

MENTOR

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HISTORY

**AFRICA:
IN THE
SHACKLES OF
COLONIALISM**

EQ

**10 HABITS
OF MENTALLY
STRONG
PEOPLE**

MARCH 2017 ISSUE # 3

LAW: IS INTERNATIONAL LAW REALLY A LAW?

AUTOMATIC TAITA MAKER MACHINE



PHARMACY

**EXPANDING THE ROLE
OF A PHARMACIST
IN OROTTA
NATIONAL
REFERRAL HOSPITAL**

MARCH'S QUOTE OF THE MONTH

**With
each DROP
of your
Knowledge,
we
will create the
ocean.**



**Send your Articles at
eriscigroup@gmail.com**

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MENTOR Magazine is dedicated to all Eritrean High School and College Students as well as Graduates. It envisions to disseminate academic knowledge on various disciplines through sharing.

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Editor's Letter



This month MENTOR Magazine is back with exciting articles, full of interesting stuff. Who would have taught that the traditional Mogogo could be remade to function automatic? Well, our guys from the Electrical Engineering Department from EIT have done it. It amply shows that there are a lot of stuff around us which can be technologically modified without losing their cultural essence and symbol. MENTOR will also feature a pharmaceutical article on the role of pharmacies at the Ortottaa Referral Hospital.

The Social Sciences are also back. We will feature articles on international law and African dark colonial history. Natnael F. will deal about one of the crucial debates in law, whether international law is indeed a law. Natnael Y. will also give as a combination of colonial history and politics to vividly depict the tragic story of Africans at the hand of their colonialists and the lessons we can aspire from that story.


As usual, you can download the magazine from and follow us at [Facebook/Eritrean Scientific Society](https://www.facebook.com/EritreanScientificSociety) and eriyouth.org.

Editor- in- Chief

Saba Tekeste

A custom-built automatic taita maker machine is shown on a wooden floor. The machine consists of a black metal frame with a circular cooking surface on the left and a hopper on the right. A funnel is attached to the hopper, and a wire is connected to the machine. The machine is designed to automatically cook and stack taita (Ethiopian flatbread).

AUTOMATIC TAITA MAKER MACHINE

A stack of freshly cooked taita (Ethiopian flatbread) is shown on a white cloth. The bread is golden-brown and has a slightly puffed appearance. It is stacked on a red woven basket.

**KOKOB TEKLEHAIMANOT, LIDIA NETSEREAB
RUSSOM TEKIE, TESFAALEM WELDEMICHAEL
YODIT KIFLAY, YOHANA DEBESAY
YOHANNES KIDANE**

An ATM MACHINE

is a machine designed by combining three principles which are mechanical electrical and computer programming. In the mechanical design we design the whole machine to a very simplified level. We try every possible mistake through the course of designing the mechanical design and still a lot to come but at this, level the design compensate most of the problems that can be solved by adding more motors and electrical parts. In the electrical design we try to move the mechanical parts by designing a circuit with motors, microcontroller, relays and some sensors to control the parameters like temperature and level of the dough. In the programming we use an ARDUINO IDE to write the program to put the mechanical and electrical designs in rhythm.



Injera is one of the commonly eaten food in Eritrea.

KEY WORDS

- **ATM (automatic taita maker)** is an automatic machine which cleans the stove, pours dough and pushes the output product to the taita holder
- **Buhuq** is a traditional Eritrean batter/dough which is poured on top of the hot cooking plate at a thickness of three to five liters per square meter of plate surface
- **Injera/taita** is a flat, moist yeast-leavened bread or pancake that is eaten in Eritrea, Ethiopia and parts of the Sudan
- **Micro controller** is a computer on a single integrated chip which includes Processor (CPU), Memory (RAM / ROM / Flash), and I/O ports (USB, I2C, SPI, ADC) Used in: Cellphones, Toys, Household appliances, Cars, Cameras...etc.
- **Mogogo** is a traditional Eritreanwood fired/hot plate where taita is cooked

- **Seteta** is a flexible sheet used to put out the baked taita from the stove plate to the taita holder.

INTRODUCTION

When we say ATM the first thing that can come up to your mind is money or banking-related ATM (automated teller machine), but our ATM is not that kind. It is a machine that can change our way of living and move our traditional mogogo one step forward for a good reason.



TRADITIONAL MOGOGO

A woman is pouring buhuq over the oven. fire is lit beneath the oven surface.

Imagine a home or a family with a mother where she no longer cries till her tears runs out to cook her family injera. Imagine a city where we no longer have to worry about the availability of injera at any time and in anywhere easily as bread. The existent electric mogogo are manual, exhausting for mass production and taita size is enormous, which is uncomfortable for celebrations, dinnerparties,



events...etc.

But nowadays most women and men are incapable of finding much time just for baking due to the technology and improved living conditions. This paper presents a machine which simplifies our problems.

This ATM is built

- To Change our life style
- To help for mothers in a big deal
- To reduce the time consumption
- To reduce the man power
- To make taita as a source of income
- To preserve the cultural ceremonies

OBJECTIVES

- To convert the manual baking taita into automatic controllable process

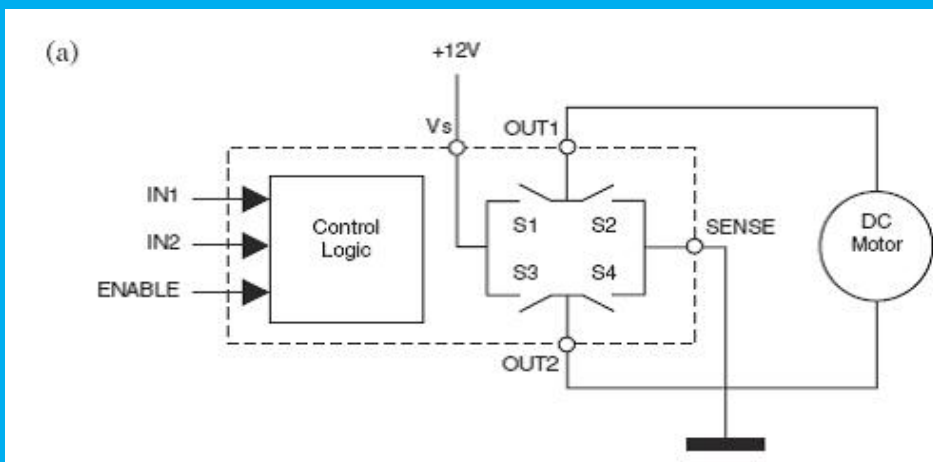
- To produce mass production of taita in plate size

SOFTWARE DESIGN

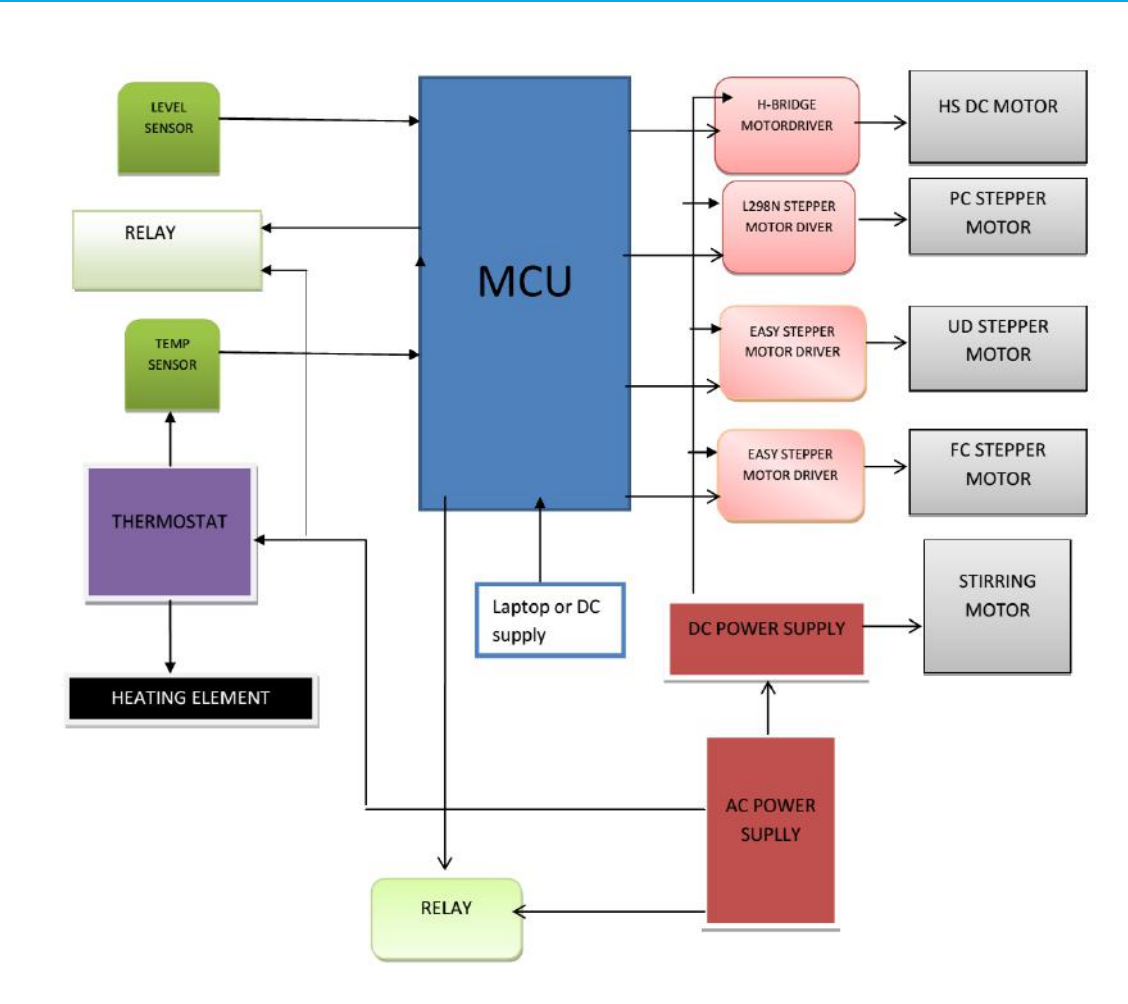
The software design of our project is based on timing. By analyzing the time required for backing one product we will design the program. The companion to the Arduino hardware is the software, a collection of instructions that tell the hardware what to do and how to do it.

Two types of software can be used: The first is the integrated development environment (IDE), which is discussed in this chapter, and the second is the Arduino sketch you create yourself.

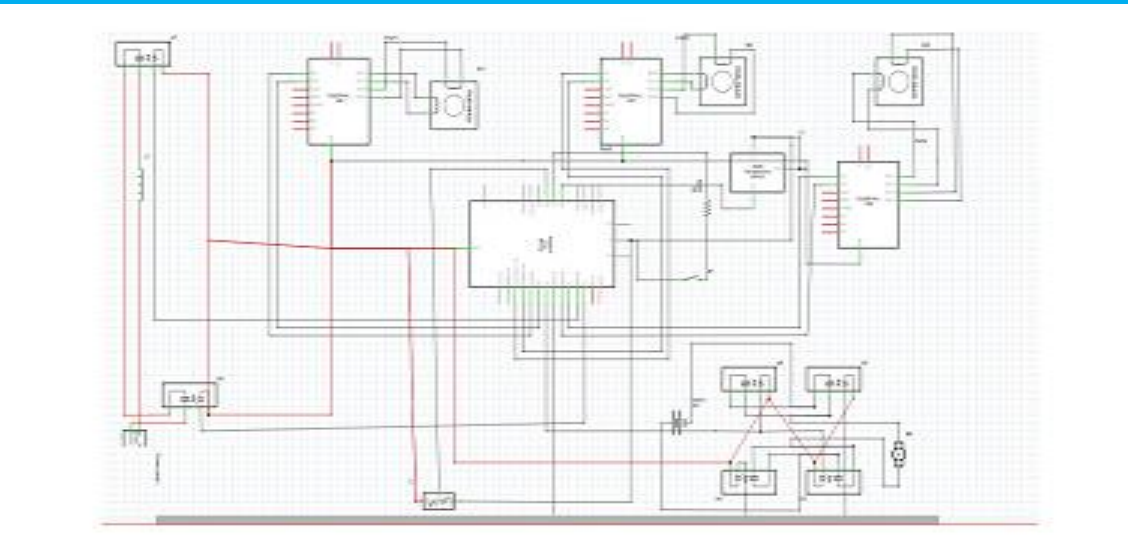
The IDE software is installed on your personal computer and is used to compose and send sketches to the Arduino board.



ELECTRICAL DESIGN



COMPONENT DESCRIPTION



MOTORS

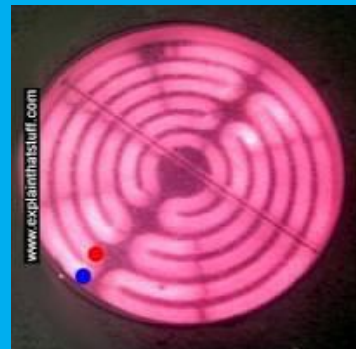
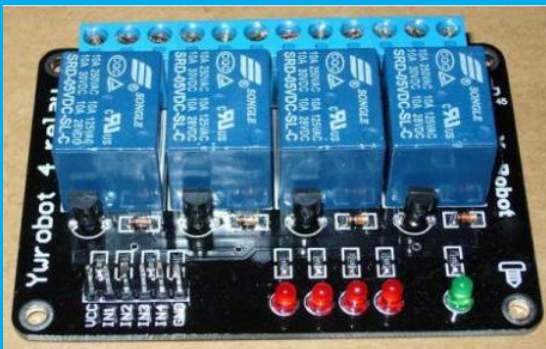


STEPPER MOTOR



DC MOTOR

RELAY MODULE 4 CHANNELS



SENSING PARTS

- Temperature sensors
- Liquid-level sensor

APPLICATION

- 1).In Festivals where traditional serving is available.
- 2) Taita baking industries
- 3) College's cafeteria
- 4) Celebration parties, wedding parties, dinner parties-intimate or large
- 5) In Malls
- 6) Hotels
- 7) In Homes

FUTURE ENHANCEMENTS

- Connecting 3 to 5 ATM machines in parallel controlling by a synchronized motion with a single operator.
- Packing will be automated (5 or 10 taita as a set).
- Power consumption will be reduced to its minimum range.
- All the sensors result will be displayed on a digital display.
- The whole taita production process will be automated (starting from mixing up to packing).
- We are planning to modify the sample we prepared in such a way that:

By connecting 3 to 5 ATM machines in parallel controlling by a synchronized motion with a single operator to improve the economy of equipment usage, increase the

product in the same time interval and power consumption will be reduced to its minimum range. The ATM machines will be able to pack their products in 5 or 10 as a set. All the sensors result, counter result and other results can be displayed on a digital display. And the whole taita production process will be automated (starting from mixing up to packing).

We are currently working with the hotel managers and other taita bakery owners to reach the project goals. They are cooperating well. If the government offers a fund, this machine can be distributed for tryouts. From that time the society and hoteliers would know its benefits and confident to buy the products then they will satisfy by the availability and quality of taita.

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1. Kimmo and TeroKarvinen “Make arduino Bots and Gadgets(learning by discovering)” 1st edition published in 2011 page(s): 199-253
2. Norman S. Nise, “control systems Engineering”, 6th edition

A photograph of two hands, palms up, holding a small, colorful map of the world. The hands are positioned as if presenting the map. The map shows continents in various colors (green, yellow, orange, red) and oceans in blue. The background is dark.

Is International Law Really Law?

Natnael Fistum

As students are first exposed to international legal materials there may be a degree of skepticism about the importance of international law. Some may believe that international law is merely illusory since governments seem to comply with it only out of convenience and disregard it whenever a contrary interest appears. Others may suspect that international law cannot really be law since there is no effective world legislature, judiciary, or police force to enforce it.

In fact, government compliance with international law is the norm and noncompliance is the very rare exception. There are over 45,000 international treaties, which fill 1,800 thick volumes -- usually located in some obscure place in a law school library.¹ Fortunately, they are also available electronically via CD-Rom, Lexis, Westlaw, and various sites on the Internet. Treaties govern every aspect of international relations and commerce, including air travel, telephone communications, television broadcasting, mail delivery, weather reporting, private contracts, protection of the environment, human rights, and trade with foreign countries. Breaches are infrequent and not without significant costs as discussed below.

Although there is not a world legislature per se, there is an international legislative process, which takes one of two forms. The first relates to bilateral treaties, which are negotiated and enforced in a manner similar to domestic contracts. The second process relates to multilateral treaties, which are adopted by the United Nations or a Diplomatic Conference of States (in international law, the term "States" means countries). This process can be very similar to the domestic legislative process, with the exception that the laws do not immediately go into effect when the United Nations or Diplomatic Conference approves the text of a treaty. Rather, each State becomes bound to the treaty only when it has been approved through the State's internally proscribed process.

While there is no single international judiciary, there are numerous international courts established by treaty which clarify and develop law, resolve disputes impartially, and impel nations to observe the law. The most influential of these are the International Court of Justice, the World Trade Organization, the Law of the Sea Tribunal, and Western Europe's two regional international courts -- the European Court of Human Rights at Strasbourg and the European Court of Justice at Luxembourg. In addition,

there are two Security Council-created international war crimes tribunals (for the former Yugoslavia and Rwanda), three hybrid international criminal tribunals (for Sierra Leone, Cambodia, and Lebanon), and a permanent international criminal court established by treaty. International law is also interpreted by numerous international arbitral tribunals, such as the U.S.-Iran Claims Tribunal. But most frequently, international law is litigated in domestic courts.

While there is no international police system whose pervasive presence might deter violation, that does not mean that international law is without effective mechanisms for enforcement.

While there is no international police system whose pervasive presence might deter violation, that

does not mean that international law is without effective mechanisms for enforcement. With respect to the most egregious breaches, the U.N. Security Council can impose economic sanctions, freeze assets, and even employ military force to compel compliance. The New York Convention on the Recognition and Enforcement of Arbitral Awards provides a means for enforcing international arbitration awards using the assets of the liable party located in any of the over 100 States Parties to the Convention. As with domestic contracts, the most frequent and effective means of inducing compliance with treaty obligations is by the suspension of reciprocal obligations by the non-breaching party until the breach is remedied. In addition, international law is routinely enforced by individual States through their domestic laws, courts, and police forces. Thus, for example, Article I, Section 8, of the U.S. Constitution empowers Congress to "define and punish ... offenses against the Law of Nations."

I hope this article gave you a glimpse of the vast topic of International law; what it is, who are its actors and what and how it governs. Next time we will see its sources and the different bodies that make and enforce international law.

A male athlete in a blue and white singlet is captured in a celebratory pose on a red running track. His arms are raised high, and his head is tilted back, suggesting a moment of triumph. The background shows a clear blue sky and a green field.

10 Habits of Mentally Strong People

Human Behaviour in Numbers

In the following series, Dr. Travis Bradberry's captivating lessons on Emotional Intelligence will be covered. Dr. Travis Bradberry is an award-winning co-author of Emotional Intelligence 2.0 and the co-founder of TalentSmart® the world's leading provider of emotional intelligence tests and training serving more than 75% of Fortune 500 companies. His bestselling books have been translated into 25 languages and are available in more than 150 countries.

Despite West Point Military Academy's rigorous selection process, one in five students drop out by graduation day. A sizeable number leave the summer before freshman year, when cadets go through a rigorous program called "Beast." Beast consists of extreme physical, mental, and social challenges that are designed to test candidates' perseverance.

University of Pennsylvania psychologist Angela Duckworth conducted a study in which she sought to determine which cadets would make it through the Beast program. The rigorous interviews and testing that cadets went through to get into West Point in the first place told Angela that IQ and talent weren't the deciding factors.

So, Angela developed her own test to determine which cadets had the mental strength to conquer the Beast. She called it the "Grit Scale," and it was a highly accurate predictor of cadet success. The Grit Scale measures mental strength, which is that unique combination of passion, tenacity, and stamina that enables you to stick with your goals until they become a reality.

To increase your mental strength, you simply need to change your outlook. When hard times hit, people with mental strength suffer just as much as everyone else. The difference is that they understand that life's challenging moments offer valuable lessons. In the end, it's these tough lessons that build the strength you need to succeed.

Developing mental strength is all about habitually doing the things that no one else is willing to do. If you aren't doing the following things on a regular basis, you should be, for these are the habits that mentally strong people rely on.

1. You have to fight when you already feel defeated. A reporter once asked Muhammad Ali how many sit-ups he does every day. He responded, "I don't count my sit-ups, I only start counting when it starts hurting, when I feel pain, cause that's when it really matters." The same applies to success in the workplace. You always have two choices when things begin to get tough: you can either overcome an obstacle and grow in the process or let it beat you. Humans are creatures of habit. If you quit when things get tough, it gets that much easier to quit the next time. On the other hand, if you force yourself to push through a challenge, the strength begins to grow in you.

2. You have to delay gratification. There was a famous Stanford experiment in which an administrator left a child in a room with a marshmallow for 15 minutes. Before leaving, the experimenter told the child that she was welcome to eat it, but if she waited until he returned without eating it, she would get a second marshmallow. The children that were able to wait until the experimenter returned experienced better outcomes in life, including higher SAT scores, greater career success, and even lower body mass indexes. The point is that delay of gratification and patience are essential to success. People with mental strength know that results only materialize when you put in the time and forego instant gratification.

3. You have to make mistakes, look like an idiot, and try again—with out even flinching. In a recent study at the College of William and Mary, researchers interviewed over 800 entrepreneurs and found that the most successful among them tend to have two critical things in common: they're terrible at imagining failure and they tend not to care what oth-

er people think of them. In other words, the most successful entrepreneurs put no time or energy into stressing about their failures as they see failure as a small and necessary step in the process of reaching their goals.

4. You have to keep your emotions in check. Negative emotions challenge your mental strength every step of the way. While it's impossible not to feel your emotions, it's completely under your power to manage them effectively and to keep yourself in control of them. When you let your emotions overtake your ability to think clearly, it's easy to lose your resolve. A bad mood can make you lash out or stray from your chosen direction just as easily as a good mood can make you overconfident and impulsive.

5. You have to make the calls you're afraid to make. Sometimes we have to do things we don't want to do because we know they're for the best in the long-run: fire someone, cold-call a stranger, pull an all-nighter to get the company server back up, or scrap a project and start over. It's easy to let the looming challenge paralyze you, but the most successful people know that in these moments, the best thing they can do is to get started right away. Every moment spent dreading the task subtracts time and energy from actually getting it done. People that learn to habitually make the tough calls stand out like flamingos in a flock of seagulls.

6. You have to trust your gut. There's a fine line between trusting your gut and being impulsive. Trusting your gut is a matter of looking at decisions from every possible angle, and when the facts don't present a clear alternative, you believe in your ability to make the right decision; you go with what looks and feels right.

7. You have to lead when no one else follows. It's easy to set a direction and to believe in yourself when you have support, but the true test of strength is how well you maintain your resolve when nobody else believes in what you're doing. People with mental strength believe in themselves no matter what, and they stay the course until they win people over to their ways of thinking.

8. You have to focus on the details even when it makes your mind numb. Nothing tests your mental strength like mind-numbing details, especially when you're tired. The more people with mental strength are challenged, the more they dig in and welcome that challenge, and numbers and details are no exception to this.

9. You have to be kind to people who are rude to you. When people treat you poorly, it's tempting to stoop to their level and return the favor. People with mental strength don't allow others to walk all over them, but that doesn't mean they're rude to them, either. Instead, they treat rude and cruel people with the same kindness they extend to everyone else, because they don't allow another person's negativity to bring them down.

10. You have to be accountable for your actions, no matter what. People are far more likely to remember how you dealt with a problem than they are to recall how you created it in the first place. By holding yourself accountable, even when making excuses is an option, you show that you care about results more than your image or ego.

EXPANDING THE ROLE OF A PHARMACIST IN OROTTA NATIOAL REFERRAL HOSPITAL

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ABSTRACT

The role the pharmacists is considered globally, especially in developed countries, as a valuable input by the health care community in the patient care process by reducing the medication errors, rationalizing the therapy and reducing the cost of therapy. The primary objective of this study was, however, to shed light on the current practices of pharmacy in a hospital setting; highlighting the potential places where a pharmacist can actively get involved in patient care services and not merely remain as a medication dispatcher. Apart from this, a number of areas have been pointed out where the pharmacist can expand his/her roles in the hospital. These include initiating medication preparation practices, the formation of medicine and therapeutic committee, incorporation of drug information services, conducting medication order review, launching satellite pharmacies and improving dispensing routines.

KEY-WORDS:

Orotta National Referral Hospital,
Hospital Pharmacists, Reform

INTRODUCTION

A hospital exists to provide curative and diagnostic services to patients.

Among this, pharmaceuticals play an integral role in patient care, as the appropriate use of medicines in any health care services is a multidisciplinary responsibility shared by physicians, pharmacists, nurses, administrators, support personnel and patients.

In this perspective article, we discuss the current pharmacy practice in Orotta National Referral Hospital (ONRH) and the role that a pharmacist holds in relation to his/her educational background and experiences. Furthermore, we present improvements that hold great potential for renovating the pharmacy practice in the hospital. By expressing our personal views and concerns, we intend to open an intellectual discussion among health care providers and law makers on how a pharmacist can assume greater roles in patient care services nationwide.

CURRENT PRACTICES

The ONRH is the only teaching and national referral hospital in the country. Yet, the practice that undergoes (in relation to the hospital pharmacy services) is of a classical type. Typical responsibilities are confined to purchasing, storing and dispensing of medicines and medical equipment.

Highlight of the hospital pharmacy department organization alongside

the roles that its own staff plays are as follows:

1) Personnel

a) Head management. Management here refers to the chief pharmacist who is responsible for procurement, distribution and control of all pharmaceuticals used within the institution and for management of personnel within the pharmacy department.

b) Professional staff. These professionals are qualified pharmacists, whose role is only confined to the distribution of medicines and equipment as per the units order.

c) Support staff. The support staff is a combination of trained pharmacy technicians and clerical personnel, all holding the same role as the pharmacists.

2) Physical Organization

a) Pharmacy store. Here, bulk storage of pharmaceuticals and equipment is undertaken. Wherein, the medicinal items are organized as per their pharmacological classes and, their distribution is based on the FEFO (First Expiry First Out) technique. The store is organized in two sections; bulk storage and the dispatch area. In addition, within the storage area a separate room exists where narcotics and controlled medicines

are kept. On two-week basis, all the units of the hospital (in-and outpatient) receive their approved (by the chief pharmacist) orders directly from the main store, after which handpicked items are dispatched. Apart from this, record keeping processes are facilitated by computer software application that aids in inventory controlling.

b) Outpatient (OPD) pharmacy unit. The OPD pharmacy unit mainly dispenses chronic diseases medications, anti retroviral drugs, oral antibiotics...etc., wherein the medicines and revenues are registered. This pharmacy usually receives its supplies monthly from the main pharmacy store.

c) Satellite pharmacy. Despite the attempts to expand the inpatient satellite units within the hospital, the pediatric and the maternity satellite pharmacy are the only functioning units to date. Although, the maternity satellite has not started to fully function, it's currently confined to dispensing the controlled anti RhO injections. Whereas, the pediatric satellite pharmacy provides inpatient medications to half of the wards within the pediatric unit of the hospital.

From the above statements, it's evident that the pharmacist is not fully executing his/her full potential despite undergoing intense 5 year

educational training, ranging from courses like-pharmacotherapy, pharmacology, pharmacy management... etc. that makes him/her suited to challenge real world tasks presented in workplace. However, when one weighs the work force that exist and the

number of pharmacists and technicians in the pharmacy units of the hospital, it is seen disproportionate to the actual task they are assigned to. Put differently, the pharmacist's professional responsibility is grossly underweighted by the status he/she currently assumes. This is evident both in the store and OPD pharmacies; where in the store, the professional pharmacists and support staff are confined to mere distributions and record keeping processes and; nothing more than dispensing of medicines without proper counseling done in the OPD pharmacy.

TOWARDS REFORM

An increase in health demands, with complex range of chronic medicines and poor adherence to prescribed medicines, has forced pharmacists to take a patient-centered approach.

(1) For this reason the pharmacy practice is constantly changing from medication oriented to patient outcome oriented. Accordingly, pharmacy organizations and academic institutions around

the world have promoted "pharmaceutical care" as a philosophy and standard of provision of care for patients.(2) Pharmaceutical care refers to an extended professional role in which pharmacists assume responsibility for pharmaceutical and health outcomes (that impact on a patient's quality of life, e.g. identifying and resolving potential drug-related problems), (3) and not merely being limited to drug supply role. Since, achievement of ultimate population health, in modern health care delivery, demands multidisciplinary expertise.

The pharmacy profession is recognized for its importance as a health care provider in many developed countries but, in most developing countries it is still underutilized.(4) And the roles played varies in different parts of the world: some deal with the preparation and supply of medicines, while some focus on sharing pharmaceutical expertise with doctors, nurses and patients.

(5) Although, a certain change implemented elsewhere doesn't mean that it is equally achievable in a different setting, our motivation for incorporating reforms should be based upon independent analysis of our local situation, identifying potential opportunities and start improvement with

the least challenging tasks conceivable. One crucial criterion to identify this task is to recognize the roles that can be played solely by the pharmacist, in order to bypass the challenges that come from the overlap of job descriptions.

CREATING OPPORTUNITIES

The importance of pharmaceutical care services in saving lives and protecting public health is particularly relevant in resource-limited settings with a high prevalence of major medicine-treatable diseases. (6) And in our case, with the shortage of medications seen, appropriate handling and monitoring is required for rational drug use. Pharmacy as a profession has been struggling to redefine its job descriptions, mainly in the clinical area, and with the influx of new graduates to the Ministry of Health opportunities should either be identified or created.

In expanding the role of a pharmacist, creating opportunities no matter how small they might seem, is an indispensable step in need of taking. Most of the platforms that need to be created should, of course, be affordable. Considering the investment made on educating pharmacists, however, all feasible measures taken to utilize the pharmacist represent the best return on invest-

ment. In addition to, policy and resource related challenges, the effect of limited number and quality of pharmacy personnel on the provision of health care in the country is prominent. As a result, the participation of a pharmacist in patient health care requires an immediate attention and reform.

Following are suggestions of potential areas where the pharmacists could begin to expand their roles in the ONRH:

1. Medication Preparations

The pharmacist should be responsible for all medication preparation ensuring established policies and procedures are used in the preparation of repackaged or compounded tablets, capsules, creams, ointments; sterile compounds such as eye drops; and sterile products like Therapeutic Parenteral Nutrition (TPN), IV admixtures and Cytotoxic drugs. It's undeniable that the pharmacist shall have knowledge of the ingredients, equipment, possible problems such as compatibility and stability, and correct technique needed to compound sterile and non-sterile extemporaneous prescriptions. And since, a whole semester regarding extemporaneous preparations is offered in undergraduates' curriculum, a pharmacist can expand his responsibilities and aid nurses and other care givers in the appropriate

delivery of medications that comply with the Good Pharmacy Practices (GPP) guidelines.

The above stated recommendations shall have visible change in the pediatric units, where shortage of pediatric medical supplies are seen, but is preventable through alterations to proper dose and dosage forms. Likewise, preparation of medications will highly benefit the Oncology unit of the hospital, which is still at its infancy. Detailed endorsement is given below.

Despite, the most obvious roles of the pharmacist being preparation/reconstitution of chemotherapeutic agents for administration to the patient, nowadays the scope has expanded to a more direct involvement in patient care. This scope may allow the pharmacist to assess patients' actively receiving therapy, order and reorder chemotherapy and supportive care medication, perform limited physical examinations and thorough reviews of systems, and order necessary laboratory and radiographic examinations. Like other providers, the pharmacist may help maintain the preparation unit; writes progress notes for each patient encounter; documents interventions, plans, and complexities of patient encounters; and documents time spent with each patient. Additionally, the pharmacist meets with patients who are starting new anticancer therapies to counsel

them on administration and toxicities, completes thorough medication reconciliations, assesses potential drug interactions, and frequently obtains consent for prescribed therapies. The pharmacist may also write and sign for chemotherapy, but the first cycle being cosigned by an oncologist.⁽⁷⁾

Though, the above statements could be ahead of their time, in our case we could start with small steps since, the oncology unit holds promises to expand the pharmacists' role in the hospital. Trained in appropriate handling techniques, preparation, reconstitution, administration and disposal of cytotoxic agents, active involvement of the pharmacist will open a door to a more direct patient care not only in cancer treatment but also in many other clinical services.

2. Medicine and Therapeutics Committee

A further area that a pharmacists' involvement is appreciated is in the Medicine and Therapeutics Committee (MTC). The MTC committee hasn't yet been established in the ONRH, however, with its launch the pharmacist would be endorsed to actively engage in controlling the distribution of medicines and their safe and effective use. The MTC promotes rational use of medicines through the development of relevant policies and procedures and

monitoring practices for medication selection, procurement, distribution, and rational use and through the education of patients and staff. The committee is made up of representatives from the pharmacy, medical and nursing staffs; hospital administrators; and the quality assurance coordinator.

3. Medication Order Review

Medication orders ought to be reviewed by the pharmacist to ensure they are authentic, accurate and appropriate. In which, the MTC should be responsible to prioritize the type of orders that must be reviewed by the pharmacist prior to medication administration. Since the pharmacy department reside off-site of the hospital, provisions shall be made to send the original written order or faxed copy to the pharmacy and direct copy in the patient's chart. This helps, in detecting any medication errors.

Moreover, all medication incident and discrepancies (dispensing errors that have been detected before they are released to the patient) throughout the facility should be recorded, reported and examined, and written policies and procedures to report, document, analyze, and follow-up on medication incidents and/or discrepancies shall be developed. The pharmacy department shall take active participation alongside hospital administration, nursing, medicine,

and other disciplines to establish such reporting programs. One successful example of similar kind is the Adverse Drug Reporting (ADR) program which is running smoothly throughout the nation and serves as a motive to adopt such policies.

4. Drug Information Service

Drug information (DI) can be defined as the provision of unbiased, well referenced, and critically evaluated information on any aspect of pharmacy practice. Drug Information Service describes the activities undertaken by pharmacists in providing information to optimize drug use and therapy to health care professionals and the public. Many developing countries have tried to set up drug information centers (DICs). In such DICs, professionals know that they need to develop more clinical activities and also contribute to a culture-change, even among pharmacists and pharmaceutical institutions.⁽⁸⁾ But, such basic knowledge of hospital pharmacy and pharmacotherapy is already offered in our undergraduate studies, which makes the pharmacists fit to run DICs. Although, establishing such centers throughout the nation demands great capital and time, opening up a DIC in the hospital is doable with minimum requirements. Thus, subsequent educational training of personnel and updated drug information literature is required. Initia-

tives, therefore, should be taken to launch DIC in the institution which will have great impact in the acquisition of appropriate information by health care givers.

5. Satellite Pharmacy

The satellite pharmacy encourages innovative pharmacy services while providing special needs to specific units or wards within the hospital. In ONRH, only the pediatrics and maternal and child health (MCH) satellite pharmacy exist with limited functionality. Even though attempts are still being made to open several units, satellite pharmacies may bring the pharmacist closer to patient care area, facilitating interactions between physicians, nurses and patients. The pharmacist could also be used as a resource for medicine information and specialized medication therapy management. Besides, launching these pharmacies reduces the need for ward stocks and has a higher total inventory level than central pharmacy system, because there is less wastage of medicines and improvement in patient care.

6. Improved Outpatient Dispensing Services

In the hospital, the outpatient pharmacy department is perhaps the busiest working area for the pharmacist. To cater for the increased need of Antiretroviral Therapy (ART) in an environment of pa-

tients increasingly presenting with TB (including multi drug resistant and extreme multi-resistant strains) and HIV co-infection, clear working guidelines is in need. Besides the staffing of personnel, which currently contains three pharmacists, two technicians and several clerks is perhaps more than what is actually needed. However, the unit has some notable shortcomings starting from the physical working area to the informal working protocols governing the tasks of the unit.

To start with, the working area is so small that there is no sufficient space even for the authorized personnel to move freely. In addition to this, the pharmacist's contact with the patient is mediated through a fenced window. This fence apart from its inappropriateness for dispensing procedures violates the patient's right for privacy and can be interpreted as offensive. It is a professional responsibility of the pharmacist to make contact with patients with as little physical barriers as possible. For this to happen, the dispensing area should be relocated or expanded in size.

Counseling on rational use of medicines is an indispensable part of dispensing. For patients receiving ARTs it is even more important to spend time in counseling as their continuous treatment can predispose them to unforeseen side effects.

In the hospital, apart from prescribing ART medications, the physician assumes counseling responsibilities on medications, a responsibility which should have been taken care of by the pharmacist. Assigning medication counseling to the pharmacist, can potentially reduce the task overload of the physician. Apart from this the pharmacist-physician relationship is also very weak in the hospital. On one hand there is no formal means of communicating the prescriber on the availability of drugs or optional drugs for non-available medications. And on the other hand the prescription order contains no diagnostic information other than the medications dose and duration of treatment.

The more informative a prescription is the more the opportunity for the pharmacist to make his professional contribution. Therefore, it is paramount that working guidelines be drafted so that the pharmacist can have a role to play in promoting the rational use of drugs through counseling and through better communication lines with the prescriber.

CONCLUSION

Pharmacists are educationally equipped to handle a multiple array of tasks ranging from clinical to administrative responsibilities. The role of the pharmacist in Orotta Hospital has, however, been confined to mere distribution activities and

no one seems to be concerned. With the arrival of more qualified professionals pharmacy practice needs to be upgraded to a level where it can benefit and be able to accommodate the skills of its work force, especially the pharmacists. Therefore it is of paramount importance for initiatives to start to be taken to address the problems mentioned in this paper and also to consider the feasibility of the recommendations made.

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ፍለጡለይ

1. Wi-Fi እንታይ ማለት እዩ፤

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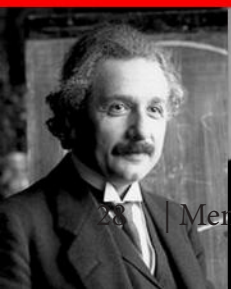
4. British Broadcasting
Company

5. ብረይል

Quote of the --- MONTH

**People
learn from
History that they
can never learn
from it.**

Hegel



Africa:

In the Shackles of Colonialism

Natnael Yebio W.

E-Mail- Nattiyebio@gmail.com



Once I read a story related to creation myth circulating among the ancient white womenfolk of the west. It went like this: when the good Lord created human beings by first baking them in his celestial oven and placing them on cooler ground, they were almost all whitish. But his angels forgot to tell this divine architect that he had people still baking in the oven and it was too late that a rescue operation was undertaken. Alas, the infernal heat had done its part. Those who came out from the oven alive were a mixture of black and brown and were later placed in Africa.

It is said some French women like chocolate skin color and that they sometimes hated their white skin.

But the Dutch reformed church of South Africa, which thrived before and after the apartheid, did not mince words when it publicly preached that the Negro was created to serve his white master. The church even went as far as changing some verses in the Bible where a Midianite (Cushite) girl says that she has black skin as a result of the rays of the sun. No, said the church to the Africans who sympathized with the Midianite,

you were black from the beginning, and the sun has nothing to do with it.

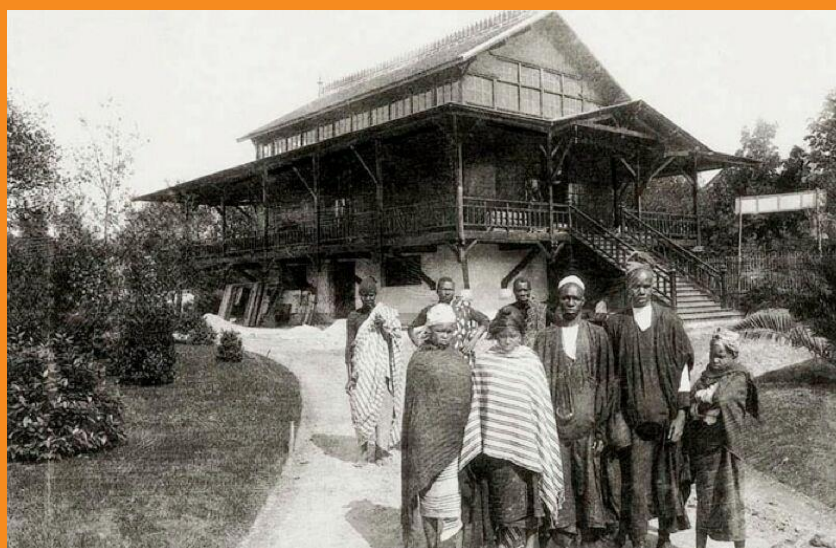
Has it ever dawned on the founders of the Apartheid that the first human being to climb down from the trees and walk on two feet was black? The black man then spread to the north to the south to the east and the west. And the color of his skin and its texture changed in order to adapt.

It is said that once upon a time, the Pacific Islands and parts of Asia were populated by dark skinned Africans. Gradually their lands were overtaken by the Polynesians and at present we have traces of these people in the "Negritos" found in lands stretching from the Philippines down to Australia.

It seems that before Europeans colonized Africa, blackness had never been associated with backwardness. Bilal, the first Muezzin chosen by the Arabian Prophet to call the faithful to prayer standing atop the first mosque that was erected for the purpose was a black man from Africa. Some Egyptian pharaohs were black and black empires flourished along the Niger River with Timbuktu boasting famous universities and libraries.

Then the European colonizers arrived with their guns, and the humiliation and suffering started. Blackness began to be associated with arrogance and savagery. Las Casas in Latin America advocated for the importation of black slaves to replace the fragile Indians in the plantations and gold or silver mines.

A while back I chanced upon an old magazine that caught my eye and my interest. It was the *NewAfrican*. The front page ran an interesting title of a story: "Black Germans do not exist. I was hooked. So I leafed across the pages and began to read.



The idea of "a Negro Village" was the most popular in Germany, where the ideas of Social Darwinism were widely spread and accepted by many people. Even Otto Bismarck visited "the Negro Village" exhibition.

Millions of Africa slaves were shipped to the New Worlds to labor in overheated plantations. Even George Washington, the first American president and an advocate of liberty and equality, had about 300 black slaves who cultivated his Virginian Plantation and cooked his food.

What? I can't believe it! In 1877, the first exhibition of 'Exotic People' (Nubians from Sudan and Egypt) was held in Berlin.....The Africans were exhibited like animals in a zoo. I continued to read: In 1896, the exhibition of 'Exotic People' was repeated in Berlin, this time with harem from Tunisia. It was followed by yet another 'Exotic People' exhibition in the Hamburg cathedral- stating, as they billed it, "33 wild women form

Dahomey”.

And then along came Hitler, many. Africans living in Germany in the 1930's were deprived of their passports, and when they asked for justice, they were told that black Germans did not exist.

I kept on reading to see what Hitler would do with black Africans living in Germany at the time. What can you expect? 2,000 Africans simply perished in the concentration camps along with the Jews and others. But nobody remembered them and not a single descendant got any compensation for atrocities perpetrated by the Nazi's.

But the greatest wrong Africans suffered under colonialism were not the slave trade or subsequent humiliation, but the disruption of their social values, the disturbance of their tradition and demolition of their village government. All the internal conflicts, tribal wars, border wars, corruption, and mismanagement that have almost ruined Africa and which have caused it to remain behind at present have their roots in the blunders committed by colonialists. These governed Africa, as someone aptly described it, as their chicken farm with some

hens made to lay golden eggs.

Now some African leaders can be said to be schizophrenic. They look at their own country and people with stained glasses made in the west. Villages are administered by officials who have long lost all African social values and are too confused to replace them with proper Western Values. Most Africans live in a limbo, and their leaders know how to exploit the situation.

O what a wonderful culture African had had before the arrival of the armored sailing ships. They had virtues that predate the Sermon of the Mount. When African village elders settled legal cases through wisdom and gentle diplomacy, while Europeans monarchs tortured their subjects on the rack, quartered them and some even roasted them.

Africans values friendship with man and nature more than anything else. They shared their joys and sorrows with friend and foe. The African virtue of trust and brotherhood was to be boosted by the advent of Islam in Africa. We are all real (not fake) brothers under Allah. So poor black Africans prostrated themselves before Allah beside Arab princes in big mosques

while Ku Klux Klan in Mississippi burned down churches where African faithful prayed to a God preached to them by the ancestor of the Klan.

The African's simple trust in men and nature was destroyed by some Christian missionaries who preached brotherhood to their congregation and drooled as they watched the goldmines in the distance. If one is not to be trusted in small things, how can one be trusted in big things like the dispensation of justice, good administration, economy and diplomacy? Africans suffered in silence and earned the appellation of The Noble Savage.

African virtues disappeared gradually in the name of modernity. The result was mistrust among tribes, strife between brothers, famine and untimely and humiliating death.

Europeans should also be very grateful to Africans for having taught them the art of saying: Thank you God for the provision of my daily bread which I will share with my fellow human beings.



The African who had been living happily in his forest or desert environment for centuries and with complete harmony with his Maker and nature was, one fine morning, to find himself begging and stealing. Cargo planes dropped food supplies because the Grand Chieftain who lived in the capital city has wasted everything on weapons and was slugging it out with his neighboring state. Those who saw the manna coming down from heaven raced towards the 'shaming fields' to get the supply food and appease their hunger. Little did they know that in the process they were beings changed into animals. To hell with brotherhood and the sharing of food, they said as they began to eat before the imploring eyes their dying brothers.

More than thirty-five thousand men, women and children left their homelands during the high noon of Imperialist Europe and took part in 'exotic spectacles' held in major cities like Paris, London and Berlin.

When I sometimes watch on TV bloodthirsty African soldiers killing each other amid fleeing women and children, I say to myself: "who is responsible for all this?" At least, before the advent of colonialism Africans knew how to die with dignity.

But should we keep on remembering the evil men do?

What happened has already happened. Let's not cry over spilt milk, but learn to look at the past in a positive way.

We should be grateful for the colonialist for bringing modern education to Africa. Life without education is darkness. At least Europeans have opened our eyes to what was really going on around us.

In the same line, Europeans should also be very grateful to Africans for having taught them the art of saying: Thank you God for the provision of my daily bread which I will share with my fellow human beings.

And then we should try to salvage some of the remaining African noble virtues before they sink into the ocean of oblivion. We should build a new African civilization on resuscitated virtues. A United Nations of Africa, Perhaps!

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