

AIRGRAM

DEPARTMENT OF STATE

UNCLASSIFIED

CLASSIFICATION

HS
UN-2-131

For each address check one ACTION

INFO

DATE REC'D.

AGENCY FOR INTERNATIONAL DEVELOPMENT

INTERNATIONAL

TO - AID/W

TOAID A- 1155

X

PB PA-614

1966 JUN 20

AM 9 21

CABLE AND AIR

TELETYPE SECTION

DATE SENT

6-14-66

DISTRIBUTION ACTION

278
INFO.

TCR-5

IS

WC

65W

FROM . ADDIS ABABA

SUBJECT . End-of-Tour Report

REFERENCE .

Name: Walker C. Williams Job Title: Health Education Advisor

Country of Assignment: Ethiopia

Tour of Duty Began: February 1964

Tour of Duty Ended: February 1966 (extension June 1966)

Prior Country Assignments: Cambodia, 1961-1963; Liberia, 1958-1960

Project Activity: Public Health Advisory Service - 663-11-590-004

I. Introduction

Lasting improvement in the general health of any population group cannot be accomplished successfully without the cooperation of the people involved. Change can be effected through coercion but not the kind of change that leads to lasting improvement. Health habits and practices of people are deeply ingrained within their cultural framework, consequently any change of these practices must be culturally acceptable.

The organization of local groups working with people willing to learn how they can improve their own health practices, and working together for the improvement of their own health conditions and the conditions of their community employs the basic concepts of public health education.

OTHER AGENCY

H&W

Cia

PO-4

State

PAGE 1 OF 9 PAGES

DRAFTED BY

Walker C. Williams:cm

OFFICE

Public Health

PHONE NO.

47115

DATE

6-2-66

APPROVED BY:

Willard H. Meinecke:Director

AID AND OTHER CLEARANCES

J.S. Prince: PH

J.Kent: PR

UNCLASSIFIED

CLASSIFICATION

There exists all too frequently in technically advanced countries as well as developing countries a misconception of the function of health education in a public health program which has led to the supposition that presentation of health information and use of propaganda techniques formed the basis for all health education activities. Such a supposition, particularly if a national health education program has been founded upon it, precludes emphasis being properly placed on organized transference of health knowledge in such a way that people are motivated to act upon it in improving their personal and community health.

In developing countries the people's greatest health need is to be helped to understand how they can help themselves and their communities to have better health until such a time that organized health services are adequate for their needs.

In Ethiopia some aspects of health education services have always been carried out by the health workers.

Even before the Department of Health Education was established as an integral service, the Ministry of Public Health was involved in the development of health materials for the general public, concentrating on the major parasitic diseases, and leprosy. The limited resources, human and material, were also extended to the schools to assist in analyzing their educational techniques in the area of health instruction and encouraging new approaches and methods of educating the public.

Realizing that the quality of an educational program depends largely upon the services provided by personnel responsible for the educational activities, it was decided that steps should be taken that would lead to the orderly development of a well organized service with professionally trained staff for leadership. The result was the establishment of the Department of Health Education and Personnel Training in 1959. At that time there was only one professionally trained health education specialist in the Ministry to give leadership to the Department, assisted by a Health Education Advisor provided by the Public Health Advisory Services/USAID.

This advisor entered the project February 1964. Other historical facts, step-wise developments and some of the problems bearing on this project are sufficiently covered in the ETR of my predecessor dated April 1962.

Purposes Served by the Activity:

Health education as a single aspect of a nation-wide health program, out of necessity must be geared to and fitted into the framework of the IEG, Ministry of Public Health. The philosophy and present trend in the development of health services is directed toward generalized decentralized health services for the Empire. The purposes served by this activity may be summarized in the following statements:

1. To demonstrate the advantages of community health improvement through

an organized health education approach.

2. To provide leadership for the education component of general health services, as well as special health problem areas and programs.
3. It is incumbent upon all people with a sense of responsibility for the welfare of his fellowman to actively participate, if only by example, in raising the general level of awareness about the principles of healthy living. To this end this activity served a valuable purpose.
4. Health education is a fundamental method in public health services and public health programs. As the Ministry of Public Health concentrate on the strengthening and expansion of public health services this activity will undoubtedly be a force in the formidable task of interpreting the services for maximum utilization, soliciting community support and action.

The progress of the health education program in Ethiopia has borne a direct relationship to the problems and developments in the Ministry of Public Health. The present status of the program and its future potential has been and will continue to be dependent upon developments taking place in the economic, social and educational structure of the country. The degree of growth and extension of health education activities must generally conform to the extent and ability of the total country public health program to utilize to the best advantage the services inherent in a health education program.

II. Methods and Procedures Used:

Technical - The Head of the Department of Health Education with the rank of Assistant Minister is both technically and administratively responsible for health education and training activities. The advisor serves in an advisory as well as operating position within the Department.

Responsibilities of the Department of Health Education and Personnel Training

Through its divisions and sections and in collaboration with the other departments and other ministries promote higher standards of health by increasing knowledge and influencing behavior of the public.

- a. By creating awareness of the existence of health problems, health services and the utilization of same.
- b. By educating the public individually or in groups, through discussions, lectures, classroom teaching and through the use of mass media.

- c. Assist the medical, nursing and sanitation personnel in the educational component of their work by providing them with educational materials, and advice in effective techniques of education.
- d. Recruit health education personnel and arrange for their training and placement.
- e. To contribute to the improvement of the quality of health education work with teachers, supervisors and administrators.
- f. Produce visual instructional materials such as posters, pamphlets, health course outlines and the like.

Community Health Education Section:

This section was established to provide both consultative services and direct services in public health education. Its major functions include advising and assisting other Divisions of the Ministry of Health, Provincial Health Departments, and Health Center staffs in carrying out the health education aspect of the generalized public health services. This section is staffed by two health educators with specialized training.

Health Information Section:

This section prepares and releases to the Ethiopian dailies news about the activities of the Ministry of Public Health and arranges coverage of these activities by the radio and television station.

Audio-Visual Production Section:

This section works closely with the Health Information Section. Through this section, materials, films, projectionist services, and equipment are made available on loan to the Provinces, institutions and individuals upon request.

The Department of Health Education and Personnel Training has been established and is directed by a qualified health education specialist at the Assistant Minister level. The Ministry has built adequate offices, library, film-conference room and exhibit hall to house the department's central activities. The Ethiopian/USAID Cooperative Public Health Program Joint Fund has equipped and furnished the Department and assisted with salaries and operating funds. The Department has employed auxiliary staff including: secretaries, a library-aid, press agent, script writer, photographer, a driver-projectionist and an artist.

The professional staff at ministry level includes: two health education specialists in addition to the Head of the Department, and a USAID/Health Education Advisor.

Training Health Center Workers:

Since public health education is the major tool for serving public understanding, cooperation and action in community public health programs, first efforts have been given to work on establishing and integrating health education training in the theoretical and practical training of the Public Health College and Training Center at Gondar, and to secure and train national health educators to serve on the faculty.

Health education classes were established in social science, group dynamics, community organization and the preparation and use of educational aids to provide training in skills of understanding and working effectively with varying cultural groups, leadership, team work, organizing villages for community action and communication of ideas.

Health Education Training Assistance has been given and continues in planning activities and instruction at training institutions for health workers, Haile Selassie I University (for teachers and school directors), community development workers, social workers, nurses, malaria eradication workers and Peace Corps volunteers.

Technical Consultation is provided to most of the specialized health programs (leprosy, venereal disease, tuberculosis, and anti-epidemic service).

Consultation is increasing between the Ministry of education in the area of school health and teacher preparation in health education. A study was recently carried out for the purpose of reviewing the content and health instructional practices as carried out in Teacher Training Institutes, with a view toward the organization of a uniform health education course to be included in the curriculum for the preparation of prospective teachers. (The report bearing the findings and recommendations is at present being edited and prepared for appropriate presentation to Health and Education authorities.)

Human Resource Factors:

The shortage and often the lack of maximum utilization of health manpower is a national problem, which stands as one of the major obstacles to the swift and progressive development of all aspects of health services and programs. There is no shortcut to the preparation of personnel with advanced training in health education and satisfactory field experiences. In realization of this, coupled with the desire of the Department to maintain and advance the leadership for health education services at its highest professional level contributes to the slowness in achieving the personnel goals of the Department. The long-range goal is aimed at including a health education specialist on the staff of each of the 13 Provincial Health Departments, and the placement of a health education specialist to 3 special disease projects, with technical consultation continuing from the central staff.

Naturally, the achievement of the above goal will be a slow process, but looked upon from a professional service point of view the results will be far more rewarding and beneficial in contributing to the educational component of health service programs. Further, the adjustments and placement of the health education specialist into the Ministry personnel salary scale, and meeting the standards as set forth by the IEC Central Personnel Agency will be far easier to comply with and more beneficial to the individual.

For the field of health education, four persons have received training at the Master of Public Health level in the United States, and two at the Diploma level at the American University at Beirut. One of the latter has now left the field of health education and joined the Medical Faculty as a student for the MD degree. One of the above at the Master of Public Health level of training is assigned to Beghemidir Provincial Health Department, two in the Ministry of Public Health, and one to the Malaria Eradication Service. Also one at the Diploma level of training is assigned to Malaria Eradication Service.

Two students are studying abroad at present for the Master of Public Health, and will return in August 1966, for assignment at provincial level. Recruitment is now in process for two candidates for training abroad to commence September 1966.

The Division of Personnel Training coordinates all health training within the country and abroad. Representation and staff services are provided to the Ministry's Selection Committee which reviews and acts on all applications for health training abroad. It handles all public health participant training arrangements with USAID Training Office, the World Health Organization, and others.

Recommendations for Future Measures and U.S. Assistance to this Activity

1. The writer feels that the assistance of the U.S. technician for the next two years to this project should be focused in the following areas:

- a) School Health Education

The need for joint planning by responsible officials in health and education is well recognized, but for a variety of reasons little has been accomplished along these lines. The somewhat independent approach by the Department of Health Education will continue to be insignificant in terms of total application unless there is to be joint planning in the future. The problem is of such magnitude that only a national approach to it would be effective.

b) Research Activities in Health Education

Selection of some communities as pilot studies to appraise approaches to enlisting the cooperation of the local people in improving their health conditions based on group motivation and the "self-help" principles.

c) Concentrate Health Education Technical Services on one or two health problem sectors, e.g. diarrheal diseases, schistosomiasis, or smallpox.

The prevention of diarrheal diseases among large population groups in Ethiopia, as elsewhere in Africa, will not be primarily dependent upon technological developments in the field of medicine, nor totally upon the extension of medical care facilities to rural areas which now lack such services. Instead, an awakening of communities to the relationship between poor environmental sanitation and the occurrence of the diarrheal diseases must be effected in order to achieve any appreciable degree of prevention and control. The results of concentrated health education services to the Malaria program stands as an example of the benefits achievable through this approach.

d) In-Service Training Programs for Provincial Health Workers

As a means of overcoming the almost insurmountable obstacles of passive acceptance of poor hygiene which now prevails, the local health worker must be given more training in sociological approaches which have heretofore, to a large extent, been outside his understanding of his responsibilities in public health.

There is need to reinforce the health workers cognizance of the social, cultural and psychological factors which govern acceptance or rejection of change. Equally important is the health worker's ability to convey health information to the people in such a way that they are able to relate the information to their personal needs within the framework of their value system. Further, there is a great need to equip health workers with basic health education skills and simple teaching tools in order to more effectively influence people. This is the outstanding challenge to the national health education program.

III. AID Sponsored National Conference on Health Education

Up to the present time there has never been a conference or workshop, national in scope, dealing with the area of Health Education as an integral part of public health services, giving consideration also to the roles and

opportunities for effective health education services through other national programs. I gather that one of the major obstacles impeding the implementation of this activity was due to the lack of finance. Experiences have proven the unquestionable educational value derived on the part of the participants from a well planned and purposeful activity of this nature.

Provincial Medical Health Officers, nurses, administrators, health officers, school directors, supervisors, in addition to personnel in Agriculture, Community Development, Social Work, and the like all have roles and responsibilities in health education of the public. However, the gaps in communication, understanding of working relations, concepts and coordination has weakened the potential impact and/or contributions of these workers to the problems of health education.

The writer considers the sponsorship and organization by USAID of such a conference of cross-disciplines as a valuable contribution to the training of Ethiopian national infrastructure; in addition, it seems an appropriate and excellent opportunity for the Ministry of Public Health to strengthen its inter-personal and inter-agency relationships. Likewise, the efforts of the Public Health Advisory Services would benefit.

The International Health Education Unit, PHS/AID/W, is a possible potential source of assistance upon request to provide consultative personnel to assist with the tasks involved in the organization of content, operations, as well as direct participation in the technical presentations.

IV. Training of Health Education Manpower

U.S. assistance should continue in this sphere following phase-out of technicians.

V. Project Phase-Out FY - '68

At this point it appears reasonably clear that the phase-out date of the U.S. technician can be adhered to. There is no doubt that U.S. assistance will be needed and should continue in the areas of participant training and selected commodity requests.

VANCE

Report of Supervisor:

Mr. Williams' report provides a much-needed summary of the entire health education effort in the Ministry of Public Health since its inception approximately 12 years ago. The progress which has been made in this Department, in my opinion exceeds that made in any other department of the Ministry, both in terms of highly qualified personnel which have been trained and brought back to their respective positions in the Department and also in terms of solid accomplishment, orderly implementation of the planning process and diffusion of its influence in the decentralized generalized health services. This has all been very well described by Mr. Williams so nothing further needs to be said about it here.

Mr. Williams' recommendation that a National Health Education Conference be held should I think, be replaced by a recommendation to the effect that a Health Education Section should be established within the Ethiopian Public Health Association. The Health Education Section would then set up its own conferences, meetings with other sections and, of course, participate in the annual meeting of the Association, much as is the case with the American Public Health Association. This would have the advantage of providing a continuous focus for exchange of ideas among health education workers and other health workers in Ethiopia rather than providing for one or two large meetings a year.

Another aspect of Mr. Williams' report which deserves particular comment is his stress on the introduction of health subjects and health education into teacher training programs and into the schools. Indeed, it is my belief that this is probably the most fertile area for health education activities and that, in fact, as far as all health activities are concerned the area of concentration should be on the school children. Although our results from the Demonstration and Evaluation Project are still in process of formulation, it certainly begins to look as though health activities with adult populations have a low rate of return. On the other hand, the potentialities for influencing opinions and practices of school children seem tremendous. For this reason, I strongly support Mr. Williams' views on this subject and would like to see them extended still further.

Mr. Williams' End-of-Tour Report represents a really excellent presentation of the subject and shows the progress which he has made during his tour of duty here and his vision and ability in perception of the fundamental needs in his field. The report should be made a matter of record, not only in Mr. Williams' personnel file but, also, copies should be circulated throughout the Ministry of Public Health, and perhaps to some individuals in the Ministry of Education with the approval of the Minister of State for the Ministry of Public Health.

J. S. Prince, M.D.
Chief, Public Health Division