



TIKUR ANBESSA NICU PROJECT

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ORIENTATION MANUAL

Table of Contents

- I. ORGANIZING PARTNERS & DIRECTORS
 - II. GOALS OF THE INITIATIVE
 - III. VOLUNTEER ROLES & RESPONSIBILITIES
 - IV. ETHIOPIA BACKGROUND
 - A. General
 - B. Child Health
 - V. TIKUR ANBESSA HOSPITAL
 - A. Department of Pediatrics
 - B. Neonatal Ward
 - C. Credentialing
 - D. Volunteer Health
 - VI. LIFE IN ADDIS ABABA
 - A. Transportation
 - B. Room, Board & Other
 - C. Culture
 - VII. VOLUNTEER CONTACTS & EXPERIENCES
- APPENDIX: MAPS
- SELECTED REFERENCES & RESOURCES

I. ORGANIZING PARTNERS & DIRECTORS

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II. GOAL OF THE INITIATIVE

The aim of the Vermont Oxford Network Tikur Anbessa NICU Project collaboration is to improve the quality of medical care for newborn infants and their families in Ethiopia through training and research designed to address the specific needs and resource constraints of the country.

As partnerships evolve, a global community of neonatal practices will be created and supported that includes health professionals from diverse settings around the world.

III. VOLUNTEER ROLES AND RESPONSIBILITIES

I. Educational

- Provide clinical mentoring to pediatric residents, Neonatal fellows, and Pediatric Faculty
- Deliver a series of relevant didactic lectures



II. Research & Development

- Assist in the development of meaningful hospital and community-based research programs
- Support the new Neonatal Fellowship curriculum
- Aid in the organization of effective and efficient data collection systems

III. Clinical

- Work with house officers and medical faculty to care for ill newborns at Tikur Anbessa hospital
- Help local staff to identify clinical system problems and to develop appropriate solution strategies

IV. Personal

- Travel for rotations of 3 weeks or more
- Understand the importance of flexibility with respect to work, travel, and lodging in a resource-limited country
- Serve as ambassadors of good will, representing the Vermont Oxford Network
- Maintain the highest level of cultural sensitivity and respect for our Ethiopian colleagues

IV. ETHIOPIA BACKGROUND

A. GENERAL

ref: US State Dept

Geography

Ethiopia is located in the Horn of Africa and is bordered on the north and northeast by Eritrea, on the east by Djibouti and Somalia, on the south by Kenya, and on the west and southwest by Sudan. The land area is 1.1 million sq. km (472,000 sq. mi; about the size of Texas, Oklahoma & New Mexico combined). Ethiopia has a high central plateau that varies from 1,800 to 3,000 meters (6,000 ft.-10,000 ft.) above sea level, with some mountains reaching 4,620 meters (15,158 ft.). Elevation is generally highest just before the point of descent to the Great Rift Valley, which splits the plateau diagonally. A number of rivers cross the plateau--notably the Blue Nile flowing from Lake Tana. The plateau gradually slopes to the lowlands of the Sudan on the west and the Somali-inhabited plains to the southeast. The climate is temperate on the plateau and hot in the lowlands. At Addis Ababa, which ranges from 2,200 to 2,600 meters (7,000 ft.-8,500 ft.), maximum temperature is 26° C (80° F) and minimum 4° C (40° F). The weather is usually sunny and dry with the short (belg) rains occurring February-April and the big (meher) rains beginning in mid-June and ending in mid-September.

People

The capital is Addis Ababa, with population ~5 million. Ethiopia's population is highly diverse with most people speaking a Semitic or Cushitic language. The Oromo, Amhara, and Tigreans make up more than three-fourths of the population, but there are more than 77 different ethnic groups with their own distinct languages within Ethiopia. Some of these have as few as 10,000 members. In general, most of the Christians live in the highlands, while Muslims and adherents of traditional African religions tend to inhabit lowland regions. English is the most widely spoken foreign language and is taught in all secondary schools. Amharic is the official language and was the language of primary school instruction but has been replaced in many areas by local languages such as Oromifa and Tigrinya.

Government

Ethiopia is a federal republic under the 1994 constitution. The executive branch includes a president, Council of State and Council of Ministers. Executive power resides with the prime minister. There is a bicameral parliament; national legislative elections were held in 2005. The judicial branch comprises federal and regional courts. Political parties include the Ethiopian People's Revolutionary Democratic Front (EPRDF), the Coalition for Unity and Democracy (CUD), the United Ethiopian Democratic Forces (UEDF) and other small parties. Suffrage is universal at age 18. The EPRDF-led government of Prime Minister Meles Zenawi has promoted a policy of ethnic federalism, devolving significant powers to regional, ethnically based authorities. Ethiopia today has 9 semi-autonomous administrative regions and two special city administrations (Addis Ababa and Dire Dawa).

Economy

The Ethiopian economy is based on agriculture, which contributes 46% to GNP and more than 80% of exports, and employs 85% of the population. The major agricultural export crop is coffee, providing approximately 35% of Ethiopia's foreign exchange earnings, down from 65% a decade ago because of the slump in coffee prices since the mid-1990s. Other traditional major agricultural exports are hides and skins, pulses, oilseeds, and the traditional "khat," a leafy shrub that has psychotropic qualities when chewed. Sugar and gold production have also become important in recent years.

Ethiopia's agriculture is plagued by periodic drought, soil degradation caused by inappropriate agricultural practices and overgrazing, deforestation, high population density, undeveloped water resources, and poor transport infrastructure, making it difficult and expensive to get goods to market. Yet agriculture is the country's most promising resource. Potential exists for self-sufficiency in grains and for export development in livestock, flowers, grains, oilseeds, sugar, vegetables, and fruits.

B. CHILD HEALTH

Neonatal Health in Global Resource-Limited Settings

Of the 130 million babies born each year around the world, approximately 4 million die in the first 4 weeks of life. A similar number of babies are stillborn. Most neonatal deaths (99%) occur in low- and middle-income countries and about half occur at home. The risk of death is highest in the first 24 hours of life when more than half of deaths occur, and about three-fourths of all neonatal deaths occur within the first week of life. It is tragic that millions of newborns die every year, particularly when their deaths are preventable.

Approximately 75% of neonatal deaths could be avoided with simple, low cost tools that already exist such as antibiotics (for management of sepsis), sterile blades (for cutting umbilical cords), and kangaroo mother care (for prevention of hypothermia in low birthweight babies).

Estimates of the distribution of direct causes of death indicate that severe infection (26%), preterm birth (28%), perinatal asphyxia (23%), tetanus (7%), and diarrhea (3%) account for most neonatal deaths. Remaining cases are secondary to congenital anomalies and other causes.

Poverty is the underlying cause of many neonatal deaths either through increasing the prevalence of risk factors such as maternal infection or by reducing access to effective care.

Neonatal Health in Ethiopia

In Ethiopia, about 120,000 babies die every year in the first four weeks of life. This accounts for 32% of all deaths in children younger than 5 years of age in Ethiopia. The 2005 Ethiopian Demographic and Health Survey (DHS) indicated that primary causes of neonatal death are due to prematurity (17%), perinatal asphyxia (25%), sepsis (37%), tetanus (7%), diarrhea (3%), and

congenital anomalies (4%). Currently, there is only one neonatologist in Ethiopia, based at Tikur Anbessa Hospital.

V. TIKUR ANBESSA HOSPITAL

A. DEPARTMENT OF PEDIATRICS

The department has 100-pediatric beds serving approximately 2500 admissions per year. Ambulatory service services 110,000 visits annually. Currently, there exist 12 permanent teaching staff and two part-time staff responsible for overseeing undergraduate and postgraduate medical education.

B. NEONATAL WARD

General



The neonatal ward is reported to be able to accommodate as many as 60 patients. Average census is 20-40 NICU patients daily and an additional 3-4 infants receiving Kangaroo Mother Care. There are on average 5000-6000 annual admissions. Fifty percent of admissions are from outlying birth centers. Many referrals are premature and low birthweight infants. There is a facility for rooming in for mothers and a 5-bed Kangaroo mother care unit which serves as a teaching center for Kangaroo mother care for preterm babies. The maternity ward is located close to the NICU and delivers 4000-5000 babies annually. Nearly all maternity hospitals in Addis Ababa have a teaching affiliation with the Faculty of Medicine at Addis Ababa University. The NICU at Tikur Anbessa Hospital has a few incubators, phototherapy machines, radiant warmers, and pulse oximetry. The NICU is covered by one neonatologist, several consulting pediatricians, house officers, medical students, and 13 NICU nurses. A neonatology fellowship program is expected to begin soon.

There is routinely a wide spectrum of pathology on the neonatal ward, and volunteers report remarkably good outcomes given the limited resources and technology. Common conditions include prematurity/respiratory distress syndrome, meconium aspiration syndrome, sepsis, and hyperbilirubinemia. Volunteers have also recently reported caring for patients with the following diagnoses: trisomies (18, 13, 21), hemorrhagic disease of the newborn with CNS bleed (requiring VP shunt placement), gastroschisis, omphalocele, ruptured myelomeningocele, ileal atresia, imperforate anus.

Staffing

Nursing. Nurse/patient ratio generally averages 1:4-5, with approximately 3-7 nurses on duty at any given time. “Some days there are three nurses and on others there are as many as seven nurses. On the days there are several nurses, some of them have worked the night before.

Therefore, they are pulling a double duty. When staffing is minimal, there are times where no nurse can occupy –at all times- the main room where the critical infants are bedding. The nurses do not have assigned patients, but they have assigned duties. Some of the nurses are dedicated to the NICU for a life time while others are welcoming the day to rotate out of the unit and onto a ward that’s not as demanding and difficult to work in. Complete assessments are only done on admission; after that, the heart might get auscultated for beats/min. and not for rhythm or tone. The breath sounds are auscultated at admission. These deficiencies are not related to a desire to be involved. They are related to being understaffed with a very poor staff to patient ratio and I’m sure a culture of habit. Despite the working conditions, the nurses have an incredible sense of duty to the NICU. They were very pleasant to work with and always had a strong work ethic. At all times, the nurses had a desire to help and get involved when asked. I observed their strong ethic to assist the residents and physicians when asked. When in class, they were attentive and asked questions and they took notes. Although their scientific knowledge is low and needs to be worked on, their willingness to learn is very encouraging.” (-P Platt).

Physician. “The NICU is staffed with a well rounded complement of residents. Currently there are two first year, one second year, one third year and a myriad of interns. In the L/D ward, there are two third year residents who are responsible for well baby (average 6-8 babies/day) and attendance of high risk deliveries. To the best of my understanding, their attendance of the HR deliveries is few at best. Although there are many residents, they don’t follow any one patient, but they are all responsible for all patients in the NICU. It is very difficult to get answers on follow up because there is no ownership of the patients. The majority of the residents seem eager to learn; the juniors more than the seniors.” Currently there is one Neonatologist. He is also the department director which consumes a lot of his time. There is one Pediatrician who is currently functioning as an attending. He will also be one of the Fellows when the Neonatology Fellowship program begins. During the week, the pediatrician attends most of the bedside rounds as do the senior residents.” (-P Platt).

Typical Daily Schedule	
08-09:	M-W-F Morning Report
08-09:	Tue-Thurs Lecture (<i>there is a time slot for Neonatal-focused lectures</i>)
0930-1200:	Daily NICU Rounds
1230-1330:	Lunch (<i>usually, if not always, off hospital grounds</i>)
1330-1430:	Daily - Med Student Forums, Grand Rounds, Other educational forums
1430-1700:	Reading/Internet catch up

Equipment

(note: the status of equipment regularly – what follows is current as of May, 2010)

Ventilators. There are 2 ventilators although neither is reported to be functioning.
Cardio/Respiratory Monitor. There are no ECG monitors in the unit. Babies are generally unmonitored from the time of admission to the time of discharge. Pulse Oximetry. There are two pulse oximetry units – one main and one portable (some recent volunteers made a donation to

help purchase rechargeable batteries). Saturation is generally checked during the admission process and during morning rounds when deciding if the oxygen should be continued or discontinued. Infants who are moved out of the critical/admission room and continue to be on NCPAP or NC are assessed clinically for the need to continue or discontinue treatment. The infants pulse oximetry is typically not checked once they leave the main room. There are 4 IV pumps available and are used exclusively for intravenous fluid administration (not medications or feeds). An alternative system involves spiking a IV bag and running fluid over one hour and then turning the fluid off for a couple of hours and on again with a repetitive cycle. The drip of fluid is highly dependent on the height of the bag, the volume in the bag and whether there are kinks in the tubing (which one volunteer found at least 50% of the time). Blood Glucose Monitoring. Monitoring blood sugars is very minimal with most patients treated with symptoms alone. There is a glucometer with sticks. Since there is no charge for the NICU care, supplies cannot be purchased unless other funds are available. If a blood sugar is tested, it must be drawn and sent to the laboratory as a serum specimen. Blood Gas Analysis. There is a 4th floor ICU that has on-site capability for blood gas, electrolyte and other analyses. However, there is limited access to NICU patients (this apparently is an issue to be resolved with hospital administration). NICU samples have been found to be either not performed or are sent out and results available after 24 hours. Central B/P Monitoring. With no ECG monitor or IV delivery system, there cannot be central B/P monitoring. There are no portable B/P monitors available.

Facilities

Beds – New admissions are placed on a warmer and often co-bedding during the initial assessment (in the past, when the first volunteers were on-site, infants were all being admitted onto a long single cot which held 8-12 babies at any given time). There are 6 open warmers, though space within the unit is reported to be an issue. Although the long single cot has been eliminated, the individual warmers are occupied by as many as 3 infants. The room is well heated with wall heaters, but volunteers have noted limitations with the confinement of the heat due to the opening and closing of the door to the room. Electricity. Three of the current 6 radiant warmers can be plugged in at a given time due to limitations with outlets and/or converter strips. Isolettes can generally not be plugged in (although most of the isolettes have been donated and are apparently missing parts). In the event the unit scales up and acquires greater numbers of functioning ventilators, heaters, suction, cardio/resp monitors, pulse oximetry and IV pumps, it is the feeling of volunteers that electrical issues will be a vital concern. Running water/Sinks. Although there are sinks in each of the rooms, not all are functional. Volunteers note that even the functional sinks are not routinely used.

Language

“Although English is claimed as the main language spoken in the medical school, Amharic soon takes over in group discussions and conversations. Rounds and deep discussions can become frustrating because of the switching languages. I did not find this to be a problem in one-on-one discussions. Most of the resident and attending staff could communicate in English very well; the majority of the nursing staff could not. Almost one hundred percent of the time the physicians spoke to the nurses in Amharic.” (-P Platt). Other volunteers have reported similar

experiences and have reported challenges with being able to entirely understand the conversations between local physicians and nurses.

C. CREDENTIALING

The following materials will need to be forwarded to Dr Bogale Worku in advance of your trip in order to arrange the proper credentialing at Addis Ababa University Faculty of Medicine (each of these materials should be sent by hard copy as well as by scanned electronic copy):

1. Two passport size photographs
2. Copy of medical school/nursing school diploma
3. Copy of current medical/nursing license
4. Letter on your institutional letterhead stating your current professional position

D. VOLUNTEER HEALTH

General

In the event volunteers should require medical assistance, there are good private clinics (including Brook Clinic) near the University apartments and a modern lab, International Clinical Laboratories (tel: 011-467-1818). Most of the physicians at Tikur Anbessa have a private practice and can also help to identify a physician if needed. The American embassy in Addis is another good resource.

Some volunteers have suggested visiting the U.S. Embassy website prior to travel and registering the trip online. By doing so, there is also the option of being updated automatically on country alerts.

An additional health security option that volunteers may wish to pursue independently is purchase of a travel emergency health insurance policy prior that covers medical expenses and/or medical evacuation or repatriation during the dates of travel. Good plans are available for as little as \$50-100/month. These plans can be purchased online at websites such as www.TravelEx.com and www.InternationalSOS.com.

Immunization

The following vaccinations are recommended by the Centers for Disease Control and Prevention (CDC) as of 5/2009 (latest information can be found at www.cdc.gov):

Vaccination Disease or	Recommendations or Requirements for Vaccine-Preventable Diseases
<u>Routine</u>	Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.

Vaccination Disease or	Recommendations or Requirements for Vaccine-Preventable Diseases
<u>Yellow Fever</u>	CDC yellow fever vaccination recommendation for travelers to Ethiopia: For all travelers >9 months of age. Ethiopia requires travelers arriving from <u>countries where yellow fever is present</u> to present proof of yellow fever vaccination. Vaccination should be given 10 days before travel and at 10-year intervals if there is ongoing risk. Find an authorized U.S. yellow fever vaccination clinic.
<u>Hepatitis A</u> or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
<u>Hepatitis B</u>	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission (see map), especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident).
<u>Typhoid</u>	Recommended for all unvaccinated people traveling to or working in East Africa, especially if visiting smaller cities, villages, or rural areas and staying with friends or relatives where exposure might occur through food or water.
<u>Meningococcal (meningitis)</u>	Recommended if you plan to visit countries that experience epidemics of meningococcal disease during December through June (see map).
<u>Rabies</u>	Recommended for travelers spending a lot of time outdoors, especially in rural areas, involved in activities such as bicycling, camping, or hiking. Also recommended for travelers with significant occupational risks (such as veterinarians), for long-term travelers and expatriates living in areas with a significant risk of exposure, and for travelers involved in any activities that might bring them into direct contact with bats, carnivores, and other mammals. Children are considered at higher risk because they tend to play with animals, may receive more severe bites, or may not report bites. For updates on the rabies vaccine supply, please check the Rabies News and Highlights page regularly.
<u>Polio</u>	Recommended for adult travelers who have received a primary series with either inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV). They should receive another dose of IPV before departure. For adults, available data do not indicate the need for more than a single lifetime booster dose with IPV.

Malaria

Malaria risk area in Ethiopia: All areas at altitudes below 2,000 m (<6,561 ft). Virtually no risk in Addis Ababa.

Malaria prophylaxis: If you will be visiting a malaria risk area in Ethiopia, you will need to take one of the following antimalarial drugs: atovaquone/proguanil, doxycycline, or mefloquine (primaquine in special circumstances and only after G6PD testing). *Note: Chloroquine is NOT an effective antimalarial drug in Ethiopia and should not be taken to prevent malaria in Ethiopia.*

VI. ADDIS ABABA

A. TRANSPORTATION

Volunteers should arrange their own round-trip, economy airfare to Addis Ababa and will be reimbursed by VON. Please confirm with VON that airfare is appropriate prior to purchase.

Taxi services are easily accessible at the Addis airport and around the city. It is also possible to arrange in advance to have a private driver – one who can provide transport to/from the airport, transport around Addis, and even transport for trips outside of town. If a taxi is “flagged,” it is strongly suggested to negotiate the fare in advance. Volunteers have advised finding and “keeping” a reliable taxi driver. One volunteer has had good experience with a private driver named Zewedu, who reportedly has a clean car, is reliable, speaks English, has reasonable rates, and is a good driver. He should be called ahead of time to negotiate price and to discuss travel plans and can be reached by phone at: 0911224456. Another volunteer had a good experience with a taxi driver named Solomon; his number is 0912-17 42 44. Another recommendation is a driver named Yonas (despite being a little “pricey”), who reportedly has good English comprehension and can be reached at: 091114577.

Fare range between the University apartment and the downtown area should average 60-100 birr.

The university provides transportation (free) to and from the hospital.

Visa. Note that a passport visa is required for travel by U.S. citizens to Ethiopia. While it may be possible to obtain a visa on arrival at the airport in Addis, it is highly recommended that volunteers secure their business visa prior to departure through the Ethiopian embassy in Washington DC (<http://www.ethiopianembassy.org>). The following materials will be required: (1) passport (with open pages), (2) color passport-sized photo, (3) completed application form (available at <http://www.ethiopianembassy.org/visareq.shtml>), (4) money order payable to "embassy of Ethiopia" for \$70, (5) a letter describing the purpose of the trip from the sponsoring organization (obtained through Dr Horbar at VON or Dr Bogale at AAU), and (6) a postage-paid return envelope (this reportedly must be a FedEx or UPS envelope, preferably with tracking ability).

B. ROOM, BOARD & OTHER

Accommodation is provided by VON in a “comfortable and adequately furnished University apartment” (described by a returned volunteer). A local woman (Hirut) cooks, cleans and does laundry (also provided by VON). There are a couple of western-style groceries nearby - prices vary considerably (by 50% in some cases). Some volunteers found the corner store next to the apartment very reasonable for routine purchases like water, beer, wine, vegetables. Bambis is a large store and is most similar to US grocery stores in terms of selection; there are two in Addis, accessible by taxi. Electricity and water in the apartment are intermittent, but manageable (though “you may have to miss a daily shower once or twice a week”).

There has been one security issue reported inside of the apartment: a locked closet was breached during work hours and money was taken (other items including small electronics, passports, etc, were untouched). **Note: this has been taken very seriously and was addressed between Dr Horbar and Dr Bogale.* The hospital office, to which you will have a key, may be the safest

location for valuables, next to your own money belt. It has been suggested by volunteers that valuables not be left in the apartment.

Electrical appliances. A single electrical outlet is in each room that requires a converter and divider, available in any electrical shop in Addis for under \$10 dollars (or can be purchased prior to travel). The office outlet at the hospital has converters and dividers.

Computers/Internet. The office desktop at the hospital has a word processor and PowerPoint capability. The computer at Dr. Bogale's office in the hospital has a cable internet connection for quick e-mail checks. One volunteer strongly suggests bringing prepared presentations as it was challenging to reliably perform literature and other internet searches there. Another volunteer advises “to bring your own laptop, BUT do not share any material with another computer even on a floppy. Viruses are rampant!” The printer is functional but dependent on a cartridge, which may not reliably have ink (the model is an HP laser 1300 in the event volunteers would like to bring their own). Internet access is very sporadic; some volunteers have purchased internet time at hotels to communicate with families, friends, and colleagues. “Gmail” and “Yahoo” seemed to be the best functioning internet email services at the hospital. Internet cafes exist but are sometimes exceedingly slow - not unusual to get only one email read and sent within a 30 minute time frame. Cost at the internet cafes are ~birr 0.20/min, birr 110/hour at the Hilton Hotel, and birr 85/hour at the Sheraton Hotel (note that pending perceived security threats, you may need passport to enter these hotels and should expect to have bags checked and/or body search. If you have local taxi contracted, they will need to pick you up outside Sheraton since it does not appear they can get on property without you in the taxi already).

Paradise Garden Cafe restaurant is within walking distance and you can have drinks/lunch/dinner and access wireless signal with your own WiFi card. There are probably 2 or more hotspots within walking distance of the apartment (again, CDM card required).

Cell phones. One volunteer used a phone rental company called the Red Zebra (phone:0911-24 05 65) that rents SIM cards for 33 USD/month (note that this is the rental cost of the SIM card and does not include the cost of minutes). SIM cards can be used with your own phone provided it is 3 band, unlocked, and 900 GSM (note that most iPhones are NOT unlocked). Red Zebra also offers phone rentals for 40 USD/month. Phone cards for minute usage (available at many locations throughout the city) must be purchased independently. Red Zebra offers a delivery service to your hotel or the airport for 12 USD and 18 USD delivery charge respectively; or cards can be picked up from their office at: Red Zebra, Elsa Building 3rd floor, Wollo Sefer, off Bole road (The 1st building at Wollo Sefer to the right side), Addis Ababa.

Another volunteer had a good experience with a phone company called VIP Select (www.joinvip.com).

Be warned! one volunteer cautions that the phone service in Addis is poor at best. Sometimes the lines are busy, sometimes a voice recording states that the person one is trying to contact is out of service area (even if they are not) or had their phone turned off (even if they did not). Rest assured, at least, the same issues occur for locals.

For your own friends and family who may be calling you in Addis, Skype is always a good option. Alternatively, one volunteer had success through: <http://www.callethiopia.com>.

Money. The unit of currency in Ethiopia is the Birr. \$1 US = 13 Ethiopian Birr.

Time. Some volunteers have suggested being familiar with the Ethiopian clock before arrival. The calendar is challenging to translate but, conceptually, easy to understand. During our stay in 2009 (U.S. calendar), it was 2002 by Ethiopian calendar - and new Ethiopian year was due to occur in September! (Note: volunteers have remarked that they LOVE being 8 years younger!). Understanding the Ethiopian “clock” is particularly useful for communication, since outside of the tourist areas everyone (including the VON driver!) uses Ethiopian time. “It is very easy to learn!” (-T. DiFazio)

Photography. “It is important to be aware of cultural norms. The obvious things (taking pics of people) are intuitive. Less so are circumstances that cannot be predicted by location or unknown taboos. We were admonished on two occasions in situations that were non-intuitive and felt our personal safety was at risk. Wherever you see soldiers or barbed wire, do not even think about taking your camera out.” (-T. DiFazio)

Dress. “Suggest visit websites for dress customs. For women, we did not see shorts or sleeveless tops worn as a norm in spite of sometimes very warm weather. Suggest bringing long pants/long skirts and multiple tops that can be exchanged with pants/skirts. For weekends---casual jeans, sweat pants etc are fine but would not recommend short pants. Flat, comfortable shoes recommended since there are lots of great places to go by foot (athletic shoes for weekends). We did not wear traditional scrubs: the doctors wear white coats (over dress casual clothes) and remove them in the NICU to replace with lavender cover gowns. RNs wear street clothes with same cover gowns over them. Male physicians dress similar to U.S. custom. We did not see male nurses. Suggest you bring your own stethoscope and would also bring box of disposable gloves to use and leave extra with NICU staff. Would bring sunglasses since sun is strong and also to protect from dust.” (-T. DiFazio)

Other. One volunteer, Georgis Kefale, has graciously offered to provide the names and cell phone numbers of his personal family and friends who live in Addis. They support this project and can be contacted if any problems arise: Mohammed Kasim (h: 113-20-09-88; c: 0911-15-33-87), Aster Retta (h: 113-20-09-88; c: 0911-70-09-66), and Samson Abdulla (c: 0911-20-84-05; sabdella@hotmail.com).

C. CULTURE

Restaurant suggestions

- Café/pastry shops: Kaldi’s and Bilo’s (multiple locations throughout the city; Kaldi’s is the Ethiopian equivalent of Starbucks)
- Pizza: Metro Pizza off of Bole Road
- Italian food: Blue Top in front of the Addis Ababa University
- Chinese restaurant next to the Ghion Hotel and opposite the stadium

- Indian: Sangham restaurant Bole Road
- Club Alize for an evening of jazz and drinks, located near Bole airport

Near the university apartment:

- The Golf Course Restaurant
- Tivoli's is just around the corner from the apartment in the Bisrate Gebriel traffic circle area
- Family Restaurant has good Tex Mex, plus breakfast available (also near the traffic circle) a Chinese menu is also available.
- Yod Abyssinia- excellent for traditional music/dance and Ethiopian food, just by traffic circle

In/near Tikur Anbessa Hospital:

- Coffee Shop on the first floor of the hospital
- Post Office Café in front of the post office
- Loyal Restaurant: an assortment of western and Ethiopian food is available on the upper level of a grocery store in front of the Lesse school; reliable and a good spot for Western dishes at lunchtime.
- Fasika restaurant has dancers and good Ethiopian food

Galleries

- Macuush: Bolo Road on the Mega building
- St. George gallery: Behind the Sheraton Hotel
- Gojo Art Gallery: at Samet Restaurant near Bisrate Gebriel Circle, nice oil on canvas art

Movie theaters

- Bole Road Haile Gebresellase building. Both western and Ethiopian movies. Amharic movies are usually subtitled.

Weekend Excursions

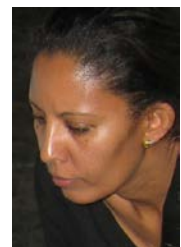
- **Euphoria Day Spa** is ~50 feet from the apartment. They have English speaking personnel and variety of very reasonably priced spa services. One group of volunteers had EXCELLENT cost effective service there on the day of their departure. Also spa at the new LAPHTO mall (see below under shopping/souvenir suggestions)
- **Debrezeit.** Located approximately 35 minutes outside of Addis, boasts multiple lakes and hiking. Yerer Mountain is for hiking. Kuriftu Spa and lodge is an excellent facility though a bit expensive by Ethiopian standards. Mr. Daniel Mesfin's conference center is located lakeside and has a restaurant, bungalows, and hotel rooms.
- **Langano:** Located about 3.5 hrs drive from Addis. Although not too far, is likely best to plan at least an overnight trip and to plan your drive in the daylight (the road is very good but since it is on the same road as Addis - Djibouti/Kenya, there are many trucks traveling during the evening and night). Sabana Lodge is located on Lake Langano, owned by the same

people as the Blue Top restaurant (in front of Addis Ababa University), and is an impeccable facility with beautiful bungalows, excellent food, beautiful scenery, and multiple water sports (www.sabanalangano.com; phone 046-1191181). Stop by the Blue Top restaurant for more information and reservations.

- **Entoto:** Located on the outskirts of Addis
- **Lalibela,** “site of historic stone churches, can be accessed by EAL one hour flight from AA for under \$130 US. Plan early Fri departure and early Sunday return. We have excellent contact who can make all arrangements for you: Cheru (tell him Terri & Linda recommended him; also used by UNICEF personnel with excellent recommendations). Cheru Abebe 251911756450 or cheru_abebe@yahoo.com. He can be relied upon to arrange travel from point of departure in AA to return to AA and all in between.” (-T. DiFazio)
- **LAPHTO.** “This is a new Mall/Gymnasium, next to St Gebreal Church. Only a few shops were open during our visit including upscale women's clothing, native clothing/dress/carvings, chocolate shop, Spa, Houseswares and infant clothing. There is an outdoor pool under construction and a bowling alley is either open or planned. It looks like it will be quite a mall when completed (which looks to be very soon since many stores are open or near opening with some vacant spaces).” (-T. Difazio)
- **Addis Mercato.** “We visited Mercato with local woman and taxi driver and our experience was not optimal. We had no problem with pick pockets but do suggest you stay alert as recommended in travel guides. We did NOT find the prices better than those in the local kiosks and shops near Tikur Anbessa and in neighborhoods near Apt or during walks. Prices are negotiable not just in Mercato but with most shop owners. In hindsight, we would shop around more and rely less on the cost savings of a trip to Mercato since we paid >2X the amount of items we subsequently found in our local shops.” (-T. DiFazio)

VII. VOLUNTEER CONTACTS & EXPERIENCES

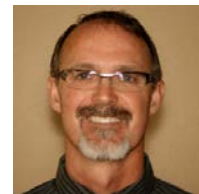
“What would I tell the next group? (1) The first few days take in everything. Things are done very differently and slowly. There really is no sense of urgency about anything. (2) Unless each volunteer has a plan for the day, the most you will be asked to do is give lectures. You have to work with the residents and the nurses to see what they would like from you. Most are very timid to request anything from you. (3) The head nurse (sister Berehane) and the Unit Clerk (Degefa) run the place. Be in their good book and make sure both (especially the sister) understand what you are suggesting and why. (4) Know that you cannot fix everything and in the long term it will be best to help them work on improving the way things are done instead of getting into the minor details. The NICU needs major changes and the staff is ready for it. However because of exposure no one really knows what is needed. Know that this is how things have been done for decades and it is not going to change overnight. If you come into it with open eyes then you can look at the bigger picture and identify what system changes need to happen. In addition, your responsibilities are to educate



people on what can be. It is up to the people locally to implement them. This means, there will be things you know should be done differently and may think is so simple but that may not happen or take days to happen until people are convinced or understand why or figure out ways for the changes to work within their own constraints. Do not get frustrated. Step back and try to see it from their perspectives. (5) Even though they have shortage of man power especially nurses, there is also a huge component of inefficiency. Hopefully each one of us will teach a little bit of organizational skill both to the residents and the nurses so that they can make the best of what they have. (6) Remember that if you reach the pediatric residents you are in effect reaching out a lot further than the Tikur Anbessa NICU. They are the future teachers and they are the ones that will go out to the different hospitals in Addis and throughout the country.(7) Lastly, know that you are actually going to come out of it a different person than when you signed up to volunteer. For me it has been a lesson in life. I have learned about patience, persistence, and the resilience of human beings. Ethiopians will find the single thing they can be thankful and happy about when everything around looks like it is going to fall apart. The fact that against all odds and not so ideal work environment the residents and nurses come to work daily with smiles on their faces and unbelievable amount of support for each other is amazing and inspirational. (8) Also: Note that Ethiopian airlines fly round-trip from the US. If you take a transatlantic round trip flight with Ethiopian Airlines, they offer an opportunity where you can fly round trip from Addis to pretty much anywhere they fly in Africa, Asia, and the Middle East for a minimal fee. If you have time to attach a vacation on to your trip to Ethiopia it is definitely worth it.”

-Misrak Tadesse, 06/09 & 7/10, misrak_tadesse@yahoo.com

“As a representative of nursing, I had an awesome experience at the Tikur Anbessa . As a NNP, I also had fantastic exposure to the resident staff and medical students. The staff was very inviting and accepting of our presence. Like a sponge’s affinity for water, so was the staff’s desire for change at the Tikur Anbessa Hospital. Suggestions and encouragement were received with open arms. Didactic lectures were given at their formal meeting times, but the greatest teaching opportunities were at the bedside and within the unit itself. Although English is widely spoken, Amharic –native language- quickly becomes the language of choice during deeper discussions. Clinically, the admitting diagnosis ranged from twenty eight weeks GA to term infants with HIE (Perinatal Asphyxia -PNA), MAS, Neuro Tube Defects, Seizures, Dehydration, Hyperbilirubinemia, Kernicterus, Oomphalocele and many others. I had the pleasure in observing their joy and pride as they began to make small steps in change towards leaps in outcomes.”



-Phillip L Platt, 6/09 & 7/10, pplatt2@amaonline.com

“I am .. concerned about the inadequacy of proper equipment to care for newborns in the NICU. However, despite all these deficiencies, I believe a VON volunteer can play a very useful role in bringing about the necessary changes in the NICU. In this regard, it would be essential to prepare a core list of neonatology lecture topics along the lines of the training curriculum of the department.”



-Georgis Kefale, 8/09, ggkefale@comcast.net

“On VONs first formal trip to Addis and Tikur Anbessa, hosted by Dr Bogale Worku, we were given a tour of the facilities and met with the Dean of the Medical School, a representative from the Ministry of Health, and the team at Save the Children. Our group gave a number of didactic lectures to the housestaff, who were remarkably attentive and intelligent. The NICU ward was austere. A number of small babies were receiving oxygen and CPAP. One baby was receiving phototherapy (but it was noted that the phototherapy bulbs had never been changed – for at least several years – and the local staff was not aware that irradiance of phototherapy light could and should be measured). One small baby died during our tour of the NICU.”



– **Jonathan Spector, 10/08, jmspector@partners.org**

"I have never known such a resilient and optimistic people. Though there is a relative lack of technology, I am amazed at what is accomplished for the mothers and newborns with so little. In many ways, it is medicine as it should be practiced--- listening loudly to the historian, examining the patient and arriving at a good differential diagnosis and treatment plan using your brain and your heart (*lab tests optional*)."



–**Terri DeFazio, 1/10, Phillips_Terri@allergan.com**

List of additional returned volunteers:

–**Linda Tutt, 1/10, tutt4u@aol.com**



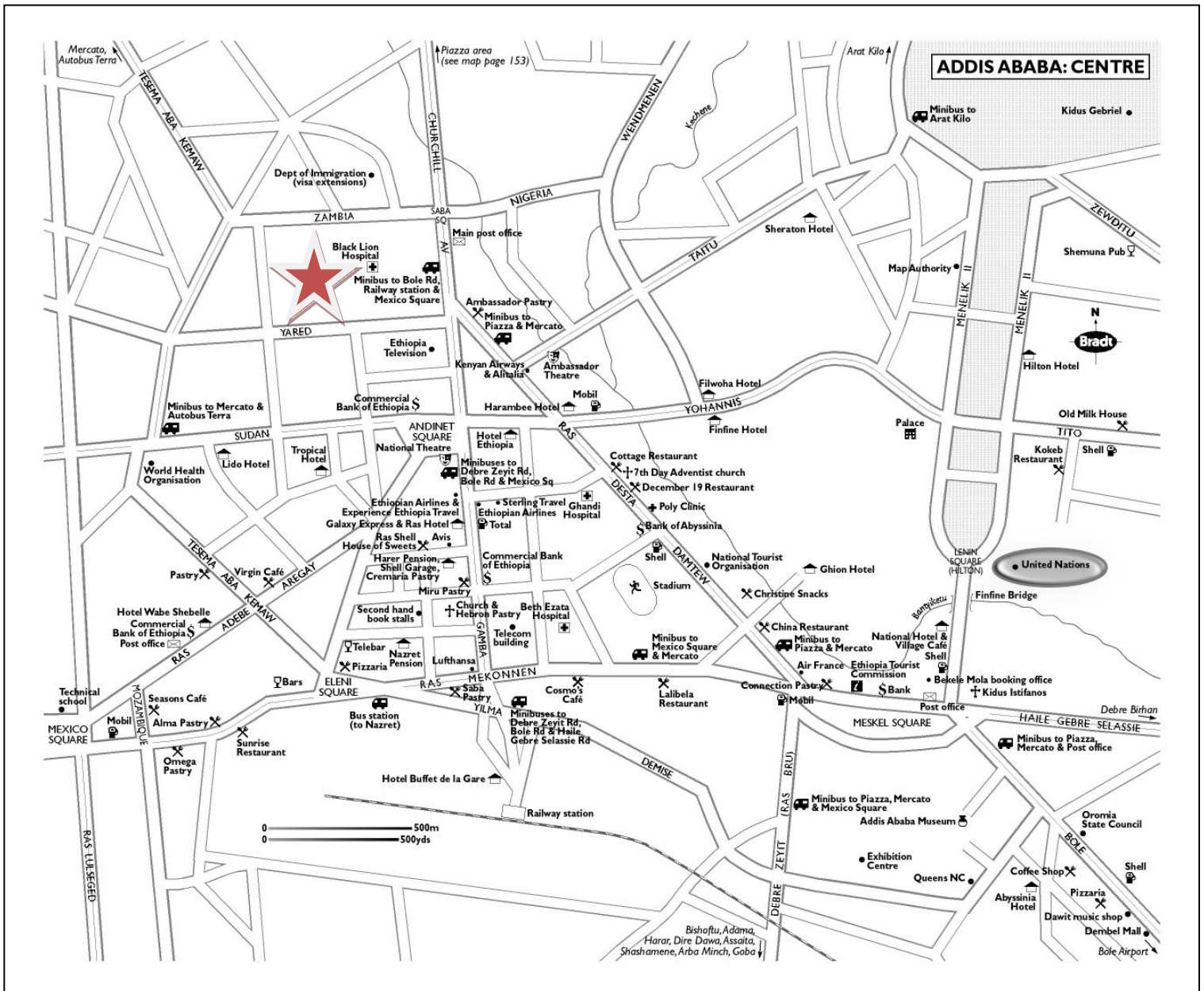
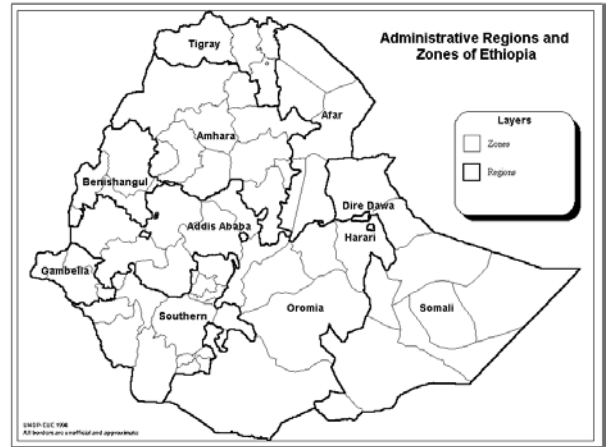
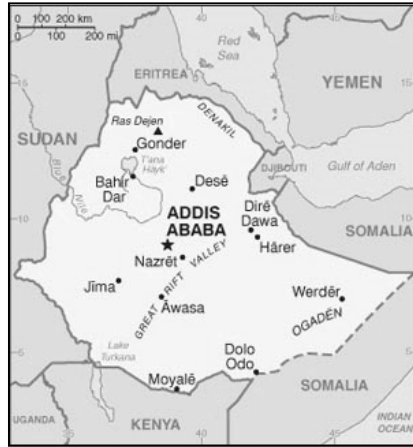
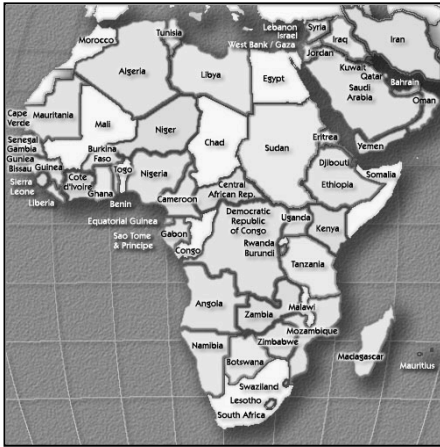
–**Jeffrey Horbar, 10/08, jhorbar@uvm.edu**



–**Steve Ringer, 10/08, sringer@partners.org**



APPENDIX: MAPS



SELECTED REFERENCES & RESOURCES

GUIDEBOOKS

Lonely Planet Ethiopia & Eritrea, 3rd edition, 2006
Ethiopia Bradt Travel Guide, 5th edition, 2009
Lonely Planet Amharic Phrasebook, 2nd edition, 2002

NOVELS

A History of Ethiopia, by Harold Marcus, Univ of Calif Press, 2002
Notes from the Hyena's Belly: An Ethiopian Boyhood, by Nega Mezlekia, Picador, 2002

FILMS

TemeTTeme (1998). "A moving parable about progress and the values of family life set in the beautiful drylands region of northern Ethiopia. This short narrative film tells the story of 12-year-old Belete who runs away from his father's desertified farm to pursue an education in the big city of Addis Ababa. Here he falls in with a gang of street children and discovers the errors of his ways"-Container.

Mirt sost shi amit (Harvest, three thousand years) (1975). "Set in Ethiopia, a peasant family struggles for survival on the farm of a wealthy feudal landowner. The film's pace and visual style is geared to the rhythms of daily life, providing a sensitive portrayal of the details and dramas of everyday reality. The drama is set in motion by the teen-age son and daughter who contest traditional social roles, the tyrannical behavior of the landowner and the visionary and revolutionary deeds of the local madman."

Teza (2008). "A powerful new film chronicles the life of an Ethiopian intellectual who flees his country during the Marxist <red terror> in the 1980s, only to be viciously attacked in Germany by racist youths."

"The political and religious histories of Ethiopia are ALIVE and vibrant and worth understanding prior to coming. Democracy unfolding..." (-T. DiFazio)