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Attat Our Lady of Lourdes Catholic Hospital

Integrated Health Service, Golden Jubilee Edition

1969 - 2019 and 2019 Annual Report



50



The building which is now the main block of the hospital was built as a seminary by Germany Holy Family Fathers in 1959.

By 1964, the German Fathers decided to move the seminary to Holletta, not far from A.A.



**Mother Anna Dengel (Founder of MMS) First visit to Ethiopia January 1996
with Abba Fransua and Abba Paulos (late cardinal Paulos card. Tzadua)**



Sr. Inge Jansen one of the first four who started mission in Attat in 1969, and still working

Table of Contents

Part I Glimpse of the 50 years Journey	
Overview	1
Congratulation Messages	2-6
Glimpse of Attat Hospital	7-13
Poem in Amharic	14
Some Photos from jubilee celebration and current hospital staff	15-21
Poem in Guraghegna	22
 Short summary	 23
Part II 2019 Annual Report	
INTRODUCTION	24
 II. CURATIVE SERVICES	 25
Outpatient Service	25
Inpatient Service	25
Obstetrical Service	27
MATERNITY WAITING AREA (MWA)	28
Neonatal Service	29
Surgical Services	30
HIV-AIDS	30-31
Mortality Statistics	32
Laboratory Service	32-33
Pharmacy Service	33
X-Ray and Ultrasound Services	34
ENT Clinic	34
Tuberculosis and Leprosy Diagnosis and Treatment	34
 III. COMMUNITY HEALTH ACTIVITIES	 35
Women's Groups	35
Family Planning	37
Health Education	38
Water and Sanitation	38
Expanded Program for Immunization / Growth Monitoring	39
Communicable Disease Control	40
Antenatal Clinic	40
Growth Monitoring Nutrition Rehabilitation Unit	40
Supervision of health extension workers	40
Village Community Activities	40
Social Services	42
Physically Challenged Children-Cheshire Home Service	43
ACKNOWLEDGEMENTS	48

CHARTS

Outpatient Visits	25
Major Causes of OPD Visits	26
Reasons for Admission	26
Bed Usage per Ward	27
Obstetrical Service	28-29
Neonatal admission and mortality	29
Major Operations	30
Minor Operations	30
HIV-AIDS	31
Mortality Statistics and Cause of Death	32
Laboratory Tests	33
Tuberculosis	35
TB/HIV AIDS FOR 2019	35
Natural family planning	37
Health Education	37
Safe Water Sites for Maintenance Visits	38
Pit Latrine Use	39
Expanded Program for Immunization	39
Enhanced out reach strategy for young girls	39
Antenatal Clinics	40
Growth Monitoring Nutrition Rehabilitation Unit	40
Peasants Association Health Posts Activities	41
Causes of death	41
Physically Challenged Children	43
Total Staff	45
Operating Income	48
Operating Expenses	48

Over view

A detailed account of the beginnings of Attat Hospital is found in our Silver Jubilee publication entitled “Sheba Sheets Jubilee Edition” 1994.

The development of the hospital began by making an abandoned seminary school a hospital. Many renovations have continued over the years and up to its 47th year. A major structural building change was begun in 2010 which transformed the hospital and gave it a very new face and has enabled the hospital to expand its service by providing a more space for the staff to provide the necessary care to the patients.

The Integrated Public Health (PH) and Development Programs have resulted in a decrease of preventable diseases so that the hospital services were not burdened by preventable diseases. The pioneering areas included Health Education, the establishment of Maternity Waiting Area, the provision of safe water and sanitation in the villages, the formation of women’s groups, nutrition education for the children, a revolving fund service and the establishment of Village Development Committees (VDCs). The training of Community Health Agents (CHAs) and Traditional Birth Attendants (TBAs) helped to provide better health at the community level.

The formation of the women’s groups and the revolving fund scheme helped to empower the women to be independent and increased their ability for decision making. In the beginning health education was given by the hospital team during village meetings and the EPI program. Today it is conducted by the women’s groups. Before the government introduced Health Extension Workers the hospital had their trained TBAs and CHAs from the community who served in their village health posts. The hospital PH program was a pioneer in these development programs. The communities paid the salaries for the services of their TBAs, CHAs and water attendants. The Health Post served the community as a first aid station and very much helped to save time for the community members when ill and to reduce the load at the hospital.

The village development committees (VDCs) served as a link between the hospital and the community. As the tradition of the area gives respect to the elders the committee included 5-7 members with 2 or 3 village elders, at least one women representative and a teacher for documentation purposes.

The Maternity Waiting Area (MWA) was initiated in 1973 and is another contribution of the hospital for the development of safe mother hood. Currently this practice is appreciated by the Ministry of Health who has made it a policy of the country that all health institutes in the country have a Maternity Waiting Area.

Today as a result of the above interventions there is less trachoma, entropion surgeries and water borne infections than in the previous years. Testimonies of the people include that since the hospital came “the women no longer die” and this is related to fast accessible care during delivery for mothers in the MWA. Also, children now live longer because of the EPI program, health education and better nutrition. The numbers of malnourished children who come to the hospital has drastically reduced.

There is now cleanliness and environmental sanitation with 100% latrine and waste pits use in the villages and prevents many avoidable illnesses. Infrastructure development was also important part of the second half of the 50 years’ life journey of the hospital.



JUBILEE CONGRATULATION MESSAGES CARDINAL -

GOLDEN JUBILEE OF ATTAT CATHOLIC HOSPITAL

Celebrating 50 years' anniversary of the Attat Our Lady of Lourdes Catholic Hospital is a grace of God and the service given to the people has always been accompanied by spreading the love and care of God through the compassionate service of Medical Mission Sisters, the staff, the Eparchy of Emdibir and the local community. It has been 50 years of sharing of pain and suffering of people and they were accompanied by prayers, curative and preventive service of the hospital.

The service given to the community was also accompanied by love of God and love of neighbour. The Catholic Bishops' Conference of Ethiopia is very grateful for Medical Mission Sisters who dedicated their lives to this noble service of defending life from conception till natural death. We pray for all MMS who have gone to their eternal rest and to those who are laboring day and night to alleviate suffering and poverty of the people. You have blessed and touched the lives of many irrespective of race, religion and social classes and all are grateful to you.

We pray the service given to the people continues with the same zeal, compassion and love so that the love of God spreads in the hearts of people of today and this is how we are transmitting the good news through love and action. May God bless all the sisters, the staff, the community, the parish and all the work you do.

+ Cardinal Berhaneyesus D. Souraphiel, C.M.
Metropolitan Archbishop of Addis Ababa
President of CBCE & Chancellor of ECUL
Chairman of Ethiopian Reconciliation Commission



ETHIOPIAN CATHOLIC CHURCH
EPARCHY OF EMDKBER
P.O. Box 23, EmdebEr. Guraghe Zone. Ethiopia

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Medical Mission Sisters Atat hospital
 Cheha Woreda Guraghe Zone

Re: Golden Jubilee.

Dear Sisters.

On the occasion of the 50th anniversary of the dedicated service, in the field of health care in its preventive and curative dimension, of the Medical Mission Sisters, in Atat Hospital. I most willingly join all the good wishers and above all the mothers who had a safe delivery in Atat hospital for so many years and whose sons and daughters have now grown up to serve society in different capacities, to thank the Lord for the healing ministry exercised by the Sisters.

The professional standard and creative initiatives, particularly in public Health care and maternity waiting area of the Medical Mission Sisters has earned the hospital a distinguished award from the world Health Organization (WHO) on the one hand and offered a model devised for safe delivery adopted at national level in Ethiopia on the other.

Patients, in Atat Hospital, have always appreciated the commitment and example of life, the empathy and welcoming spirit of the Sisters to the point of attributing healing power to their touch. This was said of Dr. Pia. and is said of all the sisters who have served in the past and continue to serve the Hospital to this day with dedication, enthusiasm and full commitment. Many patients have come to discover God's love in the healing ministry of the sisters.

Atat Hospital has contributed also for the formation of several health's professionals from different universities who were welcomed to practice their profession. With the new premises recently added to the existing building and the newly restructured operation theater the future of Atat Hospital is more promising than ever to serve the population with greater efficiency and professional skill.

Your sincerely.

+ Abba Musie
 Bishop of Emdeber - Ethiopia





MEDICAL MISSION SISTERS



Dear Sisters, Staff and Friends of Attat Hospital,

Congratulations on this very significant occasion of the Golden Jubilee celebration of Attat Our Lady of Lourdes Catholic Hospital! There is so much to celebrate and it is a wonderful opportunity for our Medical Mission Sisters Society to remember, reminisce and be proud of the accomplishments and achievements of all of you who have actively worked and contributed to the growth of Attat hospital and its out-reach programs through the years.

We remember all Administrators, Medical Staff, Para-medical staff, Co-workers and Friends of Attat Hospital, who have been part of the 50 years journey. Your commitment and selfless giving and sacrifice have blessed so many and healed so many who have come to Attat Hospital. You have indeed provided many opportunities for the development of the people to make a positive impact.

Thank you for being such a wonderful witness of God's Love and Mercy!

Please extend our humble thanks to the Ethiopian Catholic Church Eparchy of Emdibir who have been a strong pillar of support to us and the hospital.

With profound appreciation and deep gratitude,

Sr. Irene Fernandez and leadership Team
Medical Mission Sisters
London, UK

Dear Sisters in Attat,

As you are getting ready for your 50th Birthday celebration,

I want to send you my heartfelt congratulations!

No doubt, many friends and companions who have shared your journey over the years will gather with you to give thanks to God for all the promotion of health, healing and wellbeing that has been generously shared with the people of Gurage!

Having recently looked at your Annual Report, I can honestly say that I and all of us are proud of what has been accomplished —

a true labour of love, undertaken with a spirit of pioneering and also the gift of widening your tent, sharing your vision in a way

that invites others to join and contribute to your mission. Great!

I am glad to know that Alicia and Pia have come from Kerala, who have been very much part

of the journey.

And others, like Ursula Herzog, Monica Padinjarimuy and Hildegard Hege, will celebrate with you in heaven.

Congratulations!

I shall go to mass and join you in thanksgiving!

Much love and prayers of blessing,

Gertrud Dederichs

General Treasurer

Dear Sister,

Our heartfelt congratulation to all staff and especially you, the Medical Mission Sisters, for the achievement of 50 years Attat Hospital. We have been praying and remembering you on Saturday and on Sunday at mass....it was miserable and cold here—more like winter instead of summer, so we hope all the sunshine was with you!

We can't wait and see what has changed in the last decade when we will visit in December/January.

May God continue to bless your work and your time in Attat!

Alan and Susanne with Samuel and Jonathan from Newcastle

Dear Sisters in Attat,

You are still celebrating the golden jubilee of the start of the mission in Attat. I was there soon after 1969 and during my time in East Africa visited Attat about five times. The last time I came to Ethiopia was to Debre Zeit in 2000 when we had a senior sister's workshop. Mother Dengel must be so happy at all the developments which have occurred over all those years. Between you all who have ever been in mission there you must have saved so many lives. Thanks to our Ethiopian MMS the mission is going on from strength. Many Congratulations and good wishes and prayers for the future.

Ad multos annos! With love, Nichola.

CONGRATULATIONS with the golden Jubilee of the hospital!

All the services be it the hospital, the public health section or the water pump project have contributed to the wellbeing of the population. I feel privileged to have had the opportunity to support the ENT project, which I consider as one of the most rewarding activities in my professional carrier.

Thank you very much for the invitation to attend the celebration. However I finally decided to follow the website information.

I wish you all a memorable day which inspires all employees of the hospital for the coming 50 years!!

Warmest regards,
Nels and Hans Manni.

Dear Medical Mission Sisters, dear sr. Rita,

Understanding and prof Hans Manni, are honored to be invited for the festivities marking the 50 years existence of Attat's Hospital. We thank you warmly for the received personal invitations.

It is with regret that we have to inform you that we will not be able to attend and participate since our personal schedules are in conflict with the date of June the 15th.

Though not physically present however both Hans Manni will not only be in our thoughts with the sisters of Attat, we will be present in disguise as well.

As Zeus did in the past, we will be present in mimicry as a bull (or cow, depending which is available on the Gubre market) as offering. We hope all participants will enjoy a pleasant meal.

This gift is a present by the whole EARDROP organization to commemorate our close cooperation during the last 20 years! We hope we can continue our mutual efforts for many more years.

Please be so kind to make the necessary actions to acquire the bull or cow, our next team to Attat will reimburse Attat hospital for the costs.

With warm regards, by all of us,
The whole EARDROP organization,
Prof Hans Manni and prof Gerrit Jan Hordijk

A Glimpse of ATTAT – FIFTY YEARS JOURNEY, 1969 to 2019

Sr. Belaynesh Abera, GM

Background: In 1959 the German Holy Family Fathers built a minor seminary near the village of Attat. Fr. Voss, who was living in the area, had started a small clinic to do what he could to help the people. Fr. Joseph Payeur, SJ, used to visit and saw so many sick people. He knew the Medical Missionary Sisters from St. Louis in the USA and of their medical missionary vocation and discussed the matter with Archbishop Asrate Mariam Yemmeru.

By 1964 the German Fathers had decided to move the seminary to Holletta, not far from Addis Abeba.

On his next visit to Rome the Archbishop Asrate Mariam contacted Mother Anna Dengel, the foundress of the Medical Mission Sisters (MMS), and pleaded with her for Sisters to come to Ethiopia.

In January, 1966, Mother Anna Dengel and Sr. Jutta Hadamek visited Attat. Initially Mother found the area too remote and isolated as there was no road at that time from Welkite, the nearest town, 18 km. away. When Mother, who was a doctor saw a group of people carrying a woman in prolonged labor on a homemade stretcher walking to Welkite to get transport to Addis Abeba, 155 km. further on, so that the woman could get medical assistance, she said, “Misereor, I have compassion on these people”.

Mother decided then to start a hospital in Attat using the former seminary building. Initially the MMS Provincial Superiors were hesitant to start any new involvements. But in **1967 the MMS General Council finally agreed** to allow Sisters from Germany and India to open a health center in Attat. **On 17 June 1967** Srs. Jutta Hadmek and Erna Stocker arrived in Addis and began making contacts with the Church authorities and the Ministry of Public Health for permission to set

up a hospital in Attat. The Sisters also began their study of Amharic.

In early 1968, Sr. John Kuthivalachelal from India joined the two pioneers. And shortly after that Srs. Immaculata Thuruthumalil, Lucie Stephan and Inge Jansen arrived in Addis. On the weekends the Sisters would travel to Attat to start preparing the hospital in the former seminary. By this time an all weather road had been constructed from Welkite to Emdeber and was 3 km. from Attat. The Sisters had to walk or go by mule or horseback from the main road. The 3 km. road to Attat was completed in August 1968.

Building the Hospital:

In order to start the hospital much building and renovations were needed.

In 1968 the main building of the former seminary was renovated to provide space for an office, for administration, for a pharmacy and a pharmacy store, an operating room, a room for sterilizing equipment and supplies, a patient examination room, three inpatient wards, a staff room, a nurses’ station, a delivery room and a bathroom area with a toilet and shower.

An additional block was constructed behind the wards to provide toilets and showers for the inpatients.

In April 1969 three Sisters moved to Attat and started Outpatient (OPD) services.

Srs. John, Inge and Erna moved into a single room in the hospital that was their kitchen, dining room and bedroom. Soon 100 patients came each day. It was decided to start the hospital with 20 beds but soon the hospital was full to overflowing. The chronicles tell of the first woman to have a Caesarian Section at night by the light of a kerosene lamp.

In speaking of the early days, Sr./Dr. Ursula Herzog said, “We had no beds. All the patients were on the floor, like a star around the i.v. stand in the center. The babies were in cots on the window sills. There was neither light nor water. We got a 12 KW generator from Bisidomo and the drilling for water started.” It took a while but then the hospital had a large supply of water and many people benefitted from it.

On July 3rd 1969 other Sisters joined them after finishing their language study. One Sister was assigned to do public health work and trained two young men to work as a team with her. The team and volunteers gave thousands of vaccinations. The hospital soon had a heavy load as more people came for care. The Ethiopian government provided intravenous fluids, vaccines and antibiotics.

Sr./Dr. Francis Webster came as a Public Health Advisor in **December 1969** and further plans were made for the outreach services. The public health team held antenatal clinics in a nearby government clinic, gave health talks and played health education tapes in the clinic waiting area. The team also visited 991 families in 11 villages, provided health education on a person to person basis and vaccinated the children.

Well baby clinics with cooking demonstrations and health education talks were also given at the hospital. Health talks were given in 38 public schools in combination with a vaccination program. Sr. Erna Stocker was appointed to be in charge of the leprosy control work for Shoa province. She supervised leprosy clinics and the work of the trained field staff. Due to poor or non-existing roads in some areas, she traveled to most of the places on mule back, some of them a three hour ride from the hospital.

In 1969 a staff house was constructed, and a block built with a laundry, garage, work shop and a staff toilet area. Another block was built

with eight bedrooms for staff, a sewing room, a tea room for staff and a rest room for the night nurses. A tukul was also built to serve as a waiting area and tea room for staff and for the patients' relatives.

In 1970 the Generator House was built.

A severe drought began in 1972 that lasted for three years. The hospital was busy with an occupancy rate of 112%. Ten additional beds were added for inpatients. Even with the new beds the occupancy rate in 1973 was 102%. There were eleven MMS at this busy hospital. Additional rooms were added to the laundry block to provide a two bedroom apartment with a living room and kitchen.

In 1973 another tukul was constructed, furnished with beds and a fire place for women waiting for delivery. This was the Maternity Waiting Area (MWA) for high risk mothers.

From 1974 to 1975 the Outpatient Department was built with a central waiting area, examination and consulting rooms, laboratory, x-ray, storeroom and toilet. The Public Health Department was also built with offices, work and staff rooms, multipurpose room, staff library, store room and kitchen.

By 1975 the hospital had grown to 52 beds.

A new garage and store room were built and the old store room converted into a workshop. Renovations were made to the wards.

Two Dutch specialists, one in Public Health and the other a demographer, came from Nairobi to advise on a comprehensive health care program. They recommended that the MCH clinics be integrated with the OPD services and that TB and leprosy control programs be integrated with the outreach services. A community survey of the area was done that showed that the maximum number of people the hospital could reach was

50,000. Oxfam staff encouraged the Sisters to apply for aid to do a water development project.

Two members of staff were sponsored for Health Assistant training at Menelik Hospital in Addis Abeba.

In 1976 the Sisters consulted with a number of people, did village surveys and began cooperating with a water project. Soon more villages were asking for wells. The Hospital team supplied the materials and technical support for men from the area who did the actual digging. The Public Health team started doing child welfare and maternity clinics in villages near the hospital and a growing number of women began attending the antenatal clinic.

In 1979 the hospital celebrated its 10th anniversary and was well established and providing good care with 55 beds and public health work in the surrounding area. The staff numbered 87 and included 22 professional medical and nursing staff and 4 staff in training.

Also, **in 1979** a dental clinic was started. Dr. Stamper from the SIM Mission gave five members of staff, 2 practical dressers and 3 health assistants a course in basic dental care (dental extraction and scaling) and oral hygiene.

Two staff members completed their health assistant training and returned to the hospital. Another four completed an 18 month health assistant training and two members went for training.

Then, during **1980** another two went for health assistant training, one for nurses training and two completed their health assistant course.

In 1982 some staff were lost as the government was requiring two year voluntary service.

An Integrated Health Care Plan was designed and implemented for Public Health to focus on 30 villages that were within a 2 hour walking distance of the hospital. Village health workers (VHWs) and traditional birth attendants (TBAs) from ten villages were trained. A census and a survey of the 10 villages was done.

In 1984 Ato Demeke Haile was sponsored to do a one year Masters course in community health in Liverpool, England. On his return he was appointed as the head of the Public Health Department. Ato Demeke served the hospital up until 2017 and retired.

1984-1985 were years of an unforgettable famine. Thousands of refugees were resettled from the north of the country to the south. For over a six week period 9, to 14,000 stayed overnight in Welkite and needed emergency care and food. Hospital staff spent time with them. The hospital census doubled with malnutrition cases.

Then there was the cholera outbreak in **1985** which required emergency care throughout the area. There were many trips to relief agencies for food, medical supplies and for transport.

Two members of staff were sent for nurses training and four for health assistant.

1986 saw the completion of two tukuls for the nutrition rehabilitation unit (NRU) and the completion of the first hand dug well in Koromea village.

1988 saw the construction of the delivery unit donated by Ato Haile Jesus Abege and the beginning of additional staff housing construction. Also, Cheshire Home began their visits to care for crippled children needing braces, special shoes and other equipment for their defects.

The staff housing construction was completed in **1989**.

In **1993** the hospital received the **1991 WHO award** for health education and primary health care.

1994 was the 25 year celebration of Attat Hospital: Below are some of the statistics showing the services in the beginning 25 to 30 years and on up to 2019!

Year	1970	1980	1990	2000	2010	2019
Beds	28	55	57	73	65	97
Admissions	1,243	3,476	3,609	5,599	6,933	9,787
OPD Visits	24,794	55,873	52,587	68,600	71,171	112,425
Major Operations	34	259	761	1,497	1,649	2,332
Minor Operations	327	4,770	3,520	3,558	5,105	6,844
Deliveries	117	654	775	1,117	1,814	3,987
Laboratory Tests	11,976	34,453	44,639	57,596	115,320	166,055
Under 5 Clinic	1,547	30,941	3,841	6,033	5,191	10,383
Antenatal Clinic	n. a.	8,380	5,293	7,540	9,983	5,832
Staff	21	90	130	177	169	200
Operating Expenses	n.a.	444,455	721,982	2,709,319	7,744,773	35,314,250.08
Eye Patients	n.a.	5,555	4,657	3,739	6,217	6,171
MWA Admissions	0	104	211	502	642	599
Dakuna Clinic Visits	2,414	14,817	12,184	1,117	2,996	*Handed Over on 2014
Nutrition Rehab. Unit	0	608	89	108	69	25
Protected Water Sites	0	0	19	124	144	122
Referral Centers	0	0	17	33	28	51
Latrine Usage	0	0	345	2,632	7,404	6,755
% Latrine Use	0%	0%	23%	84.0%	100%	100%
AIDS Testing	0	0	267	1,548	13,647	20,763
% AIDS positive	0	0	15.4%	4.1%	2%	37

*After 40 years of out-reach program it was handed over to Franciscan Missionaries of Our Lady Religious community.

In addition the involvement with the community during these first years included:

1. The ongoing improvement of nutrition levels for the under-fives.
2. The increase of the use of pit latrines in the villages.
3. Additional safe water sites in the villages.
4. A decrease in deaths from vomiting and diarrhea.

5. Additional village health posts established.

6. An increase in the numbers of women's groups and the number of women involved.

In 1995 the mains electricity came in October but the voltage was a bit erratic. The two 30 KVA generators were able to provide a reliable back up.

A multipurpose hall / classroom building was completed to be used for meetings, workshops and a treatment area for the Cheshire Home visits, etc.

In 1996 eight new boreholes were completed in the villages bringing the number of safe water sites to 105. The pit latrine use in the villages reached to 77%.

In 1997 another nine boreholes were drilled. There was a 3 day workshop on the maintenance and management of safe water sites. Nine pump attendants and 47 water community members attended.

In February 1999 there was a terrible fire in Sisa village. 56 tukuls in the village burned, the five tukuls here in the hospital and two in the parish. Help was given to rebuild in the village and reconstruction also began on the hospital compound. The MWA, NRU, the staff canteen, kitchen and tea house were all re-constructed and modernized. The new x-ray building was also completed.

Student nurses and midwives from the Hosanna School of Nursing spent two months in Attat for clinical in service training and experience.

The year 2000 saw the on-going training and upgrading of staff.

In January 2001 the Five Year Project Agreement of the hospital was signed by the:

- Archdiocesan Catholic Secretariat on behalf of the Catholic Church, the
- Southern Nations Regional Government Bureau of Planning and Economic Development and
- The Health Bureau on behalf of the government. This process is still continues but instead of the Archdiocese it is the Eparchy of Emdibir which is a signatory on behalf of the Catholic Church.

New staff quarters were built in Dakuna Health Station.

Ten solar water pumps and panels were received and installed in 8 villages. The remaining two would be installed after the rainy season which was not materialized.

2003: All three 30 VA generators were working well. The four hospital vehicles were also in good condition and were being used for maintenance of the water sites, the Mobile Village Immunization Program and to bring supplies from Addis.

2004: Five more wells were completed bringing the total of 134 safe water sites working and being maintained.

2005: A new and very needed x-ray machine was installed. In November ART (Anti-retroviral therapy) was established. Getche Clinic was turned over to the Eparchy of Emdibir.

2006 saw the inauguration of the new ART building. The toilets and shower rooms for the inpatients was repaired and updated. A new general store room was constructed as well.

There was also a training of VHWs on Primary Ear Care.

The ongoing Social Services during the year helped 558 individuals, 72 households and provided 8,906 meals for patients on DOTS treatment and poor patients.

2007: Surgical correction was done for 28 children with cleft lip by Dr. Ibrahim Mohammed, a plastic surgeon. In the villages 20 old hand pumps were replaced with new ones.

2008: Eleven boreholes were drilled and 9 were wet. Safe water sites now number 141 and serve an estimated population of 150,000.

2009 marked forty years of Attat Hospital presence with a grand celebration.

Another ten hand pumps were replaced with new ones and an additional 6 boreholes were drilled.

2010: There was a one month training for the HEWs (Health Extension Workers) and the village TBAs on safe motherhood.

Construction began for the new OPD.

Bus service with a 32 seater TATA bus was provided for the staff.

Cleft lip surgery was done for 125 patients with plastic surgeons from Smile Train. ENT surgeons also came from the Netherlands for ENT case treatment and surgery.

2011: In January 5 boreholes were drilled and 2 were dry.

The construction of the new OPD continues.

Social Services offered by the hospital have helped many individuals and families that needed assistance for basic needs such as food, education costs, medical care and treatment, house repair and construction, etc. During this year 714 individuals were helped, 225 families and EB 299,741.95 was spent to provide food tickets, HIV /AIDS patients needs and for subsidized free care for villages.

2013: The new OPD block was inaugurated on February 9th. It has an emergency room, 9 examination rooms and a new laboratory with a room to take blood samples. The new waiting area is more than twice the size of the previous one. The renovation of the former OPD now includes a minor operating room, dental, injection and dressing rooms. There is also a card room and a pharmacy dispensary for both in and out patients.

The administration and finance offices as well as a conference room, doctor's room and staff changing and shower rooms occupy the upper floor of the new building.

Dakuna Clinic which was an outstation clinic for the hospital was turned over to the FMOL Sisters on 31 December 2013.

2014: The construction of the new delivery and operating rooms and the central sterilization unit began in April.

During the year 2,597 eye patents were examined and 128 cataract operations were performed. Also, 2,018 ENT patients were examined and 50 tympanoplasty operations were done.

Nine staff returned after completing their training; i.e. 2 clinical nurses, 1 laboratory technician, 2 water technicians, 1 ophthalmic nurse, 1 psychiatric nurse, 1 druggist and 1 nurse anesthetist.

2015: Borehole drilling has been discontinued in the villages. Eight more villages have been connected to the Bozaeber spring water line. This supply of water is much better than with the boreholes and pumps.

The neonatal unit was started in December with 3 beds.

2016: In August the new delivery room, the central sterilization unit and operating rooms building was blessed by H. E. Abune Musie.

There were 398 admissions to the new neonatal unit.

Health education continued both in the hospital by the Public Health team and in the villages by the women in their groups. 1,031 sessions were

given to 114,567 attendants in the hospital. In the women's groups there were 619 sessions for 148,567 women.

2017: The renovation of the wards and the neonatal unit were completed. These renovations have increased the bed capacity of the hospital from 65 to 89 and have given more space for service to the patients. In addition there are 9 baby cots, 4 delivery and 4 examination beds in use.

The hospital has also been the practical training site for student nurses, midwives and laboratory technicians for 12 years from Hosanna Health Science College and the Hamlin College for Midwives. Since 2012, Jimma University IESO (Integrated Emergency Surgical Officers) training has also been taking place in Attat. Since 2014, Health Officer, Midwifery and Nursing Students from Welkite University are coming for their clinical experience. In 2015, students from Wachamo University in Hosanna have started coming for their practice.

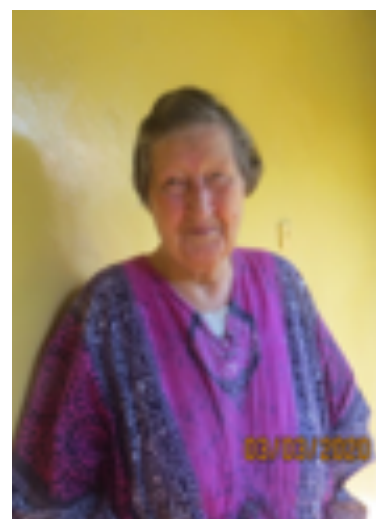
PAST ADMINISTERATERS 1969 – 2015



Sr. Jutta Hademeek



Sr. Hildegard Hege



Sr. Elaine Kohls



Sr. Judith Vellukunnel



Dr. Antonia Reditto

“አጣጥምን ታስቢክልሽ”

አጣጥ ሆስፒታላችን
የደም ስራችን
የአደን ብሌናችን
እግዚያብሄር የሰጠን ፀጋችን
አጣጥ የሁሉም እናት ነሽ
ሀይማኖት ሳትለደ ለሁሉም መርዳትሽ
በጤና አገልግሎትለእናት ለህፃናት ቅድሚያ መስጠትሽ
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በንፁህ ዉሃ አቅርቦት ለሁሉም አስበሽ
እያገለገልሽ ነው አድማስ አስፍተሽ
አጣጥ በርቺ የሁሉም እናት ነሽ
ከአጣጥ በጎ አድራጎት ስንቱን ልበላቸሁ
ከአያሌ ነገሮች ጥቂት ልበላቸሁ
መጠሊያ የሌለው ጠንክሮ የሰራል
አቅም ላጡ ልጆች አንስቶ ያስተምራል
ስራ ላጡ ወጣቶች ስራ ያስቀጥራል
የአጣጥ ሆስፒታል ደግነት ሲወራ ሰምቼ
ብዙ ሃገር አቃርጬ ለህክምና መጥቼ
ሥነ ስረአቱን የሰራተኛ መተባበር አደቼ
ወዲያውኑ በሽታ ለቀቀኝ በደስታ ተሞልቼ
አለማወቅና ድህነትን ተጭኖኝ
የአልጋ ቁራኛ ሁኔ በሽታው ሲጫወትብኝ
አጣጥ ሆስፒታል ታክሜ ከበሽታ ጋንኩኝ
አጣጥ ባደኖር የት ነበርኩኝ።
ብርሃኑ ገብራ

Some Photos from jubilee celebration and current hospital staff



Thanks giving Eucharistic celebration in the parish church



In the Church



After the church in the parish hall gathered for breakfast organized by the parish



Elders from the community giving their blessing ceremony



Dr. Azeb Master of ceremony-hall



Invited guests in the hall



Cardinal Berhan Yesus opening remark and blessing the Audience



Abune Musie, welcome address



Sr. Belaynesh . GM addressing



Dr. Munir Zeyenu Deputy Peace Minister



Ato Eliase Shikur SNNPR, Deputy Administrator



Ato Mohammed Gurage Zone Administrator



Ato Fasika Alemu Zonal Health bureau Head



Role play on traditional harmful practices by Women group representatives from target area.



Presentation of gifts from Gurage Zone Administration, Zone Health Bureau and Cheha woreda to the Sisters Hospital, and Senior staff members and also an elders



Presentation of gifts from the Eparchy to the hospital and the hospital to long serving staff members zone and woreda to the sisters and HOSPITAL



Gurage art group sponsored by zone entertaining the guests



Vote of thanks by Abba (Dr.)Teshome Fikre

Without committed service of the staff we would not have reached where we are. Some photos of the staff to represent who make things happen.



Sr. Belaynesh Abera , GM



Specialists



Sr. Elise OPD In Charge



Part of the Out Patient Department



Under Five and ANC Unit



Few of the Nursing service team



Some of the Laboratory staff



Some of the Pharmacy staff



Business office





Maintenance crew



Some of House Keeping



Medical record



Public Health Department

ሲስተር ባህማ ምር በኮሪም

ሲስተር ባህማ ምር በኮሪም
የቀደመ መስቀል ደም አብህማም
እርስም ንቅም አስተሟሪም

ሜና የሸ በሜናታ
ቤትም የሸ አረሽምታ
በንዴም የባረ በውጅረታ
ጤና ኬላ ቦረጃታ
የጎጂ እሃ ቦፊንቻታ

አትም ከረ ቅጥሁም ኤነ
ውናም ገፓት ተሜነነ
ሚኑ ያህማ ቅጫ የሃረ
እሻም ንቅጥ የወርየማ
ሞራን ድጋፍ በከረማም 2x

አጣጥ ይተረቅ ሽማተደንዩ በቶቶት
ሲስተር በላይ ሲስተር ሰናይት
ሲስተር ኤሊዝ ሲስተር ኢንጊ
የሆስፒታልዌ ንብረት ተህነማጊ
ሲስተር ንግስት ዶክተር ሪታ

ቅጥሁም ኤነ ዋናም ገፓት ቲቆጠማ በደስታ

የህነማ እጅ መቸው ንከስኔ

ይናሽ አዶተንዳ ሲስተረንዳ

ስርም አንሽዳኔ አጣጠንዳ

አካል ጉዳተኛ ተምረንዳ

ቁልፍ ቁልፍ የሜና መደር በጃዳ

እንመንዳ ተረሳነም ተምረንዳ

እንዴ ንዘርዘርኔ ማህበረንዳ

ብርሃኑ ዶዲ ጫማ ቢቸም

ጋሽ ነስሩ ነረ በፒ.ኤቸ.ም

በስራ ብዛት ተወርዋሪ

በፍርዱ አለ በካሸሪ

እጅ የማትሰጥ ለአምባገሮ

አጃደባ አለቸ ከቢሮ

በስራው ታታሪ እንደ ንብ

ዳንኤል አለ ከላብ

ተኝቶ ታካሚ በፍቅር የምትወድ

ጥበበ አለቸ በዋርድ

ደሞዝ በሰአቱ የሚያደርስ

ትግስቱ የሆነስ ከኦፊስ

ብዙ ሰብ ነረም

ቢና ያጠቀሮ

ቺሻየር ቲቸንጋ

ጫማ ናሙን ይብሮ

ባስተዳደር ብቃት ፍቃዱ ናማጋ

ጀግና የትውዳደርን ኤነ በከረም በበጋ

በሰራተኛ ማህበር ሻይ ቡና ቴብር

የሰራተኛ መብት በክርክር

አትም ቴቀብር ቲያስከብር

የማህበራዊ ሊቀመንበር

መሀዲ ናሲን እጅሜየታ የድብር

ደረጃሽ የድብር

እጅ ኦናብሽ የብር፡፡

አትጊ አጩብጭ ቦለ ሰራተኛ ተሳምታ

በክብር

አጣጥ አድባር

ትቸተማ የጉራጌ ቃር

ተትክነት ባሪቅነት ዳር

ዶክተር ፒያ ዶክተር ኢንጊ

የዜግነት የባሻ ተዋጊ

ሲስተር በላይ ሲስተር ሰናይት

ቤት ባርሾት በትምህርት

ይረምድህማ ተደንየታ

ዜጋ ተደንገነ እንመታ

ይያ ሽማ ቢሽር

አሽማ ታወነከማ የዘር

እሃ ይስጠዊባ ጥርር

ባሻ ይፍካባ ባፈር ፎር

እንም ዜጋ ተትማረ

ትምበረማባ ባፈር ፎር

እጃሽማ የኳስን እግ/ር፡፡

Daniel W/Giorghis

Short Summary of the Annual Report of 2019

Attat Hospital is 175 km. southwest of Addis Ababa. It has been operative for the last 50 years and is owned by the Ethiopian Catholic Church. The Medical Mission Sisters are in charge of the running and financing of the project.

The whole project, curative and preventive, has 195 employees.

Half of our expenses is covered from patient fees. The remainder is from donations. The hospital has referrals from 43 Health Centers and Clinics. The population served by the curative services is beyond one million persons within a radius of about 100 km.

During 2019, 97,616 patients came to the outpatient department (OPD). In a 5 working day week this is an average of 375 persons per day. The most frequent diagnoses were infections, gastro-intestinal problems and urinary tract infections. Malaria was 15th in a rank of 15 places.

The hospital has 97 beds, a place for high risk mothers (Maternity Waiting Area MWA) with 44 beds and 11 beds in the nutrition rehabilitation unit. 10,140 patients were admitted with a bed occupancy rate of 82%. On average, patients stay for 3 days. The main causes for admission were deliveries followed by infectious diseases. Malaria was on place 13 out of 16 ranks.

The main causes for mortality were pneumonia, neonatal sepsis and heart problems.

There were 2,211 major and 7,657 minor operations. Cesarean sections, 971, were number one for major surgery and tooth extraction, 2,309, for minor operations.

There were 3,987 deliveries of which 1,414 (35%) were complicated.

In 2019 in our neo-natal-unit 450 newborns were admitted. The main reason for admission was sepsis (51%), followed by pre-maturity (18%).

10,803 HIV tests were performed with a positive rate of 0.3%. 461 adult AIDS patients and 36 HIV positive children are on ongoing retroviral treatment at the hospital.

The hospital has an extensive public health program in cooperation with 24 surrounding villages. Part of the program is to provide “safe water” with 122 water sites for an estimated 130,300 population. The safe water sites are maintained by the hospital water team.

1,483 women are organized in 24 villages. There is health education and a revolving fund. This is a major factor for empowering the women in the area.

In the eight (8) Peasant Association Health Posts minor illnesses like headache, fever, worms and small injuries are treated. This saves some trips to the hospital. Another important task of the health post personnel is to educate the villagers on issues like immunization, prevention of malaria, HIV/AIDS, TB and diarrhea, to discuss harmful traditional practices, to inform about the possibilities of family planning and to learn about cleanliness, the use of pit latrines and waste pits.

During the last year 599 women were admitted to the maternity waiting area (MWA). Forty five percent (45%) of them needed a Cesarean section (CS). For the non MWA mothers the CS rate is 20%.

We thank all of our benefactors for the generous support in so many ways. This helps us to keep going for the sake of so many in need. May God bless you all.

ATTAT HOSPITAL INTEGRATED HEALTH SERVICE

FOR THE YEAR 2019

INTRODUCTION

Our Lady of Lourdes Attat Catholic Hospital is a non-profit primary hospital owned by the Ethiopian Catholic Church.

The Medical Mission Sisters, an international religious congregation, are responsible for its funding and operation.

The hospital began its operation in 1969, GC. The hospital is in its 4th year of agreement which was signed from September 2016 to August 2021 between the SNNPR Bureau of Finance and Economic Development, the SNNPR Bureau of Health and the Social and Development Coordination Office of the Eparchy of Emdibir. The Hospital is located 175 km Southwest of Addis Ababa, 17 km. from the town of Welkite on the road to Hossana.

The Hospital's service covers mainly Cheha Woreda in the Gurage Zone, SNNPR.

The project offers integrated health and development activities.

The curative services consist of in-patient and out-patient departments. Obstetric, surgical, medical, pediatric, neonatology, HIV/AIDS, Laboratory, X-ray / Ultrasound and Emergency services are available.

The hospital is actively involved in eight peasant associations for its preventive health services which cover maternal and child services, women's promotion and safe water development. Activities are carried out in collaboration with the village elders and the government health extension workers.

The year 2019 marked our fifty (50) years of presence in the area. The Golden Jubilee year was significant for the hospital to look back to what has been the impact and contributions made in the development of integrated health in the area and to plan for the future of what could be done to improve more in those areas which have not yet been addressed.

The Hospital continues to be a practical training site for many. Student nurses, midwives and laboratory technicians have come for more than 13 years from Hossana Health Science College and Hamlin College for Midwives. Since 2012, students from Jimma University IESO (Integrated Emergency Surgical Officers) have had training taking place in Attat. Since 2014, Health Officer, Midwifery and Nursing Students from Welkite University are coming for their clinical experience. In 2015, students from Wachamo University in Hosanna started coming for their practice. Since 2018 BSC nurses and Health Officer students from the Rift Valley University, which is a private learning institute, started coming for their practical attachment. The hospital is convinced that working with the learning institutes are beneficial for both sides.

THE ACTIVITIES OF 2019

CURATIVE SERVICES

The catchment area for the curative services covers a population about 1,635,000. On the preventive aspect, the project is responsible for 8 Peasant Associations with a target population of about 31,000. There are thirty-seven (37) Health Centers and five (5) Clinics from nine (9) woredas and Welkite town using the Hospital as a referral center. The nearest Hospitals are Welkite Specialized Hospital in Gubre, 7 km. away, The St Luke General Hospital in Wolliso is 60km away, Butajera General Hospital (80km) and Hosanna Hospital, 120 km away. Gunchire (25 kms) and Quante (50 kms) Primary Hospitals are operating in the Zone.

OUT PATIENT SERVICES

OUT PATIENTS VISITS	2019	2018	2017
New Patients	90,314	89,809	80,847
Repeat Visits	7,302	7,729	8,976
TOTAL OPD VISITS	97,616	97,517	89,823
Average daily load	375	345	310*

*only 5 working days a week at OPD

MAJOR CAUSES OF OPD VISITS (top 15 causes)	2019	2018	2017
1. Infectious/Parasitic Diseases (exc. Malaria & TB)	15,035	16,353	16,198
2. Diseases of the Digestive System	12,486	11,529	9,758
3. Diseases of Genito-urinary System	11,202	10,172	8,406
4. Diseases of the Skin and Subcutaneous Tissue	8,650	9,400	5,501
5. Diseases of the Eye and Adnexia	6,171	5,944	4,627
6. Pregnancy, Childbirth and Puerperium	6,978	6,007	4,097
7. Diseases of the Respiratory System	5,956	3,608	3,989
8. External Causes of Morbidity and Mortality	3,926	4,212	3,671
9. Diseases of Musculoskeletal & Connective Tissue	3,387	3,672	3,262
10. Diseases of the Ear and Mastoid Process	4,629	3,699	3,135
11. Diseases of the Circulatory System	4,467	4,985	3,054
12. Diarrhea and Dysentery	2,492	2,748	2,321
13. CNS	2,078	678	1,697
14. Endocrine, Nutritional and Metabolic Diseases	2,655	3090	1,695
15 Malaria	789	436	935

IN - PATIENT SERVICES

The Hospital has 97 beds. In addition, there are 44 beds in the Maternity Waiting Home, 11 beds in the Nutrition Rehabilitation Unit and 5 beds in Neonatal unit. Normal deliveries return to their area within 24 hours or stay in the Postnatal Room. The obstetric/gynecology postoperative cases go to the Surgical Ward.

In 2019, there were 10,140 In-patient admissions, out of which 7,794 (77.4%) were female and 2,346 (23.3%) were male. Pediatric admissions were 2,255,(22.2%) of total patients and of this, the under-fives numbered 1,888 which is 19% of the total admissions.

There were a total 118 Inpatients deaths, 11.6 death/1000 admissions. Of the 49 pediatric deaths, 21 were newborns. The average length of stay was 2.9 days and the over-all occupancy rate was 82.1%.

The women come mainly for the Obstetric/Gynecological services. From the above, pediatric admissions were only 22.2% of total admissions and of this, the under-fives were 1,888 and 84% of the children.

MAJOR CAUSES FOR ADMISSION	2019	2018	2017
1. Pregnancy, Child birth and Puerperium	4,614	4,757	4,510
2. Diseases of the Respiratory System	1,138	113	79
3. Infectious and Parasitic Diseases	857	1,297	764
4. Diseases of Genitourinary System	824	864	737
5. Diarrhea and Dysentery	397	451	245
6. Neonatal Diseases	348	453	435
7. Diseases of the Skin, Bones & Joints	347	421	283
8. Diseases of Digestive System	339	511	547
9. External Causes of Morbidity & Mortality	299	257	293
10. Diseases of the Circulatory System	284	130	159
11. Eye, Ear and CNS	222	199	237
12. Endocrine, Nutritional & Metabolic Diseases	199	219	255
13. Malaria	131	32	341
14. Neoplasms	106	76	77
15. Tuberculosis	22	3	18
16. AIDS	13	4	8
Total	10,140	9,787	8,988

IN-PATIENT ADMISSIONS = 10,140

< 5		5-15		>15		Total		Total
Male	Female	Male	Female	Male	Female	Male	Female	
1,063	825	217	150	1,066	6,819	2,346	7,794	10,140

Male Patients – 2,346

Female Patients – 7,794

BEDS USED BY WARD

WARD	BEDS	Number Discharged	Day's Stay	Average Length of Stay	Deaths	Days per yr.	Occupancy Rate / Ward
MEDICAL	25	1,194	4,222	3.5	63	9,125	46.3%*
SURGICAL	29	1,865	8,701	4.7	8	10,585	84.0%*
PEDIATRIC	35	2,007	8,023	4	45	12,775	62.8%
OBSTETRICS	8	4,815	7,916	1.64	2	2,920	271.1%*
EYE		186	191	1.0	0	Nil	See surgical
TOTAL	97	10,067	29,053	2.9	118	35,405	82.1%

Male Patients – 2,346 * Surgical and medical beds are also used for post obstetric cases and eye patients.

Female Patients - 7,794 Occupancy Rate for 2019 is 82.1%.

OBSTETRIC SERVICES

Deliveries numbered 3,987 in 2019. In 2019, there were more normal deliveries (65%) than abnormal deliveries (35%).

Since September 2013, deliveries, whether normal or abnormal, are all completely free of charge, except for the initial payment for the card which is a one-time fee of 50 birr. Cards are valid for the whole life of the patient.

The Maternity Waiting Home (MWH) remains a significant factor in our safe motherhood program. There is 24 hours coverage of maternity services all year round with an obstetrician and midwives. In the MWH fifty-five percent (55 %) of the deliveries this year were abnormal, an increase compared to last year which was (42%).

Among all deliveries there were 106 (2,6%) stillborn babies. 35 were already macerated. Fresh stillborn were 71 of these: 51 arrived with negative fetal heart and of those 15 were from patients with a ruptured uterus or cord prolaps. Of the 27 fresh stillborn 5 had severe congenital abnormalities and 5 were less than 1.5 kg.

9 mothers had a ruptured uterus. 5 were referrals from health centers, one who came from home. 3 ruptured in our hospital. All three had alive babies.

There were only 2 maternal deaths: 1 from eclampsia and 1 due to medical cause.

DELIVERIES	2019	2018	2017	Other Information	2019	2018	2017
Normal Deliveries	2,573	2,773	2,426	Twin deliveries NSD/CS	198/53	222/59	106/39
Abnormal Deliveries:	1,414	1,312	1,267	Triplet deliveries NSD/CS	0/1	6/2	0/0
>Caesarian Section	971	825	797	Total newborns	4,039	4,150	3,756
> Vacuum Extraction	323	351	271	Living newborns	3,933	4,006	3,614
>Breech Extraction	72	89	80	Stillborn infants	106	139	142
>Ruptured Uterus	9	17	8	Normal birth weight	3,471	3,508	2,975
>Craniotomy	2	3	11	Low birth weight	568	631	790
>Internal version and extraction	0	0	0	Percentage of live births	97.4%	96.5%	96.2%
>Forceps	0	0	0	Percent of SB Deliveries	2.6%	3.5%	3.8%
TOTAL DELIVERIES	3,987	4,085	3,693	% of normal birth weight	86%	84.5%	79.2%
# Mothers Delivered	3,882	3,977	3,587	Percent of low birth weight	14%	15.5%	20.8%
From MWA	544	700	571	Percent of Normal Deliveries	65%	68%	65.7%
Non-MWA	2,972	3,277	3,016	% of Abnormal Deliveries	35%	32%	34.3%
HIV+ mothers delivered	11	17	32	Percentage of C Section	24%	20%	21.6%
Maternal deaths	2	3	8	Percent Ruptured Uterus	0.22%	0.5%	0.22%

The Maternal Mortality Rate for 2019 is 50/100,000 deliveries. This is lower than 2018 which was 73/100,000 deliveries. The percentage of Cesarean Section (non MWA) is 20 % which is higher by 3% as compared to 2018. MWA mothers have a CS rate of 45%, this is also higher than 2018 with 33.5%.

MATERNITY WAITING AREA (MWA)

This chart shows the outcome of mothers admitted to the Maternity Waiting Home in comparison with the mothers who come to the Hospital for delivery from outside.

MATERNITY WAITING AREA (MWA)	MWA 2019	%	Non-MWA 2019	%	MWA 2018	%	Non-MWA 2018	%
Total Mothers who delivered	599		3,284		700	17.6%	3,283	82.4%
Total Deliveries	640		3,347		754	18.5%	3,342	81.5%
Total No. of Babies born	670		3,369		788	19%	3,362	81%
Normal Deliveries	291	45%	2,282	68%	434	58%	2,350	70%
Cesarean Sections	290	45%	681	20%	253	33.5%	672	20.1%
Vacuum Extraction	37		322	10%	46	6%	305	9%
Ruptured Uterus	3		6		0	0	21	0.5%
Breech Extraction	19		53		21	2.8%	68	2%
Other abnormal deliveries	0		2		0		0	0
Total Abnormal Deliveries	349	55%	1065	32%	320	42%	992	30%
Twins NSD/CS	76/34		122/38		102/27	17%	100/30	4%
Triplets NSD/CS	3		0		32	0.7%	3/0	0.09%
LIVE BIRTHS	667		3,266		772	98%	3,235	96%
Stillbirths *	3		103*	3%	12	2%	127	3.8%
Normal Birth Weight	597	89%	2,874	85%	634	80.6%	2,872	86%
Low Birth Weight	73	11%	495	15%	153	19.4%	480	14%
Maternal Deaths MWA/non MWA	0/2		0/2		0/3		0/3	
HIV Positive Mothers	4		7		3	0.4%	15	0.45%

* Mostly premature babies or negative fetal heart on arrival.

REASONS for ADMISSION to the MWA	2019	2018	2017
Previous Cesarean Section	339	205	275
Hypertension & other Medical reasons**	30	25	52
Primigravida	33	97	35
Twins / Malpresentation	92	115	90
Grand Multipara	45	163	64
Previous Stillbirths	15	37	15
Long Distance from Health Facilities	20	40	19
Ante-partum Hemorrhage / History of PPH	12	30	19
Habitual Abortion	9	5	5
HIV POSITIVE	4	3	7
TOTAL	599	720	581

**Medical reasons are mainly severe anemia/ heart conditions

NEONATAL SERVICES

In December 2015, a small Neonatal Unit was established in the Hospital through the initiatives of Pediatricians and Neonatologists from Childcare Worldwide (CCWW), Italy. They come quarterly to give technical support to the staff. After the renovation of wards there is now a larger Neonatal Unit with a room for the mothers as well. Below is the activity report for 2019.

Morbidity in Neonates	Male			Female					
	0-23	1 to 6	7 to 28	0-23	1 to 6	7 to 28			
	HRS	DAYS	DAYS	HRS	DAYS	DAYS	Male	Female	Total
Birth asphyxia		21	1		11	1	22	12	34
Prematurity		12	2		22	3	14	25	39
Neonatal sepsis	6	110	22	2	60	31	138	93	231
LBW of newborn		41	4		38	2	45	40	85
Oth/unsp perinatal dis		19	7		13	2	26	15	41
Congenital malformation		9	3		6	2	12	8	20
TOTALS	6	212	39	2	150	41	257	193	450

Mortality in Neonates	Male			Female					
	0-23	1 to 6	7 to 28	0-23	1 to 6	7 to 28			
	HRS	DAYS	DAYS	HRS	DAYS	DAYS	Male	Female	Total
Birth asphyxia		5					5		5
Prematurity		5			1		5	1	6
Neonatal sepsis		5	1		4	1	6	5	11
LBW of newborn		3					3		3
Oth/unsp perinatal dis		1					1	1	2
Congenital malformation					1				
TOTALS		19	1		6	1	20	7	27

The major reason for admission is Sepsis (51%). LBW accounts for 18%, Prematurity is (8.7%), Birth asphyxia is (7.6%), and Congenital malformation (4.4%), Twenty seven (27) Newborns died, the majority from sepsis. Most of them were referred from Health Centers.

SURGICAL SERVICES

Maternity and Gynecological services are the main surgical procedures done. Elective and emergency surgical services are performed. Caesarian Section is the most frequently performed operation followed by vaginal hysterectomy. There is a long waiting list for this operation. ENT surgeries are done by ENT surgeons from the Netherlands. ENT residents from Yekatit 12 Hospital join these ENT surgeons whenever they come to gain experience and training. Cataract operations are performed regularly by an Ethiopian ophthalmologist. Patients that need extensive skin grafting are referred to Addis Ababa. As staff we have an obstetrician-gynecologist, one general surgeon and two Emergency Surgical Officer (IESO) Integrated Emergency Surgical Officer students from Jimma University third year were doing their training in the Hospital.

Major Operations	2019	2018	2017	Minor Operations	2019	2018	2017
Cesarean Sections	971	825	801	Tooth Extraction	2,309	1,712	2,133
Hysterectomy-Vaginal / Abdominal	378/31	355/51	289/52	Change of dressing with and without anesthesia.	781	598	951
Herniorrhaphy	83	96	120	D & C for Bleeding	833	483	579
Cataract/other major eye surgery	184	168	173	Episiotomy/ Peri. Laceration	885	906	744
Adnectomy/salping ectomy	2/66	1/49	1/53	Catheterization	597	529	565
Colpocleisis	169	160	115	Circumcision	640	452	537
Appendectomy	92	55	65	Incision & Drainage	533	350	310
Other laparotomies	44	40	72	Suturing	210	131	91
Intestinal Obstruction	19	14	23	Excision of Cyst,tumors	131	81	96
Tympanoplastic	39	25	12	Excision of lipoma	144	97	136
Uterine Suspension	18	23	23	Removal of Foreign Body	85	89	126
Cleft Lip Operations	0	0	0	Hydrocelectomy	69	53	78
Thyroidectomy	28	32	33	Entropion& other eye	120	46	54
Cholecystectomy	14	19	14	Debridement	32	15	37
Ruptured Uterus	11	19	12	POP	20	15	36
Myomectomy	13	67	12	Endoscopy	0	0	8
Mastectomy	3	12	20	Removal of hip stone /corn / ganglion /granulation	161	135	173
Prostatectomy	17	5	4	Removal of placenta	28	12	22
Others	29	100	76	Others	79	184	215
TOTAL	2,211	2,116	1,970	TOTAL	7,657	5,888	6,883
Major OR				Minor OR			
Male -15.1%	334	308	344	Male - 51.87%	3,972	2,709	3,315
Female - 84.9%	1,877	1,808	1626	Female - 48.13%	3,685	3,179	3,568

HIV- AIDS: VCT, PMTCT, PIHCT, ART and Area-Based Care

November 2019 marked the thirteenth (13) year of our Anti-Retroviral Therapy (ART) program. Stable patients are transferred out to nearby health centers on the patient's request. The Hospital serves as the referral center for complicated cases, for hospitalization, and for laboratory examinations. ART patients are given treated mosquito nets, and other forms of support. Food supplementation is given if needed. The ART program is given technical support by ICAP. ART medicines, laboratory reagents and some drugs for opportunistic infections come from the government through PFSA. The rest of the expense for HIV/AIDS patients, like staff salaries, in-patient admission charges, other OPD expenses, transportation, supplementary food and other needs are provided by the hospital.

HIV testing was first initiated in December 1989 mainly for blood donors and those with VDRL positive results. Over the years, HIV work has expanded to actively screen for positive patients: for all pregnant mothers, all in-patients, for all delivering women and all high risk OPD patients. For area based care of PLWA support and capacity building are given. Static and Mobile VCT (Voluntary Counseling and Testing) is a regular hospital activity. Mobile VCT is done in conjunction with other village health activities such as the immunization program and women's groups' activities.

HIV/AIDS PROGRAM	2019	2018	2017
Total HIV- tests done	10803	20763	15,085
Total HIV- positive	35 (0.32%)	37 (0.17%)	59 (0.39%)
Total Male Patients Tested	2,363 (21.9%)	3,340 (16%)	2,413 (16%)
Total Female Patients Tested	8,441 (78.13%)	17,423 (83%)	8,672(57.5%)
HIV- Positive Male	16 (0.14%)	17 (0.08%)	20 (0.13%)
HIV -Positive Female	19 (0.17%)	20(0.09%)	39 (0.26%)
VCT (Static) M- 70; F – 66	70/66	79/68 (147%)	194
VCT Positive – Male/Female 1/1	2	2/1 (3%)	8
VCT Percentage of Positive – Male/Female	1.42% / 1.5%	1.36% / 0.68%	1.5% / 2.5%
PMTCT - Total	4847	5742	4,000
PMTCT positive	5	6	5
PMTCT POSITIVE percentage	0.10%	0.10%	0.12%
PIHCT - Total Male/Female = 2292/8375	10,667	11,939	10,891
PIHCT Positive – Male/Female 15/18	33	28	51
PIHCT POSITIVE percentage = Male/Female		0.10% /0.08%	0.15% / 0.3%
Cum. no. of persons ever enrolled in HIV care as of Dec. 31, 2019; Pediatric = 283; Adults = 2,290	2573	2,461	2071
Cum. no. of persons ever started on ART care of Dec. 31, 2019; Pediatric= 304 ; Adults = 1,480	1784	1,676	1,518
Total no. of adults currently on ART in Attat	461	487	428
Total no. of children currently on ART in Attat	36	40	32
Total no. of pts. On 1st& 2nd line regimen	497	487	460
Known ART deaths from 11/2006 up to Dec. 31,2019	168	157	146
Transferred Out Patients	649	613	596
Patients = Drop ,Lost or Died(unreported)	366	350	347

MORTALITY STATISTICS

Mortality statistics	2019	2018	2017	Cause of death	0-4 yr	5-14	>15	2019	2018	2017
Under five 1st 48 hours	21	51	50	Pneumonia	13	2	17	32	32	27
Under five after 48 hours	24	17	19	Neonatal Sepsis/Other comp	21			21	30	30
Total under five deaths	45	68	69	Heart /CVA			2/4	6	7	3/2
Percent of under-5 deaths	38%	42%	40%	Diseases of digestive system			10	10	9	13
5 to 15 years 1st 48 hours	1	2	3	Malaria			2	2	3	10
5 to 15 years after 48 hours	1	2	0	External Injury / Accidents / Burns / Poisoning	3		7	10	8	10
Total deaths 5 – 15 years	2	4	3	Nephritis / Diabetes			4	4	5	9
Percent of 5-15 yrs death	1.7%	2.4%	1.7%	Diarrhea / Dysentery	1		3	4	13	12
Adult death 1st 48 hours	40	56	76	Unspecified febrile illness / Typhoid	1		4	5	27	6/6
Adult death after 48 hours	31	36	26	Intestinal Obstruction				0		2
Total Adult Deaths	71	92	102	AIDS				3	4	2
Percent of adult deaths	60%	56%	58%	Hepatitis/Liver diseases			2	2	1	1
TOTAL DEATHS	118	164	174	Pulmonary TB & other TB			3	3	6	2
Death /1000 Admission	12	16	19	Septicemia	1		2	3	6	20
The Maternal death were due to:				Maternal Causes			3	3		
1. Ruptured Uterus			1	Tetanus						
2. APH/PPH			1	Malignancy						2
3. Eclampsia	1	1	3	Meningitis						1
4. Sepsis			1	Anemia	1		2	3	3	5
5. Medical Complications	1	2	2	Asthma			1	1	3	2
Total Maternal deaths	2	3	8	Prematurity	6			6	6	
				No. of deaths	47	2	69	118	164	174

LABORATORY SERVICES

All of the equipments are working and we got new CBC, Blood chemistry machine was installed. There is one senior laboratory technician who is doing summer course since 2016, for the degree in Alemaya University. There are eight junior laboratory technicians. Blood bank services are provided by the Hosanna Red Cross. In 2016, our laboratory was selected as an EQA Center for external quality control of AFB samples of suspected TB patients for 40 health centers. In 2017 our laboratory was given an additional task by the region to supervise and monitor 2 government primary hospital laboratories which are newly established.

LABORATORY TESTS	2019	Positive	2018	Positive	2017	Positive
HEMATOLOGY (Hb, WBC, Diff., CBC, ESR, RBC)	34,174		43,196		41,234	
BLOOD FILMS						
Malaria		901		2,991	9,408	678
Borrelia		0			1	1
URINE ANALYSIS	69,894	12,002	59,264	31,567	60,610	8,729
PARASITOLOGY	11,020	4,936	10,443	5,999	11,530	4,329
Giardia lamblia		937		840		1,072
E. histolytica		2,880		2,338		2,760
Hookworm		68		88		87
Ascaris ova		153		110		143
Strongyloides		15		10		23
Tape Worm ova		35		58		46
Pin Worm		5		1		5
Whip Worm		0		9		2
Schistosoma		1		3		2
Others				708		733
SEROLOGY	2019	positive	2018	Positive	2017	Positive
VDRL	4809	32	4221	1073	2,919	18
HIV-rapid tests (VCT, PIHCT, PMTCT, Donors)	3941	70	4,299	88	5,425	95
Blood Group / Cross Match	6,493	1,419	5,893/268		5,192/206	
Transfusion given	196		261		190	
BACTERIOLOGY						
AFB	3,123	853	2,945	269	3,015	264
CLINICAL CHEMISTRY	9,507	3,727	10,021	2644	11,287	1,322
Pregnancy test	3,290	1,767	2,275	988	1,834	510
RH Factor	6,493	1,419	5,893		5,084	
Cerebro-Spinal fluid analysis	0	0	0	0		
Sperm Analysis	221	166	237	0	170	91
Peritoneal Fluid	26	25	47	0	57	39
Indirect Coombs Test	59	26	31	0	26	1
CD4 Count	0	0	468		2,170	
Hepatitis B (HBS Ag)	852	246	539	72	351	36
H. Pylori	1,095	646	1,991	519	1,058	221
TOTAL LABORATORY TESTS	168,252		161,996		173,784	

Laboratory Tests compared to 2018 has increased by 6,256 tests which is 3.9%

PHARMACY SERVICES

The Pharmacy services consist of providing medications for both Inpatients and Out Patients in the Hospital. There is a Pharmacy at the ART Building for dispensing Anti-Retroviral Drugs to HIV/AIDS patients. Total prescriptions for discharged patients and outpatients during the year 2019 were 150,817 prescriptions for 66,475 patients. This is higher than the year 2018, by 9,442 prescriptions and 2061 patients. Patients, receive an average of 2 prescriptions.

There were problems with shortages of medicines from Government store and we have had to buy from private drug stores for a very high prices throughout the year.

ULTRASOUND SERVICES

There were six thousand three hundred and ninety six (6,396) X-rays done during 2019. There were four thousand three hundred seventy-eight (4,378) ultrasound examinations done in the year. This is higher as compared to 2018. Ultrasounds are mostly done for pregnant women. In OPD, where there are seven ultrasound machines.

ENT CLINIC - SERVICE

The ENT services in the Hospital are supported by EAR DROP FOUNDATION of the Netherlands who signed a contract with the Hospital in 2009. Specialists from the Netherlands come on a regular basis to supervise and to teach ear surgery, especially tympanoplastic surgery, to ENT residents from Yekatit 12 Hospital. Trained ENT nurses carry out the follow up of the patients and screen the ones needing surgery. Parallel to these activities nurses from the health centers who refer to us are given an ENT course to improve their knowledge and to build up a good referral system for those patients who need surgery. Three days are theory and then the nurses are visited in their health centers for supervision. One day is dedicated to “primary ear care” by training health extension workers. In 2019, there were 4,629 patients seen and treated with 39 tympanoplasty operations done. This is more than 2018 and illustrates the need for the service in the area and that people are aware of the possibility of care.

TUBERCULOSIS CONTROL

Tuberculosis activities go hand in hand with the HIV/AIDS program. All TB patients are screened for HIV and vice-versa. DOTS (Directly Observed Treatment, Short Course) program is implemented. All patients on DOTS in the Hospital are also provided with food by the Hospital. To reduce the defaulter rate we refer many patients for treatment to clinics or health centers near their homes whenever possible. They come back to the Hospital for check-up after the treatment is completed. Patients coming from nearby get their whole treatment in the hospital. All suitable HIV patients are given INH prophylaxis. Measures to better control TB infection are being planned.

TUBERCULOSIS	2019		2018		2017	
	Number	%	Number	%	Number	%
New clients diagnosed M-119 -F-86	205		208		263	
Clients registered in our Hospital	26	12.7%	23	11%	26	10%
Clients transferred to other clinics after initial DOTS phase	0	0	0	0	0	0
Total receiving treatment in Attat	26	12.7%	23	11%	26	1%
Clients referred to other Health facilities to start their treatment	179	87.3%	185	89%	237	89%
Smear positive TB M-57; F-41	98	47.8%	81	38.9%	128	49%
Smear negative pulmonary TB	60	29.3%	75	36%	69	26%
Pulmonary TB	158	77%	156	75%	197	75%
Extra-Pulmonary TB	47	22.9%	52	25%	66	25%
Treatment completed	6	2.93%	10	4.8%	6	2%
Defaulters	0		0		0	
Known deaths	1	0.48%	3	1.4%	6	0.2%

TB/HIV AIDS FOR 2019

	Male	%	Female	%	Total	%
No. of TB patients counseled	117		78		195	
No. of TB patients tested for HIV	117	100%	78	100%	195	100%
No. of HIV + TB patients	4	3.4%	0	0	4	2.1%

Leprosy Control

The TB and Leprosy programs were integrated in the year 2000. There were no newly diagnosed lepra patients in 2019. There are self-help groups composed of cured leprosy patients. These groups are supported by the Hospital with free or subsidized hospital fees, canvass shoes, vaseline ointment to avoid further injuries; financial support for house repairs and school fees for their children.

Community Level Activities

The community health program of Attat hospital began at the same time as the curative services. This year the hospital has celebrated its golden Jubilee. The community health has greatly contributed to the health improvement of the people. This was witnessed during the celebration by those invited for the Jubilee celebration. The health education through the women's groups, the expanded immunization program, antenatal care, personal and environmental sanitation, provision of potable water, nutrition demonstrations, control of communicable diseases are the main activities that have been accomplished and contribute to the improvement of community health.

Women's Groups

Working with women and establishing them as a group in the villages began in 1985. At present there are 1,483 women in 22 villages. The main focus of working with women is health education and assisting women to empower themselves in public speaking and contributing to the community development. The discussions include the importance of girls' education, personal and environmental sanitation, HIV/AIDS prevention, pre and postnatal care at home, tuberculosis and malaria control and prevention.

This year 25 women groups were supervised by the 3 community animators of the hospital staff. Twenty-two women's groups are now connected to the microfinance institution that exists in the area.

The women continue to meet every two weeks in their meeting places to discuss the social and economic opportunities and challenges they face in their communities. Besides their saving with the microfinance institution, they continue to work with the revolving fund that exists from the start of the group. Most of the women are engaged in petty trading such as vegetables, fruits, and grains.

Health education remains the major component of the women's meeting. Every two weeks, one sub group takes their turn to give the health education to the others. They do it in the form of role play. Each group has a leader who oversees the collection and repayment of the revolving fund. Twenty four of these groups have already completed the training on the 16-health-packages- program of the government on health education.

In addition to the 12 groups that were graduated in 2018, this year, five more women's group have been graduated. The graduation celebration was held in each village. For the graduation ceremony, the public health office prepared a certificate acknowledging the contribution women made to the health improvement and development in their communities. During the graduation ceremony, the women prepare a role play on one of the 16 health packages they have learned and presented to the invited guests. The graduation ceremonies have been a very joyful event, with many role plays, dances and songs. Women showed their talents regarding the knowledge they gained about health and their self confidence in public speaking and decision making. The groups that graduated are now working well on their own but a few still need supervision. The three community animators identify the gaps and are strengthening their skills and knowledge.



Due to the job opportunities in the area such as working in the beer factory, at the university and in the chicken farm most of the younger women are not able to participate in the women's group. However, the newly married women in the villages have joined the group. This year, one new group has started. Of the 12 who have stopped previously one group has restarted their group meetings.

In order to strengthen them, in May 32 women leaders from the 16 villages that have been graduated were given a two-day-refreshment-training about savings and lending. The training was given by two animators who attended a TOT training organized by partner organization.

Natural Family Planning

Natural Family Planning	2019	2018	2017
New Clients	32	46	35
Visits	1,403	1,371	1,325
Known Acceptors	855	855	855
For Spacing this year	22	13	335
To Conceive	10	33	99
Training given	0	0	0

Health Education by Women in Their Groups

S/N	YEAR	2019		2018		2017	
	SUBJECT	Session	Attendants	Session	Attendants	Session	Attendants
1	HIV/AIDS PMTCT/PIHCT/VCT	84	10,591	80	12,100	95	15,013
2	Malaria	76	12,974	65	8,570	60	8,750
3	MCH(Risk,Preg./Danger Signs)	80	9,216	76	11,210	72	10,015
4	Tuberculosis	52	6,480	85	11,640	90	11,140
5	Environmental & Personal Sanitation	45	5,769	50	7,920	40	7,210
6	16 package course for health extension workers	54	8,914	38	7,340	32	8,102
7	Cleanliness	36	7,285				
8	Toilet & Waste Pit Usage	30	4,819	16	4,595	20	6,625
9	Child Care(Nutrition & Weaning Food)	69	9,584	80	10,190	72	9,170
10	Women's Rights	35	4,375	40	6,235	52	7,914
11	Vaccination	45	6,206	45	5,684	41	6,519
12	Fertility Awareness/FP/NFP	30	4,630	30	3,210	34	5,812
13	Diarrhea & Vomiting	32	7,297	36	5,760	45	7,920
14	Trachoma	28	3,954	20	3,912	21	5,142
15	Harmful Traditional Practices	25	2,845	24	8,190	15	5,702
16	AFP (Polio & Measles)	39	7,941	30	9,545	35	7,135
17	ART (Anti-Retroviral Therapy)	35	5,380	33	9,820	30	7,840
18	Ear Disease	10	4,013	18	7,315	12	6,216
19	Borrelia / Typhoid Fever	9	3,208	40	9,821	45	8,912
20	Diabetes and Breast Cancer / Hypertension	56	8,170	58	9,135	0	0
	TOTALS	870	133,661	864	152,192	859	154,052

HEALTH EDUCATION by PH TEAM in HOSPITAL OPD, OUTREACH, MCH, EPI, SCHOOLS

YEAR		2019		2018		2017	
	SUBJECT	Session	Attendants	Session	Attendance	Session	Attendants
1	HIV/AIDS/STD/ART/PMTCT/VCT	77	9,872	92	10,465	130	19,983
2	Antenatal Care/Gender Issues	82	1,0115	80	9,135	120	11,230
3	Malaria	93	11,234	98	12,405	90	13,734
4	Environmental Hygiene	60	7892	70	8,291	84	9,984
5	AFP (Polio & Measles)	70	8530	82	9,130	70	10,820
6	Vaccination/EPI	69	7814	75	8,943	82	9,469
7	Maternal & Child Health	95	13,264	90	11,512	103	8,250
8	Tuberculosis	75	9,579	89	10,620	101	9,835
9	Family Planning	25	4,120	30	3,251	50	4,946
10	Respiratory Infections	85	8,010	72	8,967	63	5,697
11	Harmful Traditional Practices	39	2,650	25	3,974	30	4,270
12	Communicable Diseases	34	6,345	33	5,149	35	4,682
	TOTALS	804	99,425	836	101,842	958	112,900

Water Maintenance

The water maintenance work extends beyond our specified catchment target areas. There are 122 functioning water sites. Of these 74 are maintained upon the request of the community and village development committees.

In order to improve the health status of the communities, Attat hospital originally drilled and protected a total of 144 water sites. Of these 122 wells are functioning. Since 2014, the hospital no longer is drilling wells. Eight catchment area villages are already connected to the Bozehbar (government) water supply. However, villages that are not connected, use their wells. The maintenance is still done by the hospital water team. This year 14 villages requested for the maintenance and 74 wells have been maintained.

Safe Water Sites for Maintenance Visits 2019	No. of Sites	Major Main-tenance	Minor Main-tenance	Greasing	Check up	Total Main-tenance
Boreholes with hand dump	102	35	0	5	24	65
Hand dug well with hand pump	4	0	0	2	1	4
Boreholes with solar pump	5	0	0	0	2	3
Protected Spring	5	0	0	0	0	0
Boreholes with electric pump	6	0	0	0	1	2
Total	122	41	0	5	28	74

Pit Latrine Construction and Use

The target community has a population of 31,185 with 6,364 household. Since 2008, there has been 100% usage of pit latrine and waste pit usage. The people know very well the importance of using pit latrines. They are even constructing public toilets along the main roads and meadows so that people use these toilets.

Pit Latrine Use	2019	2018	2017
Household	6,364	6,221	6,755
Latrine being used	6,364	6,221	6,755
Percentage of latrines used	100%	100%	100%
Village with greater than 80% use	8	8	9
Number of PA	8	8	9
Waste Pits in use	6,364	6,221	6,598
Percentage of waste pits in use	100	100%	100%

EXPANDED PROGRAM FOR IMMUNIZATION

The immunization program covers eight (8) Peasant Association (PA) with a population of 31,185. Attat Hospital serves as a static clinics for 3 PAs with the total population of 10,770. The other PAs are visited by the mobile Public Health (PH) team. The PH team spends three days each week in the field covering three PAs in Cheha Woreda.

SITE	ELIGIBLE	BCG	ELIGIBLE	PENTA 3	ELIGIBLE	MEASLES	FULLY VACCINATED
Attat Static	373	1,127 302%	344	290 84%	344	288 84%	288 84%
Attat Mobile	706	600 85%	651	531 82%	651	532 82%	532 82%

Most hospital newborns receive their BCG and polio immunizations in the wards and are added to the Attat Static statistics making the percentage high as many women outside of our target area deliver in the Hospital. These children then, receive their further immunizations in centers near their areas.

Tetanol Vaccination	Eligible	Vaccinated	%
Attat Pregnant	1,079	1,396	129.4%
Attat Non-Pregnant	6,187	1,391	22.5%*

*The figure above represents those who received the vaccination in the hospital. Previously there was a campaign. Nowadays there was no campaign due to the shortage of the vaccine.

Enhanced Outreach Strategy for Young Girls - Age 9-14 / Campaign

This year, there was one immunization campaign for Human papiloma virus for girls aged from 9 to 14. The Public Health Team together with the Health Extension Workers carried out the campaign. The Hospital provided logistical support with personnel and vehicles.

Date	Activity		Eligible 2019	Performance 2019	Coverage 2019
May 3-4, 2019	Immunization of Human papiloma virus	Second dose	271	271	100
Oct. 22-23, 2019	>>	First dose	590	430	72.9%

- Because of the shortage of vaccination only the above number got the vaccine

The hospital staff also took part in the Zithromax campaign to prevent and control trachoma. The campaign took eight days.

Communicable Diseases and Epidemic Control

There was no epidemic and communicable disease outbreak this year.

Antenatal Clinic

Antenatal Clinics (ANC) are held daily in the Hospital Outpatient Area. PMTCT is offered to all pregnant women and their partners in Attat. PMTCT coverage in 2019 in the hospital was 100%.

ANTENATAL CLINICS	Target Pop	2019	2018	2017
First Visits	1,097	3,406	3,185	2,870
Four Visits	1,097	3,148	2,994	2,962
Total Antenatal Visits		6,554	6,179	5,832

Growth Monitoring Nutrition Rehabilitation

Under five nutrition and growth monitoring are done in the under-five clinic (UFC) at the hospital. 90-95% are well-nourished. Less than 1% suffer from mild to moderate malnutrition.

Year	2019	2018	2017
>80% (Well-Nourished)	9,912	8,701	7,198
70 to 80% (Malnourished)	18	9	115
< 70% (Severely Mal-nourished)	37	16	0
Percentage below 80%	0.5%	0.3%	0.2%
Number of Under Fives	9,967	8,726	7,313

Supervision of the Health Extension Workers

Since 2012 the government has assigned Health Extension Workers (HEWs) to give health education in the Peasant Associations (PAs). HEWs have been assigned to local structures which were built according to the government specification and are used for the village health post where the health extension workers function to serve the population. The health extension workers meet on the monthly bases with their supervisor who is based at the hospital. They share their experience and challenges and plan their following month activities. The health extension workers visit homes, give reports and take part in all the health campaigns of the government.

Village Community Activities

The Village Community health activities are carried out by the Health Extension Workers. Our PH staff continues to serve as community animators. The activities below are reported to the hospital during the meetings of the health extension workers who come to submit their reports. In that sense, the hospital knows what is happening in the communities. Starting from 2015, there are no reported home deliveries in the target area because of the government policy that all women should deliver in health institutions.

YEAR	2019	2018	2017
No. of Peasant Association Health Posts Reporting	8	8	9
Population served	31,185	30,481	33,099
Number of households	6,364	6,221	6,755
Average household size	4.9	4.9	4.9
Patients treated at Health Posts	2,034	2,245	2,186
Patients referred to Hospital	1,089	972	984

Peasant Association Health Posts Activities

Report from Health Post Diseases Treated	2019	%	2018	%	2017	%
1..Skin	304	15%	242	10.8%	297	13.6%
2. Malaria	285	14%	253	11.3%	322	14.7%
3. Anemia	216	10.6%	396	17.6%	485	22.2%
4. Wounds/Accidents	198	9.7%	187	8.3%	162	7.4%
5. Ear Ailments	179	8.8%	158	7%	112	5.1%
6. Pains	112	5.5%	86	3.8%	160	7.3%
7. Intestinal Parasites	95	4.6%	104	4.6%	95	4.3%
8. Vomiting & Diarrhea	89	4.4%	82	7.7%	87	4.0%
9. Trachoma/Eye Disease	45	2.2%	39	1.7%	58	2.7%
10. All Others	511	25.1%	698	31.1%	408	18.7%
TOTAL DISEASES TREATED	2,034	100%	2,245	100%	2,186	100%
Home Deliveries Total	0	0	0	0	0	
Delivered at the Hospital			1,135		953	

CAUSE OF DEATH

YEAR	2019	%	2018	%	2017	%
1. Old Age	51	53.1%	26	66.7%	11	44%
2. Cancer of all kinds	20	20.8%				
3. Hypertension	12	12.5%	4	10.3	5	20%
4. Accidents	9	9.4%	2	5.1	1	4%
5. AIDS	2	2.1%	0	0	0	0
6. Tuberculosis	1	1.0%	3	7.7	6	24%
7. Pneumonia	1	1.0%	4	10.2%	2	8%
8. Malaria	0	0	0	0	0	0
9. Typhoid	0	0	0	0	0	0
TOTAL	96	100%	39	100%	25	100%

DEATHS

YEAR	2019	2018	2017
Less than one year	1	0	0
One to four years (1-4 years)	0	0	0
Five to fourteen (5- 14 years)	0	0	0
Over fourteen years (14–49 years)	19	14	12
Fifty and above	76	25	13
TOTAL DEATHS	96	39	25

Social Services

Material Supports

As there are no social services in the area so needy people continue to come to the hospital asking for various reasons such as their need for blankets, food, shoes, house repair and assistance for constructing new homes. This year, thirty-five (35) families received support to construct their houses. A total of seventy-eight (78) people received financial / charity support on a monthly bases. Many more are supported on and off financially and with free medical help.

Educational Support

Educational support of the young people in the areas has been a priority for the last 21 years. Educating a person is supporting the family economically and socially. This year forty-eight (48) students who had joined university previously and twenty-six (26) newly joined were given transport money. In addition to these thirty-four (34) students in Hosanna nursing school, thirty-six (36) for poly-technique, four (4) in Addis Ababa and two (2) students in Emdibir received support with school fee and housing rent. In the hospital catchment areas 226 staff children and 170 children from the surrounding villages are supported with educational material namely; school uniforms, exercise books, pens and pencils.

People with Disabilities

The program for physically challenged persons in the hospital has been going on since 1987. This year the Cheshire Home visited once and rendered their faithful service to 38 persons. Most of them are now adults. The project is mainly supported by outside donors who pay for the shoes, calipers and prosthesis needed. Cheshire Home Ethiopia supports us through their mobile program of one or two visits each year to the Hospital where their clients come. Since 2012, the number of visits per year has been reduced because of the diminishing number of patients. Some patients get service in their own Woredas and some have moved to major cities / towns.

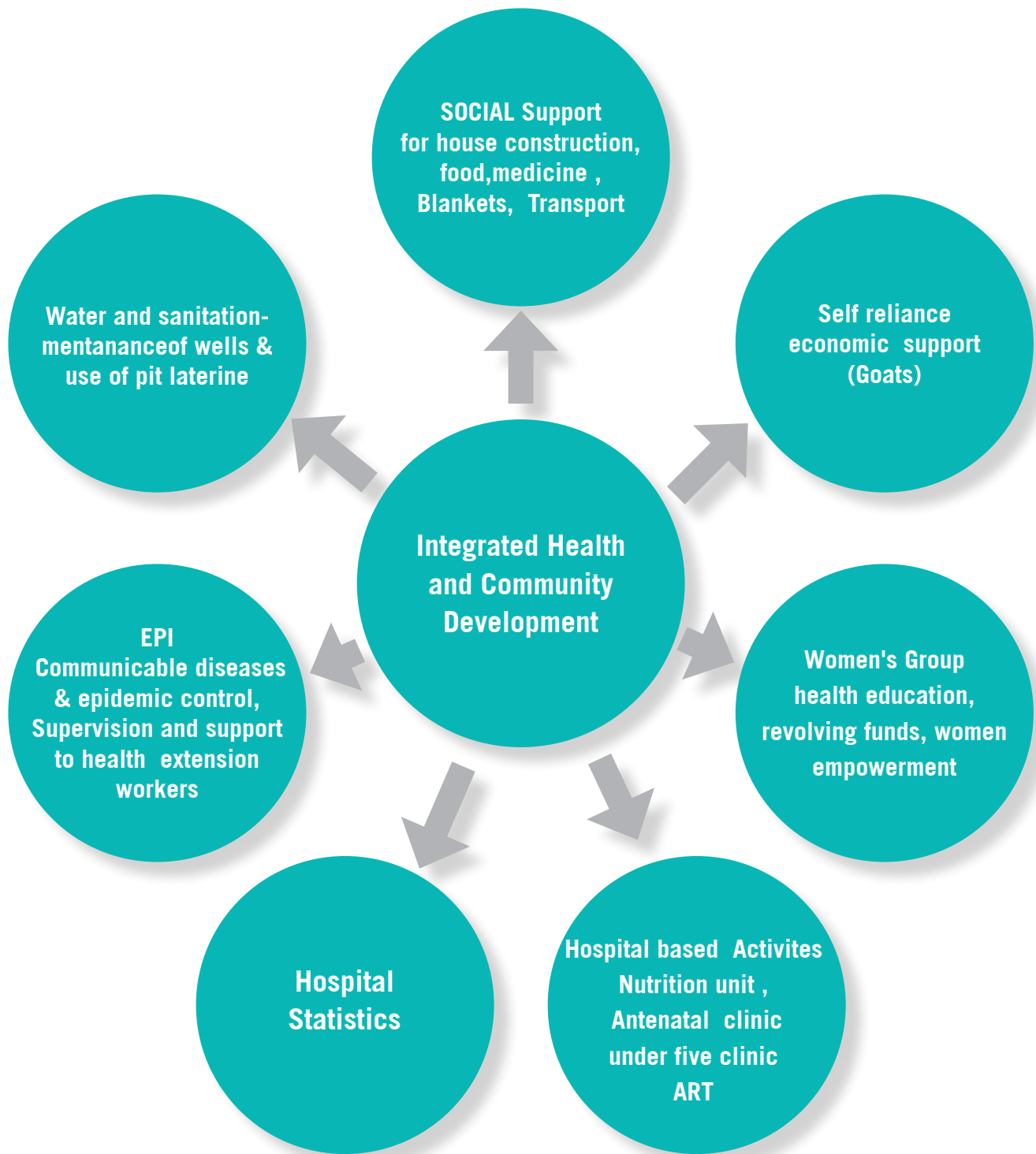
We are still however helping some physically challenged people to go to Addis Ababa during the year to have their shoes or calipers done at the Prosthesis Orthotics Center (POC). Some of those who are employed at the hospital also come now asking for work or for educational support. This aspect has also become part of our program for helping these physically challenged people.

Cheshire Home Visits For Physically Challenged Children.

YEAR	2019	2018	2017
Number of Visits by Cheshire	1	1	2
New Post-Polio Children	0	0	3
New Non-Polio Children	7	3	14
Total New Visitors	7	3	17
Repeat Visits-Polio	18	12	57
Repeat Visits-Non-Polio	13	10	34
Total Repeat Visits	31	22	91
Total Visits [clients]	38	25	108
Referred for Further Care	0	0	0
Consultation	0	0	0

Self Sustenance/ economic support

The economic support effort of giving goats has shown to have a very positive result. Poor families, especially mother headed families, were given a goat or two. Some of them raised their goats, sold them for good price and have bought a milk cow with the money they made adding some amount from their savings. This has been very encouraging. The family will eventually get milk which contributes to their balanced diet for their children. It also greatly contributes to their economic self sustenance. During this year, 2019, 42 goats were bought and given to poor and middle level families. The financial support for this is given by individual visitors and volunteers who come to assist the hospital in various voluntary work and activities.



III. ADMINISTRATION

STAFFING

TOTAL STAFF AS OF DEC. 31st 2019	2019	2018	2017
On Payroll / In Training*	183/4	193 + (3 full time students)	194 + (6 full time students)
Medical Mission Sisters	5	6	8
Surgeon / GP seconded	1 / 2	1 / 4	1 / 3
TOTAL STAFF	195	196	200

*Receive full salary

Health Professional Staff		Support Staff	
PHYSICIANS		ADMINISTRATION	
Obstetrician/Gynecologist (Med.Dir.)	1	Administrator	1
Surgeon	1	Asst. Administrator	1
General Practitioners	2	Financial Officer	1
Integrated Emergency Surgical Officer (IESO)	2	Accountant	3
HEALTH OFFICER	7	Cashiers	5
PHARMACIST	1	Account Clerks	4
DRUGGISTS	5	Storekeepers	1
NURSES/MIDWIVES		Statistics	1
Nurse/Midwife/Supervisor	1	HMIS/IT's	2
Nurse Supervisors (Ward)	4	OPD Clerks/Registration	5
Nurse Anesthetist	2	Secretaries/Typist	2
Anesthetist	1		
Ophthalmic Nurse/Psychiatric Nurse	1/1	Purchasing Officer	1
Senior Expert Nurses	2	GENERAL SERVICES	
Clinical Nurses	26	Maintenance Team	5
Midwives	15	Laundry	5
EXPERT HEALTH ASSISTANTS	2	Sewing Room	1
X-RAY TECHNICIANS	2	Housekeeping	20
LABORATORY		Security	16
Senior Lab Technician/technologist	1	Plant and Grounds	3
Junior Lab Technicians	8	Drivers	4
PH COORDINATOR	1	GENERAL ASSISTANTS	
Health Information Technology	2	OPD Translators	7
Nutrition Unit Coordinator	1	Water technicians	2
Some professional staff are on upgrading Courses, Dental Medicine, Pharmacy, Clinical Nurse-specializing in pediatrics	4	Ward/OR/OPD Orderlies	9
		WOMEN'S PROMOTION	3
TOTAL	93	TOTAL	102

Employees retired in 2019:

1. Tekelemariam Demis
2. Tekle Nida

Terminated:

1. Abebech Nisa

The following resigned:

1. Mekoyet Antenayehu
2. Medehanit Tilahun
3. Desalegn Wolde
4. Mohammed Bankew
5. Rebiya Akmel
6. Hadra Barsen
7. Kebebew Biru
8. Tigistu Warga
9. Ledet Yirga

The following staff completed their summer program studies in 2019:

1. Wonishet Fekadu - BSC Midwifery
2. Gebre Gamen - BSC Nursing

We congratulate both for finishing their studies successfully.

The following staffs are on training in Addis Ababa, Hosanna, and Harar

1. Ato Sisay Tessama – Dental Medicine (6th yr)
2. Ato Sebseb Lema – Pharmacy (4rd yr)
3. Ejigayehu Regasa - Specializing in Pediatric Nursing 3rd year
4. Fantu Tedash - Specializing in Pediatric Nursing 1st year

Sponsored for training by the Hospital and then hired as staff in 2019:

1. Tigist Tekele Nida – Clinical Nurse
2. Workenesh Alene Bezabeh - Clinical Nurse
3. Betelehem Mossa Abdo - Clinical Nurse
4. Hamdya Edelu Tesfaye – Clinical Nurse
5. Girumnesh Yimer Minuta - Midwife
6. Tigist W/Mariam Beza - Midwife
7. Selamawit Bahiru Akenda – Lab technician

The following staff was hired in 2019:

1. Wudema Della Bancher - Clinical Nurse

TRAINING OF NURSING/MIDWIFERY/LABORATORY/ HEALTH OFFICER STUDENTS

Nursing, Midwifery, HIT and Laboratory students from Hosanna Health Science College came for their apprenticeship training program. Likewise midwifery students from Hamlin Midwifery College came for practice. Since 2014, Health Officer Students ,from Welkite University are getting apprenticeship training. Since 2015, BSC Nursing and Midwifery students from Welkite University and Wachamo University in Hosanna also came for training. In 2019 Rift Valley College in Wolliso started sending HO and BSC nurses those who are in their last year of studies.

TRAINING OF INTEGRATED EMERGENCY SURGICAL OFFICERS (IESO)

Starting April 2013 Attat has become an affiliate hospital for this training program in collaboration with Jimma University. The simple setting and being a busy hospital is a good training site for these students who will be stationed in health institutions in rural Areas. Sadly the programe is discontinued by Jimma University as of October 2019.

BUILDING AND EQUIPMENT

Equipment's necessary for the running of the Hospital, like generators and washing machines are all in good working conditions. The hospital got 7 Ultra sound machines. It was supplied by World Doctors.

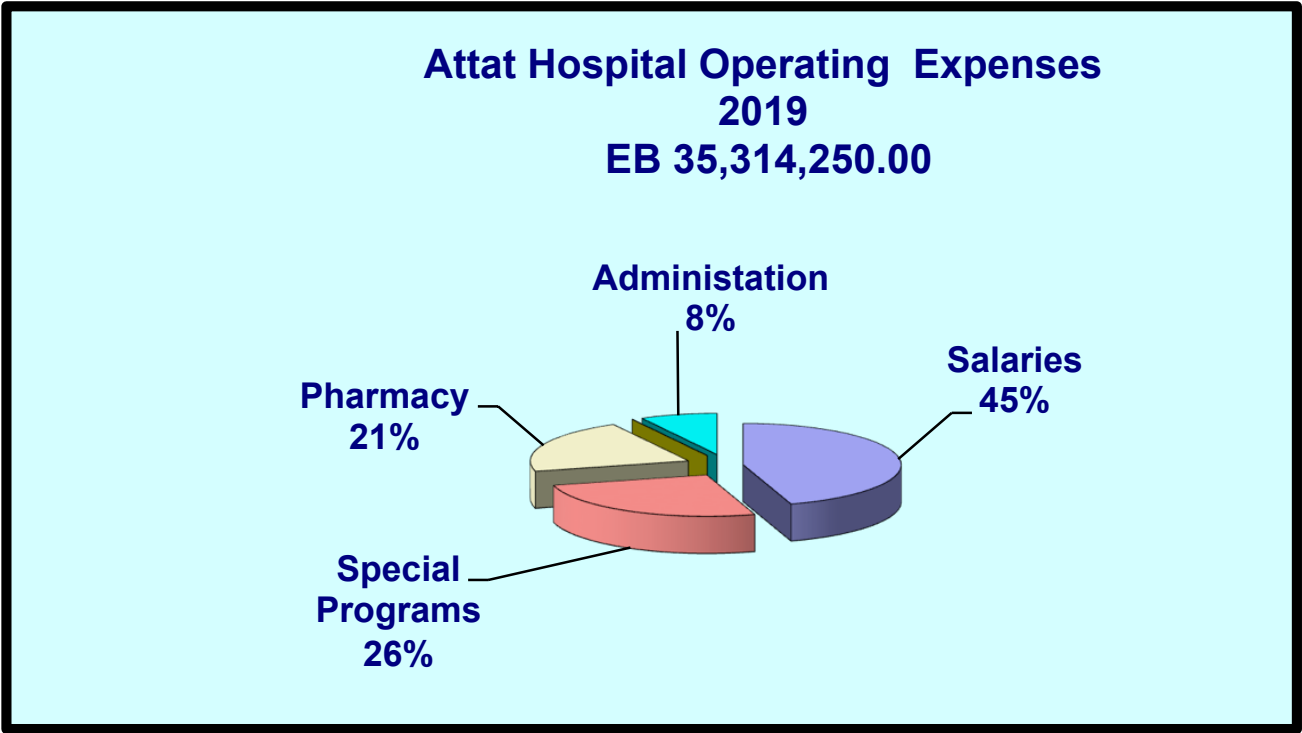
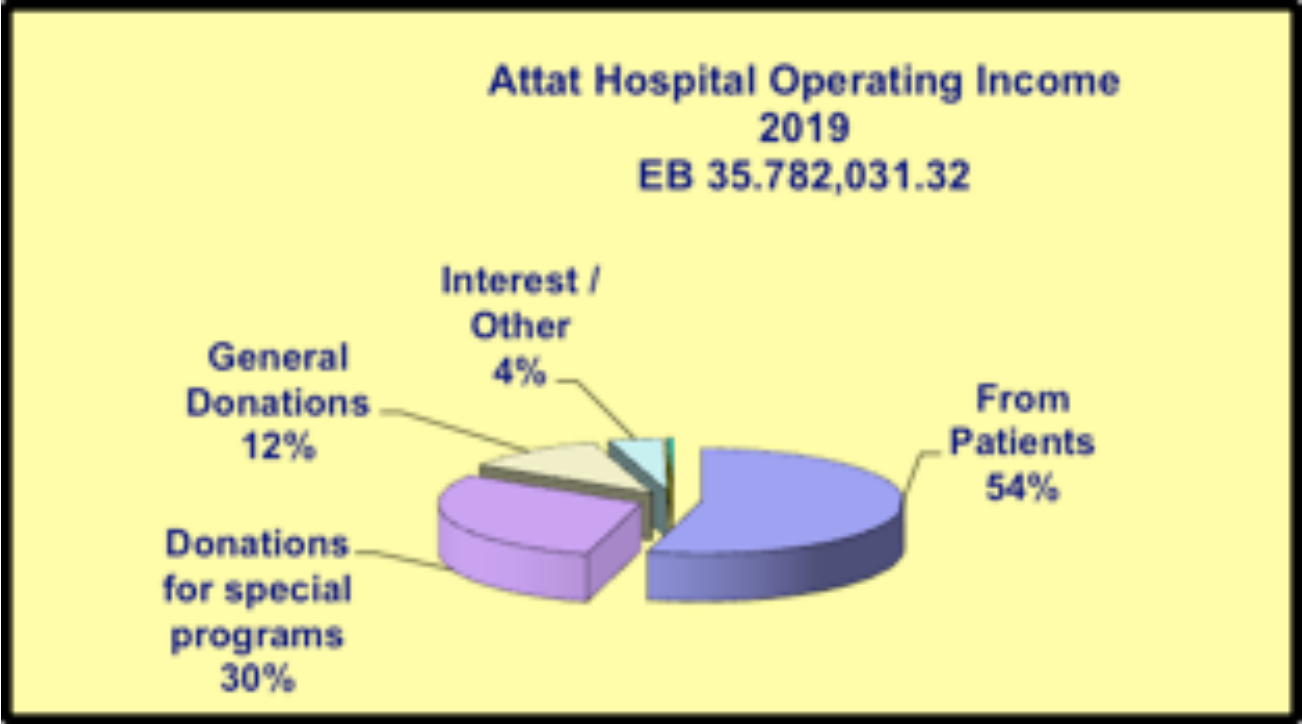
TRANSPORT

There are five vehicles for project use. Two Toyota Pick-Ups and 3 Toyota Long Base Land Cruisers. One 45 seater bus is provided by the Church for the service of the employees.

Specific Programs

Special programs of the hospital are “Safe Motherhood Program” with free delivery services, partly funded by WHI (Women’s Hope International, Switzerland). The ENT program for tympanoplasty service and training of staff like the ENT residents from Yekatit 12 Hospital, health workers from surrounding Health Centers and Health Extension Workers (HEW) from the Peasant Association Health Posts are supported by EARDROP FOUNDATION, The Netherlands. The Eye Program for cataract surgery is supported by “World Doctors” from South Tyrol. pelvic organ prolapse operation is supported by government and private donors.

Finance



ACKNOWLEDGEMENTS

All the progress reported in the hospital and the surrounding Area would not be possible without the continuous support of the many generous friends and benefactors.

We are especially grateful to:

“Suedtiroler Aerzte fuer die Welt”, South Tirol (“World Doctors”) in association with **BOLZANO and TRENTO PROVINCES, SOUTH TIROL, Maro Foundation**, for support for salaries of senior staff and running costs, technical support for the hospital by sending medical and dental experts and technical experts for maintenance and repair of electrical and medical equipment.

MISEREOR, Germany, for funding the Public Health Program.

DE STICHTING LES (Learning Education Support), The Netherlands for their support for education of midwives.

The **HOMAC FUNDACION from Barcelona, Spain** for their support for the community projects (women’s groups and girls’ project and hospital equipments).

NANGINA CLUB, Germany for help with the running expenses of the hospital.

INITIATIVE TENAS ,Kevelaer, Germany for helping with running costs and hospital equipment.

LIONS CLUB Neumarkt, Germany for supporting our education program.

ST.FIDELIS PARISH AND KATHOLISCHES STADTDEKANAT STUTTGART, GERMANY for their support with hospital equipment and running expenses.

“WOMEN’S HOPE INTERNATIONAL”, Switzerland for their support for Maternity Waiting Home (Safe Mother Hood Program).

EARDROP FOUNDATION, THE NETHERLANDS for their commitment to our ENT Program.

NUOVA FAMIGLIA, ADDIS BETESEB, Italy for their support for the treatment of children.

CHILDCARE WORLDWIDE – CCWW ITALIA ONLUS for supporting the neonatal unit.

Medical Mission Sisters in Germany and the U.S. who, through their funding activities, have been able to raise money for expenses unobtainable to cover from other sources.

The many Churches, Schools, Relatives, Friends and Groups in Germany, England, Italy, Switzerland and Austria, and all those impossible to mention by name, who continue to keep us in mind and in prayer, who raise money in various creative ways, to help the work in the hospital, clinics and surrounding villages, drilling of wells, training of staff and furthering education of selected students in the villages, as well as assistance to the many very poor who come in need of help.

The Cheshire Area for Physically Handicapped Children, Addis Ababa, for coming regularly to examine and follow up the children, providing them with Calipers and Shoes at subsidized costs, and seeing to the treatment for those needing referral to Addis Ababa.

The Ministry of Health, Gurage Zone, Southern Region, for the help and support with vaccines for the immunization program, the secondment of Medical Officers, for providing TB and leprosy medicines and providing supporting letters as needed.

The ***Global Fund and ICAP*** for support for the HIV/AIDS program.

The Emdibir Catholic Secretariat and Ethiopian Catholic Secretariat for all the assistance and co-operation.

The Village Elders and Development Committees, whose initiative and leadership help facilitate the many improvements seen in the village.

The Hospital Staff, whose ongoing work and dedication keep the Curative and Public Health Services functioning and developing.

Above all we give ***Thanks to God*** for blessing us with our benefactors and the strength and courage to go on.

If you have real love
you are inventive
If you love
you try to find out; you are interested
If you really love
you are patient; you are long suffering
Certainly if you love
you accommodate yourself
If you love, you want to give:
you are tireless, selfless and generous
If you love
you really try to serve and not just work
One does not spare one self
if one loves



MOTHER ANNA DENGEL – Founder of Medical Missionary Sisters

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Commercial Bank of Ethiopia

Addis Ababa Branch

PO Box 255

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Acct Name: Attat Hospital General Account

Acct No: 1 000 000 977 978

SWIFT CODE ADDRESS: CBETETAA



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Bocholt, Mai 2019

„Das Wichtigste ist, vorwärts zu schauen.“

(Dr. Anna Dengel, Ordensgründerin)

Liebe Schwester Rita!

Vorwärts zu schauen ist wichtig, in diesen Tagen gibt es aber für Sie auch gute Gründe, auf die vergangenen Jahre zurückzublicken. Am 11. Mai feiern Sie „50 Jahre Ariad Hospital“. Zu diesem Jubiläum gratulieren wir aus der Pfarrei Liebfrauen in Bocholt, insbesondere aber auch alle engagierten Gemeindemitglieder aus St. Paul, den Missionsärztlichen Schwestern und dem gesamten Ariad – Team sehr herzlich.

Schwester Inge, Sie und Ihre Mitarbeiterinnen und Mitarbeiter in Ariad haben allen Grund zum Feiern. Sie können mit Stolz auf das gemeinsam Geschaffene zum Wohle der Menschen in Äthiopien zurückblicken. Wir „Paidaner“ haben die tolle Entwicklung des Krankenhauses in Ariad aus weiter Ferne über viele Jahre beobachten dürfen. Sie haben uns in regelmäßigen Abständen bei Ihren Besuchen vor Ort über die Fortschritte Bericht erstattet. Wir können aber nur ahnen, wieviel Mühe, Arbeit und Kraft die langjährige Aufbauarbeit in Äthiopien gekostet hat. Immer hatten wir in St. Paul das Gefühl, dass die finanzielle Unterstützung unserer Gemeinde bei Ihnen sehr gut angelegt ist und dazu beitragen könnte, Krankheiten und menschliche Not zu lindern.

Mit Freude haben wir gelesen, dass Ihnen die deutsche Botschafterin in Äthiopien im Auftrag des Bundespräsidenten vor wenigen Tagen das Bundesverdienstkreuz am Bande verliehen hat. Es ist sicher kein Zufall, dass dieses mit dem Jubiläumsjahr zusammenfällt. Ihre Mitarbeiterin Schwester Inge hat die Auszeichnung ja bereits 2012 erhalten. Wir gratulieren Ihnen zu dieser verdienten Anerkennung Ihrer Arbeit ebenfalls sehr herzlich.

Die Missionsärztlichen Schwestern haben mit ihrer Arbeit in Ariad eine sehr gute Basis für die medizinische Versorgung der Region gelegt. Sie können, so glauben wir, mit Optimismus vorwärts schauen. Wir wünschen dem gesamten Team, besonders aber Schwester Inge und Ihnen, viel Kraft, persönliches Wohlergehen und Gottes Segen für Ihre zukünftige Arbeit zum Wohle der Menschen. Herzliche Grüße aus Bocholt

Rainer van Straelen
Pfarrer
Pfarrei Liebfrauen

Hans-Joerg Bruckmann
Gemeinde St. Paul

Heiner Meckelboht
Gemeinde St. Paul

Ludwig Müllensiepen
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