

THE TRAINING AND DEVELOPMENT OF MANPOWER FOR THE SOCIAL SERVICES IN ETHIOPIA

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Planners generally recognize that development is more than improved economic productivity, thus admitting the importance of the social aspects of modernization. Many recognize that development also consists of the changes in knowledge, attitude and in the social system that could promote participation of people at various levels and partake in the social and economic benefits that would accrue from national development. Planners in Ethiopia do not appear to be different. The Third Five Year Development Plan (1968-1973) has placed some emphasis on the contribution of the social services (education, public health, social welfare, and community development) toward the over-all development that is anticipated during the Third Plan period and subsequent years.¹

The Plan also points out that the implementation of the various development programs will largely depend, among many other factors, upon the availability of skilled administrators and managers to direct the various socio-economic programs of the Plan and skilled technicians that can implement them. Thus, the Plan recognizes that the supply and efficient use of manpower is one of the most crucial points in carrying out the provisions of the development plan.²

This study proposes to determine the type of manpower that is required in relation to the problems and needs in the social services. An attempt will be made to compare the personnel needed for the social services and those that the existing training institutions now produce with a view of suggesting a more appropriate method of manpower training. The need to adapt the training and development of manpower to the personnel requirements of developing societies

1. *Third Five Year Development Plan*, Imperial Ethiopian Government, (Addis Ababa, 1968) p. 312, and p. 332.

2. *Ibid.*, pp. 80-105.

has been a subject for many national and international conferences and seminars, but few steps have been taken to determine the best approach to manpower training for the social services. This study is a step toward filling this gap.

The study and analysis of the social problems that faces Ethiopia, in terms of illiteracy and ignorance, ill-health and poverty, indicate that the problems are extensive and on a mass scale. Almost 90 per cent of the people are illiterate and are at subsistence level with the per capita income estimated at no more than US 65. Due to malnutrition and an unsanitary way of life people spend their short life cycle afflicted with chronic diseases of all kinds. A single epidemic sometimes kills people in the thousands, as happened in 1958 with the malaria epidemic or the cholera epidemic of 1970. People die of starvation when the whole land is fertile enough to support far more people than the current population figures.

Another point that is clear from the study is the fact that these problems overlap and are interdependent. People lack the necessary knowledge to diversify their method of work and production. They stick to unproductive traditional methods that hardly give better yield from year to year. People are too poor to be able to buy services such as health. So they become too sick to work hard enough even to subsist. Thus, the interdependence of ignorance, ill-health and the poverty creates a circular maze out of which the masses of people cannot escape. And yet most of the problems that aggravate ill-health, ignorance and poverty might be minimized by means of technically simple methods. The solution largely depends on mass education for changes of attitude and the acceptance of simple scientific methods of attacking problems rather than fatalistic resignation in the face of difficulties.

Attempts have been made, during the past 30 years, both by the government and private agencies to face up to these problems. But the social services have been piecemeal and uncoordinated. The various units have failed to get together and attack the problems in a unified way that would have allowed more effective utilization of both human and other resources. As a result, the various social service programs have hardly scratched the surface.

The educational system is able, after 30 years, to accommodate only 17 per cent of the school-aged children. The

percentage of illiteracy is still in the 90's. Besides, the kind of education being offered in the schools is hardly suitable to the kind of society it is supposed to serve. It has hardly affected the life of the majority of the people living outside the few big urban centers. The type of curriculum the school system offers is geared more to prepare students for higher studies than to equip them to attack the ills of the immediate village community.

The organization of the public health program is such that only about 20 per cent of the almost 25 million people ever get medical treatment of any kind. And most of those who receive the service are in the big cities where medical institutions are mostly concentrated. Addis Ababa and Asmara have one physician for every 4,600 and 3,700 people respectively, while the corresponding figure for the rural areas is only one doctor for every 300,000 to 1,000,000 people. And yet multimillion dollar hospitals and clinics are still being built in these two cities.

Though most of the diseases from which people suffer are caused or complicated due to lack of proper sanitation and malnutrition, little health education is provided in the basic health services in rural villages. This is mainly due to the shortage of qualified personnel and the improper allocation of financial resources. In 1972 the basic health services received only 25.3 per cent of the total budget which is the same amount as for the two cities of Addis Ababa and Asmara.

Welfare services are almost nil, apart from the piecemeal curative programs carried out, mainly by voluntary and private bodies in urban areas. There is no social security system, save for the contributory provident fund (known as the Pension System!) for civil servants. The rest of the people have to depend on their own frugality and must try to save from their meager income for the morrow. Or, they become burdens of the extended family system. When either of these two fail, thousands turn to the streets and try to live on the pity of others.

The rural community development program initiated a little less than two decades ago has made little progress. By June, 1972 there are about 50 ill-organized district development centers scattered all-over the country while eleven more were in the process of being established. But, due to lack of adequate finance, properly trained personnel, especially at the higher and middle level, and lack of coordination with other services

such as agriculture, health and education, little has been achieved. The little that is being done is a duplication of services. For instance, three different government units try to handle the problem of water supply. Besides the Water Resources Department, which is supposedly responsible for providing potable water supply nationally, the Ministry of Community Development and Social Affairs, and the Ministry of Public Health make separate requests for UNICEF assistance for providing potable water supplies to villages. A more coordinated approach would have been more effective and economical in terms of personnel use, financial resources and overhead cost.

Another characteristic feature of the present social services in Ethiopia is the centralized approach in providing the services. Practically every aspect of the programs is decided at the central offices of the Ministries in Addis Ababa. The Ministries of Education and Public Health have provincial departments while the Ministry of Community and Social Affairs have regional offices, some dealing with labour problems, others only with rural community development programs, while the one in Asmara handles all aspects of the programs. But, in general these provincial or regional offices have no power. They are only channels through which messages are transmitted from the central offices to the field units. Even more serious, in terms of development planning, is the fact that the provincial offices have little relationship either with each other or with the provincial Governor. The Governor's office has no control over the various government branches. There is no central planning unit at the provincial level and plans are centrally decided in Addis Ababa and carried out irrespective of local needs and differences. Priorities are determined at the top without the knowledge, not only of the people who are to carry out the program, but also of the people who are supposed to benefit from it. A central plan can hardly be effective without proper feedback from the field which would be possible only when plans originate from the grassroot and are intergraded and polished at the top level in terms of national policy.

One of the problems that makes planning unrealistic is the absence of reliable data. There has not been a population census. Statistical informations regarding the size of the labour force and the occupational patterns are scarce and relatively unreliable. Therefore, human resources analysis, assessment, and forecasting are difficult. The Ethiopian government has made several attempts, since 1963, to establish a

manpower program. The earliest efforts proved futile because no comprehensive occupational survey of manpower requirements, based on primary data, was made. In 1964, Arnold Zack, under the sponsorship of Haile Selassie I University, attempted to make a survey of university level occupations. But most of the information was found to be inflated and unreliable and the result was discarded. In 1966, Eli Ginzberg and Herbert Smith made another try. From the education and training point of view they produced good material, but failed to attempt an estimate of the requirements at various skill levels. Their report implied that to make an estimation would be unscientific. Another attempt was made for the Third Five Year Development Plan in 1968 to estimate the manpower requirements for the Plan period on the basis of existing employment figures. But the results were so flimsy that the Plan readily admitted its unreliability for purposes of investment in post primary education. As a result, the Plan made manpower study its primary task and delegated the Labour Department of the Ministry of National Community Development and Social affairs to carry out a manpower survey.

The first report of the assessment of manpower requirements was published in November, 1970.³ The study was based on a survey of employment agencies, both public and private, to determine the size of employed manpower. On the basis of the survey findings a projection was made on the assumption that the GDP would grow by 5 per cent over the plan period and the rate of labour productivity by one per cent. The projection indicated that employment would rise from 7,419,200 in 1968-69 to 9,007,500 in 1972-73. Since the formula used for this projection could not be utilized to find out the sectional distribution of employment, because of the lack of statistics of labour productivity of the different sectors, the results of an international cross-sectional study were employed to find the breakdown. Though this may be accepted as a good beginning, the results have to be taken cautiously. The use of an international cross-sectional study may not reflect the local condition adequately, especially

3. The study was carried with the assistance of ILO. See an *Assessment of Ethiopia's Manpower Requirements and Resources for Economic Development 1961-1970 E. C.*, (The Manpower and Statistical Section, Ministry of Community Development and Social Affairs, November 1970).

when the study is in another continent (Latin America mainly) which does not share much in common with Ethiopia, except general underdevelopment.

Another unfortunate drawback of the survey is the fact that, in the attempt to adhere to international occupational classifications, the sectional break downs are not detailed enough. For instance, most of the professional services are put together under "services". Therefore, the projections for teaching, health, welfare and community development manpower are not clearly stated in the report. Besides, there are certain contradictions when comparisons are made with official figures reported by various departments of the government.

Manpower shortages for the social services are reported by the concerned Ministries. A study by F. Harbison and Myers in 1964, placed Ethiopia 74th among 75 countries studied in relation to the level of development of its human resources.⁴ In the field of education, the demand for teachers outstrips the supply. In 1970, there were 8,172 primary school teachers in the government schools, while the demand was for 9,171. The primary schools were operating with a shortage of 1,745 teachers. The problem is not only quantitative but also qualitative. Out of 8,172 teachers only about 65 percent were trained teachers.⁵

The problem is more acute in the junior and senior secondary schools. In 1971, there were 1,697 teachers in the junior secondary schools. These were composed of 1,582 Ethiopians and 115 foreigners. Out of the nationals only 9 per cent were qualified to teach at the junior secondary level, while the rest were either trained to teach at the elementary school level or had no professional training, apart from secondary level general academic education.

Secondary school teachers consisted of 737 Ethiopians and 841 expatriates. Of the total about 52 per cent had professional training of some kind-18 per cent had a university degree, 17 per cent had a junior secondary diploma and 16 per cent were graduates from primary teacher training institutions. Those without professional training consisted of

4. F. Harbison and C.A. Myers, *Education, Manpower and Economic Growth*, (New York: MacGraw-Hill Book Company, 1964), p. 45.

5. Bekele Getahun, *et al*, *Education Sector Review: Teacher Education, Interim Report*, (Addis Ababa, Ministry of Education and Fine Arts (Mimeo), 1972), p. 27.

Ethiopian university service students, some of the rest had an incomplete higher education and the others had only general academic secondary education. Here, again, there is much to be desired in terms of quality. Both quantitatively and qualitatively, the secondary schools, depended on foreign teachers. This situation is likely to continue as the training institutions are not able to meet the target set for the Third Five Year Development Plan period.⁶ What is more discouraging is the fact that most of the University trained Ethiopian teachers are not teaching in the schools, but are holding administrative positions in the Ministry of Education.

The situation is not any better in the case of the public health services. The ratio of physicians to the population is 1 to 60,000 for the country as a whole, but in rural areas it is estimated at 1 to 300,000-1,000,000. In 1971, about 56 per cent of the 347 physicians were practicing in the cities of Addis Ababa and Asmara. Of the total physician population only 70 or 20.8 per cent were Ethiopians, the rest consisted of expatriates from twenty or so different nationalities, making the standardization of health practice quite difficult. The Medical School will produce only about 30 additional doctors by the end of the Plan period.⁷

As the revised plan indicates, the shortage of personnel is not limited to physicians. Both middle and lower level auxiliary workers are also in short supply. Even though the Public Health College is expected to produce about 40 health officers every year, there will still be a shortage of 28 health officers, by 1973-74. About 562 registered nurses will be required for the remaining part of the Plan period and yet only 170 could be trained within that period. There will also be a shortage of 90 community nurses to staff the basic health services.⁸ Thus, the likelihood of meeting the manpower needs for the Plan period, on the part of the training institutions is almost nil.

The demand for trained social and community development workers is not clearly stated in the Plan or any other government document. The School of Social Work of the

6. *Ibid.*, pp. 7-8.

7. Widad K. Mariam and Ahmed A. Moen, *Government Health Services in Ethiopia and the Role of Medical Graduates in it*, (Mimeo) (Addis Ababa May 25, 1972), Appendix II, p. 4.

8. *Three Year Plan For the Development of Health Services*, Ministry of Public Health, IEG, (Addis Ababa, October 1977), pp. 37-39.

Haile Selassie I University has been turning out ten to fifteen social workers, with a bachelor of social work degree, for the past few years. These were employed by the Ministry of Public Health in the various hospitals and clinics. A few worked with the Ministry of Community Development and Social Affairs in urban community centers and the small correctional service for juvenile delinquents in Addis Ababa. The Municipality of Addis Ababa, the Haile Selassie I Welfare Foundation, and some of the larger voluntary organizations have employed a few social workers in orphanages and other programs for youth and women's welfare. The fact that most of the welfare services are still under untrained workers indicates the need for trained social and community development workers. But there seems to be no sense of urgency on the part of the Ministry either to expand the services or to employ trained workers. The fact that Social Welfare has almost been left out from the Third Five Year Development Plan indicates that the government does not give it any priority. This is mainly due to the unfortunate dichotomy between social welfare and rural community development program.

For its rural community development program, the Ministry runs a two-year post-secondary Training Center at Awassa. The Center turns out about 40 village level workers every year. They are assigned to villages around the District Development Centers. According to the original policy of the ministry there should be ten village level workers in each center. But the actual figure will not average more than five village level workers. According to the Third Five Year Development Plan the training capacity was to be doubled through the opening of a second training center, but this has not yet materialized. This has delayed the expansion of the program. The number of District Development centers were to increase from 33 in 1968 to 100 in 1973. But by January, 1972, there were only 40 centers. Though it is only one of the factors for the delay, the shortage of personnel has contributed to this lag behind the planned target.

The fact that the various sections of the Ministry of Community Development and Social Affairs, both at the Head Office and in the regional offices, are manned mainly by untrained people, especially at the higher and middle levels, indicates that there is a need for better trained people if the program is to run effectively. At the same time there seems to be an apparent resistance to employ trained people,

especially in the community development program. There are two possible reasons for this. One is the unfortunate belief, on the part of officials, that university trained social workers are to be used only in urban welfare services. The second reason is an apparent resistance against professional workers on the part of officials. This could be seen from the fact that practically all regional development officers and district development officers are ex-primary school teachers with very little professional training, or people upgraded from positions of village level workers. Thus, the manpower situation in the welfare and community development services is much worse than in the fields of education and public health. The problem is one not only of the shortage of trained manpower, but an apparent unwillingness to involve trained social workers in the community development program. It is uneconomical to use ill-equipped personnel to handle a delicate program as community development. Such people are likely to fail and in their failure bring the program into disrepute. This can be seen in the fact that people have started questioning the value of community development as it is now being operated. Many wonder why it should not be joined with the agricultural extension program.

With the above as a background, this study will be based on two assumptions.

(1) The task of development workers in the social services relates to the improvement of food and nutrition, health and sanitation, shelter, literacy training and fundamental education and the general betterment of social and community life. Therefore, if the social services are to play an effective role in the over-all development of the country and if they are to meet expected needs of large segments of the population, a more integrated and broad-based approach to manpower training and development should be adopted.

(2) And, if social service programs are to bring change and development to as many remote villages as possible, the teacher corps must be involved in development activities, as well as in classroom teaching, to compensate for the paucity of trained workers in the other social services.

The general assumption is that the present approaches to the training of personnel for the social services not only fail to meet the need in terms of size, but are also not adapted to the conditions to be alleviated by the social services. Thus calling for an integrated and broad-based approach to man-

power training and development. The basic questions of the study are:

- (1) for what and how should development workers for the social services be trained?
- (2) to what extent should the training of middle level workers for the social services be integrated and coordinated so that trainees can learn to supplement each other in the field?
- (3) to what extent should teachers be utilized as community workers in welfare, community development and public health activities in order to make the schools, especially in rural villages where the school is the only modern institution, centers for change and development?

The problem, as indicated earlier, is not only the shortage of manpower. The training of personnel for the social services is not geared to the general problem to be dealt with. A look at the program of training of the people that fill the middle level personnel requirements for the social services indicates that present training is highly theoretical, specialized and restricted. A glance at the catalogue of Haile Selassie I University reveals that the training of health officers, social workers and teachers generally concentrate on the specific professional subjects, apart from a few background introductory courses in the social and behavioral sciences, and the humanities. The course contents are not development oriented and since development has no subject boundary, what is needed is a generalized education with an interdisciplinary approach. Some of the faculties have made attempts, but further change is required.

It is assumed that a history teacher should not restrict himself to the teaching of history. As the most knowledgeable and educated person in a village, he has the duty and obligation to enlighten not only his students but also the people of his community. He should be trained to deal with problems other than classroom teaching. His training should prepare him to deal with more out of classroom problems, directly or indirectly. He should be able to identify resources and make the appropriate referrals when the issues prove beyond his ability. Above all, the correct orientation and motivation to participate in development programs must be instilled. A sense of mission should be developed before a young person is placed in a community that needs his help but does not know how to tap it.

Similarly a health officer should realize that the answers to health problems, in rural villages, do not lie only in specific therapies for specific diseases, "but rather with social action which affects whole classes of health problems".⁹ It is futile for him to inform villagers that their source of ill-health is nutritional deficiency and that they should consume more calories or essential nutrients. This involves improvement in agricultural practices. It requires sufficient means of communication for better means of distribution. It involves changes of customs and mores in the ways food is prepared and consumed. The health worker should be able to realize all these implications. Even in delivering his own services, he must bear in mind, for instance, that vaccination against small pox by itself means little. What is more important is the acceptance and incorporation of health measures in the way of life of the people, so that they seek such services by themselves in the future when the need arises. The question is, does the present training prepare him beyond the mere delivery of his service? Can he be taught to link his service with that of other professionals? Does he make an effort to connect the links between various aspects of problems of rural villages to bridge the gap between services? As much as possible health workers "should do what they can to improve the non-medical aspects of a culture in the promotion of a 'better life' for the people".¹⁰

The nature of the problems to be handled, both in urban and rural areas, demands that the training of social workers and community development workers be oriented toward groups of people rather than individuals. Training must concentrate on preventive methods rather than treatment. The emphasis should be on environmental manipulation to modify behavior instead of intrapsychic approach as is the case in the West. For such an orientation the curriculum must contain, in addition to the social work methods and theory courses, such courses, as adult education methods, extension, public health, development, administration and similar other

9. William H. Stewart, "Health Problems of Rural Communities", in E. Croft Long (ed), *Health Objectives for the Developing Society*, (Duke University Press, 1965), p. 25.
10. Murice King (ed), *Medical Care in Developing Countries* (Nairobi: Oxford University Press, 1966), p. 1:19b.

fields that would equip them to function in broader perspectives.¹¹

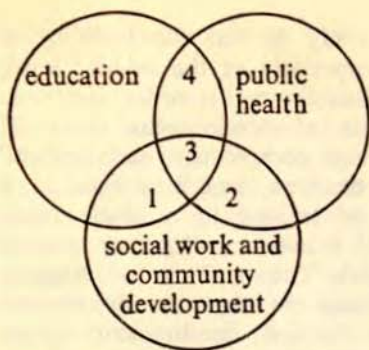
The relationship of education and health to the programs of social welfare and community development is quite obvious. The general objective of education is to help people acquire knowledge and skills in order to develop their own potential and thereby play useful roles in society. The development of human potential is also the main objective of welfare and community development programs. Social work, therefore, can provide a supportive role in dealing with the social aspects of education. This could take both a preventive and a developmental aspect. Social workers can help in preventing children from prematurely dropping from school to become a burden to society. Social and community development workers should, along with teachers and public health workers, participate in providing social and civic education for which they must be thoroughly prepared. Social workers can also take a more positive role in stimulating cooperation of parents to build more schools through self-help programs.¹²

From the point of view of health, social workers should assist in stimulating positive attitudes in the community for the acceptance of modern health and medical care services. The health of people does not depend on the ratio of doctors and hospital beds alone. Much depends on nutrition, environmental sanitation, prevention of infectious diseases and eradication of insect vectors. The creation of the right attitude for all these is as much the duty of social workers and teachers as it is of the health workers. Health education cuts across all the three services.¹³ Thus, social workers, and teachers are as important to the development of basic health attitudes as are doctors and health workers. In fact, "future control of health problems and the development of health services in Ethiopia should closely follow the development of the educational system".¹⁴ This study advocates such an integrated approach to social development.

11. Marshal B. Clinard, *Slums and Community Development: Experiment in Self-help*, (New York: The Free Press, 1966) op. 158.
12. *Social Welfare Planning in the Context of National Development Plans* (New York, United Nations Publication, St/SOA/99, 1970), p. 58.
13. *Ibid.*, p. 59.
14. E. Fuller Torrey, "Health Services in Ethiopia", *The Milkbank Memorial Fund Quarterly*, Vol. 45, No. 3, (July 1967) p. 285.

The first proposal of this study is that the training of workers for the social services, especially at the middle level, should be integrated and inter-disciplinary, in order for workers to understand the problems of development from all angles and able to supplement and complement each others' work. The proposal is not for teachers, health workers and social development workers to be trained in a single institution. It is not the integration of faculties, colleges or schools of the University that is essential. The need is to integrate the curriculum and course offerings so that the orientation of the educational objective is toward development rather than merely to the teaching of professional techniques. Inasmuch as the problems of modernization and change in Ethiopia cut across many disciplines, so should the training of development workers, in these three fields in particular. There are many sides to the development of communities such as the knowledge of agricultural extension work, the principles of social and civic education, development administration, health education, cooperation, the problems of settlement, the implications of land reform, and various other relevant approaches. If development workers are to be able to carry across to the mass of people some messages of growth and change, they must have a knowledge of principles, methods and techniques of education and communication. They must be able to discriminate what part of the existing culture and mode of life should be strengthened and what part should be tactfully eliminated. These could be done only through a knowledge of the sociological, anthropological, political, economic and cultural situation of the community as well as the relevant professional skills and techniques. Therefore, the proposed training emphasizes that development workers in each of these three services should have a grounding in their respective fields and in addition learn the main principles from the other services. It is also essential that they acquire a working knowledge in public administration, political science, economics and the law, since these are a must in the day to day functioning in community work.

This proposal can be demonstrated in a diagram. The amount of public health or social work training teachers should have is shown by the numbers 3, 4, and 1, 3 respec-



tively. Similarly health workers or social development workers will take the same amount of courses from the other fields as shown by the numbers in the diagram above.

The second proposal concerns the acceleration of development. At the present rate of expansion of the social services it will take a long time before a larger segment of the population is covered. At the rate at which the training institutions produce qualified personnel especially in public health, social work and community development, it will take several decades before villages can be reached with essential services. The possibility of accelerating the manpower training is also limited by various factors. Therefore, the most widely spread modern institution—the school system, with its teacher corps—must be effectively used as the center around which development must be built. There are now well over 2,000 schools scattered all over the country as compared to 83 health centers or 40 rural community development centers.

The school is the only institution of modernization in most villages and the teachers are the only educated people. It would be a criminal waste of resources if, in addition to classroom teaching they are not involved in educating the community. Of what use is it for a teacher merely to lecture to students on the value of sanitation, if parents continue fetching water from the same old stagnant and polluted pool, and continue defecating in the open? Does the school itself provide and enforce the use of sanitary facilities among students? Does the school demonstrate the practical use of the new techniques it teaches to students? Are students encouraged to share the new knowledge they learn with the community people? Does the school work with other development agents, if there are any? Do teachers involve themselves in community activities, apart from socializing around public places? Lecturing to students on the value of the scientific method alone will not effect change unless the parents and the community at large are involved. The schools have to foster among the people in the village, the social goal of better

life and work cooperatively for the common good. Students must be prepared to participate, constructively in the development of the society. Students must be able to see the connection between what they learn from books and the practical problems of life around them. They should be able to use the new techniques they learn within their own communities rather than trying to use them as a stepping stone to escape the dreary life in villages. Therefore, education must be related to development and change in order to "discourage the notion that education is just a ladder on which ambition climbs to privilege".¹⁵ The educated must be committed to step up the pace of change and growth within the community.

Thus, the school can be a focal point for change and modernization in the surrounding community. The talents and intelligence of both the staff and students must be utilized properly for the purposes of development. The school can combine its educational function with its commitment to development of the villages within its immediate vicinity. The students can have the opportunity of learning both the skills and the commitment to be useful to their community.¹⁶ The schools must be the center for community development. It must bring enlightenment and technical education to the adults and the young as well as to the new generation. It must be the center for revolution without violence and become the rallying ground of modern life. At the same time it should continue to prepare and select the ablest students for further education and leadership at the higher level.¹⁷

The effective implementation of the two proposals calls for a new structural organization of the executive branch. If these proposals are to function effectively they must start at the grassroot level without bureaucratic hierarchies that would hamper communication and supervision and delay the decision making process. The decision-making body must be as close as possible to the program. Therefore, the third and last proposal calls for the decentralization of the social services. A study of the present organizational structure of the social services indicates that the programs at the local level suffer

15. Patrick von Rensburg, *Education and Development in an Emerging Country*, (Uppsala: The Scandinavian institute of African Studies, 1967), pp 23-24,

16. *Ibid.*, p. 24.

17. Thomas Balogh, "Misconceived Educational Programmes in Africa" *Universities Quarterly*, Vol. 16, No. 3, (June 1962), p. 247.

from over centralization and distant bureaucratic controls. Decentralization, as conceived by the concerned Ministries alone will not be enough. The creation of provincial departments or regional offices that are centrally monitored will add only a line to the decision making hierarchy. Therefore, a more radical departure is required.

The social services in the provinces, should be placed under the control of the office of the provincial Governor with a new mandate other than his present one of the maintenance of law and order. A new office, with a capable and trained person, responsible to the provincial Governor should be created to coordinate and supervise the social services. The various Ministries should remain only policy-making bodies with over-all supervisory power. The Central Government should allocate on the basis of requests and over-all national policies, lump sum budgets. The new office, under the Provincial Governor, should then be given the authority to allocate and disburse the budget according to local needs and priorities, rather than in conformity of the prearranged budgetary items, subject only to the requirements of the Auditor General's office.

The provincial offices should also have the authority to recruit personnel in accordance with civil service rules, rather than through Ministries. Such a practice would minimize the present, exaggerated complaint that young educated people are not willing to work in the provinces. This will end the present system whereby radical, unconforming, problematic and frustrated workers from the Ministries are dumped to the provincial offices.

The over-all value of such a decentralization is that it will bring the decision-making power much nearer to the problems. It will allow flexibility. It will facilitate the effective use of resources. Last, but most important, it will create local initiative and even a little spirit of competition, and a sense of pride all of which are now completely lacking, but essential if growth and change are to take place. Development can hardly take deep roots under the shadow of a lethargic provincial Governor whose main preoccupation is to see to it that he will be called back to Addis Ababa, the center of "civilization and power".

For these proposals to be effectively implemented three steps are necessary. In the first place the government has to agree to decentralize the administration and place the social services under local administration. It has also to decide to

make the school the focal point from which change and modernization spread out to the communities.

The second step, assuming that the government, with its commitment to development, will carry out these changes, would be for the concerned faculties of the University to work out the details of a curriculum for the integrated training of social development workers. It would be impractical for this study to develop the detailed contents of the curriculum, apart from making some general indications. It should be for the three units (education, public health and social work) of the University to determine what should be retained in terms of professional education and what should be incorporated from the other fields. However, it would seem that in addition to professional subjects in each field the inclusion of some or all of the following would strengthen the curriculum for a broad-based, integrated training of social development workers.

1. Development administration and local government.
2. Agricultural extension methods and the implications and the need for land reform.
3. Social education methods (including literacy, adult and continuing education and civics.)
4. Principles of community development, cooperatives and group dynamics.
5. Social policy and social planning.
6. Rural sociology and culture.
7. Principles of health and sanitation; health education methods and techniques; elementary methods of communicable diseases control.

The incorporation of these and related subjects might require the elimination of certain courses from the present curriculum, which the faculties could do better than the writer. Since some of these courses are already offered in one or the other faculties, accommodation should not present much difficulty.

At present, each of the three faculties require of students some practical training which is being carried concurrently with classroom learning. These could be retained as they are meant to strengthen professional techniques. But a step must

be taken to bring together all the three groups so that they would learn to work cooperatively in the field. For this third step, there could be not better opportunity than the year of Ethiopian University Service where all the three groups could be made to work as a team. This could be used, to begin with as a pilot project in a few centers, slowly spreading out to cover as many school districts as possible.

The proposal calls for a team approach to modernization and change. Each government department or institution concerned with any aspect of this proposal has to accept and act as if it were part of one larger body with one ultimate goal—improvement of life. The proposal will not materialize if the tendency toward self-sufficiency continues. What the proposal intends to accomplish is not different from what each of the concerned departments or institutions purport to accomplish. The difference is only in approach. The proposal stands for shortening the miseries of people through better use of manpower resources. If we can alleviate some of the chronic problems people have to put up with to-day, why postpone the process until tomorrow, simply by sticking to conventional methods?