The Evolution and Development of the Public Health College and Training Center in Gondar: the History of Che-Che-la, from an Italian Consular Office to Medical College /1910s- 1970s/

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Introduction:

Gondar, the capital of the then Bagemider and Samen province, had been the imperial capital of Ethiopia since the early decades of the seventeenth century to the rise of Addis Ababa in 1890s. The River Tekeze in the North, Sudan in the West, Wallo in the East and Gojjam in the South delineate the province, which is situated at the northwestern part of Ethiopia. Currently, the population of the city is estimated at 240,000, which makes it the third largest city in Ethiopia.

Despite the introduction of modern education into Ethiopia since the days of Emperor Menelik (r.1882-1906), it seemed to have affected Gondar very little. Sometime in 1920s, an “English” school was established in the city. The Ministry of Education had assigned three Ethiopian teachers-a certain Yibas Biya, Daba Wasse, and Tgagna Yasuf-to teach in Gondar. Their salary was one hundred, eighty, and sixty Maria Theresa dollars per month respectively.

However, before teaching began, the mayor of the city, Gzetaw Desta (Desta the newspaper because of his eloquence) had to introduce the teachers and had to preach about the benefits of modern education in the many dabs (parishes) of the city at any opportune moment. Even then, it was difficult to convince the conservative society and ally its fears and suspicions. This was so especially after rumors began to spread that the teachers had been witnessed eating meat during the fasting season of Filsata, a fasting period commemorating St. Marry and which is held in the month of Nahsse (August). What was more, it was found out that they had no matb, a thread that was loosely tied around the neck as a sign of Christianity. In addition, one of the teachers, Ato Daba WAsse, who was versed in Arabic and who may have got his training in one of the Coptic schools in Egypt, was alleged to have said “walahi!” while discoursing with the Kentiba (mayor). This further worsened the fears of and suspicion of the city folks. Thus, soon those who had enrolled their children in the school began to withdraw. Meanwhile, the gossip against the teachers reached the limit where it prevented the school from functioning.

Yet the Orthodox Church, which used to provide education to the populace of the city, was unable to do so. The rise of Emperor Menilik II to power and subsequent developments such as the territorial conquest and transfer of the capital towards the south, the introduction of modern communication system and the growing importance of the eastern trade and trade route, appears to have an impact on Gondar. Besides, the emergence of urban centers as regional capitals for the regional lords, though broadened the urban base of the country, brought into existence towns which could compete with Gondar. Thus, though it was one of


2 “Qignet,” unpublished manuscript in possession of the brunch office of the Ministry of Education, Gondar.

the foremost urban centers with a municipal administration, Gondar ceased to serve as the commercial and political heart of the realm. As a result, its brightest scholars began leaving for Addis Ababa and other towns where they could get patrons. The decline of traditional schooling was so apparent that the then governor of the province, Ras Kassa Hailu, had to pass a decree that compelled every resident of the city to send his/her children to the nearby church school. He also promised to subsidies the salaries, qlab, of priests who were engaged in teaching.⁴

However, the coming of the Italians and their decision to make the city an Amhara capital had revived the dying city and implanted the seeds of modernity in that town, which are still very visible today. Beside other things, the Italians had built two schools and two hospitals, one for blacks and one for whites. In fact, since the Italian departure there was no major infrastructural development in Gondar. Its growth trend, it appears, was regressive than progressive. Colonial buildings were either demolished or left to rote. The macadam roads, too, are full of ditches for lack of maintenance. The tap water system left by the Italians, Mount Hog and the Koremrem spring, were mal functioning. Sanitation is either unknown or forgotten. Epidemic was rampant. It was during such a time that the Public Health College and Training Center (PHC & TC) was established in Gondar, in the one time Italian Council office and thence a “Whites Only” hospital.

The History of Public Health College and Training Center /1940s-1970s/

Gondar as a seat of government, center of commerce and ecclesiastical matters, was distinct from its surrounding. Though mainly on the basis of creed and sex, its inhabitants had some degree of specialization of labor. Besides class stratification and functional differentiation were also noticeable.⁵ Accordingly, the city was divided into many quarters; and one of them is Qusquam.

The evolution of Qusiquam, which today is often referred as Che-Che-la, was very recent compared to the other quarters in Gondar. It was the Queen Mother, Mintiwab, who built a church and a palace at Qusquam sometime in 1725. It was one of the expensive constructions embarked upon by the monarchy since the time of Iyasu the Great. The total sum was estimated fifty thousand waqets of pure gold. It was located southwest of the city at the foot of Mt. Hogg.⁶ The locality was also provided with a market⁷. In Hidar 1759 Emperor Iyoas (r. 1748-1762) and the Queen mother decided a new site and market day. The area selected was the plain in front of Dabra Sahay, the palace of Mintiwab, and the day designated for the market was Tuesday.⁸

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⁴ Yaras Kassa Hailu astadr denb, Proclamation No. 29, 99, 132.
⁵ R. Pankhurst, History of Ethiopian towns. From the Middle Ages to the early 19th century (Wiesbaden: Steiner, 1982), p. 259.
⁸ Ibid.
The reason for inaugurating the new date and site was not known. But one thing seems clear: the neighborhood was one of the thoroughfares on which men and traders from Armachicho, Walqayt and beyond came to the city. By the time of Natnael Pearce’s, arrival to the city, in early 1800, the church still had the edge over others in terms of riches and the number of its clergy. The latter were proud of the city and called it “the city of forty-four churches.”

In the 1920s the establishment of an Italian consulate south of Qusquam gave the locality additional imputes to evolve and become one of the suburbs of the city. In addition to the consulate and its spacious courtyard, there was a ‘hospital,’ which rendered mid-wifery service. Moreover, some sixty better-built tukuls of the guards of the consulate existed. There was also a school that provided reading and writing skills to the offspring’s of the employees of the consulate.

Almost all European travelers of the twentieth century lodged at Che-Che-la /ce ce la/. Until Ras Gugesa Wolle granted this site, the office of the consulate was in the city, northeast of the Baata Church. Here the consulate was paying land rent to the alaqqa of the church. The reason for the shift of the consular office to Chachala was not clearly known. However, opposition to foreigners that emanated from religious grounds had been reported. Besides quarrels between the retinues of the counsel, R. Di Lauro, and the inhabitants of the city has continued even after the relocation of the office at Che Che la. This time the root cause of the conflict was the radiotelegraphy, which was found within the consular compound. The people were determined to destroy the telegraph station, which they believed was the work of the devil. Moreover, even after the relocation of the councilor office to Che-Che la, which is beyond the Qaha River and the traditional boundaries of the city, the entourages of Di Lauro kept coming to the city. The city folks viewed this as a flagrant violation of their town by the servants, ashker, of an Italian.

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9. See for instance Bruce (Vol. III, p. 38), who states that the city which is surrounded with mountains has three outlets ... the second to the North-west towards Sennaar, over the high mountain Debre Tzai ... at the root of which Koscam ... situated”.


17. Ibid, pro. No. 142.

The Italians had built two hospitals, one “clinic” for emergency cases and one recovery center in the city. While one of the hospitals was “blacks only” and had been located at Samuna Bar, the other hospital was “Whites only” and was situated in Cha Cha la. In front of it, there had been a recovery camp, Sanetta, by which the locality is still referred to and remembered by the elders. The medical supplies store and emergency center was the former third compound of the Haile Sillassie I Comprehensive Senior Secondary School. It is said that the rooftop of this center had been painted with the insignia of the Red Cross so as to save it from air raids.

Among these health institutions of the Italian times, the Cha Cha la hospital, which was also commonly referred as asbadale had remained relatively intact. The rest were non-existent, especially the “blacks only” hospital at Samuna Ber not only were its beds looted and sold for a token sum of Eth.$3.00 but also its building had been completely demolished. Thus, in the immediate aftermath of the war and for some time after, the Cha Cha la hospital remained the sole medical establishment for a city of 12-20,000 people.

However, as reports indicate that it, too, had been partially damaged during the British air raid on the city. Moreover, though it had many wards, only three of them with a total of one hundred beds were functioning. Furthermore, out of the ten consultation rooms, only two of them were working. In addition to this, the Italian had a vegetable garden, which had been serving as a source of vegetable supply for the patients. This was now completely ruined. Thus, a 1937 report of the Health Inspector of the city stated:

[During Italian times] The hospital used to be self-sufficient in terms of the supply of vegetables it needed for its inpatients. The secret lied in the fact that the hospital run an extensive plot of land on which it grew a wide range of vegetables. At the moment, however, we have a different picture. As one can see the garden has been totally neglected. Only mules and pigs playing around in the plot which once served as a source of valuable food staff. Patients staying in the wards of the hospital are, therefore, reduced to eating only boiled beans provided by the hospital. One could mention a number of other things as an evidence of the dramatic decline in the quality of the service provided by the hospital. Lack of ambulance service is a case in point. Nothing has been done to repair and use the ambulance which is left there to rust. It is surprising that the ambulance is still good for another couple of years any way. Presumably, new tires are needed before the vehicle can be used again. Seeing the vehicle abandoned simply because the tires are worn out would be very hard to swallow for any one.

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19 Informant: Aba Abdarge.
20 Informants: Jometra Tilaya; Aba Warqu
21 Gondar Health series, No. 5, p. 118.
22 MOI-A. Folder 74, File 22/22 “work report” (yasira rapor) From Abara Kass, chief inspector of the Ministry of Health to Dr. Campbell II, chief director for the public health No., Ginbot 1/37 E.C.
23 Ibid
Meanwhile the government decided to ship the various pharmaceutical equipment, medicines and some five hundred beds with their head tables and other accessories to Addis Ababa. Instructions were relayed to this effect to the then governor-general, Ras Emiru on Megabit 29, 1937. But the Ras seemed reluctant to comply with this request. His pretext was that he had not received a telegram pertaining to the request. So, a second telegram, No. 11819/21 was dispatched to him from the same office, that of the Minister of Pen, Walda Giyorgis W/Yohannes. This, too, appears to have fallen on deaf ears, thereby necessitating the direct intervention of the Emperor. Accordingly, the Emperor dispatched the following telegram to Ras Emiru telling him to send five hundred hospital beds and unspecified amount of medicine.

Telegram No. 590

From His Majesty Hayla Sillasse to Ras Emiru, Gondar.

Haylu Lawte on arrival here in Addis Ababa has informed us that there are between one thousand two hundred and one thousand three hundred (otherwise the existence of one thousand of them guaranteed) ward beds and excess medicine in Gondar Hospital. He has also told us about the existence of five hundred beds with complete set of head-tables. From the excess medicine and which is not needed in the locality, medicaments that could expire soon due to stay (depending on the evaluation of the physician) should be sent on rented trucks. But, incase trucks are not available, let us know the number of vehicles needed once you have made sure that the articles are ready for delivery.

Ginbot 10, 1937

E.C.

The request for the hospital beds did not end there. After some six months, on Tir 22/38, another 300 metal beds of the Gondar hospital were given to the Bodyguard, once again by the express order of the Emperor. Moreover, some time in Maskaram 1944, the Gondar palace took seventy hospital beds in the form of loan. Therefore, by 1944, the time when the hospital was transferred into Ethiopian hands, it was left with 478 metal beds 88 bed lamps with 59 woolen, 14 pack animals hair and 188 straw mattresses; 846 head tables; and other miscellaneous items.

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24 Ibid. "Telegram From Ministry of Pen, Walda Giyorgis W/Yohanns to Ras Emiru, the governor-general of Begemidir and Samen. No. 14207/2 Magabit, 29/37 E.C. see also "Telegram" From Ministry of Pen to Ras Emiru No. 11819/21; see also the letter from the Ministry of Interior Medical department Director General of the medical service, G.G, Campbell, to the Ministry of Interior. Feb. 22/45 G.C. This letter requests medical supplies from the Gondar medical store.

25 Ibid. From Ministry of Pen to Ministry of Interior via Public Health (ba hizib tena tibaqa ejj) No. 2469, Tir 22/39

26 MOI-A. Folder 155/3, File 328/1: From Abirha G/Egizaabher, inspector of the Bagemidr and Samen governorate-general to the office of the governorate-general No. 35/18, Maskaram 22/44 E.C.

28 Ibid
While such things were happening to the hospital, it was reported that typhoid fever was taking its toll, especially in the army; which necessiated the opening of an additional ward in May 1937 so as to curb its spread into the city. This, however, become increasingly difficult for the city folks had to go to the hospital, the only center of treatments be it for minor or serious cases.\(^29\) Moreover, rabies cases, which killed 15 people within twenty days, was officially reported in Nahase 1936, while an unknown number of people were also believed to have died.\(^30\)

On the other hand, the British who were managing the hospital since the end of the War, were leaving in 1938. Ras Emiru, who seemed to have realized the dire consequence that would follow the British departure, requested them to continue to administer the hospital and the medical store, at least until the arrival of an administrator from Addis Ababa. But the British “regretted that ... [they] can not agree to his request”\(^31\) and thus left. It may have been the departure of the British and the interlude, which had opened the way for the official plunder of the hospital.

The government, which had lost the British medical team, was now compelled to hire, it appears, Italians and other expatriates to run the hospital. Accordingly, five men, the majority of them Italians, were employed in 1938. These were Dr. Col. Dinko Chivitanovich, Muzmischo Salvator, Chivitanovich Morica, Angela Amde, & Schialello Nello. Chivitanovich was made the director of the hospital and was paid Eth.$1000. In addition to these, some 33 Ethiopians were also hired to serve in various capacities.\(^32\)

It seemed apparent that the hospital was at a loss to handle all health problems. So were the people who could not get adequate medical treatment.\(^33\) However, although the concerned officials and the populace acutely felt the problem alike, the opening of a clinic that would relieve the pressure on the hospital to some degree, had to await the first imperial visit to the city in 1939. Thus, on the eve of the visit, a clinic, the Adababay Iyasus, was opened for emergency purposes. The clinic was located in the center of the city, in the former Italian commissariat building. This was at the western corner of Fasil gimb, or Fasilladas castle.\(^35\) Today the Tiynta Gondar Printing Press uses the building.

\(^{29}\)Folder 74, File 22/22. "Work report" from Abara Kassa, chief inspector of the Ministry of Health to Dr. Campbell, chief Director of the Public Health No. Ginbot 1/37 E.C

\(^{30}\)Ibid: From Adimasu Jamara to the office of the Bagemidr and Samen governoreate-general No. 21 ZH, Nahsse 21/37 E.C.

\(^{31}\)Ibid: “the following signal was received on 3/2/45 from O.C. Troops, Gondar” From Major R.A.M.C., Deputy Assistant Director of Medical Services, Addis Ababa to D.G.M.S., Ethiopia, No. 4467 2/2.4542, 5/2/45 G.C.

\(^{32}\)Ibid: “Memorandum” from Ministry of Interior, Administrator of the Public Health Department to the Ministry of Interior, to the chief of special beru of the secretariat, Ato Gabira Masqal No/838/5, Yakatit 4/39 E.C.

\(^{33}\)Ibid: "work report" from Abara Kassa, chief inspector of the Ministry of Health to Dr. Campbell, chief Director of Public Health No. in Ginbot 1/37 E.C.

\(^{34}\)Addis Zaman, 6th year, No. 40, Tir 24, 1939 E.C.

\(^{35}\)Informant: Hajji Mohammad A.
The Italian-built hospital was almost outside the city. Thus, in a city where there was no ambulance service and very meager transport facilities, the opening of the clinic in the middle of the city had a clear advantage to the city folks. Yet, the clinic seemed to have been incapacitated due to the large number of cases it tried to handle. Above all, it was reported to be short of medical supplies. Nor was the hospital in a better situation: From 1934 to 1947 it had only one to three qualified physicians for an estimated population of two million. And yet it was the only medical center worthy of the name for the whole northwestern region of the empire.

Meanwhile, sometime in July 1944, an epidemic known as “fibre correntee”, relapsing fever, broke out. The cause of the fever was believed to be poor housing conditions in the city. The office also reported that due to the prevalence of promiscuous sexual relations, venereal diseases had become rampant in the city. A Study which was conducted on the region in the early 50s further confirmed that out of the 50 per cent of the estimated population of the region nearly 50 per cent of mothers were confirmed to have syphilis and other venereal disease related problems. Moreover, the same study also indicated that out of the regions 50 per cent children above the age of six months, 90 per cent of them had suffered malnutrition. Besides, from the same age group, those infected with intestinal parasites were about 85 per cent, while cases of trachoma were estimated between 60 and 75 per cent.

In the same period, the Adababay Iyasus clinic had reported the outbreak of relapsing fever and a typhus epidemic in the city. The typhus epidemic initially took its toll among the inmates of the Baata central prison where some 560 convicts had been jailed. The main cause for the epidemic was the despicable sanitary situation in the prison cells. As noted in one of the reports:

Prisoners have never been supplied with utensils like cups and plates from which they can drink and eat. Instead many of them are given gourds for this purpose. The sad fact about the prisoner’s use of the gourds is that they are used as toilet by everyone during the night and by prisoners in extremely bad health conditions all the time. What is more, the same contaminated gourds with some washing [remember water is scarce] are used for collecting their meal during the day.

The epidemic must have easily spread into the city; because the sanitation department of the municipality, which had 54 to 64 workers and yet which found them inadequate to tend the city was used to employ some 30 to 50 inmates daily who had been charged with petty offences as early as 1939.

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36 Addis Zaman, 6th year, No. 40, Tir 24, 1939 E.C.
37 MOI-A. Folder 155/3, File 328/5: From the Inspector of the Bagemidr and Samen governorate-general to the governor No. 58/18, Miyazia 22/44 E.C.
38 Gondar Health Series No. 5, p. 118
39 G.M. Folder Liyu Liyu 3: Annual report presented by Malas Takile, the municipal secretary to the city council. Tiqimit 1945.
40 Gondar Health Series, No.5, p. 118
42 MOI-A. Folder 74, File 22/18: From the inspection office of the Bagemidr and Samen governorate-general to Bit. Andargachaw, the governor, No. 17, Pagume 1/40 E.C. see also Gondar Health series, No. 3, pp. 44, 50.
In the lowlands of the region: Armachiho, Quwara and Balassa areas meningitis and other lowland diseases were also reported in the mid.40s. However, the greatest of all natural calamities that the region faced was the 1945 malaria epidemic that occurred in Dambiya worada. The locality, which is a vast stretch of land that extends from about 18 kms South of the city up to the northern shores of Lake Tana, was usually water-logged during the rainy season and for sometime after. Thus, out of an estimated 100,000 people of the worada, over 7,000 inhabitants were wiped out. In Kolla Dib town alone, some 300 out of 1500 residents died from the epidemic.

Moreover, in addition to the "pressing and enormous health problems that existed in the forties and early fifties," the country had no medical doctors. The physicians of those days, 80 of them, were all foreigners. Thus, taking the estimated population of the country at 20 million, the ratio was one per 200,000 people. Therefore, to alleviate this dreary health and manpower situation, the establishment of the Public Health College and Training Center (PHC and TC) in Jimma was devised.

However, the 1945 malaria epidemic in Dambiya, which was considered the major factor, and the availability of the modern Italian-built hospital that required little cost to maintain and run, influenced the Ethiopian government decision in favor of Gondar. Besides article III of the agreement between the Government of the United States and Ethiopia has made it clear that "the ministry of public health shall contribute for the purpose of this project, at the site mutually agreed upon, buildings and equipment, staff houses, in addition to the usual school and hospital buildings and quarters for students and other necessary structures, out building and utilities." Thus, this induced the government to change the PHC & TC from the originally proposed location in Jimma to Gondar in 1947.

The actual agreement to establish the PHC & TC had already been signed between the Ethiopian acting Minister of Public Health, Marsae Hazan W/Qirqos, and the Government of the United States of America, represented by J. Gordon, Director of the Technical Cooperation Service in Ethiopia, on Miyaziya 21, 1946. A similar agreement was also reached between the Ethiopian government and the World Health Organization, WHO, in Maskaram 1947. Some of the objectives of the operational plan for the health-training center were:

- to develop a model provisional and municipal health service ... for the province of Begemidir and the town of Gondar respectively ... to train auxiliary health personnel including health officers, community nurses and sanitarims, ... to conduct epidemiological investigations and surveys to determine the local pattern of diseases ... [and] eventually to expand teaching faculties at Gondar to train staff of full professional grade.

It was also agreed between the concerned parties: the Government of Ethiopia, USA, and WHO, that the center will consist of four component parts such as training school,
hospital, awraja and municipal health departments. Moreover, the municipal health officer, who would be accountable for the director of the PHC and TC, and the Kantiba of Gondar would also be responsible “for all the city’s health services, and for coordination of all practical training programs within the city.”

Furthermore, the agreement also stipulated that the city will be provided with a model municipal health department; which would also serve as a practical training center for students.

Accordingly, two health centers were established in the city: the Charqos and the Adababay Iyasus clinics. While the former was newly established, the latter was developed from an earlier one. Both centers were staffed with personnel supplied by the college; and were providing maternal and child health care services in addition to the free midwifery services they gave to the city.

The police of the governorate-general, besides allowing college students to use its clinic as a center for midwifery service in the city, had also donated an ambulance for the municipality of Gondar in 1954. Its clinic was situated to the northwest of its head quarters, the one time Italian military head quarter, Torgi. Outside the city, two other rural health centers were opened at Qolla Diba and Dabat sometime in 1950.

In line with the agreement, the college assigned a health officer, a certain Tamiru Tamasgan, as a representative of the PHC & TC in the municipality. However, despite the existence of such a conducive situation to safeguard the city from health hazards, the municipality failed to exploit it effectively. This picture continued until the arrival of Kabada, (mayor) Abozin as the kantiba of the city in 1952.

The Kantiba contacted the PHC & TC and formed a team consisting of a health officer, a community nurse and a sanitarian. The municipality and the college also agreed that the municipality was to help the PHC & TC in its practical training schemes in the city while the college, in turn, was to give free medical service to the poor of the city. The poor, of course, must be certified as such by the municipality.

It is said that it was after the approval of the team that the municipality could license a new trading establishment. For instance, if a hotel or tearoom is going to be opened, its floor must be tiled or at least cemented; it must have a sink with three compartments as well as a garbage can, and toilet facilities. Besides, during working hours, every employee must wear his/her gown. If they work in the kitchen, they must have their bonnets ... etc. It was also this some body which inspected various service-giving houses and passed its verdict. If it found the establishment unhygienic or inadequate, it closed it instantly. Besides, the municipality could only renew the license of the individual after the latter got the health certificate from the team.

However, the task of the health team was not always smooth. One of the members of the health team recalls that once a certain dajazmatch opened a hotel and applied for license. The municipality sent the health team which was headed by a certain Talala Dasta, a health officer. The team found out that the premises lacked toilet facilities and thus declined to approve. Hearing this, the Dajazmatch rushed to the office of the kantiba and demanded clarification. The kantiba, Kabada Abozin, after hearing the vehement allegations of the

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51Ibid, p.p. 3, 9, 56
52Ibid, p. 7
53G.M. Folder 18, File 1/32: From the welfare department, "yabago adiragot kifle", of the Gondar municipality to the municipality No. 2, 24/9/54 E.C.
54Gabre-Emanuel, p.7.
55Informants: Ato Shifaraw Ghazahagn, Ato Mogas Azimaraya.
Dajazmatch against the health team, summoned Ato Talala, a health officer and the head of the team, and inquired as to why they had refused to license the hotel of the Dajazmatch. The Kantiba acted angry by the performance of the health team to please the Dajazmach. Otherwise, he had already been made familiar with all the necessary facts about the matter by the team. The officer stated that his team did not close the hotel of the Dajazmach. The Dajamach angrily interjected, calling the officer by many names. The officer politely continued to reply that it was the rules that were set by the Kantiba that gave provision for the closure of a hotel which doesn’t have a toilet. At this point, the Kantiba is said to have exclaimed “Dajazmatch! is your hotel void of toilets. I think a man of your standing should have one”. The Dajazmatch was said to have been embarrassed and stated that he will have one soon. With this the matter was settled.56

The municipality took the issue of toilets in the city as one crucial health factor. Thus, to have a clean city, to check the spread of epidemic diseases and to familiarize the populace with the use of toilets and thus stop them from defecating everywhere, the municipality commenced the construction of public toilets, Yahizib guaro bet, in the various parts of the city: Encoya Mask, Charqos, and Madhane Alam areas.57

The major criterion for selecting these sites was population concentration. Soon, however, the public toilets become one other source of health hazard due to improper use, which led to their ultimate closure.58

Meanwhile, the populace continued to attend calls of nature in the traditional way. This, reportedly, prompted the Kantiba to summon the elders, notables, and officials of the city to discuss the matter. During this session, the Kantiba is said to have cited the cat as setting fine example of waste disposal vis-a-vis the carefree manner of the city population.

The church, whose powers had been increasingly curbed by the progressive measures of the Kantiba, and some of the notables who believed that their land and property had been “unlawfully” taken by the municipality for road and park construction, took the occasion to accuse the Kantiba of slighting their prestige by comparing them with a cat. The Archbishop of the region, Abuna Pawlos, brought the matter to the attention of the Emperor. The Emperor, who had been hearing grievances of the Church and the notables of the city since the appointment of Kabada as a Kantiba, finally decided to transfer him to Addis.59

The PHC & TC was also giving seminars to the employees of the municipality, especially to the workers of the sanitation department. The course included how to monitor the sanitation of hotels and drinking houses and how to control and eradicate insects such as flies, flea, lice, ... etc.60

Moreover, in addition to the various clinical and sanitary services which were rendered to the city, the PHC & TC used to assign its students, especially those of the sanitary science department, to study the causes of the various diseases which occur in the city. Thus, sometime in 1952 it assigned the 3rd batch of its students of the said department to partition the

56Informant, Ato Moges.
57G.M. Folder Liyu Liyu 1: From Gondar Municipality Kabada Abozn (Kantiba) to Ato Damilaw Zalaqa, cashier of the municipality No 5532/23, Hamile 4/52 E.C. The letter instructs the cashier to withdrew money for the maintenance and construction of public toilets, especially the toilets in Madhane Alam area.
58Informants: Ato Shifaraw, Ato Mogos.
59Informant, Ato Mogos, Ato Birassaw
60No. folder and file, a report? of checking the sanitary situation of food and drinking houses, tea rooms and butchery houses in the city. °From Gondar Public Health College, health and sanitation department to the municipality, Magabit 4/48 E.C.
city into health zones so as to easily monitor and check any health problem. Accordingly, the students divided the city into six zones: A, B, C, D, E and F. As usual Azazo was made a separate zone with four sub zones: A, B, C and D. It was considered as a near-field for practical training as opposed to Dabat and Koll Diba.

Each zone was carefully mapped and each house was numbered. Every patient who went to the hospital or health centers for treatment was informed that he must come with his house number. Otherwise, he would not get treatment. Thus, whenever a patient was diagnosed and the case was found out to be typhus or relapsing fever, then a team would be dispatched to the locality and dust the patient’s residence and the neighborhood with DDT.61

For instance, sometime in July 1952 typhus epidemic broke out in the city, and in the same year the hospital registered forty cases of relapsing fever. Thus, a joint move was made between the municipality and the college to dust the city. While the college provided two teams, each consisting a health officer, four sanitarians and three freshmen students, the municipality came up with all its employees of the health department. So, with a total number of twenty-five participants the dusting of the city was commenced.

Accordingly, every resident of the city received seven puffs. Each house, especially the bedding and mats that were, in most cases, sheep or goatskins, were dusted. The dusting of the city was completed within a week. In such a way, it was reported that 21,175 people and 5,217 houses were dusted. And the figure was believed to account for more than 90 per cent of the city dwellers.62

The team, which was assigned to the city, would also lecture about methods of prevention to a neighborhood, which was reported to have sanitary problems. Besides, it had its own “inspection and consultation time” in which it checked residential as well as public service-giving establishments. For instance, during inspection time, if the team found a person who had a liter well next to a toilet, the person would be advised about the dire consequences of such arrangements. If he failed to relocate either of the two, the municipal sanitation department would penalize the person. The penalty fee was between Eth.$2 and 3, which was considered as severe punishment in those days. But, if the premise was a hotel, the room, and the like, there was no warning. It was automatic closure of the establishment until the owner made the necessary improvements.

The team also checked the amount of chlorine added at Koramiram, a spring from which the city gets its tap water, and at the various parts of the city. Its members were provided with bicycles.63 Though the bicycles show the good intention of the PHC & TC, they are practically useless in a city that was founded on a steep slope, and where the roads were shared by pedestrians, vehicles, and pack animals.

The establishment of the PHC & TC had also benefited the city in a lot of other ways: many studies were conducted on the city, which gave invaluable information regarding the various quarters of the city. For instance, according to a study made in 1956, (see the table below) zone C and F which included Encoya Mask and Echaqe bet areas respectively were

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61Informants: Ato Shifaraw, Ato Mogas.
62Gondar Health Series No. 5, p. 118.
63Informants: Ato Shifaraw; Ato Mogas.
found to be densely populated. They were also areas of high birth and death rates; which may serve as a clue about the social and economic condition in these quarters.
### Vital Statistics of Some Areas in Bagemidr and Samen Province

Gondar (1956 E.C.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Households</th>
<th>Number of Persons</th>
<th>Average Size of Household</th>
<th>Averagè Size of Children (alive)</th>
<th>Number of Births</th>
<th>Birth Rate per 1000 People</th>
<th>Number of Deaths</th>
<th>Death Rate per 1000 People</th>
<th>Number of Infant Deaths</th>
<th>Infant Mortality Rate per 1000 Live Births</th>
<th>Child Death between 0-14 years</th>
<th>Child Death Rate for the Age Group 0-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone A</td>
<td>426</td>
<td>1,731</td>
<td>4.0</td>
<td>1.2</td>
<td>56</td>
<td>32.4</td>
<td>10</td>
<td>5.8</td>
<td>6</td>
<td>107.2</td>
<td>9</td>
<td>160.7</td>
</tr>
<tr>
<td>Zone B</td>
<td>208</td>
<td>830</td>
<td>2.7</td>
<td>0.9</td>
<td>27</td>
<td>32.5</td>
<td>5</td>
<td>6.1</td>
<td>2</td>
<td>74.1</td>
<td>5</td>
<td>222.2</td>
</tr>
<tr>
<td>Zone C</td>
<td>818</td>
<td>2,244</td>
<td>2.6</td>
<td>1.2</td>
<td>102</td>
<td>45.5</td>
<td>45</td>
<td>20.1</td>
<td>17</td>
<td>166.6</td>
<td>32</td>
<td>313.7</td>
</tr>
<tr>
<td>Zone F</td>
<td>1,225</td>
<td>2,856</td>
<td>2.3</td>
<td>1.5</td>
<td>117</td>
<td>41.0</td>
<td>30</td>
<td>10.5</td>
<td>17</td>
<td>145.6</td>
<td>22</td>
<td>188.0</td>
</tr>
</tbody>
</table>

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64. Gondar Health Series No. 9, p. 276. The table, as one could see it, unfortunately lacks dates on zone D and E.
A severe case of malnutrition had been reported in the region, especially among children, as early as 1956. And one of its causes seems to have been drought, which had made famine prevalent throughout the 50s. As a consequence, it is said that, there was a sharp price increase of goods in the city proper. For instance, one madiga or 25 kilos of tef which formerly used to cost between Eth. $ 3 and 3.50 now fetched Eth. $ 8.00. After that, the price increase continued unabated. What was cheap in those days was livestock and thus meat.

The governor of the province in those bad days was Lt. Col. Tamirat Yigazu. He was appointed in 1956. The populace of the city considered him to have ushered the unfortunate days as shown by the following verse: "During Tamirat late alone lunch there is no dinner." To tackle the crisis a humanitarian committee of eleven persons was organized on a provincial level, Yabagemidrana Samen taqilay gizat Yamigibara Sanay Committee, in 1954. One of its task was to channel famine relief aid to the various parts of the region. And one of the worst affected areas was the city where the existence of some 3000 famished people was reported by the municipality.

In addition to the municipality, the hospital and the health centers in the city and in the province served as relief centers. There, each individual was supplied with half a kilo of powdered milk, a kilo of wheat and two kilos of maize flour. Beside the US government, one of the sources of aid for the needy was the South African government.

The hospital also served as a center of attraction in the city. Many patients used to came from distant places seeking medical treatment. However, some of them apparently failed to return home for varied reasons. This was particularly the case with diabetic patients. In order to get the medicine constantly, they remained in the city; and their source of livelihood was reported to be begging.

The PHC & TC had also contributed much to the growth of sports in the city. The Gondar Sport Federation was established in 1954 and one of its founding members was the PHC & TC, which had organized and financed its own football team, which was known as College. In that same period, mid 1950s, the city had some seven restaurants, nineteen bars, sixteen taji bets, fourteen tearooms, fourteen hotels, seven grocery stores,
nine butchery shops, and five bakeries. It had also nearly 15,000 inhabitants. Of these, talla sellers constituted 9 per cent, while merchants accounted for 5 per cent.\footnote{According to Dr. Lo Wang, acting deputy provincial officer of health, who conducted a house to house survey of the city sometime in 1958 E.C., the total number of people in the city was 13,136. Out of this, the male population constituted 5,715 while females accounted for 7,421. Moreover, from the 13,135 inhabitants of the city, children between the ages of 0 and 14 numbered 5,159; which thus may indicate the dependency ratio that prevailed. See *Gondar Health series No. 19, 1964, pp. 321-322.}

In the 1960s, the city had some 22,800 children below the age of nineteen.\footnote{Ibid.} Yet, it was clear that the city lacked proper parks and recreational facilities. And to partially meet the needs of these children, Gondar needed at least four recreation centers or playing grounds.\footnote{Ibid, No. 9, Sane 1966 E.C.} On the other hand, the abundance of bars and local drink-selling establishments coupled with the lack of recreational facilities, seemed to have induced the adult population to take refuge in the many talla and taji bets of the city.\footnote{Tiyinta Gondar, No. 8, Ginbot, 1966 E.C} Thus, in this respect the weekly football tournament, which attracted thousands of the city’s youth, was indeed a moment of respite; and the College team had served as a source of inspiration. In those days to be a college student means to become member of the privileged few.

The PHC & TC, however, was not devoid of problems. The volume of in-and out-patients who got treatment in the hospital continued to be unmanageable. For instance, the 1958 report of the hospital shows that it had given medical care for a total of 3,380 in-patients and 21,278 outpatients; which seemed to indicate that the hospital was working beyond the optimum level. And a study made in those days revealed that the Begemidir and Samen governorate-general alone needed 40 more health centers and 10 more such hospitals.\footnote{Gibra-Amanuel, pp. 60, 69} Yet, in the same period, there was no hospital besides Chachala; and the total number of health centers in the region were only three: Dabat, kolla Diba and Addis Zaman.

The attitude of the populace towards tablets and injections was another problem. They attached a higher value to injection; and whenever they were given tablets either they were dismayed or they simply discarded them. So much was their prejudice against tablets that they considered buying them as a waste of money; they expressed their disappointment: "I went to the health center to get injection but they give me tablets and tolled me to return the next day. I paid my Eth.$0.50¢ for nothing." (Ene yahedikugne latena enasu yasatugne quna kanina. Shelenge qrach bamana)\footnote{Gondar Health series, No. 10, 1964, p. 308.}

So, either due to the scarcity of health centers in the region or due to the great value attached to injection, or both, the populace seemed to have increasingly turned to the Mandar Marfe Wagi, (village physician). There, unlike the government-run health
establishments, patients can get injection as long as they paid. Such circumstances in turn seemed to have led to the mushrooming of “village physicians” at an unbelievable rate. Some of the village physicians were employees of the hospital. This alarmed the hospital officials and other government bodies. The former made it clear, to its employees, that any one found practicing privately would be considered illegal and would be dismissed immediately. Not only this, but that he would also be referred to the police for a criminal act. Yet, the employees of the hospital seemed to have continued to indulge in the lucrative business which compelled the hospital director to post another notice. Some of the “physicians” were veterinary assistants while others were medically illiterate.

There were also many among the city folks who turned to witch doctors, Zar, for treatment and other purposes. In those days some of the known Zars in the city were Sayfu Changare in Fit. Mikael locality; Shanqit in Addis Alam; and the Barahagnaw at Azazo. And some of them even survived the days of the Dargue.

The PHC & TC, being one of the higher learning institutions of the country, was involved in the student protest movement of the 1960s. Reports indicated the existence of close relationship between the Haile Silassie I Comprehensive Secondary School of the city and the College students. Some eleven high school students were accused of acting as intermediaries between the representatives of the high school students such as Matiyas Makibib, Birhane Asfaw, and Molla Chakol and that of the PHC & TC. By 1966 the student-police confrontation had become frequent; and the human and material cost was mounting. This not only worried the parents’ committee but also seemed to have made them more lenient and understanding towards the students cause.

On the other hand, the student’s protest which had been shaping itself through time and influenced by the heightening political turmoil in the center, now came up with demand of a radical nature. Thus, unlike former times, demands for people’s government, land to the tillers, and nation wide students union began to feature most during their rally.

79 GHPC, Folder 6/4, 52; File 4 "notice" From Franz W. Rosa, PHC project Director, to the staff of the hospital NO. 6502/4/53, 26/11/53 E.C; see also the letter from the Bagemidr and Samen governorate-general chief of police, Col. Aziz Adamu to the seven awraj governor's office No. 1461/26/3872, Tahisas 26/55; also from PHC & TC acting provisional Medical Officer, Dr. Lo Wang to Bagemidr and Samen Police Head Quarter No. FS/3050/4/55, Yakatit 5/55 E.C

80 Ibid

81 Informant: Ato Birasaw; see also the works of Michael Lerris, L'Afrique Fantome (Paris: Librarie Gallimard, 1934) for Zar Emawaysh and her ritual. Her locality was Fit Mikael; and thus their may be a likelihood that Zar Saifu changare might probably be one of its decedents. The work of Maxime Rodinson, Magie, medecine et possession a Gondar (Paris: La Haye, Mouton & C0., 1967) is also another good source on Zar and traditional healing practices in Gondar


84 Ibid: "A fourteen point demand" From all the H.S.I.C.S.S.S to the provincial administration office, etc. Gondar. No., Yakatit 13/1966 E.C
The road to the establishment of the PHC & TC as a college was paved by the “point Four General agreement for Technical Cooperation between the United States of America and the Ethiopian Empire”. It was signed on Hamile 8, 1953, between the American ambassador to Ethiopia, J. Rives Childs, and the vice-Minister for Foreign Affairs, Zawde Gabira Sillasse.\(^85\) However, though the upgrading of the PHC & TC to a college was a step forward, since then problems loomed between the College and the Ministry of Public Health on financing the hospital.

It was, however, apparent that the hospital was a practical teaching ground for about a couple of hundred students annually, while at the same time serving as the main center of treatment for the populace of the region. And yet, the College and the Ministry of Health seemed to be trying to relegate financial matters on to the other, which placed the institution under constant financial crises.\(^86\)

The incorporation of the college into the university also seemed to have a negative repercussion on the health and sanitary situation of the city. Initially, assigning a team, i.e., a health officer, a community nurse and a sanitarian had strengthened the municipal health department of the city. However, since 1957 the health officer and the community nurses were withdrawn. Thereafter, only sanitarians remained in the city’s health department. These, too, were withdrawn as of 1960. Meanwhile, the municipality took the Adababay Iyasus health center building.

Therefore, though the Gondar municipality health department was one of the components of the PHC & TC project, “the plan has not been fully implemented.” This was partly due to “lack of initiative on the part of the municipal administration” and partly as a result of the financial and manpower constraints which the PHC & TC faced. The latter, it seemed, was especially true since the major financial contributors of the PHC & TC such as the USA, WHO and UNICEF, ceased their financial support.\(^87\)

It may have been because of the realization of this precarious relationship between the University and the Ministry of Health concerning the College that the late Emperor took the troubles to lay a corner stone for the foundation of a new university at Samuna ber (Maraki): Gondar University in the city in 1963.\(^88\)

However, this too was not successful: Though the populace of the city raised funds for the construction of the university, and asked the cooperation of the then president of Haile Sillasse 1st University, the latter responded negatively. Soon the 1966 Revolution swept all of them, and the place which was selected for the university, Samuna Bar, become a killing ground for Major Melaku Tefera, the butcher of Gondar.

\(^85\) GPHC. Folder /10, File 18/1/11 see for the various agreements and provisions concerning the establishment of the PHC & TC and the decision to up grad it to a university level; see also the letter from Tafar_waq Kid_nawold, Minister of the Imperial court to the director of the Health College, No. 89/54. November 17/61 G.C

\(^86\)Gabira-Emanuel, p.p. 60,62. There is also a data on the number of students enrolled and graduated in the college up to 1982 E.C.

\(^87\) Ibid. p.p. 5, 54-57

\(^88\) Addis Zaman, 31st year, No. 454 Sane 25, 1963 E.C; see also No. 455, Sane 26, 1963 E.C.
It is apparent that the existence of industries and infrastructural services generally increases the population absorption capacity of cities. Therefore, the economic and associated developments of the mid 1950s and 60s enabled the country to undergo a high rate of urban population growth, 7.1 per cent. Assuming the annual rate of natural increase to be between 2.5 and 2.7 per cent, the net annual rate of migration to urban centers for the period would be more than 3 per cent.

Thus, while large-scale farms in Matamma-Humara areas attracted between 80,000 and 150,000 migrants including the neighboring Tigray and Wollo, the city’s population had almost tripled. In 1960 the estimated population of Gondar was 29,700 and in 1964 it had grown to 44,508. Of those 20,202 were males while females constituted 24,306. The number of city dwellers continued to grow unabated. Therefore, by 1966/7, it became 64,562 of which females accounted for 37,230 while males constituted 27,332. Yet, services in the city failed to match the increase in population. For instance the PHC & TC, except for changing its name to Gondar Medical School, basically remained the same. In fact some of its training programs such as health officer and saniterian were cancelled. The latter program was revived in 1972. Be that as it may the PHC & TC, otherwise known as Gondar Medical College, remained one of a kind even today.

**Conclusion:**

These days the population of the city is estimated at 240,000, which made it the third largest city next to Addis Ababa and Dire Dawa. This growth is basically the result of rural-urban migration than natural increase. This migration is caused not because the city had much to offer but because people were forced to leave their villages either as the consequence of natural calamities such as draught and famine, which strikes the country every ten or so years; or because of war: In the past three decades virtually every opposition political group, save the Oromo and Somali liberation movements, had its military base or operations in the region. Thus, while other provinces, which used to be centers of conflict got a respite, the Gondar region remained unstable.

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90. Ibid; p.p. 267, 283.

91. Ibid; p. 294; see Tiynta Gondar 1st year, No. 10, Hamile, 1966 E.C. for the net annual migration to Gondar which was 4 per cent.


94. MOI-G. Folder m/31, File /m: from Gondar municipality, Dabab Ambaya, chief secretary to chief of police of the governorate-general No. 1865/91/10, Hidar 28/64 E.C.

Such instability and natural disaster not only created greater pressure on the already depleted resource of the city, but also discouraged investment. Even if investors are interested, the absence of adequate infrastructure and services is a hindrance. The Italian built roads are full of ditches because of lack of repair. Air transport, which is the easiest and fastest means of communication, is expensive; and remained inaccessible for many Ethiopians. Besides, the Italian built roads in the city and those that linked Gondar with Addis and other provincial towns are full of potholes and in despicable condition, which also discourages travel.

The water transport over Lake Tana that connects Gondar with Bahir Dar is the cheapest. Yet, this too, is carried on tanquas (boats made of papyrus and reeds) as it used to be done since time immemorial. The latest boats that are faring goods, live animals and people across the Lake are those left by the Italians in 1933. The Italians, on their departure, sank these boats. It was the British army engineers and the 4th infantry battalion of the Second Division of the Ethiopian Army who resurfaced them in early 1940s.

The Italian buildings, which gave the city a touch of modernity, though they look formidable, are rotten. Some of them (like the Patrice Lumumba Hotel in the central part of the city) have even crumbled for lack of maintenance. There is no doubt others would follow, unless something is done. By the way no single building, either for commercial use or government purposes, had been constructed since the Italian departure.

Tap water, for which the populace was donating money, had remained a mirage. Yet, Lake Tana is only 60 kms away from the city. Despite this, Haile Silassie’s government and subsequent regimes continued ‘searching’ for water to provide the city. Chinese, Yugoslav and other contractors have been brought and sent, but to no avail. Lake Tana remained invisible to them!

Therefore, it is apparent that the fate of the PHC&TC can and will never be different from that of the city in particular and the province in general. As in the days of the Derg (the military junta that ruled the country between 1966 and 1983), the EPRDF government coined a new name for the PHC & TC without any new input to the institution. Its annual budget is less than 500 000 bir ($1=8.25 bir) The college became part of the so-called Amhara Regional University, which comprised the Bahir Dar Polytechnic Institute and the Pedagogical Academy. Meanwhile, water-born diseases, malaria and above all AIDS is taking its toll upon the city’s population. Either unable to afford paying for medicine, which is getting expensive and unavailable, or because of losing hope in modern medicine, people are increasingly turning to traditional medicine and “healers.”

This reorganization, though it might give the college some form of independence from Addis Ababa University (AAU) and the Ministry of Health, it will also prevent the college from getting expertise from the AAU. Besides, because of the scarcity at times unavailability of resources, including the most essential ones such as water, very few people are interested to work in Gondar. This coupled with low pay and political discontent among the intelligentsia had deprived the Medical College qualified and sufficient physicians. Currently, the medical school and the hospital are 40 per cent under staffed. In the past three years the College has lost 25 specialists in the various fields of medicine. In 1992 alone, Gondar Medical College lost two assistant professors, one associate professor, two lecturers,
two technicians and one gynecologist (the total number of gynecologists in the hospital were two). 96

Unless the government initiated a major policy change towards professionals, the future seems to be bleak. According to the recent study of the International Organization for Migration (IOM), one-third of Ethiopians, who were sent abroad for further education, do not return to their country. Yet, Ethiopia, which is one of the poorest countries on earth, is providing a highly skilled manpower to the Western World including Africa, especially southern Africa. 97

Even these days Che-Che-la remained one of a kind: Although a 1950s study of the Imperial Ethiopian Government indicated that Bagemider and Samen Province, which then had 2 million people, needs at least five additional hospitals to cope up with the multitudes of health and health related problems, so far the situation does not seem to have changed much since then. Today, according to the government affiliated Walta Information Center, the Amhara Region that comprised Bagemider and Samen, Wallo, Gojjam and parts of Shoa; and which has a population of more than 20 million, has only five hospitals. 98

Thus, the province needs more hospitals; and Che-Che-la requires more than a name change. It badly needs the revitalization of whatever resources it had; and unprecedented expansion of its wards, libraries, labs, student dormitories, recreational centers, and faculty residences. Above all, it needs the introduction and extensive use of the latest technology (to start with computers for word processing) to march into the 21st century. Above all, a concerted effort and change of attitude is needed from both the government and the country’s intellectuals in finding a solution for the overall predicament of the country.

96 Tobia, Hamile (July) 22, 1992; see also “Education Minister genet Zawde on Ethiopian Education” Walta Information Centre, December 29, 2000.

97 See also Reporter, Nahase 15, 1992 EC.

98 Walta Information Centre, November 12, 2000.