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DATE SENT	2-5-64

A.I.D. Reference Center Room 1656 NS
A.I.D. Reference Center Room 1656 NS

FROM - **ADDIS ABABA**

SUBJECT - End-of-Tour Report: Miss Elizabeth Hilborn,
Nursing Advisor, Project 663-11-590-004

REFERENCE - Pub. Health Advisory Service

Transmitted herewith is Miss Hilborn's End-of-Tour Report. Included as Attachment I are the comments of Dr. J. S. Prince, her immediate supervisor and Chief of the USAID/E Public Health Division. The report is submitted at this time, even though the Mission has been informed that Miss Hilborn is terminating her employment with A.I.D., because of the report's potential value to Miss Hilborn's successor and to others working in similar programs.

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

KORRY

Attachments as follows:

- I -- Comments of Dr. Prince
- II -- Miss Hilborn's Report
 - A -- Organisation and Functions of the Nursing Division, Ministry of Public Health
 - B -- Health Participant Follow-Up Summary

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ATTACHMENT IComments of Dr. J. S. Prince on Elizabeth Hilborn's
End-of-Tour Report

"Miss Hilborn's report shows her usual keen insight and attention to detail as well as demonstrating the wide range of her activities as Chief Nursing Advisor on our USAID Public Health Division team. I would like to comment on her report in detail as follows:

- "1. Paragraph 5, page 5, Local Health Center Program. Miss Hilborn has not only 'brought problems to the attention of the Health Center Committee' but has actually served as a member of the Committee for some time. Her ability and thorough knowledge of the program in the health centers has been of great benefit in this connection.
- "2. With respect to the problems and recommendations included in Miss Hilborn's report at the bottom of page 6, I would have the following comments:
 - (1) I agree with the need for the establishment of a demonstration and training health center in the Addis Ababa area. It may be recalled that this was suggested in the beginning of the discussion concerning possible uses of the "Richards money" back in 1956 and 1957. However, with our present concentration on rural health services, I felt it would be difficult to justify the expenditure of U.S. funds (other than possible provision of some Peace Corps staff) on such a project at the present time, even though, in the end, it would have a beneficial effect on the generalized health services of the country by giving nurses and dressers some good practical training in public health. It would seem, however, that, if the establishment of such a center can be financed either by the Ministry, the Municipality or some other international or bilateral agency, it would indeed prove a highly desirable addition to the training facilities available in the country, and we should be prepared to assist it in every way possible short of actual financial commitments.
 - (2) The same comments apply to the need for establishing a properly staffed and financed University Nursing School in Addis. I fully believe that this school should be a part of the Haile Selassie I University, a point which I note is omitted from Miss Hilborn's recommendation. The question of whether or not the school should train student nurses only with a bachelor's degree or whether they should also train students

to a lower level of proficiency is something that will have to be decided when the school is more nearly ready to begin operations. At the present time it is hardly more than a 'glimmer' in a few people's minds. Whether or not we should, at some time in the future, contribute financially to the staffing of this school is something that will have to await further developments. Certainly if the school includes a major element of public health in its curriculum, which it should, there may be some justification for our participation, in financing this aspect of the curriculum at least.

- (3) The program for midwifery training in Addis seems to have gotten beyond the planning stage and is apparently going to be financed by the Ministry at a new MCH facility called the 'Ghandi Memorial Hospital.' However, I'm not at all sure that the domiciliary delivery service which is an essential part of such a school has gone beyond the planning stage. This is something that our Chief Nurse Advisor can help implement by impressing upon the authorities the importance of such a service and by her technical advice as to how to carry it out.
- (4) Auxiliary midwifery training is, in my opinion, a controversial issue and it needs to be thoroughly investigated before such a training program is entered into. For one thing, all of the Gondar Community Nurses are supposed to be trained in midwifery and it's a question whether we should introduce another type of midwives into the rural health field. I might add, that this matter has been discussed at great length before and no definite conclusions have been reached concerning it.
- (5) Supervision and evaluation of nursing personnel is of the same importance as it is with respect to all other health personnel and in my opinion, the need for this type of activity goes without saying. However, the use of new evaluative techniques designed specifically for evaluation of nursing activities may well be considered by the Ministry as time goes on.
- (6) As much as possible of the training recommended by Miss Hilborn in paragraph 6 of her report on page 7, should be undertaken by the Ministry of Health in Ethiopia. However, where it can't be provided in Ethiopia we are assisting materially at the present time with our participant training program and so is the World Health Organization and the Ministry itself.

- (7) The need for improving the level of practice of health station dressers is clear and I agree that this is a program which should be undertaken by each Provincial Health Department as it comes into operation.
- (8) A training program for advanced public health dressers is certainly needed in order to provide the kind of people who can do a proper job in the various health stations and as assistants in the health centers. This matter should be pushed as vigorously as possible.
- (9) The training of peripheral health workers has already been carried out as an experimental program in one of the health centers (training) connected with Gondar but has not yet been established as a general policy of the Ministry. I think it should be, as soon as possible. In addition, a curriculum should be standardized for such training and should include a large element of malaria diagnosis and treatment so that these peripheral health workers can also serve as evaluators in the various towns where malaria is a problem and where the Malaria Eradication Service will soon be going into the attack phase. This latter point is all tied up with the question of the establishment of basic health services in connection with the malaria eradication program and is the only way in which I see such a relationship as practically feasible within the financial and personnel capabilities of the Ministry. Of course, eventually, malaria workers can be trained to serve in the health centers or health stations but that won't be necessary until the problem of malaria itself is disposed of--an eventuality which is obviously not going to occur until a number of years have passed.
- (10) Whether or not Community Nurses in Gondar should be registered nurses when they graduate, instead of just having a certificate as community nurses, is again a controversial issue. However, in order for them to become qualified public health nurses they do, at first, require the RN designation. Thus, the meat of Miss Hilborn's comment in paragraph 10 on page 7 is whether or not we should change the curriculum for community nurses at Gondar so the graduates of that curriculum will receive their RN certificate. If this is the only way in which to obtain any number of public health nurses in Ethiopia, and it certainly looks as though this may be the case, then I suppose we have

to consider it seriously even though it was never intended at the beginning that the community nurses should be so highly trained.

"With respect to the comment made in the last paragraph of Miss Hilborn's report, in which she sets forth the priority for possible use of any additional U.S. funds for expansion of health services, I must confess that, at this point, I am not quite ready to subscribe to the recommendations made. I would prefer to see how far the Addis Ababa Municipality goes in developing its own health department and how far the Ministry of Health and the University will go in establishing the University-level nursing school before making a recommendation for our financial participation. In any case, the whole question of whether we should provide anything except technical advice in connection with Addis Ababa health projects, even though they tangentially affect our area of major concentration, rural health services, needs to be very carefully examined before we make any commitments. I do not mean, by this statement, to shut the door entirely on the idea of financial assistance in development of a training health center in Addis or a University-level nursing school but, at this stage, I'm not ready to go as far in making such a recommendation as is Miss Hilborn.

"Miss Hilborn's End-of-Tour Report is, of course, an excellent one (as are all of her reports) and should be made a part of her personnel record. ..."

(Above memorandum written by Dr. Prince to Mr. Meinecke 12/12/63.)

ATTACHMENT II

END-OF-TOUR REPORT

Elisabeth Hilborn
Nursing Advisor

November, 1963

1. Project Objectives

To assist in the establishment and operation of local health services throughout Ethiopia by provision of a nursing advisory in the Ministry of Public Health to help develop policies and procedures and facilities for training, placement, and better utilization of nurses, community nurses, midwives, and dressers, and for administration and supervision of their services; as well as to help develop national nurse administrators, educators, and supervisors.

Specific goals have been defined as follows:

- a. Development of the Nursing Section of the Ministry of Public Health, staffed by national nurses capable of directing and accrediting educational programs for all levels of nursing workers, and of administering and supervising a network of provincial and local nursing and midwifery services by 1970.
- b. A minimum public health nursing staff including 32 public health nurse supervisors and teachers by 1970; and for each health center as it develops, 2-4 community nurses, 8-12 health station dressers, and 2-4 locally trained aides.
- c. Provision of midwifery services by further development of midwifery training as immediately post-basic to nursing by 1964; and by short term training to improve the practice of indigenous midwives and village women.
- d. One high standard government nursing school which will include public

health and midwifery and which will produce potential teachers and supervisors by 1970.

- e. Development of post basic training for nurse teachers and supervisors and clinical and public health specialties.

During my second tour as nursing advisor in the Ministry of Public Health, my activities have been directed toward continued progress in the achievement of this objective, working cooperatively with Ministry and international agency officials and with local nursing groups, both government and private. Special emphasis has been put on supervision of the newly established local health centers. In addition, I have had a direct supervisory and consultant relationship with other AID nurse technicians in Ethiopia; and have acted as coordinator for all health participant training.

II. Major Activities and Accomplishments

1. The Nursing Section, established in 1960, has become a functional unit of the Ministry of Public Health, with four Ethiopian nurses carrying administrative and supervisory responsibility for nursing, midwifery, and dresser education and services. A well qualified public health nurse will join the staff when she returns from U.S. study next summer.

One of this advisor's major tasks has been to develop the program of the Nursing Section and to assist these nurses in acquiring the special skills and techniques to carry it out. (See Attachment A: Organization of Nursing Section) With her counterpart, she has served as secretariat to the Nursing Council, an appointed representative group of nurses which serves in an advisory capacity to the Ministry on all matters regarding nursing, auxiliary nursing, and midwifery.

2. Nursing Education. Regulations for nursing schools and for national nursing examinations were revised; and after two years of curriculum study by all those actively concerned with nursing education, a completely revised curriculum for Ethiopian nursing schools has been adopted and is in use. Significant changes include emphasis on prevention in all aspects of the curriculum, inclusion of a block of public health theory and practice, more emphasis on communicable and tropical disease nursing, and expansion of obstetrical nursing to include elementary midwifery. Complete post basic midwifery training is given in Gondar and Asmara, and a new midwifery school is in the planning stage in Addis Ababa. National nursing and midwifery examinations have been given at 6 month intervals and since January 1961, 115 nurses and 44 midwives have been certified. Ethiopian and third country national nurses now are able to assume major responsibility for constructing and administering these examinations. Anticipating the establishment of one high standard, adequately staffed and financed nursing school within the University framework, admission requirements to nursing schools have been raised, a full time nurse educator on the staff of the University Medical Faculty directs the centralized science teaching program for the 3 Addis Ababa nursing schools, and two additional nurse educators have been budgeted for and are being recruited to begin post-basic training for graduate nurses.

3. Improvement of Nursing Services. The 3 day national nursing conference has become an annual event, and provides the only nation-wide refresher program for nurses. Hospitals have been encouraged to organize in-service training programs, and at least two have done so fairly successfully. The Nursing Division advises on placement and promotion of nurses and more consideration is being given

to demonstrated ability than previously, but a satisfactory system for personnel evaluation has not yet been developed. The recent appointment of a Hospital Nursing Service Supervisor in the Nursing Section should give impetus to Ministry efforts to improve nursing services. The following figures, assembled for the 10th anniversary of the graduation of the first nurses in Ethiopia (1953) give evidence of the increase in quantity of nursing service and of the growing number of Ethiopian nurses in positions of greater responsibility. An attempt has also been made to predict realistic goals for the next 10 years.

	1953	1963	1973
Nurses	19	319	1000
Community Nurses	0	70	350
Certified Dressers	370	1500	3000
Matrons	0	10	40
Instructors & Supervisors	0	8	35
Nurse & C.N. Midwives	0	53	200
Public Health Nurses	0	19	120
Nurse Anesthetists	0	5	35
Nurses who have had Post Basic Training	0	85	
Hospitals	40	68	
Hospital Beds	3600	6770	
Public Health Services	almost 0	(50 rural health centers (TB, VD, Leprosy Control (MCH - School Health (PHN Service - Amara (Anti-epidemic (200 / health stations	

4. Dresser Training has been adequately budgeted for and is underway at the Medical Auxiliary Training School; and 11 other dresser training programs have been accredited. National dresser examinations are given annually and since

January 1961, 365 elementary and 158 advanced dressers have been certified. Practical evaluation of experienced workers with no formal dresser training has finally begun, and to date, 240 practical dresser certificates have been issued.

5. Local Health Center Program. Twenty-five of the fifty service health centers have community nurses on their staffs. This advisor served as a member of the Health Center Supervisory Team until a WHO nurse could be recruited. In addition to direct field supervision technical bulletins and resource materials were provided; and community nurse programs and problems have been brought to the attention of the Health Center Community as appropriate. Methods of recruitment and selection of community nurse students and placement of graduates have been improved. 92% of the 87 community nurses graduated to date are serving in Ministry or other health agency clinics, health centers, and hospitals. Two positions have been established in the Ministry for supervising public health nurses, and the senior one will be filled this year. Assistance was given in the organization of the Community Nurses Association which is now applying for associate membership in the Ethiopian Nurses Association.

6. Participants. Assisting the Ministry in planning for training needs, in recruiting, selecting and counselling participants, and in their placement and development on the job when they return has been the responsibility of this advisor. Since the beginning of the AID participant program, 102 health workers have returned and 58 are now in training. Only 12.5% of the returned participants have left the field for which they were trained, and 5.7% of these completed their obligation before leaving. Among the returned participants are 44 nurses, 42 of whom are working as matrons, instructors, clinical supervisors, head nurses, and public

health nurses. Twenty four nurses are now in training. (See Attachment B: Health Participant Follow-up)

7. Other Nursing and Health Projects. This advisor has continued to serve as consultant to the staffs of the Nursing School and Advisory Service in Asmara and of the Public Health College; assisted briefly in the field work of the Demonstration and Evaluation Project; and participated in the health education workshop for Peace Corps teachers and in the planning for the Peace Corps medical project. Specific achievements in each of these projects are better described by the technicians directly involved; but the past two years have seen improvement in the understanding and support given by Ministry officials to project problems and progress. Educational methods developed in Asmara and Gondar are beginning to have greater carry over to other nurse and auxiliary health worker training programs.

III. Problems and Recommendations

Many of the problems and next steps in the development of Ethiopian nursing services have been defined in previous reports, and a beginning has been made in their solution. Support and assistance should be given to the continuing development of:

1. Better public health training for all nurses and dressers. One essential in accomplishing this is the establishment of a demonstration and training health center in the Addis Ababa area.
2. One good standard, adequately staffed and financed nursing school in Addis Ababa, with an intake of 30-40 students per year.
3. Midwifery training for nurses in Addis Ababa. A domiciliary delivery service should be developed to supplement the hospital practice field.

4. Auxiliary midwifery training.
5. Supervision and evaluation of nursing personnel in order to improve quality of service.
6. In-service and post-basic training for graduate nurses in public health nursing, ward management, clinical supervision, and general nursing.
7. Refresher courses to supplement the public health knowledge and skills of practicing health station dressers. This is being soundly planned in one province.
8. Training program for Advanced Public Health Dressers.
9. Policies for the training and use of clinic aides, mothers' aides, vaccinators, and other peripheral health workers.
10. Changes in the Community Nurse curriculum to permit all or selected C.N.'s to achieve qualified public health nurse status.

With the increasing competence and experience of a fully staffed Nursing Division, the role of the AID Nurse Advisor should become less operational and more advisory and supportive. Without responsibility for day to day Divisional operations, she will have time for a creative attack on new programs and problems.

If additional U.S. funds become available for expansion of health services assistance, they could profitably be used to support training activities 1, 2, 3, and 4 above, listed in order of priority.

Attachment A
Attachment B

ATTACHMENT A

ORGANIZATION & FUNCTIONS
of the
NURSING DIVISION, MINISTRY OF PUBLIC HEALTH

(The term nursing includes services given by nurses, community nurses, midwives, dressers, and other auxiliary nursing workers)

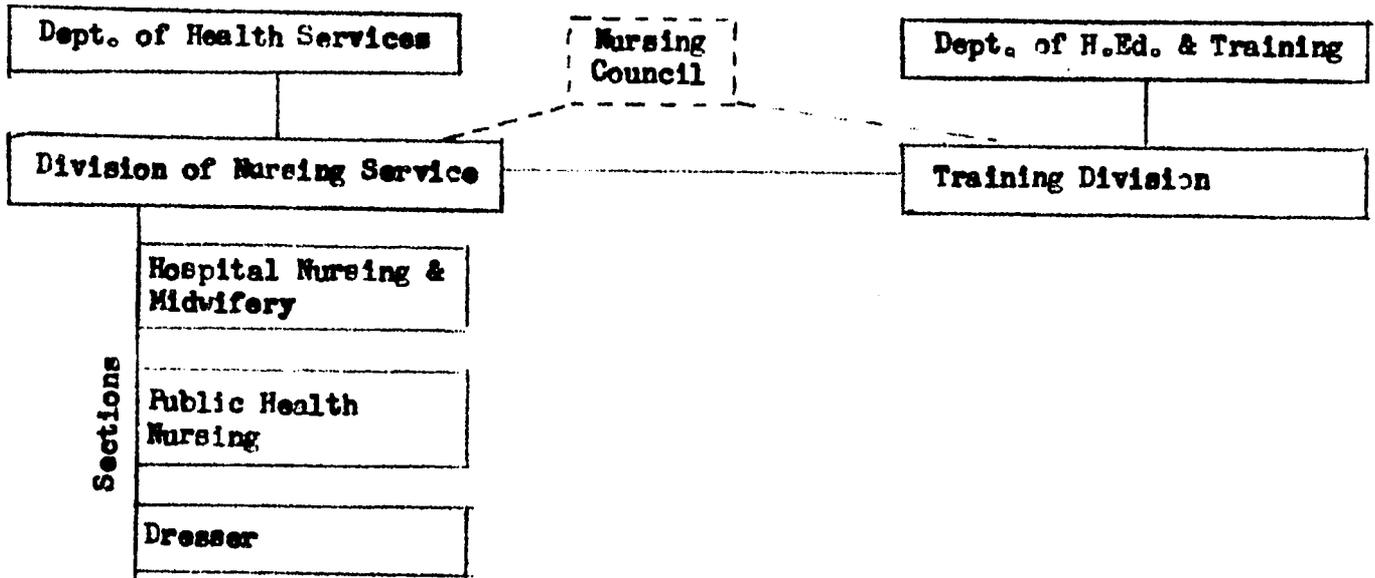
A. General Functions of the Division

1. Represent nursing in all appropriate planning and administrative activities of the Ministry of Public Health; and in cooperative planning with other Ministries and health and welfare agencies.
2. Study nursing needs and make recommendations for the continued development of training programs and nursing services; and take leadership in their implementation.
3. Serve as the Secretariat for the Nursing Council, and carry out nursing policy as defined and recommended by the Council and approved by the General Advisory Board of Health and the Minister of Public Health re:
 - a. setting of standards and accreditation of training programs for nurses, midwives, and dressers.
 - b. recruitment and selection of students.
 - c. National examinations.
 - d. registration of nursing practitioners, both national and foreign.
 - e. development and control of nursing services.
4. Recommend employment and placement of government employed nursing workers in hospitals and public health services. (Including promotions, dismissals, and salaries)
5. Responsible for supervision and evaluation of government nursing services

and nursing workers.

6. Maintain a current register of all nursing personnel; and personnel records for government employed nursing workers.
7. Set and enforce standards of nursing service in private and semi-private hospitals and health agencies and give consultation regarding further development of these services.
8. Give leadership and guidance to nursing personnel in development of national associations, refresher training programs, etc.
9. Approve and coordinate nursing activities of international and foreign health agencies and individual workers.

B. ORGANIZATION CHART



1. The Chief Nurse will have a dual administrative responsibility: To the Director of the Dept. of Health Services for overall planning and administrative matters, and for all functions relating to nursing service and personnel.

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To the Director of the Dept. of Health Education and Training for planning, development, and supervision of all training programs and for conducting national examinations.

2. Section chiefs will be administratively responsible to the Chief Nurse; but they will have both training and service functions, related to their special categories of workers.
3. Although the sections have been set up to deal with special categories of nursing workers, each specialist supervisor will be expected to deal with all levels of nurses on field supervisory visits. For example, when the dresser supervisor goes into the field to give a dresser examination and inspect the training program, he will also be expected to make supervisory visits (in cooperation with the Provincial Health Dept.) to other hospitals and health centers in the same area.

4. Staffing Pattern

Office of the Chief Nurse

- 1 - Chief Nurse
- 1 - Registrar
- 1 - Clerk typist
- 1 - Driver

Hospital Nursing and Midwifery Section

- 1 - Hospital Nursing Supervisor & Section Chief
- 1 - Assistant Hospital Nursing Supervisor (future)
- 1 - Midwifery Supervisor (future)

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Public Health Nursing Section

1 - Public Health Nursing Supervisor and Section Chief

1 - Health Center Supervisor

Dresser Section

1 - Dresser supervisor and Section Chief

It is proposed that the three section chiefs or supervisors be employed as soon as possible, with one of them carrying a dual appointment as Chief Nurse until all 4 positions can be filled.

The Registrar should also be added to the Division staff as soon as possible so that the nurses can be freed from routine certificate issuing, checking, register keeping etc., and thus have more time for supervision of nursing services.

NURSING DIVISION

Ministry of Public Health

CHIEF NURSE**Job Description**

1. Study nursing needs and develop new educational and service programs as indicated.
2. Participate with other Division Chiefs and health workers in Ministry of Public Health and other community health planning and advisory activities.
3. Act as the Executive Secretary of the Nursing Council.
4. Responsible for setting standards and accreditation of nursing schools, conduct of national nursing examinations, and nurse licensure.
5. Participate in the development of and approve nurse training programs at the Haile Sellassie I University.

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6. Formulate and propose advanced training needs, select candidates, and serve on the MPH Selection Committee.
7. Coordinate nursing activities of international agencies.
8. Orientation of visitors and new personnel.
9. Study and make recommendations regarding salaries and personnel policies for nursing workers.
10. Coordinate and supervise the work of the Sections.
11. Direct supervision of registrar, clerk typist and driver.
12. Coordinate all nursing service and nursing education activities in the country.
13. Promote and assist in the continuing development of the Ethiopian Nurses Association.
14. Evaluation of nursing services and educational programs.

NURSING DIVISION

Ministry of Public Health

HOSPITAL NURSING SUPERVISOR AND SECTION CHIEF

Job Description

1. Supervision of government hospital nursing and midwifery services.
2. Keep current registrations and personnel files on hospital nurses and midwives.
3. Make recommendations for placement, promotion, transfer or dismissal of hospital nurses and midwives, based on a study of hospital staffing needs and personnel records.
4. Investigate complaints of malpractice by hospital nursing and midwifery workers and take appropriate measures dealing with these problems.
5. Develop and promote in-service education programs for hospital nursing and

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midwifery workers with emphasis on team nursing.

6. Deal with special problems of government and private agency employed foreign nurses.
7. Serve as Executive Secretary of the Midwifery Subcommittee of the Nursing Council.
8. Responsible for accreditation of midwifery training programs, conduct of national midwifery examinations and licensure.
9. Assist with nursing school accreditation and national nursing examinations.
10. Evaluation of hospital nursing and midwifery services.

NURSING DIVISION

Ministry of Public Health

PUBLIC HEALTH NURSING SUPERVISOR AND SECTION CHIEF

Job Description

1. Responsible for supervision of public health nurses, community nurses, and health station dressers. In so far as possible, she will do this through the Health Center Supervisor (a member of the Health Center Supervisory Team but administratively attached to the Public Health Nursing Section) and eventually, through the Provincial Public Health Nursing Supervisors.
2. Maintain registration and personnel files on above named workers.
3. Recommend placement, promotion, transfer, and dismissal of Public Health nursing workers.
4. Investigate complaints of malpractice of public health nursing workers.
5. Serve as a member of the Health Center Committee of the MPH.
6. Assist with recruitment and selection of community nurse students and make

recommendations for advanced training as indicated.

7. Serve as nursing liaison between the Public Health College and the Government Public Health Services.
8. Assist in developing a training health center in the Addis Ababa area, to provide practice in public health for student nurses, midwives and dressers.
9. Develop the public health nursing curriculum for nursing schools, and assist in teaching and supervising field practice.
10. Assist in the development of the Public Health Dresser Training Program.
11. Participate in a study of the need for other auxiliary public health workers (clinic aides, vaccinators, peripheral health workers, etc.) and make recommendations for their training and use.
12. Plan and help conduct in-service training programs for public health nursing workers; and promote and assist Community Nurse Association activities.

NURSING DIVISION

Ministry of Public Health

HEALTH CENTER SUPERVISOR OR COMMUNITY NURSE SUPERVISOR

Job Description

1. Serve as the national nurse member of the Health Center Supervisory team.
2. Field supervision of community nurse and dresser services in health centers and health stations.
3. Preparation of technical information materials for health center nursing workers.
4. Assist in the establishment of nursing services of the Provincial Health Departments.

5. Participate in workshops and conferences for health center, health station, and community hospital personnel.

Note: This position may be filled by a Public Health nurse or a senior community nurse. During the first years she will serve as counterpart and understudy of the WHO Public Health nurse. She will be administratively responsible to the Chief of the Public Health Nursing Section. Her functions may be taken over by the Public Health Nursing Supervisor after the Provincial Health Departments are well established.

NURSING DIVISION

Ministry of Public Health

DRESSER SUPERVISOR AND SECTION CHIEF

Job Description

1. Responsible for supervision of dressers in all health services.
2. Maintain registration and personnel files for dressers.
3. Recommend placement, promotion, transfer and dismissal of government employed dressers.
4. Investigate complaints of malpractice by dressers.
5. Serve as Executive Secretary of the Dresser Subcommittee of the Nursing Council.
6. Responsible for accreditation of dresser training programs, conduct of National Dresser Examinations and licensure.
7. Assist in recruitment and selection of dresser trainees.
8. Conduct practical evaluation of experienced uncertified dressers.
9. Evaluation of dresser services.

NURSING DIVISION**Ministry of Public Health****REGISTRAR****Job Description**

1. Issue certificates and licenses for all nursing workers, as authorized by the Chief Nurse.
2. Keep current register of all nursing personnel.
3. Conduct annual registration or other annual check on place of employment of all nursing personnel.
4. Assist Section Chiefs in maintaining personnel files on government employees.
5. Investigate complaints of lost certificates, etc.
6. Maintain nursing library and resource file, and administrative files of the Division.
7. Responsible for inventory and maintenance of Nursing Division furnishings and equipment.
8. Carry out other secretarial and administrative duties as assigned by the Chief Nurse.

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Health Participant Follow-Up Summary

1	No. of Participant by field of training	Field of Training	Employed by Min. of P.H.	In 2nd Training & will return to Min. of PH	Employed by other health agencies	Unknown or out of field	
						Completed Obligation	Did not complete obligation
UNCLASSIFIED	6	Hospital Administration	3		1	1	1
	1	Health Education	1				
	17	Laboratory Technique	12		3	1	1
	11	Malaria	9			2	
	4	Medicine	3	1			
	44	Nursing	31	8	3	1	1
		3 - Basic Nursing					
		15 - Public Health Nursing					
		19 - Ward Management					
		9 - Nursing Education					
	4 - Nursing Administration						
TOAD A- 793	4	Public Health Administration	3				1
	6	Sanitation	7		1		
	<u>7</u>	Pharmacy	<u>2</u>	<u>—</u>	<u>1</u>	<u>1</u>	<u>3</u>
	102		73	9	9	6	7
			79%		8.5%	5.7%	6.8%

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ATTACHMENT B