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FROM - ADDIS ABABA

SUBJECT - End-of-Tour Report: Laura Skorven
Nursing Education Advisor, Project 663-11-540-005

REFERENCE ERITREA Nurses Training & Advisory Service, Eritrea

PP AFM-619

Attached is the End-of-Tour Report of Miss L. Laura Skorven who served as Nurse Education Advisor (Midwifery-NCH Instructor) from May 1962 to May 1964.

Comments of Dr. Prince, Chief, Public Health Division, are as follows:

"I agree with Miss Lindgren's comments concerning Miss Skorven's report and merely wish to add that I think her report shows Miss Skorven's interest and application to her job in Asmara. I think it is most fortunate that she has returned to the post, following her home leave, and would suggest that this report be made a matter of record in her personnel file."

KORRY

ATTACHMENT: End-of-Tour Report

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OFFICE

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PHONE NO. DATE

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APPROVED BY:

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End-of-Tour Report
Ling Laura Skorven
Nurse Education Advisor (Midwifery-MCH Instructor)
Asmara, Ethiopia
May 1962 to May 1964

7. Project Objectives: Nurse and Nurse Midwife Training in Asmara

To Educate young men and women in professional nursing and midwifery.

To improve the health care of the Eritrean population, both curative and preventive.

To provide expert scientific nursing care for the rural as well as the urban areas of Eritrea.

To provide supervision for the poorly trained medical auxiliary personnel now practicing in Eritrea.

To develop teachers and supervisors of nursing in order to perpetuate the school of nursing.

8. Job Description

Maternal Child Health Supervisor and Instructor

1. Planning, organizing, supervising and carrying out the midwifery program and obstetrical practice related to the teaching program of the Itegue Menen School of Nursing in its theoretic and practical aspects.
2. Supervising the Pediatric Nursing practice where students receive experience.
3. Sharing in the formulation, revision, implementation and evaluation of the administrative policy and of the entire teaching program of the Itegue Menen School of Nursing.
4. Supervising and maintaining the maternal and child care services being

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given around Asmara and assisting and advising the Public Health Ministry in the training of practical nurse midwives.

B. Accomplishments

1. The development of the midwifery training has continued with utilization of 24 hour Home Delivery Service for teaching and supervision of students and young graduates. This has resulted in an increase in the number of deliveries for each student from the minimum of 20 or less to a maximum of 40 to 50 cases. It has also resulted in an awareness of and a desire for maternity care in the population of Asmara. Clinical attendance and calls for home delivery service have ~~almost~~ almost doubled in the last year. In the autumn of 1963, the first four male nurses passed their National Board Examination in Midwifery. It is important for them to have this as a background experience because a nurse in Eritrea where maternal and infant morbidity and mortality still is a great public health problem, must know maternal and child care.
2. On 3rd Maternity Ward where the students had their hospital experience in midwifery the equipment and procedures for delivery were revised and a simple autoclaved delivery pack was designed to be used both by student and by practical midwives. Although some improvement in patient care and delivery room technique has taken place in 3rd Maternity over the period of time it has been used as an experience area for student nurses training (1957 to 1963), students were still exposed to poor example from practical midwives in regard to careless technique and poor nursing care.
3. The MCH building, a 7 bed unit which had been built and used for a short

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time in 1961 as a demonstration and practice area for midwifery training was closed because of lack of patients. This unit was then taken over by the Public Health Nursing Service. This building was only $3\frac{1}{2}$ years old but due to poor construction and invasion of termites it is badly in need of repair. By request from the School of Nursing and the hospital administration the building was evacuated by the Public Health Nurses in the summer of 1963. The school felt that this unit could now be used for its original purpose. The hospital administration had now found that they needed this building for obstetrical patients because the patient load on 3rd Maternity had increased and often two patients were in the same bed. It was hoped that the government would repair the leaking roof, crumbling woodwork and plaster and broken windows before it was again used for patients but as no money was forthcoming for repairs and the situation was critical, the unit was opened for patients in November 1963 after some minor repairs had been done with private donations.

Since a seven bed ward is very costly to operate, the number of beds was increased to 12 without jeopardizing the comfort of the patients. Two antenatal and one well baby clinic are conducted weekly in the building. This has added to the student experience and gives them the total picture of a complete maternity case. The nurse midwife and student assigned to the Home Delivery Service are stationed in the MCH Unit. The average number of spontaneous deliveries is about 30 a month on the ward and another 30-40 patients a month are delivered in their homes.

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4. Infant malnutrition is a problem in Eritrea; 85% of all the admissions to the Pediatric ward are due to this cause. A food demonstration clinic for infant and child feeding has been conducted in connection with the well baby clinic. Mothers from the Pediatric unit are attending these classes. There seems to be a growing interest among the mothers in this field.
5. In the spring of 1963 the dependents of the 2nd Ethiopian Army Division were invited to the MCH clinic for antenatal care and home delivery service. This contact has resulted in an offer to help the service by providing a driver for the nurses who went on home visits. This has been beneficial to the efficiency of the service.

C. Cooperation with Other Programs

1. Kagnew Station Army Post has been most helpful in many different ways, such as lending us teaching films, repairing special equipment, loaning oxygen and willingly giving any service needed.
2. The United States Information Service has helped by supplying and showing films for the mothers' classes.
3. Mrs. James Mortrude, a graduate nurse whose husband is the MAAG advisor to the Ethiopian Army, has served as a volunteer in MCH, giving three days of nursing care every week for the last six months.

D. Financing

1. Separate transportation should be furnished for the Home Delivery Service and budgeted for in the all over Public Health budget.

E. Training

1. In the autumn of 1963 a nurse midwife was selected as counterpart and

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sent to the United States for training. On her return her immediate duty will be teaching and supervision in the existing MCH program. As soon as a nurse-midwife can be trained to replace her, the nurse who is presently being trained in the United States could be used as the much needed consultant in MCH for the Province of Eritrea.

2. An attempt was made to start a course for practical nurse midwives. This was not approved by the Ministry of Public Health and therefore the course was discontinued.

F. Recommendations

1. As mentioned previously, student experience is very limited in Pediatric Nursing because of the type of cases treated there. Children for surgical treatment and ENT are admitted to the adult ward for treatment. If these children are admitted to the Pediatric Ward the student experience would be improved.
2. Maintenance of the hospital is lacking; equipment and medicines are difficult to obtain most of the time. Improved organization of the supply and maintenance division would result in improved service to the patient.
3. The Itegue Menen Hospital has 1000 beds which include active surgical and obstetrical services. There is as yet no facility for blood transfusion in an emergency. This is a primary factor in relation to maternal mortality since many of the deaths are due to hemorrhage.
4. Laboratory facilities are inadequate. It is difficult and sometimes impossible to get Wasserman reactions done for the patients visiting

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antenatal clinics. Increased facilities would improve patient care.

5. Venereal disease is a public Health problem which health education and a vigorous VD campaign would lessen; this would increase the possibility of maternal and child life.
6. The home delivery service program has been greatly hampered in the last six months by lack of transportation. The car provided by the Public Health nursing service is not usable because of needed repairs which because of lack of funds cannot be made. In 1963, through the Ministry of Public Health, an application was sent to UNICEF for a car to be used in this service. It has never arrived.
7. No driver was provided in the budget for this program. At the present time a temporary driver is paid with special funds. Three drivers should be employed as regular drivers.
8. Although the school has produced some students who are very good and responsible nurses, some students who have shown promise during training seem to lose interest in nursing as soon as they graduate and become problems instead of problem-solvers. Applications for leave of absence and sick leave for minor health problems are very frequent. This disrupts the nursing service and the supervision of students. The cultural pattern does not give experience in responsibility to its women.

Conclusion

I have requested a second tour in Asmara because I believe that the program of MCH is at a mid-point. The support which an American technician can give to the returning counterpart in status and in technical help will be needed over the next two years. It is hoped that during this period other nurse midwives can be trained as head nurses and as clinical instructors for the student midwives and that a nurse midwife can be selected to supervise the work of midwives throughout the Province of Eritrea.

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