

AID 1330-1
(8-64)

PRO AG

PROJECT AGREEMENT
BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID),
AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND
THE HAILE SELASSIE I UNIVERSITY,
AN AGENCY OF THE GOVERNMENT OF ETHIOPIA

The above-named parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:

- PROJECT DESCRIPTION ANNEX A FOREIGN CURRENCY STANDARD PROVISIONS ANNEX
 STANDARD PROVISIONS ANNEX SPECIAL LOAN PROVISIONS ANNEX

This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:

- GENERAL AGREEMENT FOR TECHNICAL COOPERATION DATE June 16, 1951
 ECONOMIC COOPERATION AGREEMENT DATE April 25, 1957
 (other) DATE _____

1. PROJECT/ACTIVITY NO. 663-11-510-003 PAGE 1 OF 0 PAGES
 2. AGREEMENT NO. 264 3. ORIGINAL OR REVISION NO. _____
 4. PROJECT/ACTIVITY TITLE

GONDAR PUBLIC HEALTH COLLEGE

5. PROJECT DESCRIPTION AND EXPLANATION
 (See Annex A attached)

6. AID APPROPRIATION SYMBOL 72-1101004 7. AID ALLOTMENT SYMBOL 051-50-663-00-69-01

B. AID FINANCING	PREVIOUS TOTAL (A)	INCREASE (B)	DECREASE (C)	TOTAL TO DATE (D)
<input checked="" type="checkbox"/> DOLLAR <input type="checkbox"/> LOCAL CURRENCY				
(a) Total		76,000		76,000
(b) Contract Services				
(c) Participants Participants		76,000		76,000
(d) Other Costs				
9. COOPERATING AGENCY FINANCING - DOLLAR EQUIVALENT \$1.00 = Eth. \$2.50				
(a) Total		629,000		629,000
(b) Technical and other Services		460,000		460,000
(c) Commodities		155,000		155,000
(d) Other Costs		14,000		14,000

10. SPECIAL PROVISIONS (Use Additional Continuation Sheets, if Necessary)

See Annex A

PH LOWPER
 EN ...
 PRO PC
 SMC ...

11. DATE OF ORIGINAL AGREEMENT December 2, 1969 12. DATE OF THIS REVISION _____ 13. ESTIMATED FINAL CONTRIBUTION DATE June 30, 1972

14. FOR THE COOPERATING GOVERNMENT OR AGENCY
 SIGNATURE: Jessie DATE: 11/18/69
 TITLE: Haile Sellassie I University

15. FOR THE AGENCY FOR INTERNATIONAL DEVELOPMENT
 SIGNATURE: Roger Ernst DATE: _____
 TITLE: Director, USAID/Ethiopia

AID 1350-1A
(8-88)
PROAC
CONTINUATION
SHEET
ANNEX A

**PROJECT AGREEMENT
BETWEEN AID AND
THE HAILE SELASSIE I UNIVERSITY**
**AN AGENCY OF THE GOVERNMENT OF
ETHIOPIA**

1. Project/Activity No.
683-11-540-003

2. Agreement No. **264**

3. Project/Activity Title
GONDAR PUBLIC HEALTH COLLEGE

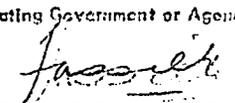
PAGE 2 OF 8 PAGE
3. Original or
Revision No. _____

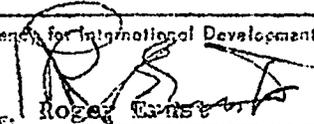
PIO/Ps in the amount of \$33,000 for new programs are in process but cannot be issued until individual participant candidates and their programs have been approved by the IEG's Inter-Ministerial Scholarship Committee. These PIO/Ps will be issued within 6 months of the date of this Agreement or the funds in the amount of the PIO/Ps unissued will be deobligated.

PIO/Ps in the approximate amount of \$43,000 covering extensions or continuations of programs started in preceding years will be issued as soon as sufficient information on participants' academic performance and on funding requirements is available, not later than May 15, 1970.


Roger Ernst, Director
USAID/Ethiopia

1

For the Cooperating Government or Agency

SIGNATURE: _____ DATE: 11/12/6
TITLE: Haile Sellassie I University

For the Agency for International Development

SIGNATURE: Roger Ernst DATE: _____
TITLE: Director, USAID/Ethiopia

AID 1080-1A (8-68) PROAC CONTINUATION SHEET ANNEX <u>A</u>	PROJECT AGREEMENT BETWEEN AID AND	1. Project/Activity No. 663-11-540-003	PAGE <u>3</u> OF <u>8</u> PAGES
	THE HAILE SELASSIE I UNIVERSITY	2. Agreement No. 284	3. <input checked="" type="checkbox"/> Original or Revision No. _____
	AN AGENCY OF THE GOVERNMENT OF ETHIOPIA	3. Project/Activity Title GONDAR PUBLIC HEALTH COLLEGE	

I. BACKGROUND

Reference: Noncapital Project Paper (PROP), TOAID A-262, dated May 26, 1969, Section A.

II. ACTIVITY OBJECTIVES: See PROP TOAID A-262, dated 5/26/69, Section D.

Gondar Public Health College and Training Center was established in 1954 with the participation of WHO, UNICEF, USAID and the Imperial Ethiopian Government (IEG).

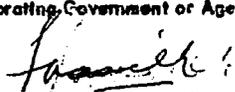
The main objectives of the College are:

1. To train teams of health personnel: health officers, community nurses and sanitarians to staff the decentralized generalized health services (health centers) especially in rural areas.
2. To develop an Ethiopian teaching and administrative staff to replace the USAID and WHO technicians.
3. To develop a model provincial health department for Begemidir-Semien Province capable of providing minimally adequate health services and serving as an appropriate training environment for intern and pro-intern students.

III. COURSE OF ACTION: See PIP dated 5/28/69, and PROP No. A-262, Section E and Revision No. 1 dated 8/12/69*

*The purpose of this revision is to terminate this project at the end of FY 70, but to continue support of the College under the general University Project.

This will not change the planned course of action in regard to "topping off" support of selected faculty positions as may be needed through FY 73, and participant training to provide for qualified Ethiopians to replace expatriates in the faculty.

For the Cooperating Government or Agency  SIGNATURE: _____ DATE: <u>11/18/69</u> TITLE: <u>Haile Sellassie I University</u>	For the Agency for International Development  SIGNATURE: <u>Robert Ernst</u> DATE: _____ TITLE: <u>Director, USAID/Ethiopia</u>
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663-11-540-003

PAGE 1 OF 8 PAGES

2. Agreement No.
264

3. Original or
Revision No. _____

3. Project/Activity Title
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IV. Progress to Date

A. At the inception the College was organized and administered by the Ministry of Public Health (MPH). The Dean of the College was until 1968 also the Provincial Medical Officer of Health (PMOH) and the College was responsible for all health services in the province.

B. In 1962 the College became part of the Haile Sellassie I University (HSIU) and the responsibility for health services was transferred to the University. In 1968 the MPH decided to separate the position of PMOH from that of the Dean and to employ a full-time PMOH who would be solely responsible to the MPH. This position is, however, still vacant.

C. The overall performance and effectiveness of the project towards the stated targets (II., above) have been as follows:

1. The College has to date graduated 802 students: 199 Health Officers, 253 Community Nurses, 28 Community-Nurse-midwives, 226 Sanitarians, and 96 Laboratory Technicians. (The latter category was not included in the original plan for the College and will be abandoned when the present students are graduated.) The number of graduates has been satisfactory to meet the needs of the MPH to staff the rural health centers in accordance with the Health Sector of the Third Five Year Development Plan.

2. The staff of the College is now 80% Ethiopianized. The Dean, Associate Dean, Administrative staff, Sanitation and Laboratory teaching staff are all Ethiopians. The nursing staff has two USAID advisors, one on "topping off", one on direct hire. The latter position will be abolished by September 1, 1969, and WHO is planning to assign a nursing advisor to replace the American technician. The greatest difficulty has been in employing qualified Ethiopian physicians. There are presently four Ethiopian physicians: The Dean and Associate Dean, one physician working in pediatrics as counterpart to the American technician and one Ethiopian M.D. working in the outpatient department. The remaining M.D. positions: Public Health, surgery, medicine, obstetrics and gynecology are all filled with USAID technicians (on "topping off") or with other third-country nationals. The College has, however, since 1965 given scholarships to experienced health officers to enter the HSIU Medical School on the condition that they, upon graduation, will return to the College to practice and teach medicine. There are presently three such College-sponsored medical students at the University, two in third-year class and one in the second-year class. WHO has also agreed to assign a senior Public Health Physician Advisor to the College.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: *[Signature]* DATE: 11/28/69
TITLE: **Haile Sellassie I University**

SIGNATURE: *[Signature]* DATE: _____
TITLE: **Director, USAID/Ethiopia**

PROAG
CONTINUATION
SHEET

ANNEX A

**PROJECT AGREEMENT
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663-11-530-003

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3. Original or
Revision No. _____

3. There are presently one 200 bed hospital, five training health centers, one service health center, and an additional sixteen health stations in the province. Whereas these facilities are sufficient to provide minimally adequate health services and serve as training facilities for intern and pre-intern students a major problem remains in clarifying the responsibilities between the HSIU and the MPH. Related to this problem is also the need for assigning a senior health officer to each of the training health centers to provide for better supervision and continuity of health services.

4. To meet these problems the MPH and the HSIU have recently appointed a Joint Committee which shall be responsible for advising the Minister of Public Health and the President of the University as follows:

a) To study and recommend ways and means whereby better understanding and cooperation between the Gondar Public Health College and the Ministry of Public Health could be enhanced, so that the two institutions will be able to exert co-ordinated efforts in the achievement of the goal of the College.

b) To examine and study the present budget of the Gondar Public Health College, which includes allocations for service programmes as well as for training programmes, and to recommend separate allocations for each of the two programmes.

D. The contribution of Gondar Public Health College in achieving the public health sector goal plans has been a crucial and major one. The concept of building up an infrastructure of decentralized generalized health services in the nation by means of "middle level" health workers who with a few years of training can meet the most urgent needs of the population for curative as well as preventive health services was a remarkable far-sighted idea. During the fourteen years of its existence the College has achieved this goal by training the staff for the provincial health departments in all fourteen provinces and for the sixty six health centers established by the MPH in all parts of the nation.

For the Cooperating Government or Agency

For the Agency of International Development

SIGNATURE: *Haile Selassie* DATE: 11/18/69
TITLE: **Haile Selassie I University**

SIGNATURE: *Roger Ernst* DATE: _____
TITLE: **Director, USAID/Ethiopia**

**PROJECT AGREEMENT
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GONDAR PUBLIC HEALTH COLLEGE

3. Original or
Revision No. _____

V. FINANCIAL PLAN

By the terms of this Agreement, the U.S. agrees to contribute a total of US\$96,000 and the IEG agrees to contribute the equivalent of U.S. \$629,000 to the project in FY 1970. The U.S. contribution represents both the amounts fiscally obligated by this document as shown on the face sheet (and below) and the anticipated costs for technician services as shown below.

Cost Components (in U.S. \$)	USG	IEG	Total
Technicians	20,000	460,000	480,000
Participants	75,000	"	75,000
Other Costs	-	14,000	14,000
Contract Services	-	"	"
Commodities	-	155,000	155,000
TOTAL	95,000	629,000	725,000

Schedule A

U.S. TECHNICIANS

1. Public Health Nurse (to Sept. 1, 1969).

Total Estimated Cost \$20,000

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: *Haile Selassie* DATE: *11/18/69*
TITLE: Haile Selassie I University

SIGNATURE: *Robert Ernst* DATE: _____
TITLE: Director, USAID/Ethiopia

PROAG
CONTINUATION
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ANNEX A

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663-11-540-003

PAGE 7 OF 8 PAGES

2. Agreement No.

264

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3. Project/Activity Title

BONDAR PUBLIC HEALTH COLLEGE

Schedule B

PARTICIPANTS

No.	Type of Training	Country	Months Funded Per Particip.	Est. Cost
NEW				
2	Public Health Nursing & Midwifery	U.S.	12 mos.	13.2
1	Nursing Education	U.S.	12 mos.	6.6
<u>2</u>	P.H. Administration *	U.S.	12 mos.	<u>13.2</u>
<u>5</u>			Sub-Total:	<u>33.0</u>
EXTENSIONS				
3	Sanitary Eng. *	U.S.	12 mos.	16.5
1	P.H. Adm. *	U.S.	12 mos.	5.5
1	Nursing-Midwifery *	U.S.	12 mos.	5.0
2	Lab. Science	U.S.	12 mos.	11.0
<u>1</u>	P.H. Nursing	U.S.	12 mos.	<u>5.0</u>
<u>8</u>			Sub-Total:	<u>43.0</u>
<u>13</u>			Total:	<u>76.0</u>

*Degree

Schedule C

CONTRACT SERVICES

NONE

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: [Signature]

DATE: 11/22/69

SIGNATURE: [Signature]

DATE: _____

TITLE: Haile Sellassie I University

TITLE: Director, USAID/Ethiopia

PROAG
CONTINUATION
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ANNEX A

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2. Agreement No. 264	3. <input checked="" type="checkbox"/> Original or Revision No. _____
3. Project/Activity Title GONDAR PUBLIC HEALTH COLLEGE	

**SCHEDULE D
COMMODITIES
N.A.**

**SCHEDULE E
OTHER COSTS
N.A.**

**SCHEDULE F
IEG CONTRIBUTIONS**

Category	Est. Cost Eth. \$	U.S. \$ Equivalent
Salaries	1,150,000	460,000
Supplies	350,000	140,000
Communications	7,500	3,000
Travel	20,000	8,000
Equipment	37,500	15,000
General	7,500	3,000
Total	1,592,500	\$629,000

VI. SPECIAL PROVISIONS

A. Local Currency Costs

AID will provide U.S. dollars for its share of local costs under this Agreement through Special Letter of Credit financing in accordance with arrangements and procedures agreed to by AID and the Cooperating Country unless U.S.-owned local currency is available to fulfill AID's obligations under this Agreement.

For the Cooperating Government or Agency

SIGNATURE: *Jasari*
DATE: 11/18/69
TITLE: **HAILE SELASSIE I UNIVERSITY**

For the Agency for International Development

SIGNATURE: *Roger Ernst*
DATE: _____
TITLE: **Director, USAID/Ethiopia**

Re J&E, Gordon & LMK

(Sullivan)

TRAINING OF RURAL HEALTH WORKERS IN ETHIOPIA

Julius S. Prince, M.D.,

6630003 (2)

PD-MB-913

Although available vital and health statistics in Ethiopia are scant and seldom representative of a cross section of the population, it is now generally accepted that the level of illness in the country as a whole is very high. Infant mortality seems to range up to a high figure and the major causes appear to be infantile diarrhea and malnutrition during the weaning period. Intestinal parasitism is presumed to be extremely widespread, with ascariasis, for example, reported by Russell (1) in 60-70% of the samples examined by him. Major epidemics including, particularly, malaria, typhus and yellow fever, descend upon the population at intervals, and diseases which are more endemic, such as relapsing fever, yaws, leprosy and tuberculosis, to mention only a few, seem to have a high and in some parts of the country increasing prevalence. The level of general sanitation, especially when it comes to the provision of a safe and adequate water supply and suitable methods of excreta disposal, is far below that which would be conducive to good health, at least for the rural population of the country.^x Finally, standards of maternal and child care are probably so low as to lead per se, to a great deal of preventable maternal and infant mortality.

The main factor which needs to be taken into consideration in attempting to alleviate the above health problems is the extreme shortage of fully qualified professional medical personnel. There are, for example, 21 Ethiopian physicians and about 200 foreign physicians working in the country today. Of these, however, about 50-60% are practicing in the major urban areas (Addis Ababa, Asmara, Dire Dawa, etc.). Thus, the physician-population ratio in the greater portion of the country is so low that the possibility of raising it to an acceptable level in a reasonable period of time is unlikely, even assuming that properly developed and equipped hospitals were available on the necessary scale in the rural portion of the country.^{xx}

x Of the estimated 17-20 million inhabitants, at least 90% live in what are considered to be rural areas.

xx This should not be taken to mean that the training of such fully-qualified Ethiopian medical personnel-physicians in all specialities and general practitioners with public health orientation - should not be prosecuted with vigor. Quite the opposite is intended, for, due to the unavoidable time lag, planning for this type of training should get underway immediately.

te. This article is reprinted in part with the kind permission of the Editorial Board of the Ethiopian Medical Journal.

July 6, 1961

One of the major impedimenta encountered in developing decentralized generalized health services in Ethiopia is the general difficulty of communications throughout the country. Without going into detail, it is sufficient to say that, for all practical purposes, whatever health services are to be made available must be brought to the people by locating the services in areas of some degree of population concentration throughout the entire country, local market places, etc. Otherwise, these services would be inaccessible to a large percentage of the population to be served. In any case, the soundness of the philosophy of decentralizing health activities in a country like Ethiopia can hardly be questioned from an administrative standpoint since it would be a practical and physical impossibility to provide sufficient personnel or transport facilities in the capital city to cover the entire country, even if communications were adequate.

In spite of the difficulties described above, and because it would seem to be the best practical public health philosophy to follow in Ethiopia, the Ministry of Public Health has in fact embarked upon a concentrated drive to develop a system of decentralized generalized health services for the country. In this program, the major emphasis will be on prevention and general public health measures rather than on treatment. To be sure, prevention and treatment cannot be divorced from one another but the important emphasis on the former follows from the simple observation that somewhere in the neighborhood of 80-90% of the illness which now plagues the population is preventable. Furthermore, the lack of fully-qualified professional medical personnel and the virtual impossibility of training a sufficient number of them to make much of a "dent" in the problem, for decades, leads to the inevitable conclusion that "auxiliary" health workers^x must be trained to bridge this gap for the time being and for a good many years into the future. It was upon these premises and by this reasoning that the Haile Selassie I Public Health College and Training Center was established in Gondar, Ethiopia in 1954.

x The term "auxiliary" health workers is used advisedly since it is recognized that Gondar graduates are more thoroughly trained and carry heavier responsibilities in the field than the average person who is conventionally termed "auxiliary health or medical worker". However, at the moment, a better or more widely understood term for a Gondar-type graduate is lacking.

The program at Gondar centers around the training of three major types of auxiliary health personnel, namely, health officers, community nurses and sanitarians. The following table shows entrance qualifications and length of training for each category of worker:

<u>TYPE OF WORKER</u>	<u>ENTRANCE QUALIFICATIONS</u>	<u>THEORETICAL TRAINING</u>	<u>INTERNSHIP</u> ^x
Health Officer	12th grade graduate, with Ethiopian School-Leaving Certificate or General Certificate of Education from London, England	3 years	1 year
Community Nurse	Successful completion of 8th grade schooling or above. ^{xx}	2 years	1 year
Sanitarian	Successful completion of 8th grade	1 year	1 year

CURRICULA SUMMARIES

Health Officers

Hours

Lecture Practical

First Year

Principles of Public Health	24	
General Sciences	144	
Nursing Arts and First Aid	36	90
Environmental Sanitation	132	135
Personal Hygiene	12	
Anatomy and Physiology	228	
Laboratory Technology and Microbiology	156	170
Pathology	24	
Pharmacology	48	90

x The internship period is spent in one of three training health centers in Beghemidir Province. These are located close enough to the school so that the faculty can exercise close supervision over the "internes".

x In practice, the tendency has been to obtain students from 9th or 10th grades.

Health Officers

Hours

Second Year

Lecture Practical

Physical Diagnosis	24	
Pediatrics and MCH	96	450
Internal Medicine	168	200
Communicable Diseases	156	100
Surgery	72	110
Sociology and Health Education	60	45

Third Year

Nutrition	24	
Obstetrics	60	90
Epidemiology and Statistics	36	45
Psychology	24	
Public Health Administration	36	45
Medical Ethics	12	

Fourth Year

Training Health Center		9 months
Field Team		3 "

COMMUNITY NURSES

First Year

Personal Hygiene	24	
Nursing Arts	108	
Anatomy and Physiology	72	
Principles of Public Health	60	
Medical Nursing	48	300
Surgical Nursing	48	60
Drugs and Solutions	36	
Microbiology	36	108

Second Year

Communicable Diseases	60	
MCH and Midwifery	156	432
First Aid	12	
Health Education	36	108
Nutrition	24	12
Sanitation	24	
Sociology	24	
Village Field Experience		228

Third Year

Training Health Center		12 months
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Sanitariana

	<u>Lecture</u>	<u>Hours</u> <u>Practical</u>
Mathematics, Physice and Chemistry	72	
Construction	12	36
Surveying	24	36
Hygiene	36	
Public Health Organization	48	
Statistics	12	
Microbiology	24	24
Water Supplies	48	72
Waste disposal	60	72
Food sanitation	24	36
Communicable diseases	24	
Vector control	24	36
Building sanitation	24	36
Health education	12	36
First Aid	12	
Village Field Experience		182
Drawing		80

Second Year

Training Health Center	9 months
Field Team	3 months

In general, however, it may be said that curriculum emphasis is on public health practice and preventive medicine and on the philosophy of team work among the three types of health workers. The latter emphasis is based on the premise that rural health centers now being established rapidly throughout Ethiopia will be staffed by one or more teams of health workers each having as a nucleus^x 1 health officer, 1 community nurse and 1 sanitarian.^{xx} From the outset, there-

x Other essential members of the health center staff include dressers both generalized and specialized, e.g. in leprosy diagnosis and therapy, laboratory technicians, peripheral health workers, clerks, etc. However, due to limitations of space it will not be possible to go into the subject of their training. Suffice to say that the training of dressers, especially, is about to be accelerated and improved by the establishment of such a school in connection with the Menelik Hospital in Addis Ababa and that the training of laboratory technicians is now being carried out at the Public Health College in Gondar. Also, it is hoped that in the near future, provincial health departments will be capable of assuming the responsibility for training both laboratory technicians and dressers.

In practice, a good many health centers have been established with only a health officer, sanitarian and one or two dressers as the nucleus because it has been deemed unwise to assign single community nurses to health centers as a rule and the supply of community nurses is not sufficient to provide two for every health center.

fore, the training program for these health workers attempts to inculcate the team spirit in their activities and to promote the significance of good communication between the members of the team at all stages of development of the health center program. Admittedly, from our observation, this and other aspects of the training have not always given desired results but continued improvement is anticipated along the following lines:-

In viewing the whole program from a perspective it is clear that it entails four major stages. These are:

1. Improvement of training facilities, staff and curriculum.
2. Establishment of logistic means within the Ministry of Health for proper utilization^x of the trained health workers.
3. Supervision of rural health center operations by fully qualified professional personnel.
4. Evaluation of results achieved and application of these findings to improvement of the other three stages of the operation, as indicated.

Of these four stages, the first may be considered nearest completion although, of course, it is constantly, in its curriculum elements at least, under review and subject to alteration. The inclusion of the Gondar institution in the new Haile Selassie I University may, for example, have far-reaching consequences upon the curriculum, especially for the health officer course.^{xx}

The second stage, proper logistic support and utilization of the Gondar graduates, has progressed very rapidly since the institution by the Imperial Ethiopian Government of a health tax and the establishment of a health center section in the Ministry of Health. This tax, based on land ownership and similar to the education tax, has not only provided the financial means to develop the program but has also stimulated great interest in many localities for the establishment of local health services. However, the development of a suitable infrastructure within the Ministry of Health, for administering such a far-flung program and particularly the development of the necessary machinery for dealing with the inevitable supply problems is still of major concern. In fact, up to the present time, the extremely rapid expansion of the rural health center program^{xxx} has outrun, to some extent, the logistic capabilities of the Ministry and of the Central Medical Stores. However, it should also be stated, that energetic steps are being taken to remedy this situation and bring the expansion of the program more in line with its various other components.

The term "proper utilization" implies provision of adequate facilities in which to work, adequate financing and establishment of the necessary supply facilities, "pipe-lines", etc.

Possibilities along these lines are only under preliminary discussion at this time so nothing much more than conjecture could be voiced concerning this matter at present.

There are now 31 such health centers in operation and it is anticipated that by September 1962 approximately 14 more will have been established.

The third stage, supervision of the auxiliary graduates in the field, leaves a great deal to be desired at the present time. Needless to say, such supervision should be carried out by properly qualified professional personnel, ideally, working out of Provincial Health Departments in each of the country's 14 Provinces.^x However, up to now, such personnel have not been available except in Peghemidir Province. It is a most difficult problem to solve because of the almost world-wide shortage of fully trained public health physicians, nurses and engineers or sanitarians. However, as a stop-gap measure the World Health Organization is about to provide a team consisting of 1 public health physician, 1 nurse midwife tutor and 1 sanitarian. In addition; Ministry personnel and international advisors are attempting to assist in this program as much as possible. In any case, it should be emphasized that, in the writer's opinion at least, this stage of field supervision is almost as important a part of the training program for auxiliary health workers as is their original didactic and practical training in whatever formal school they may have attended. It is felt that neglect of this stage of the training program, therefore, can indeed have serious repercussions upon the quality of service rendered by any type of auxiliary health worker.

The fourth stage, evaluation, is just getting underway in this country and the detailed methodology is not yet worked out. However, it should be emphasized that any such evaluative procedure must be based upon three major principles. These are:

1. Establishment of an adequate base-line before health services are instituted in a community to be studied.
2. Use of the ecologic rather than the narrow approach to epidemiologic analysis of what is going on in a given community.
3. The establishment of adequate "controls" so that general ecologic changes in a community, not necessarily attributable to the effect of health services, can be identified and taken into consideration in the final statistical analysis of the data obtained.

As pointed out above, once the evaluative procedure is completed the results should be utilized to improve each of the other three stages of the operation and, of course, this should include an attempt to "build in" evaluation into all of the operations involved so that a sort of running "balance sheet" can henceforth be kept which will show up weaknesses which need to be corrected, as soon as they develop. The whole process has to be considered an integral unit and moreover a continuous one. Thus, neither training nor learning should ever stop as long as there is a program in existence requiring the services of qualified health personnel.

Bibliography

1. Final Report-The Pilot Mobile Health Team, Ethiopia (unpublished)
H. B. L. Russell, M.D., WHO Senior Advisor

PROJECT IMPLEMENTATION PLAN

1. Project Title: Gondar Public Health College
2. Project No: 663-11-540-003
3. PROP No: 1
4. Period covered by this PIP

Begin: FY 1969
End : FY 1973

5. Project Statement

This project was started in FY 1964 and is expected to be physically completed in FY 1973. The project is being implemented jointly by the IEG Haile Sellassie I University Public Health College and the USAID, Public Health Division, and is designed basically to assist the Public Health College to train health workers, health officers, community nurses and sanitarians to staff the decentralized generalized rural health services in the Nation.

The work plan presented in this PIP have been jointly prepared by the Public Health College and the Public Health Division.

This PIP does not constitute a commitment of resources by either the IEG or USG.

Niels H. Poulsen

Niels H. Poulsen, M.D.
Chief Public Health Division

Dr. Eyassu Habte-Gaber

Eyassu Habte-Gaber
Dean, Public Health College
Gondar, Ethiopia

PRG: *R1*
CO: *[Signature]*
SNO: *[Signature]*
Director *[Signature]*

JOINT PROJECT IMPLEMENTATION PLAN PART III - PERSONNEL REQUIREMENTS		1. COOPERATING COUNTRY ETHIOPIA	2. PROJECT TITLE Gondar Public Health College				3. PROJECT NO. 063-11-540-003	4. DATE (Month, Day, Year) May 28, 1969				<input type="checkbox"/> DRAFT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.	
CATEGORY OF PERSONNEL	5. TIME PHASED REQUIREMENTS										7. TOTAL REQUIREMENTS		
	FY- 69		FY- 70		FY- 71		FY- 72		FY- 73		MY	FUNDS	
	MM	FUNDS	MM	FUNDS	MM	FUNDS	MM	FUNDS	MM	FUNDS			
A. UNITED STATES CONTRIBUTION (Funds shown in U.S. \$ Thousands)													
1. AID DIRECT HIRE													
a. U.S.	12	25	3	20	0	0		0		0	1,25	48	
b. Local													
c. Third Country													
2. PASA													
a. Obligations													
b. Expenditures													
3. AID CONTRACTOR EMPLOYEES													
a. Obligations													
b. Expenditures													
4. AID INDIVIDUALLY CONTRACTED EMPLOYEES													
5. BORROWER/GRANTEE CONTRACT EMPLOYEES	90	53	60	60	60	60	60	60	60	-	37,5	233	
6.													
B. COOPERATING COUNTRY CONTRIBUTION (Funds shown in equivalent U.S. \$ Thousands)													
1. CENTRAL GOVERNMENT	1008	450	1066	460	1104	480	1182	500	1200	620	400	2110	
2. REGIONAL, STATE PROVINCIAL OR LOCAL GOVT.													
3.													
4.													
C. OTHER DONORS OR COOPERATING SPONSORS CONTRIBUTION (Funds shown in equivalent U.S. \$ Thousands)													
1. World Health Organization	0	0	24	45	24	45	24	45	24	45	8	180	
2.													
3.													

• of exchange: U.S. \$1 =

JOINT PROJECT IMPLEMENTATION PLAN PART IV - PARTICIPANT REQUIREMENTS		1. COOPERATING COUNTRY	2. PROJECT TITLE			3. PROJECT NUMBER		4. DATE (Month, Day, Year)		<input type="checkbox"/> DRAFT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.						
		ETHIOPIA	Gondar Public Health College			663-11-540-003		May 28, 1969								
6. FIELD OF SPECIALIZATION	8. NO.	7. I/ TYPE	9. PLANNED DEPARTURE DATE	10. DURATION OF TRAINING	10. FUND REQUIREMENTS (Shown in U.S. \$ Thousands or equivalent)											
					U.S.					COOPERATING COUNTRY						
					FY-69	FY-70	FY-71	FY-72	FY-73	TOTAL	FY-69	FY-70	FY-71	FY-72	FY-	TOTAL
New participants and planned extensions																
P.H. Adm. ^x	1	A/U	8/69	24 mos	6.0	5.5				11.5	1.4					
Sanitary Science ^x	1	A/U	8/69	48 mos	6.0	5.5	5.5	5.5		22.5	1.4					
P.H. Nursing	1	A/U	8/69	24 mos	6.0	5.5				11.5	1.4					
Laboratory Science ^x	2	A/U	8/69	36 mos	12.0	5.5	5.5			23.0	2.8					
Purchase, Supply Management	1	A/U	8/69	12 mos	6.0	-	-	-		6.0	1.4					8.4
Public Health Nursing & Midwifery	2	A/U	8/70	12 mos		12.0	-			12.0		2.8				
Nursing Education ^x	1	A/U	8/70	24 mos		6.0	5.5			11.5		1.4				
Public Health Administration ^x	1	A/U	8/70	24 mos		6.0	5.5			11.5		1.4				3.6
Nursing Education ^x	1	A/U	8/71	24 mos			6.0	5.5		11.5			1.4			
Nursing Education	1	A/T	8/71	12 mos			6.0	-		6.0			1.4			
P.H. Administration ^x	1	A/U	8/71	24 mos			6.0	5.5		11.5			1.4			
Health Education ^x	1	A/U	8/71	24 mos			6.0	5.5		11.5			1.4			5.6
Nursing Education	1	A/T	8/72	12 mos				6.0		6.0				1.4		
Public Health Nursing	1	A/T	8/72	12 mos				6.0		6.0				1.4		
Business Administration	1	A/T	8/72	12 mos				6.0		6.0				1.4		4.2
Extensions Scheduled from previous years																
P.H. Nursing ^x	1	A/U		36 mos	5.5	5.5	5.5			16.5				-		
P.H. Adm. ^x	1	A/U		24 mos	5.5	5.5				11.0				-		-
Sanitary Sciences (M.Sc.)																
	2	A/U		36 mos	11.0	11.0				22.0						
Totals																
					58	68	51.8	40		217.5	8.4	5.6	5.6	4.2		27.8
^x Degree																
^{1/} Indicate by combination of letters if participants are: 1st - A - AID Directly Financed; B - Contract Financed; or C - Cooperating Country Financed. 2nd - U - U.S. Training, T - Third Country Training or X - Combined U.S./Third Country Training											Rate of exchange: U.S. \$1 =					

**PART V - COMMODITY AND OTHER REQUIREMENTS
- TECHNICAL ASSISTANCE**

Ethiopia

May 25, 1969

1. PROJECT TITLE

Gender Public Health College

2. PROJECT NUMBER

003-11-840-003

DRAFT
 ORIGINAL
 REVISION NO.

3. DESCRIPTION	4. 1/ TYPE	5. DATE RE-QUIRED	6. FUND REQUIREMENTS					TOTAL
			FY. 69	FY. 70	FY. 71	FY. 72	FY. 73	
A. U.S. INPUTS (U.S. \$ Thousands or equivalent)								
<u>Other Costs</u> Technician Travel and Other Services			4.0	-	2.0	2.0	-	8.0
B. COOPERATING COUNTRY INPUTS (Funds in equivalent U.S. \$ Thousands)								
C. OTHER DONOR INPUTS (Funds in equivalent U.S. \$ Thousands)								

1/ Indicate as appropriate by letter code whether inputs are: G - Grant Financed or L - Loan Financed
For U.S. Commodities only, indicate by letter code whether they are:
A - AID Procured; B - Contractor Procured; or C - Cooperating Country Procured

Rate of exchange:
U.S. \$1 =