping Babies Breathe American Academy of Pediatrics training curriculum
- Health Center—Typically serves 20,000-35,000 people, in some cases over 50,000 in remote areas. May have up to 10 Health Posts referring patients to the Health Center. Usually has 2-3 health officers, 2-4 nurse midwives, 2-3 nurses, and up to 10 health extension workers.
- Health Post—Typically have approximately 5 health extension workers who provide birth control and other basic medical services
- MTUTH—Mizan Tepi University Teaching Hospital (new name; formerly Mizan/Aman General Hospital)
- MWA—Maternity Waiting Area
- NGO—Non-Governmental Organization
- PPE—Personal Protective Equipment
- RN—Registered Nurse
- SNNPRS—Southern Nations, Nationalities and Peoples' Regional State where the Bench Maji Zone is located
- STT Program—VHP's Screen, Transport and Treat Program
- WWBS—Western Wollega Bethel Synod
- VHP—Village Health Partnership