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FROM - **ADDIS ABABA**

SUBJECT - **End-of-Tour Report - Audrey M. Lindgren, Public Health Nurse Advisor**

REFERENCE -

Miss Lindgren's report provides a succinct summary of the development of the field of nursing in Ethiopia and of its significant accomplishments to date. It accurately describes the purposes and activities of the Health Advisory Services Project with which Miss Lindgren was concerned and their relationships to other nursing activities in the country and to the generalized health program.

The Mission concurs in the report's recommendations; they are consistent with Mission program plans and will, therefore, be implemented.

The report mentions the establishment of the Nursing Division at the Director General level in the Ministry of Health. It should be noted that Miss Lindgren was instrumental in achieving this important objective.

END-OF-TOUR REPORT

Name: Audrey M. Lindgren Job Title: Public Health Nurse PASA
Country of Assignment: Ethiopia
Tour of Duty Began: May 30, 1964
Tour of Duty Ended: July 12, 1966
Project Activity: Public Health Advisory Service - **663-11-590-004**

I. Introduction

Nursing in Ethiopia is a young profession compared to other developing countries of the world. Measurable progress can be noted only since 1949. Historically, culturally, geographically and politically, the slowness in the development of any profession prior to that time is understandable. Nursing, which is generally agreed to be one of the helping professions in most areas of the world, cannot be divorced or develop outside the complexion of a society: the governmental structure, social values, cultural institutions and the economic base of the country. Ethiopia in all areas is trying to achieve in a few short years what it has taken other countries centuries to do.

PH A Lindgren/R Cohen	PR	Program	25	7/25/66	C. J. Nelson, Deputy Director
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The first two graduate nurses in Ethiopia were trained outside the Empire in Israel and Lebanon in 1939 and 1949. However, nursing aides and dressers have been trained on-the-job since the turn of the century by various missionary and foreign national groups. From an approach based upon expediency to meet specific needs at a given time, training programs in Nursing, Midwifery and Auxiliary Nursing have developed.

In 1949, the first School of Nursing was established under the auspices of the Swedish Red Cross. In rapid succession, four more schools of nursing were established by various foreign national groups. Three of the five schools of nursing received financial support from the Ministry of Public Health and graduates were assigned and employed to work in government hospitals or health installations.

- 1951 Princess Tschai Memorial School of Nursing, Addis Ababa - Established with British assistance
- 1951 Tefari Mekonnen School of Nursing, Lalemte - Established by the Swedish Evangelic Mission
- 1955 Itegue Menen School of Nursing, Asmara - Established as a joint IEG/USAID project

The fifth school of nursing was established by the Seventh Day Adventist Mission in 1950. Each group involved in the establishment of a school of nursing brought to it their own philosophy of nursing education.

Dresser or auxiliary training programs of 1-2 years in length were also being established during this same period by various mission groups. These training programs were set up primarily to meet nursing service needs of the mission hospitals and clinics within a given geographic area. The first government supported Dresser Training Program was opened in 1962 with USAID/UNICEF assistance. Today there are 18 accredited Dresser Training Programs in the Empire.

In 1954, the Gondar Public Health College and Training Center was established by the Ministry of Public Health as a joint IEG/USAID/WHO/UNICEF project to train para-medical teams to staff rural health centers in the Ministry's organized program of generalized, decentralized health services to the country's predominately rural population.

These programs are the major source of nursing personnel in Ethiopia for a population of approximately 22 million people.

The following summary shows a quantitative measure of progress in nursing since 1953:

<u>Personnel</u>	<u>1953</u>	<u>1955</u>	<u>1960</u>	<u>1965</u>
Graduate Nurses	19	62	207	421
Community Nurses	0	0	40	137
Certified Dressers	290	496	1,541	3,491

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<u>Personnel</u>	<u>1953</u>	<u>1955</u>	<u>1960</u>	<u>1965</u>
Matrons	0	2	7	10
Instructors and Supervisors	0	0	2	16
Nurse-Midwives	0	5	24	86
Community Nurse-Midwives	0	0	2	12
Public Health Nurses	0	0	7	17
Nurse Anesthetists	0	0	0	12
Nurses with Post-Basic Training	0	0	13	128*

*(The figure 128 includes 24 nurse-midwives, the nurse ~~anesthetists~~ anesthetists, the matrons, instructors and supervisors and the public health nurses)

<u>Health Facilities</u>	<u>1953</u>	<u>1955</u>	<u>1960</u>	<u>1965</u>
Hospitals	40	-	-	85
Hospital Beds	3,600	-	6,770	7,225
Rural Health Centers	0			58
Health Stations & Clinics				450

Nursing personnel have not been prepared in sufficient numbers to keep abreast or catch up to the service needs in hospitals, clinics, health centers, health stations and special projects.

This Nursing Advisor joined the Public Health Advisory Service Project in June 1964. Approaches initiated toward developing nursing programs, coordination, standardization, control and guidance to nurse training and nursing service programs have been documented in ETR's by the two previous Nursing Advisors. Many problems cited previously are still current. Many previous recommendations are still valid and need implementation.

II. Purposes Served by the Activity

The overall objective of the Nursing Advisory sub-activity is to assist in the implementation of the Ministry of Public Health Program of decentralized, generalized health services by:

1. Developing facilities for training, placement and utilization of nursing personnel.
2. Developing leadership personnel in the areas of nursing education, nursing administration and supervision.
3. Developing policies, procedures and regulations for the administration and supervision of nursing education and nursing service programs.

III. Methods and Procedures Used

As Nursing Advisor in the Ministry of Public Health, activities have been channeled by working cooperatively with Ministry and international personnel as well as voluntary and official nursing groups. In addition, this Advisor has been the liaison person between the Ministry of Public Health and other USAID supported nursing projects and has maintained supervisory relationships with other USAID nursing advisors. The Nursing Advisor has served in both an operational and advisory capacity in the Ministry of Public Health.

Nursing Division, Ministry of Public Health

The Nursing Division is staffed by four national nurses, and a fifth will be returning from participant training early in 1967. The head of the division achieved the rank of Director General during the past year. She has three assistants who are designated as section chiefs and supervisors. The sections are responsible for all matters pertaining to nursing service and education within their special areas: Hospital Nursing Service and Midwifery; Public Health and Community Nursing; Dresser and Auxiliary Nursing. In addition, each section chief is involved in accrediting various training programs; administering national nursing and midwifery examinations; recruitment and selection of students; selection and documentation for participant training; investigating and making recommendations on myriad personnel problems.

The Nursing Council

The Nursing Council is an advisory body to the Ministry of Public Health and has been in existence since 1954. Representation on the Council is from nursing schools, hospitals and allied professional groups. The Council advises on all matters pertaining to the education and practice of all levels of nursing personnel. It is the approved channel of communication between nursing service personnel and the Ministry of Public Health.

During the past two years, the Nursing Division has assumed more of the routine matters related to nursing certification and disciplinary action which previously were handled by the Nursing Council. However, with the lack of staff in the Nursing Division, much assistance is given to the Nursing Division by the members of the Council.

Today there are more national nurse members on the Nursing Council than foreign nurses and they are assuming more responsibility for the direction of committee work and the follow-up of recommendations made.

The following is a summary of the work, over and above routine activities, engaged in by the Nursing Division and Nursing Council during the past year.

1. Sponsored a three day work session on Midwifery with revision of the Regulations for Midwifery Education and Practice in Ethiopia. Recommendations were again made to include Midwifery in the Basic Nursing Curriculum for all schools of nursing in Ethiopia. Costs were determined for a four year basic nursing program as compared to Post-Basic Midwifery programs.
2. Structured National Nursing Examinations and National Dresser Examinations every six months and administered them. Structured a yearly National Midwifery Examination.
3. Studied and reported on the limiting factors in the present schools of nursing which prevents increasing the out-put of each school of nursing.
4. Sponsored a three day General Nursing Council Meeting with representation from all schools of nursing and affiliated teaching hospitals. During the three day meeting the following was initiated:
 - a. Revision of Regulations for Nursing Education in Ethiopia
 - b. Revision of Regulations for National Nursing Examinations
 - c. Formation of a committee to develop a current pool of test questions for National Nursing Examinations which are both valid and reliable. Experts on tests and measurements from the Faculty of Education, HSIU, have agreed to assist.
 - d. Re-activated the Committee on Curriculum to evaluate and make needed revisions after two years of experience with the approved curriculum.
5. Initial work has been started on Pre-Entrance Examinations for Schools of Nursing with assistance of a tests and measurement expert from HSIU. It is the first step in having a uniform pre-entrance examination program for all schools of nursing in Ethiopia.
6. Nursing Division staff administered pre-entrance examinations in various areas of the Empire for four schools of nursing.
7. Evaluation and assistance in the opening of six new Dresser Training Programs, five in Provincial Hospitals financed by the Ministry of Public Health.
8. Sponsored with Peace Corps a three day meeting on Dresser Training and Service. As an outcome of this meeting, Dresser Training needs are being studied and the type of auxiliary personnel needed to staff hospitals, clinics and health station installations, as well.
9. Certified by examination 1,180 practical, elementary and advanced dressers throughout the Empire.

10. Initial work toward the accreditation of the Imperial Army School of Nursing which took a first class in 1963.

11. Supervisory visits to Provincial Government Hospitals, many of which had never been visited by personnel in the Nursing Division.

12. Assisted in the selection of Nursing Participants for post-basic training abroad. In the past two years, 46 participants have been sent abroad for study, 38 under USAID sponsorship and 8 under other training grants. Thirty-eight nurses trained under all auspices for varying lengths of time have returned to Ethiopia and been assigned to positions in teaching or service.

13. Developed new job descriptions for the personnel in the Nursing Division as well as a suggested staffing pattern to work towards to adequately implement a program of supervision and guidance to nursing education institutions and service health facilities.

14. Developed budgetary estimates to equip, staff and operate the Duke of Harrar Memorial School of Nursing. This school of nursing may possibly open during the spring of 1967, and will have a student capacity of 82. The clinical practice area will be the 500 bed Duke of Harrar Memorial Hospital which is to be the teaching hospital for the HSIU School of Medicine. The Hospital is scheduled to be opened in 1967-68.

IV. Human Resource Factors

There is a felt shortage of trained nursing manpower which is shown on the previous summary of quantitative progress in nursing.

Schools of nursing continue to recruit students for nursing from the 10th grade level and it has been impossible to raise this entrance requirement. However, one does see a few 11th and 12th grade students admitted to individual schools of nursing.

The competition for 10th grade students for many different training programs is keen. This, in turn, limits the number of students who go on to finish secondary school. Although secondary school education is being expanded, it is not expanding at a rate that compensates for the drain of students from the 10th grade level. There is an 85% loss of female students between 8th and 12th grade levels. Schools of nursing have many more male applicants than female. Only 12% of the total school age population is attending school.

The attrition rate in schools of nursing is higher than it can afford to be, between 20-30% and probably should be even higher.

Each school of nursing is being asked to double their student intake. Two of the five schools of nursing with from 30-60 students have but one full time nursing instructor. Supervision of student clinical practice is left to the few staff nurses working in hospitals who have little interest, time or ex-

perience for guiding students in a learning situation.

Although less than 10% of the graduate nurse strength in Ethiopia is not active in nursing, nurses appear to be a highly mobile group with frequent transfers to different areas of the Empire.

It is the long range goal to provide a public health nurse supervisor in each of the 14 provincial Health Departments as well as to special disease projects; a public health nurse teacher in every school of nursing; at rural health centers as they develop, 2-4 community nurses and 8-12 health station dressers. Nursing Education Regulations place the faculty/student ratio at 1:20 for classroom instruction and 1:10 for clinical experience. In hospitals, nursing staff ratio is at least one graduate nurse to each 10 hospital beds.

It is proposed to establish a Dresser Training Program at each of the 14 provincial referral hospitals to meet the needs of the provincial hospitals, and the network of rural health centers and health stations. National nurse teachers are available in one of the 7 government sponsored dresser schools. Peace Corps Volunteer nurses and foreign nationals are staffing the other 6 dresser schools. National nurse teachers must be secured and trained to replace this foreign staff as well as to establish another 8 government dresser schools.

Without adequate supervision and guidance dressers assigned to distant health stations become frustrated and do not contribute their best to the health program. The lack of sustained guidance and support to nurses and health center teams results in low morale and job frustration.

The WHO Supervisory Team assigned to supervise the rural health center complex is unable to visit each of the 58 health centers more than once a year in most cases. National counterparts for this foreign team have not been secured.

V. Material Resource Factors

Schools of Nursing as well as Dresser Training Programs are limited in the number of students which can be admitted each year by inadequate physical facilities, teaching equipment, teaching personnel as well as budgetary support. Nursing School libraries and textbook supplies are limited. Dresser Training Programs are forced to produce their own printed materials for student use. Equipment for producing such materials is limited as well. Commodities supplied through USAID Public Health Advisory Project have been made available to Schools of Nursing and Dresser Training Programs in limited amounts on a loan basis through the Department of Health Education and Training, Nursing Division, Ministry of Public Health.

The USAID sponsored Itege Menen School of Nursing is the only governmental school of nursing in the ~~Empire~~ Empire which has been able to secure,

consistently, over a period of years needed teaching and supportive equipment: transportation, office supplies and equipment; visual aides; textbooks and reference books.

VI. Financial and Economic Resources

The Itegue Menen School of Nursing is the only governmental school of nursing with a separate local operating budget. Government and non-government schools of nursing cannot budget for textbooks, replenishment of teaching aides, maintenance of equipment or plan for an orderly expansion of the educational program without an adequate budget. The Nursing Division in the Ministry of Public Health cannot develop a program of supervision and guidance to nursing education and nursing service programs without allocated funds for travel, personnel and programs in distant provinces. Many mission groups support nursing education and training programs; UNICEF supplies equipment, monies for stipends to various training and service programs; UNICEF WHO supplies personnel; Swedish Assistance, and various other foreign governments support service and training programs in some level of nursing.

VII. Future Measures and Directions for U.S. Activities

1. Continuation of the USAID Nursing Advisor Position in the Public Health Advisory Project until the phase-out of USAID Health Projects. As increased prepared national staff become available in the Nursing Division and other teaching institutions a greater contribution by the Advisor for sound expansion of nursing education and service programs can be made.

2. Continue to support the Itegue Menen School of Nursing with a full complement of staff, participant training program and commodities through the planned phase-out date. This school of nursing is having increased influence on all schools of nursing in the Empire. It has graduated over 1/4th of the national nurses now available in the country; 63 of the 86 graduate nurse midwives have been trained at this school which is the only in-country program training for nurse-midwives. Graduates of this school of nursing with a background of midwifery and public health nursing are the potential source for public health nurse teachers and supervisors. Itegue Menen School of Nursing graduates are being assigned to areas outside the home province and take with them the philosophy of nursing education to which they have been exposed.

3. Support in-country Post-Basic Nursing Education in the preparation of beginning teachers, supervisors and nursing service administrators. A program in Post-Basic Nursing Education which was to have been initiated in 1964 under HSIU and British AID auspices did not materialize. Any program in Post-Basic Nursing Education should be closely coordinated with the University and Department of Education relative to standards and educational policy, so that eventually the program could be University based.

*funds for printing informational materials and means to communicate with

4. Support to schools of nursing to enrich their teaching programs through improved methods, teaching aids and in-service education.

5. Continued support through participant training for selected individuals for both Basic Nursing at American University of Beirut and Post-Basic Nursing Education at Beirut and the U.S.A. to build up a core of well prepared nurses for leadership positions in teaching, supervision and administration.

6. Continued cooperative work with other allied groups and nursing groups in the development of training and service programs in nursing and/or related to nursing.