

Taking a Look at Cooperation

**AN ASSESSMENT
OF 24 YEARS
OF A.I.D.
TECHNICAL ASSISTANCE
IN NURSING**

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A.I.D. TECHNICAL ASSISTANCE IN NURSING**

**AGENCY FOR INTERNATIONAL DEVELOPMENT
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Miss Catherine Kain, U.S. AID'S first Chief Nursing Advisor congratulates a Chilean nurse.

FOREWARD

The purpose of this publication is to record the story of United States technical assistance in nursing as it has been provided by the Agency for International Development to developing countries in the past twenty-four years - technical assistance which is illustrated by a country vignette:

When the Islamic State of Pakistan was created by partition in 1947, it was estimated that there were some 350 nurses in the country to serve a population of over 70 million. To prepare future nurses, there were six schools of nursing with widely varying courses of study which graduated approximately 110 nurses each year. Nurse teachers for these schools were inadequate, both in numbers and preparation. There were no facilities for post-basic nursing education, no fully qualified public health nurses, and few trained midwives.

United States health assistance to Pakistan, which began in 1953, reinforced and supported the Pakistan Government's own determination to improve the health and nursing conditions within its country. Additional assistance was given by the World Health Organization and other international agencies. Today there are 23 schools of nursing in Pakistan. Admission requirements have been upgraded and standardized; all of the schools, to the best of their ability, adhere to the curriculum drawn up by the Pakistan Nursing Council, a body organized to regulate the practice of nursing in Pakistan. That such a body exists to provide control and direction of nursing education and practice is in itself a mark of significant progress.

A College of Nursing, offering courses for graduate nurses in administration and teaching, was established in Karachi in 1955. By 1965 it was graduating 30 nurses annually with the advanced preparation necessary for administration and teaching in Pakistan's hospitals, health centers, and schools of nursing. It is anticipated that eventually this College will serve as a regional center for advanced education in nursing, meeting the needs of nurses from other countries in the region.

In addition to the nurses trained at the College of Nursing, 52 others have received advanced preparation, mainly in public health nursing and nursing education, through AID participant training programs either in the United States or at the American University of Beirut. Formal courses for auxiliary workers, for lady health visitors (a type of public health nurse), and midwives are now given regularly. By 1963 Pakistan had almost 3,000 professional nurses and over 300 lady health visitors. These workers

are serving not only in Pakistan's hospitals and nursing schools, but also in the 72 primary health centers that have been established in both the rural and urban areas of the country.

Pakistan's nursing needs continue to be urgent but, in the words of a Pakistani nurse, "great strides have been made in the few short years since the country was created. In remembering this, we look to the coming decades confident and reassured. The progress of the past 16 years has, indeed, been phenomenal."

The foregoing is a thumbnail sketch of one country assisted by a USAID program in nursing. Instead of Pakistan the illustration used might have been Brazil or Ethiopia or Thailand for, over the past 24 years, through the Agency for International Development and its predecessor agencies, the United States has provided technical assistance in nursing to 47 countries on five continents.

The record, both of achievements and limitations, must be evaluated within the context of each country's culture, its individual needs and resources, its goals, and its potential for achieving them. This fact, in itself, suggests the urgency for periodic program review and evaluation, with accomplishments measured, not against United States standards, but against the settings of the various developing countries.

It is trite to say that "the past is prologue to the future." Yet, it is hoped that the prime value of this report will lie not so much in its record of past achievements and present activities as in its direction for the future. Certainly, an analysis of the nature of AID assisted nursing programs, of the needs, resources, and problems encountered in the various countries, of the differing approaches used and their effectiveness in bringing about change and improvement, should be helpful to planners of future programs of international technical assistance.

As a basis for making this analysis, records and reports of the Agency for International Development and its predecessor agencies have been carefully studied. Interviews with nurses and other health service personnel who have been active in these assistance programs have added immeasurably to the study of the subject. Discussions with health personnel of various countries provided valuable insights into how they perceive their country's nursing needs, the progress made, and future goals to be attained.

This publication, therefore, is the result of the experience of many persons. It is intended to serve both as a survey and as an analysis of United States bilateral programs of technical assistance in nursing during the years 1942 to 1966. It is also an attempt to assess, qualitatively, rather than quantitatively, the accomplishments of these programs. In many instances, specific answers to the questions raised will never be available. Health care and its nursing component are difficult to measure and do not lend themselves easily to qualitative analyses. Fifteen years ago, an evaluation of United States programs of health assistance in Latin America pointed out, "it is difficult, if not impossible, to assay the true and full values of such a program, which touches intimately the lives and hopes of the masses throughout a hemisphere."

I. THE SETTING

Nursing as it is practiced today in the United States and other developed countries was virtually unknown in many other parts of the world before World War II. Until then, the concept of a trained corps of professional nurses, prepared to work side by side with the physician in preventive, therapeutic, and rehabilitative care, and providing nursing services to the rich and poor, in cities and in rural areas, and in hospitals and outlying health centers, was almost totally unfamiliar in some countries, and a dream far from realization in others. Large numbers of people in many areas of the world saw illness as an inevitable occurrence, to be accepted fatalistically, or committed to the magical powers of the medicine man.

In the past twenty-four years this situation has been changing rapidly. Hampering factors such as geographic isolation, certain cultural patterns and religious beliefs, less developed economies, limited education, and the status of women are gradually being overcome. With improved communications and travel facilities, and the "one world" concept which has been steadily growing since the end of World War II, people in the less developed countries have become increasingly knowledgeable of what life is like in modern, industrialized nations. Leaders are becoming more and more determined that their people, too, shall share in the benefits of modern living. The developing countries, old and new, have embarked upon ambitious programs of social and economic development. Assistance from the United States, through such administrative organizations as the Agency for International Development, over the past quarter century, has stimulated and accelerated this process of self-improvement.

One of the richest resources of a developing country is its people. No loan, no amount of agricultural machinery, hospital

equipment, or industrial tools can substitute for an educated and healthy population, sufficiently motivated to make the most expansive use of these assets. Dr. Philip Lee, former director of AID's health services has said, "The achievement of reasonable standards of health is both a prerequisite for and an objective of national development."

A country ridden with malaria, dengue fever, dysentery, and other debilitating diseases, obviously will be impeded in its efforts to move into the twentieth century. Diseases which take the lives, prematurely, of large numbers of people deplete the human resources needed for development. Chronic malnutrition impairs individual and collective productivity by the apathy, low energy level, and possible intellectual retardation it may cause.

Programs of health improvement and disease prevention cannot achieve their objectives without members of the various health disciplines to implement them. Hospitals or health centers cannot provide effective services without appropriate and sufficient personnel. Medical skills cannot become fully operational unless they are supported, complemented, and extended by skilled nursing services.

In most of the countries which are trying to improve their health conditions the primary need has been, and still is, health manpower. Nurses, in particular, are needed in large numbers. With a preparation that encompasses not only the skills of therapeutic care, but also those of prevention, teaching, communications, and interpersonal relationships, nurses are often the ones who bring the knowledge, practices, and benefits of modern health care directly to those most in need of them. Their role on the health team is one that brings them very close to the people themselves, so that, as WHO's Expert

Committee on Nursing has stated, "...nurses are the final agents of health services."

In a developed country we can find some clues to health and nursing progress in such statistics as the infant mortality rate, the life span, and the incidence of various kinds of preventable illness. In many of the newly independent countries, baseline data for purposes of comparison are lacking, and facilities for collecting current data are not yet available.

The impact of measures designed to improve the health level of a people is neither dramatic nor immediate. A dam, a steel mill, or a new highway is of almost instant and visible benefit. The effects of a program to teach mothers healthier practices in feeding or caring for their children, or a school of nursing established to produce more and better nurses may not be visible for years to come. A long range perspective

is needed in evolving such programs. In some countries, the experience of USAID is too short and too recent to provide this perspective.

Obviously, nursing services are inextricably bound to other health and welfare services. Thus, an improvement in the community water supply or reduction of the illiteracy rate will influence the kind of nursing services needed. Nurses working among the people may increase their awareness of the need for purer water and their determination to work toward that end. Standards of admission to nursing schools, predicated as they must be on an educational level appropriate to the serious, often life and death judgments which nurses must make, may reinforce the accompanying efforts of other programs to raise the general educational level of the country.

It would be misleading to attribute progress in nursing, or the lack of it, to nursing



Teaching mothers child care.



Child Care Demonstration.

assistance alone. On the other hand, advances in nursing may well serve as one yardstick of demonstrable changes in general health and social development, and should provide useful clues to the progress which is being made in many countries with whom the U.S. is allied through cooperative programs.

Now well into the third decade of U.S. technical assistance to nursing programs in many parts of the world, enough time has passed to look at what has been done, how

it was done, and what has been accomplished. How do this country's bilateral nursing programs operate? What are their objectives? How effective has the assistance been, and what benefits, direct or indirect, has it produced? What factors, either within the cooperative programs or within the assisted countries, have accelerated or inhibited the development of nursing? An attempt will be made to answer these questions in succeeding chapters.

II. BILATERAL HEALTH PROGRAMS AND TECHNICAL ASSISTANCE IN NURSING

Bilateral Health Programs

By United States assistance in health we are referring, and will be throughout this report, to bilateral health programs, under the aegis of official United States Government agencies, undertaken at the request of, and in cooperation with, the various foreign governments. Such formal, bilateral health programming does not necessarily represent the total assistance in health and nursing development that has been provided by the United States, for other agencies have made their share of important contributions.

The World Health Organization, since its establishment in 1948, has provided a large amount of assistance in the nature of funds, advisory services, and personnel to many countries through their health, medical, and nursing improvement programs. This, too, can be considered as a part of United States assistance since this country contributes its share of financial support to WHO and to other worldwide and regional agencies serving health and welfare needs: such agencies as United Nations International Children's Emergency Fund (UNICEF), United Nations Educational Scientific and Cultural Organization (UNESCO), United Nations Special Fund (UNSF), Expanded Technical Assistance Program (ETAP), and the Pan American Health Organization (PAHO).

In addition, there have been the individual nurses and doctors who have struggled sometimes almost singlehandedly, to improve health conditions in whatever area of a foreign country they have been located. Religious missions have established hospitals, health centers, and nursing schools, and have employed United States nurses to develop nursing services and to train national personnel. Red Cross societies have done much the same thing, with special attention to the establishment of nursing schools, and the improvement of systems of nursing education. Some private industrial establishments have gone far beyond the provision of employee health services, and have supported health manpower training and the development of community wide health services in the countries in which they are located. The work of philanthropic foundations, such as Rockefeller and Kellogg, cannot be overlooked. These organizations have, for many years, contributed significantly to health promotion in the developing countries in a variety of ways, but primarily by financing basic or advanced professional education for health personnel.

These various national and international efforts have unquestionably made possible significant improvements in the health conditions of many countries. This report, however, must be limited to consideration of United States bilateral health programs, sponsored by the Agency for International

Development (USAID) and its predecessor agencies, and undertaken cooperatively with the governments of the countries assisted.

Such bilateral health programs had their beginnings in 1942 with the establishment of the Institute of Inter-American Affairs (IIAA) in Washington, D. C. IIAA health personnel worked with the various Latin American governments in the planning, implementation, and improvement of health and sanitation services within those countries. By 1952, twenty countries in Central and South America had received such assistance.

Initiated with the IIAA, United States technical assistance in nursing has been provided under a variety of administrative auspices: The Technical Cooperation Administration, the Mutual Security Agency, the Economic Cooperation Administration, the Foreign Operations Administration, and the International Cooperation Administration, and finally in 1961 the Foreign Assistance Act created the Agency for International Development. The Agency (AID) referred to throughout this report is the latter, and as used includes its predecessor agencies. Although many of the programs described in this publication were initiated by AID's predecessor agencies, for convenience they will all be referred to as USAID programs.

The Nature Of Technical Assistance

The fundamental objective of U.S. bilateral technical assistance programs is to help a country with the long range development of institutions, services, facilities, and personnel that are essential to its socio-economic progress; ideally, to the point where these can be maintained and further developed without outside assistance. This is, purposefully, a broad definition. For many reasons, it is not always possible to continue assistance until a country has actually reached the point of complete self direction. Nonetheless, this has been the ultimate goal. While technical assistance programs nearly always build for the future, they attempt, at the same time, to help a country meet its more immediate needs.

From the earliest days of the IIAA to the present operations of AID, one principle, that of "self help," has been adhered to throughout all our assistance programs. This principle was made a formal criterion for aid in the 1961 Foreign Assistance Act. Self help not only means that the assisted countries share in the costs and personnel of a given project or program; but it also requires that they demonstrate, through performance, their intention to take the necessary steps to promote social and economic development. They must also be willing to make wise use of the assistance granted, and to mobilize their own resources toward the same end. Without such action on the part of the countries being assisted, long range benefits could not be derived.

Annually the USAID Mission in each country, in cooperation with the foreign government, attempts to analyze the current situation within the country, and study the alternative ways in which external aid can most effectively promote development. Thus, the need for assistance in health matters is assessed in relation to needs for assistance in other fields such as education, agriculture or industry. The specific assistance programs which may finally emerge are agreed upon by the country and the USAID Mission, and then submitted to Agency headquarters in Washington for review and approval.

This approach has sometimes resulted in periods when health assistance has been considered less essential than a strong program for industrial development, or when budgetary or policy considerations have cut short an ongoing program. "The problem of which comes first, health or economic development, is behind many uncertainties in planning. The fact that health is purchasable, hence funds must be produced to buy it, is complicated by the knowledge that healthy human resources are needed to spur economic or social development."

Attitudes and priorities can change with a change in U.S. personnel assigned to the country assisted, with changes in the policies, priorities, or resources of the foreign government, or with change in U.S. foreign aid policy. This has sometimes accounted for the intermittent character of health assistance.

Within recent years, increasing emphasis has been placed on health programs that are

an integral and interrelated part of the total development efforts; those designed not only to improve a country's system of health care, but which would also make a specific contribution to its social and economic development.

Technical Assistance In Nursing

Technical assistance activities in nursing which have been undertaken over the past twenty-four years have been numerous and varied, for they have been influenced by many factors: the level of nursing development within the country; patterns of care or service that have already been established; cultural or economic factors; resources and needs; and the nature, amount, and continuity of United States assistance. What is true for technical assistance in general is equally true for assistance in nursing in particular. Thus, a program or project in a given country may be directed toward certain specific objectives such as the organization of public health nursing services in rural areas, the improvement of nursing services within the country's hospitals, or the establishment or strengthening of a single nursing education program. More frequently, technical assistance in nursing has been provided as part of a more general program of health assistance within a country; one that has social impact, and calls for the combined and coordinated efforts of medicine, nursing, sanitary engineering, and other disciplines.

The first ten years of technical assistance in nursing was focused largely in the western hemisphere, in the countries of Central and South America. Before the end of the decade, however, the pendulum of United States nursing and health assistance was beginning to swing to other areas. In 1944, a Public Health Service mission was sent to Liberia in response to that country's request for help in developing health services and medical care facilities. In 1946, a similar mission was sent to Yemen, and, in the same year, a health and rehabilitation program was started in the Philippines. In 1947, American field parties were sent to Greece and

Turkey to help reestablish health programs disrupted by the war. A beginning in technical assistance in nursing was made in Burma in 1951 when 5 United States nurse advisors were assigned to that country. In the same year Iran requested and was given nursing assistance. Since that time, U.S. bilateral health programs have tended to be concentrated in the countries of the Near East and South Asia, the Far East and Africa. This has been a result of the emergence of new countries needing and requesting help in their social and economic development, and the recognition on the part of some older, but still relatively less developed countries, of their need for improved health and nursing services.

The program of assistance in nursing has the same philosophic goals as all other AID programs: to find ways "through money, instruments and people... to accelerate the changes in behavior necessary to achieve the goals of rapid development." In the AID nursing programs, particular attention has been given to people. The overall objective is to promote rather than to impose change and to do so within the context of the resources, needs, goals, and culture of each particular country.

In summary, it may be said that nursing program emphases have often differed in the various countries, and not all phases of nursing development have been attacked simultaneously. Technical assistance in nursing over the past twenty-four years has encompassed the following goals:

- (1) Development or improvement in nursing services provided to people in their country's health centers and hospitals.
- (2) Development or improvement of the system of basic nursing education within the country.
- (3) Development or improvement of educational programs for special groups of nursing and health service personnel: midwives; health visitors (a public health worker concentrating in the field of maternal and child health); and auxiliary (practical) nurses.
- (4) Development or improvement of post-basic educational programs in various nursing fields: nursing service

administration, teaching of nursing, public health nursing, clinical nursing specialties, maternal and child health, and psychiatric nursing.

- (5) Assistance in the development of national standards for nursing schools of all types, and for the registration or licensing of nursing personnel.
- (6) Assistance with the establishment of appropriate legislative and organizational activities for the planning, control, standardization, and advancement of nursing within the country.
- (7) Assistance with the establishment of nursing as a recognized social institution at a national government level through the creation of a centralized authority responsible for nursing within the Ministry of Health.
- (8) Development of national leadership personnel through the provision of advanced educational opportunities for selected nurses.

The foregoing is not intended as a summary of specific AID assistance programs in nursing, but rather as a summary of the goals envisioned by the nurses working toward a given program objective. Thus, the nurses assigned to improve health care in "X" country, through the establishment of a school of nursing capable of graduating 20-25 nurses a year had to concern themselves with practically all of the goals listed if they were to achieve their program objective.

Technical assistance programs in nursing are usually implemented through the provision of advisory services, participant training and commodities. The advisory services provided by USAID nurses assigned to a particular country are a key factor in development. The USAID nurse does not go into a country to take over its nursing problems and attempt to solve them unilaterally. Rather, at the request of the country she is sent as an advisor to work with the nurses of that country in developing the most useful patterns for future nursing development.

Special training opportunities are provided for national nurses who participate in their country's nursing programs which have been initiated or assisted by AID. This is referred to by the Agency as

participant training. Over the years many nurses of other countries, through the AID participant training program, have had the opportunity to study nursing in the United States, or elsewhere. In countries where nursing schools were either non-existent or of a very substandard level, young people have been brought to this country, or another, for basic nursing preparation. More often, however, nurses who have had their basic training in their own countries have been sent for advanced study in public health nursing, nursing education, or nursing service administration. Some of these nurses have earned baccalaureate or higher degrees, and many others have had educational programs tailored to their individual needs, combining study and observation in educational and service institutions.

Participant training is provided to develop a small corps of nurses within each country, prepared to assume leadership responsibilities in carrying on a program of nursing development. The great majority of those who have had such training in the past are now holding the types of positions for which they were prepared.

In Peru, for instance, 10 nurses had the opportunity of a year's postbasic study in public health nursing in the United States. In 1964, one of these nurses was chief nurse and another, assistant chief nurse, within the Ministry of Health; seven were serving as chief nurses in the health centers, and the remaining nurse was an instructor in public health nursing at a national educational center. Similarly, of 12 Iranian nurses who had been given advanced preparation in the field of nursing education, one is consultant in nursing education in the Ministry of Health, three are directors of nursing schools, one is an assistant director, and the other seven are faculty members.

Some of the nurse participants financed by the U.S. have received their advanced education in countries other than the United States. The American University of Beirut, The University of Sao Paulo in Brazil, the University of Mexico, the University of the East in the Philippines, and similar institutions have served as advanced training centers for nurses from neighboring areas. Study at these so-called "third country" facilities often have some distinct advantages. The nurses studying at them have, as fellow

students, nurses of similar culture, language, and educational backgrounds. Frequently, the course material is more suitable to their needs than university courses in the United States which are geared to a different system and stage of development.

The development of third country educational facilities has occasionally been an objective of the assistance program in nursing. U.S. funds have been granted to expand the facilities of the American University of Beirut as a training institution for many types of participants, including nurses. The College of Nursing, in Karachi, Pakistan which serves as a center for study in nursing education and administration for Pakistani nurses, which has had U.S. assistance since 1955, may eventually serve to meet the needs of Iranian and Turkish nurses as well.

Nurses with advanced study usually return to their countries not only with new nursing knowledge pertinent to the job to be done, but also with a broader concept of nursing which should enhance their contributions to general health development in their respective countries. There is evidence that this

benefit is being increasingly recognized in the planning of training programs. In contrast to earlier years where the emphasis was on preparation of the nurses for immediate and specific needs, an increasing number of them are being given the opportunity to undertake long term educational programs to prepare for leadership positions in nursing.

Technical assistance often includes the provision of teaching materials or demonstration equipment necessary for the accomplishment of nursing development goals. Some countries may not need this type of assistance, while others need it in varying kinds and amounts. Usually, the United States and the assisted government share in the necessary expenditures. Additional help may be provided from other sources.

In Ecuador, the national government provided the building to serve as headquarters for a school of nursing newly organized with USAID help. The United States helped with the necessary adaptation of the building and paid for its reconstruction. The Rockefeller Foundation assisted with the initial cost of operation and furnished some of the equipment.



School of Nursing, Ecuador.

In India, USAID assisted in the production of nursing audio-visual aids, and helped finance the purchase of supplies, basic textbooks, and scientific equipment for the two collegiate schools of nursing it helped to establish.

In Cambodia, in addition to providing temporary housing for a newly established school of nursing, USAID made available a 100 bed army field hospital to be used as the teaching ward of the hospital where students were assigned for experience.

In contrast to many other AID programs, the investment in commodities for nursing projects has been very modest.

Occasionally, technical assistance in nursing has been provided, not by AID directly, but through contract by AID with universities or other similar agencies and institutions. The first of such contracts was made in 1956 with the University of Buffalo, the latter having agreed to provide medical and nursing educational services to Paraguay. Technical assistance began in January, 1957 and has continued through successive contracts to the present time.

In general, the contractee university provides the same kind of technical assistance

in nursing that would be provided under the direct auspices of AID, itself. Thus, over the nearly ten years of assistance to Paraguay, the school of nursing has been reorganized and is in the process of being integrated within the National University of Asuncion, so that it will provide nursing education at a collegiate level. Clinical teaching facilities have been improved, and assistance is being given to developing organized hospital nursing services. Graduate nurses from Paraguay have been given advanced education at the University of Buffalo, to prepare them as teachers or administrators of nursing in their own country. The emphasis throughout has been placed on leadership training. Paraguay, like so many other countries, needs a group of well prepared nurses to provide the training and supervision required by the auxiliary personnel who provide the bulk of the direct nursing service in the country.

Since that first and still continuing contract, others have also been made. Both the University of Minnesota and the University of Indiana have provided technical assistance to nursing in Korea. Teachers College, Columbia University carried out



Teaching nurse teachers by demonstration.

an educational survey in Turkey with the purpose of helping to develop the Florence Nightingale School of Nursing in Istanbul. Catholic University of America assisted with the development of nursing education in Colombia, and a contract is currently in force with St. Louis University for assistance to Ecuador.

It would be interesting to know the cost of nursing assistance in relation to other technical programs. The figures are almost impossible to obtain since nursing

assistance, unless provided by a special project, it usually embedded both operationally and budgetarily within more general programs of health assistance. It is certain, however, that nursing assistance has represented only a very small proportion of total United States expenditure for foreign aid.

Some of the funds have gone for construction of nursing schools, for equipment, supplies and study material, but by far the largest amount is invested in training programs and nursing advisory assistance.

III. PROGRAM AREAS IN NURSING

Public Health Nursing

Public Health is often the area in which technical assistance in nursing is first requested. Many developing countries have selected as their first goal the development of a network of health centers, believing that the best way to achieve better health care for a people is to institute preventive health measures, especially for the rural dwellers for whom health services of any kind are frequently unavailable. The USAID programs directed to this end have usually been a team affair, calling for the joint efforts of doctors, nurses, sanitary engineers, and health educators.

These health centers usually include short term hospital care facilities and outpatient clinics as well as preventive services. The extent of minor or major illnesses treated in the centers depends on the accessibility of the closest hospital. Nearly all of them, however, provide some therapeutic services for there is often no other source of medical care in the vicinity.

In some instances, a few of these centers were already in existence at the time of initiation of USAID programs. Rarely, however, were there enough graduate nurses to provide the necessary nursing services. Those who were available were likely to lack any preparation in the methods or techniques of public health nursing. Existing centers may have been staffed by untrained workers with little general education, who learned on-the-job, or perhaps, had some informal training from a doctor or nurse.

The first necessity usually has been to set in operation the needed public health services, and at the same time, train personnel to provide them. Those public health services which are established first will reflect the most urgent present needs. Where nutritional diseases are prevalent, kwashiorkor, for instance, special clinics may be established or a program of home visiting inaugurated to teach the dietary practices that will prevent or relieve these conditions. In some countries, programs of tuberculosis detection and control take priority. In others wide scale immunization programs have been launched with nurses assuming a large share of the responsibility for educating people as to why the inoculations are needed, and organizing and carrying out immunization programs. Prenatal classes, well baby clinics, home visiting, and health teaching are all public health nursing services which must sooner or later become available to the people if the country is to have a higher level of health.

The goal has been to make these services available, and to persuade the people of their value and encourage them to use them. In countries where a fatalistic attitude is taken toward illness, where modern or scientific knowledge of cause and effect is limited or nonexistent, such ideas as vaccination to prevent illness, or regular clinic check-ups for a healthy baby are not easy to instill. Frequent epidemics of communicable disease and high infant mortality rates make it urgent to convince the people of the value of preventive health services. They learn most effectively when they are able to see the results of these preventive health services - where they see



Home visiting.





Clinic check-up for a healthy baby.

the flies don't stick to the eyes of children with clean faces and that these children have less eye disease; that the people who had been immunized did not get sick when cholera ravaged the rest of the village; that the babies who are fed high protein porridge which the nurse taught their mothers to make get sick less often than those who are not. In some countries, USAID nurses have helped to establish these first demonstration services which are the forerunner of a country-wide program.

The establishment and fruitful use of public health services call for much more than just posting a notice stating that a certain clinic will be held on a given day. Most often the educational approach must start on a village level and be adapted to the ways of the people. Presented below, is the way one USAID nurse described a village nursing program.

"Friendly get-togethers, usually in the home of the village

headman, soon became the highlight of the week for the women as they sat on the floor in customary style to sip tea and listen to the nurse's advice. They learned about general home cleanliness, personal and child care, simple nutrition, prenatal care, the advantages of a trained, clean midwife, and of injuries caused by application of 'surmeh' to children's eyes. Home visits were made. Health posters were explained and left on display, and film shows viewed with enthusiasm. Talks on head and body lice never failed to enlist an attentive audience. Village children would clamor to be first in line for head inspections. Fathers, too, gradually started to attend the classes.

On one occasion, it was reported to the nurse upon her weekly arrival that a woman had fallen into a fit after her recent delivery. To care for her, the villagers had strapped her and beaten her with a stick, while at the same time refusing her water. They said this woman's mother had suffered from the same predicament, had been allowed to rest and, as a result, had died. So, they said, if her daughter was left to rest, she would not survive. Happily, after much persuasion and advice, the new mother was given over to the nurse's care, and relief was brought to her. What better way to describe the need and true essence of the village public health nursing program?"

Not all programs of public health nursing assistance start at the village level, but many of them do. Here is where the needs

are usually greatest, and here is where the USAID nurse, even though she may eventually be working with a Ministry of Health at the national level, can see for herself what these needs are, and visualize the best way to go about meeting them. As she remains in one village, learning to know the people, their practices, and their requirements, she is able to develop a program fitting to the situation. Then, she can set in motion the educational and administrative processes that will make similar programs an eventual reality for all the villages.

At the same time that needs are being identified and services developed, personnel must be trained to provide them. At first, this may be by inservice training in public health for the workers who are already employed. Sometimes, the USAID nurse, or her national counterpart, actually recruit staff, trained or untrained, for the centers. Informal, on-the-job courses may be instituted, either for graduate nurses or auxiliaries, depending on which kind of worker is available. Short term training programs of a more formal nature may be established on regional levels.



Auxiliary training.

With careful advanced planning, there may be some nurses or auxiliary nurses who can be taught to teach other groups. Through full use of the multiplier concept, teaching one group to teach another, it has been possible to increase, by geometric progression, the numbers of personnel on various levels with at least a rudimentary knowledge of public health nursing.

These activities, however, serve only to get a public health nursing program started in selected areas to meet immediate needs. Equal attention must be given to long range goals; to establish a more formal and permanent public health nursing program, and to ensure a continuing supply of the trained personnel needed. This is where the area of nursing education begins to overlap that of public health nursing. An effort is often made to include the principles and techniques of public health nursing in the curricula of the professional and auxiliary nursing schools. Wherever the level of nursing development has permitted, post-basic courses in public health nursing, some on a university level, have been established.

Special programs for special groups have also had to be initiated or strengthened, depending on the patterns already in existence in the country. Midwifery services, for instance, are extensively used in most of the countries that have been assisted. This has called for the expansion and upgrading of existing midwifery training programs or, sometimes, for less formal programs directed toward improving the practices of the untrained, indigenous midwife. Following a pattern originally stemming from England, programs to prepare "health visitors" have been established. The level and content of the health visitor's education vary, but these programs usually include some basic nursing knowledge, the principles and techniques of preventive public health work, and midwifery.

Imaginative assistance may lead to the creation of an entirely new kind of program. In Ethiopia, as part of a total program geared to providing public health services for the predominantly rural population, the unique Public Health College and Training Center was established at Gondar, through the cooperative efforts of AID, WHO, and Ethiopian doctors, nurses and sanitarians. This institution now graduates non-physician

health officers, community nurses, and sanitarians who have been prepared to work together as a team in tackling health problems in rural areas. Ethiopia has its traditional basic nursing schools, too, but the community nurses who study at Gondar are prepared in a different way to carry out the activities for which the program was designed. They learn basic elements of nursing, midwifery, and public health practice and how to apply them in rural communities in Ethiopia. This is perhaps an outstanding example of tailoring assistance to meet a country's particular needs.

As public health services advance in a country, or if they are at a more advanced level to begin with, other measures may be taken to upgrade and standardize the services performed. In one country, refresher courses in public health nursing for graduate nurses were conducted. Regional conferences and workshops for public health workers have often been held. In Iran, USAID nurse advisors initiated the idea of an annual public health nursing conference. This conference, now held under the auspices of the nursing division of Iran's Ministry of Health, provides inservice training for the public health nurses from the country's provincial health centers and helps to keep them up to date on public health practices which can be carried out in their own areas.

During the slow but gradual process of helping a country build up its public health nursing services, a number of national nurses will almost certainly be studying the principles and techniques of this nursing speciality in participant training programs. When they return home after study, they assume the responsibility for the continued development of public health nursing within their own country. The continuing advisory services of a USAID nurse usually is needed on a gradually diminishing basis. There is evidence that too abrupt termination of assistance in nursing has sometimes left relatively inexperienced nurses in a difficult situation, resulting in the loss of previously acquired gains.

Particularly evident at the time international assistance is terminated, although necessary from the very inception of a program of nursing assistance, is the need for a centralized nursing authority to guide



The late Empress of Ethiopia awards a diploma to a graduate nurse



Male auxiliary nurse training

and foster the further development of public health and other nursing services. As public health nursing services and educational programs are gradually set in operation, the efforts of the USAID nurse and/or her national counterpart may well shift from the grass roots to the ministerial level. These new nursing services and programs need continuing government support in the form of standards, controls, supervision, budget, and creation of staff positions with adequate remuneration and status. Otherwise, the wheels that have been set in motion may slow to a grinding halt. AID assistance in the establishment of a nursing division or the professional development of a chief nurse at the governmental level, gives some assurance that the programs that have been established will be maintained and will continue to develop and progress.

Nursing Education

In the early days of technical assistance primary emphasis was placed on the development of public health nursing services of the kind just described. As experience showed that this objective called for improvements in nursing education as well, there has been an increasing tendency to develop assistance programs directed toward both areas simultaneously. Sometimes the stated objective of USAID has been limited to improvement within the nursing education area alone.

The term "nursing education" is used here in a very broad sense, covering the training of several categories of nursing service personnel. Nursing needs and responsibilities today range from the simple to the complex, and the development of several levels of nursing personnel is now generally recognized as the logical, appropriate, and economically sound way of meeting the total nursing requirements of any population.

It is only within recent years that this fact has been accepted or recognized in the United States, with the utilization of professional nurses, practical nurses, and nurses aides as members of the nursing service team. In many of the countries which have

received assistance in nursing development USAID nurses have found a two level system already in operation, although perhaps not too well formalized or organized: a small group of nurses trained in the nursing schools of the country, and a large group of auxiliary workers with little or no training.

In practically all of the assisted countries, the supply of nurses has been exceedingly small. Iraq was estimated to have fewer than 800 nurses to serve a population of six and a half million when USAID assistance was instituted in 1953. Its one school of professional nursing produced approximately 25 nurses annually. India, at the same time, had one nurse for every 21,000 persons, as compared with the U.S. ratio of 1 nurse to every 330 people. Ethiopia, at the beginning of U.S. assistance in nursing in 1953, had only 19 professional nurses to serve the entire country of 20 million people.

SCHOOLS OF NURSING

Recruitment of appropriate candidates for schools of professional nursing has often called for special efforts on the part of the USAID advisors and their national nurse colleagues. The goal has been to find candidates who have a general educational background sufficiently extensive to permit the superimposition of a highly technical and responsible nursing education, and who have the potential for leadership. Candidates with these qualifications are difficult to find in countries where educational opportunities, especially for women, are limited and where women have traditionally held sheltered, subservient positions. Male nurses are more common in many of the developing countries than in the U.S., but as other job opportunities for men develop, and as the role of the nurse evolves as different from that of the substitute doctor, nursing in many countries is becoming more and more a woman's occupation.

An early necessity in establishing or strengthening schools of professional nursing is a well planned informational or recruitment campaign. Sometimes, the very presence of a USAID nurse, symbolizing a respectable, intelligent, and educated

woman who has chosen nursing as a career, has served as a recruitment force. However, the USAID nurse has had to do more than be there. In many countries, she has assisted in the development of informational materials about nursing, and has worked, formally and informally, through the ministries of health and education, women's groups, and other community organizations, to recruit appropriate candidates.

Admission requirements for nursing schools vary from country to country, and sometimes, before a national standard has been set, from school to school. It is often possible to establish a level which will not rule out too many applicants and yet will provide an educational base upon which a nursing program may be built. At the Itegue Menen School of Nursing in Asmara, Ethiopia the prerequisite for admission is a ninth grade education. In Turkey, three of the nursing schools require the equivalent of a high school education while the other twenty-one schools admit students after eight years of preliminary education. In some countries, the admission requirements differ according to the sponsorship of the school. When the nursing program is part of a university's education offerings, the requirements are, of course, higher.

USAID nurse advisors have learned to cut their pattern to fit their cloth. In one assisted country, the general educational level was too low to prepare students for the study or safe practice of professional nursing. Therefore, what was called a

"subprofessional" school was established, based on the completion of only a few years of basic education. The course, preparing its graduates for what might be called middle-level responsibilities in nursing, is two years in length. The country also has a group of rural midwives, prepared in a one year course, and a few doctors and "medical assistants" with varying kinds of preparation. Obviously, this country does not have the kind of health services that are gradually being developed in some of the other assisted countries. Nevertheless, the institution of this subprofessional school of nursing, graduating approximately fifty students a year, means the country has a continuing supply of personnel who are trained to meet limited health needs.

The curricula for USAID assisted nursing schools are based on internationally accepted standards with adaptations to a country's needs and considerable stress on public health nursing and midwifery. The decision of what the nurse should or should not be taught to do is sometimes difficult, for the development of legislation defining nurse practice usually comes at a very late stage in a country's progress.

Another problem in some of the assisted countries is the matter of using student nurses to meet a hospital's need for nursing service. There have been instances of pressure to reduce both admission and in-school standards, to provide for a larger student group to satisfy hospital service requirements. United States nurses will recognize this as a familiar



A graduating class



Demonstration for indigenous midwives

picture from earlier nursing days here; the establishment of schools for the purpose of recruiting an inexpensive source of labor, with only an apprenticeship type of training provided. Because of their anticipation of this kind of situation, USAID nurse advisors have often been able to help their national colleagues to avoid it. When schools are set up under government control for the express purpose of educating nurses, there is less opportunity for student exploitation.

SCHOOLS OF AUXILIARY NURSING

Brazil has its *visitadoras sanitarias*, Iran its *behyars*, and Nepal its *swasta-*

civicas. In almost every country where USAID has provided assistance in nursing there is some type of auxiliary or sub-professional health worker, and frequently it is the auxiliary group which provides most of the direct nursing care in the hospitals and public health agencies. AID nurses have assisted in the development of suitable educational programs for these groups, and in the preparation of their teachers and supervisors.

The pattern of auxiliary nursing is extremely variable, depending on practices already existing in the country, and based on its particular needs. In some countries the schools are located in hospitals, while in others they are in educational institutions or specialized training centers.



Field training, Assistant Nurse Midwives

In nearly all countries the programs have been formalized, admission requirements established, supervised learning experiences provided, and the auxiliary nurse is recognized as essential in meeting the nursing care needs of the population.

SPECIAL PROGRAMS

USAID educational efforts in most countries have been directed toward the basic preparation of professional and auxiliary nurses. Technical assistance has also been provided for more specialized programs, dictated by the situation in the individual country.

Noteworthy among these, perhaps, are the various postbasic programs that have been established, sometimes on a university level, to further the competencies of the

graduate nurse. Thus, many countries, especially those in Latin America, have postbasic courses in public health nursing. In a few other countries, programs to give graduate nurses special preparation in teaching or administration have been established with USAID assistance.

Contributions have been made also to the development of educational programs for the practice of midwifery. There are countries where most of the midwives are the equivalent of the "granny" midwives who still practice in the less privileged parts of the United States and who lack general education as well as special preparation in midwifery.

Recognizing the essentiality of the midwife group, USAID nurses have attempted, wherever possible, to upgrade and formalize their preparation. Sometimes all that can be done, to begin with, is to work with

the indigenous midwives to teach them simple techniques of cleanliness and somewhat safer delivery practices. In other instances, formal programs for the preparation of nurse midwives have been set up. In several African countries, midwifery has been incorporated into the basic curriculum of the schools of professional nursing, an example of curriculum adaptation to meet existing needs.

NURSE TEACHERS

The goal of every USAID nursing education advisor is to leave a training program in more competent hands than her own - those of well qualified experienced nurse teachers of the country. She helps to identify potential teachers, arranges for appropriate participant training for them, and assists with their orientation when they return to their country. She participates in seminars and conferences and is often asked to teach short courses for teachers already on the job. Perhaps most important of all, she shares her own educational skills with her colleagues in their day to day working relationships.

Hospital Nursing Services

The need for assistance in the development of safe hospital nursing services is brought sharply to the attention of the USAID nurses and their national colleagues when they are confronted with the hospital situation in which the nursing students will have their nursing practice. Students, obviously, cannot learn how to give good nursing care under circumstances where it is impossible to give it, and this has proved a

stumbling block in endeavors to establish or upgrade the nursing education system.

One USAID nurse advisor found a hospital where the wards were directed by well meaning but uninformed non-nurses. Only one or two thermometers, face cloths, or medicine glasses were available, for they claimed, "If we put more out, people will steal them!" Sterility, in fact, even simple cleanliness, was a poorly understood and poorly implemented concept. In other hospitals, there were no individual patient records, no written orders for drugs and treatments, and no organized system to insure that each patient received even the minimal care needed.

In the more recent years of technical assistance in nursing, especially with the continuing efforts to improve nursing schools, the need for attention to hospital nursing services has been more and more recognized. This need has also been emphasized by the physicians who have observed and studied in the United States and elsewhere, and who have been made aware of the importance of nursing in the total curative plan. When a single ward has been reorganized for nursing student practice, the doctors want their patients cared for there.

As a result, some technical assistance projects have been directed to the improvement of nursing services. How this is accomplished depends on the circumstances. Sometimes it is a matter of slowly reorganizing the nursing service system (or introducing a system) and staff on a single hospital ward. This not only provides a suitable practice area for the students, but also serves as a model. Pressure from the physicians often leads to requests for the same thing in other hospital divisions. Some nursing service assistance projects have been directed toward specific areas, such as improvement of operating room practices, or the establishment of a central supply room or special care unit.

IV. THE USAID NURSE ADVISOR

In the past 24 years, 483 U.S. nurses have been employed in AID health programs for a total of 1244 man years.

Based on an analysis of the 45 nurses working in 9 countries on January 1, 1966 (excluding those recruited to staff hospitals in South Vietnam), a "profile" of the USAID nurse emerges: an individual who is 43 years old, has had 18 years of nursing experience before coming to AID, and who has been with the Agency for an average of 6 years. (The range in this last category is broad, covering periods of from 1 year to 24 years.)

Among this group of advisors, 20 are expert in public health nursing, 17 in nursing education, and 8 in hospital nursing services. While specializing in these particular areas, most of them have had some background and experience in other nursing fields as well. All of them hold Bachelor's degrees and 84% have Master's degrees in nursing or a related field.

The USAID nurses assigned to help a country in its nursing development are designated as "advisors." With the exception of the nurses sent to South Vietnam to provide direct nursing service for patients in civilian hospitals, the primary function of the nurses working in our assistance programs has been to provide guidance and counsel to the national nurses or health leaders of the country who are developing, reorganizing, or expanding that country's nursing services. Ideally, in these bilateral assistance programs, the aided government assigns a national nurse as a counterpart to the USAID advisor, and the two work closely together.

There are many ways of advising; demonstration, either by necessity or choice, has often proved most effective. Sometimes, the USAID nurse has had to temporarily as-

sume a large share of actual operational responsibilities for some aspect of nursing service until a national nurse has been prepared. Thus, in setting up public health nursing services in rural health centers, a USAID nurse may serve as chief nurse of a health center, developing and directing its nursing service, while, at the same time, educating her national counterpart in the complexities of the job. When a new school of nursing has been established, or an existing one upgraded, USAID nurses have frequently assumed the responsibilities of director and faculty members while national nurses were being prepared through advanced study. There is no question but what this manner of operation has served useful purposes, but the temporary nature of such direct functioning should be stressed. Such operational procedure has given the USAID nurse an opportunity to gain firsthand knowledge of the existing situation and problems. It has enabled her to set up model patterns to be duplicated elsewhere in the country. Finally, her personal involvement in providing needed services sometimes under difficult circumstances, has often done much to improve the image of the nurse in the assisted country.

A USAID nurse assigned to Iran described a trip taken by a joint United States and Iranian health team to an isolated village undergoing an outbreak of typhoid fever. The route to the village carried them over a roadless plain and through a narrow, precipitous mountain pass. It took fourteen hours to cover the seventy-five miles. The nurse reported, "One aspect paralleling actual operation achievements in the immunization program was the fact that we were there. By 'we' I mean both the health department as a government agency, and 'we' as United States and Iranian nurses

and doctors. That a team of medical workers was willing to endure such hardships and hazards to reach an isolated area with so few people, and to do what they could to stop the spread of illness left an impression that far outlasted the effects of the immunizations."

The USAID nurse advisor would not be achieving her objectives if she continued direct operational activities longer than necessary. Her ultimate goal is not to do it herself, but to help and demonstrate to others how to do it. Therefore, she relinquishes such responsibilities as soon as a national nurse has been prepared to assume them. Not infrequently, she serves in a strictly advisory capacity from the outset.

The nature of her initial and subsequent operations has been dictated largely by the level of nursing development within a country. Where nursing is relatively underdeveloped, it is often necessary for the USAID nurse to assume direct service or educational responsibilities first. Where nursing is further advanced, nurses have been able to function on an advisory level from the beginning, guiding the country's own nurses as they strengthen and expand their country's nursing services. In well planned and implemented programs of nursing assistance, advancement can be traced in the progressive transfer of responsibility from USAID to national nurses.

Qualifications

Skilled technical assistance calls for a nurse with special competence in at least one of the major nursing areas: public health nursing, nursing education, or hospital nursing services. Occasionally, other highly specialized abilities are required for a specific assignment, such as midwifery preparation, or expertise in operating room nursing. The nature of the specific program of nursing assistance is generally reflected in the particular abilities of the nurse assigned.

An effort has been made to find nurses with considerable experience and maturity in nursing in general, as well as specialized

competence in a particular area. The reason is obvious. Rarely have the services of the USAID nurse, regardless of her specific assignment, been limited to a single area. When one or two nurses have been assigned to a country, national nurses or health leaders have sought their assistance in almost all matters concerned with nursing development.

Experience as a supervisor or consultant has been considered important in the background of all USAID advisors. No matter how well versed the nurse may be in the field of nursing, she should also be well versed in the techniques of advising or working with others in this field; in passing her "know-how" to others rather than doing it herself.

Orientation

Orientation to the nature of technical assistance in nursing and to particular responsibilities and problems in the assigned countries has been extremely variable. Some nurses have received short term intensive language training before going abroad, and some have not. Sometimes they have been carefully informed about the nursing situation in the country to which they were going, but this, too, has not always been true, especially if they are the first USAID nurses assigned. Professional direction of the AID nursing assistance program has been limited, and there have been gaps where no nurse at all has been assigned to Agency headquarters in Washington.

Currently, new USAID nursing advisors take a three weeks orientation course planned for all those working in AID technical assistance programs. In addition, their nursing orientation includes study of information available about nursing in the country to which they are assigned, reports from their predecessors (if there have been any), consultation with AID nursing or medical personnel in Washington, and visits to other international agencies and to appropriate on-going projects in countries with similar problems. Occasionally, special intensive training may be arranged.

There is little background information available as to the stage of development

of nursing in some countries. Many USAID nurses, in earlier years, had to learn by observing and by talking with the nurses, doctors, and health leaders in the country about the existing systems of education and service, the problems, and resources available.

Activities

Often the nurse's first months in a new country have been spent in learning the language in order to be able to communicate with the people, and to learn about their problems and cultural patterns. She has felt the need for firsthand knowledge, and depending on her particular project, she has spent time in visiting hospitals, nursing schools, and health centers in various areas of the country. Her initial activities in the achievement of her program objectives usually cannot be spelled out in advance. She has to work out her own approaches, dictated by the individual situation in each country.

One USAID nurse, concerned with establishing public health nursing services in rural areas, spent several weeks in a village where tetanus of the newborn was prevalent. Cow dung, considered to have magic effects, was routinely applied to the newborn baby's umbilicus. When she was accepted by the village mothers and midwives, she suggested they might want to try a "magic" compress she had instead of the cow dung to see if it would help keep their babies from stiffening up and dying. Her compresses (penicillin saturated dressings) worked. The mothers and midwives were grateful, and considerably more receptive to trying her other suggestions.

As this illustration indicates, USAID nurses have learned, sometimes the hard way, that they must proceed slowly and cautiously in countries where beliefs, traditions, and practices are different from our own. They have tried to adapt their ideas to the existing framework of prevailing patterns and practices. In this instance, the penicillin compress was not presented as the right way, but simply a variation of the usual practice. Similarly, both doctors and

nurses in Taiwan learned if they wanted babies with diarrhea to have the large quantities of boiled and, therefore, safe water they needed, the thing to do was to prescribe weak herbal teas. These, a familiar remedy of the native healers, had the confidence of the people. Recommending their use convinced the people that the United States doctors and nurses knew what they were doing.

While it is possible, on a statistical basis, to draw up a "profile" of the USAID nurse, it is impossible to profile a pattern of her activities. The USAID nurse has participated in many nursing functions simultaneously, with her varied activities covering a broad range of both operational and consultant services. Thus, the nurse assigned to assist with a program of nursing education development in one country found herself, at the same time, serving as temporary director of a new school of nursing which she had helped establish, conducting inservice training programs in nursing service for the staff in the hospital with which the school was associated, spending some time in the rural health centers in which students were to have practical experience, clarifying to the national nurses the sort of supervision and learning experiences the students would need, assisting a very small nucleus of national nurses with plans for developing a professional nurses' association, and working in a counterpart relationship with the nurse appointed to the newly created position of chief nurse within the Ministry of Health.

The problems associated with the last-named activity typify a situation often encountered in the developing countries. The particular national nurse involved was well qualified, both by experience and education, for the chief nurse position. However, the country was one in which women have held a traditionally subservient role. This national nurse found it extremely difficult to express an opinion among the group of men with whom she was working, for it ran contrary to her entire background. For a while, the USAID nurse had to speak for her. Eventually, with guidance, suggestion, and encouragement from the USAID nurse, the national nurse gained both the confidence and sense of commitment necessary to speak

for nursing within her country's planning group.

This same USAID nurse, the only one assigned to the country, had also responded to several calls for help in villages where epidemics had broken out. Sometimes, as a member of a medical team, and sometimes only with auxiliary nurses, she reached these areas and saw to it that necessary immunizations were given and precautions taught. She was also working with several national nurses who were attempting to translate English nursing texts into their own language. In her spare time, she was caring for hospital patients, endeavoring to

become familiar with the diseases prevalent in that area and to work out the indicated nursing care measures.

Many forms of teaching methods and materials have been used by USAID nurses. As mentioned earlier, the demonstration method on both a large and small scale has proven an exceedingly valuable tool. One of these demonstrations took the form of a nurse sitting on a river bank with a group of native women. She could not yet speak their language well, but with the aid of gestures and pantomime, and the use of puppets, she successfully showed these women ways to keep their babies healthy.



Smallpox team in action.

Seminars and conferences, with large and small groups, have also served as excellent educational techniques, not only because of the information exchanged, but because they provided an opportunity for the national nurses to know each other better, to share each other's problems and programs, and to work together for improvement. Unless more than a small handful of nurses instilled with the desire and the necessary knowledge to move forward are available, they may become discouraged or find the task ahead seemingly impossible.

In 1964, USAID financed the Central Treaty Organization (CENTO) Conference on Nursing Education, a ten day meeting of

nursing leaders from the three CENTO countries, Iran, Pakistan, and Turkey. Their closeness, geographically, and their similar problems and needs, enable them to profit from one another's experience. Turkey, hesitating to raise its admission requirements to nursing schools for fear of losing applicants, was encouraged to work toward this goal by Iran's comment that their applicants increased, rather than decreased, with the institution of higher educational requirements for nursing. The greatest value of this three country conference was derived from the stimulating face-to-face exchange of ideas, and discussion of mutual problems with colleagues from each of the



Nursing study conference.

other countries, as well as with nurses from USAID and other participating organizations.

The USAID nurse has served as an important agent for good interpersonal relationships. This quality, bred from nurses' early and continuing exposure to all sorts of people in many different situations, was identified early in our programs of technical assistance. Social anthropologists, reviewing the IIAA programs in Latin America, and discussing, specifically, the necessity for good interpersonal relationships between the assisting and the assisted, commented on "the importance of the role of the trained public health nurse." "A most important factor making for the success of a public health program was seen to be the availability of the greatest number possible of public health nurses. Mothers regarded the nurses as real friends, not just as nurses, and as their buffers against the cold formality of the center itself."

Probably no other health discipline is so close to so many people. The physician, especially in primitive cultures and despite his best attempts to change this image, is often viewed with such awe and respect that it is difficult for him to establish rapport with those he is helping. The nurse, on the other hand, is a familiar and a welcome figure. The people see her on their streets and in their homes. They can ask her easily why Juan is covered with a rash, or what they should do about Abdul's sore eyes. Whether she is functioning on a village level

or within a Ministry of Health, the USAID nurse, by the kind of person she is and the activities she performs, has an important role in influencing attitudes toward nurses and the help they provide.

USAID nurses, over the past twenty-four years, have traveled the 12,000 feet of rough terrain down the Andes from La Paz to Vera Cruz, and have taken the hundreds of turns in the road to Katmandu in Nepal. They have battled mosquitoes, heat, dust, and wind, and bundled themselves against deep and bone chilling mountain cold. They have traveled on foot, by ox cart and by jeep, and have slept on grass mats in native villages and in sleeping bags by the side of the road. They have visited villages and countrysides where few foreigners have ever been. They have struggled with languages, with new illnesses, with unfamiliar cultures, and with uncertain and troubled political conditions. Their end-of-tour reports almost unfailingly indicate that they have done all this with spirit, with enthusiasm, and with dedication. Their only frustration, it would seem, lies in seeing so much more to be done than they have had an opportunity to do. In every country they have left behind them at least a small group of national nurses equally dedicated to carrying on the development program that was started with United States assistance. They have returned to the U.S., personally and professionally enriched by an experience in which they have gained as much, often more, than they have given.

V. FACTORS INFLUENCING NURSING DEVELOPMENT

Ideas must come before tools. One of the primary and most challenging tasks of the technical advisor in any field is the development, not of facilities, institutions, or personnel, but of the concepts which underlie them. For nursing, this means that the development of services and schools on a sound and continuing basis must be preceded, or at least accompanied, by a concept of nursing as a profession, that is, as a distinct and essential type of health service, provided by a career corps of personnel who have been formally prepared to render this service.

In the U.S., and other industrialized countries, this concept of nursing is simply taken for granted. There is hardly anyone to whom the word "nursing" does not immediately convey a special kind of care provided, and the word "nurse" the specially trained person who renders this care. These are concepts that need careful nurturing in a country whose people are unaccustomed to any kind of health service, and who are inured to "survival of the fittest."

In many of the countries AID has assisted, care of the sick person rarely extends beyond the boundaries of the immediate family. Often, the only source of treatment is the native practitioner or medicine man. The idea of institutions where sick people may be cared for, or centers where they can learn the health practices or receive the immunizations that will help them stay well, and of a corps of trained people to provide these and other services, develops slowly.

These generalizations are true of the great population masses of the emerging

countries, the uneducated; perhaps primitive, villagers or tribesmen, who are the ones most in need of health services. In each country, of course, there is a smaller group of the educated and informed. These people know illness is a matter of natural causes, and they make use of available facilities for care and treatment. Among them are usually the country's leaders who recognize the need to make health services available to all people.

However, these leaders do not necessarily see nursing and nurses in the same light they are seen in the more developed countries. Their concept of nursing is more likely to be that of personal services to the sick person; therefore, an appropriate occupation for the servant or lower class. Educated or not, many of them fail to conceive of nursing as a therapeutic endeavor, calling for knowledge and skills essential to the total health effort, whether it is the recovery of a single sick person in the hospital, or the extension of preventive health services to the population as a whole.

The conception of nursing as a random conglomeration of various helpful services to the sick, capable of being given by anyone with willing hands and a warm heart, is not unique to the developing countries. It seems to represent a stage through which nursing in all countries has had to pass. One only needs to look at England or the United States of a hundred years ago and remember the "Sairey Gamps" who typified the hospital attendants of that time: the untrained, illiterate, workhouse drudges. In many of the developing countries, it is as though nursing's clock has been turned back

a century, or more. A major objective of technical assistance in nursing is to make the clock move more rapidly, and to compress a century into far less.

It is difficult to write about nursing without mentioning Florence Nightingale who first gave system and structure to nursing. Unfortunately, she is remembered chiefly for her personal sense of dedication to the sick and suffering. This dedication, however, would have done little to advance nursing had it not been fortified by Miss Nightingale's equal dedication to the belief that nursing was a vocation; a separate health discipline with its own contribution to make to the care of the sick and the promotion of health, and which called for careful educational preparation of selected individuals. For this specific purpose, she established a school. Her ideas were later distorted so that, for many years, the so-called "schools" were represented by hospitals offering little more than an apprenticeship training in order to maintain a supply of almost free nursing service. Nonetheless, her basic conviction that nursing was a specialized health occupation demanding specialized preparation remained.

It is necessary to review this aspect of nursing history in order to fully understand both the problems and objectives of nursing assistance in other nations. Nursing advisors must create a conception of nursing as a special health career, and attempt to guide its development to avoid the pitfalls of early nursing development in the advanced countries: the deterioration of education into an apprenticeship; and the idea that nursing requires no special qualifications or preparation. Miss Nightingale wrote, "It seems a commonly conceived idea. . . that it requires nothing but a disappointment in love, the want of an object, a general disgust, or incapacity for other things, to turn a woman into a good nurse." In this country the unique contributions of nursing are taken for granted in hospitals, health agencies, schools and industries. This same image USAID advisors have tried to build up in the assisted countries, not for the development of nursing per se, but because it is essential to the health and well-being of a people.

Role Of Women

Those familiar with nursing history will remember the horror with which Miss Nightingale's family and friends viewed her determination to spend her life caring for the sick. Nursing was not for a cultured, educated woman, but an occupation for the lower class. This same attitude is one of the stumbling blocks to nursing progress in the emerging countries. The widely prevalent conception of nursing is that it involves no more than the performance of unskilled personal services. This is compounded further with additional impeding factors: the sheltered, subservient, or negligible role that has traditionally been assigned to women; the limited educational opportunities for the population in general, but women in particular; and, in the countries where women are now pursuing professional careers, the greater status that is generally accorded professions like medicine or law.

A well educated young man from one of the countries in the Near East, studying in the United States as an AID training participant, commented that he did not want his fiancée at home to train for anything (she had asked his permission to study hairdressing). He said he recognized that by our standards he was "old-fashioned," but this girl was going to be his wife and should be satisfied with making a home for him and raising his children. Obviously, tradition was stronger than knowledge and exposure to new ideas.

Another AID trainee in this country, a lawyer and accountant, when asked about nursing in his country in Southeast Asia said, "Well, if the women are educationally qualified, are interested in a health career, and can afford it, they go into medicine. Nursing is all right, but it is a second choice. If you need money, you go into nursing because they pay you while you learn. So, our 'best' young women (he was referring to such things as social status, financial standing, and education) usually become doctors." He then proceeded to outline his own ideas about how girls in his country might be attracted to nursing. "Give it more prestige. If a girl could study nursing in college, if she had some courses in what you in the United States call the liberal arts,

if she had to pay for her education instead of receiving a stipend while she was training, nursing would have more prestige."

Nursing so desperately needs these "best" young women; women with the abilities, educational background, and leadership potential for the responsibilities that will be theirs in the future. Often USAID nurses have had to personally recruit or persuade candidates of the desirable calibre to study nursing. One such nurse, who helped to establish a new school of nursing in a country which had no visualization of modern nursing, described the first class of students as "lukewarm or doubtful that this was the thing they should be doing." The majority of them finished the program, however, went on to responsible nursing positions, and, thus, in themselves, served as models and an effective recruitment stimulus for candidates of similar background. Again, this was a matter of demonstration. The school now reports a greater number of qualified applicants than it can accept. In the first years of introducing nursing into a country, much of the USAID nurses' time must go into breaking down the cultural and traditional barriers that serve as deterrents to nursing development.

Prevention Versus Cure

People, in both underdeveloped and developed countries, are more inclined to seek medical and/or nursing attention when they are ill, rather than using these services as a means of staying well. This poses a dilemma in health assistance. Authorities seem to agree that the greatest yields in the improvement of a nation's health come from large scale preventive programs: tuberculosis case finding, immunization programs, malaria eradication, and nutrition education. Opposed to this idea is the problem of the people, themselves, to whom these preventive measures are directed. Unaware of the long-term benefits to be derived from such programs, they see only their immediate and urgent needs; someone is sick and needs care. Governments feel the pressure to relieve the immediate suffering and sickness of their populations. Humanitarian

considerations add further pressure for curative, as opposed to preventive services.

One authority in the field of international health has recently stated: "The greater the proportion of the health budget spent on curative services, the longer the delay in permanent improvement." As a corollary to this, however, is a conclusion reached after ten years of offering primarily preventive health services to the citizens of Latin American countries: "If the premise is accepted that in the long run better world health will come from preventive medicine, the fact must also be recognized that a sizeable amount of curative services must be available to develop the conditions essential for a preventive program."

In most instances, the U.S. bilateral programs of health and nursing assistance have been directed toward the long range goals embodied in the preventive philosophy, while at the same time trying to meet the immediate needs of the people. It has seemed to many USAID advisors in the health field that these curative services must be provided to win the people's confidence, and, thereby, to open the door to the institution and acceptance of preventive services.

This approach has been a familiar one, since the situation differs only in degree from that which has long prevailed in the United States. The teaching of better health practices is an integral part of nursing, both in the hospital and public health field. Nurses have known for a long time that this teaching is more likely to be accepted when it is preceded or accompanied by a tangible service that relieves a discomfort or takes care of an immediate problem. The nurse calling at a home to care for a mother and new baby may first weigh the baby or show the mother how to bathe him or prepare his food. Then, if she needs to teach the mother about a diet for the diabetic husband, or an immunization schedule for the baby, her advice is much more likely to fall on receptive ears. She has already demonstrated both her abilities and her interest.

Home visiting is an integral part of public health nursing and serves to break down the barrier between preventing illness and treating it. In an African country, a newly opened child health clinic averaged only 190 visits a month. The public health nurses spent a great deal of time visiting

homes during the next few years. They cared for the sick children and showed the mothers how to care for them, and they explained measures to prevent the child from becoming ill again. In the course of the home visits, the nurses learned to know the families, how they lived, what they ate, their sanitary facilities, and their traditional beliefs about illness and health care. All this information proved exceedingly helpful, for the nurses could then adapt their recommendations to conditions as they existed. The nurses consistently provided a combination of preventive and curative services. That this intensive home visiting and educational campaign paid dividends is evidenced by the fact that, within a few years, average clinic attendance had jumped from the original 190 visits to 2000 a month.

Geography And Transportation

The widely scattered rural populations and the lack of transportation and communication facilities represent still another obstacle to the development of nursing services. A group of health centers may be established in a certain province, but it may take days for a teaching or supervising nurse, national or USAID, to get from one place to the next. If a nurse expects to stay at one of the health centers for a given period, she may face the problem of living accommodations, for motels or guest houses in the vicinity are unknown. The nurse may stay with a local family or spread her sleeping bag in the health center. The USAID nurse finds primitive living conditions an interesting experience and an added opportunity to get to know the people and win their confidence. It is not always easy to find a national nurse willing to accept these living conditions, especially when her assignment to a particular area may be for a considerable period of time. It represents to her no adventure, and she must be truly dedicated, as indeed many of them are, to be willing to work in these remote areas for months and sometimes years at a time.

The problem of getting from one place to another and of finding living accommodations

once she has arrived is not, of course, unique to nursing. Advisors in other development areas must face it, too.

Acceptance of any idea or service requires someone on the scene whom the people can get to know and with whom they feel comfortable before they will take advantage of the services offered. Most frequently, the ones who need these services are those in the remote villages who have never before been reached by any kind of health program. Sometimes, the nurse can stay in one spot only long enough to train selected individuals in the village to provide at least minimal health services. It is obvious that as better transportation and communication facilities become available, the nurse will be able to extend service to more communities in less time, and more extensive health services can be provided.

Language

Some USAID nurses have been given short term, intensive training courses in the language of the country to which they have been assigned. In other instances their individual language proficiencies have determined their assignments. Whatever the situation, they are unlikely to be able to speak the language with any degree of fluency when they arrive. The problem may be complicated in countries where several languages and a host of dialects are used. Again, this problem is not limited to the USAID advisor in nursing, but it is particularly acute in this field because the nurse's effectiveness depends largely on her ability to communicate with people.

Obviously, language problems will affect the nursing education process. Often there are no nursing or medical textbooks available in the language of the country. Occasionally, translations are supplied by the United States Information Service or the USAID Regional Technical Aids Centers. USAID nurse advisors may work with the national nurses in translating English texts into the language used. In the process, the information often needs to be adapted to such widely variable factors as the educational level of the students, the health

practices and facilities of the country, and its most urgent nursing care and service problems.

Economics

Will a country be able to support the kinds of nurses and nursing services it says it wants and toward which the nursing assistance programs are directed? The future of nursing in any country depends to a large extent upon this matter of financial support.

In conversation with an ambassador to the United States from one of the Latin American countries, a nurse commented about the high quality of his country's nursing education. This country had been partner in one of our bilateral nursing assistance programs. Partly as a result of this, most of its nursing schools are on a university level. His response was immediate and vehement. "Our nursing education system is so good that one out of every three of our graduates is employed by the United States. We simply cannot pay the salaries that your country can."

This situation has its parallels in other countries. In one area of the world, nurses are noted to move from their own country to an adjacent one, and then to still another, because of opportunities for better remuneration. Sometimes, too, nurses prepared through AID's Participant Training Program for positions in their own country find, upon their return, that the positions no longer exist. For reasons of economy, the government has had to abolish them. It has happened that other nurse trainees, if qualified to practice in the United States or Great Britain, may eventually elect to do so. One reason, again, is better salaries; another is their acceptance as professional health workers.

To a degree, this sort of situation cannot be prevented. In this country, many nurses are dissatisfied with salary levels, and they frequently change positions for others where the remuneration is better. Nursing has traditionally been an underpaid profession. Even in the United States, nursing is sometimes viewed as a work of dedication and sacrifice, rather than as a profession

whose practitioners are entitled to remuneration commensurate with their abilities and responsibilities. In the face of the realities of the twentieth century, nurses, like everyone else, need and expect adequate financial compensation for their services.

In the developing countries, the all important matter of status is seen as equivalent with salary. As a result, the matter of nursing remuneration complicates the recruitment problem. When salaries are low, fewer young women are inclined to enter the nursing profession, and those who have been prepared are likely to look for employment in another country or adopt some other means of livelihood. How does one convince the recently emancipated woman, with the background, education and leadership potential which nursing needs, that nursing is an appropriate and distinguished career for her when the salary she is offered is only a little better than that paid to the factory workers in her country?

These are very real problems with which many USAID nurse advisors have had to cope, and, more important, to interpret to those setting the objectives for nursing development within a country. Good nursing services and education cost money. A challenging task has been to design programs which will meet the most pressing needs and yet remain within the scope of the country's ability to support. Sometimes the best, according to our standards, has had to give way to another standard which is the best for a particular country, if the most urgent needs of its largest number of people are to be met.

Government's Role

There is one important difference in the projected development of nursing in the emergent countries and the way it has actually developed in the United States and some of the European countries. The difference is the matter of government sponsorship and control.

In the United States and much of Europe, hospitals and health agencies evolved largely as voluntary, nongovernmental institutions. Nursing developed, correspondingly, under private auspices in a spotty, uncoordinated,

undirected fashion. Nurses, themselves, through their own professional organization were the ones who eventually brought about standards, improvements, and some form of direction and control of the systems of nursing education and practice.

In most of the emerging countries, however, the development of nursing and other health services is largely under the control of the government, which assumes responsibility, social and financial, for these services. This factor of government involvement may either inhibit or accelerate nursing progress.

If the assisted government, and those within it who are responsible for nursing development, are well informed about the country's nursing needs and committed to meeting them, then nursing may progress more rapidly toward its goals than it did in this country. With enlightened top level encouragement, direction, and support, nursing objectives can be planned, timed, and implemented, and a coordinating force applied to both services and programs. Planning can be done on a regional basis, educational programs can be devised to meet specified needs, and uniform standards can be established; all of these factors contribute to steady, progressive development with the most efficient use of time, personnel, and money.

Such a state of affairs has come into existence only in those countries where nursing has been firmly established at a central level as an essential government service and responsibility. This means nurses at this level, usually in the Ministry of Health, interpret and direct nursing development. When a new nursing school is suggested as a remedy for a province undersupplied with nurses, it is the nurse in the Ministry of Health who may say, "No, we cannot solve the problem that way. We have no nurses to serve as faculty members for a new school, and we need to upgrade nursing practice in the provincial hospital before student nurses can learn there." Such

a voice of authority can convince interested officials that, for the present, it would be a waste of money and effort to open the school, which could result only in poorly prepared nurses giving a poor quality of care. Instead, they might logically increase the nursing service budget of the hospital, and plan for in-service training for its nursing employees.

This example is used here to illustrate just how a chief nurse could function at the central government level as an interpreting, planning, and developing force. She needs the authority to make decisions and set standards, and the staff to provide the guidance and help necessary for the improvement of services by the country's nurses. Iran's strong Nursing Division of the Ministry of Health, initiated with the help of USAID, is an example of the way government can organize at a central level to strengthen nursing services throughout the country.

The government, in essence, attests to the validity of its interest in nursing development by incorporating a centralized nursing authority within its structure. But, governments may topple, and internal conditions may change. If a situation prevails where a country's government does not support nursing as a major social institution and provide for its development as an essential health service to the people, then nursing's progress is inhibited. In most of the countries which AID has assisted, the government is the only instrument through which nursing can be promoted. The private hospitals and agencies which so strongly influenced nursing's patterns in the U.S. are, for the most part, nonexistent. The nurses' professional associations, which have had an important role in U.S. nursing progress, are usually too recently established to have a similar influence. In such associations, however, lies strength for the future. USAID nurses have frequently had some part in helping with their creation and forward movement.

VI. ACCOMPLISHMENTS

In the countries with which AID has worked in bilateral programs of technical health assistance, little more than the first chapter of their nursing history has been written. This initial chapter, however, is an important one since the patterns that have been shaped during the assistance period will have a significant influence on the future development of nursing.

The United States has provided technical assistance in nursing to forty-seven countries.* In some of these, assistance has only recently been terminated. In a few, it is continuing. Many others have expressed the need for continuing aid, and there will undoubtedly be new countries to be assisted in the future. In the interest, particularly of this latter group, it is important to look at what has been accomplished so far, and at the lessons which have been learned. While there has never been any common evaluative design or organized system of periodic analysis to facilitate the process, there are, nevertheless, some tangible accomplishments that can be counted. Some of the more intangible ones must, to a degree, remain within the realm of speculation.

Administration. Twenty-two countries established nursing units in their national health departments during the period of AID assistance. In some countries, AID played a very direct role in this development, with its advisor filling the post of chief nurse in the Ministry of Health until the value of such a position was demonstrated and a national nurse trained and appointed to fill it. In other countries, this direct action was taken by the national nurses themselves or by other international agency advisors, and AID's role was merely

supportive. The establishment of these nursing units made it possible to do national planning for nursing care and nurse manpower development, and to improve the quality of government nursing services.

Standards. Standards are necessary to insure that each nurse has the same basic abilities. This is a fundamental tenet of any professional service. Otherwise, nursing services are uneven, disorganized, and sometimes not even safe. Planning becomes impossible and the public has no protection against malpractice and nurse quackery.

A total of 38 assisted countries now have uniform standards (admission requirements, and program content and length) for their nursing schools. They keep a registration list of the nurses who have attended the approved schools, and have met other requirements for practice. A few countries have licensing examinations which their nurses must pass in order to become registered.

Nursing Education. New schools of professional nursing have been established in 19 countries and those that were in existence prior to AID assistance have been strengthened, reorganized, or upgraded. Without these schools, nursing cannot progress. They are essential to a continuing and increasing supply of nursing manpower, an overriding need in every emerging country. They are essential, too, for the provision of nursing leaders to carry on and advance the programs that have been set in operation.

Schools for assistant nurses are equally important. Under the supervision of professional nurses, these auxiliary workers make up the greater part of the nursing staff of both hospitals and public health agencies. Many of the assisted countries recognized, earlier than was the case in the United States, the need for and the value

*Country-by-country program resumes are included in the Annex.



Capping assistant nurse-midwives.

of this subprofessional group. What they sometimes did not recognize, however, or were unable to implement, was the necessity of some type of formalized training to enable the auxiliaries to make their fullest contribution. USAID has assisted with the development of subprofessional nurse training programs in 42 countries.

Assistance with nursing education has included the institution of postbasic courses and programs when feasible and indicated. The College of Nursing at Karachi is an outstanding example of this type of effort. The pattern in other countries has been the offering of postbasic educational programs, usually in teaching, nursing service

administration, or public health nursing, by a basic school of professional nursing. Postbasic programs in public health nursing, in particular, are now provided, under a variety of auspices in many of the assisted countries, to prepare nurses whose training in this area has been scanty or missing, or to give nurses a firmer foundation in this very important field.

It is impossible to make an accurate count of the number of less formal courses and training programs given by the USAID nurse advisors, themselves, with a view to meeting immediate or short term needs. In some instances, these programs have



Curriculum planning, post-basic program.

continued and are now carried on by the national nurses.

Midwifery. This is an essential health service in many of the assisted countries, and has received United States support. Because midwives are prepared in so many ways, a count of schools established or assisted would have little significance. USAID nurse advisors, often in cooperation with WHO and UNICEF, have helped with the setting up of postbasic courses in midwifery for graduate nurses, incorporating midwifery education in the curriculum of basic schools of professional nursing, and helping to improve the practice of the untrained, indigenous midwives who serve so many villagers.

Public Health Nursing Services. In 33 countries, AID has assisted in the first organized government public health nursing services and has developed and supported a wide variety of training programs for public health nursing personnel. It is difficult to measure final accomplishment because change in the health behavior or the health status of people is usually the result of a combination of many efforts, not of nursing alone. AID has recently conducted a field study in one country to measure health change since the establishment of the first rural health centers. One important sign of progress is that the people in many countries now expect and want health services and will go any distance to avail themselves

of them. One Ethiopian father walked for three days with his two small sons to bring them to an immunization clinic.

Hospital Nursing Services. Improvement in hospital nursing services is less evident than in other areas. There have been relatively few assistance projects directed toward this specific end, and, in some countries, hospital care of the sick still leaves a great deal to be desired. One USAID nurse advisor, after six years of helping with nursing development, summarized one accomplishment, "The nursing leaders, here, are now agreed that minimum preparation for everyone who cares for patients should be such that: (1) no further harm or worsening of a condition occurs to the hospital patient; and (2) the care in the hospital is better than the patient would receive at home."

The enormity of the problem of nursing development, in many countries, is attested by the next words of the same advisor, "However, such a standard will take many years to put into effect in this country,



Hospital nursing service.

where, at present, twenty-six million people are served by about a hundred hospitals, staffed, for the most part, by untrained workers." Unquestionably, hospital nursing services can be improved by assistance directed specifically to this goal. Equally so, continuing, long term improvement can best be achieved by improvements in nursing education, in general, and in education for the administration of hospital nursing services, in particular.

Development of Nurse Leaders. An important part of USAID assistance in nursing has been the participant training programs for senior nursing personnel. To achieve long term goals, assistance has been directed toward setting up the appropriate educational and service institutions in the particular countries. Obviously to establish these on a firm basis, there is need for well prepared national nurses to teach, administer, and direct. Usually, out-of-country training is essential; especially at the beginning of technical assistance. The evidence indicates that when assistance has continued long enough so that the USAID nursing advisors are still in the country when the trainee returns, counterpart working relationships for a period of time add immeasurably to the benefits derived from the training program.

A question that remains unanswered is that of the relative desirability of participant training in the United States as compared to training in another country. When the latter has the appropriate educational facilities, it can sometimes offer programs better geared to the participant's background and needs, and at less expense, than training in the U.S. On the other hand, participants generally prefer to come to the United States. One AID trainee, when asked what his reaction would have been had he been sent elsewhere for training responded, "I would have concluded one of two things, or maybe both: that the United States considered me an undesirable person, or that there were things here they did not want me to see." Another intangible is the value to be attached to exposure of the trainees to the way of life and the people in the United States.

For the period of the survey, a total of 713 nurses have studied in the United States on AID participant training grants and an

even larger number have been supported in regional training programs in neighboring countries. The majority of these nurse participants are filling positions for which their advanced training prepared them.

Professional Nursing Associations.

Nurses' associations have been created or strengthened in 35 countries during the twenty-four years of U.S. technical assistance in nursing and twenty-six of them have succeeded in meeting the criteria for membership in the International Council of Nurses, nursing's international organization. The development of these professional associations is extremely important, because they

provide a means whereby nurses throughout a country can work together on programs of nursing development. Such associations are also a strong force in setting standards and goals, in addition to serving to identify nursing as an essential, self directing health service within the country. They have an intangible value in the "esprit de corps" which they encourage and which is important in countries where there are few nurses and many obstacles to overcome. As a group, held together by common problems and goals, nurses derive support from one another for new programs which, individually, they might well be tempted to give up.

VII. AN ASSESSMENT

The record of technical assistance in nursing as a whole, even though it cannot be reduced to statistical evaluation or demonstrable cause and effect relationships, is one of a high level of achievement with a relatively small investment of funds and personnel. No assisted country, so far as can be ascertained, has failed to experience some acceleration in its nursing development and improvement in the nursing services provided to its people.

Occasionally, a note of frustration appears in the reports of the USAID nurses: frustration stemming from objectives not completely achieved, and from seeing so much more that could be done. A certain amount of this frustration must be attributed to the advisor's own intense commitment to her assigned country, its nurses, and its still urgent nursing needs. Talk with any nurse back from a country where a nursing assistance project has just been terminated, and you will hear more about what still remains to be done than what has been done.

An objective survey of the record, however, does suggest a need to spell out what might be called "lessons learned," for the benefit of those programming and implementing bilateral programs of nursing assistance in the future. The first and perhaps most important of these lessons is that programs of nursing development take time and continuity of assistance.

Concepts, institutions, facilities, and personnel cannot be built up within a few short years. Nursing education programs, for example, can develop only in relation to the recruitment potential among the literate population, and must go hand in hand with educational development. Only when more and more young persons reach the general educational level necessary for undertaking nursing study can nursing schools find enough

of the type of candidates they need, and be fully productive.

Time is also necessary for the "tooling-up" process. Neither nursing services nor nursing schools can be established on any sound or continuing basis without well prepared national nurses to staff and direct them. Sometimes this may mean two to four years of participant training for the national nurses, followed by a period of continuing support and consultation from USAID nursing advisors as the returned participants begin to assume their new responsibilities.

To insure continuing progress of a newly established training institution or nursing service, provision must be made for a continuing supply of qualified teachers and supervisors. Termination of opportunities for participant training with the departure of the last AID nurse advisor and before the country could develop its own post-basic training program has frequently resulted in a slowdown or reversal of progress made during the period of AID assistance.

Better results have been achieved when the areas of public health nursing, nursing education, and hospital nursing services have been seen as an interrelated whole, and assisted concurrently. This concept of nursing development as an integrated whole has been explored earlier in this report. Initial improvements in public health nursing have been poorly sustained when the schools are not geared to producing a continuing supply of prepared personnel. Similarly, nursing education services have not yielded the greatest benefits, because suitable conditions for student or graduate practice do not exist. In many countries, these three major fields have all been assisted, but, usually, one after the other, and not in a coordinated way. It seems reasonable to assume that simultaneous attention would yield long term results,

and, possibly, with a smaller investment of funds, personnel, and time.

More progress has been made toward meeting a country's overall needs for nursing service when efforts have been directed toward developing two groups of nurses: professional and auxiliary. This applies to both qualitative and quantitative progress in providing nursepower. Programs directed toward this two-level development have proved, over and over again, to represent the most economic use of available time, money, and skills, and this applies equally to the investment made by both the United States and the home country.

Have the programs of nursing assistance been creatively planned to fit the individual countries' resources, needs, and patterns? On the whole, the evidence favors an affirmative answer, although there are some instances of an effort to superimpose the nursing patterns of the United States. A recent study directed toward the education and training of health personnel in less developed countries suggests that educational and service programs need to be based on a knowledge of the job to be done. For example, in countries where the family routinely accompanies the sick member to the hospital and cares for him there, the nursing school curriculum may need to include how to help the family help the patient; or, in countries where nurses must assume such medical responsibilities as suturing, emergency care, or anesthesia, the curriculum should be expanded to include the teaching of these skills.

The establishment of a recognized nursing authority, at governmental level, has yielded better coverage of nursing needs, more efficient utilization of nursing resources, and a faster rate of nursing development. Such an approach also embodies a built-in mechanism for continuing advancement, essential when USAID in nursing has terminated.

Some USAID programs in nursing assistance have been prematurely or abruptly discontinued. This is, of course, understandable when internal conditions within a country have necessitated the withdrawal of United States assistance. But it has happened also that a program initially planned and approved to achieve given objectives within, say, a 6-year period, has been suddenly terminated much earlier because of changes in USAID programming priorities. Obviously,

this has affected the carefully timed developmental activities, and frustrated and discouraged both the national and the USAID nurses involved. More important, perhaps, is the fact that it has resulted in a waste of investment; if a constructive project is abandoned halfway toward its goal, the gains made are often lost. The most successful programs have been those for which assistance has been provided over a specified number of years, and withdrawn gradually as the national government was able to assume full responsibility for their continuation.

There are indications that short term consultation service after termination of major programs of nursing assistance might yield substantial gains for a relatively small investment. In many countries, assistance ends when a country is off to a good start, and when national nurses appear to be in a position to carry on the development programs. Problems are bound to arise, and it seems highly probable that short-term consultation, at regular intervals, upon request, would contribute much to consolidating gains, and accelerating future progress. This observation is based on reports from both USAID nurse advisors and national nurses in countries where assistance has been terminated.

It would seem self-evident that planning in any field of technical assistance should be undertaken through counsel with practitioners in that field. Yet, this has not always been the case in U.S. bilateral programs of nursing assistance. Often decisions about nursing assistance are made without involving any nurses, either from the U.S. or from the country. This has resulted in projects poorly suited to the country's nursing needs or possibilities. Assistance may be offered for the establishment of a university school of nursing when it would be more appropriate to assist with the training of auxiliary nurses or to readjust existing programs and services. Where nursing consultation has been involved from the beginning in the planning process, nursing programs have been more efficiently directed toward the country's needs and in relation to its resources.

Sometimes there has been no nurse consultant available, even had her services been sought, for there are no regional nurse consultants within the USAID structure. There have been periods also when there has

been no USAID nurse in Washington to advise regarding the desirability, feasibility, or means of implementing a proposed program of nursing assistance. This is ironic in view of the fact that the establishment of central governmental direction of nursing by nurses is seen as a fundamental objective of our assistance programs. While documented proof is lacking, it can reasonably be inferred that expert nurse consultation services available in Washington might well have resulted in more constructively planned nursing assistance.

It also seems that the USAID nurse advisors over the years would have profited from more readily available nursing consultation service, either regionally or in Washington. Expert public health nurses are not necessarily experts in the techniques of technical assistance and advisory services. Many of them in the past have had to learn through trial and error. A more thorough and specific advance orientation to the possible problems, approaches, and activities involved in technical assistance in nursing might conserve time and effort and prevent wasted energy.

A final lesson is that nursing development is affected by the prevailing economic climate. There are more than a few countries where potential candidates decide against nursing as a career because of its poor economic rewards; where nurses, many of them prepared through United States assistance programs, elect to practice in other countries than their own; and where essential nursing agencies and schools cannot be adequately supported. This same situation prevails, although to a considerably lesser degree, in long established countries. There are, therefore, no readily available or easy answers to the problem, save to observe that general socio-economic progress and nursing development are intimately associated and that nursing assistance programs seem to yield greatest dividends when they are part of an integrated program of overall developmental assistance.

In the course of this report, frequent reference has been made to the various factors that either accelerate or retard the process of nursing development. One positive force, however, which has not been mentioned is the fact that the persons in the assisted countries are, for the most

part, caught up in a "revolution of rising expectations." No longer satisfied with things as they used to be, they are receptive to new ideas, and willing to work to achieve them.

Progress may be erratic and uneven, but it is progress. Governments and political institutions gradually become stabilized and, as they do, national planning becomes more firmly established. Concurrent with this, the role of nurses in the overall pattern of health services, and in the development of human resources toward this end, is increasingly clarified and strengthened.

There are many things still remaining to be done in the area of nursing development. On the other hand, especially in the countries where a modern concept of nursing was previously nonexistent, a major social revolution can scarcely be expected in the span of ten, fifteen or even twenty-four years. Slowly, but reasonably surely, an increasingly large number of secondary school graduates are eligible for nursing programs and restrictions on women's role are gradually disappearing; there is renewed governmental emphasis on health assistance, increased knowledge of cause and effect in disease and of methods of health promotion, and the emergence of nursing as a profession which is slowly accelerating both economic and status incentives. All of these factors are accelerating the movement of nursing toward more effective service and its ultimate purpose of better health care for the people.

In the United States today, the demand for nursing services is greater than the supply of nurses to render them. This is not a matter of shortage. It is the result of nurses' success in meeting so many needs in the health care field. In the words of the late Dr. Alan Gregg, former international health director of the Rockefeller Foundation and a very perceptive observer of the health scene, "Principal among the triumphs of nursing I hold to be this: that you have created a demand for your services even before you knew them all, and then met the demand in a fashion to create still more calls upon you."

USAID may look forward to seeing this same pattern repeat itself in the countries which it is serving today.

PROGRAM RESUMES

Africa

CHAD

AID has provided one public health nursing advisor for Chad since 1964. Working with three other AID school health advisors, her activities have included preparation of educational materials on 52 different health subjects and of health curriculum guides for school teachers; training and field supervision of Chadian school health teams; seminars for teachers; and conducting a variety of health education programs for school children, their families and their teachers.

ETHIOPIA

Between 1953 and 1966, twenty-nine USAID nurse advisors provided 128 years of technical assistance to nursing in Ethiopia. Nine nurses continued to serve in AID-sponsored projects beyond 1966.

AID nurses assisted with the establishment of a nursing section in the Ministry of Health - now staffed by four Ethiopian nurses. As active members of the Nursing Council, AID nurses helped to develop and implement standards for schools of nursing and for midwifery and dresser training programs. They helped develop procedures for national examination and registration of all nursing, midwifery and dresser workers. They aided the Ethiopian Nurses' Association during the period in which constitution and by-laws were revised to provide for organization of district associations.

Public health nursing advisors were part of the United States health team which collaborated with the World Health Organization

and the Ethiopian Government to establish and teach in the Haile Selassie I Public Health College and Training Center for the training of teams of auxiliary health workers to staff rural health centers throughout the country. They assisted in the establishment of these health centers and in supervision and evaluation of the services provided. In Asmara, Eritrea, they established a model public health nursing service and a home delivery program which are used as training centers.

Nursing education advisors established and taught in the first nursing school in Eritrea, and some of its graduates are now its qualified faculty members. AID remodeled and equipped the school buildings and paid operating expenses until the Government of Ethiopia could assume them.

AID participant training grants enabled 22 Ethiopian nurses to receive advanced preparation in nursing in the United States, and 43 to study in Beirut.

LIBERIA

Technical assistance in nursing was provided to Liberia from 1943 to 1965 by 19 American nurses. In all, 55 years of service was furnished. Prior to 1954, assistance was given by the United States Public Health Service Mission to Liberia, at the request of the Department of State. USAID's responsibility for the assistance program began in 1954.

Principal contributions made by the nurse advisors during the twenty-two year period were: (i) Assistance to the National Public Health Service in establishing a Section of Public Health Nursing; (ii) Advisory services in development of a public health nursing program, and a training program for

PROGRAM RESUMES (Continued)

AFRICA (Continued)

indigenous midwives; (iii) Assistance with the development and operation of the Tubman National Institute of Medical Arts; (iv) Aid with preparation of the first national examination in nursing (1952); and (v) Participation in activities to improve clinical areas in the hospital used for student practice.

USAID provided training grants for eleven Liberian nurses to receive advanced preparation in the fields of nursing education, nursing service administration, and public health nursing.

LIBYA

USAID technical assistance in nursing in Libya began in 1952 and extended through 1964. U.S. personnel functioned in an operational capacity until 1963 and in an advisory role thereafter. Seven USAID nurses provided 21 years of service, concentrating primarily on interpreting to Government officials and community leaders the contribution nursing could make in a health program, developing public health nursing services and giving on-the-job training to personnel in provincial health centers which were constructed as demonstration centers intended to emphasize disease control measures and maternal and child care; and aiding the Director of the Nursing School and her staff in planning and developing the basic nursing curriculum and planning for clinical experience of students in government hospitals. A film made by the AID Audio-Visual Department was used extensively in attempting to interpret nursing to the public and to recruit students. Practices such as purdah, early marriage, and the relatively small number of girls who received high school or even an eighth grade education hampered efforts to build a corps of professional nurses at the rate needed for satisfactory implementation of the nation's modest health plan.

Far East

BURMA

Five AID nurse advisors served a total of 9 years in Burma between 1951 and 1953. They helped in the establishment of a demonstration and training health center, the expansion of rural public health services, and in the training of nurses, midwives and lady health visitors. Five Burmese nurses had United States training in public health, venereal disease and operating room nursing.

CAMBODIA

One USAID nursing advisor was assigned to Cambodia 1959-1961. She assisted Ministry of Health officials in making an assessment of nursing needs and resources in the country, and in formulating plans for gradual improvement of nursing education and service. She also worked with the people in a small village to help them develop a clean water supply, sanitary privies, and a small health center in which the Cambodia Health Services, Ministry of Health, took an interest.

AID traineeships for study of public health nursing and nursing education were granted to seven Cambodian nurses.

INDONESIA

From 1951 to 1956 and from 1959 to 1962, technical assistance in nursing was provided in Indonesia by three USAID nurses. They served a total of ten years. Their principal contributions were: (i) Assistance with establishing a basic professional nursing school and a post-basic program in Bandung; (ii) Participation in the preparation of faculty for the post-basic program and in selection of nurses to receive AID financed advanced training in nursing education and public health nursing in the United States; and (iii) Assistance with the

PROGRAM RESUMES (Continued)

FAR EAST (Continued)

development of a rural public health training and demonstration center in Bekasi.

KOREA

Immediately following the North-South Korean conflict, USAID health assistance to the country primarily emphasized relief and rehabilitation activities. Later emphasis was on technical assistance to develop health services and train personnel.

Assistance in nursing was given from 1956 to 1962 by a total of 11 AID nurses who furnished 20 years of service. Their activities included serving in an advisory capacity to the Korean Chief Nurse in the Ministry, working as public health nursing advisors in the Seoul and Pusan Public Health Demonstration Centers, participating in the selection of nurse participants to receive advanced preparation in public health nursing and nursing education in the United States and the Philippines, and aiding with the improvement of teaching in nursing schools. The latter was carried out under contracts between AID and the Universities of Minnesota and Indiana.

LAOS

One USAID nurse advisor served in Laos from 1957 to 1959. Her efforts were devoted to assisting the Lao Government with the establishment of a sub-professional nursing school, participating in the selection of participants to receive midwifery training or advanced preparation in nursing in Thailand and Vietnam, and helping to improve the management of a 100-bed hospital in Vientiane which was utilized for student practice. In addition, she prepared a basic procedure manual for use in the hospital; a public health nursing manual which is used extensively by rural health workers who staff outlying

dispensaries; and assisted in developing a dictionary of medical terms for nurses.

PHILIPPINES

Four USAID nurse advisors served in the Philippines between 1953 and 1958, providing a total of eight years of assistance. Their primary contributions were: (i) Assistance to Ministry of Health nurses in developing long-range plans for meeting nursing needs in the country; (ii) Assistance in conducting workshops for public health and hospital nurses in leadership positions; (iii) Consultation services to committees formulating administrative manuals for schools of nursing and hospital nursing services; and (iv) Assistance in establishing an annual registration of professional nurses and midwives.

Thirty-six nurses received AID participant grants for advanced preparation in various nursing fields in the United States.

TAIWAN

Beginning in 1952, USAID nursing advisory services were provided to both national and provincial nurse leadership groups in Taiwan. Three nurse advisors served a total of nine years between 1952 and 1961.

USAID provided and equipped a school plant for the new Technical School of Nursing, and reconditioned and equipped the plant for the new National Taiwan University School of Nursing. It also provided assistance in establishing the Public Health Teaching and Demonstration Center on the grounds of the University Hospital of the National Taiwan University. The AID nurse was given an official appointment as advisor to this Center to assist with the nursing sector of the program.

AID nurses also aided with the development of two post-basic courses for training supervisors and head nurses for public health and hospital nursing services.

PROGRAM RESUMES (Continued)

FAR EAST (Continued)

Nineteen nurses received AID participant grants for advanced study of nursing education and nursing service administration in the United States.

THAILAND

USAID assistance in health in Thailand began in 1951 and has continued until the present. Between 1951 and 1965, nine USAID nurse advisors served for a total of 22 years. Two of the advisors worked closely with the Chief of the Nursing Division, Ministry of Health, on matters of organization and development of sound general nursing services for Thailand. One of these served as nursing education consultant to the Division for a period of four years.

Public health nursing advisory services were provided at the Cholburi Training Center to assist with development of a teaching program and field work supervision in public health nursing and midwifery. Four USAID nurses taught at the Siriraj Hospital School of Nursing, one aided the Women's Hospital School of Nursing, and others served as advisors to the Chiangmai Nursing School faculty.

AID provided participant training grants for 51 Thai nurses to obtain advanced preparation in nursing education and for 22 to study clinical nursing and nursing service administration in the United States.

VIETNAM

USAID technical assistance to nursing in Vietnam began in 1951 before the country was partitioned and has continued to the present. It is now the largest nursing assistance program AID has ever undertaken, and is expected to expand further because all health facilities in this war-torn country are presently over-taxed and under-staffed.

Between 1951 and 1966, 41 USAID nurse advisors served a total of 94 years. The chief nursing advisors for AID have given assistance to the Ministry of Health for fifteen years. They encouraged the establishment of a Bureau of Nursing in the Ministry, which became a reality in 1964, and have given continuous assistance to the Vietnamese Chief Nurse since her appointment to the Bureau.

Major efforts of the nursing advisors over the years have been concentrated on developing a corps of trained personnel for rural health programs; assisting with the organization of health services in refugee camps; in-service training of hospital nursing personnel to improve the nursing care of patients; and up-grading basic nursing education programs by preparing instructors and selecting participants for advanced preparation in nursing education and service. Between 1952 and 1966, ninety-four AID participants received advanced educational preparation in the United States. Twenty-eight of these completed collegiate level programs in basic nursing and received B.S. degrees in nursing.

Latin America

BOLIVIA

Fifteen United States public health nurse advisors and one midwifery advisor worked in Bolivia for a total of 32 years between 1942 and 1963. With their Bolivian counterparts, many of whom had participant training to increase their public health nursing skills, they established the first organized public health nursing services in the country. A Ministry of Health Nursing Division had its beginnings in the Public Health Servicio which developed a network of local public health services. United States nurses organized and supervised public health nursing services in health centers and mobile clinics, taught

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

nursing and midwifery auxiliaries in schools which they helped establish and in on-the-job training programs, and helped to integrate public health nursing in the general nurse training schools. The 7 Bolivian nurses who had participant training grants returned to their country to assist and later to take full responsibility for the developing nursing services of their country. When USAID assistance to nursing was terminated, the public health nursing service was well established, a National Nurses Association had been organized, the World Health Organization was assisting with basic nursing education and the number of nurses had increased from 1 to 100,000 people to 16 per 100,000. However, the status of nursing and its economic rewards had not improved sufficiently to prevent the emigration of many of the most able Bolivian nurses.

BRAZIL

USAID nursing assistance to Brazil began in 1942, and was terminated in 1963. During that time, USAID provided 35 nurse advisors for a total of 90 years of service, funds for building or remodeling nursing schools and health centers, teachers' salaries, teaching materials and textbook translations, and shared in the operating costs of new practical nurse schools and health centers. USAID nurses assisted in the organization and administration of public health nursing services and in the up-grading of hospital nursing care, nursing schools, and auxiliary training programs. A post-graduate course in public health nursing was developed, and in-service training programs were conducted for nurses and for both hospital and public health auxiliary workers. Nursing development in Brazil had substantial assistance from the Rockefeller and Kellogg Foundations and the Pan American Health Organization as well as from the Agency for International

Development. Through the individual and combined efforts of all these agencies, Brazilian nurses were assisted in their roles as planners, administrators, and teachers. The reorganized National Nurses Association conducted the first Survey of Brazil's Nursing Needs and Resources. Although there are still vast areas of Brazil where people have no nursing or health services, the pattern and the leadership for further development exist. Many of the Brazilian nurses who studied in the United States under USAID participant training grants are among the corps of national nurses well qualified to carry on the development of their country's nursing services and to give leadership to nursing development in other Latin American countries. Brazil's requests for assistance now are for specialized consultation in new programs and in the design and conduct of operational research as a basis for health services and manpower planning.

BRITISH GUIANA

One USAID nursing advisor was assigned to British Guiana from 1962-1964 to assist in a Survey of Nursing Services and Resources. Her recommendation for continuing assistance to the country to develop national nursing leadership was not implemented by the Agency for International Development.

CHILE

The Pan American Health Organization, the Rockefeller and Kellogg Foundations, and the Agency for International Development have all provided assistance in nursing to Chile. Specific AID input included two USAID nursing advisors who spent a total of 6 years assisting with the development of public health nursing services in Chile. Nursing services were organized in Servicio health centers, some of which served as field

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

training centers for Chilean nursing students. A short auxiliary nurse training program was developed and has been carried on by national nurses. Regional and short-term consultants assisted with plans for nursing school construction and with training courses and demonstration services to improve the quality of hospital nursing care. Since 1943, a Nursing Division has been established in the Ministry of Health in Chile, legislation has been enacted to control nursing practice, and the Chilean Nurses Association has gained membership in the International Council of Nurses. Public health nursing services have been developed, and Chilean nursing schools have increased in number and quality. A serious problem has been that many of the best Chilean nurses tended to emigrate to other Latin American countries and the United States because of the low salaries paid in their home country. An effort has been made in recent years to correct this situation.

COLOMBIA

USAID participated in the development of nursing in Colombia from 1943 to 1963. During that time, substantial assistance was given also by the Pan American Health Organization and the Rockefeller and Kellogg Foundations. In the 20-year period, a Division of Nursing was established in the Ministry of Health; legislation was enacted to control nursing practice; public health nursing services were developed; training was initiated or up-graded in 6 nursing schools and 25 auxiliary training programs; skilled nursing care and organization of nursing services were demonstrated in selected hospitals; 3 graduate training programs were developed; corps of senior Colombian nurses were prepared to teach, plan and administer nursing services. Seven AID nurse advisors spent a total of 26 years

in Colombia organizing public health services and public health field experience for nursing students; establishing 2 auxiliary nurse training programs; organizing, teaching, and preparing teachers for the National School of Nursing; conducting short training programs for nurses at all levels; and assisting in the improvement of hospital nursing services. Through a contract with Catholic University, some 10 nurse specialists gave consultation to 6 schools of nursing. This contract was terminated after 2 years by mutual agreement because it was "too little trying to do too much." With AID assistance the National Nursing School building was constructed and equipped, training hospital wards were remodeled, textbooks translated, and faculty salaries paid until they could be taken over by the school. One AID nurse served as director of the school until her Colombian counterpart had had training in the United States. Other Colombian nurses had advanced training as AID participants. The framework for a modern nursing service existed when the AID nursing program was terminated, a few islands of excellence were developing with assistance from other agencies, but there were only 1,100 nurses for 15-1/2 million people, many of whom had no nursing care except that given by untrained auxiliaries.

COSTA RICA

Nursing is not new in Costa Rica—its National Nursing School was established in 1917. Goals of the AID assistance program, like those of the Pan American Health Organization were to help the country increase both the quantity and the quality of nursing care. Between 1944 and 1960, 11 AID nurse advisors worked in Costa Rica for a total of 16 man-years. They organized and supervised the nursing services in the country's first 10 Servicio Public Health Centers, and aided in the establishment of a Department of Public Health Nursing in the Ministry of Health. For a brief period, AID

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

gave limited financial and technical assistance to the nursing school, but the long-term guidance needed for successful institutional development was given by PAHO and the University of Kansas. Costa Rican nurses were given in-service and participant training in the organization and improvement of hospital nursing services and in surveying hospital needs and setting up demonstration programs. Nineteen nurses had AID participant training in public health and hospital nursing services.

DOMINICAN REPUBLIC

Two AID nursing advisors were assigned to the Dominican Republic in 1954. Because the Public Health Servicio project had been phased out some years before, these advisors were attached to the Education Servicio. They assisted with planning for a National School of Nursing, arranged participant training for two national nurses, conducted in-service training programs for graduate nurses, and helped train 52 auxiliary nurses. The record shows that there were many difficulties—lack of funds and facilities, and unclear agreement about AID, PAHO, and host government commitments, and AID assistance was terminated in 1957.

ECUADOR

Between 1942 and 1963, 29 nurse advisors provided a total of 69 years of service in Ecuador. Twenty of these nurses worked as public health nursing advisors with the Servicio; nine directed or taught in schools of nursing and assisted with development of organized nursing services in hospitals utilized for student practice.

A Division of Nursing was established within the Servicio, with a USAID nurse advisor serving as the first Chief Nurse.

Ecuadorian nurses were brought into the department and trained in public health nursing. Auxiliary nurse training programs of 3 to 8 months duration were organized by USAID and PAHO nurse consultants. Assistance was given in developing teaching materials, a standard procedure manual and record forms for health centers. Consultation on curriculum development and organization was given to the faculty of the National School of Nursing and St. Vincent de Paul School of Nursing in Quito. Fellowships were provided by USAID and Rockefeller Foundation for 25 selected Ecuadorian nurses to obtain post-basic preparation in public health nursing, nursing education or nursing service administration. In 1958, the Ecuadorian nurses were helped to organize a National Nurses' Association. When AID assistance in health was discontinued in 1963, major problems remained. Recruitment of candidates for nursing schools was still a problem because limited budget for health services made it difficult for those who graduated to find salaried employment. The responsibility for coordination of medical care programs and public health was then in the Department of Health, placed within the Ministry of Labor and Welfare, no Nursing Division existed, no nurse was on the staff at the national level. In 1964, under contract with AID, St. Louis University established a 4-year university level nursing program at the Catholic University of Ecuador in Quito.

EL SALVADOR

Assistance to the Ministry of Health in the development of nursing in El Salvador was provided from 1943-1964. During that period, 14 USAID nurses served a total of 25 years. Their primary contribution was in the field of public health, beginning with operational support for public health nursing services and gradually changing over to consultation service on the national, regional, and local levels. For a period of time AID

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

supplemented the salaries of Ministry of Health nurses working in public health. Twelve fellowships for post-basic preparation in public health nursing were granted to nurses who had administrative and supervisory responsibilities in the larger health centers. Assistance was given to two schools of nursing to strengthen basic nursing education and to integrate public health nursing in their curricula. USAID supplied 17 participant grants to prepare faculty members and financed construction of the National School of Nursing in Santa Ana in 1954.

El Salvador has a National Nurses' Association that is not yet a member of the International Council of Nurses. In 1962 USAID provided consultation to this Association on legislative and organizational matters. PAHO and the Kellogg Foundation have also given considerable assistance to the development of nursing in El Salvador.

GUATEMALA

USAID nursing assistance to Guatemala extended from 1943-1960. During this period 13 nurse advisors served a total of 32 years. Assistance was given in establishing and operating rural health centers and maternal-child health clinics, setting up 5 mobile health units, training of public health personnel to work in rural areas, strengthening nursing in the public health program at the national level and strengthening the educational program of the National School of Nursing.

From 1942-1955 USAID nurses functioned as Director of the National School of Nursing, then shifted to an advisory role for another 4 years. PAHO nursing advisors collaborated with them from 1952 onward, in reorganizing the School, revising its curriculum, providing in-service training for faculty, developing auxiliary nurse training, and improving the clinical areas for student practice in

the Roosevelt Hospital. Both agencies furnished fellowships for Guatemala nurses to obtain advanced preparation in nursing education, hospital nursing service, and public health nursing. USAID nursing advisors helped the nurses of Guatemala to develop a Nursing Council and a Nursing Association. The Council, created in 1960, is advisory to the Ministry of Health on matters necessitating legislation to improve nursing service and education. When USAID assistance in health was terminated in 1961, PAHO nursing advisors continued to provide consultation to the Ministry of Health and in public health nursing and professional and auxiliary nursing education.

HAITI

In 1942 the United States Government and the Government of Haiti signed an agreement to establish a cooperative Public Health Program (Servicio) within the Haitian Ministry of Health. From that time until 1962, fourteen USAID nurse advisors provided 29 years of service. They helped to establish and operate health centers, to prepare nursing personnel to work in them, and to reorganize and strengthen the basic nursing education program in the National School of Nursing. Nurse advisors assisted in the operation of a school to train nursing auxiliaries to work in rural health services, conducted on-the-job training of all nursing personnel in the centers, and aided in integrating public health nursing in the nursing school curriculum. Eight Haitian nurses received participant training grants to study public health nursing in the United States and returned to assume responsibility for the continued development of nursing services.

In 1954 a nursing section was organized in the Department of Public Health. PAHO nurse advisors assisted the Chief Nurse in developing this Section, and together with AID nurse advisors, helped the nursing section develop a nationwide program for

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

training midwives for the rural areas. By 1962 Haiti had 6 health centers with budgeted and filled positions for 50 public health nurses. An AID nurse served as Director of the National School of Nursing from 1942 to 1951 when a Haitian nurse was appointed to this position. Both AID and PAHO provided participant training grants to prepare nurse faculty, and by 1961, 6 full-time nurse instructors had advanced preparation. Haiti now has 2 schools of nursing that require 11 years of basic education for admission.

HONDURAS

USAID assistance in nursing to Honduras extended from 1943-1961. Five nurse advisors worked 17 years with the Servicio, helping establish health services in 7 health districts of the country. Both AID and PAHO provided technical assistance to national nurses to up-grade the performance of auxiliary nurses in the rural health programs; and participant training for advanced preparation in public health nursing, nursing education, and nursing service for nurses in key positions.

In 1961, only one school of nursing in the country met minimum criteria established by PAHO for inclusion in the Directory of Schools of Nursing in Latin America. The USAID nurse advisor assisted in the selection of students for this school and for study of basic nursing in nearby countries as recipients of scholarships from the governments of El Salvador, Guatemala, Mexico, Panama, and Puerto Rico.

The USAID health program in Honduras was terminated in 1961. Since that time, with assistance from PAHO nurse advisors, a Nurses' Association has been established and a national nurse has been appointed Chief Nurse in the Ministry of Health.

MEXICO

USAID nursing assistance in Mexico extended from 1947-1957. During that period, 5 nursing advisors served a total of 20 years. Assistance was given in the organization of a Nursing Division in the Ministry of Health and in the preparation of Mexican nurses to carry out its responsibilities. By 1957, this Division had a Chief Nurse, 6 public health nurse instructors, and 2 instructors in nursing education to provide consultation to the states.

Public health nursing programs were developed in selected rural areas, with Mexican nurses in charge; 72 nurses were granted USAID scholarships to study public health nursing in the School of Public Health in Mexico, 2 nurses to study in Chile, 2 in the United States, and 135 in regional centers in Mexico. Assistance was provided for the instructors' course offered at the Division of Nursing of the Graduate School of the University of Mexico, starting in 1957. Forty-three scholarships were granted to nurse instructors for study in this course. USAID supplemented salaries for faculty members and provided improvements in physical facilities at the National School of Nursing. At the time USAID nursing assistance was discontinued, Mexico had a well established Division of Nursing in the Ministry of Health; a National Nurses' Association with membership in the International Council of Nurses; 6 post-basic programs in nursing education, nursing service and public health; and 14 of its 88 professional Schools of Nursing met minimum criteria necessary to be listed in the Directory of Schools of Nursing in Latin America. During this period, assistance to nursing in Mexico was given also by the Pan American Health Organization and the Kellogg Foundation.

NICARAGUA

USAID nursing assistance to Nicaragua which began in 1943 shortly after the Servicio

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

was established was ended in 1963. Consultation services, however, were not continuous during all of these years. Twelve nursing advisors served a total of 15 years between 1943 and 1948; 1 served from 1953 to 1954; and 2 from 1960 to 1963. The principal activities of the USAID advisors were in the fields of public health nursing and nursing education. They assisted in the establishment of a Section of Nursing in the Ministry of Health, acted as consultants to the Chief Nurse, and took an active part in helping to improve health services throughout the country. Twenty-two AID participant grants enabled 12 nurses to study public health nursing in the United States and 10 to study in various Latin American countries. In 1943, two AID nurse advisors assisted the Chief Nurse in the Ministry to establish the National School of Nursing in Managua. It is 1 of 5 diploma schools in the country—the other 4 being small church-sponsored schools. Both PAHO and AID have provided fellowships to prepare instructors.

USAID advisors helped start an auxiliary nursing program in Managua General Hospital and an in-service education program for auxiliaries in rural areas. These programs were continued after AID assistance was terminated.

PANAMA

USAID assistance in nursing extended from 1951 to 1964. During that period, 7 nurse advisors gave 28 years of service to help up-grade the School of Nursing at Santo Tomas Hospital, and to improve nursing practice at the Santos Tomas, Nicolas Solano, and Psychiatric hospitals where the student nurses obtained practical experience. The Director, and 6 faculty members from the School of Nursing received AID participant grants for advanced preparation in the

United States; 7 others received grants to study nursing service administration.

Staff education programs in the School and in-service training programs for nursing service personnel in the three hospitals were established; 1,800 books were supplied to the Nursing School library from the Regional Technical AID Center in Mexico. Most were in Spanish.

AID nursing advisors assisted the faculty of the School of Nursing to establish a Department of Nursing Education in the University of Panama in 1963. Its purpose is to provide post-basic courses for graduate nurses.

In 1962 the Panamanian Nurses' Association organized and was host to the first International Congress of Nurses for the Americas. Over 600 nurses attended.

PARAGUAY

Twenty-two USAID nurses served a total of 46 years in Paraguay between 1942 and 1965. Principal efforts were devoted to the development of public health nursing services in rural areas, and improvement of basic nursing education for professional nurses. For 15 years, USAID nurses working in the Servicio assumed responsibility for the operation of four major health centers. They organized the nursing services, recruited and provided on-the-job training for both professional and auxiliary nursing staff, and supervised their practice. Later, their activities shifted to development of services on a regional basis. A demonstration center was created at Encarnacion, with organized training programs for auxiliary personnel to staff health centers throughout the region.

A nursing section was established in the Ministry of Health and Social Welfare in 1955. Consultation to the Chief Nurse was provided by PAHO nursing advisors who, in collaboration with USAID nurses, assisted

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

with overall planning for development and coordination of the country's nursing and midwifery services.

Assistance to nursing education began in 1952 when the Andres Barbero School of Nursing was reorganized into a three-year program accepting only high school graduates. From 1957 onward, through an AID/University of Buffalo contract, continuous nursing advisory services have been provided to this institution. In 1963 it became a 4-year university level program and was incorporated into the National University of Asuncion. Considerable assistance in the development of the School was provided by the W.K. Kellogg Foundation.

PERU

Between 1942 and 1963, twelve USAID nurse advisors worked a total of 29 years with the Servicio in Peru. They assisted with the organization of public health nursing services, pioneered in the conduct of formal courses of training for hospital and public health auxiliary personnel; taught public health nursing at the Rimac Health Center--a demonstration unit established in 1945 by the Servicio; and aided with the establishment of a nursing section in the Ministry of Health in 1951. USAID and PAHO provided fellowships for national nurses--the majority at Rimac and 11 in the United States. By 1963, an Institute for Post-Graduate Nursing was established, with PAHO assistance, under the auspices of the Ministry of Health. For the first time, advanced preparation in public health nursing, nursing education, and administration of nursing services became available to national nurses in their own country. Between 1961-1963, USAID nursing advisors assisted with improvement of nursing services in hospitals.

SURINAM

USAID nursing assistance to Surinam, given from 1957-1962, was provided by 2 nursing advisors who served a total of 5 years. At the request of nursing leaders in the country, they focussed their efforts on aiding with the development of public health nursing services in the Ministry of Health. Records available concerning AID activities are incomplete, but it appears that development of a demonstration health center in which personnel could be trained was given high priority. Two Surinam nurses had U.S. study in public health nursing.

URUGUAY

USAID provided nursing assistance to Uruguay from 1944-1958. During this period, 6 nurse advisors served a total of 12 years. Four advisors assisted Servicio nurses with the development and execution of a national public health nursing program. Five demonstration health centers were developed, training courses for assistant public health nurses instituted, and in-service training for graduate nurses given. Three Uruguayan nurses received 1-year AID fellowships to study public health nursing in the United States; 3 received 2 months' training in public health nursing in Chile. Two nursing advisors assisted the 2 professional nursing schools with organization, curriculum planning, development of courses, and preparation of faculty. Fourteen faculty members from the University School of Nursing and 3 from the Carlos Nery School of Nursing received 1-year participant training grants for study in the United States.

Uruguay's National Nursing Association was admitted to full membership in the International Council of Nurses in 1957. USAID nurse advisors worked with Association members on problems of organization, education and legislation. Rockefeller Foundation and PAHO also provided training funds and advisory services to nursing in Uruguay.

PROGRAM RESUMES (Continued)

LATIN AMERICA (Continued)

VENEZUELA

Nursing assistance to Venezuela was confined to the field of nursing education. Three USAID nurse advisors provided 9 years of service between 1945-1955, to help up-grade the National School of Nursing to serve as a "model" for other nursing schools in the country to follow. Equipment for the school and fellowships for faculty members were contributed by the Rockefeller Foundation. The USAID nursing advisors also consulted on nursing service organization and assisted with the development of an auxiliary nurse training program.

Near East South Asia

EGYPT

USAID technical assistance in nursing was provided from 1954 to 1957. Five nursing advisors provided 5-1/2 years of service before the project was prematurely terminated due to political events which necessitated removal of all USAID technicians.

Principal efforts were devoted to development of the Shubra-Mant Village Health Demonstration Center, which was constructed by AID. Center personnel, guided by USAID advisors, pioneered in the development of health and community services for the rural people of Egypt. The Demonstration Center became a training field for a number of categories of health personnel for the entire country.

In-service training programs were instituted for all center nursing personnel, and post-natal visits to the homes of mothers and newborns were added to the Health Center activities.

GREECE

For six years following World War II, 1947-1953, five USAID nurses provided a total of 12 years technical assistance in nursing in Greece. During this period, they assisted the Greek nurses in the Ministry of Health with planning for the development and expansion of nursing education and services for the country, and in the preparation of a nurse practice act which was put into effect in 1950. They helped conduct in-service education programs for practical nurses in many provincial institutions, taught home nursing classes, and worked with national public health nurses to organize health center activities. Four national nurses were granted fellowships to obtain preparation in public health nursing and six were sent to the United States for advanced study in nursing education.

INDIA

Over a 14-year period, 1952-1966, technical assistance in nursing was provided by 23 USAID nurses who served a total of 72 years. The first nursing advisor for the Ministry, at the request of the Deputy Director of Health, conducted a study which identified the nursing needs of India. Recommendations were made concerning activities and programs which would gradually help up-grade all nursing services in the country.

USAID assistance was concentrated on:

- a. strengthening public health nursing services by organizing workshops and refresher courses in public health nursing for graduate nurses and lady health visitors; assisting faculty members to integrate public health nursing in the basic nursing curriculum of several schools of nursing; training instructors for the Indian Red cross Home Nursing Program; and developing Nursing Manuals for public

PROGRAM RESUMES (Continued)

NEAR EAST SOUTH ASIA (Continued)

- health nurses, health visitors, and indigenous midwives;
- b. strengthening nursing education by helping to improve conditions in clinical areas used for student practice; aiding with the establishment of three collegiate nursing programs; providing traineeships for faculty members to obtain advanced preparation for their responsibilities; assisting the National Nursing Council in making recommendations concerning standards for nursing education programs; and
 - c. aiding nurse leaders to increase the effectiveness of the national Nurses' Association in stimulating improvement in all areas of nursing.

IRAN

During the fifteen-year period from 1951-1966, USAID nurses provided a total of 128 years of technical assistance to nursing in Iran. In all, 39 nurses assisted Iranian colleagues with the development of public health nursing services through an AID-Ministry of Health Cooperative organization, the improvement and expansion of nursing education programs for professional and practical nurses, and the establishment of a Nursing Division in the Ministry of Health. Beginning in an operational role, the USAID nurses gradually changed over to serving in an advisory capacity to the Iranian nurses as they became prepared to assume responsibility for the various programs.

Through AID participant grants, 23 Iranian nurses received advanced preparation in nursing education, nursing service administration, or public health nursing in the United States, and 49 studied at the American University of Beirut. The majority were still

serving as Ministry of Health employees in 1965.

Major assistance in basic nursing education was provided by USAID nurses to the Jorjani School of Nursing in Meshed and the Nemazee School of Nursing in Shiraz.

USAID nurses also aided Iranian nurse educators in the Ministry of Health Nursing Division in the development of a curriculum and administrative guidelines for practical nursing schools; orientation and in-service training of new faculty for these programs. In 1956 the First Grand Nursing Conference was held in Tehran, sponsored by AID. Recommendations of this Conference served as a blueprint for the development of nursing in Iran, and rapid progress took place in the ensuing decade.

JORDAN

Six USAID nursing advisors provided 18 years of assistance to nursing in Jordan between 1952 and 1964. They worked cooperatively with personnel from other international agencies in assisting the Ministry of Health to develop a coordinated plan to improve health facilities in the country.

Principal efforts were devoted to assisting Jordanian nurses in developing Health Center programs at three Demonstration Rural Health Centers financed jointly by the United States and Jordan Government. Starting with services for mothers and children, the programs were gradually developed to provide generalized health services for the people in the community. Training programs for various categories of health personnel were developed at these centers. Fourteen nurses were provided with traineeships to study public health nursing at the American University of Beirut, and four received advanced training in this field in the United States. One of the latter was appointed Chief Public Health Nurse in the Ministry of Health in 1958.

In 1953, AID nurses helped establish the Jordan School of Nursing. It was directed

PROGRAM RESUMES (Continued)

NEAR EAST SOUTH ASIA (Continued)

by one of the United States nursing advisors until 1958 when Jordanian nurses demonstrated their ability to assume operational responsibility. USAID nurses continued in an advisory capacity to the faculty after that time. Six Jordanian nursing faculty members were granted traineeships for advanced preparation in the United States and four at the American University of Beirut. In addition, 14 nurses were sent abroad to obtain special preparation in nursing service or ward administration, and returned to help improve nursing services in clinical areas used for student practice.

IRAQ

During the six-year period of USAID technical assistance to nursing in Iraq, ten public health nurses devoted the major portion of the 21 years they served to the development of maternal and child health programs in rural public health centers. They assisted Iraq public health nurses to establish demonstration centers, with emphasis on maternal and child health activities, including home delivery services. In-service training of all levels of personnel and the establishment of a Lady Health Visitors School in Basrah were important contributions. Twelve national nurses received 1-year USAID participant grants to study public health nursing in Beirut or the United States.

From 1957-1959, one nursing education advisor assisted the Royal Republic Hospital School of Nursing in Baghdad to improve the quality of its program. Advanced training in nursing education, in the United States, was provided for seven nurse participants; four others received special prep to enable them to assume leadership in improving patient care. Participant training continued through 1961, even though USAID technical assistance to health projects in

Iraq was prematurely terminated at the time of the revolution in 1959.

ISRAEL

From 1953-1957, two United States AID nurses provided a total of four years of service in Israel. Principal assistance was given in the fields of public health nursing and psychiatric nursing, focussing on in-service training of graduate nurses at a demonstration health center, preparation of guidelines for public health nurses, and assistance to counterparts in administration of nursing services. Three Israeli nurses received USAID participant grants for advanced study of public health nursing in the United States.

LEBANON

At the request of the Lebanese Government, USAID undertook a program of technical assistance to nursing in 1952. Efforts of the six USAID nurses who provided 18 years of service between 1952 and 1958 were concentrated primarily on:

- a. Assistance to the American University of Beirut School of Public Health in the development of a post-basic course in public health nursing;
- b. In-service training of the four Lebanese nurses working in the Public Health Department, and participation in the operation of several rural health clinics; and
- c. Advisory services to the Makassid School of Nursing which was established in 1954.

Advanced educational preparation in the United States, through USAID participant grants, was made available to seven Lebanese nurses. Two studied public health nursing; five studied nursing education.

PROGRAM RESUMES (Continued)

NEAR EAST SOUTH ASIA (Continued)

NEPAL

Between 1954 and 1966, technical assistance in nursing was provided by six USAID nurses who served a total of 20 years in Nepal. They helped with health center development, concentrating on organization of public health nursing services and on-the-job training of health workers to staff the centers. One Nepalese nurse participant received advanced preparation in public health nursing in the United States, and nine studied public health at the University of Beirut. The former returned to serve as Senior Nurse in the Local Health Service Bureau, Kathmandu, and the latter are all working as employees of the Government of Nepal.

USAID nurses assisted in the development of a curriculum for the Health Assistants School which was established in 1955 in Kathmandu; in preparing Nepalese nurse instructors; and in developing teaching materials. This project was curtailed before the planned termination date, necessitating a readjustment of goals. The expected guidance and assistance to returning nurse trainees who were assigned as faculty was not possible.

Advisory services to the Assistant Nurse-Midwifery School were similar to those provided for the Health Assistants School. USAID also provided a dormitory for students and made certain physical improvements in the training facilities.

Nursing assistance to Bir Hospital in Kathmandu focussed on improvement of nursing care to patients. USAID provided a traineeship for one nurse to study nursing service administration in the United States, and she returned to assume the position of Director of Nursing at Bir Hospital.

PAKISTAN

USAID nursing advisory services to Pakistan began in 1954 and extended through 1966. A total of 15 nursing advisors provided 41 years of technical assistance during that period. From 1954 to 1963 an AID nurse served as Chief Nurse Advisor at the Ministry of Health level; in 1963 a Pakistani nurse was appointed to this position following master's level study in nursing administration in the United States on an AID traineeship.

Principal efforts of the AID nurse advisors and their counterparts were devoted to developing the public health nursing sections in the provincial departments of health; assisting with the program for training Village Aid workers; preparing personnel for 20 health centers which were constructed as part of a pilot project; revising the curricula of all professional nursing schools; and assisting with the development of a college of nursing for graduate nurses which would prepare teaching and administrative personnel for health schools throughout East and West Pakistan. The original plan for the post-graduate nursing program was prepared cooperatively by the AID Chief Nurse Advisor and the WHO Nurse Advisor. The College of Nursing was conducted by USAID nursing education advisors until Pakistani nurses were prepared to assume the faculty positions. Six instructors for the College received AID financed advanced preparation in nursing education in the United States.

Traineeships for advanced preparation in nursing education or service and in public health nursing were provided for a total of 44 Pakistani nurses.

TURKEY

Nursing advisory assistance with establishment of the Florence Nightingale School of Nursing in Istanbul was provided by AID over the period 1959 to 1965. This project, carried out under an AID/Columbia

PROGRAM RESUMES (Continued)

NEAR EAST SOUTH ASIA (Continued)

University contract, involved not only the advisory services of four nurses for a total of four years, but advanced academic preparation in the United States of 14 Turkish nurse faculty members for a total of 33-1/2 years. One member whose study was in the field of hospital nursing services administration subsequently left the faculty and became Chief Nurse, Bureau of Nursing, Ministry of Health. Two others transferred to the University of Ankara School of Nursing,

becoming Director and Assistant Director of that institution.

SAUDI ARABIA

One public health nurse was assigned to the AID program in Saudi Arabia from 1953-1955. She worked with Ministry of Health personnel in the development of a rural improvement program. Local community workers were given basic instruction in maternal and child health, first aid, and disease control.

