

ET - Webb, Hazel

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Nursing Education Advisor

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 Gondar P. H. College Training Center

Attached is the End of Tour Report prepared by Miss Hazel W. Webb, Nursing Education Advisor for Project No. 663-54-914, Public Health College and Training Center, Gondar. The report presents a comprehensive summary of the work Miss Webb was able to accomplish during her second tour of duty.

USOM/E feels that Miss Webb has done an excellent job in solving these problems, as outlined on pages 1 and 3 of her report, which have arisen in the implementation of the project. The solution of these problems has greatly assisted the project in meeting its objectives.

It is recommended that a copy of this report be placed in Miss Webb's personnel file.

RICHARDS

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OTHER AGENCY

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END-OF-TOUR REPORT

Hazel H. Webb, Nursing Education Advisor

HAILE SELASSIE I PUBLIC HEALTH COLLEGE & TRAINING CENTRE, GONDAR, ETHIOPIA

September 1, 1961

1. Project Objectives:

Quoting from the "History and Philosophy of the Haile Selassie I Public Health College and Training Centre", "Health Officers, Community Nurses, and Sanitary Aids are trained at the College to staff Health Centres which are being developed throughout Ethiopia by the Imperial Ethiopian Government's Ministry of Public Health. The Health Centres provide services for the promotion of health, prevention of disease, and for the treatment of the most common diseases found in the country. The purpose of the College is to educate health workers who are well fitted to meet the problems and needs of Ethiopia. Gondar is not a second rate medical school, but a first rate institution for training health workers who will be even better adapted than medical graduates for rural health services of this newly developing region in Africa."

2. Project Accomplishments:

In looking over my End-of-Tour Report for February 23, 1961, I find that one of the difficulties listed was lack of suitable textbooks for this country and this level of students. Much of this problem has now been solved by the mimeographing of our own materials written or compiled by the staff teaching the subjects. It is recognized that this is time-consuming, and the materials may not be suitable for other similar institutions in other parts of the world, but it is certainly easier for a new staff member to have something to start with, in his teaching. In some classes, we still feel we are "only one jump ahead of the sheriff" in the preparation of lesson plans and student materials.

Another problem was the English language. Here, too, I can see some improvement. As the primary educational methods in the country have improved, so the general level of our students has become higher. There is still need, however, for a simple dictionary for the Community Nurse and Sanitary Aid students. At the moment, we are working on this--a compilation of words and phrases we have learned from experience that they do not understand. However, because of a severe shortage of secretarial staff, the cutting of stencils for this little "dictionary" is having to be done by international nursing staff in what moments they can snatch from the regular work.

Another thing which we are currently working on is the preparation of a pocket-sized notebook with simple drawings of good health practices which the

health worker can carry in his pocket and use as a teaching aid in field work. A few months ago, I had a simple sample made which the Health Education Division in Addis Abeba liked so much that they have made plans for having it reproduced in mass numbers and distributing it to other groups, such as agricultural students, community development people, etc. I hope to get the sample finished and send it to Addis for the reproduction before I leave.

I found, in working with students on home visiting techniques and practices, that I needed something written in the most simple and basic terms, to give to them to read and to carry with them. Since I could find nothing already in print, I wrote one. Dr. Otto Jager, our Senior Adviser for WHO, drew the little sketches for it, and we mimeographed it. Since then, the UNICEF Representative in Addis has asked repeatedly for copies to send to Lebanon, Geneva, Alexandria, etc.

The problem of counterparts has been a pressing one, but progress has definitely been made. There is now a Beirut trained Ethiopian Chief of Laboratory Services working smoothly and efficiently. There is also a United States trained Assistant Dean in charge of the Sanitation Programme, and a United States trained public health nurse who is Co-Chief of Nursing Services. These people are capable, and interested in their jobs. In addition, we have one Beirut trained public health nurse, and one just returning from the United States. The main problem these people face is lack of experience, but this will have to come with time.

My work during the last two years has been similar to that which I did in the first tour; teaching of classes, doing field supervision, being responsible for the welfare, behaviour, and experiences of the Community Nurses. I have done less field supervision, and more administration, and much more of the preparation of materials. In this last item mentioned, the work was almost always with an Ethiopian public health nurse, guiding and teaching them how to prepare realistic materials for this country. The Ethiopians are very good about reading reference books, but like the rest of us, they find it hard to "translate" what they read into a really practical application for Ethiopia, and for our students with their special needs.

One really successful staff and student accomplishment during the last year has been the establishment of a little rural Health Centre in a village 45 km up the road toward Asmara. The community itself collected money to build the building (with some help in cement, doors and windows, etc. from the College), and it is the first and only one in Ethiopia built by the people themselves, and they are justifiably proud of it. The building is a simple one, built of local stone and "tchica" (wattle), but it has a washable cement floor, running water, two large rooms and one small one. It may sag a bit here and there, but it represents real effort, and it is a not impossible obtainable goal for other communities. In our united effort toward this achievement, we used the knowledge we had gained from past mistakes in other nearby villages, where we had really superimposed our services on them. This time, we approached the village with the proposition that they might attain our weekly field services visits if they really wanted them

enough to build the building, dig latrines, be willing to learn from our health teaching. We put the town fathers and the people in the position of requesting-- almost begging for--our services, and it resulted in their working as hard, or harder, than we in the establishment of the Centre. We hope that it will become a real Community Centre, with the education, agriculture, and community development people adding their projects to ours. Then the people could be shown improved farming, stock raising, methods, better housing, and handicrafts.

Problems:

The location of our College in Gondar, while good in many ways, creates some problems: we are too far from the Ministry of Public Health in Addis Abeba for effective working relations. We are too rural for Ethiopian staff to want to come here to work. There is a constant problem in getting nursing staff for the hospital, because to most Ethiopians, Addis Abeba represents "heaven", and rural Ethiopia the opposite!

New staff members coming here almost invariably have difficulties in adjusting their teaching methods. It takes time to learn enough about the country to make the instruction meaningful. For example, it fell to my lot one time to teach sociology, because there was nobody else to do it. I began reviewing sociology and community development texts, and trying to remember what I had been taught in the dim and distant past. Finally, it dawned on me that teaching these kids the changing areas of a city as industry replaces residential sections for instance, would be foolishness of an advanced order. So I had to begin digging in Ethiopian ~~staff~~ staff members' minds, and in pamphlets from the Addis Abeba University College to learn as much as possible about Ethiopian customs, traditions, superstitions, and changing cultural patterns, so that what we discussed in class could have meaning for the Ethiopian students.

Materials to work with don't come easily. Although we have a storeroom full of various items, somehow the one thing we need never seems to be there. And if you ask to have it ordered, something almost always happens between the request and the much delayed arrival of the article. Muslin for sheets and pillowcases must come from India, forceps for the nursing bags come from Europe or the United States, for example. But you also learn that catastrophe seldom follows the non-arrival of something you just had to have.

As I am sure is true in all rapidly developing countries, the very development itself creates problems. In Ethiopia, educational methods and standards are changing toward the better almost daily, and the students cannot understand why we cannot make them a positive promise, "If you do this, you will get that". Within a few weeks or months, you might be able to get even more.

I have enjoyed working in Ethiopia. I like the people, their warmth and generosity; I enjoyed working with staff members from many different countries,

and I liked the teaching and the field work with the students. And of course the climate is delightful!

Materials appended:

Teaching materials planned and written here:

- Home Visiting pamphlet
- Nursing Arts techniques
- Public Health Nursing Methods
- Principles of Public Health (Introduction to)

Nursing curriculum
Amba Ghiorghis report