

# MCHIP Health Facilities Baseline Assessment

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MCHIP Team

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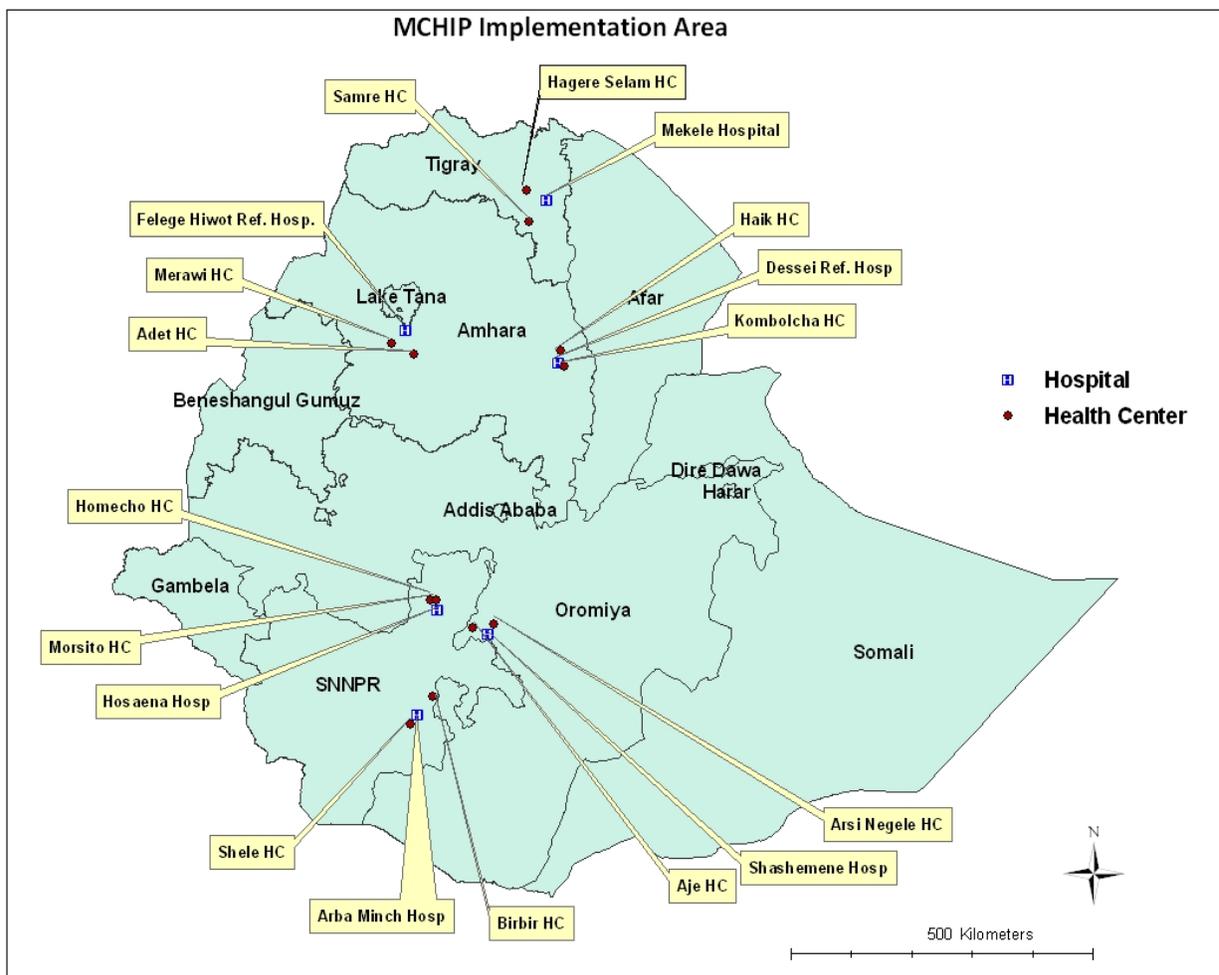
## Contents

<b>OVERVIEW OF THE ASSESSMENT</b>	<b>2</b>
Scope of the rapid assessment	3
Objectives of the rapid assessment	3
Methodology	4
<b>FINDINGS OF THE BASELINE ASSESSMENT</b>	<b>4</b>
Infrastructure	4
Human Resources	4
Training of MNCH staff	5
Provision of services	5
Supervision	6
Referral linkages	7
HMIS Status	7
<b>KEY FINDINGS</b>	<b>10</b>
<b>THE WAY FORWARD</b>	<b>10</b>
<b>ANNEX1: BASELINE DATA OF FACILITIES</b>	<b>11</b>
<b>ANNEX2: HEALTH PERSONNEL INFORMATION OF FACILITIES</b>	<b>16</b>

## Overview of the Assessment

The MCHIP Ethiopia team conducted a baseline assessment on existing maternal and newborn health care practices to gain better insight on the key maternal and newborn health (MNH) service status in 12 health centers and six hospitals in MCHIP areas in the four large regions. MCHIP also included the respective woreda health offices in this assessment. The assessment helped identify needs and gaps in the selected facilities and will further guide prioritizing interventions. Furthermore, the assessment findings will serve as the bench mark in monitoring and evaluating MCHIP progress and program impact. The assessment was conducted from May 14 – June 23, 2011. The teams that conducted the assessment were MCHIP M&E staff comprising of Jhpiego and Save the Children US (SC) M&E staff, and regional advisors and coordinators from both organizations.

**Figure 1 Map of Health Facilities Surveyed**



## ***Scope of the rapid assessment***

The rapid assessment looked into currently existing practices in different areas of maternal and newborn health (MNH) services including the availability and utilization of key ante-natal, intrapartum and post natal care services for the mother and newborn. The assessment also documented the availability and quality of health workers providing MNH services in the selected facilities. The assessment also looked at key MNH performance indicators, captured from existing facility records.

The assessment specifically looked into existing practices in the areas of:

1. Ante-natal care (Focused ANC including birth preparedness and complication readiness)
2. Intrapartum care (for basic and comprehensive Emergency Obstetric and newborn Care)
3. Post-natal care (timing, Family Planning, assessing danger signs for mothers and newborn)
4. Newborn care (essential newborn care including infant feeding, resuscitation and Kangaroo Mother Care, KMC)

## ***Objectives of the rapid assessment***

The specific objective of this rapid assessment was to

1. Determine the availability of health workers providing MNCH services in the selected facilities
2. To document the type of MNCH trainings health workers received in the last three years
3. To identify the existing MNH services and referral mechanisms
4. To document the current status of the facility level MNCH performance indicators

### **Activities of the baseline assessment included:**

- Preparation of baseline assessment tools and travel schedule
- Visit to Woreda/regional health offices and discussion with key personnel
- Health facility visits and discussion with key personnel
- Document review (facility registration book, reporting formats, partograph, charts, etc.)
- Development of Assessment report

## ***Methodology***

A structured questionnaire was used to interview health providers in each selected facility and document the service availability. Quarterly reports and health facility registers were used to collect baseline information for selected indicators. The baseline indicators were summarized in an Excel spreadsheet.

## **Findings of the Baseline Assessment**

### ***Infrastructure***

The health centers assessed had an average of six beds with a range of two to 17, whereas the hospitals assessed had an average of 217 beds with a range of 165 (Shashemene Hospital) to 300 (Hosaena Hospital). The selected health centers had an average of eight with a range of five to twelve referral-linked health posts. The majority of health center clients had to travel from 30 minutes to five hours on foot to reach the health center. Some of the clients who live close to main roads use public transport to reach the health facilities. The hospitals selected for MCHIP's program intervention had catchment populations that go beyond their woredas to encompass neighboring zones and regional states. Only three of the 12 health centers and one of the six hospitals had a dedicated ambulance. Homecho health center in SNNP uses woreda health office vehicles for emergency MNH referrals.

### ***Human Resources***

According to the three tier health system structure of Ethiopia in the Health Sector Development Plan (HSDP) IV, a health center is expected to be staffed with an average of 20 technical staff<sup>1</sup> whereas a general hospital is expected to have an average of 234 technical staff and serves an average of one million people.

In the facilities selected by MCHIP it was observed that 5 of the 12 health centers (41.6%) already satisfied the requirements; none of the hospitals satisfied the HSDP requirements. Under the Business Process Re-engineering (BPR) in health centers the case team that is responsible for Antenatal Care (ANC), intrapartum and Postnatal Care (PNC) services are expected to be staffed by 4 midwives. In the health centers surveyed, it was observed that all were under staffed with respect to number of midwives. None of the six hospitals in the MNH case team were staffed with the requisite number of staff.

#### **Table 1: Total Number of Technical Staff in MNH in the surveyed facilities**

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<sup>1</sup>Draft Health Sector Development Program IV: 2010/11 – 2014/15, FMOH, 2010

Cadre	Total # of HWs assigned to the facility		Total # of staff assigned to provide MNH services	
	Health Centers (n=12)	Hospitals (n=6)	Health Centers (n=12)	Hospitals (n=6)
1. Physician	-	103	-	15
2. Health Officer	29	39	3	1
3. Nurse	127	486	30	47
4. Midwife	15	77	15	71
5. Pharmacy personnel	11	48	-	-
6. Laboratory personnel	32	169	-	-
<b>Total</b>	<b>199</b>	<b>922</b>	<b>48</b>	<b>134</b>

### ***Status Training of MNCH staff***

MCHIP plans to provide training on basic emergency obstetric and newborn care (BEmONC), Essential newborn care through the Helping Baby’s Breathe (HBB) initiative, Post-Partum FP and Kangaroo Mother Care (KMC) by integrating these approaches into existing appropriate training or where required stand-alone training (such as with BEmONC). MCHIP will also implement a performance quality improvement approach to improve health service delivery performance.

Of the available MNCH case team members in the selected facilities assessed only four of 42 health workers assigned to the MNH case team from health centers (10%) and 21 of 284 health workers assigned to the MNH case team in the selected hospitals (14%) were trained in BEmONC. Only two midwives from hospital and two midwives from the assessed health centers were trained in HBB. None of the health facilities surveyed were implementing a performance improvement approach.

### ***Provision of services***

In all health facilities surveyed, intrapartum care, PNC, essential newborn care and care of the sick newborn were provided 24 hours a day, seven days per week. ANC was provided during the working hours of week days.

The number of clients who received at least one ANC visit in the quarter before the survey was 3,119 which constituted about 63% of the expected number of pregnancies but the observed low ANC rate at the health centers was due to the provision of ANC at health posts. The delivery service registered in the health centers in the quarter before the survey was 656 which constitute 13% of the expected births. There was no evidence to suggest that the low number

of institutional deliveries was due to an increase in the number of deliveries attended by health extension workers. PNC up to six hours post-delivery was usually provided for clients who had delivered in the health facility but PNC visits within 48 hours after birth did not usually occur, or at least was not recorded in the facility registers. Data on PNC visits within 3 days was not recorded in the HMIS report but the data could be found from the HMIS registers which were mostly incomplete. Some of the facilities provided PNC for women who had delivered at home and then came to the facilities after suffering a complication.

All assessed health facilities were providing HIV testing for pregnant mothers and anti-retroviral (ARV) drugs for HIV positive pregnant mothers in the ANC room. However, Dessie hospital and Kombolcha health centers were providing PMTCT service at the anti-retroviral therapy (ART) room. With the exception of Dessie hospital where the hospital obstetrician had oriented midwives to provide KMC for mothers, none of the health facilities were implementing KMC.

Regarding health service quality improvement initiatives, it was observed that integrated supportive supervision and BPR had been started in all facilities. Other quality improvement interventions observed were Fully Functional Service Delivery Point for HIV/AIDS services including PMTCT in Amhara region health centers. Another quality improvement intervention focusing on FP was observed in Shele health center in SNNPR.

Even if there was no record of FP during the Postpartum period, health workers interviewed reported that postpartum FP methods were not generally practiced in the surveyed facilities. Intra-uterine Contraceptive device (IUCD) insertion was performed in all the assessed hospitals as well as in Haik, Kombolcha health centers in Amhara and Birbir Health Center in SNNP region; tubal ligation was practiced in Arbaminch Hospital only. The use of lactational amenorrhea method (LAM) as a birth spacing method was not specifically recorded; some providers mentioned that they oriented postpartum mothers to this method.

### ***Supervision***

All the health facilities surveyed reported that they had received a supportive supervision visit from the woreda and/or zonal health office staff in the last three months. The supervision was held in an integrated manner including experts from different case teams in the respective woredas and zonal health offices. Supervision from different US partner organizations to health facilities focusing on HIV/AIDS prevention and FP was also received but in an irregular manner. Partners' supervision visits focused on intervention areas of the respective partner focus.

## ***Referral linkages***

In all health centers surveyed, clients were referred to higher facilities from the health center but feedback was never provided to the referral facility. The health center also served as a referral facilities for their catchment five to twelve health posts. Similar to the hospitals, written feedback from health centers to the health posts after referral was not received.

**Table 2: List of Health Centers and their referral hospitals**

<b>Region Woreda</b>	<b>Health Center</b>	<b>No. Health Posts</b>	<b>Catchment Population of Health Center</b>	<b>Referral hospital</b>
<b><i>Tigray</i></b>				
<b>K/ Tembien</b>	HagereSelam HC	6	29,900	Mekele hospital
<b>S/Samrie</b>	Samre HC	6	38,815	Mekele hospital
<b><i>Amhara</i></b>				
<b>TehuleDereWoreda</b>	Haik HC	8	35,414	Dessie hospital
<b>KombolchaWoreda</b>	Kombolcha HC	5	31,648	Dessie hospital
<b>YilmanadersaWoreda</b>	Adet HC	7	57,323	Felege Hiwot hospital
<b>MechaWoreda</b>	Merawi HC	9	65,643	Felege Hiwot hospital
<b><i>Oromia</i></b>				
<b>Siraroworeda</b>	Aje HC	5	32,886	Shashemene hospital
<b>ArsiNeegele</b>	ArsiNeegele HC	6	72,360	Shashemene hospital
<b><i>SNNPR</i></b>				
<b>Gibe</b>	Homecho HC	11	53,032	Hosaena hospital
<b>Misha</b>	Morsito HC	11	34,283	Hosaena hospital
<b>Arbaminch Zuria</b>	Shele HC	12	49,684	Arbaminch hospital
<b>Meirab Abaya</b>	Birbir HC	11	42,937	Arbaminch hospital

## ***Health Management Information System Status***

The new HMIS system was rolled out to the country starting May 2010. The system has 107 reportable indicators to the higher administrative level. Additional indicators that can be used for program management can be collected from the HMIS registration books. In the surveyed MCHIP facilities HMIS had been rolled out to 15 of the 18 facilities. The remaining three plan to start in the new Ethiopian fiscal year, July 2011. The rollout period varies from region to region. For example In SNNP health centers it was rolled out in May 2010 whereas in Oromiya training was provided to all health center staff in June 2011. HMIS training was provided onsite for four days but a limited number of providers from each case team participated in the training. Besides, new staff members who joined the facilities after the training, have not yet been oriented on HMIS. It was observed that, where HMIS was rolled out, the registers lacked completeness. The report flow in the hospitals also lacked consistency; some of the statistics

officers who were supposed to compile facility data centrally were not oriented on HMIS. There were also discrepancies between the reported figures and the actual figures collected from the registration books. The reasons mentioned for poor data quality were lack of orientation of new staff and limited number of trained staff. Mekele Hospital, Morsito and Samrie Health Centers demonstrated relative quality of HMIS submission with respect to data completeness dimension. Hosaena Hospital and Morsito health centers are regional pilot sites for the HMIS rollout, however, the quality of data at Hosaena hospital was not as you would expected for a pilot site, mostly due to the resignation of HMIS trained providers and no further training for new staff.

**Table 3: Baseline data for facility level service statistics**

<b>Indicator</b>	<b>Hospitals</b>	<b>Health centers</b>
<b>Ante-natal care</b>		
<b>R1. Number of pregnant mothers who received first ANC visit by skilled provider in the last 3 months</b>	1429	3119
<b>R2. Number of pregnant mothers who received at least four ANC visits by skilled provider in the last 3 months</b>	529	599
<b>R3. Number of pregnant women who received HIV testing and counseling and received their results in the last 3 months</b>	1532	3414
<b>Delivery care</b>		
<b>R4. Number of deliveries with a skilled birth attendant (SBA) during the last 3 months: doctors, health officers, midwives, nurses</b>	3310	656
<b>R5. Number of caesarean sections performed in the facilities for any indication during the last 3 months</b>	1035	27
<b>R6. Number of live births delivered at the facility in the last 3 months</b>	2795	579
<b>R7. Number of obstetric complications recorded at the health facilities in the last 3 months</b>	289	124
<b>R8. Number of obstetric complications managed at the health facility in the last 3 months</b>	284	45
<b>R9. Number of obstetric complications referred for which feedback is obtained in the last 3 months</b>	5	68
<b>R10. Number of newborns with weights recorded at birth in the last 3 months</b>	3057	579
<b>R11. Number of newborns with low birth weights (birth weight less than 2500gm) in the last 3 months</b>	278	53
<b>R12. Number of babies received KMC in the last 3 months</b>	0	0
<b>R13. Number of newborns born with birth asphyxia in the last 3 months</b>	212	2
<b>R14. Number of newborns not breathing at birth who were successfully</b>	108	2

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resuscitated in the last 3 months

<b>R15. Number of still births in the last 3 months</b>	113	10
<b>R17. Number of newborn deaths (those born alive but died within 24 hrs) in the last 3 months</b>	89	53

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## **Key findings**

1. In most health facilities the BPR plan for the number of personnel in MNH areas did not yet meet the requirements;
2. The BEmONC, HBB, KMC, performance improvement and Post-partum FP trainings had not been provided for most of the health facilities staff in the last three years
3. Referral linkages between health centers and hospitals were weak. There was no practice of providing feedback for referral cases to the referee facility;
4. HMIS training was provided to almost all facilities but there remains a huge gap in compiling indicators for baseline data collection.

## **The way forward**

Based on the observed gap in the data quality of the HMIS it is necessary to include an M&E session in the performance improvement modular training events and a separate standard in the management section of the HMIS standards that focus on a functional HMIS of the health facilities.

In addition, MCHIP will use the evidence obtained from the baseline assessment to address the gaps in the availability and quality of high impact MNH services in the health centers and hospitals assessed.

## Annex1: Baseline data of facilities

Indicator	Felege Hiwot Hosp	Adet HC	Merawi HC	Dessie Hosp.	Kombolch HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosp	Aje HC	Arsi Negele HC	Hossahna Hosp	Homecho HC	Mersito HC	Arba Minch Hosp	Shele HC	Birbir HC	Summary	
																			Hospitals	Health centers
<b>Antenatal care</b>																				
<b>R1. Number of pregnant mothers who received first ANC visit by skilled providers in the last 3 months</b>	342	315	440	156	239	211	112	156	170	122	391	595	331	356	97	308	126	81	1429	3119
<b>R2. Number of pregnant mothers who received at least four ANC visits by skilled providers in the last 3 months</b>	46	54	27	4	157	48	-	193		391	-	-	-	17	4	88	96	3	529	599
<b>R3. Number of pregnant women who received HIV testing and counseling and received their results in the last 3 months</b>	281	311	424	156	226	190	110	148	141	209	228	590	329	356	507	416	243	81	1532	3414
<b>Delivery care</b>																				
<b>R4. Number of deliveries with a skilled birth</b>	1024	93	67	695	120	57	39	29	440	276	27	34	522	39	36	353	62	53	3310	656

Indicator	Felege Hiwot Hosp	Adet HC	Merawi HC	Dessie Hosp.	Kombolch HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosp	Aje HC	Arsi Negele HC	Hossahna Hosp	Homecho HC	Mersito HC	Arba Minch Hosp	Shele HC	Birbir HC	Summary		
																			Hospitals	Health centers	
attendant (SBA) during the last 3 months: doctors, health officers, midwives, nurses																					
R5. Number of caesarean sections performed in the facilities for any indication during the last 3 months	246	-	-	75	-	-	-	-	102	54	-	-	122	-	-	436	-	-	1035	-	
R6. Number of live births delivered at the facility in the last 3 months	923	77	37	619	120	56	39		538	263	27	34	381	39	34	71	64	52	2795	579	
R7. Number of obstetric complications recorded at the health facilities in the last 3 months	105	35	27	60	32	17	6	-	-	124		1	-	-	-	-	-	6	289	124	
R8. Number of obstetric complications managed at the health facility in the last 3 months	105	20	15	60	7	3	No data	No data	-	119	-	0	-	-	-	-	-	-	284	45	

Indicator	Felege Hiwot Hosp	Adet HC	Merawi HC	Dessie Hosp.	Kombolch HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosp	Aje HC	Arsi Negele HC	Hossahna Hosp	Homecho HC	Mersito HC	Arba Minch Hosp	Shele HC	Birbir HC	Summary		
																			Hospitals	Health centers	
<b>R9. Number of obstetric complications referred for which feedback is obtained in the last 3 months</b>	0	0	0		0	0	2	0	0	0		0	0	0	0	0	0	0	0	0	0
<b>R10. Number of newborns with weights recorded at birth in the last 3 months</b>	923	77	35	507	99	54	39	27	538	228	27	34	425	39	34	436	63	51	3057	579	
<b>R11. Number of newborns with low birth weights (birth weight less than 2500gm) in the last 3 months</b>	116	1	2	40	5	3		0	32	33	0	0	29	39	1	28	0	2	278	53	
<b>R12. Number of babies received KMC in the last 3 months</b>	0	0	0		0	0		0				0		0	0	0	0	0	0	0	
<b>R13. Number of newborns born with birth asphyxia in the last 3 months</b>	120		1	92		1		0			0	0		0	0	0	0	0	212	2	
<b>R14. Number of newborns not breathing at birth</b>	No data	No data	1	89	No data	No data	No data	No data	No data	No data	No data	No Data	19	No data	No data	No data	No data	No data	108	2	

Indicator	Felege Hiwot Hosp	Adet HC	Merawi HC	Dessie Hosp.	Kombolch HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosp	Aje HC	Arsi Negele HC	Hossahna Hosp	Homecho HC	Mersito HC	Arba Minch Hosp	Shele HC	Birbir HC	Summary	
																			Hospitals	Health centers
who were successfully resuscitated in the last 3 months																				
R15. Number of still births in the last 3 months	138		5	76		1		2	15		0	0		0	1	22	0	1	251	10
R17. Number of newborn deaths (those born alive but died within 24 hrs) in the last 3 months	21			16						50	0	0	0	0	1	2	0	52	89	53
Postnatal care																			0	0
R18. Number of postpartum/newborn visits within 3 days of birth during the last 3 months		0		0	0	0			28	161	252	42	525	17	14	349		13	1063	338
R19. Number of postpartum/newborn visits within 7 days of birth during the last 3 months		4		0	0	0	39						0	0	7				0	50
R20. Number of clients undergoing post-partum FP	559			71	130	2117	388	755	199	33	627	921	0	0	0				862	4938

Indicator	Felege Hiwot Hosp	Adet HC	Merawi HC	Dessie Hosp.	Kombolch HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosp	Aje HC	Arsi Negele HC	Hossahna Hosp	Homecho HC	Mersito HC	Arba Minch Hosp	Shele HC	Birbir HC	Summary		
																			Hospitals	Health centers	
method, in the last 3 months																					
R30.1. Intra uterine contraceptive device (IUCD) insertion	3	0		3	21	19				0	0	0	0		0	6	0	13	12	53	
R31.2. Lactational Ammenorhea method (LAM)	0	0	-	0	0	0	-	-	-	0	0	0	0	-	0	0	0	-	0	0	
R30.3. Tubal ligation(TL)	0	0	0	0	0	0				0	0	0	0		0	3	0		3	0	
R21. Number of neonatal deaths (those born alive but died within 28 days) in the last 3 months	31	-	-	12	-	-	-	-	4	-	0	0	0	0	0	1	0	0	48	0	

## Annex2: Health Personnel information of Facilities

Indicator	Felege Hiwot Hosn	Adet HC	Merawi HC	Dessie Hosp.	Kombolcha HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosn	Aje HC	Arsi Negele HC	Hossahna Hosp	Lemu HC	Mersito HC	Arba Minch Hosn	Shele HC	Birbir HC	Summary	
																			Health Center	Hospitals
<b>P1. Total # of HWs assigned to the facility</b>																				
1. Physician	19	0	0	26	0	0	0	0	12	18	0	0	13	0	0	15	0	0	0	103
2. Health Officer	7	2	2	2	5	2	2	1	8	6	3	3	8	1	2	8	2	4	29	39
3. Nurse	104	9	13	9	10	13	11	11	95	81	5	7	76	18	17	121	5	8	127	486
4. Midwife	16	2	1	12	1	0	2	1	10	8	1	1	15	0	2	16	2	2	15	77
5. Other	78	7	10	71	7	0	2	1	1	1	0	1	33	5	2	33	4	4	43	217
6. Total	224	20	29	120	23	15	17	14	126	114	9	12	145	24	22	193	13	18	216	922
<b>P2. Total # of HWs assigned to provide MNCH services</b>																				
1. Physician	8	0	0	2	0	0	0	0	1	1			1	0	0	2	0	0	0	15
2. Health Officer	0	0	0	0	1	0	0	0	0				0	0	0	1	1	1	3	1
3. Nurse	14	3	5	9	5	4	1	0	6	9	1	3	2	6	0	7	1	1	30	47
4. Midwife	11	2	1	12	1	0	2	1	10	7	1	1	15	2	0	16	2	2	15	71
5. Other	0	0	2	0	0	0	1	0	0				0			0		0	3	0
6. Total	33	5	8	23	7	4	4	1	17	17	2	4	18	8	0	26	4	4	51	134
<b>P3. Total # of HWs currently providing MNCH services</b>																				
1. Physician	8	0	0	2	0	0	0	0	1	1			1	0	0	15	0	0	0	28
2. Health Officer	0	0	0	0	1	0	0	0	0				0	0	0	8	1	1	3	8
3. Nurse	14	3	5	9	5	3	1	0	6	9	1	3	2	6	0	121	1	1	29	161
4. Midwife	11	2	0	12	1	0	1	1	10	7	1	1	15	2	0	16	2	2	13	71
5. Other	0	0	2	0	0	0	1	0	0				0		0	33	0	0	3	13
6. Total	33	5	7	23	7	3	3	1	17	17	2	4	18	8	0	193	4	4	48	301

Indicator	Felege Hiwot Hosn	Adet HC	Merawi HC	Dessie Hosp.	Kombolcha HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosn	Aje HC	Arsi Negele HC	Hossahna Hosp	Lemu HC	Mersito HC	Arba Minch Hosn	Shele HC	Birbir HC	Summary	
																			Health Center	Hospitals
<b>P4. Total # of HWs trained on BEmONC</b>																				
1. Physician		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
2. Health Officer		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
3. Nurse		0	0	0	0	0	0	0	0	0	0	0		2	0	0	0	0	0	2
4. Midwife		0	0	9	0	0	1	0	8	3	0	0			0	4	1	0	2	24
5. Other		0	0	0	0	0	0	0	0	0	0	0			0	0		0	0	0
6. Total		0	0	9	0	0	1	0	8	3	0	0		2	0	4	1	0	4	24
<b>P5.Total # of HWs trained on HBB</b>																				
1. Physician		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
2. Health Officer		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
3. Nurse		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
4. Midwife		0	0	0	0	0	0	0	0	1	0	1		0	0	2	2	0	3	3
5. Other		0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0
6. Total		0	0	0	0	0	0	0	0	1	0	0		0	0	2	2	0	2	3
<b>P6. Total # of HWs trained on KMC</b>																				
1. Physician		0	0	1	0	0	0	0	0	0	0	0		0	0	0	0	0	0	1
2. Health Officer		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
3. Nurse		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
4. Midwife		0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0	0
5. Other		0	0	0	0	0	0	0	0	0	0	0		0	0	0		0	0	0
6. Total	0	0	0	1	0	0	0	0	0		0	0		0	0	0	0	0	0	1
<b>P7. Total # of HWs trained on PP FP (IUCD insertion, TL, LAM)</b>																				
1. Physician		0	0	2	0	0	0	0	0		0	0		0	0	0	0	0	0	2

Indicator	Felege Hiwot Hosn	Adet HC	Merawi HC	Dessie Hosp.	Kombolcha HC	Haik HC	Samre HC	Hagreselam HC	Mekelle Hosp	Shashemene Hosn	Aje HC	Arsi Negele HC	Hossahna Hosp	Lemu HC	Mersito HC	Arba Minch Hosn	Shele HC	Birbir HC	Summary	
																			Health Center	Hospitals
<b>2. Health Officer</b>		0	0	0	2	0	0	0	0		0	0		0	0	1	0	0	2	1
<b>3. Nurse</b>		2	2	3	2	3	1	4	1	3	1	0		0	0	3	1	1	0	1
<b>4. Midwife</b>		2	0	0	0	0	1	1	0	1	1	0		0	0	1	1	0	0	1
<b>5. Other</b>		0	0	0	0	0	0	0	0			0		0	0	0	0	0	0	2
<b>6. Total</b>		4	2	5	4	3	2	5	1	4		0		0	0	5	2	0	22	15
<b>P8. Total # of HWs trained on PQI</b>																				
<b>1. Physician</b>		0	0	0	0	0	0	0	0		0	0		0	0	0	0	0	0	1
<b>2. Health Officer</b>		0	1	0	0	0	0	0	18		0	0		0	0	0	0	1	0	1
<b>3. Nurse</b>		0	0	0	0	0	0	0	0		0	0		0	0	0	0	0	0	1
<b>4. Midwife</b>		0	0	0	0	0	0	0	0	1	0	0		0	0	0	0	0	0	1
<b>5. Health Assistant</b>		0	0	0	0	0	0	0	0		0	0		0	0	0	0	0	0	1
<b>6. Other</b>		0	0	0	0	0	0	0	0		0	0		0	0	0	0	0	0	1
<b>7. Total</b>		0	1	0	0	0	0	0	18		0	0		0	0	0	0		0	19
<b>P10. Total number of HEWs attached to the health center</b>	-	13	20	-	10	55	12	11	-	-	9	12	-	22	22	-	23	22	231	-
<b>P11. Total number of HEWs attached to the health center actively working</b>	-	13	20	-	10	15	12	11	-	-	9	11	-	22	22	-	23	-	156	-