

# REPORT

## BASICS

**CONTINUING EDUCATION CONSOLIDATION  
AND BREAK-THROUGHS IN  
BASIC HEALTH PROFESSIONAL TRAINING**

Southern Nations, Nationalities, And Peoples Region  
Awassa, Ethiopia

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2

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	v
ACRONYMS .....	vii
EXECUTIVE SUMMARY .....	1
PURPOSE OF THE VISIT .....	2
BACKGROUND .....	3
TRIP ACTIVITIES .....	3
RESULTS AND CONCLUSIONS .....	4
Regional Training Center for Health .....	4
Health Professional Training Institutes .....	6
RECOMMENDATIONS .....	10
Regional Training Center for Health (RTC/H) .....	10
Health Professional Training Institutes .....	14
General .....	17
FOLLOW-UP ACTIONS SUGGESTED .....	19
APPENDIXES	
Appendix A Engineering Plan for Physical Facility, RTC/H-Awassa	
Appendix B List of Books Ordered from AMREF, Kenya	
Appendix C List of Immediately Urgent Books for Arba Minch and Hosaina HPTIs	
Appendix D Lists of Periodicals for RTC/H-Awassa and HPTIs, Phase One	
Appendix E List of Reference Books for RTC/H-Awassa, Phase One	

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## ACRONYMS

AMREF	African Medical Research and Educational Foundation
BASICS	Basic Support for Institutionalizing Child Survival
ESHE	Essential Services for Health in Ethiopia
FDGE	Federal Democratic Government of Ethiopia
HPN	Health, Population, and Nutrition
HPTI	Health Professional Training Institute
MOH	Ministry of Health
RHB	Regional Health Bureau
RTC/H	Regional Training Center for Health
SIDA	Swedish International Development Agency
SNNPRG	Southern Nations, Nationalities, and Peoples Regional Government
TOT	Training of Trainers
USAID	United States Agency for International Development

## EXECUTIVE SUMMARY

The primary objectives of this consultancy were to review development of the regional training center for health located in Awassa and to observe the establishment of the three new health professional training institutes in Awassa, Hosaina, and Arba Minch. Other objectives included assisting in planning the creation of health learning materials, developing evaluation mechanisms, and monitoring procurement of books, periodicals, and other learning materials. The consultant was briefed in Addis Abeba and Awassa by officials of USAID, the MOH, the RHB, and BASICS. Most of the time was spent in Awassa meeting with staff, observing activities and studying available documents.

The RTC/H has made very commendable progress in the past year by consolidating its core staff; conducting three management training courses for 85 zonal officials; conducting two TOT programs for 31 zonal trainers from all zones and special weredas; translating a TOT manual for community health services into Amharic; assisting in several technical training courses; participating in the health facilities survey; facilitating zonal training activities; and revising the comprehensive operational plans for the RTC/H. Nevertheless, major problems produce constraints which seriously diminish effectiveness; the most critical of these is the lack of even minimally adequate space where the staff can work, learning materials can be accessible, and small groups can meet. Only a few reference books and periodicals have arrived and no computers or typewriters are available. Transport is difficult to arrange. The public health physician/coordinator post is vacant and no support staff such as a secretary or librarian are present.

The HPTIs have likewise made remarkable progress within the past few months despite considerable difficulties. The school for health assistants in Awassa has been transformed into a health professional training institute with four junior technician programs (12 months duration; total of 83 students) in clinical nursing, public health nursing, midwifery, and laboratory technology. Two other HPTIs in Hosaina and Arba Minch have been opened with training programs in clinical nursing, 32 students and 5 instructors in the former, and 28 students and 4 staff trainers in the latter. The ESHE project has provided some furniture and supplies. Some text books have been ordered from Kenya but have not arrived. Formidable obstacles face both beginning institutions. Almost none of the staff have teacher training or experience. Almost no texts or reference books are available. In Arba Minch the temporary living facilities are remote from the town and transport is not available.

Building a modest physical facility for the RTC/H is urgently needed (most of the essential preparations have been done including engineering drawings and site procurement). In order to remedy health service weaknesses found in the health facilities survey completed in October, it will be necessary to prepare practical training materials. This would best be accomplished in a workshop in which training staff from the zonal and regional levels are active participants. Since the SNNPR is considered to be one of the more progressive regions in continuing education and

1

6

the central MOH would like to conduct a national workshop to work on policy issues, the Awassa RHB has offered to host such a gathering. With the field of health learning materials expanding and diversifying rapidly and with highly complex and urgent needs existing in the ESHE project, specialized consultation is requested. Concurrently, careful study and improvement of the procurement process for health learning materials should be promoted. It would seem strategically useful if BASICS could build a stronger competence in this "cutting edge" area. Added emphasis should be given to local creation and production of training materials as has been successfully begun. The revision and testing of the TOT manual for community health should continue both in Amharic and English. A matrix of methods to evaluate current training programs ought to be developed as rapidly as possible.

The most critical need for the HPTIs is to strengthen the capacities of the training staff in all three organizations. Very basic instruction in teaching methods is essential for Hosaina and Arba Minch. An international consultant is urgently needed in community/public health nursing in Awassa, as minimal competence is present in the HPTI and efforts to recruit Ethiopian consultants have not been successful. The delivery of books ordered from AMREF in Kenya needs to be expedited. Orders for text books from other sources for the Arba Minch and Hosaina schools should be considered for immediate action. Instructors in all three HPTIs need to prepare concise lecture notes to be reproduced and used by students so that learning time can be used more efficiently than the present oral "dictation" method.

One of the potentially most significant developments for the SNNPR is the opening of the new College of Health Sciences in Dilla in the Gedeo Zone in December 1996. Key team members of health center staff including health officers, senior public health nurses, senior environmental health technicians, and senior laboratory technicians have begun training at the new campus and will receive their practical training in the region. Many will receive permanent assignments in zones of the SNNPR. Coordinated planning with the regional bureaus of health and education for the next phase of the ESHE project would be strategically important.

## **PURPOSE OF THE VISIT**

The primary objectives of the consultancy were:

- 1) Review development of the regional training center for health in Awassa;
- 2) Review establishment of the new health professional training institutes in Awassa, Arba Minch, and Hosaina;
- 3) Assist in planning of health learning materials development in the SNNPR;
- 4) Collaborate in planning of evaluation of training programs conducted by the RTC/H in Awassa; and,
- 5) Review procurement process for texts, reference materials, periodicals, and other audio-visual equipment and materials for the RTC/H and HPTIs.

## **BACKGROUND**

The FDGE and the SNNPRG are in the initial phases of implementing new health policies which intend to produce major expansions of primary health services for rural populations. Of crucial importance to these developments is the upgrading and expansion of available personnel, especially for rural and regional services. To achieve these objectives intensive continuing education has been instituted through the establishment of regional training centers for health to implement in-service training programs. In addition, a variety of health professional training institutes have been developed and expanded for pre-service (basic) training of several categories of "front line" and mid-level health workers.

Over the past three years the RHB of the SNNPRG has established an effective RTC/H which has carried out a detailed training needs assessment, prepared comprehensive plans, and begun to conduct a variety of training activities. These achievements have been accomplished despite major constraints in terms of facilities, sporadic funding resources, and shifting personnel.

In the areas of basic training several new institutional developments have occurred in the past year; the health assistant training school in Awassa has emerged as a significant health professional institute and beginnings of new HPTIs have been initiated in Hosaina and Arba Minch. All of the above institutions are under the direction of the training and services department of the regional health bureau which has engaged the collaboration of the ESHE program for a variety of contributions.

Within the SNNPR a new College of Health Sciences is starting in Dilla in the Gedeo zone under the sponsorship of the Ministry of Education (not formally part of the ESHE project at the present time). This college will also be training personnel for the regional health services but at a higher educational level.

## **TRIP ACTIVITIES**

On arrival in Addis Abeba the consultant spent two days in briefings with USAID and MOH officials. After traveling to Awassa he consulted with BASICS staff and began meetings with RHB officials, RTC/H staff, and members of the Awassa HPTI. He reviewed reports and plans, visited the existing facilities and those under construction in Awassa, and made an informal visit to Dilla with BASICS staff to see the new campus facilities and meet some of the administrative and teaching staff.

Throughout the consultation in Awassa there were meetings with officials and staff in different organizations. At the close of the visit a debriefing session was conducted by Dr. Estefanos Birru, with a number of the senior RHB officials and BASICS staff attending. The RHB officials concurred in principle with the recommendations presented and emphasized several urgent needs which they hope will be addressed by the ESHE project in the near future.

On return to Addis Abeba a number of issues raised in Awassa were followed up at the MOH and USAID. Debriefings were conducted with appropriate officials.

## **RESULTS AND CONCLUSIONS**

### **Regional Training Center for Health**

#### *Activities*

The RTC/H has maintained a highly commendable program of activities throughout the past year. These have included three management training programs for 84 zonal and wereda managers, two major TOT courses for 31 zonal trainers in June and August 1996, training of survey workers in collaboration with the BASICS staff in September, and collaboration in several workshops such as the rational use of pharmaceuticals. The RTC/H has also provided advice, support, and facilitation for several of the zonal training departments for wereda-level training. One zone has conducted a TOT in community health for wereda workers with the facilitation of the RTC/H staff. One staff member, Ato Getachew Aseffa, participated in a national workshop on development of community participation training. Ato Getachew has also been a significant advisor in the establishment of the new HPTIs in Arba Minch and Hosaina.

**Conclusions** Despite major constraints, the RTC/H staff has achieved remarkable success during the past year. Their commitment and morale remains at a high level and their competence and confidence is steadily increasing. The conducting of two highly effective TOT workshops, the second without external advisors, is especially noteworthy.

#### *Staff Development*

The core staff of the RTC/H has grown stronger in recent months. Two staff have been officially posted by the RHB/H to the RTC/H (the nurse/tutor and the sanitarian/tutor). The nurse tutor has completed an advanced workshop in TOT in the US. The pharmacist/trainer has remained very active in most of the activities despite other responsibilities. The public health physician/coordinator has joined the BASICS staff in Awassa but has maintained an active informal role with the RTC/H. The RHB is actively trying to recruit a replacement for the vacant public health physician position.

**Conclusions** This team has developed remarkable cohesion and effectiveness. However, it needs to find a replacement for the physician at the earliest possible date and should obtain support staff as noted below in the recommendations.

### *Physical Facilities*

Lack of working space remains the most important constraint for the development of this high priority program. At present the very tiny office allows only two desks. Books and supplies are stacked high in every corner. Additional furniture and supplies are temporarily stored in the HPTI store room. Even this possibility may be denied at any time because of storage needs of the HPTI.

Engineering drawings for a modest building of approximately 4,500 square feet have been made and approved by the necessary authorities. A site adjoining the Awassa HPTI and the new research laboratory has been set aside. The current issue in question is what organization will be engaged to construct the building

**Conclusions** Building of a small building for RTC/H use should be given very high priority and every expeditious strategy used to begin construction in the near future.

### *Procurement of Equipment and Reference Materials*

Most of the necessary equipment (including computers and photocopiers) and furniture (tables, desks, chairs, filing cabinets, etc.) are either on order or have already been delivered. One order has reportedly been placed for some student textbooks from AMREF in Kenya. However, the reference books and periodicals so essential to an effective continuing education program have been delayed for a variety of reasons. Many of the useful reference books and periodicals (see appendix C) have been identified but there does not seem to be any effective mechanisms available to implement these requests.

**Conclusions** As noted below, this area needs considerable study and development, including specialized consultation and possibly other methods of procurement.

### *Transportation*

As with the rest of the ESHE project activities, there is a major problem in transportation due the problems of clearing the vehicles from the port of Assab.

**Conclusion** There does not appear to be any alternative other than to wait until the general problem has been resolved.

## Health Professional Training Institutes

### *Awassa*

#### Activities

The Awassa HPTI is undergoing fundamental changes from being a school for health assistants to a multi-professional institute which has begun training four new categories of "junior health technicians" (clinical nurses, public health nurses, midwives and laboratory technicians).

Training programs are 12 months in duration. The numbers of the first cohorts are as follows:

Category	Females	Males	Totals
Clinical Nurses	4	12	16
Public Health Nurses	7	17	24
Midwives	17	8	25
Laboratory Technician	<u>2</u>	<u>16</u>	<u>18</u>
TOTALS	30	53	83

About 65 percent of the students are from the SNNPR. In addition there are students from Gambela, Afar, Jigjiga, Illubabur and southern Shewa. Fourteen different zones and special weredas of the SNNPR are represented in the student body. After they have served for five years in health centers and hospitals, graduates will be eligible to join the second year of the diploma course for senior public health technicians.

It is expected that beginning in October 1997 two other junior technician courses in environmental health and pharmacy will be added. All the one-year programs will be repeated at least one more year in the Awassa HPTI.

A post-basic midwifery training program of one year's duration has 19 experienced nurses enrolled. After graduation these senior nurses will have administrative, supervisory and training roles in hospitals and health centers throughout the region. This program is being assisted by SIDA.

**Conclusions** The Awassa Institute has embarked on a very challenging mission which seems to be proceeding well at this point. The relative preponderance of male students may be problematic, particularly in the public health nursing and midwifery programs.

#### Staff Development

There are 11 teaching staff of which three are new to the Awassa HPTI this year. The principal was an instructor in the Awassa school prior to his completing the BSc in nursing at the Jimma Institute this year. He formally began his new role in October. The head of the midwifery

program is also a BSc graduate from the Jimma Institute in nursing. Several of the staff have been teaching in Awassa for some years. Others are new to teaching and to the institute.

**Conclusions** The institute has a core staff of teachers with a significant amount of experience and competence. However, almost all staff need intensive in-service training to adapt to their new responsibilities.

### Physical Facilities

The Awassa HPTI has well-maintained physical facilities which are now stretched to capacity with the new programs and a larger student body. Two new buildings are nearing completion on the campus. One is a kitchen and dining room which is very close to being ready for use. The other is a dormitory building for 120 students with a library/study hall on the ground floor which will likely be ready for occupancy by September 1997. A third new building has been started which will primarily be used for laboratory technology training.

**Conclusions** There is an impressive amount of construction in progress on campus which seems to be moving toward completion on schedule. If current plans are maintained to add new courses and additional years of training, there will be continuous pressure for more dormitory and teaching facilities in the near future despite the completion of current construction.

### Books, Periodicals and Teaching Equipment

The Awassa HPTI has a moderately adequate supply of textbooks in clinical nursing. Reference and textbooks in other areas are inadequate. Periodicals are received only rarely and limited by being on a charitable basis, which means they arrive sporadically. Teaching equipment is minimal and barely adequate for the present.

**Conclusions** Several areas of training subjects need strengthening both in textbooks and reference works. Teaching staff should have ready access to a select number of periodicals (such as *Nursing Times*). In the future the instructors should have access for reading the wider selection expected to be available in the RTC/H resource center on the adjoining campus.

### Transportation

The minibus and the smaller vehicle currently in use are very old and continue to require costly maintenance. A new vehicle is expected for use by the midwifery program. As the staff no longer lives on campus, there are increased needs for service transport in the city. Soon practical field work in various other institutions and communities will greatly increase the need for additional vehicles.

**Conclusions** Serious attention and planning need to be given to transportation needs, especially in reference to practical training and supervision, which usually are the first to be neglected when transportation shortages are severe.

### *Hosaina*

#### Activities

The Hosaina HPTI began its training program in October 1996 with a single junior technician program in clinical nursing with 32 students, of which 13 are females and 19 male.

**Conclusions** The willingness and commitment to proceed with this new training effort deserves commendation, encouragement and support. The decision to start with only the one category of clinical nursing seems to have been wise.

#### Staff Development

The Hosaina HPTI has a principal who is an experienced nurse with some training experience as well as four other nurses who previously had no teaching experience or training as teachers.

**Conclusions** Every effort obviously needs to be given to strengthening the teaching abilities of the entire training staff.

#### Physical Facilities

Though the consultant has not been able to visit Hosaina for some time, the physical facilities are reported to be adequate for the present, with classes being conducted in the hospital and good dormitories and dining facilities available on campus.

#### Books, Equipment and Furniture

The Hosaina HPTI has almost no textbooks or references. Likewise there is almost no teaching equipment such as projectors and other audio-visual materials. A considerable amount of furniture for offices, classes and dormitories have been delivered with the assistance of the ESHE project.

**Conclusions** High priority should be given to obtaining texts, reference books, and teaching equipment. Some texts and reference books should be borrowed, at least temporarily, from the Awassa HPTI.

## Transportation

Since the AHPTI is entirely located on the hospital campus, the transportation needs are relatively limited, especially since only clinical nursing students are being trained at present.

**Conclusions** When the institute is expanded to include public health nurses, careful attention needs to be given to transportation.

## *Arba Minch*

### Activities

The Arba Minch program started in October 1996 with 28 clinical nursing students of which 9 are female and 19 are male.

**Conclusions** This institute began under very difficult circumstances and will need a great deal of support and encouragement.

### Staff Development

There are four instructors including the principal, all of whom are experienced nurses but without any teaching or training experience.

**Conclusions** Plans should be made to provide the staff with as much training in teaching methodology as possible in the near future.

### Physical Facilities

The HPTI is temporarily located in an unused Water Authority building somewhat distant from the center of town.

**Conclusions** Appropriate housing and teaching facilities should be obtained as quickly as possible.

### Books, Equipment and Furniture

The ESHE project has assisted in procurement of classroom, office and dormitory furniture which has been delivered. There are practically no books nor teaching equipment on hand.

**Conclusions** Some books should be borrowed, at least temporarily, from the Awassa HPTI. Urgent efforts should be made to deliver the AMREF materials to Arba Minch. Additional books and teaching equipment need to be ordered on a rush basis.

## Transportation

There is no transportation available for the institute, which is a major problem for all functions.

Conclusions The transportation needs must be given urgent attention if this program is going to function adequately.

## RECOMMENDATIONS

### **Regional Training Center for Health**

#### *Begin Construction of Physical Facility*

Although the RTC/H has convincingly demonstrated its capacity to respond to major in-service training and continuing education needs, it is rapidly outgrowing its already very limited space. Furniture and equipment are being stockpiled. It is urgent that every possible effort be made to complete construction of this physical facility which has already been designed and approved by concerned authorities in the regional government and USAID. Engineering plans were approved by the USAID engineer from Nairobi and funding was recently available. The use of this facility will greatly enhance RTC/H effectiveness.

#### *Expand and Strengthen RTC/H Permanent Staff*

While successful results have been achieved in recent months by the RTC/H staff and their colleagues, the RTC/H needs to have assignment of new and replacement personnel in order to continue to meet their obligations. A public health physician should be recruited to replace the previous person who is no longer available on a formal basis. The pharmacist/trainer has also been given more responsibilities in the pharmacy department and will likely have less opportunity to take a leading role as in the past. As learning resource materials begin to arrive the "librarian" role will become critical; a competent nurse might be temporarily assigned to handle daily tasks, but a trained diploma level librarian will soon be necessary. The necessity for a clerk/typist has also become apparent as the preparation of reports, proposals and drafts of learning materials is rapidly increasing. When the computer equipment (with necessary Amharic language software) arrives, all the RTC/H staff should become competent in its use.

#### *Schedule Repeat TOT for Replacement and Expansion Staff*

The two highly successful TOT programs conducted by the RTC/H staff in June and August 1996 trained nearly all the core training staff at zonal levels throughout the SNNP region. However there is constant attrition due to transfers, joining of advanced degree programs, retirement and resignations. Moreover it will be advantageous to train other key individuals who can provide essential support on a part-time basis. It is also helpful for the RTC/H staff to

introduce new and revised elements into the basic TOT course. One of the core team has just completed an advanced course in TOT training management abroad and should have the opportunity to use her new knowledge and experience. It is hoped that there will be one or two new RTC/H staff members who will also benefit by participating in the "Awassa style" of TOT programs. A survey of current needs and vacancies which have occurred can be carried out by a combination of telephone, radio, letter and personal communication. This will indicate when a repeat TOT program should be scheduled, perhaps by July or August, 1997. The issue of what organization(s) will finance TOT training needs to be resolved.

#### *Conduct a Health Learning Materials Workshop*

The ESHE program has now reached the phase where it is essential to prepare locally adapted training materials that will begin to correct the weaknesses revealed in the health facilities survey. Training modules need to be constructed on the basis of task analysis of problem areas such as growth monitoring, checking immunization records, history taking on high priority diseases, use of supervisory check lists and other important functions. The zonal training teams have learned the basic elements of module construction, but need guidance in the creation of service-oriented training materials which are designed for the requirements of their particular zones. This requires consideration of local languages used, literacy and training of health workers, and appropriate technology for different ecological conditions.

Trainers from the zones should be called for a four to five day workshop in Awassa where they would do detailed task/functional analyses on priority service problems, prepare and pretest training materials in local service units and revise and refine them for immediate use in their own zones. This will allow rapid diffusion to "focus" and "non-focus" zones and special weredas throughout the region. Such a workshop would optimally be conducted in April 1997 after the household survey has been completed. Approximately 30 to 35 participants would be expected. This would also serve as an important evaluation of the effectiveness of the basic TOT training conducted in June and August 1996.

#### *Offer to Host a National Workshop on RTC/H Development*

The RTC/H in the SNNP region is considered to be one of the leading in-service training in Ethiopia at the present time. Successful programs are also being established in Mekelle, Baher Dar, Jimma, Asella and, perhaps, other places. A number of regions where RTC/H activities are just beginning to occur have requested help on an urgent basis. However, major constraints, problems and challenges still exist which need to be solved in all the regions. Several suggestions have been made over the past year that a national workshop be organized in one of the more progressive regions where leaders and active implementers could meet together for several days to share experiences, generate possible alternative solutions, learn new methods, and observe successful activities.

As central authorities already support such a proposal, Awassa would be an ideal location for such a conference. There would be several direct and indirect benefits for the SNNP region, as well as for other regions and central authorities. Optimally, such a workshop would be held in April 1997 in order to strengthen the planning of budgetary requests which are finalized in June for the coming fiscal year. In preparation for such a workshop, members of the Awassa RTC/H should visit several of the more active and successful RTC/Hs in other regions, particularly Jimma, Baher Dar and Mekelle. An organizing committee with designated leadership will be needed.

*Recruit Health Learning Resource/Librarian Consultant*

As ready access to up-to-date technical information in print and non-print forms is essential for continuing development of effective health services, it would be highly strategic to recruit a knowledgeable and experienced learning materials/librarian consultant. This person would be able to assist in the design and implementation of a detailed and comprehensive plan that would include the RTC/H, the zonal training departments, wereda training units, health centers and health stations as well as the three new HPTIs. The RTC/H should be the leading place which is responsible for assisting other regional institutions. Relatively standard learning material "packages" could be designed for each level and type of institution. Such a development process should consider the whole range of text and reference books, periodicals, and audio-visual materials including video teaching tapes, CD ROMs, and various methods to gain access to international electronic communication (e.g., electronic mail using the "Health Net" and World Wide Web). Such a consultant must have practical experience in the problems of developing countries as well as have current experience in the rapidly changing technology and information conditions of the international world.

*Request BASICS Staff in U.S. to Begin Ordering Periodicals and Books for the ESHE Project*

Since the mechanisms for procurement of most technical health learning materials are not available or readily accessible in Ethiopia, there would be many benefits if the procurement staff at the BASICS staff in Arlington, Virginia, could begin immediately to order the books and periodicals that are needed. The text and reference books for the HPTIs in Arba Minch and Hosaina (see Appendix C) should be considered as "crisis" or "emergency" items since they have practically no books with which to work. The periodicals and reference books requested for the RTC/H and zonal training units (see Appendix D and E) should similarly be given high priority, but are not "emergency" in nature as are the text books for the two new HPTIs. However, they should be seen as high priority since the lag times for delivery of such materials usually is many months. When ordering periodicals it would be wise to place orders for at least three to five years since the mechanisms for periodic reordering probably will be cumbersome.

### *Develop BASICS' Capacity for Health Learning Resource Facilitation*

Although BASICS currently does not have experienced personnel in health learning materials available in the home office in the U.S., it seems clear that needs and utilization of effective health learning materials will rapidly expand in the near future in all countries where BASICS projects are operational or planned. It would certainly be strategically useful for the ESHE program for the foreseeable future if BASICS would have this capacity.

### *Organize Ongoing Procurement Process for Obtaining Current Reference Materials*

Changes in science, technology, methods and publishing regarding health services are so dynamic, rapid and continuous that institutionalized processes need to be organized which will facilitate the procurement of current books, periodicals, and multi-media materials that will enhance health services and maintain high competency and morale. One-time procurement does not meet the needs. For this reason this report refers to "Phase One" and assumes an ongoing, almost continuous process. Streamlined procedures should replace the present cumbersome practices to the maximum extent possible. It seems that the BASICS office in the U.S. is the appropriate organization to be the lead group for the ESHE program. Perhaps other mechanisms, such as subcontracting may also be feasible.

### *Construct and Implement Training Evaluation Matrix*

Evaluation of past ESHE training activities such as the TOT and management training for zones and weredas is important for planning future activities and revision of current materials. Although it is unlikely that "impact" or "outcome" indicators will be quantifiable at this stage of activities, it is feasible to do some measurements and documentation of "input" costs, "process" indicators and some "output" results. Time and money expenditures can be approximately calculated for different activities. Narrative descriptions and participant evaluations will be useful in analyzing the dynamics and processes used. Reports and direct observation can help determine if changes in attitudes, behaviors and activities have taken place. The suggested health learning materials workshop in April would provide one occasion for such evaluation. On-site visits to the zonal settings by RTC/H staff are essential for gaining additional useful understanding of results and influences of training. It is obviously necessary to create a matrix or framework of evaluation which uses several different methods that are both quantitative and qualitative. Such evaluation processes should begin in the near future. One member of the RTC/H team should be designated as the "lead" person who is responsible for team member participation and completion of evaluation at periodic intervals.

### *Continue Publishing Locally Produced Health Learning Materials*

Significant progress has been made in preparation of training materials created locally by Ethiopian authors. The manual for teaching nursing arts by Workenesh Kereta is nearing completion and will soon be sent for printing. The book on food hygiene by Gebre Emanuel

Teka is also almost ready for publication as well. These are very significant achievements and have required collaboration by a number of individuals and organizations. There will be many positive results on the regional level from such endeavors, particularly because of the need for appropriate "fit" to local conditions and improved accessibility of tested and relatively permanent documents.

Since it is very difficult to identify and procure appropriate training materials from international sources, strong efforts should be made to produce publications which will address most if not all the training needs of regional and national programs. Both individual and team efforts in writing, editing and testing these materials need to be encouraged.

#### *Complete Translation of TOT Manual into Amharic*

The TOT manual for community health drafted by Carlson and Downing has been tested as a reference guide in the TOT workshops conducted in Awassa in June and August and found to be very useful. The RHB and its RTC/H staff have decided to translate this into Amharic, especially for use when zonal training teams conduct TOT programs for wereda workers. This translation will be useful because English comprehension is more limited at that level. It would be advantageous to proceed with further revisions of both the English and Amharic versions in order to have them available by March 1997 when wereda-level training is expected to continue.

#### **Health Professional Training Institutes**

##### *Arrange for a Training Workshop for HPTI Staff*

All of the nine staff of the new HPTIs in Arba Minch and Hosaina are new to training and teaching roles in basic or pre-service training institutions. They need a great deal of assistance and support in doing their very challenging work of training the first classes of nursing students taught in these locations. They have received some informal instruction on-the-job from a highly seasoned trainer/administrator, Ato Getachew Assefa, but will need continuing input. The 10 members of the staff at the Awassa HPTI have had considerable teaching experience but are now faced with the major task of preparing teaching programs for six new categories of junior level health personnel. They too need significant technical advice, guidance and encouragement in the processes of rethinking and improving their training capacities.

Since it is not feasible to send the entire group of 19 instructors abroad for short term training, the suggestion has been made to try to arrange a training program in Awassa comparable to the one that was conducted in Cairo for three weeks by MSH in October-November 1996. Five persons from the SNNPR were sponsored by the ESHE/BASICS program and reported very beneficial experiences. If such a workshop is held in Awassa special emphasis should be given to learning basic teaching skills and methodologies and less on the "management" aspects. Perhaps one staff leader could come from the U.S. staff of MSH and two or three African trainers from other countries who have had the MSH training could participate. The staff from other

19

sub-Saharan African countries would provide the resources of their experiences in African settings relatively similar to Ethiopia. Ato Dawit Mengistu, head of the Awassa HPTI, took the Cairo course and would be in an ideal position to coordinate local arrangements and assist in the teaching. RTC/H staff would also be very useful as facilitators. If MSH is unable to conduct such a program in Awassa there might be other agencies like the UC/Santa Cruz program or AMREF that would be able to contract and conduct an effective program. Such an endeavor could make a major contribution to raising the competence and confidence of these three HPTI staff. It would also underline the principle that, for maximum impact, training should be done within the region if at all possible. The most likely time would probably be in late August or September after the current school year is completed and instructors are relatively free of teaching duties.

#### *Complete Negotiations for Public Health Nursing Curriculum Consultancy*

Considerable time and effort have already been given to finding assistance for curriculum and practical training program development for the public health nursing program already underway in the Awassa HPTI. The two current instructors have not had experience teaching or doing community nursing for many years and need assistance in designing and implementing both classroom and practical training activities. Since the public health nurses will be the most significant professional personnel doing outreach into homes and communities, it is critically important that the first batches of students get appropriate training, especially in the essential areas of practical skills and role learning.

Despite intense efforts to locate and recruit qualified Ethiopian experts, none have been found. Since RHB officials have again urgently requested BASICS to provide such assistance, it is clear that obtaining an international public health nursing consultant must be considered very high priority. The new class of public health nursing students will begin their practical field training in February 1997. Clear establishment of training in-home visiting and other community based skills is strategic and urgent. A second major task for this consultant would be to facilitate and guide the writing of appropriate, simple lecture notes for public health nursing which could be used throughout the region.

#### *Complete Purchase and Delivery of Identified AMREF Textbooks*

Significant time and expense have already been spent in identifying appropriate books to be purchased in Kenya from the African Medical Research and Educational Foundation which could be used particularly in the new HPTIs in Arba Minch and Hosaina. However, bureaucratic constraints have slowed the completion of these transactions. It is hoped that these obstacles will be overcome in the near future.

#### *Arrange Ordering of Select Periodicals and Reference Books*

In addition to ordering the text and reference books described above on an emergency basis, the three HPTI teaching staffs need to have ongoing continuing education and in service training. It

is essential that selected professional literature be available in each of these schools including some periodicals, additional reference books and other text books as the programs develop. Several valuable periodicals, such as *World Health Forum* and a number of topical newsletters, such as *Child Health Dialogue*, are available without charge for developing countries from WHO and AHRTAG (address: AHRTAG, Farringdon Point, 29-35 Farringdon Road, London, EC1M 3JB, UK). Other selected journals such as *Nursing Times* require payment, but are useful in maintaining staff competence and morale.

#### *Expand Duplication of Printed Course Notes for All Curriculum Subjects*

With the beginning of the new junior technical training programs a great deal of new and revised teaching activities must be done. One of the urgent needs is to prepare clear, simple lecture notes which can be distributed to students at the beginning of courses so they can study them outside of class time. At present a very large percentage of class time is spent in laborious dictation by the instructor and word-by-word copying by the students. Sometimes information is projected from transparencies by overhead projectors. However, the teaching time consumption is almost the same. All instructors should be encouraged to prepare concise lecture notes which can be stenciled or photocopied. These lecture notes may be reviewed by professional colleagues as necessary and revised and used for indefinite periods with occasional modifications. Such "notes" prepared in the Awassa HPTI could also be very useful in teaching at the Arba Minch and Hosaina HPTIs. The major external resource required will primarily be paper and ink for stenciling and photocopying.

The significant time that will be saved can very profitably be used in discussion of problem areas, case studies, demonstration and practice. This will facilitate the higher priority learning of necessary skills and positive attitudes that are essential for effective service. This is particularly urgent since the courses are only one year in duration, after which time the graduates must perform a wide variety of tasks in health facilities where adequate supervision is often lacking.

#### *Utilize Health Learning Materials Consultant with RTC*

If it is possible to obtain the services of an experienced health learning materials consultant as discussed above, the scope of work expected for this person should consider the needs of the three HPTIs as well as the RTC/H and zonal training units.

#### *Devise Alternative Staff Transportation System*

Since the Awassa HPTI has expanded its programs and student enrollment, the instructional staff has been required to live off campus in Awassa in widely scattered locations. As a consequence, institute vehicles are used to transport staff to work. The suggestion has been made that the RHB request assistance in the form of bicycles for staff use. Awassa is one of the few places in Ethiopia where bicycle travel is quite convenient.

### *Systematize Support Mechanism for the New HPTIs*

Since the leadership and teaching staff of the HPTIs in Arba Minch and Hosaina are all completely new to their present roles, it is clear that they will need intensive support and guidance for the next several years. The obvious primary strategy is to view the three HPTIs in Awassa, Arba Minch and Hosaina as interdependent units which share resources in several different ways, including staff development (as mentioned above), health learning materials, and periodic visits by Awassa staff. Since some members of the RTC/H staff also have significant management and teaching experience they could be used in advisory capacities. ESHE/BASICS staff could also provide informal support as they are coincidentally traveling in the vicinities of the schools. These possible mechanisms are under the direction of the training and service department of the RHB and could be developed as useful additions.

### **General**

#### *Regional College of Health Sciences in Dilla*

The Regional College of Health Sciences in Dilla will soon become a major center for training health team members and will have significant impact on health care in the SNNPR. The college began classes in the first part of December 1996. In the near future it will also provide significant new direct services in the SNNP region while conducting training. In order to improve both the training and the direct services necessary for effective training, it would be highly advantageous to assist in the development of coordinated programs in the near future. Lack of mechanisms to coordinate joint activities by the regional bureaus of health and education is one current problem. Improvement of health services in the Gedeo zone would be consistent with ESHE objectives. Improved or new health centers and community health services could possibly be used as training sites for college students if carefully planned in advance. As planning for the next phase of the ESHE program will soon be in process, it would appear useful to consider this area as a strategic opportunity and priority.

#### *English Language Capacity Development*

New technological, educational and management information usually is communicated first in English as the primary international language. This makes it essential that key leaders in all parts of the health service system be as fluent in English as possible, particularly in written form. This is important both for daily professional functions as well as for occasional study tours abroad. That means that the RHB should take steps to provide various mechanisms for improved English language abilities, particularly at the regional and zonal levels. Possible methods include a variety of self-instructional materials such as language tapes and manuals, practice in taking standard English language exams, and regular reading of professional periodicals.

Since the resource center of the RTC/H will be the place where the most recent materials will be available, top priority should be given to acquiring printed and audio-visual materials for that

facility. Leaders from all parts of the region should be encouraged to use these resources regularly. In addition, it should be possible to develop zonal training units in such a way that key materials are readily available at that level as well.

*Possible Tasks for Subsequent Consultation*

As this consultant may be requested to make a return visit in April, there are some possible issues which could be included in his scope of work at that time. Of high priority would be to assist in the development of training materials as part of new services to be implemented in the focus weredas and focus zones. Another might be assistance with evaluation of training activities already accomplished. Promotion of efforts to prepare health learning materials for community based health services in local languages may also be an important next step. He should probably visit the new HPTIs in Arba Minch and Hosaina to observe how training is being implemented and what resources are lacking.

B

## FOLLOW-UP ACTIONS SUGGESTED

RTC/H

[1 - Lead 1\* - Lead and Initiate 2 - Support]

#	ACTION	Date	RTC Awa	HPT Awa	RHB	BAS Awa	BAS AA	MOH AA	USAID	BAS- US
1	Construct RTC/H Facility	Now	2	2	2	2	2	-	1*	2
2	Conduct HLM Workshop	4-97	1*	2	1	1	2	2	2	2
3	Host Natl RTC Workshop	4-97	1	2	1	1	1	1*	2	2
4	Recruit HLM consultant	soon	1	2	2	1	2	2	2	1*
5	Revise TOT (+) Manual (Amharic)	3-97	1*	-	2	1	2	2	2	2
6	Request BASICS U.S. procure. HLM	1-97	2	2	2	1	1	2	2	1*
7	Develop BASICS HLM capacity	soon	2	2	2	1	1	-	2	1*
8	Organize HLM procurement	soon	2	2	2	1	1	2	2	1*
9	Construct Evaluation matrix	3-97	1*	-	2	1	2	2	2	2
10	Continue publishing Ethiopian HLM materials	soon	1	1	2	1*	2	2	2	2
11	Strengthen RTC/H staffing	soon	1	2	1*	2	2	2	2	2

(+) The authors of the English version expect to complete a revision by March.

HPTIs

[1 - Lead 1\* - Lead and Initiate 2 - Support]

#	ACTION	Date	RTC Awa	HPT Awa	RHB	BAS Awa	BAS AA	MOH AA	USAID	BAS US
1	Expedite AMREF book delivery	1-97	-	2	2	2	1	2	1*	-
2	Order Books and periodicals for Arba Minch & Hosaina	1-97	-	2	2	1	2	2	2	1*
3	Recruit Pub. Health Nurs. Consultant	1-97	-	1	1	1	1	1	1	1*
4	Organize teaching workshop HPTIs	2-97	2	1	1	1*	2	2	2	1*
5	Produce concise lecture notes	soon	2	1*	2	2	2	2	2	-
6	Systemize support for HPTIs	soon	2	1	1*	2	-	-	-	-
7	Utilize HLM consultant with RTC	soon	1	1*	1	1	2	2	2	2
8	Supplement HPTI transport	soon	2	1	1*	-	-	2	-	-

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25

GENERAL

[1 - Lead 1\* - Lead and Initiate 2 - Support]

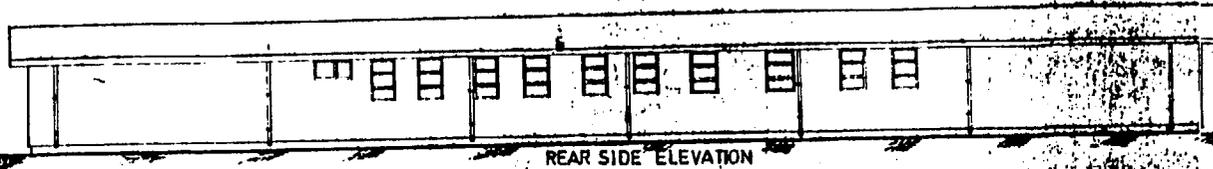
#	ACTION	Date	RTC Awa	HPT Awa	RHB	BAS Awa	BAS AA	MOH AA	USAID	BAS- US
1	Begin planning with Dilla College of Health Sciences	soon	2	2	1*	1*	1	1	1*	2
2	Plan English Language Development Activities	soon	1*	-	1*	1*	2	2	2	2
3	Develop Scope of Work for next consultation visit (Carlson)	2-97	1	1	1	1*	2	2	2	2

**APPENDIXES**

**APPENDIX A**  
**ENGINEERING PLAN FOR PHYSICAL FACILITY, RTC/H-AWASSA**

RTCH

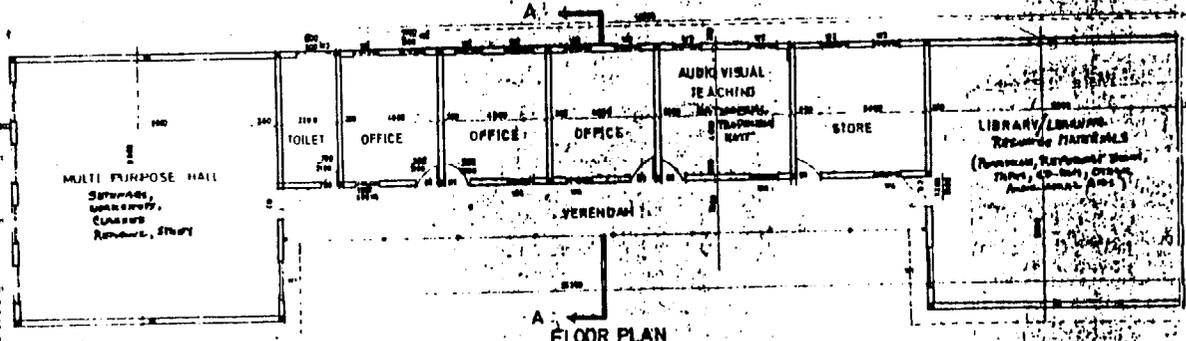
SNMPRG, RHB



REAR SIDE ELEVATION



RIGHT SIDE ELEVATION



FLOOR PLAN



LEFT SIDE ELEVATION



FRONT SIDE ELEVATION



SECTION A-A

1:100  
1:200  
1:400  
1:800  
1:1600

1:100  
1:200  
1:400  
1:800  
1:1600

CONTINUING EDUCATION, BUREAU OF  
TEACHING MATERIALS DEVELOPMENT  
PRELIMINARY DESIGN FOR  
RTCH/ECTMDS

29

BEST AVAILABLE DOCUMENT

**APPENDIX B**

**LIST OF BOOKS ORDERED FROM AMREF, KENYA**

**Appendix B**  
**List of Books Ordered from AMREF, Kenya**

#	AMREF TITLES	QUANTITY
1	African Indigenous Medicine	3
2	Assessing District Health Needs	15
3	Basic health Libraries	15
4	Beyond the Dispensary	15
5	Caring for Mothers	15
6	Child Health 2nd edition	190
7	Clinical Management for Health Center	15
8	Communicable Diseases 2nd edition	215
9	Community Health (Wood)	45
10	Community Health Workers Manual	45
11	Community Nutrition	215
12	Continuing Education	15
13	Epidemiology in Community Health	15
14	Guide for Training Teachers	15
15	Guide for Health Promotion	45
16	Gynecology and Obstetrics	45
17	Hand Splinting	15
18	Health Education (Scotney)	215
19	Health Education	15
20	Health Project Management Guide	15
21	Health Service Management	15
22	Helping Mothers to Breastfeed	15
23	Management of Solid and Liquid Wastes	45
24	Medicine and Health Vol I.	3
25	Medicine and Health Vol II.	3

26	Medicine and Health Vol III.	3
#	AMREF TITLES	QUANTITY
27	Medicine: Communicable Diseases	9
28	Obstetric Problems	15
29	Occupational Health	45
30	Practical Laboratory Manual	25
31	Procedure Manual for Nurses	190
32	Self Instructional Manual STD	15
33	Sexuality and Health (Soft cover)	6
34	Surgery (Bewes)	135
35	Training for C.B. H.S. (Curriculum)	30
36	Health Information for PHC	15

32

**APPENDIX C**

**LIST OF IMMEDIATELY URGENT BOOKS FOR ARBA MINCH AND HOSAINA  
HPTIS**

**Appendix C**  
**List of Immediately Urgent Books for Arba Minch and Hosaina HPTIs**

#	TITLE, AUTHOR PUBLISHER, YEAR	ARBA MINCH	HOSAINA	SUM
1	<u>Dorland's Illustrated Medical Dictionary</u> . 28th ed. Philadelphia, Saunders, 1994 \$44.50	5	5	10
2	<u>Webster's New World College Dictionary</u> . 3rd ed. New York, Macmillan, 1996	5	5	10
3	Marieb, Ruth Nicon. <u>Essentials of Human Anatomy and Physiology</u> . 4th Ed. Redwood City, Calif. Benjamin/Cummings. 1994. \$36.53	10	10	20
4	Milliken, Mary. <u>Understanding Human Behavior: A Guide for Health Professionals</u> . 5th ed. Albany, Delmar 1993. \$29.95	5	5	10
	<b><u>Nursing</u></b>			
1	Chandler, Jackie, <u>Tebbner's Nursing Care: Theory and Practice</u> (may be British)	35	35	70
2	Swearingen, Pamela. <u>Manual of Medical-Surgical Nursing: Interventions and Collaborative Management</u> . 3rd ed. St. Louis, Mosby, 1994 \$35.95. (Alternative to #1 if #1 unavailable)	35	35	70
3	Stanhope, M and Knollmueller, R. <u>Handbook of Community and Home Health Nursing: Tools for Assessment, Intervention and Education</u> . 2nd ed. St. Louis, Mosby, 1996. \$28.95	10	10	20
4	Bennet, Ruth V. <u>Myle's Textbook For Midwives</u> (may be British)	35	35	70

**APPENDIX D**

**LISTS OF PERIODICALS FOR RTC/H-AWASSA AND HPTIS  
PHASE ONE (FIVE YEAR SUBSCRIPTIONS)**

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**Appendix D**  
**Lists of Periodicals for RTC/h-Awassa and HPTIs**  
**Phase One (Five Year Subscriptions)**

**RTC/H -AWASSA**

1. Health Policy and Planning: A Journal on Health in Development
2. World Health Forum
3. International Journal of Epidemiology
4. Studies in Family Planning
5. Social Science and Medicine
6. Bulletin of the WHO
7. Journal of the American Public Health Association
8. Tropical Doctor
9. Africa Health
10. Disasters: The Journal of Disasters Studies and Management

**For HPTIs**  
**Awassa, Arba Minch, Hosaina (subscription for each institute)**

1. World Health Forum
2. Africa Health
3. Nursing Times

**APPENDIX E**  
**LIST OF REFERENCE BOOKS FOR RTC/H AWASSA**  
**PHASE ONE**

**Appendix E**  
**List of Reference Books for RTC/H Awassa**  
**Phase One**

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ON. TRN UNIT	SUM
<b><u>General Reference</u></b>				
1	Dorland's Illustrated Medical Dictionary, 28th ed. Philadelphia, Saunders, 1994. \$43.25	2	4	6
2	PDR: Physicians Desk Reference, 49th ed. Montvale, NJ., Medical Economics Data, 1995, \$64.95. Published Annually	1	4	5
3	Webster's New World College Dictionary. 3rd ed. New York, Macmillan, 1996	2	4	6
4	Marieb, Ruth Nicon. Essentials of Human Anatomy and Physiology. 4th Ed. Redwood City, Calif. Benjamin/Cummings. 1994. \$36.53	1	0	1
5	Milliken, Mary. Understanding Human Behavior: A Guide for Health Professionals. 5th ed. Albany, Delmar 1993. \$29.95	1	4	5
<b><u>Management</u></b>				
1	Certo, Samuel and Appelbur, Steven. <u>Principles of Management</u> (Latest edition) Dubuque, Iowa. Wm C. Brown Publishers	1	0	1
2	Rakitch, Jonathan S. et al. <u>Managing Health Services Organizations.</u> (Latest edition) Philadelphia. W. B. Saunders Co.	1	4	5
3	Reinke, William (ed.) <u>Health Planning for Effective Management.</u> (Latest edition) Oxford. Oxford University Press.	1	4	5

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SUI
4	Amonoo - Lartson et al. <u>District Health Care Challenges for Planning Organization and Evaluation in Developing Countries.</u> London. McMillan Press Ltd.	1	4	5
5	McMahon, R. Et al. <u>On Being in Charge: A Guide for Mid-level Management in PHC.</u> WHO, Geneva	1	4	5
6	<u>Working in Groups: A Communication Manual for Leaders and Participants in Task Oriented Groups.</u> Skokie, Illinois. National Textbook Co.	1	4	5
7	Pearson, C. Andrew. <u>Medical Administration for Front-line Doctors.</u> 1995 edition.	1	4	5
8	Creese, A. And Parker, D. ed. <u>Cost Analysis in Primary Health Care: A Training Manual for Program Managers.</u> 1994. WHO Order No. 1150415 Swiss Franc 17.50.	1	0	
9	Normand, C and Weber, A. <u>Social Health Insurance: A Guidebook for Planning.</u> 1994, WHO/SHS/NHP/94.3	1	0	
10	Bindari-Hammad, E. L. And Smith, D. L. <u>Primary Health Care Reviews: Guidelines and Methods.</u> 1992. WHO. Order No. 1150374 Swiss Franc 28	1	0	
11	Beruman, P. A. And Tarimo, E. <u>Screening Primary Health Care: Setting Priorities with Limited Resources.</u> 1994. WHO. Order No. 1150424. Swiss Franc 21.	1	0	
12	Cassets, A. and Janovsky, K. <u>Strengthening Health Management in Districts and Provinces: Handbook for Facilitators.</u> 1991. WHO Order No. 1930027. Swiss Franc 14	1	4	
13	<u>Information Support for New Public Health Action at District Level.</u> Report of WHO Export Committee 1994. Order No. 1100845. Swiss Franc 5.60	1	0	
14	Van Konkelenberg, R. And Ring, I. <u>Guidelines for Development of Health Management Information System.</u> 1993. WHO Order No. 1520002. Swiss Franc 12.60	1	0	

39

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SUM
15	<u>Community Involvement in Health Development Challenging Health Services.</u> Report of WHO Study Group. 1991. Order No. 1100809. Swiss Franc 7	1	0	1
16	McConnell, C.R. <u>The Effective Health Care Supervisor.</u> 3rd ed. 1993. Gaithersberg, MD. ASPEN.\$54	2	4	6
17	Manion, J. et al. <u>Team-Based Health Care Organizations: Blue Print for Success.</u> 1996. Gaithersberg, MD. ASPEN. \$51	2	4	6
<b><u>Epidemiology</u></b>				
1	Jamisson, Deal T. et al eds. <u>Disease Control Priorities in Developing Countries.</u> World Bank. Oxford University Press.	1	0	1
2	Benson, A. S. (ed) <u>Control of Communicable Diseases in Man: An Official Report of APHA.</u> (Latest edition)	2	4	6
3	Last, John M. <u>Dictionary of Epidemiology.</u>	1	0	1
4	Beaglehole, R. Et al. <u>Basic Epidemiology Teachers Guide.</u> 2nd ed. 1994. WHO/EGH/94.10. Order No. 1930060 Swiss Franc 21	1	0	1
5	International Classification of Disease (ICD): International Statistical Classification of Diseases and Related Health Problems. Vol.-1,2,3 (ICD-10, 10th Revision, 1992) WHO. Order Nos 1151331, 1152331, 1153331 respectively. Swiss Franc 91, 21, 91 respectively.	1	0	1
6	Kloos, H., and Zein, A.Z. <u>The Ecology of Health and Disease in Ethiopia,</u> Boulder, Colo. Westview, 1993	3	4	7
<b><u>Mother/Child Health and Family Planning</u></b>				
1	Wallace, H. M. and Kantu Giri. <u>Health Care of Women and Children in Developing Countries.</u> Third Party Publishers	1	4	5

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SUI
2	Wolff, J. A. et al. <u>The Family Planning Managers Handbook</u> . West Hartford. Kumarian Press.	1	4	5
3	Ebrahim, G. J. et al. <u>Maternal and Child Health in Practice: Training Modules for Med-level Workers</u> . London. McMillan	1	0	1
4	Ebrahim, G. J. <u>Practical Mother and Child Health in the Tropics (Developing Countries)</u> . London. Book-Aid.	1	4	5
5	Maine, Deborah. <u>Safe Motherhood Programs: Options and Issues</u> . New York. Center for Population and Family Planning, Columbia University.	1	0	1
6	<u>Immunization in Practice: A Guide for Health Workers Who Give Vaccine</u> . WHO.1991.	1	4	
7	Khanna, J. et al (eds) <u>Challenges in Reproductive Health Research</u> . UNDP/UNFPA/WHO/World Bank. Special Program on Research, Development and Research Training in Human Reproduction. 1994.	1	0	
8	<u>Health Workers Manual on Family Planning Options with Quick Reference Chart</u> . Western Pacific Education in Action, Series No. 7. 1996. Order No. 1500007 Swiss Franc 4.90	2	4	
9	<u>Essential Elements of Obstetric Care at First Referral Level</u> . WHO. 1991. Order No. 1150364 Swiss Franc 9.80	2	0	
10	<u>Home-Based Maternal Records: Guidelines for Development, Adaptation and Evaluation</u> . WHO. 1994. Order No. 1150408 Swiss Franc 14	1	0	
11	<u>Thermal Control of the Newborn: A Practical Guide</u> . WHO. 1993. Order No. 1930047 Swiss Franc 47	1	0	

41

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON.TRN UNIT	SUM
<b><u>Nutrition</u></b>				
1	Jellifee, D. B. <u>The Assessment of Nutritional Status of the Community.</u>	1	0	1
2	Browne, G. H. <u>Applied Nutritional Principles in Health and Disease.</u>	1	0	1
3	Chandra, R.K. <u>Nutrition, Immunity and Infection: Mechanisms of Interaction.</u>	1	0	1
4	Latham, Michael. <u>Human Nutrition in Tropical Africa: A Text for Health Workers with Special Reference to Community Health Problems in East Africa.</u>	1	0	1
5	Willetr, Walter. <u>Nutritional Epidemiology.</u>	1	0	1
6	Neuberger A. and Jukes, T. H. <u>Human Nutritional: Current Issues and Controversies.</u>	1	0	1
7	Oskang A. et al. <u>Educational Handbook for Nutrition Trainers: How to Increase Your Skills and Make it Easier for Students to Learn.</u> WHO. Order No. 1930048 Swiss Franc 45.50	1	0	1
8	<u>WHO Guidelines for Training Community Health Workers on Nutrition.</u>	1	0	1
9	Sommer, A. and West, K.P.Jr. <u>Vitamin A. Deficiency: Health, Survival and Vision.</u> New York. Oxford University Press. 1996	1	0	1
<b><u>Health Education and Social Sciences</u></b>				
1	Glanz, K. et al. <u>Health Behavior and Health Education Theory, Research and Practice.</u> San Francisco. Jossey Bass. 1990.	2	4	6
2	Foster, George and Anderson, Barbara. <u>Gallatin, 1978: Medical Anthropology.</u> New York, Alfred Knopf.	1	0	1

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SU
3	Green and Kreuter. <u>Health Promotion Planning: An Educational and Environmental Approach.</u> Mountain View. Mayfeld Publishing Co. 1991.	1	0	1
4	Taylor, S. E. <u>Health Psychology.</u> New York. McGraw Hill, Inc. 1991.	1	0	1
5	Engel, C. E. et al, <u>Continuing Education for Change.</u> WHO Regional Publications. European Series No. 28, 1992. Order No. 1310028 Swiss Franc 8.40	2	4	6
6	Guilbert, J. J. <u>Educational Handbook for Health Personnel.</u> 6th ed. Revised and updated 1992. Order No. 1120035 Swiss Franc 35	2	4	6
7	<u>Increasing the Relevance of Education for Health Professionals.</u> Report of a WHO Study Group on Problem Solving Education for the Health Professionals. WHO Technical Report Series, No. 838. Order No. 1100838 Swiss Franc 5.60	1	0	
8	<u>System of Continuing Education: Priority to District Health Personnel.</u> Technical Report Series No. 803. 1990. Order No. 1100803 Swiss Franc 5.60.	2	4	
9	Abbatt, F. R. <u>Teaching for Better Learning: A Guide for Teachers of PHC Staff.</u> 2nd ed. 1992. Order No. 1150372 Swiss Franc 28.70	2	4	
<b><u>Environmental Health</u></b>				
1	<u>WHO Safe Water Supply and Sanitation Prerequisites for Health for All.</u> WHO Geneva. World Health Statistics Quarterly Vol. 39 No. 1 1986.	1	4	
2	Kilbourne, E. D. and Smille, W. C. <u>Human Ecology and Public Health,</u> 4th or latest edition. London. The Mcmillan Co.	1	0	
3	Pinco, C. S. et al. <u>Environmental Sanitation and Integrated Health Delivery Programs.</u> Washington, D. C. Monograph Series No. 4. AID/DSPHEE-C 0053. 1981.	2	0	

23

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ON. RTN UNIT	SUM
4	Hobbs, Betty C. and Roberis, Diane. <u>Food Poisoning and Food Hygiene</u> . 5th or latest edition. Edward Arnold.	1	0	1
5	<u>Health Surveillance and Management Procedures for Food Handling Personnel</u> . Report of a WHO Consultation. Technical Report Series No. 785. Order No. 1100785 Swiss Franc 4.20.	1	4	5
6	<u>Our Planet, Our Health</u> . Report of the WHO Commission on Health and Environment (Veil, S., Chairperson) from PAHO 1992. Order No. 1150375 Swiss Franc 20	2	0	2
7	<u>Financial Management of Water Supply and Sanitation: A Handbook</u> . WHO 1994. Order No. 1150419 Swiss Franc 14	2	0	2
8	Phillips, M. et al. <u>Guidelines for Cost Effectiveness Analysis of Vector Control</u> . WHO 1993 Order No. 1933026	2	0	2
9	<u>Guidelines for Drinking Water Quality</u> . Vol 1. Recommendations, 2nd ed. WHO 1993. Order No. 1151404 Swiss Franc 32.20	1	4	5
<b><u>Bio-Statistics</u></b>				
1	Kirkwood, B. R. <u>Essentials of Medical Statistics</u> . Blackwell Science, 1994 Reprint.	1	0	1
2	Knapp, R. G. and Hiller, M. C. <u>Clinical Epidemiology and Biostatistics</u> . National Medical Series from Williams & Wilkins. Malvern, PA. Harwal Publishing Co. 1992.	1	0	1
3	Lulanga, S. K. and Tye, C. Y. <u>Teaching Health Statistics: Twenty Lessons and Seminar Outlines</u> . WHO 1986. Order No. 1150261 Swiss Franc 27.30.	2	0	2

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON.TRN UNIT	SU
<b>Research</b>				
1	<u>Health Research Methodology: A Guide for Training in Research Methods.</u> WHO Regional Publication, Western Pacific Education in Action Series No. 5. 1992. Order No. 1500005 Swiss Franc 35	2	0	2
2	Badura, B. and Kickbush, I (eds) <u>Health Promotion Research: Towards a New Social Epidemiology.</u> WHO Regional Publication, European Series No. 37. 1991. Order No. 1310037. Swiss Franc 54.60	1	0	
3	<u>The Narrative Research Method: Studying Behavior Patterns of Young People by Young People: A Guide to its use.</u> WHO/ADH/93.4. Order No. 1930054 Swiss Franc 5.60	1	0	
4	<u>Health Research: Essential Link to Equity and Development. Commission on Health Research for Development.</u> Oxford University Press. 1990.	1	0	
<b>Pharmacy</b>				
1	<u>British Pharmaceutical Code (BPC)</u>	1	0	
2	<u>United States Pharmacopeia (USP)</u>	1	0	
3	<u>International Pharmacopeia (Martindale) 3rd ed.</u> 1994.	1	0	
4	<u>International Drug Price Indicator Guide,</u> Management Sciences for Health. 1995	1	0	
5	<u>How to Manage a Health Care Store,</u> AHRTAG. 1995	1	4	
6	<u>Essential Drugs: Practical Guidelines.</u> Medicines Sans Frontieres.	1	4	
7	<u>How to Investigate Drug Use in Health Facilities.</u> WHO/DAP. 1993	1	4	

4/2

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SUM
8	The New Emergency Health Kit: List of Drugs and Medical Supplies for 10,000 People for Approximately Three Months Period. WHO/DAP/94.1. 1994. Order No. 1930018 Swiss Franc 5.60	1	4	5
<b><u>Clinical Medicine</u></b>				
1	Beu, D. R. et al. Lecture Notes on Tropical Medicine. Liverpool School of Tropical Medicine. Tropical Health Technology. 1995.	1	0	1
2	Ellis, B. W. and Patterson-Brown, S. (eds) Hamilton Bailey's Emergency Surgery, 12 ed. Butterworth Heinemann.	1	0	1
3	Tantan, D., Appleby, L. and Duncan, A. Psychiatry for the Developing World. Gaskell. British Pound 25	1	0	1
4	Dobson, M. B. Anaesthesia at the District Hospital. PAHO. 1988. Order No. 1150289 Swiss Franc 14	1	0	1
5	Cook, J. et al. General Surgery at a District Hospital. PAHO. 1988. Order No. 1150300 Swiss Franc 21	1	0	1
6	Cook, J. et al. Surgery at the District Hospital: Obstetrics, Gynecology, Orthopedics and Traumatology. PAHO. 1991. Order No. 1150351 Swiss Franc 17.50	1	0	1
7	Ruston Jal Vakil and Faroku Erach Udwanin. Diagnosis and Management of Medical Emergencies. Delhi. Oxford University Press.	1	0	1
8	Principles and Practice of Pediatrics	1	0	1
9	Jellifee, D. B. Tropical Pediatrics and Child Health	1	4	5
10	Childhood Infectious Disease Vol. 1 & 2.	1	0	1
11	Pediatrics Emergency and Critical Care	1	0	1
12	Parry, E. Principles of Medicine in Africa. (British)	1	4	5
13	Primary Surgery Vol 1 Non-Trauma, Vol 2 Trauma.	1	0	1

#	TITLE, AUTHOR PUBLISHER, YEAR	RTC/H	ZON. TRN UNIT	SUI
14	King, Maurice. <u>Primary Surgery in Developing Countries.</u>	2	0	2

47

# **BASICS**

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