



VISITING FACULTY MANUAL



DEAR VISITING FACULTY,

Welcome to the Partnership for Eritrea! We are honored that you have chosen to be a part of this groundbreaking post graduate medical education program. We know that this will be a rewarding and enriching experience for you and know as well that you will be part of a unique health education program whose emphasis is on the sustainable development of the local healthcare workforce capacity.

This packet has been put together for you to answer many of the questions you may have before your trip to Eritrea. Here you will find background information on the project, travel and logistics information, information on what your role and responsibilities will be while you are in-country, what is expected of you upon your return and information on Eritrea. If, after reading this document, you have any remaining questions, please do not hesitate to contact us.

We, and the people of Eritrea, thank you for your participation in the Partnership for Eritrea. We look forward to your active involvement in the project.

Sincerely,

James L. Scott, MD
Dean, School of Medicine and Health Sciences
The George Washington University

Brigadier General Ron Sconyers (USAF, Ret.)
President and Chief Executive Officer
Physicians for Peace



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PROJECT BACKGROUND

The Partnership for Eritrea is an innovative collaboration between Physicians for Peace (PFP), The George Washington University Medical Center (GWUMC) and the State of Eritrea Ministry of Health. To meet Eritrea's health care needs, the Eritrean Minister of Health invited Physicians for Peace and GWUMC to develop and implement a graduate medical education program at the Orotta School of Medicine. The three parties signed a *Memorandum of Understanding* in 2006 and embarked on an ambitious program to establish graduate medical education and residency programs in pediatrics and surgery.

The Partnership for Eritrea aims to:

1. **Train physicians:** Provide residency training in surgery and pediatrics hopefully followed by additional programs.
2. **Build human resource capacity:** Improve the physician/population ratio.
3. **Ensure sustainability:** Train Eritrean physicians to be medical educators and health care leaders.
4. **Minimize brain drain:** Encourage Eritrean physicians to stay in-country by providing educational and professional opportunities.
5. **Apply Eritrean success to other nations:** Use the *Partnership for Eritrea* as a model for other developing countries with scarce human resources.

THE PARTNERS

The George Washington University Medical Center is an internationally recognized interdisciplinary academic health center that has consistently provided high-quality medical care in the Washington, DC metropolitan area for 176 years. GWUMC receives strong support from The Children's National Medical Center.

Physicians for Peace, based in Norfolk, Virginia, USA is an international, humanitarian, nonprofit organization dedicated to building peace and international friendships in developing countries through medical education and training.

The Eritrean Ministry of Health is firmly devoted to vastly improving its medical education and training capabilities and to hosting the partnership's efforts. To that end, the MOH is dedicated to building a better Eritrean healthcare system through human capacity development.

THE RESIDENCY PROGRAMS

The pediatric and surgical residency programs began in Asmara in January 2008. These comprise the first ever post graduate training program in Eritrea. The first class of pediatric and surgical residents was selected from candidates who had been working as general practitioners. Subsequent residents will come from the Orotta School of Medicine, scheduled to graduate its first class of medical doctors in 2009. The Partnership is actively engaged not only in providing clinical instruction, but also in Faculty Development Programs to help elevate the teaching skills of the local faculty.



SURGERY

The Eritrean training program in surgery began with the enrollment of 5 residents. The program is expected to last three years. Eritrea's seven surgeons are serving as the faculty, and two American general surgeons serve as additional faculty and as the program directors. Because a general surgeon in Eritrea is expected to perform orthopedic, urologic, neurosurgical and gynecologic procedures, the curriculum for this program has been tailored to fit the needs of the country and incorporates a broader range of specialty instructors than that found in an American surgical residency. The curriculum in the first year of training is focused on review of basic sciences with heavy emphasis on basic principles of general surgery and the establishment of surgical discipline and structure. Visiting faculty in various surgical subspecialties will be needed throughout the subsequent two years of training. Their role will be primarily academic (both in the classroom as well as at the bedside) with some time being allocated to hands-on teaching in the OR setting.

PEDIATRICS

The two-year pediatric residency aims to train new pediatric faculty for the residency program as well as practicing pediatricians for the capital and provinces. Eritrea's five pediatricians are serving as the faculty, one American pediatrician is serving as the director of the residency program in-country, and one Eritrean pediatrician is also supporting the program. The five Eritrean faculty received their training in Italy, Russia and Ethiopia. The seven residents who comprise the Partnership's first class are general practitioners with seven to fourteen years of pediatric clinical experience in Eritrea, mostly in the country's capital, Asmara. Faculty and residents have expressed interest in gaining skills in teaching, evidence-based medicine, and clinical and public health research.

YOUR DUTIES AS VISITING FACULTY

As a visiting faculty member, you may be asked to:

- Provide didactic teaching: seminars, grand rounds, conferences, demonstration of procedures to medical students and residents.
- Provide clinical teaching: conduct bedside rounds, supervise residents and visiting residents.
- Provide patient care in the context of teaching (on outpatient and inpatient teach services).
- Model and teach clinical and didactic teaching methods for Eritrean faculty and residents.
- Provide input for evaluation of trainees.
- Review lecture notes/PowerPoint with GW team to ensure that content is suitable for/adapted to Eritrea program needs.
- Help improve the program by providing input and feedback on your experience.
- Submit exam questions prior to your departure from the country.

Below are some recommendations which we hope will make your time here most effective and beneficial for everyone.



TEACHING TIPS

LANGUAGE: All trainees and faculty are fluent in English, but it is important to avoid abbreviations and acronyms with which they may not be familiar. Most patients that you encounter will not speak English however, so you will be relying on your trainees for interpretation in most instances.

CONTENT: Things to consider when preparing your presentation:

- We prefer presentations to be case-based. Starting and/or ending with multiple choice questions like those in PREP in the pediatric field and SESAP in surgery is encouraged.
- Many of the doctors you will be teaching are great clinicians, but unfortunately missed out on good training in pathophysiology and basic sciences. Therefore don't assume they know what you know. Reviewing physiology, if relevant to your talk, may be necessary and is encouraged. (*Examples: endocrine feedback systems, genetic transmission of diseases, cardiac electrical activity, rennin-angiotensin, etc.*)
- Consider starting with definitions of terms you will use frequently in your presentation, which will reinforce medical terminology for participants.
- Please make your presentations relevant for clinicians in Eritrea.
 - Try to make relevant to the pathology seen in tropical countries – if you are unsure feel free to ask. Our program directors can help with advice regarding pathology and resources available.
 - Remember that many diagnostic tools and treatment modalities that we think are indispensable are not available in Eritrea.
 - You are still encouraged to present your “gold standard” of evaluation and treatment, since the doctors do like to learn what is done elsewhere and can learn from this.
- The residents love multiple choice questions. However, consider ending with review questions or cases to assess knowledge and encourage interaction.
- Students and faculty tend to be shy at first and it is important to not mistake this for lack of interest.

HANDOUTS AND MATERIALS TO BRING: We strongly recommend that you provide a handout – otherwise the residents tend to write everything down and cannot pay attention. Review articles on your topics are also most welcome. Donations of basic texts and CD-ROMS are, of course, greatly appreciated. You can print your slides or provide a word document. While handouts can be printed and copied in Eritrea by the PGME office, we prefer that you print out copies of your handouts prior to your arrival since printing supplies are very costly in Eritrea.

A/V EQUIPMENT: An LCD projector is available for all resident lectures. Therefore, PowerPoint presentations are encouraged. If you are willing to allow us, the PGME office will download your presentations to store for reference or adaptation/re-presentation by another faculty member.

A computer is available for use at the PGME office if you do not have a laptop to bring – you can bring your computer files on CD-ROM or USB. Visiting faculty in the past have found that bringing their own laptops is helpful as they are very busy during the day and often work “at home” in the evening.



INTERNET: Access is currently available, but the connection is slow and spotty.

Finally – remember to be flexible! Schedules often change, and lectures often take longer than you thought... this is normal.

For additional teaching tips (for pediatrics), please see the attached *Pediatric Teaching Tips*.

PREPARING FOR YOUR TRIP

ITINERARY

Physicians for Peace coordinates all international travel arrangements. Flight options will be shared with you 2 to 3 months before your scheduled departure, and will be booked once you decide on the best option.

TRAVEL DOCUMENTS AND ENTRY/EXIT REQUIREMENTS

The following information applies to US Citizens. For other nationalities, please verify the information with the Eritrean Embassy (www.embassyeritrea.org) or one of the consulates. The Embassy of the State of Eritrea is located at 1708 New Hampshire Avenue, NW, Washington, D.C. 20009, the telephone number is (202) 319-1991.

Eritrean law requires US citizens to have a valid passport and visa to enter the country. In order to obtain a visa, please complete the attached visa application form and send it and one passport photo to:

Physicians for Peace
Attn: Partnership for Eritrea Coordinator
229 W. Bute Street, Suite 200
Norfolk, VA 23510

Please submit this information no later than **four weeks** before your departure to ensure adequate processing time. Your passport will be returned to you with your ticket information two weeks to ten days before your scheduled departure.

Before leaving Eritrea, please work with the PGME office to confirm your departure time as it is not unusual for departure times to change without notice.

While you will not need an exit visa to leave Eritrea, there is an airport departure tax of 20 USD. Please be sure to have 20 USD cash accessible when you check in for departure from Asmara.

ON THE GROUND

PGME staff will make every effort to meet you at the airport on your arrival in Asmara. If this is not possible, you will be notified in advance what arrangements have been made to assist you in transportation to the visiting faculty residence. Eritrea based staff will provide orientation to the country and the residence guidelines, which may change depending on availability of water, power and other items that affect daily living. Once on the ground in Eritrea, you will receive information on in-country transportation.



HEALTH RECOMMENDATIONS

The following are the Centers for Disease Control recommendations for staying healthy while in Eritrea (<http://www.cdc.gov/travel/destinationEritrea.aspx>). Please visit your physician to ensure that your routine vaccinations are up-to-date.

TRAVELERS' DIARRHEA: The number one illness in travelers can be caused by viruses, bacteria, or parasites, which can contaminate food or water. Infections may cause diarrhea and vomiting (E. coli, Salmonella, cholera, and parasites), fever (typhoid fever and toxoplasmosis), or liver damage (hepatitis). Make sure your food and drinking water are safe (see below). Bottled water is readily available and provided in your housing, at all restaurants, and on the medical campus.

MALARIA: Due to the altitude (7,628 ft/2,325 M), antimalarial medication is not needed if you are planning to stay in Asmara. All visiting faculty planning to travel outside Asmara should take one of the following drugs: atovaquone/proguanil (Malarone), doxycycline, mefloquine, primaquine (in special circumstances). Chloroquine is NOT an effective antimalarial drug for Eritrea. Protect yourself from insects by remaining in well-screened areas, using repellents (applied sparingly at >4-hour intervals) and permethrin-impregnated mosquito nets, and wearing long-sleeved shirts and long pants from dusk through dawn. For more information on Malaria please visit the CDC's website (<http://www.cdc.gov/travel/regionalmalaria/caribbean.htm>) or ask your doctor.

HEALTH PRECAUTIONS: All travelers should take the following precautions:

Eating and Drinking

- Drink only bottled or boiled water, or carbonated (bubbly) drinks in cans or bottles. Avoid tap water, fountain drinks, and ice cubes.
- Don't eat or drink dairy products unless you know they have been pasteurized.
- Eat only thoroughly cooked food or fruits and vegetables you have peeled yourself. Remember: boil it, cook it, peel it, or forget it.
- Don't eat food purchased from street vendors.
- Never eat undercooked ground beef and poultry and raw eggs. Raw shellfish is particularly dangerous to persons who have liver disease or compromised immune systems.

Sanitation

- Wash hands often with soap and water.
- To prevent fungal and parasitic infections, keep feet clean and dry, and do not go barefoot.
- Do not swim in fresh water. Salt water is usually safer.
- Don't share needles with anyone.

Other

- Do not handle animals (especially monkeys, dogs and cats) to avoid bites and serious diseases (including rabies and plague).
- Because motor vehicle crashes are a leading cause of injury among travelers, walk and drive defensively. Always use seat belts.



MONEY

DECLARING: You will be asked to declare the amount of currency you are bringing into the country. The Eritrean government takes this VERY seriously. Please declare the exact amount on the green sheet at Asmara airport. Make sure you keep this “Green Sheet” with your passport at all times as you will need them both to exchange currency.

EXCHANGING MONEY: The official Eritrean currency is the Nakfa and the current exchange rate is 1 USD = 15 Nakfa. The official currency exchange office is Himbol. DO NOT exchange your US dollars in the black market. If caught, you will be arrested. Once you exchange your USD in Nakfa, you will not be able to convert it again into USD, so make sure you exchange your money on an as-needed basis.

CREDIT CARDS AND CASH: A handful of places accept credit cards. Please make sure you bring enough cash to last you for the duration of your trip as there are no ATMs in Eritrea. While you *can* get cash while in-country, the process tends to be very lengthy and complicated. You will always pay in Nakfa as most places do not accept US Dollars.

EXPENSES PER PERSON: The Partnership for Eritrea will offer a stipend for expenses. Any expenses beyond the stipend will be out of pocket and considered a tax deductible donation to Physicians for Peace. Please see the attached *Expense Reimbursement Policy* for further information.

PACKING LIST

Each person is allowed to check two pieces of luggage. Please plan on checking only one piece of luggage as the Partnership for Eritrea may ask that you check a second piece of luggage with supplies. You may also bring a carry-on bag.

Eritrea is a conservative country and Eritreans take great pride in their appearance. We need to respect that through the way we dress as guests. Work clothing is similar to what is worn in Europe – jeans for office work are not encouraged. For men, preferred business dress is a sport coat, shirt (tie optional) and dress pants. For women, suits or dresses are preferred – skirts should fall below the knee. Please refrain from bringing cut-off shorts, short shorts/skirts, halter-tops, and no bare midriffs. Surgical scrubs (including scrub dresses) are OK while working at training facilities.

This is a suggested list, feel free to modify and improve it.

Clothing

- Hat
- Comfortable walking shoes
- Jacket
- 1 semi-formal outfit
- Enough work-appropriate clothes for 2 weeks
- Casual wear clothing (2 sets)
- Scarves (for women)



- 1 sweater

Medical Supplies

- Scrub suits
- Masks
- Shoe covers
- White coat
- Any special equipment required for daily practice (incl. stethoscopes, etc.)

Personal Health/Medications

- Any prescription medications to last you through your entire trip and a copy of the prescription
- Antidiarrheal medication
- Cold medication
- Chapstick
- Eye drops
- Hand sanitizer
- Toilet paper
- Insect repellent
- Towel
- Any other preferred toiletries

Other

- Sunblock
- Sunglasses
- Umbrella (June-August)
- Liquid laundry detergent for fine washables
- Mini flashlight
- Journal to record your ideas, questions and reflections
- Pen and pencil to fill out immigration paperwork
- Camera and film (if needed)
- See TSA info sheet for airline passengers

ACCOMMODATIONS AND GETTING AROUND ASMARA

Visiting faculty will be housed at the Sembel Apartment Complex in Asmara. You will have drinking water, electricity and running water (water pressure may be weak). In addition to basic amenities, the apartment will have:

- 1) back-up water tub
- 2) propane gas stove top
- 3) refrigerator
- 4) dish set for four, tea kettle and tea cups, glasses, silverware, cooking pots
- 5) modern sink, toilet, tub and shower



Due to soaring gas prices, vehicle transportation is somewhat of a problem. However, there are many city buses to take you around the city. The Sembel Apartment Complex is serviced by bus lines 1, 9 and 12. Taxis are also readily available, although somewhat expensive. Luckily, most things in Asmara are within walking distance.

REMINDERS FOR SAFETY AND SECURITY

In order to accommodate the people of Eritrea, we must be aware in advance of the political and economic situations, which affect their daily lives. You should be aware that Eritrea is a closed political system. Please refrain from discussing politics during your stay. Please also avoid taking photographs of government and military installations. While in Eritrea, you must follow Eritrean law. In the case of a medical emergency, the Partnership will provide treatment and/or evacuation as needed.

While the rate of crime is low in Asmara, some reminders are important:

- Follow the advice of the staff regarding all personal safety issues.
- Do not pass out money at any time.
- Do not pass out other items without the consent of the Partnership for Eritrea staff.
- Be aware that Eritrea continues to be a politicized country.
- Avoid speaking about political views.
- Be sensitive to Eritrea's history.
- Respect the decision of Eritreans who do not want to be photographed.

CONTACT INFORMATION IN ERITREA

Partnership for Eritrea Postgraduate Medical Education Office

Meskerem Assefa

Program Administrator

(011) 291 1 11.00.79

Dr. Haile Mezghebe

Postgraduate Medical Education Director

(011) 291 0 71.29.59.6

Dr. Margot Anderson

Program Director for Pediatrics

(011) 291 0 72.01.39.0

Dr. Susan Marzolf

Program Director for OB/GYN

(011) 291 0 71.93.55.2

Orotta Schools of Medicine and Dentistry

Professor Andemariam Gebremichael

Associate Dean and Dean of Academic, Student, and Research Affairs

(011) 291 0 71.13.56.3



Note: only include the additional 0 when calling the above cell phones while in-country. For example, instead of dialing 71.13.56.3, dial 071.11.35.63.

Because access to telephones and internet is not reliable, please recommend to your family that if they need to reach you to please call the numbers listed above for Meskerem Assefa, Dr. Haile Mezghebe, Dr. Margot Anderson, or Dr. Susan Marzolf.

AT THE AIRPORT IN ASMARA

On the airplane to Asmara you will receive the necessary documentation needed to enter Eritrea. The address in Eritrea that you will use on this documentation is:

Sembel Apartment Complex
Asmara, Eritrea
(011) 291 71.82.66.2

It is important that you let customs officials know that you are carrying electronics: cell phone, lap top, etc., and that you do not plan to leave them in the country. You will be taxed if you bring more than one of each, or if you do not declare them.

If you are bringing donated medical equipment or medications, please be sure to contact Physicians for Peace well in advance of your travel in order to ensure that the donation will not be taxed upon entrance to Eritrea.

Once you have gone through immigration and collected your baggage, either PGME staff will meet you at the airport on your arrival in Asmara, or you will be asked to take a taxi to the apartment complex. You will be notified in advance what arrangements have been made to assist you in transportation to the visiting faculty residence.

We hope that these suggestions and guidelines will help you to prepare for your volunteer experience. Flexibility and a sense of humor are all that is usually needed to turn unexpected changes and delays into enriching and educational experiences.

While your time in Eritrea will be an opportunity for intense immersion into the life of the Eritrean people, it will not be sufficient to understand the complex social, political, religious, and cultural realities of the country. With prior reflection and a commitment to continue the journey, you will come to better understand the Eritrean people. You will also come to know yourself better as you share your experience with others.

UPON YOUR RETURN

The Partnership for Eritrea is a work in progress, especially in this first year. As the inaugural class of visiting faculty, we hope that you will be able to provide input and feedback that will help us improve both the visiting faculty experience and the program. There are a number of ways in which you can contribute to this effort:

- 1) Provide a brief report that includes your observations, the challenges you faced and your recommendations.



- 2) Write a story on an aspect of your trip that had a profound impact on you.
- 3) Write a reflective paper about your expectations prior to departure and your personal experience while in-country.
- 4) Complete the attached survey.
- 5) Do a presentation or conduct or participate in a roundtable about the project.
- 6) Sign the visiting faculty guest book at the PGME Office in Asmara. Join others who have already left their mark in this book and read about their experiences.

If you would like to participate in any of the above, please contact the Partnership for Eritrea Visiting Faculty Coordinator at 202-994-2796 or see our website at www.partnershipforeritrea.org.

ABOUT ERITREA



COUNTRY INFORMATION

The State of Eritrea has 121,320 sq km (an area slightly larger than Pennsylvania) and is located in the Horn of Africa region, bordering the Red Sea to the east and Sudan, Ethiopia, and Djibouti to the north, west, and south. The landscape is dominated by highlands running north-south, with desert plains, hilly terrain, and flat-to-rolling plains surrounding. The administrative divisions of the State of Eritrea are composed of six regions. The capital city, and also the country's largest city, is Asmara. The State of Eritrea gained de jure independence from Ethiopia on May 24, 1993.

ENVIRONMENT

There are 4,010 km total of roadway in the country, approximately 78% of which are unpaved. Gold, potash, zinc, copper, salt, and fish are (or were once) found naturally in Eritrea. The government has embarked on a campaign of reforestation and soil conservation. Approximately 4.78% of the land is arable.



ECONOMY

According to the report of Human Development published for 2007/2008 by the UNDP, Eritrea is listed at 157th of 177 countries with data. The per capita revenue GDP is around \$130, with 50% of the population living below the poverty line. The Eritrean economy is one largely based on subsistence agriculture: 80% of the population is involved in farming and herding, and the remaining 20% is involved in industry and services. The currency of Eritrea is the nakfa, with the official exchange rate of 15 nakfa to 1 USD. The government strictly controls the use of any foreign currency.

DEMOGRAPHY

As reported by the CIA World Factbook, the Eritrean population is estimated at 4,906,585 for the year 2007 with an annual growth rate of 2.461%. Forty-three and one-half percent of the population is under the age of 14; 52.9% of the population is between the ages of 15-64. Overall, the median age of the Eritrean population is 17.9. Islam, Coptic Christianity, Roman Catholicism, and Protestantism are all practiced in Eritrea.

EDUCATION

The human development index (HDI) as set forth by the UNDP includes a measure of education, taking into account adult literacy and enrollment at the primary, secondary, and tertiary level. Of the total population, 58.6% are literate. Eritrea's primary, secondary, and tertiary levels enrollment ratio is 35.3%.

HISTORY

PRE 20TH CENTURY HISTORY: Along with Djibouti, Somalia, Yemen and Kenya, Eritrea has laid claim to being the site of the fabled 'Land of Punt', a rich, commodity-laden Horn of Africa region about which the Egyptian Pharaohs were known to rave in the vicinity of 2900 BC. Also known as the 'Land of the Gods', it was an area that traded heavily in such sought-after items as gold, frankincense and - unfortunately for the local flora, fauna and people - ebony, ivory and slaves. The very first human settlement in what is now Eritrea, however, is thought to have established itself in the Barka Valley in 8000 BC. Its residents are believed to have been related to inhabitants of central Africa, and after several thousand years of hefty cultural intermingling, had established strong trade relations with neighboring ethnic groups.

The kingdom of Axsum, situated in what is now known as Tigray in the northern part of Ethiopia, began to make its presence felt in the first century AD, relying heavily on the ancient Eritrean port of Adulis for handling its sea-going goods. Not content with merely being the facilitators of Axsum's foreign trade, the Eritreans marketed their own goods overseas, including loads of the black volcanic rock obsidian (prized in the making of jewelry) and tortoiseshells fresh from the Red Sea. The unconventional arrival of Christianity in the land, via shipwrecked Christian Syrian merchants, had a profound influence on the development of Eritrean culture.

The Eritrean coast's significance as an access point for the lucrative Red Sea trade meant that entrepreneurially-minded invaders were never far away. And so it was no surprise that in the



16th century, the Turks arrived to wave the Ottoman flag all over the foreshore, which they did for the next 300 years.

By the mid-19th century, Egypt had realized that the Turks were on to a pretty good thing and made its way into Eritrea through the western lowlands. Following the ways of other European nations, the Italians started the colonization of southern Eritrea in 1882.

MODERN HISTORY: Italy began investing in the development of its new, economically strategic bit of real estate, including the construction of a railway line between Massawa and Asmara, a national network of roads, tunnels and bridges, and a surprisingly efficient (for the period) telecommunications system. By the 1930s, Eritrea was one of the most highly industrialized colonies in Africa – the cost to the local population, however, was the dispossession of most of their land and the stamp of colonialism on just about every facet of the country.

Italy's domination of the region started crumbling when it declared war on Britain shortly after the commencement of WWII. Just over a year later, Asmara had fallen and Eritrea was a British mandate, though the old Italian administration was allowed to continue 'looking after' the colony until the end of the war in 1945. The postwar years saw Eritrea struggling to keep itself afloat economically – mainly due to Britain's insistence on taking every removable bit of the local infrastructure home with them as souvenirs. Things only got worse after a United Nation's resolution in 1950 declared the country was, for the time being, better off being federated with its neighbor, Ethiopia.

Eritrea was quickly shackled to a cultural sink by having its economy drained, its political leaders removed and a new national language – Ethiopian Amharic – replacing Tigrinya and Arabic in its schools. The forced union scaled new heights of bitterness in 1960 when Ethiopia formally and illegally annexed its new companion. A year later Eritrea began the Struggle for Independence, the longest African war of the 20th century, which ended up lasting 30 years and costing around 65,000 lives. When victory finally went to the Eritrean forces in 1991, it was incredible not just because the bloodshed was finally at an end, but also because they had defeated a much larger army that had at various times been supported by the Americans and the Russians.

The Provisional Government of Eritrea held a referendum on independence early in 1993 in which 99.81% of voters supported independence. They got their wish on 24 May of that year. Over the next four years, the new administration rebuilt the country from the ground up, introduced far-sighted laws which helped ensure such things as the protection of the environment and the rights of women, and tried hard to make friends with its African neighbors (including Ethiopia) and many others in the international community. But in late 1997, the two countries started squabbling first over Eritrea's rejection of the old Ethiopian birr in favor of its own new currency (the nakfa), and over bilateral trade relations. War broke out in May 1998, seemingly over a border dispute around a small border town called Badme. The war was very costly to both countries with huge human and material losses.

The border war ended in 2000 with the signing of the Algiers Agreement. A 25km (15.5mi) buffer zone at the border area between the two countries was created. One of the terms of the agreement was the establishment of a UN peacekeeping operation, known as the United Nations



Mission in Ethiopia and Eritrea (UNMEE); over 1,600 UN observers, troops and staff remain as of January 2008. Over 4,000 UN observers, troops and staff were involved at the start of the operation. Another term of the Algiers agreement was the final demarcation of the disputed border area between Eritrea and Ethiopia. After extensive study, an independent, UN-associated Eritrean-Ethiopian Boundary Commission (EEBC) issued a final border ruling in 2003, but Ethiopia rejected the EEBC decision. As of 2008 the border question remains in dispute, while a tentative peace remains in place.

Sources: Lonelyplanet.com, Wikipedia.org

HEALTH

According to 2005 statistics from the World Health Organization (WHO), the life expectancy at birth for males in Eritrea is 59.0 years and 63.0 years for females. Further, in terms of a healthy life expectancy (HALE) at birth, for males it is 49.0 years and for females it is 51.0 years. The Eritrean adult male mortality rate is 337, and the adult female mortality rate is 271. The leadership of the Ministry of Health has produced dramatic gains in child health in the past ten years. The overall average infant mortality ratio is 45.24 deaths per 1,000 live births, the lowest in sub-Saharan Africa. Child immunization rates are the highest in the region at an estimated 80%. The State of Eritrea's total expenditure on health as a percentage of its gross domestic product amounts to an estimated 4.5%.

There are too few medical doctors and far too few specialists to serve the 4.9 million people in Eritrea. Until recently, there was no medical education system in the country beyond a BA in a health science field. Many Eritreans traveled abroad for education but only a few returned to practice in Eritrea, resulting in "brain drain". To address this problem, the Ministry of Health, in partnership with the University of Santa Clara in Cuba, established the Orotta School of Medicine in 2003. The first class will graduate in 2009. Other health training programs include a dental school which opened in 2007, and nursing school whose curriculum is in the process of revision, and a school of public health which is in early phases of development.

Further information can be obtained from the following online resources: CIA World Factbook, United Nations Development Program, World Health Organization



TIGRINYA LANGUAGE BASICS

Greetings

Hello: selam

Welcome: merhaba

Good morning: dehaando hadrika (m) / hadirkee (f)

Good afternoon: dehaando weelka (m) / weelkee (f)

Good evening: dehaando amsika (m) / amsikee (f)

Goodbye: dehaan kun

Yes: u-we

No: aykonen

Getting Around

Where is the _?: abbeyy alo _?

Airport: aryaporto

Bus station: maerefi autobus

Bus stop: autobus tetew tiblelu

Boat: jelba

Car: mekina

Taxi: taksi

Train: babur

Please: bejaka (m) / bejakee (f)

Thank you: yekanyeley

Excuse me: yikrie-ta

I'm sorry: aytehazeley

How are you?: kemay aleka (m) / alekee (f)

My name is _: shemey _ iyu

I don't understand: ayeterede-anen

Numbers

1: hadde

2: kelete

3: seleste

4: arba-ate

5: hamushte

6: shedushte

7: shewate

8: shemonte

9: tesh-ate

10: aserte

Food

Breakfast: kursu

Lunch: mesah

Dinner: dirar

Water: mai

Beer: beera

Coffee: boon

Tea: shahee

Milk: tsaba

Sugar: shukar

Bread: bane

Rice: ruz

CONTRIBUTIONS


The Partnership for Eritrea is the means by which caring institutions and individuals collaborate to bring world class health education and training to the people of Eritrea. Thanks to the commitment of the faculty and staff of The George Washington University Medical Center, Physicians for Peace, Children's National Medical Center, the Ministry of Health, the Orotta School of Medicine in Asmara and many dedicated professionals who participate, significant and life-saving work is being done to aid the almost 5 million Eritreans in need of critical medical care.

The Partnership for Eritrea relies on private donations, institutions and corporations to finance its initiatives. Gifts of case, stock, medical supplies and equipment, medical books and non-expired medicines are all welcomed by The Partnership. All donations are tax-deductible.

If you would like to donate to The Partnership for Eritrea, or know someone we should contact about a possible investment in The Partnership, please call 757.625.7569 or visit our website at www.partnershipforeritrea.org.

Your gift will change a life!

ATTACHMENTS
APPLICATION FOR ENTRY VISA

	EMBASSY OF THE STATE OF ERITREA 1708 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 2000 TEL: 202-319-1991 FAX: 202-319- 1304	PHOTO
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1. Full Name (as in passport) _____ 1.1 Sex _____
First Name Father's Name Grand Father's Name
- 1.2 Former Name (if any) _____
2. Place and date of birth _____ 3. Occupation/Profession _____
4. Present Nationality _____ 4.1 Nationality by birth _____
5. Passport type _____ 5.1 Passport No. _____
- 5.2 Place and date of issue _____ 5.3 Valid until _____
6. Marital status _____ 6.1 Name of spouse (if married) _____
7. Permanent address _____ 7.1 Telephone _____ (home)
 _____ 7.2 Telephone _____ (work)
8. Purpose of entry Tourism Official Transit Business Employment Student Other
9. Entry desired Single Multiple 10. Expected date of arrival _____ 10.1 Period of stay _____
11. Addresses in Eritrea _____ 11.1 Telephone in Eritrea _____
12. Reference in Eritrea _____ 12.1 Telephone of Reference _____
13. Place and date of previous visits to Eritrea _____
14. Name of person traveling on the same passport

No.	Full Name	Sex	Place and Date of Birth

I declare that the information given above is correct and complete to the best of my knowledge.

Place _____ Date _____ Signature _____

FOR OFFICIAL USE ONLY			
Decision Taken _____	Entry/Visa No. _____	Sticker# _____	
Date of issue _____	Date of Expiration _____	Receipt # _____	
Remarks _____	Name and Signature of Authority _____		

Form 05/2007



PEDIATRIC TEACHING TIPS

ROUNDING WITH TEAMS AND SUBSPECIALTY CLINICS: The pediatric service has six basic rotations: NICU, inpatient services divided by age (infant, toddler, children age 5-14), ER, OPD. Most mornings begin with morning report at 8 am which we encourage you to attend. After morning report, visiting faculty will round (along with Eritrean faculty) with a team or attend OPD. You may well learn more than you teach in these activities.

There are subspecialty clinics held most afternoons. If there is not a clinic in your subspecialty, we will likely arrange ahead of time to have patients who have clinical problems in your area of expertise come to specially arranged clinic hours for your care and teaching.

DIDACTIC PRESENTATION FORMAT: You will be giving didactic presentations in two venues:

- Resident conference – expect as many as 7 residents, 5 faculty, and 4 medical students. These occur 3 afternoons per week. Resident conferences last approximately 1 to 1.5 hours.
- Medical student presentation – as many as 50 students. Medical student presentations last approximately 1 hour.



GRADUATE MEDICAL EDUCATION PROGRAM EVALUATION

Name:

Dates of Visit:

Residency Program/specialty area:

Pediatrics Surgery Other: _____

1. General description of activities (please check all that apply):

Participated in Morning Report

Provided direct patient care (please describe, e.g., subspecialty clinics, surgery, inpatient care, etc.):

Supervised patient care

Gave teaching sessions to:

Residents

Medical Students

Faculty

Other:

Provided faculty development or consultation on medical education (e.g., curriculum development, design of educational sessions, etc.)

Donated medical books and supplies (please estimate value, and list here):

Other activities:

2. For our volunteer hour records, please estimate:

a. Total number of education hours worked during your stay (including time spent revising/working on didactic presentations):

b. Total number of direct patient care hours worked during your stay:



If you circle 1 or 2 for any of the statements below, please provide details. (Use back if necessary)

A. Pre-visit	Strongly Disagree					Strongly Agree
Academic Information						
A1. I received adequate information to prepare me for my professional responsibilities on the program in a timely manner	1	2	3	4	5	N/A
A2. My requests for information or assistance from the GW Medical Education director were handled appropriately and efficiently	1	2	3	4	5	N/A
A3. Information on roles of personnel and structure of the program, both in the States and in Eritrea, was made clear.	1	2	3	4	5	N/A
Logistical Information						
A4. I received adequate logistical information to prepare me for the program experience in a timely manner	1	2	3	4	5	N/A
A5. Travel arrangements were handled in a timely and appropriate manner	1	2	3	4	5	N/A

Additional comments:

B. During my visit	Strongly Disagree					Strongly Agree
B1. In-country orientation was adequate	1	2	3	4	5	N/A
B2. Set-up of the teaching sessions was well-coordinated	1	2	3	4	5	N/A
B3. Adequate and appropriate supplies and equipment were available to perform, teach or demonstrate clinical work	1	2	3	4	5	N/A
B4. Trainees attended and participated in all teaching sessions	1	2	3	4	5	N/A
B5. Eritrean faculty attended and participated in most teaching sessions	1	2	3	4	5	N/A
B6. With the guidance that I received both before and during my stay, I was able to teach at a level appropriate to host-country interest and practice level.	1	2	3	4	5	N/A
B7. I received feedback on my teaching sessions.	1	2	3	4	5	N/A

Additional comments:

C. Travel/Culture	Strongly Disagree					Strongly Agree
C1. Program accommodations were adequate	1	2	3	4	5	N/A
C2. In-country travel arrangements to/from the teaching site were satisfactory	1	2	3	4	5	N/A
C3. I felt welcomed by my in-country hosts	1	2	3	4	5	N/A
C4. I received adequate information about the country, language, people and customs	1	2	3	4	5	N/A

Additional comments:

D. Overall	Strongly Disagree					Strongly Agree
D1. The goals of my visit were accomplished	1	2	3	4	5	N/A
D2. The program met my expectations	1	2	3	4	5	N/A
D3. Are you interested in volunteering again as visiting faculty?	No		Maybe		Yes	



E. General Program Comments

E1. Based on your clinical experience in Eritrea, are there specific systems or equipment needs you'd like to suggest as we move forward with our program?

E2. Based on your teaching experience in Eritrea, are there specific curricular topics, educational materials or experiences that you think should be emphasized or added in the future?

E3. Do you have any suggestions for improvements to any aspect of the program?

E4. Do you have any additional comments regarding your experience?

E5. Now that you've participated in our program, do you know of other faculty who might be interested in volunteering or applying as full-time program director for one of our residency programs (minimum one year commitment)?

*Thank you for taking the time to complete this form.
Please return the completed evaluation form to the Visiting Faculty Coordinator:*

Alyson Lipsky
alipsky@gwu.edu
202.994.2992 (fax)
2300 I St., NW
Ross Hall, Suite 614
Washington, DC 20037



EXPENSE REIMBURSEMENT POLICY

Thank you for agreeing to serve as a visiting faculty member for the Partnership for Eritrea. As you know, The Partnership for Eritrea (“PFE”) is a collaboration between Physicians for Peace, The George Washington University Medical Center, and the State of Eritrea Ministry of Health. Our goal is to provide outstanding post-graduate medical education to Eritrean medical professionals. We are thrilled to have you as a part of a team working towards developing a local, sustainable healthcare workforce in Eritrea.

PFE would not exist without volunteers like you. We recognize that the donation of your time and expertise is invaluable to the sustained high quality of the training in our post-graduate medical programs. We want to ensure that your trip to Eritrea and the details preceding it run smoothly and as seamlessly and economically as possible.

As such, we will provide you the following:

1. Coordination of all your travel arrangements, including air travel booking, lodging, and local ground transportation. (We will select vendors that best meet your needs and the mission of PFE.) This also includes coordination of the Eritrean Visa application process, organization and submission of necessary documents, and payment of fees associated with obtaining Eritrean Visa.
2. All costs for your lodging and ground transportation (limited to airport pick-ups and drop-offs).
3. Health and medical evacuation coverage.
4. Funding support to help defray your out-of-pocket costs. For your first trip, we will give you a \$500 stipend as a credit for your expenses; if you make return trips, we will provide a \$1,000 stipend as a credit.

We will electronically submit an invoice to you once travel arrangements are complete. Payment of invoices is expected prior to departure. Typical costs to you may include airfare (\$1,500–2,000), Visa filing fee (\$50), and medical evacuation coverage (\$36).

In-country meals run approximately \$30/day. Upon return, with receipts, the cost of meals will be tax deductible. We also recommend that you bring \$400 for miscellaneous spending.

If at any time you have questions or concerns, please do not hesitate to contact us. We know that this program will offer you a rewarding and enriching experience. We, and the people of Eritrea, thank you again for your participation in the Partnership for Eritrea.