

AIRGRAM

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FROM - **ADDIS ABABA**
SUBJECT - **End of Tour Report of
Miss Germaine S. Krysan**

PAGE **1** OF **2**
DATE SENT **6-29-62**
DATE REC'D.

REFERENCE -
(Check one before
each address)

DISTRIBUTION	ACTION	INFO	ADDRESS AND SERIAL NUMBER
ACTION <i>A/E - info</i> <i>SPD</i> <i>Amg</i> <i>ESD</i> <i>Pers</i> <i>Tasg-3</i> <i>OKS</i> <i>CRD</i> <i>TERD</i>			AID/W TOAID A- <u>924</u> <i>59</i> Transmitted herewith is the End of Tour Report of Miss Germaine S. Krysan, Nurse Advisor. USAID/E feels this is an accurate and perceptive report. The following comments by Miss Krysan's supervisor and division chief should be noted, however: 1. Although there is now no counterpart for the Nursing Advisor, an Eritrean nurse is being groomed to carry on routine activities during the advisor's home leave and the FY 1963 budget provides for U.S. participant training for an Eritrean nurse who will become the counterpart. The problem of participant selection has been solved this year by the establishment of a qualified selection committee in Asmara. The inadequacy of PHN training facilities in Beirut is being met by training in the U.S. 2. The problem of placement of nurses because of resistance of Eritrean physicians remains. The Mission supports Miss Krysan's recommendation that no attempt be made to force the issue, but does not agree with Miss Krysan's statement in Attachment 4 that present physicians should be replaced by other foreigners. It would be preferable if they could be replaced by Ethiopian physicians as they are trained. Dr. Meheretab, an example of this kind in Massawa, is receptive to using Itegue Menen nursing graduates, as are the two Israeli physicians there, who have utilized these nurses effectively and improved the services of the Massawa hospital thereby.
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3. The Mission does not think that Nursing Advisory Services should be made a separate project at this time (Recommendation 3). Increasing recognition and autonomy for each of the two Eritrean sub-projects is more in keeping with administrative needs and practical realities.

4. The Chief Public Health Advisor agrees that rural public health services should be opened as rapidly as possible, but not to provide "an opening to rural hospital services." The need is greater for public health nursing services in rural MCH clinics and midwifery services-- which is why it is now being planned to give complete midwifery training to all Itegue Menen nursing students.

5. The Mission is working with the Ministry of Health to try to guarantee the return of Eritrean community nursing and sanitation students to Eritrea after training at Gondar Public Health College, as recommended by Miss Krysan.

It is recommended that a copy of this report be placed in Miss Krysan's personnel file.

RICHARDS

Attachments:
End of Tour Report



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END OF TOUR REPORT

Germaine S. Krysan
Nurse Advisor

NURSE TRAINING AND ADVISORY SERVICES

March 1, 1960 - March 1, 1962

I. PROJECT OBJECTIVES

- A. To establish a permanent Division of Nursing in the Eritrean Medical Directorate staffed by qualified national nurses.
- B. To develop policies and procedures for hospital and public health nursing services and to organize and supervise such services in the eight Divisions of Eritrea.
- C. To establish and maintain a current register of professional and auxiliary nurses and midwives in Eritrea.
- D. To assist the Director of Medical Services in planning for further development of nursing and health services in Eritrea.
- E. To interpret and work within national policies on nursing established by the Ministry of Health of Ethiopia.

II. PROJECT ACTIVITIES

A. Accomplishments

1. Advisory Services

A Division of Nursing was established in the Medical Directorate in May 1960. A survey of health facilities was made in six of the eight Divisions. A register of professional nurses was established in the Nursing Divisions. Assistance in dresser evaluations and consultation services was given to the Ethiopian Army Hospital in Assara. Consultation services were also given to the Eritrean Child Welfare Society and to the Government hospitals in Adigrat and Akele Gussai Divisions. A very satisfying experience was the assistance given to the physicians and nurse staff at the Haile Selassie Hospital, Massawa, in planning, organizing and supervising selected services. This was the first time graduate nurses had an opportunity to be responsible for both ward administration

and nursing in hospital services. In the Itegue Menen Hospital in Asmara consultation services were given in selected areas and upon physician request. Guidance was given to the graduate nurses in organizing the Eritrean District of the Ethiopian Nurses Association. Assistance to the Education Directorate was given in the form of participation in teacher in-service training during summer refresher courses; in organizing and writing up procedures for use of first aid kits in the schools, and during three school term classes in Hygiene and First Aid were given at Teacher Training College.

2. Public Health Nursing Services

a. Asmara

Services were extended to include 900 families and twenty four hour home delivery service was established in September 1961. Requests for service exceeded staff available to meet the demand. Mothers classes were given in areas in which we were not giving service; our policy has been to give classes only upon group request and the response, interest and enthusiasm of the group has been satisfying and a good learning experience for both student and graduate nurses. A lack of visual aids, written in Tigrinia and appropriate for lay groups was a problem. This problem was partly solved by establishing a file of posters and class outlines prepared by students in public health nursing classes. The staff in public health nursing wrote a book on Baby Care and the translation into Tigrinia, the stencil preparation, art work, mimeographing and assembling of the book was done by various persons in Asmara who volunteered to assist and it was produced without cost to us. Community cooperation in our program has been an important factor in making it possible to continue, extend and improve the services. (Attachment 1 - Baby Care book. Attachment 2 - Pictures of services).

b. Rural

In October 1960 the first rural program was started in Decemere and has been well accepted. Physician and community cooperation is excellent. Another program is presently being started in Adi-Caieh with the first phase pre-natal clinics in the hospital.

3. School of Nursing Participation

Classes were taught in personal and Community Hygiene and in Public

Health nursing. An experience in Community Hygiene for freshmen students was initiated in the Public Health Nursing Program. (Attachment 3 - Community Hygiene Survey) Field trips to community health and sanitation facilities was arranged for student groups.

B. Problems

The Nursing Advisor does not have a national counterpart because, as yet, there is no one who has had the necessary training and experience required. Advanced training for supervisory positions in public health nursing presents a problem in that the public health nursing course given at American University in Beirut is basic and does not meet the needs of these nurses. The method of selection of candidates for participate training has been unsatisfactory due to a lack of definite procedures and clear out responsibilities of Education Directorate, Social Services, Medical Directorate and the project; another factor has been the lack of understanding among officials, nurses themselves and their families, as to the purpose of training and the qualifications necessary for training. This was the first year in which we had graduate nurses available for assignment in places other than the School of Nursing and the Public Health Program. This brought up the problem of utilization of graduates because there is reluctance on the part of a large percentage of physicians and nuns to give nurses experience and responsibility for ward administration. This year they were placed in selected services upon physician request. If there will be places to assign the present students when they graduate remains to be seen. The Public Health Nursing Program can be extended to many more areas of Addis and the rural areas, where we have at present five requests which cannot be filled because of staff shortage. However, program activities cannot be enlarged (such as T.E., V.D., School Health, Well Baby Clinics etc.) without medical direction by a qualified public health physician in the Medical Directorate.

C. Financing

The first Joint Fund deposit for operation of the Nursing Advisory Services was not made until April 1960, so there were many months in which we struggled along on a "shoe string" from the Nurse Training budget.

D. Training

1. Local Personnel

Three drivers were oriented to duties, of whom two assume duties of "general worker" in addition to driving. One clerk-typist, inexperienced, was given considerable guidance in her duties.

2. Participants

One nurse returned from A.U.B. September 1961 after a year in the public health nursing program. She assumed responsibility for supervision of the Asmara public health nursing program and two classes at the School of Nursing. Considerable guidance in her supervisory and teaching duties has been necessary due to lack of this type of experience while at A.U.B.

III. RELATIONSHIPS TO ACTIVITIES OF INTERNATIONAL ORGANIZATIONS

Working relationships with UNICEF have been good and we have been supplied with equipment, drugs and milk for public health nursing services. UNICEF also supplied a vehicle for use of the service during the months we did not have one due to lack of funds for purchase of a project vehicle. In the summer of 1961 the writer participated in a UNICEF sponsored Teacher Training program held in Asmara for 180 teachers.

Participation in WHO programs has been in the planning for a Maternal Child Health program and in the orientation of the WHO nurse midwife who arrived in November 1961. Another was in the planning for a future WHO Tuberculosis program in Eritrea.

IV. COOPERATION WITH OTHER USOM PROGRAMS

This was with the Education program and mainly in participant training.

V. RECOMMENDED DIRECTIONS FOR PROJECT ACTIVITIES

1. Utilization of graduate nurses

a. Hospital Services

In hospital services place nurses on request rather than "forcing" their assignments as head nurse in areas where there is physician and man resistance.

Emphasis should be on "improving the quality of nursing service" rather than creating head nurse positions. This should come slowly and through demonstration that a graduate nurse can give a type of nursing service which cannot be given by a practical nurse.

b. Public Health Nursing

Open rural public health services as rapidly as we have experienced nurses to assign to these programs. In rural areas there can be

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a close working relationship with the medical officer and through that program an opening to rural hospital services.

2. Admit small classes to the School of Nursing until it is proven that graduate nurses are going to be utilized.
3. Make Nursing Advisory Services a separate project instead of a Sub-Project.
4. Obtain contracts from Eritrean community nurse and sanitation students in Gondar so that they will return to Eritrea. There is a need for them in rural public health nursing program.

NOTE:

Attachment 4 = Report of Nursing needs, both professional and auxiliary, in urban and rural areas and the utilization of graduate nurses.

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