

PD-ABN-681

**EDUCATION AND CURRICULUM
CONSULTATION TO THE
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF ASMARA**

September 6, 1996 to October 12, 1996

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BASICS Technical Directive Number: 017 ER 01 029
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ACKNOWLEDGMENTS

I wish to acknowledge the faculty of the Asmara Diploma Program Nursing who have shown incredible dedication to the task of new program development. They are willing and eager learners interested in upgrading nursing and nursing education in this country. They are an excellent example of the future of Professional Nursing in Eritrea. Very special thanks goes to Elsa Ainalem for her willingness to learn and grow and her dedication to nursing and nursing education. And of course, special thanks to Dr. Assefaw and his leadership which is the driving force for the development of the CHS.

ACRONYMS

APN	Advanced Practice Nurse
BASICS	Basic Support for Institutionalizing Child Survival Project
BSc	Bachelors of Science (Nursing)
CHS	College of Health Sciences
ERINA	Eritrean Nursing Association
MCH	Maternal Child Health
MOH	Ministry of Health
OB	Obstetrics
OPD	Outpatient Department
PHC	Primary Health Care
PHO	Public Health Officer (program)
PIET	Partners in Educational Training
SNV	Netherlands Development Organization
SON	School of Nursing (Includes Diploma and BSc programs)
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
WHO	World Health Organization



EXECUTIVE SUMMARY

The design of a diploma nursing program and BSc nursing program in the School of Nursing, College of Health Sciences, was a continuation of work started by this consultant in November 1995 and March 1996. Accomplishments in this five-week consultant visit include

1. Course syllabi for diploma program completed (except for psych/mental health nursing).
2. Educational plan for continuing education for diploma program faculty developed.
3. Administrative structure and process developed and implemented for School of Nursing.
4. Committee structure developed and roles and responsibilities of faculty identified. The document was reviewed and revised by diploma faculty.
5. BSc nursing program designed and accepted by CHS and President of Asmara University.
6. BSc advanced placement program for diploma graduates designed and presented to CHS.
7. Course description and objectives developed for first course in nursing in BSc program.
8. Draft document *Standards of Nursing Practice* to differentiate diploma from BSc nursing practice and education completed.
9. Visit and assessment of two hospital units and one health center unit to determine potential for development of demonstration units.
10. One-hour presentation to CHS faculty on professional nursing.

Although there were several changes in the work plan over the five-week consultation visit, the initial plans and outcomes were accomplished. The first change in the work plan occurred because the Faculty Senate of the University rejected the nursing program plans that were accepted by the CHS in March 1996. Work was redirected to development of a BSc in nursing program and redesign of the diploma program in nursing.

There is considerable development work left to be done on the BSc nursing program over the next year or two. This will require nurse faculty who will be able to teach and continue development. This personnel need is most critical if the development process is to succeed.

The major problem of relationships between the CHS and MOH continues to exist. Without ongoing formal meetings, each of these entities seems to make decisions that impact on the other without consultation about the consequences of the decision. The result is time-consuming rethinking of the decisions or periods of confusion or impasse. The goal of providing the country

with appropriate health care workers seems to be the same for both the CHS and MOH. The areas of disagreement appear to be how to get there, how much time it will take, who should do it, and who those practitioners will be.

I. PURPOSE OF THE VISIT

The purposes of the September 6, 1996 to October 19, 1996 curriculum consultant visit were

1. Assist the administration and faculty resources in the implementation of the nurse curricula for a) associate nurse, b) associate midwife, and c) professional nurse
2. Based on an assessment of curriculum design needs, faculty strength, and community resources, develop four implementation plans to meet the needs of the College of Health Sciences (CHS) and the three new nurse programs as follows: a) administration assignment, b) faculty assignment, c) curriculum development and implementation, d) student services support, e) clinical resources and plans, and f) educational resources.
3. Assist CHS to initiate and set up a structure of the above implementation plan, accessing university, CHS, and community resources.
4. Determine faculty development needs and design short and long term educational plans for meeting those needs in the areas of a) curriculum development, b) teaching methodology, c) clinical instruction and d) evaluation/reporting methods.

Because of a change in the directions of the previously agreed upon scope of work, a new plan was developed by this consultant as follows:

1. Assist in the development of an organizational structure for the School of Nursing (SON) that will provide both structure and process for the continued operation of the school through the implementation of committee structures and faculty decisionmaking.
2. Work with the faculty of the diploma program and the Acting Director to redesign the diploma nursing program to a three-year course of studies which includes a final semester and summer of internship in the community.
3. Continue to assist faculty of the diploma program in developing syllabi and lesson plans for the redesigned program.
4. Develop an alternate plan baccalaureate nursing program incorporating nursing science as a major and public health/primary care as a minor. This program will be 4 ½ years in length, including a semester of internship.
5. Design a long range faculty education plan for the diploma faculty based on a faculty self evaluation survey and the needs of the curriculum.

In week three of this consultant's involvement in the project, and upon receiving clarity about the SON and the two programs of nursing to be developed, the scope of work document was again

revised to meet the needs of the CHS. This included the continuing development of the BSc nursing program of studies and an administrative structure and process for the SON.

II. BACKGROUND

In 1995, Dr. Assefaw Teteske was appointed the first Dean of the College of Health Sciences (CHS) of the University of Asmara. Under Dr. Assefaw's direction, the faculty of the CHS began the process of curriculum development for 12 health professional programs in the college. The Ministry of Health (MOH) identified these programs as necessary to train professionals to carry out its primary health care mandate.

During visits to Eritrea in November 1995 and March 1996 by this consultant, work on curricular development continued. In work with the faculty, the consultant developed a philosophy and objectives for the School of Nursing programs. Further broad design components of the curricula for the professional nurse program, associate nurse program and midwife program were completed and presented to the CHS curriculum. Approval of these three programs was granted. The more detailed work of the curricula, including syllabi and lesson plan development, evaluation components, and student and faculty issues, was yet to be done.

Critical to the development of the CHS is the government's commitment to primary health care for its people. Curricula of the CHS are expected to be based on the principles of equity, accessibility, affordability, and community involvement. A number of challenges exist in the structure, plans, and personnel of the CHS and SON that are being addressed. Some of those challenges for the School of Nursing were the focus of this consultant's work on this five-week visit. Specifically, the March 1996 decisions about what type of practitioners to prepare changed during the Summer 1996. Following the rejection of the plan by the University Faculty Senate, the CHS was directed to create a three-year diploma nursing program and a 4 and a half-year BSc nursing program, using the Public Health Officers (PHO) curriculum. Once the new decision was understood, it became the center of this consultant's work to design an appropriate nursing baccalaureate program with a public health minor and a redesigned three-year diploma program..

III. TRIP ACTIVITIES

A. Development and Implementation of Nurse Curricula

The three-year diploma program was redesigned, based on recommendations from CHS. (See Appendix A for redesigned course structure and objectives of each level of the program.) In addition, the consultant gave a three-day workshop on syllabi and lesson plan development and assisted faculty to develop these documents for courses: Clinical Nursing I and Reproductive and Sexual Health I. (See Appendix B for workshop agenda and materials.)

It is important to note that much of what was developed in the diploma and BSc nursing programs responded to issues raised in the July 1996 CHS/WHO Curriculum Review. For example, questions were raised in the review about the decisionmaking ability of students and early contact with the community. In both curricula (diploma and BSc), major threads addressed in almost every course include problem solving and decisionmaking as a teaching strategy. Community, health promotion, and disease prevention are continuing concepts in the program. In addition, all nursing practicum experiences include community-based involvement and some theory courses have included field experiences in the community. The WHO/CHS review document continues to be a reference point for curriculum development.

The consultant developed a plan for a baccalaureate program in nursing with a major in nursing and minor in public health/primary care. She also developed draft plan for an advanced placement baccalaureate in nursing program for diploma graduate nurses. (See Appendix C for programs.) An initial description and course objectives for the first nursing course, Introduction to Nursing Science, were developed and presented to the Dean of the CHS.

B. Implementation Plans for Administration

The organizational structure for the nursing programs (in the SON, which is under the supervision of the Dean of the CHS¹), was developed and implemented. The initial work was accomplished along with the Acting Administrator of the diploma program and faculty. Appointments were made to the Coordinating Committee, Faculty Committee, Students Committee, and Resource Committee. Chairpersons of each committee were selected. Committees have developed roles and responsibilities for each group. (See Appendix D for structure and roles and responsibilities of committees.)

The BSc program, as it continues to develop, will have a committee structure as does the diploma program. There will be a BSc student and faculty committee. The SON curriculum and resource committees will be responsible for curricular and resource issues for both programs. Therefore, faculty from both the diploma and BSc programs will be appointed to these committees.

Faculty

Using the information from the three-day workshop given in September by this consultant, faculty have designed course syllabi and lesson plans using new materials and text books for the diploma program in nursing. Work groups were selected to assist in course development. Over the past year, this faculty have had a number of workshops and seminars relating to curriculum

¹ The SON (diploma program) transfer to the CHS has not yet occurred even though this consultant was informed this would take place on October 7, 1996. As a result, the faculty of the diploma program are not yet under the CHS direction and the facility continues to be administered by the MOH, a situation which causes some confusion.

design, teaching/learning strategies, primary care, the nurse's role in health care, etc.. However, it was noted during the syllabi and lesson plan development that much of what these people had experienced and practiced was not being implemented into their new work. This is an important discovery because it supports theories that suggest change requires time and repetition to become integrated. Faculty were assisted in redesigning their syllabi to include increased student involvement in the classes. Frequent repetition of concepts of teaching/learning will be needed to assure integration of the new ideas and skills.

Student service support

Plans were developed for student service support in the diploma nurse program by the student committee of the SON. Roles, responsibilities and ways to interface with students and student groups were developed. Minutes of the committee are filed in the SON. The student service committee will take responsibility for the orientation of new students to the diploma program on October 21, 1996.

Clinical resources and plans

Assistance was given to the resource committee of the SON in developing a process for contacting directors and nurses in hospitals and primary care facilities where students will be expected to practice. The intent is to develop better relationships between ward nurses and tutors prior to student experiences. This ground work will be helpful for all health care students who use practice facilities, including the BSc program as it is developed, since all nursing students will be using the same practice resources.

The consultant visited two hospital units and two health centers in Asmara for the purpose of assessing their readiness and receptiveness to be developed as demonstration units. An assessment tool was developed to gather data from matrons, doctors and ward nurses. (See Appendix E for assessment results and recommendations.) The expectation is that demonstration units will provide an opportunity for nurse students and nurses on other units to observe and experience professional nursing practice and documentation. In demonstration units, clinical nurse specialists assist nurses on selected units to upgrade their practice through education and demonstration. Some areas of practice that are frequently identified by nurses as subjects for continuing education are application of the nursing process, physical assessment and history taking, documentation, and communication skills (with patients, families and other professionals).

Educational resources

Many books have arrived from WHO and other sources to augment the School of Nursing's library. This library will serve the nursing students from both the diploma and BSc programs. The donated books include many faculty manuals as well as test manuals that accompany text books. Books with multiple copies will be the text for specific nursing courses which will assure

that students can have their own copies of the texts. Copies of faculty manuals are being distributed to diploma faculty who will have responsibility for the content of those courses. The resource committee will develop a process for distribution of books and keep a list of faculty and the books they have received.

There is a need for practice materials that deal with local and regional health issues and diseases. WHO has several good documents such as *Assessment and Treatment of Childhood Illnesses*. (See list in Appendix F) In addition, a BASICS activity is underway to use the WHO documents and redesign them to reflect the Eritrean society health needs. When these documents are completed, it is critical that they get into the hands of the faculty of the SON and are made available to students. Hopefully, nurses will be invited to take part in the process of development.

NOTE: The SON has no computer. With the significant amount of development of new syllabi and course work, a computer is absolutely needed.

C. Work with CHS and SON

The Director of both the three-year diploma program and the four and a half-year baccalaureate in nursing science (BSc) program, will report to the Dean of the College of Health Sciences. Certain resources will be shared such as the library at the School of Nursing and the Nursing Science laboratory for practice.

The BSc program in particular will need nursing faculty for development and teaching. During a discussion with Wayne Kessler, enCORPS Representative in Asmara, several potential nurse faculty and former Peace Corps volunteers were identified. CVs of these people and determination of availability are being reviewed by BASICS. In addition, the Netherlands Development Organization (SNV) has advertised for nurse educators for the CHS. Because nursing faculty needs will increase considerably in 1998, recruitment of faculty will need to be continued.

D. Work related to faculty development, educational plans

Faculty of the School of Nursing were given an evaluation form to complete to determine their educational and practice background and interests in teaching in the new program. They were also asked to indicate their educational needs for continuing education. (See Appendix G for form and results.) Based on the faculty reported needs a plan for continuing education of this faculty was developed (see Appendix H for long term plan). The continuing education needs identified by faculty and reflected in the plan are consistent with the recommendations made in December 1994, as a result of the training needs assessment of tutors, conducted by BASICS. Long term, systematic up-dating on teaching skills and clinical/community health content is needed.

IV. RESULTS AND CONCLUSIONS

Considerable work has been accomplished in the redesign and development of the three-year diploma nursing program. Syllabi for all nursing courses in the program have been completed except for psych/mental health nursing. Course syllabi are being reviewed by the diploma program curriculum committee. According to the Dean of CHS, forty students will be admitted to the diploma program in the SON on October 21, 1996. (However, as of Oct 10, 1996, the transfer of the diploma program to the CHS from the MOH had not yet occurred.)

Continued education of faculty in both curricular development and administration of the program has been accomplished in workshop settings and faculty and committee meetings. An assessment of diploma faculty skills and abilities and their continuing education needs was completed. These data were used to develop a long range educational plan for the group. (See Appendix H.)

A proposed BSc nursing program for the CHS in the University of Asmara was developed as well as an advanced placement BSc program for diploma nurse graduates. This proposal was presented to the Dean of the CHS and to the curriculum committee of the CHS. It was accepted with some changes in course work and semester hour allocation. Dr. Assefaw presented the BSc program in nursing to the President, who approved it. When asked about the Faculty Senate approval, it was stated that the Faculty Senate would accept the President's approval. (The advanced placement BSc program will be developed at a later date.) Thirty-six students are in the BSc program and taking year 2, semester 1 courses. There is no assurance that the MOH has seen or approved the newly designed BSc or diploma programs.

An Administrative structure and process were developed for the SON in the CHS. Committee structure, process, and responsibilities were developed, reviewed, and revised by diploma program faculty. (See Appendix D.)

A draft document of nursing standards to differentiate the diploma from the BSc nurse was completed and presented to Dr. Assefaw for consideration by the faculty of the SON (see Appendix I). Standards of practice are needed to describe the difference in practice of the two types of nurses being prepared and to have an objective document to measure the effectiveness of nurses' practice.

The consultant completed an assessment of two hospital units and two health care centers in Asmara for consideration as "demonstration units " (See Appendix E for assessment results.) The BASICS documents, mentioned earlier, that will provide practitioners with practice guidelines should be made available to all health centers, stations and hospital wards. There are no resource materials in any health service institution that I have visited in Eritrea.

CHS faculty who are responsible for support courses for the nursing programs received a one-hour presentation by the consultant about the development of nursing education in Eritrea.

V. RECOMMENDATIONS

- ▶ Continue to encourage formal and frequent meetings between the CHS and MOH and attempt to determine if the MOH has approved the two categories of nurse programs and the type of practitioner they will prepare.
- ▶ Determine how the programs in nursing (diploma and BSc) will articulate with each other, in terms of resource use and allocation.
- ▶ Assist the CHS and SON in identifying potential nurse faculty replacements during the first two years of the program's implementation and consider recruiting nurse tutors and a director of the school from the region and from enCORPS in the US.
- ▶ Provide consultant assistance in developing and maintaining team relationships between clinical faculty of the nursing programs and head nurses of institutions used for practical experience.
- ▶ Assist in the development of a "clinical demonstration unit" where professional nursing practice can be demonstrated and to provide a model for nurses from other units to emulate.
- ▶ Continue to evaluate effectiveness of workshops and seminars in assisting faculty to make change. Reinforce all previous learning so that there is time for integration of new ideas/concepts.
- ▶ Utilize the educational plan to continue faculty development in areas of need. (See Appendix H.)
- ▶ Attempt to find resources (texts and other educational materials) for first aid/disaster nursing, nursing ethics and nutrition.
- ▶ Obtain regionally produced materials from WHO for the nursing library that focus on common diseases of the region, nutrition issues, etc. (See list of recommended publications in Appendix F) When the BASICS documents are completed that transform some of these WHO materials (MCH) into more locally sensitive guidelines and protocols, ensure their distribution to SON faculty and students and to all practice areas where students are assigned.

This consultant has some concerns related to the BSc in nursing program that should be addressed as this program continues to develop. They are listed here as recommendations for future nurse educators and consultants.

1. Need nursing leadership to assure a strong nursing science focus for the BSc program.
2. Need to educate the CHS faculty and staff (particularly those teaching support courses in sciences) about the role nurses in Eritrea will play in providing care.
3. Need to educate the health care community on the plan to educate nurses who practice out of a theoretical base, who problem solve and make decisions.
4. Need to support efforts to develop practitioners who recognize that health promotion, health maintenance, and disease prevention are the priority activities of a public health nurse practitioner (BSc nurse).

VI. FOLLOW UP ACTION REQUIRED

Some follow-up activities that are needed are included in the recommendations section of this report. The most critical needs that have been documented merit repetition:

- >Long term director for the SON and nurse faculty for the BSc program
- >Faculty for the BSc nursing program
(#s needed: 1 for Jan.1997, 3 for Sept. 1997, 4 for Jan. 1998)
- >Improve cooperation and interaction between CHS and MOH
- >Obtain a computer for the SON
- >Order WHO publications (Appendix F) NOTE: 30 percent reduction for developing countries

APPENDICES

APPENDIX A

APPENDIX A

October 4, 1996

NURSES DIPLOMA PROGRAM

A. Rationale

Nursing education in Eritrea began in the 1950's with a hospital based curriculum. The Haile Silassie Government, realizing the program's deficiency, introduced a 3 ½ year Community Health Nursing Program in Gondar to meet the rural community needs. This program was later discontinued by the Derg Government, and a shortened 2 ½ year program was instituted. This program lacked community health orientation. In view of this, revising the curriculum of the School of Nursing is essential.

The fact that well educated and competent nurses play a central role in the provision of health services is indisputable. This is especially true in developing countries, where there is an acute shortage of physicians. In Eritrea, where the health care infrastructure is woefully inadequate and the distribution of resources (including that of human resources) is very poor, the need to train mid level health workers is acute and immediate. Thus this educational program for nurses is designed to prepare mid level practitioners who can provide primary care health care services in hospitals, clinics, health centers and health stations.

The focus of the nurse educational program is promotive, preventive, curative and rehabilitative and is designed around the central concepts of primary care, holism, family and community and team. Using the Nursing Process of assessment, Problem Identification, Planning, Implementation and Evaluation, nurses identify and treat human responses to health and illness. Because of the broad based education and practice experience included in a nursing curriculum, nurses are the appropriate mid level provider to promote health, prevent disease, given care, and manage human and material resources. Working in partnership with a team of fellow health professionals, nurses will help create a network of care facilities throughout Eritrea.

B. Program Objectives (Year III objectives)

The main objectives of the nursing program are to produce qualified nurses who:

1. Communicate effectively and work comprehensively as community and clinical nurse as well as midwife nurses.
2. Use the Nursing Process of Assessment, Problem Identification, Planning, Implementation and Evaluation to identify and treat human responses to health and illness.
3. Use the biological and social sciences and the understanding of normal human structure and functioning to provide socially sensitive health services.

4. Makes judgements about deviations from optimum functioning of individuals, families and communities as they relate to health problems.
5. Utilize appropriate measures for the promotion of health, prevention of diseases and rehabilitative services.
6. Administer and manages units, supervises the team and take responsibility for hands-on training of health care workers, as well as educating the community.
7. Competently carry out and evaluate nursing therapeutic interventions and when needed refer problems to the appropriate professional.
8. Works within the scope of nursing practice and collaborates as n effective member of the health care team.
9. Accept the responsibility for ethical professional practices, and values individuals as unique human beings.

YEAR II OBJECTIVES

At the completion of Year II of the Nursing Program the student will be able to:

1. Utilize communication skills in convincing/teaching individuals, family and team
2. Use the Nursing process steps in the care of individuals in giving health services
3. Demonstrate ability to distinguish normal human structure and function to provide prevention services of communicable diseases. (Socially sensitive services)
4. Consider the variation of health to illness, recognizes the common health problems and clarifies health in relation to illness.
5. Identify, diagnose and take appropriate measures to promote health, prevent disease and rehabilitate individuals and the community
6. Organize and teach lower level health care workers and the community
7. Distinguishes variations in health status and competently carry out, evaluate nursing therapeutic interventions and if necessary refer problems to appropriate persons.
8. Works within the scope of nursing practice and develop team work for effective nursing care given to patients.

9. Demonstrate personal responsibility behaviors for ethical professional practices and value the individual as unique human being in the group without discrimination of sex, ethnicity, race, culture, religion and economic status.

YEAR I OBJECTIVES

At the completion of year I of the Nursing program, the student will be able to:

1. Describe tools of basic communication skills to use with individual clients.
2. Define steps of the Nursing Process of Assessment, Problem Identification, Implementation, Planning and Evaluation.
3. Define normal human structure and function.
4. Identify, describe and explain the difference between health and illness of an individual within a family.
5. Describe the normal health state and list basic health promotion strategies
6. Teach personal and environmental hygiene to the client and his family
7. Identify, competently carry out, evaluate nursing therapeutic intervention and if necessary refer problems to appropriate persons.
8. Identify the scope of nursing practice and determine the effectiveness of delivering nursing care by the team work.
9. Recognize and accept responsibility for ethical professional practices and value the individual a unique human being.

NURSES DIPLOMA PROGRAM COURSE STRUCTURE

YEAR I

SEMESTER I

First Aid & Personal Hygiene	1
English I	3
Biology	3
Psychology	3
Chemistry	3
Ethnography of Eritrea	3

TOTAL 16

SEMESTER II

English II	3
Anatomy & Physiology	4
Microbiology	3
Fundamentals of Nursing	4
Laboratory Medicine	2
Parasitology	2

18

SUMMER SESSION

Pathophysiology	3
Pharmacology for Nurses	3
	<hr/>
TOTAL	6
TOTAL YEAR I	39

**YEAR II
SEMESTER I**

Clinical Nursing I (Med-surg)	3
Nutrition	2
Community/Health Education	4
Rep. & Sexual Health I	3
Nursing Practicum I	4
	<hr/>
TOTAL	16

SEMESTER II

Clinical Nursing II	4
Rep. & Sexual Health II	3
Maternal/Child Health	3
Ethico-Legal in Nursing	1
Nursing Practicum II	4
	<hr/>
	15

SUMMER SESSION

Pediatric Nursing	3
Nursing Practicum III	4
	<hr/>
TOTAL	7
TOTAL YEAR II	39

**YEAR III
SEMESTER I**

Environmental Health	
6	
Nursing/Health Management	3
Psych/Mental Health Nursing	
Nursing Practicum IV	
TOTAL	15

SEMESTER II & SUMMER SESSION

3	Phase I Internship(8 wks)	
	(Clinical & ward practice:	
3	Supervised practicum to develop clinical	
6	skills in the polyclinic, MCH, clinics and	
	hospital wards)	
	Phase II Internship(16 wks)	10
	(Training Primary Health Center:	
	Supervised practicum to demonstrate team	
	work, comprehensive community health	
	programs, in clinics, schools, environmental	
	health service, epidemic investigation &	
	control, control of communicable diseases,	
	supervision of PHC and training of CHWs,	
	etc)	
	TOTAL	16

TOTAL YEAR III 31

TOTAL PROGRAM CREDIT HOURS: 110

10/96
vdb

APPENDIX B

APPENDIX B

**Curriculum Development Workshop Agenda
Asmara School of Nursing**

September 11, 12, 1996
Vivien De Back RN PhD

PROGRAM OBJECTIVES FOR NURSING PROGRAM

Review of recommended changes
Comparison to March 1996 Objectives

DESIGN LEVEL OBJECTIVES FOR LEVEL I AND LEVEL II OF PROGRAM

Blooms Taxonomy resource

MAPPING THE CURRICULUM

Identify major concepts and content based on objectives of program
Identify Courses
Identify intersections of concept/content and courses

SYLLABI AND LESSON PLANS

Review Syllabi format (handout)
Review Lesson plan format (handout)

SELECTION OF TWO COURSES TO BEGIN SYLLABI/LESSON PLAN DEVELOPMENT

Appoint teams of writers/developers

DEVELOP TIME LINE FOR SYLLABI/LESSON PLAN DEVELOPMENT

EVALUATION OF WORKSHOP

September 11, 1996

**SYLLABI FORMAT
SCHOOL OF NURSING
1996-1997**

Course Title and Number:

Course Credit:

Prerequisite:

Faculty:

Course Description: (From the approved curriculum design)

Course Objectives: (Developed from Map of curriculum and Level Objectives)

Evaluation: (A = 4.0, B=3.0, C=2.0) A grade below 2.0 is not acceptable for passing a nursing course.

Method of Grading:

Objective tests , midterm and final	35%
Written Assignments (list)	35%
Class presentation	15%
Class participation	15%

Textbook(s):

Other References:

Topical Outline (by class)

Include holidays, test days other important dates)

Example:

Class # 1 (Date)	Overview of the course, expectations and resources
Class #2	Nursing as a discipline Nursing Process

September 11, 1996

**School of Nursing Workshop
September 11, 1996**

LESSON PLAN FORMAT

Format #1

CONTENT/ CONCEPT (date)	PREPARATION	LEARNING EXPERIENCES	COURSE OBJECTIVE	EVALUATION
Sept.2, 1996 Overview of Nursing Process	Read Chapt 1,2,3 in L. Carpenito	Questions on reading Small group nursing Care plan develop. based on case study	Use knowledge of sciences to develop plan of care	1.Complete practice activities 2. Class Participation

Format #2

CONTENT /CONCEPT (date)	STUDENT OUTCOME	COURSE OUTCOME	TEACHER ACTIVITIES	STUDENT ACTIVITIES	EVALUATION
Sept.2'96 Nursing Process	Demonstrate mastery of Terminology and application of prior knowledge	Used knowledge of sciences to develop plan of care	Prepare Case Studies for class	Read Chapt 1,2,3, in L Small group Nursing care Development Based on case study	1. Complete practice activities 2. Class participation

APPENDIX C

APPENDIX C

September 30, 1996

PROPOSAL FOR TWO DISTINCT CATEGORIES OF NURSING PRACTICE AND PREPARATION

Health care today demands a variety of practitioners, both generalists and specialists if population needs are to be met in health promotion and maintenance, disease prevention and diagnoses and treatment of illness and injury. The challenges that health planners and educators face are:

- >what type of practitioners are needed and
- >how many of each type should be prepared ?

In Eritrea, the Minister of Health has determined that a Primary Health Care, decentralized model of health care be developed. To achieve that goal, more generalist than specialist practitioners are needed. Further, the plan to shift the balance of health care from an illness model to a health promotion model requires mid-level practitioners with primary care and community expertise.

Two types of practitioners can be useful members of the health team: they are Nurses and Advanced Practice Nurses. The education of each of these types of nurses includes a broad based natural and behavioral science background upon which Nursing Science is built. Both of these types of nurses can practice in structured health care settings such as hospitals and in community arenas such Health Centers and Stations and homes. Both types of nurses have problem solving, decision making, communication and managerial skills developed during their course of studies and in intense practicums. There are many terms to describe Advanced Practice nurses such as Clinical Nurse Specialist, Nurse Practitioners etc.

PUBLIC HEALTH NURSE PRACTITIONER (for Eritrea)

A Public Health Nurse Practitioner graduating from the Baccalaureate in Nursing (BSc) program with a minor area of study in Public Health will possess advanced skills in providing care to individuals, families and groups who are experiencing common health and illness problems. The Public Health Nurse Practitioner promotes health, prevents disease and performs emergency and life saving medical and surgical procedures. The PHN diagnoses and refers complex health problems to the appropriate professionals. The PHN supervised units, directs teams and educates assisting personal. The PHN collects health data and uses these data to plan health services for the community. The Public Health Nurse Practitioner is knowledgeable in Public Health concepts and procedures and involves the community in their own care.

BACCALAUREATE PROGRAM IN NURSING (General standards)BSc programs include:

1. Major in Nursing Science (45 to 60 cr.hs) theory and practice courses in Nursing taught by Nursing faculty
2. Minor area of study (12 to 20 cr hs) theory taught by experts in he selected field of study.

BSc Nursing Program

3. Support courses (10 to 20 hs) of courses supportive to the major and minor areas of study. In Nursing this usually includes natural and behavioral sciences.
4. Arts and Humanities (10 to 20 hs) These courses provide the graduate with a broad based education to enhance their effectiveness as a professional and citizen.

OBJECTIVES:

The graduate will be able to:

1. Apply knowledge from the Natural and Behavioral Sciences and Nursing Science in providing health care to individuals, families and groups with common health and illness problems.
2. Provide comprehensive primary health care services, including life saving medical and surgical procedures
3. Diagnose and refer complex health and illness problems to appropriate professionals and organizations
4. Administers, coordinates, and organizes health center activities and provides continuing education for staff
5. Plan and implement health promotion and disease prevention programs for the population, based on epidemiological data.
6. Communicates effectively with staff and community leaders to provide efficient patient and community services.
7. Collects, analyzes and uses vital health data about the community and shares these data with appropriate agencies.
8. Works within the scope of practice and follows ethical standards.

BSc Nursing Program

PUBLIC HEALTH NURSE PRACTITIONER PROGRAM

YEAR I, SEMESTER I		YEAR I, SEMESTER II		SUMMER	
Biology	4	General Chemistry	4		
Physics	4	Intro. to Psychology	4		
English I	3	Mathematics	4		
Prelim. Math	4	English II	3		
Geography Eritrea	2	History Eritrea	2		
Total	17		17		

YEAR II, SEMESTER I		YEAR II, SEMESTER II		SUMMER	
Biochemistry	4	Anatomy II	3	Environmental Health	3
Microbiology	2	Physiology II	3	Epidemiology & Biostats	4
Anatomy I	3	Intro. Public Health	4		
Physiology I	3	Intro. Nsg. Science	4		
Organic Chem & lab	4	Pharmacology	4		
Parasitology	2				
Total	18		18		7

YEAR III, SEMESTER I		YEAR III, SEMESTER II		SUMMER	
Clinical Nursing I	4	Clinical Nursing II	4	Nursing of Children	4
Nursing Practicum I	2	Nursing Practicum II	2	Nur. Practicum III	4
Pathophysiology	3	Maternal/child Nsg.	3		
Nutrition	3	Intro. Computers	2		
Clinical Methods	2	OB/Gynecology	3		
Ethics	2	Laboratory Medi.	2		
Total	16		16		8

YEAR IV, SEMESTER I		YEAR IV, SEMESTER II		SUMMER	
Community Nursing	4	Ethnography Eritrea	2	Internship	
Surgery (emergency)	4	Nursing/health Adm..	3	8 weeks	6
Nursing Practicum IV	4	Mental Health Nsg.	4	(MCH & midwifery)	
Communicable Dis.	3	Nursing Practicum V	4		
		Info/Edu/Communic.	2		
Total	15		15		6

YEAR V SEMESTER I					
Internship 16 weeks	10				
Total	10				

TOTAL PROGRAM CREDITS: 163

25

BSc Nursing Program

PUBLIC HEALTH NURSE PRACTITIONER: ADVANCED PLACEMENT PROGRAM

Advanced placed student (Diploma Nursing graduate) in BSc Nursing/Public Health program. Studies include two years with both summers.

YEAR I, SEMESTER I		YEAR I, SEMESTER II		SUMMER	
Anatomy I	3	Anatomy II	3	Introduction to Advanced	
Physiology I	3	Physiology II	3	Nursing Practice	4
Physics	4	Mathematics	4	Introduction to Computers	2
Prelim Math	4	Intro to Psychology	4		
Geography Eritrea	2	Intro to Public Health	4	Clinical Methods	2
History Eritrea	2				
TOTAL	18		18		8

YEAR II, SEMESTER I		YEAR II, SEMESTER II		SUMMER	
Biochemistry	4	EPIDEMIOLOGY &		Internship	
Organic Chem. & lab	4	Biostatist.	4	8 weeks	6
Advanced Nursing		Nursing Practicum	4		
Practice II	4	Environmental health	3		
Info/Edu/Commun.	2	Surgery (emergency)	4		
Nursing Practicum	4	Nursing/health Adm.	3		
TOTAL	18		18		6

Total Credits: = 86
 Credits transferred
 From Diploma Program = 77
TOTAL PROGRAM CREDITS = 163

DRAFT
 October 2, 1996
 vdb

BSc Nursing Program

INTRODUCTION TO NURSING SCIENCE 4 Credit Hours

This course introduces the student to the concepts and principles of nursing and provides a conceptual framework upon which the professional curriculum is built. Students will become familiar with the Nursing Process and apply this problem solving technique to simulated client/family situations. Students will be introduced to nursing philosophies, theories, research and ethics as well as the application of these concepts to practice. This course promotes the students' personal and professional growth through the study of nursing's professional values.

OBJECTIVES OF THE COURSE:

1. Describe the ancient origins of nursing
2. Compare the early definitions of nursing with contemporary ones
3. Cite examples of nursing's philosophies
4. Summarize the concepts basic to professional nursing practice
5. Compare and contrast selected models of nursing theory
6. Explain the importance of theory based nursing practice
7. Define the Nursing Process including the steps involved
8. Differentiate between nursing orders and diagnoses and medical orders and diagnoses
9. Differentiate between problem solving and research
10. Discuss the impact of ethical issues on nurses and other health professionals

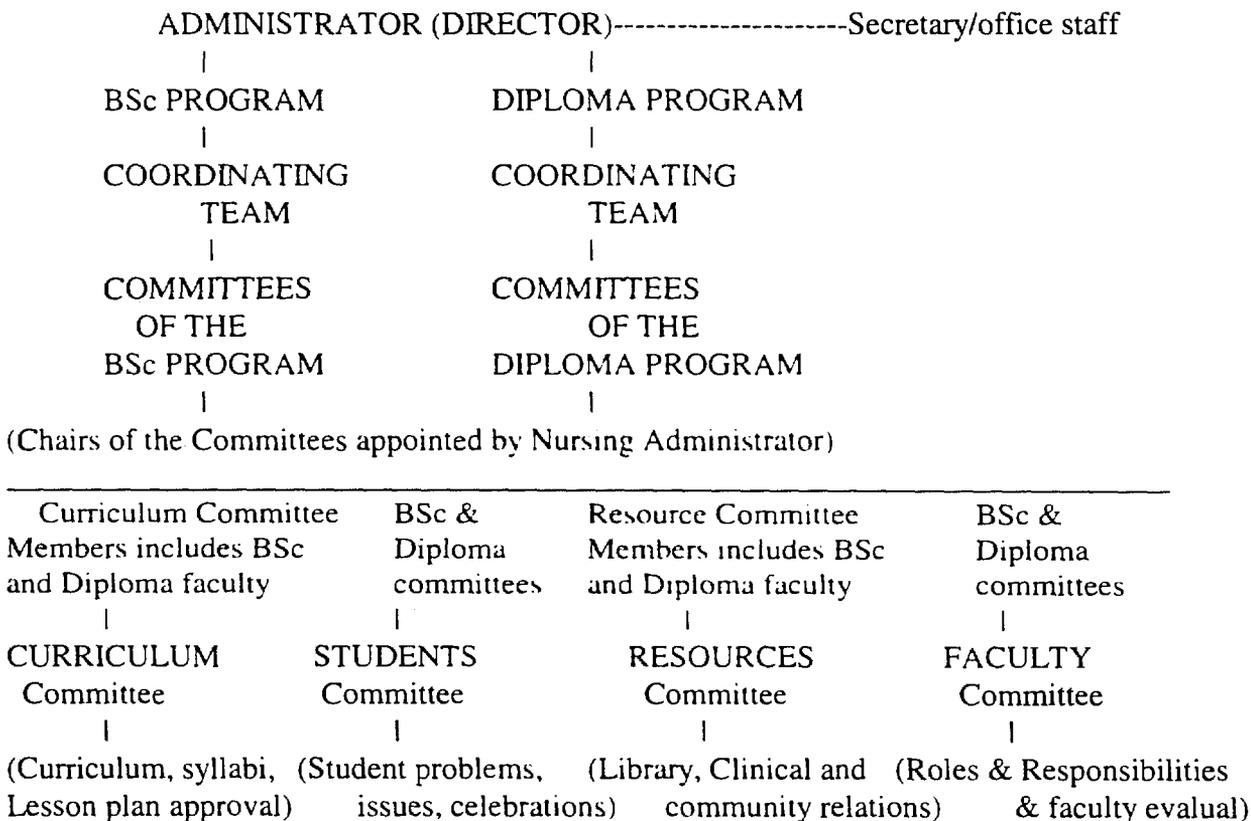
APPENDIX D

APPENDIX D

**STRUCTURE OF THE COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF ASMARA
COLLEGE OF HEALTH SCIENCES**

<p>SCHOOL OF NURSING</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </p> <p>BSc Diploma</p>	<p>SCHOOL OF BIOMEDICAL SCIENCE</p> <p style="text-align: center;"> </p> <p> - Anatomy :</p> <p> - Physiology :</p> <p> - Biology :</p> <p> - Pathology :</p> <p> - Pharmacology :</p> <p> - Microbiology :</p> <p> :</p> <p> :</p> <p style="text-align: center;">Pharmacy (developing)</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </p> <p>Health Research Unit BSc Diploma</p>	<p>SCHOOL OF HEALTH TECHNOLOGY</p> <p style="text-align: center;"> </p> <p> -Medical Lab. Technic.</p> <p> -Environmental Health Technician</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </p> <p>BSc Diploma</p>
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**COLLEGE OF HEALTH SCIENCES: NURSING PROGRAMS
ADMINISTRATIVE STRUCTURE**



September 30, 1996

**COLLEGE OF HEALTH SCIENCES:
NURSING PROGRAMS ADMINISTRATIVE STRUCTURE**

**RESPONSIBILITIES OF ADMINISTRATOR, COORDINATING COMMITTEE, AND
COMMITTEES FOR THE PROGRAMS NURSING**

ADMINISTRATION:

Reports to the Dean of the College of Health Sciences

Responsible for the overall operation of the department of nursing (Diploma and BSc program)

Responsible for developing relationships and communication channels with the University departments and personnel

Responsible for contract negotiating or clinical placement that is recommended by the Resources and Curriculum Committees

Serves on Committees of the University as appropriate

Hires and evaluates Nursing faculty programs in Nursing

Appoints Coordinating Teams and Chairs of Committees for each program

Creates an effective educational environment for students and faculty

Designs a plan for decentralized decision making

COORDINATING TEAMS: (for Diploma and BSc programs)

Reports to Administrator of Nursing

Assists in the administration of the programs of Nursing through committee work and team decision making

Receives reports from each committee and determines, along with the administrator, a course of action

Responsible for overall administration of the program in the absence of the Administrator
Individuals on the coordinating Team are chairpersons of the committees of the programs

CURRICULUM COMMITTEE: (One committee for both programs in nursing)

Reports to the Coordinating Team through the Chair of the committee.

Membership of Committee includes faculty from both Diploma and BSc programs

Receives reports, syllabi, lesson plans from faculty developers and evaluates their appropriateness to the program.

Assures that the course development is based on the Philosophy and Objectives of the Nursing Programs as approved by the University Curriculum Committee

Makes recommendations on curriculum design, development and revision, to the faculty developers and Coordinating Team

Works closely with the Resource Committee on developing clinical sites in hospital, and health care settings in the community that are appropriate to the curriculum design

Assures the development of a comprehensive evaluation plan that includes evaluation of each course and the overall curriculum and includes input from faculty and students.

STUDENT COMMITTEES:

Reports to Coordinating Team through the Chair of the committee.
Makes recommendations to the Coordinating Committee about admission and progression through the Nursing programs.
Reviews and acts upon student grievance issues
Assists in the development of Student Council and/or Student Nurse Association and mentors these groups
Supports and assists students and Nursing department in celebrations and other important health care and student events
Responsible for orientation plan to Nursing program for new students

RESOURCES COMMITTEE: (One committee for both programs in nursing)

Reports to the Coordinating Team through Chair of the committee.
Assures that resources needed for teaching/learning are made available to faculty and students
Evaluates library and other resources based on program objectives
Evaluates and develops clinical/community resources for student placement.
Works closely with Faculty and Curriculum Committees on clinical site development
Involves community leaders and orients them to educational objectives of Nursing Program to assure excellent learning environments for students

FACULTY COMMITTEE:

Reports to Coordinating Team through Chair of the committee
Responds to faculty issues
Develops roles and responsibilities document for faculty, lecturers and clinical faculty and preceptors
Designs faculty evaluation tool for faculty review (peer and administrative review)
Along with Resource and Curriculum committees, assists in development of relationships with other health care and educational organizations
Responsible for Academic Affairs such as vacation scheduling, subject assignment and preparation of college leaving exams.
Along with the Student committee determines policy and procedures for admission of new students, grievance procedures and disciplinary measures regarding students.

APPENDIX E

APPENDIX E

October 7, 1996

**ASSESSMENT OF CLINICAL SITES
FOR CONSIDERATION AS DEMONSTRATION UNITS
V. De Back RN PhD FAAN**

MEKANE HIWOT HOSPITAL
ASMARA

MATRON: Nebiat

UNIT: Medical, Ward A

beds: 52

Head Nurse: Berhane

nurses 6 for three shifts

MD's: 2 (general medicine)

health assistants: 3 for three shifts

Types of Clients and Common Diseases:

GI and colitis, Malaria, Diabetes, TB, Aids, Pneumonia, Genito/Urinary

Physical environment: Two large wards with 24 beds in each. 1/2 wall separates sets of 8 beds each. Patients have bed and bedside stand.

Drug supply and storage for patients in nurses room which also serves as documentation area and equipment storage. (Pharmacy fills drug needs daily)

Nurses room has the only working sink on the ward with running water.

EQUIPMENT IS SCARCE: for this ward of 52 beds there is one stethoscope and one sphygmomanometer and two thermometers.

RESOURCES: There are no resource or reference books on the ward.

Nursing Care Routine: Head Nurse assigns nurses each day after rounds with the night nurse.

Assignments change daily. Nursing care is delivered in a modified team/functional method. Everyone makes all the beds, one nurse gives all medications, one nurse checks vital signs, etc.

Documentation: Nurses write in a note book each day recording changes on the ward.

Admissions and discharges and some changes in patients are recorded. Recording is done by bed number and therefore a patient and his condition cannot be tracked during hospital stay. There is no method for recalling information from previous admissions. There is no contact with local Health Centers where discharged patients will receive follow up care.

Berhane reports that there is little or no patient or family education because there is no time. (There is a Diabetic Clinic where diabetic clients are sent for education and management of their disease)

Relationships: There appears to be a good working relationship among and between MD's and nurses. The nurses do not believe they have any "say" in their practice or generally about nursing care or patients. They seem to feel powerless and blame the hospital. "They will not give us continuing education...they will not give us equipment....they do not listen to us" Yet when Elsa asked Berhane why he was not at the Nursing Association meeting where he could learn new things to teach to the ward nurses he did not see this as a way to take responsibility and accountability for nursing care.

Berhane and the nurses on the ward are open to new learning. When given a number of subjects that might be of interest to them (eg. Physical Assessment, documentation, Nursing Process) they asked for them all.

POTENTIAL AS A DEMONSTRATION UNIT: This unit and the staff are certainly eager to learn new ideas and methods of providing care. Beginning teaching however needs to begin with self determination, responsibility and accountability. There is little understanding of their individual and collective power to change practice and to change the environment in which they work.

There was a caution in their receptiveness when we spoke about student nurses who would come to them with different expectations of practice. For example, students will be required to use the Nursing Process and to respond to patient needs regardless of the routine. Student will be required to document patient care but more importantly, document patient response to care given and results of that care on the patient condition. There is an interest in this type of care, but understandable caution as to how they can do such things with "no time".

UNIT: OB/GYN units
Head Nurse: Miriam
MD's: 1

beds: 32 plus 2 beds in labor room
3 delivery units in delivery room
nurses/midwives: 6
Others: former fighters with midwifery experience

Types of clients:

Normal delivery
C-sections

1 OR room for C-section

Average length of stay, Normal delivery: 24 hours

Eclampsia and C-sections 7 days

Number of deliveries: 25 to 30 per week

Physical Environment: The delivery room may get crowded if there are three deliveries going on at once but an organized system seems to be set up. A nursery for the baby is next to the delivery room although babies are most often with mothers.

Few drugs are used: Oxeytoxin, Ampicillin and Panadol are on hand. The Pharmacy responds quickly to any need the unit has.

All equipment and materials are kept on the unit and sterilized in a room with equipment to sterilize instruments, gloves, etc

There is an admission room where mothers are assessed by a midwife and admitted if they are in active labor. After delivery mothers remain in one of the two 16 bed wards until family comes to get them.

On the second floor there are private and semi-private rooms for mothers and families that can pay for these accommodations. There were two patients on that ward which has 18 beds.

EQUIPMENT IS SCARCE: There are too few gloves. One suction machine is on the unit. One sphygmomanometer for an adult. Two fetoscopes.

RESOURCES: There are no reference books on the unit.

Nursing Care Routine: The Head Nurse assigns nurses to patients and the work they will do each day. Nurses are rotated thru nursery, postpartum, labor and delivery. Education of the mother is considered part of the nursing care given. This is focused heavily on breast feeding and before discharge family planning information is given. The father is not included in education although the Head Nurse thinks this is a weakness in their program.

Documentation: Each mother/child has a labor and delivery form that is filled out and any problems recorded. However, this information is not able to be recalled upon readmission of the mother or child.

Relationships: There appears to be a good working relationship among and between the MD and nurses and midwives. On this ward, unlike the Medical ward, the nurses and midwives take responsibility for their practice and believe they can make changes in improving their work and outcomes of their deliveries.

Discharge: Newborns are immunized with BCG and polio before discharge and mothers educated to the need for follow up immunization at their Health Center.

Follow up care: If mothers bring their anti-partal card from the Health Center where they received care, the card is used to document the type of delivery and any mother or child concerns. This card then goes with the mother back to the Health Center where post natal care is delivered. This seems to be a very effective method of continuity of care.

Unfortunately, few mothers bring this card either because the Health Center does not use them or does not educate the mother to its importance.

POTENTIAL AS A DEMONSTRATION UNIT: There is openness to new ideas and change.

They do not understand what students might do that is different than they now do but they are willing to find out and to learn. As with most OB units, there is a lightness that is not found on a Medical unit. Here there is new life. Medical units are more somber and less hopeful.

EDAGA HAMUS HEALTH CENTER

ASMARA

This Health Center is the largest of five Health Centers in Asmara. They service a population of over 22,000 people from the city itself and from outlying rural areas. Patients who need to be admitted to the hospital come to this Health Center for referral.

of clients seen: OPD, MCH , OB and Peds see 70 to 80 clients per day

deliveries: 30 to 40 deliveries per month

nurses: 12 # other personnel 6 TBA's and 10 Health Assistants

Support services: Pharmacy, Lab, HIV counselors, STD counselors

Physical environment: Large facility, two floors with several exam rooms, laboratory, counseling rooms, waiting rooms etc. On the second floor is a delivery room (2 delivery tables) waiting room with 3 beds and post partum room with 3 beds. Also education rooms and an immunization room. There is a system developed for patients to be seen in order of their arrival.

Documentation: There is a records room where patients stop and get their record. This record is used and documented upon every visit to the Health Center. Unfortunately, neither the record nor information from the record is transferred to the hospital when there is an admission. And there is no feedback from the hospital to the Health Center after patient discharge.

EQUIPMENT IS SCARCE: There are few stethoscopes, B/P cuffs, thermometers. There is no child B/P cuff for the Pediatric clinic.

RESOURCES: There are no reference books in the Center.

Nursing Care: Nurses respond to the needs of clients who arrive daily. There is a strong focus on MCH and immunization. There is no MD at the Center so nurses make decisions about referral to the hospital or one of the speciality clinics at the hospital.

There seems to be excellent working relationships among the nurses and other health care workers. There is a welcoming feeling at the Center and nurses were interested in talking about their work and their needs. (mostly equipment...and continuing education)

Education is a strong component of their work. Mothers are encouraged to return with their children for immunization and well baby check up

POTENTIAL AS A DEMONSTRATION UNIT: Both the physical facility and the attitude of the staff make this Health Center a prime location for a Demonstration Unit. The nurses are interested in continuing education and welcome nursing and other health care students. Because the facility is large enough and many clients are seen this would be a good location for the Nursing Practicum that focuses on Reproductive and Sexual Health.

vdb 10/96

ASSESSMENT TOOL FOR HOSPITAL UNITS AND HEALTH CENTERS

Unit or Center Type:

of beds (hospital)

#of clients seen per week (Center)

Average length of stay:

#of MD's

of Nurses

other personnel

Types of clients and common conditions:

Physical environment:

Size, space

Rooms: Treatment

Drug supply and storage

Equipment

Emergency cart?

Contaminated waste room

Water availability

Documentation:

Where:

Frequency of documentation

Separate charting for: Drugs
x ray

Who documents?

Lab reports
surgical

Chart recall?

Nursing Care: Routine: Report

Patient/client assignments

Continuity of care (same pt or client?)

Nursing process (documentation)

Decisions nurses make

Relationship with MD

Patient education?

Discharge planning?

Receptiveness of new learning?

Frequency

Family education?

Relationship with community health care?

MD

Nursing care and support for medical plan?

Response to upgrading nursing?

Questions for Nurses:

What do you think of students on a unit? What should they be doing?

If you could have any educational program you wanted which ones would you choose?

Physical Assessment

Nursing Process

Documentation

Family education

Communication skills

Mental Health

Continuity of Care

Nutrition

Physiology (update)

APPENDIX F

APPENDIX F

WHO PUBLICATIONS RECOMMENDED FOR NURSING LIBRARY COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING

A number of WHO documents were found in the WHO catalogs that would be appropriate for the nursing education programs. They are regionally produced and are more specific to the needs of the Eritrean people than some of the new text books. These are important additions to the nursing faculty's resources.

Copies of WHO order forms are attached with the documents needed identified. Orders can be placed through the WHO office in Asmara. Dr. Elmi Duale will facilitate the order.

In addition to the publications, an order form for three videos that would enhance the nursing education programs is also included.

The documents listed below were developed by WHO in cooperation with UNICEF. They can also be ordered through WHO in Asmara.

. MANAGEMENT OF CHILDHOOD DISEASES

WHO/CDR/95.14 A	Introduction
WHO/CDR/95.14 B	Assess and classify the sick child: 2 mos. to 5 yrs.
WHO/CDR/95.14 C	Identify treatment
WHO/CDR/95.14 D	Treat the child
WHO/CDR/95.14.E	Council the mother
WHO/CDR/95.14.F	Management of sick infant: 1 wk. to 2 mos.

vdb

1992

ORDER FORM

Please send the following publications in the quantity specified:

- Accidents in Childhood and Adolescence: The Role of Research** (page 19) at Sw.fr. 35.-/US \$31.50 (1150313)
- Care of Children in Hospital** (page 17) at Sw.fr. 12.-/US \$10.80 (1340027)
- Children at Work: Special Health Risks** (page 22) at Sw.fr. 9.-/US \$8.10 (1100756)
- Community Genetics Services in Europe** (page 15) at Sw.fr. 24.-/US \$21.60 (1310038)
- Community Participation in Maternal and Child Health/Family Planning Programmes** (page 20) at Sw.fr. 9.50/US \$8.55 (1150338)
- Conjunctivitis of the Newborn** (page 13) at Sw.fr. 13.-/US \$11.70 (1150244)
- Contemporary Patterns of Breast-feeding** (page 3) at Sw.fr. 24.-/US \$21.60 (1150031)
- Dietary Management of Young Children with Acute Diarrhoea** (page 9) at Sw.fr. 8.-/US \$7.20 (1150316)
- Drugs for Children** (page 17) at Sw.fr. 30.-/US \$27.00 (1340038)
- Field Guide to the Detection and Control of Xerophthalmia** (page 8) at Sw.fr. 10.-/US \$9.00 (1150050)
- Food, Environment and Health: A Guide for Primary School Teachers** (page 24) at Sw.fr. 23.-/US \$20.70 (1150337)
- Growth Chart (The)** (page 4) at Sw.fr. 12.-/US \$10.80 (1150252)
- Guide to Nutritional Assessment (A)** (page 6) at Sw.fr. 14.-/US \$12.60 (1150286)
- Guidelines for Training Community Health Workers in Nutrition** (page 5) at Sw.fr. 16.-/US \$14.40 (1150256)
- Hookworm Infection and Anaemia** (page 12) at Sw.fr. 19.-/US \$17.10 (1150360)
- ICD-10 Classification of Mental and Behavioural Disorders (The): Clinical Descriptions and Diagnostic Guidelines** (page 22) at Sw.fr. 50.-/US \$45.00 (1150371)
- Infant Feeding: The Physiological Basis** (page 1) at Sw.fr. 20.-/US \$18.00 (1030067)
- Integrating Maternal and Child Health Services with Primary Health Care** (page 20) at Sw.fr. 16.-/US \$14.40 (1150347)
- International Code of Marketing of Breast-Milk Substitutes** (page 3) at Sw.fr. 3.-/US \$2.70 (1150094)
- International Travel and Health** (page 16) at Sw.fr. 15.-/US \$13.50 (1189200)
- Laws and Policies Affecting Adolescent Health** (page 25) at Sw.fr. 49.-/US \$44.10 (1150263)
- Management Development in Maternal and Child Health and Family Planning Programmes** (page 21) at Sw.fr. 6.-/US \$5.40 (1570011)
- Management of Severe and Complicated Malaria** (page 11) at Sw.fr. 9.-/US \$8.10 (1150368)
- Minor and Trace Elements in Breast Milk** (page 2) at Sw.fr. 30.-/US \$27.00 (1150311)
- Nutrition Learning Packages** (page 5) at Sw.fr. 30.-/US \$27.00 (1150328)
- Preventing and Controlling Iron Deficiency Anaemia through Primary Health Care** (page 7) at Sw.fr. 11.-/US \$9.90 (1150325)
- Prevention in Childhood and Youth of Adult Cardiovascular Diseases: Time for Action** (page 14) at Sw.fr. 12.-/US \$10.80 (1100792)
- Prevention of Childhood Blindness** (page 8) at Sw.fr. 15.-/US \$13.50 (1150378)
- Progress in Assessment of Morbidity Due to Schistosomiasis** (page 12) at Sw.fr. 20.-/US \$18.00 (11930008)
- Protecting, Promoting and Supporting Breast-feeding** (page 1) at Sw.fr. 6.-/US \$5.40 (1150326)
- Quantity and Quality of Breast Milk (The)** (page 2) at Sw.fr. 17.-/US \$15.30 (1150229)

(continued)

40

WHO - CHILD HEALTH

Order form (continued)

- Rational Use of Diagnostic Imaging in Paediatrics** (page 18) at Sw.fr. 14.-/US \$12.60 (1100757)
- Rational Use of Drugs in the Management of Acute Diarrhoea in Children** (page 9) at Sw.fr. 14.-/US \$12.60 (1150355)
- Respiratory Infections in Children: Management in Small Hospitals** (page 13) at Sw.fr. 5.-/US \$4.50 (1150284)
- Rheumatic Fever and Rheumatic Heart Disease** (page 14) at Sw.fr. 8.-/US \$7.20 (1100764)
- School Health Education to Prevent AIDS and Sexually Transmitted Diseases** (page 24) at Sw.fr. 18.-/US \$16.20 (1870010)
- Strengthening Maternal and Child Health Programmes through Primary Health Care** (page 21) at Sw.fr. 3.-/US \$2.70 (1450018)
- Training in the Community for People with Disabilities** (page 19) at Sw.fr. 80.-/US \$72.00 (1150330)
- Treatment and Prevention of Acute Diarrhoea (The)** (page 10) at Sw.fr. 11.-/US \$9.90 (1152230)
- Urbanization and its Implications for Child Health** (page 23) at Sw.fr. 16.-/US \$14.40 (1150306)

- Vitamin A Supplements: A Guide to their Use in the Treatment and Prevention of Vitamin A Deficiency and Xerophthalmia** (page 6) at Sw.fr. 8.-/US \$7.20 (1150303)
- Weaning - from Breast Milk to Family Food** (page 4) at Sw.fr. 9.-/US \$8.10 (1150308)
- Young People's Health - A Challenge for Society** (page 25) at Sw.fr. 16.-/US \$14.40 (1100731)

- Please send me a catalogue of WHO publications on *Maternal Health and Family Planning*
- Please place my name on your mailing list to receive announcements of new WHO books dealing with child health

In developing countries

Please subtract 30% from the prices shown on this form.

DSA.PAED.92.A

- Payment enclosed
- Please charge to my credit card
 - Visa American Express
 - Eurocard/Access/Mastercard
- Card no. _____
- Expiry date _____
- Date of order _____
- Signature _____

Name _____

Address _____

WHO publications can be ordered from booksellers, subscription agencies, or directly from WHO. Orders addressed to WHO must be accompanied by payment in Swiss francs, US dollars, or UNESCO coupons.

ORDER FORM

Please send the following publications in the quantity specified:

- AIDS Prevention through Health Promotion (page 22) at Sw.fr. 16.-/US \$14.40 (1150357)
- Antenatal Care and Maternal Health: How Effective is it? (page 9) at Sw.fr. 10.-/US \$9.00 (1930032)
- Cancer Pain Relief (page 20) at Sw.fr. 13.-/US \$11.70 (1150247)
- Cancer Pain Relief and Palliative Care (page 20) at Sw.fr. 9.-/US \$8.10 (1100804)
- Care of Children in Hospital (page 14) at Sw.fr. 12.-/US \$10.80 (1340027)
- Community Health Worker (The) (page 6) at Sw.fr. 22.-/US \$19.80 (1150262)
- Conjunctivitis of the Newborn (page 14) at Sw.fr. 13.-/US \$11.70 (1150244)
- Continuing the Education of Health Workers (page 6) at Sw.fr. 35.-/US \$31.50 (1150281)
- Detecting Pre-eclampsia: A Practical Guide (page 9) at Sw.fr. 10.-/US \$9.00 (1930037)
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CARDIOVASCULAR DISEASES

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- Heart Diseases (order no. 9)
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COMMUNICABLE DISEASES

- The Bagamayo Expenence (order no. 66)
- A Winnable War (order no. 57)
- Dawn (order no. 58)
- The Battle continues (order no. 22)
- The Search (order no. 30)
- Point of No Return (order no. 38)

DIARRHOEAL DISEASES

- A New Time for Cholera (order no. 76)
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- Tobacco or Health: Choose Health (order no. 2)
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APPENDIX G

APPENDIX G

9/96

FACULTY SELF-EVALUATION

NAME-----

EDUCATION: Nursing School-----date of grad-----

Other Schools-----date of grad-----
course of study-----

CONTINUING EDUCATION COURSES

Courses-----

1. What school's have you taught in?(Check all that apply)

- Nursing-----
- Health Assistant-----
- Midwifery-----

2. What courses have you taught? (List all courses and years taught)

COURSES	YEARS
(Classroom)	
-----	-----
-----	-----
-----	-----
-----	-----

(Clinical)	COURSE & AGENCY
-----	-----
-----	-----
-----	-----

3. What classroom courses in the NEW Curriculum would you like to teach?

Course Name	Course #
-----	-----
-----	-----

4. What areas of CLINICAL Nursing do you feel confident you can teach?
(Be specific. e.g., Medical Nsg, Adults or Community Nsg., Children)

5. What Nursing CONTENT do you want to learn more about? (List content areas. e.g. Nursing Diagnoses or Health Promotion)

6. What areas of CLINICAL Nursing do you want to learn more about?

7. What area of CONTENT in Education do you want to learn more about? (check all that apply)

- Classroom testing and evaluation
- Clinical evaluation
- Syllabi development
- Lesson Plans
- Teaching strategies
- Use of Resources
- Diagnosing learning problems
- Other-----
-

8. Anything else you want to add ?

**FACULTY STRENGTHS : BASED ON SELF-REPORT
DIPLOMA PROGRAM**

Fundamentals of Nursing:	Zeghehanna Meri Hiwot W/Tensaie
Clinical Nursing I and/or II	Tekeste Tombosa Mengestab Gaim Amina Nur Hussien
Nursing Practicum I	Zeghehanna Meri Tekeste Tombosa Mengestab Gaim Hiwot W/Tensai
Paediatric Nursing	Mebrat G/Selassie Tekeste Tombosa Ghirmay T/Haimanot
Reproductive & Sexual Health I	Mebrat G/Selassie Tzeghehanna Ghilazghi Letebrahan W/Micael
Nursing Practicum II	Tekeste Tombosa Mengestab Gaim Amina Nur Hussien
Nursing Practicum III (peds & ob/gyn)	Mebrat G/Selassie Ghirmay T/Haimanot Tzeghehanna Ghilazghi Letebrahan W/Micael Letemicael Afenerki
Mental Health Nursing	-----
Reproductive & Sexual Health II (community, family planning)	Tzeggai Beraki Letemicael Afewerki
Maternal Child Health	Mebrat G/Selassie Letebrahan W/Micael Tzeghehanna Ghilazghi Letemicael Afenerki

Nursing Practicum IV

Tzeggai Beraki
Ghirmay T/Haimot
Amina Nur Hussien

Nutrition

Elsa Ainalem

Community Health/Education

Ghirmay T/Haimot
Tzeggai Beraki

Nursing/Health Management

Mengestab Gaim

APPENDIX H

5

APPENDIX H

September 24, 1996

EDUCATIONAL PLAN FOR NURSE TEACHERS IN THE SCHOOL OF NURSING

Vivien De Back RN PhD FAAN

Curriculum Consultant

Life long learning is a concept espoused by most educators world wide. This concept proposes that new learning can and should be part of an individual's repertoire of skills which enhances one's abilities at work and in human relationships..

This plan for educational development is based on the belief that life long learning is an accepted concept by the School of Nursing and the College of Health Sciences. Furthermore, the plan is developed with an expectation that higher levels of learning are attainable through building on previous knowledge. Therefore, it will be noted that in some cases the content of the plan is not new. The level of learning expected however, should be at a new and higher level of performance.

It is recommended that this plan be used by future consultant educators to avoid duplication and to present material in an organized and systematic way at the level of learning needed by the faculty of the Nursing programs of the CHS..

This plan was developed with input from the nurse tutors of the Diploma program via a self evaluation tool developed and administered by this consultant. The items in the plan that are asterisks (*) were identified by faculty to be of greatest importance to them. It is to be noted that significant areas of nursing content were identified by faculty as areas of need for their continued development.

CONTENT FOR NURSE FACULTY DEVELOPMENT WITH SPECIFIC PRINCIPLES TO BE ADDRESSED

I. EDUCATION:

Teaching Skills

Nursing Theory

Lesson Plans, relationship to program objectives

*Application of previously learned teaching/learning strategies

Nursing Practice

Daily lesson plans, relationship to program objectives

Evaluation Skills

Test design and evaluation

Types of testing

Performance testing and evaluation

*Clinical evaluation based on Standards of Practice

Self and Peer evaluation

*Diagnosing learning problems

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PRINCIPLES TO BE ADDRESSED IN EDUCATIONAL CONTENT

1. Teaching requires effective communication
2. Teaching includes developing a data-driven mind set
3. Objectives serve as guides in planning and evaluating teaching
4. Evaluation is an integral part of the teaching process
5. Planning time for teaching and learning requires special attention

II. FACULTY ROLES AND RESPONSIBILITIES:

*Faculty as facilitator of learning (as different from one who imparts facts)

Faculty as member of the school

Committee member

Course evaluator

Faculty as mentor of students

Committee member for student affairs

*Faculty as decision maker

Committee member on curricular affairs

PRINCIPLES TO BE ADDRESSED IN FACULTY ROLE CONTENT

1. Faculty development is an on-going and continuous process.
2. Change from one style of faculty member to more involved member of the SON takes time, reinforcement and evaluation
3. Faculty have a responsibility to the student and to create an effective learning environment
4. Faculty are responsible for the curriculum

III. NURSING CONTENT

*Nursing Diagnoses, Nursing Interventions, Evaluation

*Infusion of Nursing Process throughout the curriculum

*Physical Assessment (hands on course)

*Health Promotion, Health Maintenance, High Level Wellness

*Nursing Diagnoses related to health and wellness

Disease Prevention

*Mental health

*Primary Health Care concepts

*Family health

*Emergency measures

*Nursing and health information systems

PRINCIPLES TO BE ADDRESSED IN NURSING CONTENT

1. The Nursing Process is an analytical, practice and research tool
2. Needs of clients must be determined when dealing with families in health and illness situations
3. Patient/family education is an integral part of the Nursing Process. (Education is not telling)
4. The emotional climate affects learning.

IV. RESOURCES

Teaching the use of resources

Textbooks, references, library, technology

Use of resources by teachers in the classroom

PRINCIPLES TO BE ADDRESSED IN RESOURCE CONTENT

1. Using a variety of teaching materials increases retention of learned material
2. Teaching aids are an adjunct to teaching, not a replacement of the teacher
3. Teaching materials extend the learners sensory experiences contributing to new dimensions in learning.

V. STUDENT ISSUES

*Learning strategies (as different from teacher activities)

The role of the student in theory classes and practice settings

*Engaging the learner in the process

PRINCIPLES TO BE ADDRESSED IN RESOURCE CONTENT

1. The process of trial and error is a strategy for learning
2. The development of concepts is part of the learning process
3. Effective learning requires participation
4. New learning must be based on previous knowledge and experience
5. Repetition strengthens learning

APPENDIX I

APPENDIX I

DRAFT

**STANDARDS OF NURSING PRACTICE
FOR TWO CATEGORIES OF NURSING IN ERITREA**

DEFINITION: Standards of Nursing Practice are authoritative statements that describe a level of care or performance by which the quality of nursing practice can be judged. Standards of Practice include measurement criteria by which the achievement of the Standard can be judged.

DIPLOMA NURSE

PUBLIC HEALTH NURSE PRACTITIONER

1. The Nurse uses the Nursing Process to provide care, promote health and prevent disease of clients and families.

1. The Public Health Nurse Practitioner facilitates the entry of the client/family into the health care system at the point of first contact.

Measurement criteria

- >relevant data are collected and documented
- >diagnoses are derived from the assessment data
- >a plan of care is designed to meet the client and family need
- >interventions are based on the plan of care, and implemented in a safe and appropriate manner and documented.
- >the clients response to interventions are evaluated and documented

Measurement criteria

- >the identification and management of client concerns are ensured and mechanisms for dealing with future needs are established
- >the Nursing Process of assessment, diagnoses, planning, intervention and evaluation is used to provide effective health care services to individuals families and communities.
- >a system of health education is designed and implemented for the community to promote health and prevent disease
- >develops systems to control communicable disease

2. The Nurse acquires and maintains current knowledge in nursing practice appropriate to skill, experience and scope of practice

2. The Public Health Nurse Practitioner acquires & maintains current knowledge in advanced nursing practice

Measurement criteria

- >the biological and social sciences and understanding of normal human structure is used to provide health care services
- >therapeutic interventions are implemented competently and evaluated for effectiveness
- >health promotion and disease prevention education and services are provided to clients and families
- >modes of nursing practice are modified

Measurement criteria

- >accepted theories of biological and social sciences and Nursing Sciences are used to diagnose and treat common health and illness problems
- >life saving medical and surgical procedures are performed according to client needs
- >national treatment guidelines are used to identify and treat common health and illness problems
- >complex health and illness problems are diagnosed and referred to appropriate professionals

and improved upon by applying new knowledge from health care research
>health care services are provided to all members of the population with specific focus on MCH and midwifery care
>abnormal pregnancy and complex health problems are referred to Public Health Nurse Practitioner or Physicians
>evaluates own practice based on current Standards of Practice
>practices according to ethical standards

>contributes to new knowledge of nursing practice by initiating health care research and disseminating research findings
>consultation is sought with physicians and other health care professionals as appropriate
>evaluates own practice based on current Standards of Practice
>practices according to ethical standards

3. The Nurse communicates effectively with clients and families to provide health care services

3. The Public Health Nurse Practitioner develops communication systems to effectively provide health care services to individuals, families and communities

Measurement criteria

>effective communication strategies are used to educate clients and families regarding health and illness status
>education activities and communication effectiveness is evaluated and documented
>teaches clients and families about self care
>communicates with client and families about health status and plans of care
>communicates effectively with community leaders to provide culturally sensitive health care services

Measurement criteria

>teaching programs are developed to effectively communicate with individuals, families and communities for the purpose of improving health status
>evaluates effectiveness on health care delivery system of communication and documentation systems.
>communicates effectively with community leaders to provide culturally sensitive health care services
>assesses the health care needs of a community and designs services to meet those needs

4. The Nurse works in partnership with other members of the health care team to ensure effective coordination of services

4. The Public Health Nurse Practitioner manages and administers health care units and supports team efforts to provide effective services to the community

Measurement criteria

>manages team of workers in health stations & educates support personnel
>supervises other health care workers
>supports the team efforts to provide coordinated health care services

Measurement criteria

>develops systems for administration of health centers and stations and methods of data collection on health and illness of the population
>organizes health activities to promote

>organizes health activities to promote health (family planning, MCH etc)

health, such as family planning, MCH etc.
>supervises and manages staff, drug supply, vaccine and other resources.

10/96 vdb

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APPENDIX J

APPENDIX J

SEPTEMBER, 1996

FACULTY OF SCHOOL OF NURSING DIPLOMA PROGRAM

ELSA AINALEM
MENGHESTAB GAIM
AMINA NUR HUSSIEN
LETEMICAEL AFEWERKI
TZECHHANNA GHILAZGHI
MEBRAT GEBRE SELASSIE
ZEGHEHANNA MERI
GHIDEY SMEBREYOHNES
LETEBRHAN WELDEMICAL
TEKESTE TOMBOSA
GHIRMAY TECLEHAIMANOT
TZEGGAI BERAKI
HIWET W/TENSAIE

BOUWEJAN SMEDING MSN (Netherlands Development Org.)

APPENDIX K

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APPENDIX K

CONTACTS AND PURPOSES

NAME	AFFILIATION & PURPOSE
Elsa Ainalem	CHS/SON: Develop Work Plan for Nursing faculty
Azieb O/Gebriel	CHS: Gave report from University Faculty Senateregarding rejection of the Nursing program as it wasoriginally designed (Dr. Azieb received information from Dr. Assefaw to give to this consultant stating that the Public Health Officerscurriculum should be used and called a Nursing BSc)
Steven Wiersman	USAID: Discussion of Scope of Work and raised concerns about the report received from Dr. Azieb at Dean's office Debriefing meeting, 10/11/96
Astier Araya	USAID: Discussion of PIET contract and resources Eritrean nurse students at Western Michigan Univ.
Faculty of SON (See Appendix X)	Faculty meetings, including beginning SON development, Administrative structure and process and committee appointments. Workshop on objective leveling, syllabi, and lesson plan development, September 11, 12 and 16. Multiple meetings with SON faculty: Sept/Oct Multiple meetings with coordinators SON, Sept./Oct
Bouwejan Smeding MSN	SNV (Netherlands Development Organization): Discussion of appointment to CHS as nursing tutor
Tan Haverkort	Program Director SNV, Ethiopia: Discussion of Bouwejan work with CHS and other potential nurse faculty from the Netherlands
Yemane Tekleyohannes	ERRIC-MITAS accompanying Smeding and Haverkort
Mr. Wayne Kessler	enCORPS Representative in Asmara: Discussion of potential teachers for College of Health Sciences
Tzeggai Beraki	Acting Director, Asmara Diploma School of Nursing, appointed by Eyob Azaria, Training Director, MOH

Nosa Orobaton	Chief of Party, BASICS, Asmara
Dr. Assefaw	Dean, CHS: First meeting Sept. 25, 1996 Multiple meetings thereafter related to continued development of SON.
Curriculum Committee CHS	Dr. Assefaw, Dr Azieb, Dr. Ephrem Fewoldi, Dr. Eyob Azaria, Dr. Gebrenigus, Dr. Gebremariam, Elsa Ainalem, Presentation of BSC degree program
Dean and Staff of CHS	Multiple meetings Sept/Oct for College development
Dr.Elmi Duale	WHO regarding WHO publications that would be useful to the School of Nursing Programs. Orders for WHO publications can be placed through Dr. Duale in Asmara
Faculty of CHS	One hour meeting and discussion about Nursing and Nursing education development in Eritrea.

APPENDIX L



Returned Peace Corps Volunteers Serving Again

To: Organisations in Eritrea
Re: enCORPS personnel
From: Wayne Kessler, enCORPS Representative
telephone 125145 fax 125145

enCORPS is a non-profit organization established in the U.S.A. to serve once more in Eritrea and Ethiopia. enCORPS members will, as before, engage in projects and activities which will foster and nurture development.

enCORPS believes that the proven ability of returned Peace Corps volunteers to work successfully in the countries of their service, combined with their greater stores of knowledge, skills, and experience gained since their original service, provides enCORPS with an especially talented pool from which to draw for the needs of Eritrea.

Enclosed is a partial list of enCORPS' members and their fields of expertise. The times of available service vary from a few weeks to more than one year. Thus, many would be able to do short-term consulting and training. If your agency has an interest in a particular person, enCORPS will provide the necessary details.

Since enCORPS does not have an independent general grant, it must arrange contracts with the benefiting agencies or procure funds from other donor agencies. enCORPS will be as flexible as possible in matters regarding in-kind payments and cost-sharing arrangements.

We hope we will be able to work together soon on helping Eritrea's development programmes.

enCORPS MEMBERS IN HEALTH CARE FIELDS

Alazar, Susanne Medert	Pharmacist
Arquin, Peter M.D.	Medical education, cardiology
Bennett, Jim	Professor of pharmacology, toxicology, biochemistry
Brady, Michael, M.D.	MPH, MSED, family medicine
Browne, Carol Dingus	Medical technician
Bundy, Logan, M.D..	Emergency medicine and family practice
Caplan, Maria Shapiro	PhD, psychologist, clinical practice, college professor
Clementino, Antonio	PhD, clinical psychology
Cordy, Carol Christensen, M.D.	Pediatrics, OB
Corley, Gayla	Medical technician
Czemicka, Susan Slattery	Psychologist, educator
Donald, Malcolm	Family planning, AIDS prevention
Donovan, Georgiann Jody	Instructor in computer based medical instruments
Haddock, Marilyn	Clinical psychologist
✓ Hargroves, Glenda	Nurse practitioner —
Hasse, Sue	Medical social work
✓ Henke, Nancy	Nurse, midwife
Horney, Louise	Public health, internal medicine
Johnson, Avis	Childcare and development, family planning, nutrition
Kirchberg, Thomas	PhD psychology, clinical and teaching
Leff, Maryann Melzl	Nurse
Mathiesen, Brenda	Health education
✓ Molla, Catherine Koenings	RN, BSN, MA, teaching and — curriculum development
✓ Murphy, Rosemary Fuller	Pediatric nurse
✓ Myers-Bruckenstein, Mary	Nurse education —
Pattee, Christine	DPH public health education
Perna, Phyllis	Clinical psychology
Quam, Millicent	Psychology, family therapy
Quam, Michael	Public health education
Radke, Vincent James	Environmental health specialist
Reagan, Paul	Mental health care
Richards, Joanne Feldman	Professor of pharmacy, physiology
Robinson, Margaret	Health care education-nurse assistants, health aides
✓ Rosenthal, Karen MacDonald	Nurse, midwife, family planning
Santarelli, Michael	MPH, public health
Secord, Kenneth	Environmental health, sanitation
✓ Sengerak, M. Elaine	RN, dermatology, maternal and infant care, teacher
Stadelmann, Robert, D.D.	Dental surgeon
Sword, Randall, M.D.	Physician
Taddeo, Cirio	Hospital management systems, medical lab education.
Terborgh, Fred	Geriatrics

enCORPS MEMBERS IN HEALTH CARE FIELDS (con.)

Torrey, E. Fuller, M.D.	Public health
Trenbath, Richard, M.D.	Rural community health
Voth, David	Parasitology, parasite surveys
Wainwright, Patricia Colby	Speech and language pathology
Wells, Helen	Nurse, intensive care
<u>Wietechah, Genevieve Ott</u>	Nurse education and curriculum — development
Williams, Timothy	Environmental health, sanitation
Williams, Gwendolyn Clark	Laboratory medicine
<u>Wood, Patricia Krebsbach</u>	Nurse, maternal/child care
<u>Yuhl, Frances Hilt</u>	RN, surgery, nurse education —

enCORPS MEMBERS IN COMPUTER AND DEMOGRAPHIC FIELDS

Brinkley, John	Computer systems
Ebeling, Jon	Statistical surveys
Richards, Hamilton	Computer professor
Chesebrough, Stephan	Computer applications
Waltermire, Robert	Computer mapping