



## **ETHIOPIAN NORTH AMERICAN HEALTH PROFESSIONALS ASSOCIATION (ENAHPA)**

### **PERFORMANCE REPORT FOR THE YEAR 2014**

**with comparative review of Maternal Neonatal Child Health (MNCH) and safe mothering activity  
2011-2014**

**Hawassa Maternal Neonatal Child Health Safe mothering and Adare Hospital**

**March 2015**

## List of Abbreviations

|                |  |
|----------------|--|
| <b>ART:</b>    | Anti Retroviral Treatment                                |
| <b>ENAHPA:</b> | Ethiopian North American Health Professional Association |
| <b>HIV:</b>    | Human Immune- deficiency Virus                           |
| <b>MNCH:</b>   | Mother, Neonate and Child Health                         |
| <b>NGO:</b>    | Non Governmental Organization                            |
| <b>ANC:</b>    | Antenatal Care   |
| <b>PMTCT:</b>  | Prevention of Mother to Child HIV Transmission           |
| <b>SNNPR:</b>  | Southern Nation and Nationalities People Region          |

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## I. Introduction

### 1. Historical Background of the organization

The Ethiopian North American Health Professionals Association (ENAHPA) is a registered charity and not for profit organization in the United States of America (USA) with a 501(C)3 permit from the USA and non-governmental organization (NGO) status in Ethiopia. The association primarily consisting of health professionals of Ethiopian origin in the USA and Canada was established in 1999 under the leadership of Dr. Ingida Asfaw, a cardio thoracic surgeon in Detroit, Michigan USA with an objective to assist Ethiopia and Ethiopians in the provision of highly critical healthcare and health manpower training.

ENAHPA's mission is to attend to specific healthcare needs of the people of Ethiopia through transfer of knowledge, skills and state of the art technologies to health care professionals in practice and training in the country. It assists in promoting preventative health and providing educational tools and medical equipment and supplies to health care facilities. ENAHPA seeks to engage active involvement of a broad range of Ethiopian health care professionals in the Diaspora to help in solving health care problems of the country. In realization of this mission, ENAHPA built the now fully functional safe Mothering Center in Hawassa city that subsequently led to the upgrading of Hawassa health center to a primary level hospital (Adare Hospital) in Southern Nations, Nationalities Peoples Region (SNNPR).

Since its inception ENAHPA has been supporting capacity building of health care professionals by co-sponsoring events such as the Ethiopian Medical Association, special training programs, refresher training and experience, sharing visits to model health facilities for Adare hospital health care providers. The association has also contributed and continues to do so by importing medical equipment, teaching aids and supplies for Adare Hospital, several referral hospitals in Addis Ababa and many other institutions outside Addis Ababa.

## 2. Priority Mission

ENAHPA's primary mission is to contribute to the improvement of health and health related needs of the target community with specific goal of reducing obstetrical and neonatal mortality and alleviating maternal and neonatal complications during pregnancy and child birth. .

### Specific Objectives

1. **Build capacity of health institutions through material support**
2. **Technical support:** through provision of basic and refresher training for health care providers to acquire knowledge and new performance skills.
3. **Provide Medical/surgical and education missions:** Members and friends of ENAHPA embark upon missions that are memorable, inspiring and impactful. Missions range from performing complex surgical procedures to weeks long hands on experiential training sessions for Ethiopian medical practitioners.
4. **Maintain good performance through quality improvement**

**a. Monitoring and Evaluation:** Follow up with ongoing project activities in the community and the hospital with stakeholders to assess program performance, impact realized and lessons learnt during a specific time period. Planned assessment reviews also present opportunities for comprehensive evaluation of the relevance and progress of various health care interventions.

**b. supportive supervision:** to assess implementation of projects and identify gaps for improvement on continuous manner by the country office and head quarter staff.

### 3. Operational area:

ENAHPA operates in Hawassa the capital city of Southern Nations Nationalities Peoples Region, Adare hospital. It has a country office in Addis Ababa, the capital city of Ethiopia with the maternal and child health and safe mothering project office in Hawassa.

## II. Major Activities, performance and outcome measure

### 1. Acquisition of Certificate of Registration and License

A requirement for going through a re-registration process for certification as a charity organization in Ethiopia was met with some challenges in securing office documents, previous certificate of registration from the outgoing country administrative director among other governmental requirements. It was finally accomplished and ENAHPA's status as a non for profit charity organization certified.

## 2. Health Care Services at Safe Mothering Center and Adare Hospital

### 2.1 Historical Background of Safe mothering center

Since its establishment in 2011 (2003 E.C.), Hawassa MNCH and safe mothering center has made remarkable achievements through serving mothers and children coming from Hawassa and its surroundings.

The center is one of the best institutions in the region, delivering high standard maternal and child delivery and safe child care. It serves as a model in the region providing specialized services to care for expectant mothers, including provision of Cesarean section and life saving services for newborns, infants and children in Hawassa and its surrounding villages. It also serves to train medical students and allied health professionals from Hawassa University, various health colleges and medical schools in the region.

The prenatal care and MNCH component of the program also provides comprehensive health care to both mothers and children including immunization against tetanus for pregnant mothers and vaccination against preventable illnesses of children. The center is also playing important role in risk assessment and intervention for pregnant mothers and children. Nutritional, growth and development assessment, Planned Parenthood and prevention of mother to child transmission of HIV are other activities of the comprehensive MNCH program that are provided at the center.

### 2.2 Major activities and achievements at the center

ENAHPA's continuing supportive initiatives of Adare hospital at the ENAHPA's established MNCH and Safe Mothering center has led to implementation of various activities many of which have effectively reached target population.

Table 1 and 1.1 below show tabular activity and measured performance outcome from February 18, 2011 to December 31, 2014 with special reference to

1. Prenatal and delivery care utilization pattern
1. HIV/AIDS screening and mother to child transmission prevention
2. Comprehensive child care services

## Summary of achievements

### 1. Prenatal and delivery care services utilization pattern

Hawassa MNCH and Safe Mothering Center has made remarkable impact in the provision of prenatal care and in screening high risk pregnancies for timely intervention including delivery by C-section and effective neonatal resuscitation.

The practice of basic prenatal care, counseling and assessment for general and nutritional health and of course prevention through immunization for vaccine preventable diseases has been a strong component of the Hawassa, Adare Hospital Safe Mothering Center program.

**Table 1 Summary of selected MNCH activity indicators at Adare Hospital Safe Mothering Center 2011-2014**

|                                      | 2011 |              |       | 2012 |              |       | 2013 |              |       | 2014 |              |       |
|--------------------------------------|------|--------------|-------|------|--------------|-------|------|--------------|-------|------|--------------|-------|
|                                      | Plan | Achievements | %     | Plan | Achievements | %     | Plan | Achievements | %     | Plan | Achievements | %     |
| Family planning                      | 4339 | 7064         | 162.8 | 4945 | 5596         | 113.1 | 4945 | 4655         | 94.1  | 5750 | 9156         | 159.2 |
| Prenatal Care                        | 1001 | 1614         | 161.2 | 2153 | 2190         | 101.7 | 2153 | 1773         | 82.3  | 2386 | 2363         | 99.0  |
| Total delivery                       | 1341 | 1191         | 88.8  | 2153 | 2088         | 96.9  | 1787 | 2491         | 139.3 | 2386 | 2517         | 105.4 |
| Normal Delivery/SVD                  |      | 1156         | 97%   |      | 1957         | 93.7% |      | 2015         | 80.7% |      | 1936         | 77%   |
| Vacuum/ Forceps                      |      | 8            | 0.7%  |      | 131          | 6.3%  |      | 266          | 10.7% |      | 286          | 11.3% |
| Live Birth                           |      | 1166         | 98%   |      | 1848         | 88.5% |      | 2102         | 84.3% |      | 2355         | 93.6% |
| Still Birth                          |      | 25           | 2.0%  |      | 90           | 4.3%  |      | 88           | 3.5%  |      | 113          | 4.5%  |
| Early Neonatal death                 |      | 0            |       |      | 9            | 0.4%  |      | 29           | 1.2%  |      | 5            | .2%   |
| Planned Parenthood                   |      | 26           |       |      | 179          |       | 357  | 288          | 80.6  |      | 212          |       |
| Postnatal care                       | 1334 | 1259         | 94.3  | 1787 | 1925         | 107.7 | 1787 | 2184         | 122.2 | 2394 | 2380         | 99.4  |
| C-Section                            |      | 27(2%)       |       |      | 109(5.2%)    |       |      | 210(8.4%)    |       |      | 295 (11.7%)  |       |
| Prenatal HIV Test                    | 2182 | 1513         | 69.3  | 2153 | 2114         | 98.1  | 2153 | 1784         | 82.8  | 2394 | 2206         | 92.1  |
| HIV Positive                         |      | 103          |       |      | 67           |       |      | 30           |       |      | 22           | 40.7  |
| HIV Positive + delivered in facility |      | 21           |       |      | 56           |       | 43   | 51           | 118.6 | 68   | 43           | 63.2  |
| Received ART                         |      | 16           |       |      | 32           |       |      | 44           |       |      | 36           |       |
| Weight Monitoring                    |      | 1135         |       |      | 2205         |       | 6462 | 2497         | 38.6  | 1966 | 2224         | 113.1 |
| Growth Monitoring                    |      | 7356         |       |      | 6610         |       |      | 6422         |       | 7108 | 5604         | 78.8  |



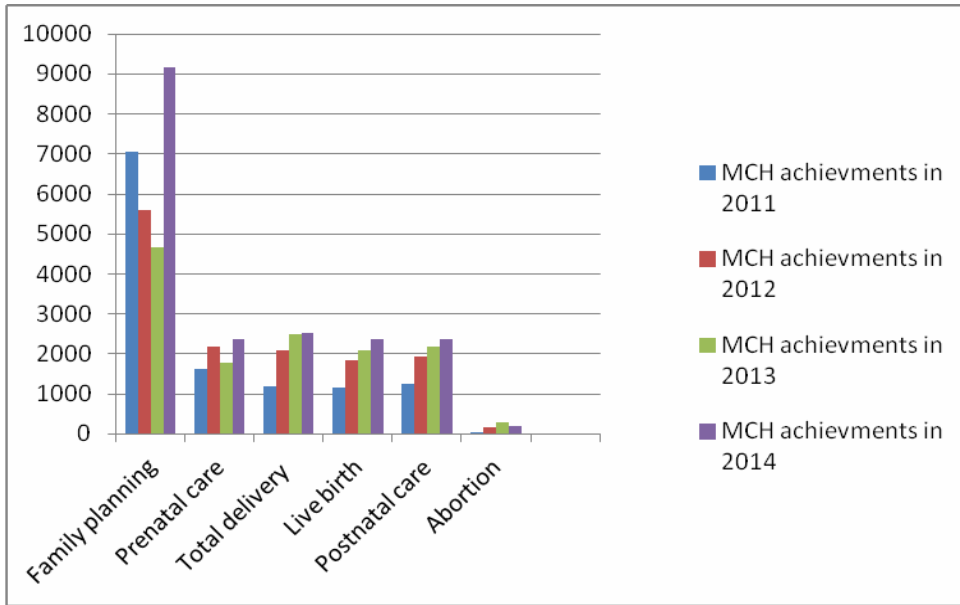
February 2011- December 2014 (N.B: N=total delivery of respective years)

| Year                 | 2011   |      | 2012   |       | 2013   |       | 2014   |       |
|----------------------|--------|------|--------|-------|--------|-------|--------|-------|
| Activity             | N=2011 |      | N=2088 |       | N=2491 |       | N=2517 |       |
| Normal Delivery/SVD  | 1156   | 97%  | 1957   | 93.7% | 2015   | 80.7% | 1936   | 77%   |
| Vacuum/ Forceps      | 8      | 0.7% | 131    | 6.3%  | 266    | 10.7% | 286    | 11.3% |
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| Early Neonatal death | 0      |      | 9      | 0.4%  | 29     | 1.2%  | 5      | .2%   |
| C-Section            | 27     | 2%   | 109    | 5.2%  | 210    | 8.4%  | 295    | 11.7% |

**Table 2.Hawassa Safe mothering and MNCH Center- normal deliveries and obstetrical and neonatal interventional outcome.**

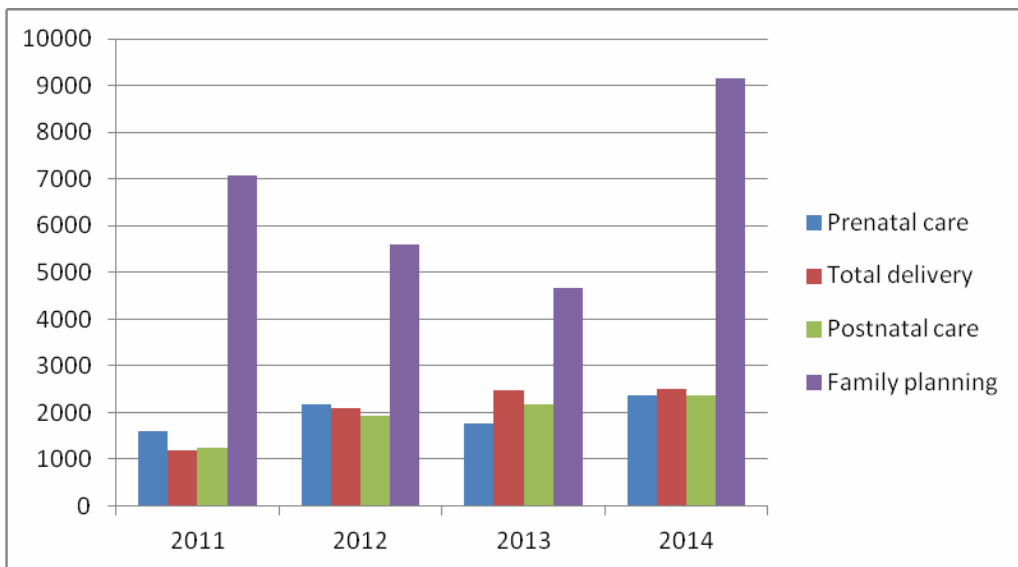
The relative decline in the No. of normal uncomplicated deliveries and rise in instrumental deliveries and Cesarean Section may be explained by increasing referral of mothers in labor from growing number of community based prenatal care and delivery centers requiring interventional procedures. The training and practice of the team of staff as of 2012, to perform emergency obstetrical and neonatal procedures must have contributed significantly in keeping the number of live born babies significantly high despite increasing referral of difficult labor cases.

As shown in Table 1 above and chart 1 below, the trend of intended achievements in the MNCH program in general were remarkable. Antenatal care, HIV testing of pregnant women institutional delivery and live birth, post natal care, and family planning utilization increased significantly. Planned Parenthood utilization and delivery by skilled birth attendants went up as well.



**Chart 1- Comparison of major MNCH activities at Adare Hospital Safe Mothering center from February 2011 to December 2014; Hawassa, SNNPR**

Even though there was slight decline in 2013, MNCH service provision increased from the previous years; especially, family planning service provision reached targets successfully and as chart 2 shows the MNCH center working compatibly with established government policy ensuring successful journey towards MNCH goals.

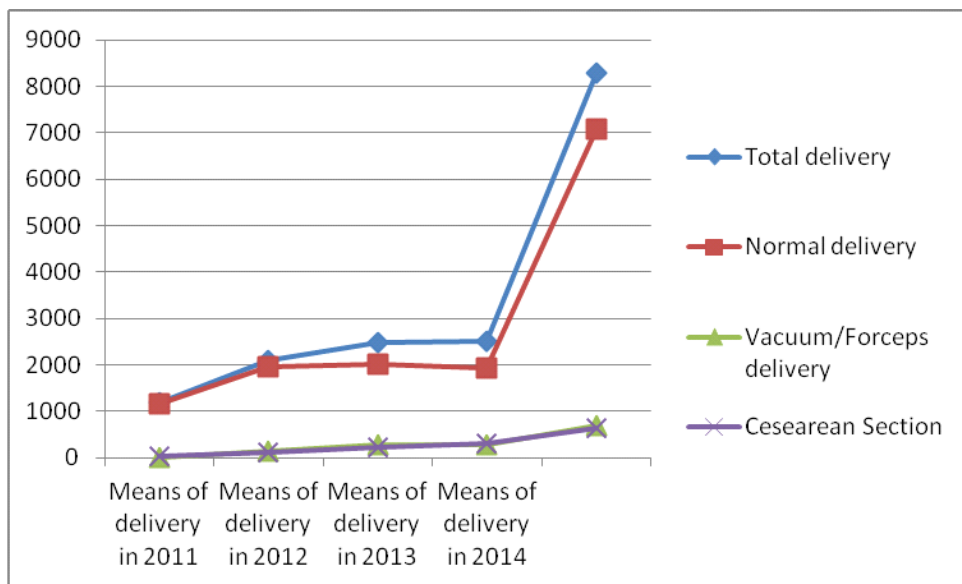


**Chart 2- Trend in Utilization of MNCH service in four consecutive years in Adare Hospital Safe Mothering center, Hawassa, SNNPR**

As the line graph below (Graph 3) indicates, institutional delivery was on the rise from the beginning with much greater number of deliveries attended were normal and spontaneous. Assisted deliveries through vacuum or forceps were also increasingly used. Deliveries by Cesarean section were planned and introduced more and more in later years after the staff interventional training in obstetrical and neonatal emergencies by ENAHPA at the Yirgalen Hospital.

The significant increase in the number of Cesarean - section through the years is apparently an indication of the need for such life saving measures, as it is also a measure of the need for expanded community prenatal care services for risk assessment and effective education for delivery at a skilled center.

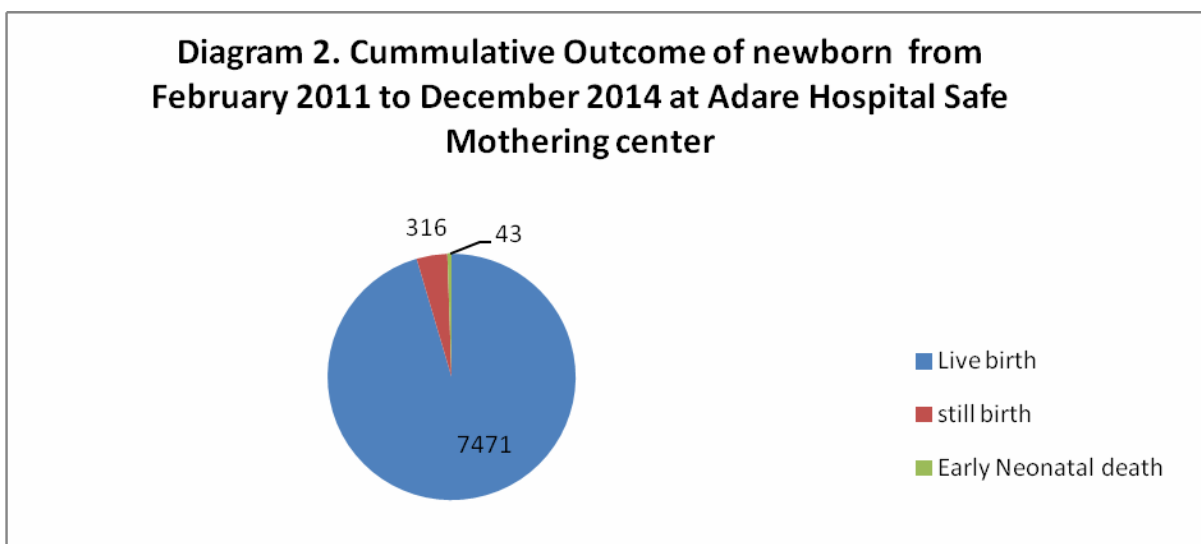
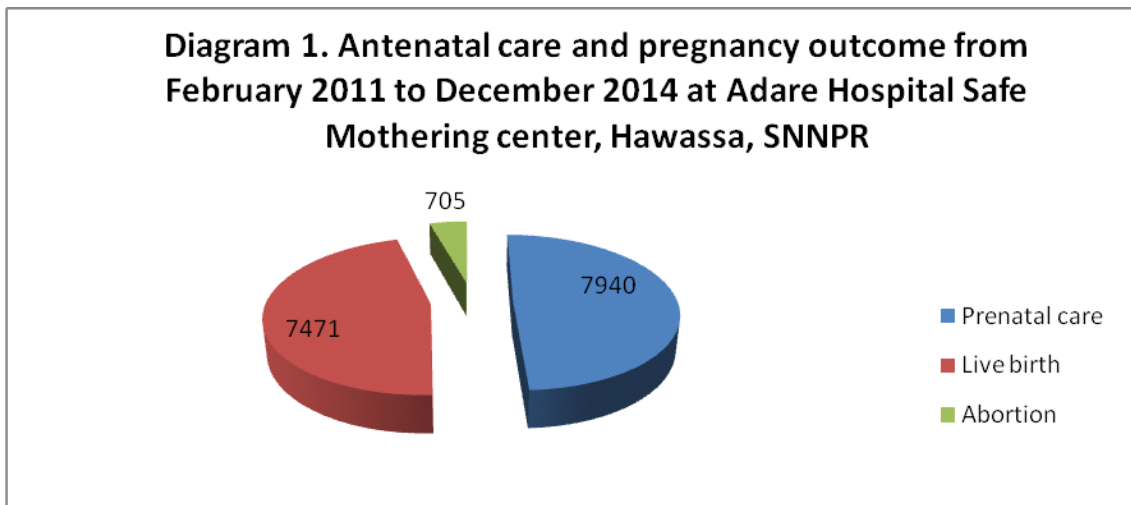
A reduction in normal delivery seen in 2013 compared to other respective years noted in the comparative review may be explained by collaboration of the Center established with the health department of the city administration in implementing capacity building of health care workers in primary health care units; hence normal deliveries being carried out more often at these units at levels of the rural / satellite health centers. This may also explain the increase in the number of cesarean section cases because of referral of complex cases to the Safe Mothering Center (Refer to Graph 3 below).



**Graph 3- Pattern of institutional delivery and methods of delivery from February 2011 to December 2014 in Adare Hospital safe mothering center; Hawassa, SNNPR**

In the nearly four year period of ENAHPA’s operation, the MNCH and safe mothering center provided prenatal care for 7,940 pregnant women, 7,471 (94.1%) of whom resulted in having live births with the remaining ending up with abortions and or still births. Immediate newborn care provided at the center has no doubt contributed to survival of neonates especially following difficult deliveries. (Diagram 1 and 2). It is an experience the center has acquired that can be duplicated in nearby and remote national institutions as evidence based practice,

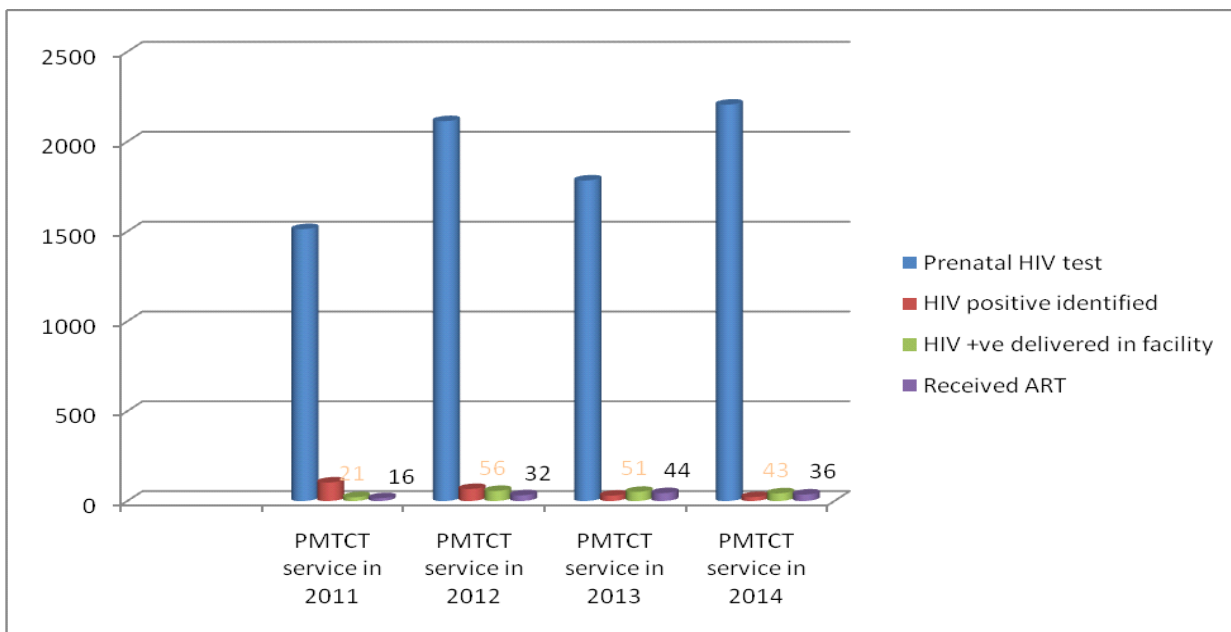
supporting the impact of prenatal care, institutional delivery and provision for access to obstetrical and neonatal emergency management facility.



## 2. HIV/AIDS screening and care

Screening of pregnant mothers for HIV has shown progressive increase with more and more mothers consenting for screening tests and treatment, when compared with similar period of those reported years. Prevention of Mother to Child Transmission (PMTCT) service coverage during prenatal care has significantly increased, even though it seems a bit lower during the year 2013 (Chart 4). Prevention of mother to child HIV transmission both during pregnancy and delivery using Antiretroviral Therapy (ART) for the mother and appropriate regime of treatment for the new born soon after birth have been given much emphasis with increasing number of mothers accepting treatment. The decline in the number of newly diagnosed HIV positive mothers in spite of increasing number of cases screened is a

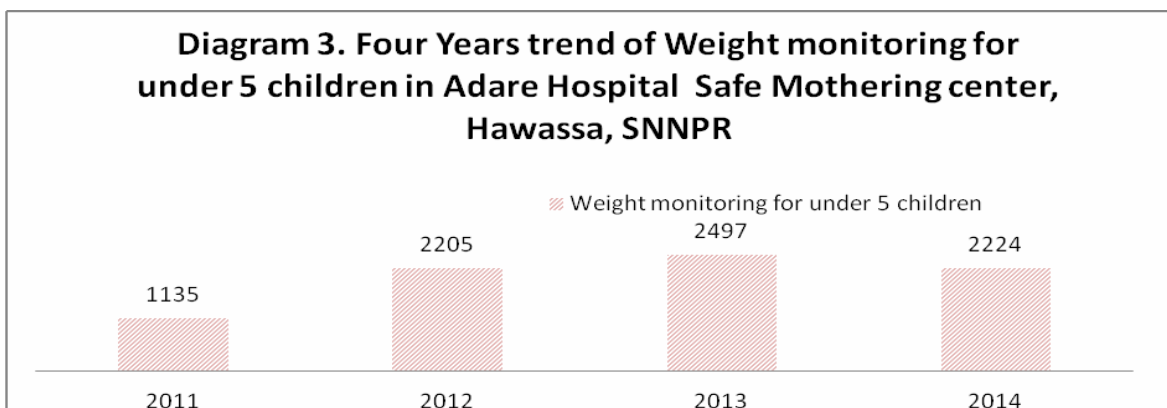
welcome finding that adds to the well being of mothers and their babies. It appears that there is some gap between the number of HIV positive pregnant women identified versus delivered at the facility and utilized ART. It can be assumed that those HIV positive mothers might have had ART follow up and attended delivery at other health facilities. A follow up confirmation would warrant inclusion in our future plan.



**Chart 4- PMTCT service utilization status from February 2011 to December 2014 in Adare Hospital Safe Mothering center; Hawassa, SNNPR**

### 3. Comprehensive child care

Besides the prenatal care and obstetrical and neonatal emergency management reported, the center continues to assess, treat, counsel and prevent childhood illnesses and conditions. Growth, development and nutritional assessment of children less than 3 years old age by standardized measurements and prevention through optimal immunization are the hallmarks of the MNCH Program



### III. Capacity Building:

ENAHPA has been actively contributing for achievements of capacity building through support of human, financial and material resources.

#### A. Neonatal Resuscitation Training for Midwives and Health Officers

Even though Adare hospital offered 250-300 delivery services per month, there was no trained professional who gives immediate resuscitation for asphyxiated neonates in the delivery and Operation units. So neonates who need resuscitation are receiving suboptimal care because of knowledge and skill gap.

Therefore ENHAPA in 2014 sponsored the training of 24 nurse midwives and Health Officers to give effective resuscitation to asphyxiated and otherwise sick neonates and acquire adequate knowledge and skills in resuscitation. The training was given by a gynecologist and pediatrician from Hawassa Medical School for 3 days, in three rounds at the meeting hall of Adare hospital.

#### B. Refresher Training for Health Extension Professionals:

The main objective of the training was enhancing the strategies in improving early referral and health seeking behavior for pregnant women and children in their communities from the health post to a higher health institution, hospital for advanced management of cases. The training was conducted in 2014 at Adare Hospital meeting hall for 44 urban health extension professionals (Nurse) in two rounds for 3 days. The topics addressed were:

- Strengthening the referral network of mothers to Hospital
- Safe water supply to community
- Improving health service uptake by mothers and their children

#### C. Networking and Consultative Meeting for Primary Health Care Workers

The consultative meeting was held in 2014 for one day at Adare Hospital meeting hall and was facilitated by Hawassa City Administration Health Department Director Ato Desta Dogiso, in the presence of his deputy and head of planning, the CEO, Medical director and other staff from safe mothering Center of Adare hospital and ENAHPA Country representative. The major discussion points raised were;

- Improving communication
- Gaps observed in the service at Adare hospital
- Giving and receiving feedback on referred cases
- The way forward

#### a. Stakeholders Retreat and Continuous Medical Education:

**ENAHPA** is working primarily to contribute to the good cause of improving the situation of Mother and child morbidity and mortality in Ethiopia. In line with this, ENAHPA partnered with Hawassa City Administration Health Department to build the capacity of Adare hospital staff and its surrounding primary level health care providers through various ways including yearly retreats and continuous education to transfer knowledge and strengthen the relationships of stakeholders.

To realize this ENAHPA organized a two day retreat on December 27-28, 2014 at Zway Haile Resort with the objective of: participants to get to know each other and build on their professional association in serving the community.

As well as to reflect on the past contribution of ENAHPA, and look in the future collaboration of all the stakeholders, exploring how to create excellence in partnership to nurture a culture of results.

The objective of the retreat was also to further amplify and nurture transparency, shared commitment, & more over to enhance relationship which is a key to productivity among staff and stakeholders.

**Participants of the retreat** were key officials from the Hawassa City Administration Health Department, Adare hospital Safe Mothering Center, Adare hospital top management, ENAHPA volunteers, staff from Addis Ababa and Hawassa. Totally sixteen stakeholders attended the two day retreat in Zway, Haile Resort

##### **Topics/ issues the participants reflected were:**

- major contribution of ENAHPA's in the past
- Impact it made in the services of safe mothering service for Adare Hospital?

##### **Future**

- gaps in the safe mothering service ENAHPA could to address
- Suggestions for the coming years to excel the services at the safe mothering Center.
- concluding key messages

**Presentation:** *Input on partnering for excellence to creating a culture of result and discussion*



Stakeholders retreat participants-- TOGETHER WE CAN MAKE A DIFFERENCE"

**e. In-Kind Donations:** Medical equipment and pharmaceutical supplies worth over 8,000,000.00 Birr (\$391,868.80 USD) were donated to Adare hospital in this fiscal year. Some of the major items donated were All Terrain Ambulance, Mammogram Machine, Anesthesia Machines, autoclave, different size and variety of Hewlett Packard monitors, cautery machine and etc.

#### **f. Monitoring and Evaluation**

Periodic supportive supervision (SS) was given at the site in collaboration with Adare Hospital management.

Major findings were the issue of Cleanliness of the hospital, number of visitors in a ward that were discussed and correction is under way coupled with the government's initiative for "Clean and Safe Hospital (CASH)" environment.

**4. Visitors:** Over the year a number of professionals from ENAHPA head office, government bureaus visited the safe mothering center in particular and the Adare hospital in general.

To mention some of them:

- Charities and Societies Agency representatives
- Dr Kinf Gebeyehu and Sr. Yetnayet, member of the executive board of ENAHPA and chair of the MNCH and safe mothering committee of ENAHPA,
- Liya Kebede, Founder of Liya Kebede foundation
- Melissa Janis, the Executive Director of Liya Kebede Foundation
- Jennifer James, a consultant for the International Reporting Project with John Hopkins university,
- About 15 International Reporters journalists from News Week, New York Times, National Geographic, the Atlantic, etc.
- Vance William, ENAHPA member
- Blair Evans, Solar Energy Engineer





Introduction and briefing to a group of international Journalists visiting The Safe Mothering Center, June 2014

#### IV. Planned Activities vs. Accomplishments

**Table 3 Activities planned in 2014 compared with accomplishment during the year**

| S.No. | Activity  | session | Number | Planned | Achieved | %   | Remarks |
|-------|---|---------|--------|---------|----------|-----|---------|
| I.    | <b>Activity 1: Capacity Building for Adare Hospital health workers,</b> |         |        |         |          |     |         |
| 1     | <i>Training health workers in Yirgalem Hospital</i>                     | 1       | 3      | 1       | 1        | 100 |         |
| 2     | <i>Periodic staff retreat</i>   | 1       |        | 1       | 1        | 100 |         |
| 3     | <i>CME</i>  | 1       |        |         |          |     |         |
| 4     | <i>Experience exchange</i>  | 1       |        |         |          |     |         |

|   |   |            |   |   |   |    |  |
|---|---|------------|---|---|---|----|--|
| 5   | Neonatology   | 8          |   |   |   |    |  |
| 6   | Review meeting  | 15         |   |   |   |    |  |
| <b>1.4.Saint Paul's Hospital support</b>                                    |   |            |   |   |   |    |  |
| 1.  | CME   | 3          |   | 0 | 0 | 0  |  |
| 2   | Educational materials preparation   | 20         | 0 | 0 | 0 | 0  |  |
| <b>Procurement</b>  |   |            |   |   |   |    |  |
| 1   | Medical Supplies and Equipment  | 1 Shipment |   | 1 |   |    |  |
| 2   | Ambulance   | 1          |   | 1 |   |    |  |
| <b>Availing of safe water supply</b>  |   |            |   |   |   |    |  |
| 1   | Construct water point well to the community                                 | 1          | 0 | 0 | 0 | 0  |  |
| 2   | Education on safe water supply and management at community and school level | 6          | 0 | 0 | 0 | 0  |  |
| 3   | IEC/BCC on RH & STD   | 0          | 0 | 0 | 0 |    |  |
| <b>Office equipment</b>   |   |            |   |   |   |    |  |
| 1   | Desktop   | 1          |   | 1 | 1 |    |  |
| 2   | Laptop  | 4          |   | 1 | 1 |    |  |
| 3   | Printer   | 1          |   | 0 | 0 |    |  |
| 4   | Photocopier   | 1          |   | 0 | 0 |    |  |
| <b>Network strengthening of Health Extension (HE) program around Hwassa</b> |   |            |   |   |   |    |  |
| 1   | Consultation meeting of Heath Extension program around Hwassa               | 2          |   | 1 | 1 | 50 |  |
| <b>Infrastructural care</b>   |   |            |   |   |   |    |  |
| 1   | Renovation of Adare Hospital  | 1          |   | 0 | 0 |    |  |

|   |  |   |   |   |   |   |  |
|---|--|---|---|---|---|---|--|
| 2 | <i>Extension/ Constructing new space</i>   | 1 |   | 0 | 0 |   |  |
|   | <b>Supportive supervision</b>              |   |   |   |   |   |  |
| 3 | <b>Supportive supervision</b>              | 4 |   |   |   |   |  |
|   | <b>Voluntary Surgical mission</b>          |   |   |   |   |   |  |
|   | <i>Coordination</i>                        | 3 |   | 0 | 0 | 0 |  |
|   | <i>Mission expenses</i>                    |   |   |   |   |   |  |
|   | <i>Training on data related management</i> |   |   |   |   |   |  |
| 1 | <i>Training</i>                            | 3 | 0 | 0 | 0 | 0 |  |

#### IV. Summary and Conclusions

The Ethiopian North American Health Professional Association (ENAHPA) project put cornerstone to upgrade the existing Hawassa Health Center into MNCH Clinic in October 2009 (Tikimt 8, 2001E.C) The renovation of existing rooms and new building by ENAHPA for the center was completed and the center started public service on February 2011 (Yakatit 11, 2003 E.C). The project took priority in training a General Practitioner, an assistant nurse, a scrub nurse and an Assistant Anesthetist to make the operation theatre functional and maternity service comprehensive. To make this sustainable, the center has selected another team for the training in another phase. The founding of the Operation Theater was a corner stone for the safe mothering center in particular and Adare Hospital in General. Through these and other continuous technical and material support, its involvement in the primary health units, ENAHPA had a significant impact in improving the quality of Antenatal care (ANC), delivery and post-natal care of mothers living in the city of Hawassa and surrounding woredas.

Though utilization of the MNCH center for prenatal care has increased over time, considering a larger number of mothers seeking care only during child birth and during a difficult labor already tried out in the home would necessitate ENAHPA to consider wide extended service extension in the community in association with the safe mothering program at the main center that will require complete linkage and network of all the rural satellite health posts, health centers and communities to the epicenter – the Safe Mothering Center and the Adare Hospital for timely patient transfer and intervention in high risk and complex delivery.

ENAHPA organized its activities for voluntary medical, surgical, public health, obstetrical / gynecological, HIV and orphan outreach programs and initiatives in Ethiopia aided by resources from member contributions, donations, fund raising drives and grants from organizations, foundations and individuals. In addition, transfer of knowledge, skills and technology, capacity building, and sustainable development, both face to face and virtual (distance learning telemedicine) to medical, nursing and allied health professionals in Ethiopia had remained one of its strong missions ever since its establishment in 1999.

The Maternal Neonatal Child Health (MNCH) and Safe Mothering Center, a collaborative program of ENAHPA, and Hawassa City Administration Health Department (HCAHD) opened its door on February 18, 2011 to serve the city of Hawassa and its surrounding community.

Hawassa is a beautiful town of about 306,056 inhabitants within its city limits and located by a lake whose name the town has also acquired. It is located about 175 miles (282 km) south of Ethiopia's capital, Addis Ababa, in the Southern Nations and Nationalities Peoples Region (SNNPR). The population in the immediate environs that fully or partly depend on the town could as well swell to 1,000,000 (Source SNNPR 2014). Physician to population ratio is 1:157,699 (Source SNNPR 2014).

Maternal neonatal child health care has, however, been a program that ENAHPA saw a crucially urgent need to participate in from its very inception because it believed, as Ethiopia did, that much can be done to prevent and reduce maternal, neonatal and child deaths and illnesses in rural and urban communities. It was on this principle that a partnership was established with Hawassa City Administration Health Department and the Ethiopian Federal Ministry of Health for ENAHPA to build and equip a center, train the staff to run a prenatal and child health program that would include a maternal and neonatal unit where emergency obstetrical procedures and neonatal resuscitations and treatment can be rendered. The Bureau of Hawassa City Administration Health Department, health care services assumed responsibilities to staff the center, maintain the building and its functions and provide administrative leadership for day to day operation of the center. The Center was colorfully inaugurated on February 18, 2011 in the presence of the administrative leadership of the region, the then Federal Minister of Health of Ethiopia, Dr. Tedros Adhanom, representatives of the executive board of ENAHPA, ENAHPA MNCH committee members, community leaders and members of Hawassa township.

ENAHPA is eternally grateful to numerous organizations, foundations, grantors and individual donors that contributed heavily towards the construction of the building and establishment of the Center that already, in nearly 4 years has shown remarkable results. With the generous monetary gifts from Volvo Cars of North America, Dr. Sheik Mohammed Al-Amoudi, Liya Kebede Foundation and its meticulous and visionary executive director, Melissa Janis, the Greater Wayne County Chapter of the Links, Inc., Plymouth Church of Christ and the Michigan Ethiopian Community, the Safe Mothering Center and Adare Hospital was built and inaugurated on February 18, 2011 and continues to thrive well.

Under the gentle and deeply committed leadership of Dr. Kife Gebeyehu, ENAHPAs MNCH Committee Chair, Ex-Officio Co-Chairperson of MNCH Committee Dr. Senait Fesseha, Emeritus Vice-President, Dr. Haregua Getu and senior MNCH Committee member, Dr. Elizabeth Asfaw (all of whom are also Board Members), the MNCH and Safe Mothering Center and Adare Hospital was born. Thank you to our gracious volunteer grant writer, Dr. Carolyn Lafferty, our longstanding partner Ethiopian Airlines with their CEO Ato Tweolde Gebremariam, long-standing donor and founding member, Youm Abey Fesseha, Board member, fundraiser and loyal supporter, Darnell Jackson, Katie Spillane-Knight our tireless fundraiser and our indispensable volunteer executive support that coordinates all the systems, Lisa Zanardelli and many, many more.

The brand new 3 Storey Annex hospital expansion construction is complete and will soon be inaugurated. It is expected to open an additional 50 beds or more to the existing facility. Behind all this remarkable care and achievement there is an engine that drives the entire in-country operation is the remarkable Ethiopian based team. This team is headed by our great leader ENAHPA's Country Director / Representative Sr. Dehne Mengiste, Administrator and accountant, Woizero Berhane Engedwork, Project Director, Ato Ganole Gange and the Esteemed Voluntary Senior Advisor and

consultant, Dr. Agonafer Tekalegne. On behalf of the ENAHPA Board of Directors and myself, we thank you for embracing ENAHPA's mission and vision, for your dedicated support and giving back to those less fortunate.

We thank the Ethiopian Government, the Federal Ministry of Health, the Charities and Societies Agency, the Hawassa Regional Government, the Hawassa City Administration Health Department and Ato Desta Dogiso for their collaborative partnership and for giving us the opportunity to serve the people. Kudos to our team / staff "in the trenches" at the MNCH Safe Mothering Center and Adare Hospital and the rural satellite posts and centers for the outstanding work they do day in and day out.

Remember ENAHPA's motto "Together We Can Make a Difference".

Respectfully,

Ingida Asfaw, MD, FACS

Founder and President ENAHPA

Dehne Mengiste

ENAHPA Country Director

Kinfe Gebeheyu, MD

ENAHPA Founding Member,

Member Board of Directors and MNCH

Committee Chairperson