フィジー国　保健省
トンガ国　保健省
バヌアツ国　保健省

大洋州地域
地域保健看護師のための
「現場ニーズに基づく現任研修」
強化プロジェクト

プロジェクト事業完了報告書

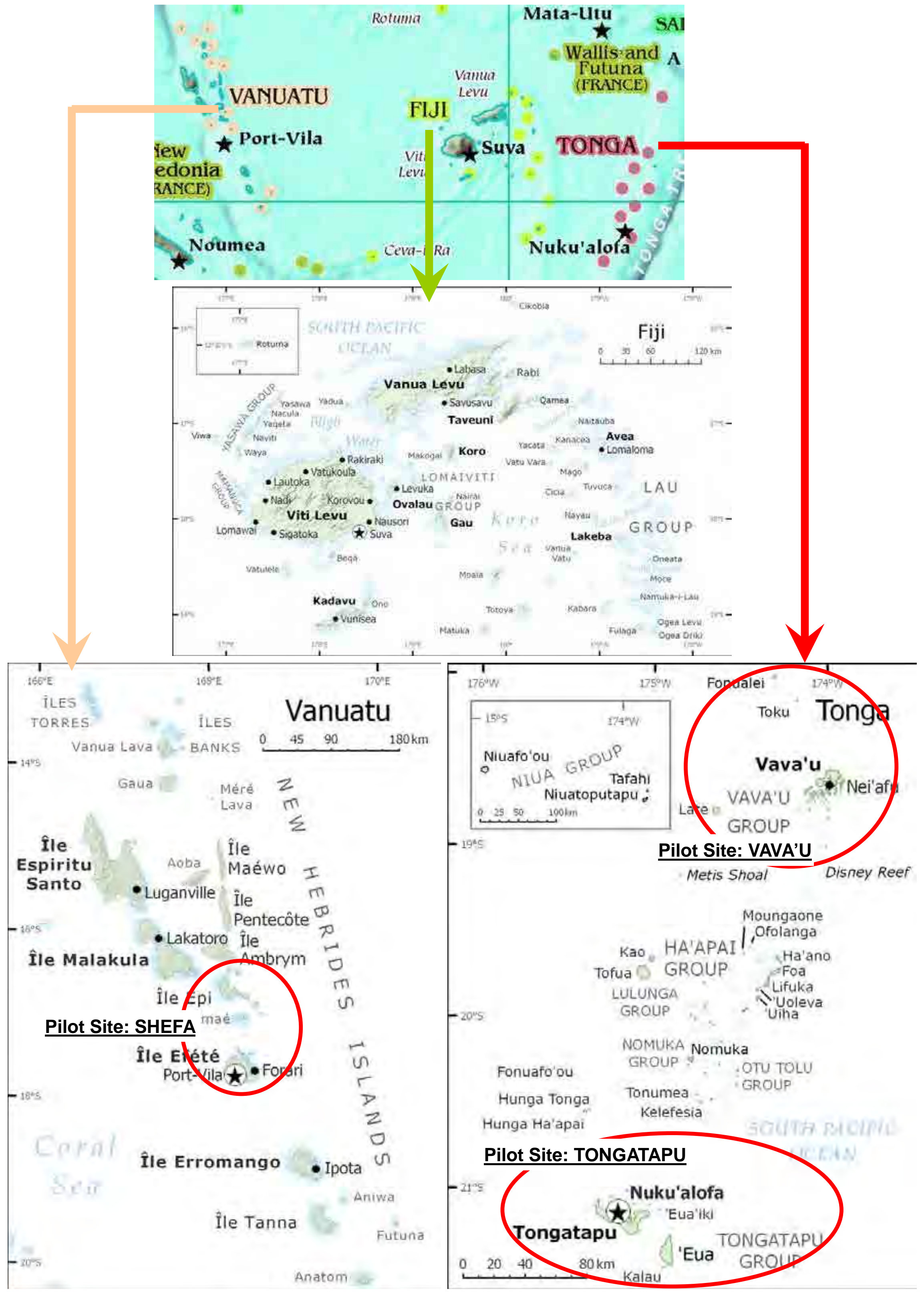
2014 年 3 月

独立行政法人　国際協力機構

特定非営利活動法人　HANDS
株式会社コーエイ総合研究所

人間
JR
14-037

プロジェクト配置図



出典：3 カ国 http://www.worldmapfinder.com/、個別 http://www2.eastwestcenter.org/（2010 年 10 月アクセス）

写真集

フィジー

マヒドン皇太子賞会合における
プレゼンテーション

第 9 回 JCC 会合

トンガ

CS 小冊子の公表式

トンガタプにおける NB-IST 実施

バヌアツ

研修後スーパーバイザリー訪問（PTSV）

シェファ州における
S&C の 2013 年次評価会

プロジェクト成果品一覧

フィジー			
No	成果品	仕様（部数）	完成時期
1-1	**FSNにおける『看護管理コース』コース概要**	電子	2012 年 9 月
1-2	**看護師のための現任研修履歴記録帳**	印刷物 A5 小冊子 （1,000 部）	2012 年 5 月
1-3	**国家研修政策**	印刷物 A4 小冊子（200部）	2012 年 11 月
1-4	**マネジメント・パッケージ** 以下の成果品を含む • 看護指導官のためのマネジメント・マニュアル • 看護指導官の能力基準 • 看護指導官の職務規定 • マネジメント研修パッケージ（モジュール、資料） • CS評価のためのツール • S&Cツール • NB-ISTツール • M&Eツール • 上記全てのデータCD	印刷物 A4 小冊子（400部） CD（電子データ）	2013 年 7 月

トンガ			
No	**成果品**	**仕様（部数）**	**完成時期**
2-1	**トンガ看護師能力基準小冊子**	印刷物 A5 小冊子 （1,000 部）	2013 年 3 月
2-2	**トンガ看護師能力評価用紙**	印刷物 A4 小冊子（600 部）	2013 年 9 月
2-3	**トンガ看護師能力基準要約カード** • 壁掛け式（各事務所用） • 首掛け式（各看護師用）	印刷物 A4 ラミネート加工 （250 部） B5 ラミネート加工＋首掛け （500 部）	2013 年 11 月
2-4	**IST マニュアル（看護指導官のための実務マニュアル）** 以下の成果品を含む • S&C ツール • NB-IST ツール • M&E ツール	印刷物 A4 小冊子 （200 部） 電子データ CD	2013 年 12 月

バヌアツ

No	成果品	仕様（部数）	完成時期
3-1	**バヌアツ正看護師能力基準小冊子** 以下の成果品を含む • バヌアツ正看護師能力基準 • 正看護師職務範囲 • ナース・プラクティショナー職務範囲 • 助産師職務範囲 • ナース・エイドの職務範囲 • 看護師専門行為規約	印刷物 A4 小冊子 （1,000 部）	2011 年 12 月
3-2	**バヌアツ正看護師の能力評価用紙**	印刷物 A4 一部 5 枚複写式印刷 小冊子 （2,000 部）	2012 年 9 月
3-3	**S&C パッケージ** 以下の成果品を含む。 • S&Cガイドライン • 看護指導官のためのS&C研修プログラム • 州保健マネージャーのためのS&C マネジメント研修プログラム • S&C ツール • M&E ツール	印刷物 A4 小冊子（60 部） ツール類は複写式印刷で、シェファ州の看護指導官の人数分 2 年間分印刷	2013 年 12 月
3-4	**バヌアツ S&C に関する保健省国家保健執行委員会に対する提案書**	電子データ	2014 年 1 月

用語集

英語表記	略語	日本語表記および解説
Advanced Diploma	-	高等ディプロマ
Business Plan	-	地方レベルの年次計画（フィジー・バヌアツ）
Chief Medical Officer	CMO	医局長（バヌアツ保健省）
Chief Nursing Officer	CNO	看護部長（トンガ保健省）
Clinical Nurse	-	臨床看護師
College of Medicine, Nursing and Health Science, Fiji National University	CMNHS	フィジー国立大学 医学・看護学・健康科学部
Colonial War Memorial Hospital	CWMH	植民地戦争記念病院（フィジー）
Community Health Nurse	CHN	地域保健看護師
Competency Standard	CS	能力基準
Continuing Professional Development	CPD	継続的専門性開発
Counterpart	CP	カウンターパート
Diploma	-	ディプロマ
Director General for Health	DG	保健次官
Director of Nursing Services	DNS	看護部長（フィジー保健省）
Division	-	地方（フィジー）
Divisional Health Office	-	地方保健事務所（フィジー）
Divisional Health Sister	DHS	地方看護師長（フィジー）
Divisional In-Service Training Coordinator	D-ISTC	地方現任研修調整官（フィジー）
Divisional Medical Officer	DMO	地方医長（各地方保健事務所のトップ）（フィジー）
Expanded Program on Immunization	EPI	予防接種拡大プログラム
Fiji College of Nursing	FCN	フィジー看護カレッジ（フィジー看護カウンシル下の継続教育のための組織）
Fiji Health Sector Support Program (AusAID)	FHSSP	フィジー保健セクター支援プログラム（オーストラリア国際開発庁の支援プログラム）
Health Center	-	保健所
Health Sister	HS	看護主任（フィジー）
Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome	HIV/AIDS	エイズおよび後天性免疫不全症候群
Human Resource Development Unit	HRD	人材開発課（バヌアツ保健省）
IST Coordinator	-	現任研修調整官
In-Service Training	IST	現任研修
JICA Team		日本人専門家チーム
Japan International Cooperation Agency	JICA	独立行政法人国際協力機構
Japan Overseas Cooperation Volunteers	JOCV	青年海外協力隊
Job Description	JD	職務内容規定書（トンガ、バヌアツ）
Joint Coordinating Committee	JCC	合同調整委員会
Matron	-	（臨床現場における）看護総師長
Millennium Development Goals	MDG	ミレニアム開発目標
Ministry of Health	MOH	保健省
Monitoring and Evaluation	M&E	モニタリング評価
National Health Executive Committee	NHEC	国家保健執行委員会（フィジー、バヌアツ）
National IST Coordinator	N-ISTC	国家現任研修調整官（フィジー）
National Training Committee	NTC	国家研修委員会（フィジー、バヌアツ）

英語表記	略語	日本語表記および解説
Need-Based In-Service Training	NB-IST	現場ニーズに基づく現任研修
New Zealand Agency for International Development	NZAID	ニュージーランド国際開発局
Non-Communicable Diseases	NCD	非感染性疾患
Non-Governmental Organization	NGO	非政府組織
Nurse Practitioner	NP	ナース・プラクティショナー（ある程度の医療処置まで実施できる上級看護師）
Nurses Act.	-	看護法令（バヌアツ）
Nursing Association		看護協会
Nursing Board	-	看護評議会（トンガ）
Nursing Council		看護審議会
Nursing Decree	-	看護法規（フィジー）
Nursing Services Manager	NSM	看護サービスマネージャー（バヌアツ）
Nursing Supervisor	-	看護指導官
On-the-job-training	OJT	現場研修
Pacific Open Learning Health Net	POLHN	大洋州公開保健学習ネットワーク WPRO が支援する保健の通信教育講座
Pacific Senior Secondary Certificate	PSSC	太平洋後期中等教育共通試験
Papua New Guinea	PNG	パプアニューギニア
Plan of Operation	PO	全体活動計画
Position Descriptions	PD	職務内容規定書（フィジー）
Post training supervisory visit	PTSV	研修後スーパーバイザリー訪問
Primary Health Care	PHC	プライマリ･ヘルス･ケア
Project Design Matrix	PDM	プロジェクト・デザイン・マトリックス
Project Team	-	日本人専門家とカウンターパートによるプロジェクトチーム
Provincial Health Manager	PHM	州保健マネージャー（バヌアツ）
Provincial Health Office	PHO	州保健事務所（バヌアツ）
Public Health Information System	PHIS	公衆衛生情報システム（フィジー）
Public Service Commission	PSC	人事院
Queen Salote School of Nursing, Tonga	QSSN	クィーンサロテ看護学校（トンガ）
Reproductive Health	RH	リプロダクティブヘルス
Reproductive Health Nurse (Tonga)	RHN	リプロダクティブヘルス看護師（トンガにおいて、公衆衛生分野における看護活動を行う職種）
School of Medicine, College of Medicine, Nursing and Health Science, Fiji National University	FSM	フィジー国立大学医学・看護学・健康科学部医学校
School of Nursing, College of Medicine, Nursing and Health Science, Fiji National University	FSN	フィジー国立大学医学・看護学・健康科学部看護学校
Senior Health Sister Senior Sister		上級看護主任
South Pacific Commission	SPC	南太平洋委員会
Sub-division	SD	地区（地方の下部単位）（フィジー）
Sub-divisional Health Office	-	地区保健事務所（フィジー）
Sub-divisional Health Sister	SDHS	地区看護師長（フィジー）
Sub-divisional Medical Officer	SDMO	地区医長（フィジー）
Supervising Public Health Sister	-	リプロダクティブヘルス看護総師長（リプロダクティブヘルス看護師のトップ）（トンガ）

英語表記	略語	日本語表記および解説
Supervision and Coaching	S&C	スーパービジョンとコーチング
Supervisory Visit	-	スーパーバイザリー訪問
The Australian Agency for International Development	AusAID	オーストラリア国際開発庁
The Project for In-Service Training of Community Health Nurses in Fiji implemented from 2005 to 2008 with technical cooperation of JICA	The previous project	先行プロジェクト （フィジー国地域保健看護師現任教育プロジェクト）
The Project for Strengthening the Need-Based In-service Training for Community Health Nurses in Fiji, Tonga and Vanuatu	The Project	本プロジェクト
Tonga Health Sector Support Program	THSSP	トンガ保健セクター強化プログラム
Tonga National Qualification and Accreditation Board	-	トンガ国家資格認定評議会
Training Needs Assessment	TNA	研修ニーズ査定
Training and Development Committee	TDC	研修開発委員会（トンガ）
Training of Trainers	TOT	トレーナー養成研修
University of New South Wales	UNSW	–
University of South Pacific	USP	南太平洋大学
Vanuatu College of Nursing Education	VCNE	バヌアツ看護学校
Vanuatu Health Training Institute	VHTI	バヌアツ保健研修校
Vanuatu Nursing Council	VNC	バヌアツ看護審議会
Vila Central Hospital	VCH	ヴィラ中央病院（バヌアツ） バヌアツの第三医療施設
Village Health Worker	VHW	村落保健ワーカー
WHO Western Pacific Regional Office	WPRO	世界保健機構　西太平洋地域事務所
Working Group	WG	ワーキング・グループ
World Health Organization	WHO	世界保健機関

各成果及び活動に付与された番号は下表に示す原則による。

活動の番号付与の原則と例

<table>
<tr><th colspan="2">アルファベット</th><th colspan="2">番号</th><th>ハイフン</th><th>番号</th></tr>
<tr><td>C</td><td>3カ国共通で同じような時期に実施する活動</td><td rowspan="2">0</td><td rowspan="2">プロジェクト管理に関わる活動</td><td rowspan="4">—</td><td rowspan="4">添付2「作業計画改定版」の順序に沿って付与</td></tr>
<tr><td>F</td><td>フィジーにおける活動</td></tr>
<tr><td>T</td><td>トンガにおける活動</td><td rowspan="2">1から5</td><td rowspan="2">PDMの成果の番号に対応</td></tr>
<tr><td>V</td><td>バヌアツにおける活動</td></tr>
</table>

＜例＞

C0-1	3カ国共通かつ同じような時期に、プロジェクト管理のために、プロジェクトの初期に実施される活動
F3-4	フィジーにおいて、フィジーのPDMの「成果3」のために、プロジェクトの中期あるいは後期に実施される活動

出典：　日本人専門家チーム

大洋州地域
地域保健看護師のための「現場ニーズに基づく現任研修」
強化プロジェクト

プロジェクト事業完了報告書

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添付 2：　作業計画改訂版
添付 3：　合同調整委員会会議議事録
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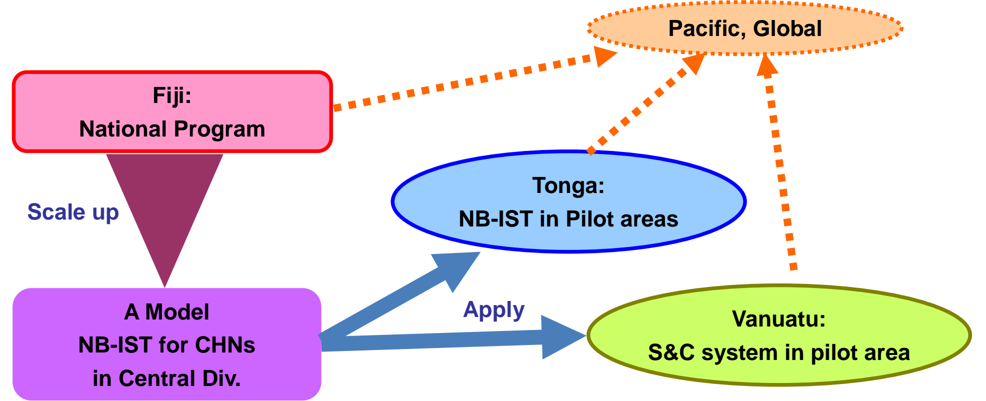
第1章　　プロジェクトの概要

1.1　　プロジェクトの背景・目的

「地域保健看護師のための『現場ニーズに基づく現任研修』強化プロジェクト」（以下、本プロジェクト）は、2010 年 10 月にフィジーで、2011 年 2 月にトンガ、同年 3 月にバヌアツにおいて、それぞれ活動が開始され、2014 年 1 月末までの約 3 年半にわたって実施された。図 1-1 に示すように、本プロジェクトでは、「フィジー国　地域看護師現任教育プロジェクト」（2005 年―2008 年）において主に中部地方で開発されたツール等を活用してニーズに基づく現任研修を強化するため、係るモデルをフィジーにおいては他地方に展開し、トンガ及びバヌアツにおいては適用可能な形で応用することを目的とした。トンガにおいては、パイロット地域であるトンガタプ及びババウにおける同モデルの導入、バヌアツにおいては、スーパービジョンとコーチングのシステムを構築することを目指した。



出典：プロジェクトチーム

図 1-1　　プロジェクトの概念図

本プロジェクトでは各国ごとに異なる 3 つのプロジェクト・デザイン・マトリックス（PDM）を用いた。表 1-1 にこの 3 枚の PDM の概要をまとめる。

表 1-1　プロジェクト概要

フィジー	トンガ	バヌアツ
<上位目標> 地域保健サービスの質が向上する	＜上位目標＞ トンガにおける地域保健サービスの質が向上する	＜上位目標＞ 他州への拡大を念頭に、「現場ニーズに基づく現任研修（NB-IST）システム」がデザインされ、パイロット州にて試行される。
<プロジェクト目標> 「現場ニーズに基づく現任研修」の仕組みが強化される	＜プロジェクト目標＞ 既存のスーパービジョン・システムに組み込まれた「現場ニーズに基づく現任研修」のメカニズムが強化される	＜プロジェクト目標＞ パイロット地域において、地域保健看護師に対する現場事情に即したスーパービジョンとコーチング（S&C）のモデルが実施される
<成果> F1.「現場ニーズに基づく現任研修」が政策として有効になる	＜成果＞ T1. 看護スーパービジョン・システムが、「現場ニーズに基づく現任研修」メカニズムに適合するよう再定義される	＜成果＞ V1.S&C 試行のモデルが策定され、使用される

フィジー	トンガ	バヌアツ
F2.「現場ニーズに基づく現任研修」のための国家標準化されたモニタリング評価（M&E）システムが実施される	T2. 看護スーパービジョン・システムに係る NB-IST の M&E システムが開発される	V2.パイロット州の看護指導官が S&C の技術を身につける
F3.看護指導官育成のためのマネジメント・パッケージが開発される	T3. 看護指導官の、看護師の CS 評価実施能力が向上する	V3.パイロット州において、看護指導官によって S&C が定期的に行われる
F4. 中央及び地方レベルにおける現任研修（IST）コーディネータの役割が強化される	T4. 看護指導官の、看護師に対するコーチング及び NB-IST 実施能力が向上する	
F5. T5. F4 (C5.) フィジー、トンガ、バヌアツ国内及び各国間（もしくは 3 カ国を越えて）において、プロジェクトの進捗及び成果が共有される		
<活動> F1-1. 「現場ニーズに基づく現任研修」のインパクト調査をデザイン・モニタリングするワーキング・グループを結成する F1-2. 中央地方の「現場—ニーズに基づく現任研修」のインパクト調査を実施する F1-3. 現場ニーズに基づく現任研修のための政策をインパクト調査の分析結果に基づきデザイン、提案する F1-4. 「現場ニーズに基づく現任研修」政策に関して全地方で周知させる F2-1. 「現場ニーズに基づく現任研修」の M&E ガイドラインおよびツールをデザイン・作成・印刷・配布する F2-2. M&E 実施に向け、地方／地区看護師長に対する研修を実施する F2-3. エクセルベースの M&E データベースを作成する F3-1. 看護指導官の能力強化のためのワーキング・グループを結成する F3-2. 看護指導官の役割および機能を明確にする F3-3. 看護指導官の能力基準チェックリストを作成する	<活動> T1-1. ベースライン調査を実施する T1-2. 看護師のスーパービジョンにかかる重要人物（国家現任研修調整官、国家レベル看護指導官、看護指導官）の役割と責任、及び報告系統を明確にする T1-3. 「現場ニーズに基づく現任研修」メカニズムに関する現任研修マニュアルを策定する T1-4. 現任研修マニュアルについて保健省による正式承認を得る T2-1. 看護スーパービジョンのための M&E システムを策定し、現任研修マニュアルへ反映する T2-2. 「現場ニーズに基づく現任研修」メカニズムのための M&E ツール（情報管理ツールを含む）を開発する T2-3. 看護指導官に対して M&E システムに関する研修を計画する T2-4. パイロット地域において M&E 活動に対する技術支援を行う T3-1. 看護師の能力基準（CS）を完成させる T3-2. CS 評価のためのツール（評価表、チェックリスト）を開発する	<活動> V1-1. 中央、州のカウンターパートがフィジーにおける第三国研修を通じて、S&C のアクションプランを策定する V1-2. S&C 試行のための看護指導官の役割、責任、求められる能力、資格が規定され、文書化される V1-3. 地域保健看護師のための CS のドラフトが策定される V1-4. S&C の実施ガイドライン、モニタリング・ツールのドラフトが策定される V2-1. 看護指導官の研修プログラム、及び計画を策定する V2-2. パイロット州の看護指導官に対して S&C 実施に関する研修を実施する V2-3. 州保健マネージャーの研修プログラム、及び計画を策定する V2-4. パイロット州保健マネージャーに対し、S&C モニタリングに関する研修を実施する V3-1. ゾーン看護指導官の担当ゾーンにおける S&C 実施のための年間計画（経費、ロジ計画等）の策定を支援する V3-2. 保健省がパイロット州における S&C 実施のための予算を確保できるよう支援する

フィジー	トンガ	バヌアツ
F3-4. 「現場ニーズに基づく現任研修」に関する看護指導官の養成のためのハンドブック及びツール類を作成するために現任研修マニュアルを改訂する F3-5. 看護指導官及びその候補者の研修を実施する F3-6. 看護指導官育成のためのマネジメントパッケージとして研修教材・ハンドブック・ツール類を整理する F4-1. 国及び地方における現任研修調整官の役割と機能を強化する F4-2. 現任研修にかかるインベントリーあるいはデータベースを作成する F5-1. 3カ国のプロジェクトチームによる電話、テレビ会議を実施する F5-2. トンガ、バヌアツのカウンターパートを対象としたフィジーにおける第三国研修を実施する F5-3. フィジー国内外に経験を共有する F5-4. プロジェクトの進捗や成果を国際会議の場で発表する	T3-3. 看護指導官に対して、正式に承認されたCSを用いてCSとCS評価について研修を実施する T3-4. 看護師に対して、保健省と連携し、承認されたCSを用いてCSについて研修を実施する T3-5. パイロット地域において、CS評価の計画・実施について看護指導官を支援する T4-A-1. S&C実施のためのツールを開発する T4-A-2. S&Cについて看護指導官に対して研修を実施する T4-A-3. 国家レベル看護指導官が看護指導官に対し、スーパーバイザリー訪問を通じてS&C実施について指導する T4-B-1. NB-ISTの計画及び実施のためのツールを開発する T4-B-2. 看護指導官に対してNB-ISTに関する研修を実施する T4-B-3. 国家レベル看護指導官が看護指導官に対し、NB-ISTの計画及び実施を支援する T5-1. 3カ国のプロジェクトチームによる電話、テレビ会議を実施する T5-2. フィジーにおける第三国研修に参加する T5-3. 国際会議の場でプロジェクトの進捗、成果を発表する	V3-3. パイロット州において、州保健マネージャーによる看護指導官に対するS&Cの実施支援を、支援する V3-4. パイロット州において、州保健マネージャーによるS&Cのモニタリングの実施を支援する V4-1. モデル拡大のためのバヌアツ政府の自助努力に対する技術支援を通し、他州とS&Cモデルを共有する V4-2. 3カ国のプロジェクトチームによる電話、テレビ会議を実施する V4-3. フィジーにおける第三国研修に参加する V4-4. プロジェクトの進捗や成果を国際会議の場で発表する

1.2 対象国における地域保健看護師の概況

1.2.1 フィジー

(1) 看護人材の育成体制及び免許・登録制度

看護師は、スバのフィジー国立大学医学・看護学・健康科学カレッジのフィジー看護学校（FNU-CMNHS-FSN、以降「FSN」）（1学年200名程度）及びランバサのサンガム看護学校（1学年80名程度）で育成されている。両校は同じカリキュラムを用いており、中等教育終了後 3 年間の課程を経てディプ

ロマが授与される。また、3 年間の実務経験を経て公衆衛生看護学士課程（1 年間）[1]を修了すれば公衆衛生看護学士を取得することも可能となっている。現在、看護師教育の学士課程 [2]への移行が進められており、上記課程は現職看護師のための経過措置の意味合いもある。

看護師の登録及び免許はフィジー看護審議会が行っている。新卒看護師は、看護学校卒業後、同審議会の試験への合格をもって看護師として登録される [3]。免許は 2014 年より年次更新とされ、継続的専門性開発（CPD）ポイント [4]（初年度は 20 ポイント以上）などの条件を満たした場合には免許が更新される。

(2) 現任研修

保健省国家人材開発・研修政策 2012-2015 によると、現任研修は表 1-2 のように区分されている。

表 1-2 フィジー保健省における「現任研修」の区分

現任研修	無給或いは有給の休暇を伴う、長期間の研修或いは学習（教育機関で実施される卒後教育含む）
継続的専門性開発（CPD）	短期間に業務に必要な知識や技術を習得するために実施される研修（プログラム実施のための研修やニーズに基づく現任研修（NB-IST）、施設ベースの勉強会、海外での会議やセミナーなどが含まれる）

参考： 保健省国家人材開発・研修政策 2012-2015

教育機関で実施される卒後教育に関しては、FSN において表 1-3 に示すコースが設置されており、保健省所属の看護師が受講する場合には、基本的に保健省が学費を全額或いは一部負担する。現職看護師の卒後教育課程への入学及び学費の負担については、本人の申請及び上司からの推薦及び研修ニーズ評価を受け、予算状況など周辺環境も考慮の上、保健省国家研修委員会が最終決定する。

表 1-3 FSN における卒後研修コース

コース	期間	入学基準	取得学位
精神保健看護	1 年間	5 年間の臨床経験を持つ看護師	Postgraduate Certificate
ナース・プラクティショナー	13 か月	5 年間の地域保健における臨床経験 [5]及び遠隔地での貴継続勤務希望を持つ看護師或いは助産師	Postgraduate Diploma
助産師	1 年間	5 年間の臨床経験を持つ看護師	Postgraduate Diploma
看護管理職	1 年間	4－5 年以上の看護師としての勤務経験を持ち、管理職者或いは同等の職位にあり、何らかの卒後教育を修了している者	Postgraduate Diploma

参考： FSN ウェブサイト（http://www.fnu.ac.fj/index.php/index.php?option=com_content&view=article&id=1501&Itemid=284、2014 年 3 月アクセス）

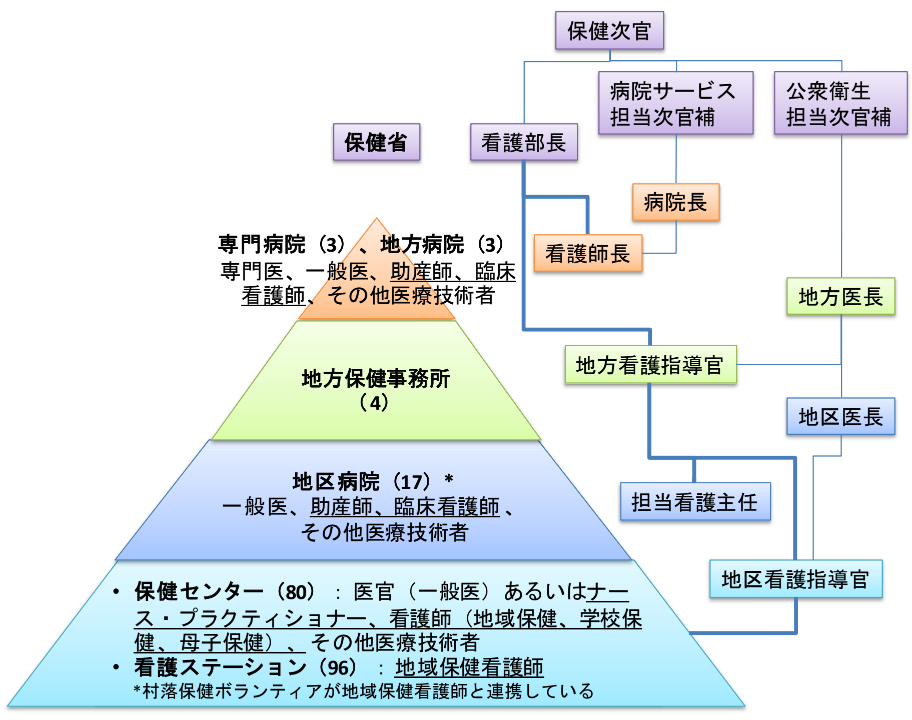
上記の他、南太平洋大学（USP）や海外（主にオーストラリア）への修士課程等の受講や臨床現場への派遣研修などについても、公平性や予算状況、他の奨学金取得状況、上司による評価等を考慮の上、保健省が費用を負担することもある。そのほか、WHO が支援する大洋州公開保健学習ネットワーク（POLHN）による通信教育講座が各地方の拠点病院等に遠隔学習施設を設置している。

1 FSN では、このコースも卒前コースとなっている。
2 修了すれば看護学士となる。
3 フィジー看護カウンシル設立（2011 年）以前は、卒業試験への合格を持って看護師登録されていたが、FSN のフィジー国立大学への移管を受け、登録のための試験が別途行われるようになった。
4 現行では、職場における講習会や保健省及びドナー等による研修への参加時間がポイント換算されているが、ポイント換算の方法や更新に必要なポイント数は今後継続的に見直される予定。
5 地区病院等 2 次レベル以下のことと考えられる。

CPDで最も一般的な、保健省のプログラム（予防接種や母子保健など）に必要な知識や技術を習得するための研修は、ドナーの支援によって実施されることが多い。フィジー看護審議会傘下のフィジー看護カレッジ[6]は原則として月 1 回の研修会[7]を実施しており、フィジー看護協会は年次総会などと合わせて研修会等を開催することもある。また、地区病院や病棟単位で、毎週 1 回、1～2 時間程度の勉強会を開催しているところもあり、上記のような研修の成果や、現場において生じた課題に対応するために必要な知識等を共有する場となっている。NB-ISTは、本プロジェクトによってその概念が保健省全体に導入され、指導官が通常の管理業務を通じて把握した研修ニーズに基づいて企画・実施する小規模な研修と位置付けられている。

(3) 人材管理

FSN やサンガム看護学校を卒業したフィジー人看護師の多くは保健省職員となる。2014 年から 2019 年まで毎年 200 名ずつ新規採用を行い、看護師を大幅に増員する計画となっている。保健省下の看護師の指揮系統は図 1-2 に示すようになっており、看護部長をトップとするライン（太線）と、それぞれの病院や地方の医官からのライン（細線）があり、看護指導官は双方への報告義務を負っている。また、地区病院は公衆衛生に区分されており、地方医官の監督下にある。



注： 括弧内の数字は設置数／*地区数は 20 だが地方病院がある地区には地区病院がないため

参考： 大洋州地域における非感染症の現状と対策に関する情報収集・確認調査 ファイナル・レポート、JICA、2012 年

図 1-2 看護師の指揮系統

職能団体としては、2011 年に保健省の看護師、助産師、ナース・プラクティショナー委員会から独立組織（予定）となるフィジー看護審議会と、1956 年に設立されたフィジー看護協会がある。免許や登録制

[6] 教育機関ではなく、現任研修専門の機関
[7] 当面、費用は保健省が負担するが、将来的には参加者負担となる予定。

度を司る看護審議会に対し、看護協会は、主に看護師の労働条件の改善などへの働きかけや福利厚生などを担っている。

2011 年の全看護職の数は 1,941 人で空席率は 5.6%であった。このうち、地域保健看護師について職位別に示したのが表 1-4 である。

表 1-4 職位別地域保健看護師数（2011 年）

職位／給与レベル		NU01	NU02	NU04	NU05	NU06	Total
地方看護指導官（代理含む）		2	2				**4**
地方現任研修調整官				1	2		**3**
地区看護指導官*				6			**6**
看護主任	地域保健			1	42	1	**44**
	地区病院			2	22	2	**26**
上級看護主任	地域保健			19		10	**29**
	地区病院			19		2	**21**
ナース・プラクティショナー				39			**39**
看護師				2	73	820	**895**
合計		**2**	**2**	**89**	**139**	**835**	**1,067**

注：　*地区看護指導官については、代理となっている者については看護主任或いは上級看護主任に含まれている

出典:　フィジー保健省看護部

地域保健看護師については、特に遠隔地や離島において、保健人材の離職は問題となっており、フィジー保健省でも定着促進戦略を打ち出して遠隔地手当の支給や宿舎の整備等を行っている。離職の背景としては、看護ステーションにおいて周辺住民との人間関係がうまくいかない、子どもの教育に支障がある、生活環境が厳しい、指導官との人間関係などの声が聞かれた。また、異動も多く、1 月から 3 月の異動時期には看護師全体のおよそ 5 分の 1 が異動する。例えば 2012 年には 400 名程度が異動したとのことであった。異動には本人のキャリア形成上や家庭の事情による希望、各職場の状況に応じて検討され、地域保健と臨床との間でも頻繁に行われる。

1.2.2 トンガ

(1) 看護人材の育成体制および免許・登録制度

トンガで唯一の卒前教育機関であるクィーンサロテ看護学校（QSSN）[8]は、政府系病院や保健所に駐在する看護師の育成を行っている。入学条件として、中等教育終了後、大学入学試験と同等である太平洋後期中等教育共通試験（PSSC）を高得点で通過する必要がある。3 年間の基礎看護教育課程受け一般看護のディプロマが授与される。毎年平均して約 30 名の看護師が基礎看護教育プログラムを修了し卒業している。

看護師、助産師、ナース・プラクティショナーに関しては登録制度があり、その登録実務は看護評議会が管理している。看護師は免許制になっているが、助産師、ナース・プラクティショナーおよび専門看護師は認定（Certificate）レベルである。

[8] QSSN は、Tonga National Qualification and Accreditation Board に、高等教育機関として登録されている。

(2) 卒後教育

保健人材開発はトンガ保健省の戦略計画において重要課題の一つと位置付けられており、年次計画においても研修の実施が重要視されている。

卒後教育として、QSSNでは必要性と予算に応じ、専門看護師の養成コースを開講している。2011 年はWHOの資金支援により助産師コース（11 ヶ月課程）を開講し 11 名の新助産師がトンガで誕生した。本助産師コースの参加者は、正看護師として 5 年以上の実務経験を持っている必要があり、コース終了後は看護師の高等ディプロマが授与される。2013 年は、AusAID (THSSP)の資金および技術支援によりNCD専門看護師の養成コース[9]（30 週間の課程）を開講し、20 名のNCD専門看護師が誕生した。なお、上記のNCD専門看護師養成コースは、トンガ国家資格認定評議会により完全に正式認可されたトンガで唯一の看護プログラムである。QSSNはまた、ニュージーランドのオークランド技術大学の看護部と提携して、大学院研修プログラムを運営している。

なお、トンガではナース･プラクティショナーの制度を導入しているが、その養成はフィジーの認定コース（Postgraduate Diploma、13 ヶ月）に依存している。本コースの受講者は正看護師および助産師である必要がある。またこの他にも、ドナーの支援によりいくつかの奨学金制度が用意されており、海外（オーストラリア、ニュージーランド、フィジー）の大学等で資格・認定コース（Postgraduate Diploma, Postgraduate Certificate）や学士・修士課程に参加することも可能である。

国内における現任研修としては、トンガ保健省は、現職の保健人材に対し様々な研修プログラムを実施しており、第三次医療施設であるバイオラ病院だけでなく、各島嶼群における第二次レベル病院、第一次レベル保健施設で働く看護師にも研修の機会が与えられている。保健人材の継続的な育成を後押しするような現任研修体制となっている。しかしながら、現任研修の実施や予算はドナーに依存しているのが現状であり、保健省の予算配分は非常に少なく、プログラム・ベースの研修が中心となっている。

研修調整は、保健省の研修・開発委員会が担当しているが、その機能は限定的で、ドナーによる研修の適切性を検証したり、受講生を選定したりするのみである。

トンガで実施されている看護師のための卒後教育を図 1-3 に示す。

出典：WPRO, Data Bank

図 1-3　トンガで実施されている看護師の卒後教育の種類

[9] 本コースの正式名称は “Advanced Nursing Diploma in the Prevention, Detection and Management of Non-Communicable Diseases (NCDs) ”

(3) 保健人材数
トンガにおける保健人材の数は下記表の通りである。離職については、2006 年以前は毎年およそ 20 人以上の看護師が辞職していたが、2007 年、2008 年、2010 年における離職者の数は 20 人を下回った。結果的に、看護師の数は一定していると言える。

また、WHO によると、トンガにおける看護師の密度は人口 1 万あたり 38.8 であり、これは南太平洋地域の平均値 20.3 を上回っている。一方で、医師の密度については地域平均の 14.5 を下回り、5.8 となっている（表 1-5 参照）。

表 1-5 トンガにおける保健人材数と人口比

	従事者数	人口比（対 1 万人）
医師	58	5.6
看護師及び助産師	400	38.8
歯科医及び歯科衛生士	37	3.6
薬剤師	15	1.5
環境衛生／公衆衛生専門家	25	2.4

出展: World Health Statistics 2012, WHO

1.2.3 バヌアツ

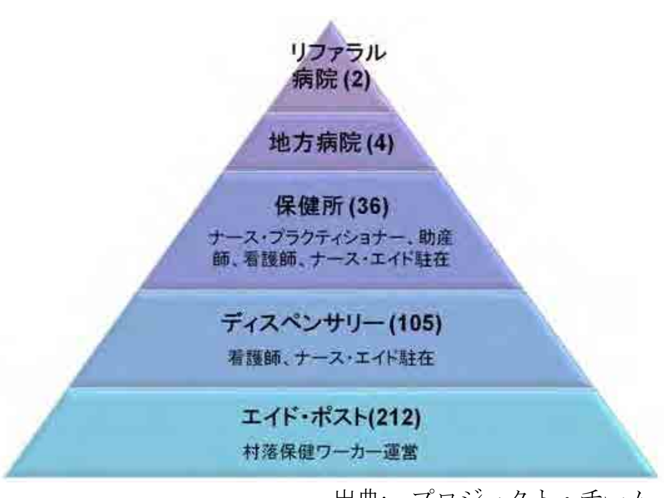
(1) 主な背景情報
バヌアツの保健人材の状況に関連する主な基礎情報および MDG にかかる主な保健データを表 1-6 に、保健医療施設を図 1-4 に示す。

表 1-6 バヌアツの保健に関する基本情報

指標	データ	年　出典
総人口	243,304	2009, CENSUS
人口増加率(1990－2011)	2.5%	2011, Unicef
GNI per capita	2,870 USD	2011, Unicef
小学校参加率	81%	2007-2011 Unicef
中学校参加率	37%	2007-2011 Unicef
GDP に対する保健支出の割合	3.6%	2010, UNSW
IMR	11/ 1,000	2011, Unicef
U5MR	13/ 1,000	2011, Unicef
MMR (adjusted)	110/ 100,000	2010, Unicef
NNMR	7	2011, Unicef
SBA coverage	93%	2005-2009, WHO
EPI Measles coverage	77.2%	2012, 保健省
看護人材（看護師、助産師）の人口比	17/ 人口 1 万	2010, WHO
医師の人口比	1/人口 1 万	2010, WHO

(2) 看護人材の育成制度と登録・免許制度

バヌアツ国内においては、保健省下のバヌアツ看護学校（VCNE）が唯一の看護師養成機関となっている。中等教育終了後 3 年間の教育課程を経て、一般看護師のディプロマが授与される。卒業時に正看護師として登録する資格が得られるが、地域の保健施設（保健所やディスペンサリー）で勤務する前に、2 年間の臨床経験（病院勤務）が必要である。VCNE では毎年 30 名の入学生を受け入れ、その 70%（21 名）程度が卒業する。基本的に保健省が学費の大部分を負担し、教材費、雑費のみが生徒負担となる。



出典: プロジェクト・チーム

図 1-4 バヌアツの保健医療施設

この VCNE の正規看護教育に加え、保健省は 2011 年、6 ヶ月間の移行コースを設置した。このコースは主に VCNE の中退者 20 名程度を対象とし、課程終了後、2 年間の臨床訓練を経て正看護師となる仕組みである。しかし、バヌアツ看護審議会（VNC）では、本コースの修了者を正看護師として登録することに難色を示しているため、コース修了者の進路が曖昧な状況が続いており、保健省と VNC 間で解決すべき課題となっている。

これらの他に、保健省ではドナーの支援により奨学金制度を設け、毎年数名の学生が海外（オーストラリア、ソロモン、PNG など）の看護師ディプロマ課程を卒業し帰国している。

なお、バヌアツにおけるナース･エイドは、看護師不足に対応するために保健省が導入したもので、VNC の資格制度には基づいていない。初等教育終了後、保健省の提供する 9 か月のコース（その内容のほとんどが現場での実習）を終了するとナース･エイドとして認定される。就職後は、保健所やディスペンサリーに正看護師と共に駐在し、正看護師の監督のもと、基本的な看護行為を行う。しかし、実際には看護師不在で単独で看護行為を行う場合も多い。

看護師、助産師、およびナース・プラクティショナーの登録及び免許は、看護法令（Nurses Act - Act 20 of 2000）に基づき、VNC が管理している。免許の更新は、毎年実施する規則となっているが、費用がかかる事（一般看護師で更新毎に 8,000 円程度）と更新作業の煩雑さから、実際には免許の更新をすることなしに業務を遂行している看護師も多い。

(3) 現任研修

卒後教育は、サンマ州にある保健省下のバヌアツ保健研修校（VHTI）が担当している。正看護師として 5 年間継続勤務した後、ナース・プラクティショナー、助産師、専門看護師の養成課程（各 9 ヶ月）への入学受験資格を得る。基本的に保健省が学費を全額負担するほか、受講者は受講中も給与を受給し続けることができるとともに、生活支援経費の支給がある。しかし、VHTI は 2010 年に新設されたばかりで教育システムが確立していない上に、予算不足のため、コースの開講は不定期という状況であり、2013 年後半からは臨時閉鎖となっている。

その他に、ドナーおよび保健省の支援により、多く（卒前卒後、全保健職種合計で 90 程度）の奨学金制度が設置されており、現役看護師が海外（豪州、ニュージーランド、仏国、フィジー、PNG など）の大学等で資格・認定コース（Postgraduate Diploma, Postgraduate Certificate）や修士課程に参加することも可能である。

現任教育としては、予防接種拡大プログラム（EPI）や小児疾病の統合的管理（IMCI）、マラリア、生活習慣病、といった課題別の研修はドナー（AusAID、WHO、NZAID、仏国政府[10]等）の支援により不定期に提供されているのみである。フィジー、トンガで活性化してきている職場単位で実施される小研修、勉強会なども、バヌアツではまだ導入されていない。新人教育や新任教育も体系的に実施されているわけではない。

表 1-7 バヌアツにおける看護人材の種類と育成制度

看護人材の種類	参加必要条件	教育機関	教育期間	取得学位	備考
正看護師	18－30 歳 中等教育終了 科学、英語で好成績	VCNE	3 年	Diploma in Nursing	卒業時に正看護師としての登録する
高等ナース・プラクティショナー	正看護師 正看護師として 5 年以上の経験	VHTI	18 ヶ月	Post Graduate Certificate in Advanced Nurse Practitioner	ナース・プラクティショナーと助産師両方の業務内容
ナース・プラクティショナー	正看護師 正看護師として 5 年以上の経験	VHTI	9 ヶ月	Post Graduate Certificate in Nurse Practitioner	中間レベルの治療技術者
助産師	正看護師 正看護師として 5 年以上の経験	VHTI	9 ヶ月	Post Graduate Certificate in Midwifery	助産技術
ナース・エイド	中学校教育終了 VHW または看護助手としての経験	保健省	9 ヶ月	Certificate in Nurse Aid	コミュニティおよびディスペンサリーにおける非公式な役割のみ。 基本的看護技術
村落保健ワーカー（VHW）	初等教育終了 コミュニティにより選抜されること	保健省（Save the Children）	11 週間	Certificate	業務範囲は未定義 基本的看護技術

出展：WHO WPRO, Data Bank 2013

(4) 看護人材数

表 1-8 にバヌアツにおける看護人材数と必要数に対する充足率を示す。看護人材の絶対数不足は、バヌアツにおいて大変深刻な問題である。業務に従事している看護師の中には再雇用された退職者など高齢の者も多く、現役の看護師はさらに不足していると推察される。

保健省では、この看護師絶対数不足の課題に対し、いくつかの施策を実施している。そのひとつに、2015 年から看護学校の入学者の定員枠を 200 名へと拡大する意思表明をしており、現在、入学者選定等の準備が進められている。しかし、2011 年にも定員倍増を試みたが、学校側の受け入れ能力の整備が追いつかず実現には至らなかった経験もあるため、慎重な実施が望まれる。

[10] この仏国政府による現任研修の支援体系が、資金援助を中心とするものであり、毎年州レベルで、現場ニーズに即した研修トピックに関する研修の実施を支援する。研修トピックは国家研修委員会（National Training Committee）で決定される。そのため、プロジェクトで最終的に目指すところの NB-IST の実施のための財源として、有力候補と CP により認識されている。

表 1-8 バヌアツにおける看護人材数と充足率（2011 年）

種類	従事者数	必要数*	不足数	充足率
ナース・プラクティショナー	51	60	9	85%
助産師	60	87	27	69%
正看護師	423	680	257	62%
ナース・エイド	96	449	353	21%
医師（参考）	*29*	-	-	-
村落保健ワーカー（参考）	*210*	-	-	-

* 現在設置されている施設で本来必要とされる看護職者の定員数　　出展: 保健省

また、人事院及び看護審議会がソロモンからの看護師受入れにつき合意し、2011 年バヌアツに入国したソロモン人看護師は 24 名いる（そのうち 99%が 2 つのリファラル病院に勤務）。その他、ナース･エイド制度の導入、看護基礎教育移行コースの設定、海外での卒前教育参加支援等については前述した通りである。

(5) 看護人材に関する政策、規約等

- 看護法令（Nurses Act）2000 年
- 「正看護師能力基準（Competency Standard for registered nurses）」、「正看護師、ナース・プラクティショナー、助産師、ナース・エイドの職務範囲（Scope of Practice）」、「看護師専門行為規約（Code of Professional Conduct for Nurses）」（VNC）[11]
- 「第 2 次保健人材計画(2004 - 2013)」保健省
  保健人材の育成と管理についてのガイド。研修、奨学金の有効で公平な分配、保健省と他機関との有効な協力体制等について述べられている。また、出産・育児のために退職した正看護師への免許の再発行、育児をしながらできる勤務体制・内容の検討などについても言及していた。
- 「第 3 次保健人材計画 (2013-2033) 立案のための準備調査報告」(2012, WHO)
  看護人材のための定期的なサポーティブ・スーパービジョン、研修、定期的なパフォーマンス評価と建設的なフィードバック、管理研修の必要性について言及している。
- 「保健セクター戦略 2010-2016 」
  看護師の技術研修が保健サービス改善の鍵となる、看護師の現任研修強化の必要性について言及。

(6) バヌアツの看護における優先課題

- 看護人材の欠員数減少（保健省）
  看護人材の欠員数が問題である一方、予算不足のために、看護学校卒業生を雇用するだけのポストが用意できない。また、年金支払いの予算不足のために、高齢の看護人材の定年退職を推奨できず、再雇用を繰り返す。そのために、看護学校新卒生を収容するポスト数が更に減少する
- 保健省本部に看護部門あるいは看護担当者の設置（VNC）
- 現任教育計画の策定（WPRO, 保健省）
- 看護手順マニュアルの開発（WPRO, VNC）
- ナース・プラクティショナーの法定化。能力基準の開発（WPRO, VNC）
- VCNE の学士レベル（Degree）へのカリキュラムのアップグレード（UNSW）
- 地域で働く看護師の動機づけの強化（WPRO）

[11] 本プロジェクトの支援により開発し策定した。

1.3 NB-IST モデルの変遷

1.3.1 フィジー

フィジーにおいては、当初想定された NB-IST モデル（図 1-5）の基本的なニーズ把握のための管理業務と、それに基づく研修の企画・実施のフローは踏襲されている。しかし、これを独立したひとつのモデルとすることは、フィジー政府が導入している研修ニーズ評価や保健省の研修管理（地方における予算措置含む）の体制、看護指導官の既存の管理業務、保健省研修ユニットの役割、及び現任研修調整官に係る指揮命令系統などとの整合性を考慮すると困難であると考えざるを得なかった。

図 1-5　　当初の NB-IST モデル（フィジー）

このため、フィジー側関係者との協議や試行錯誤を経て、NB-IST は看護職のみならず保健省のすべての職種が活用できる CPD の一つの様式となり、研修ニーズの把握・分析のためのツール（能力基準評価、スーパーバイザリー訪問、コーチング）は、モニタリング評価ツールとともに看護指導官のための管理ツールとして統合された。

また、図 1-2 に示したように、地域保健を担当する地方看護指導官の指揮下には地区病院の看護師も入っていること、即ち、地方現任研修調整官が研修調整を担当することになる点や、臨床と地域保健との間の異動が多い点を考慮すると、地区病院の看護指導官も一連の管理業務のフローを活用することが望ましいと考えられた。

以上のことから、フィジーにおいては、図 1-6 に示すように、当初の NB-IST の流れは踏襲しつつも、看護指導官の管理業務の一環として一連のツールおよび業務が理解されるようになった。

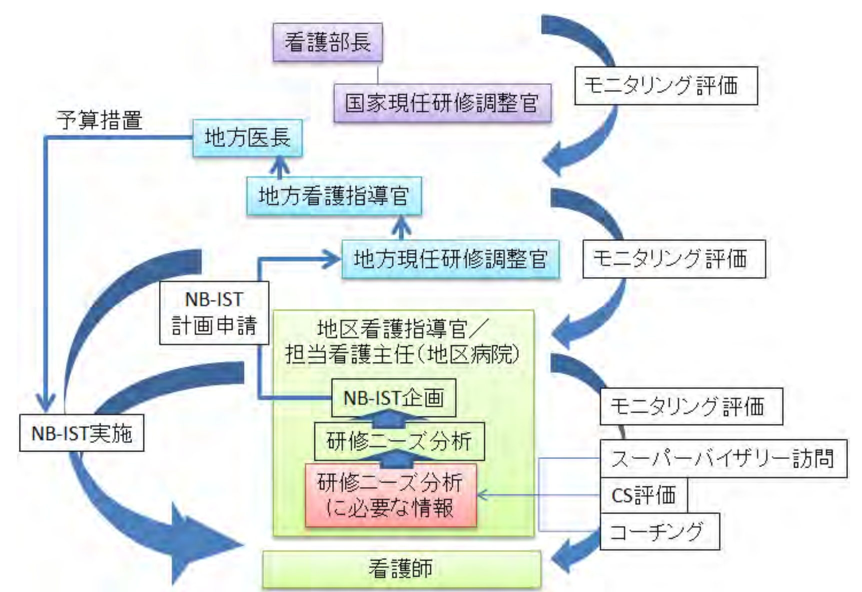


図 1-6　　NB-IST 計画・実施に係るフローと各ツールとの関連(フィジー)

1.3.2　トンガ

トンガにおいては、フィジーで開発された「NB-IST モデル」の応用を支援した。トンガの看護師管理体制にはもともとスーパービジョンの体制が存在していた。しかしそれは、保健省中央から看護部長（CNO）と 3 人のシニア看護師が、現場で働く全看護師を直接訪問する体制であり、労力および費用に関して非効率的であり、現実には機能していなかった。そこで、その既存システムに「NB-IST メカニズム」を統合し全体を整備することにより、看護スーパービジョン・システムを総合的に向上することが、トンガの試みであった。

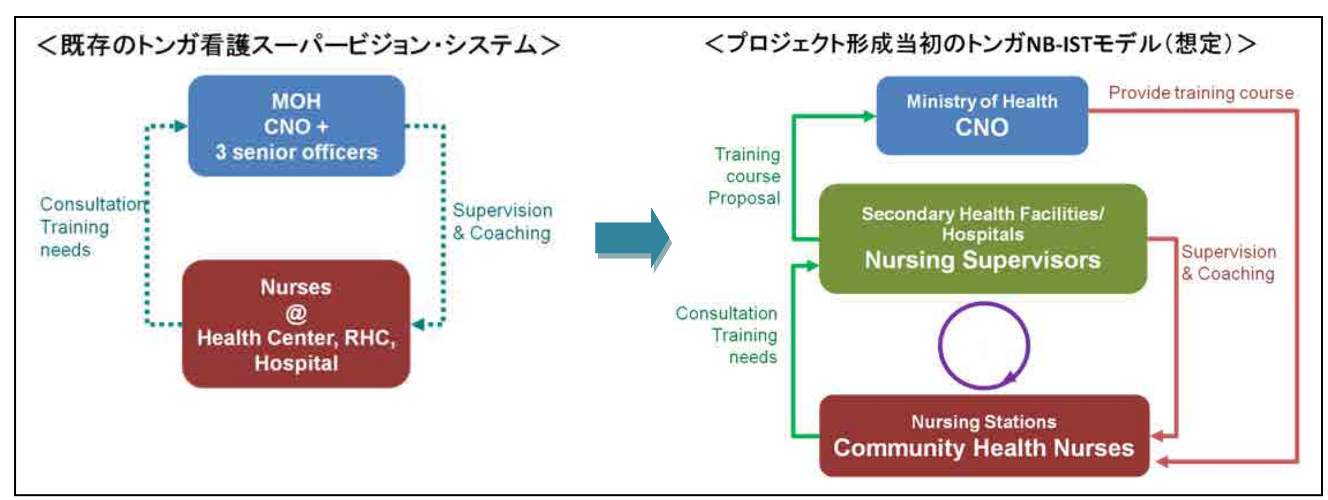


図 1-7　　当初の NB-IST モデル(トンガ)

基本的には、プロジェクト形成当初に想定されていたモデル（図 1-7）から大きな変更はなく、システムとして名称、用語の定義、体制等を整備していく過程で、まず既存のスーパービジョンの体制が再整備され、国家レベルと地方レベルのそれぞれにおける看護指導官の役割が明確になった（図 1-8）。

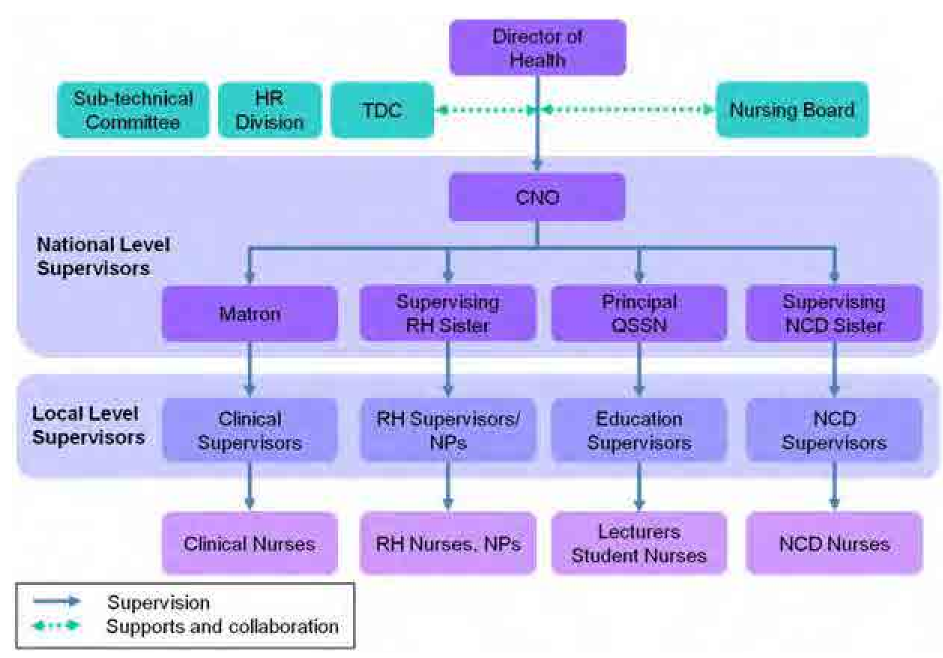


図 1-8　　再整備されたトンガのスーパービジョンの体制

NB-IST メカニズムは、トンガの伝統や文化を取り入れた形の「ラランガ・モデル The Lālanga model」として構築された（図 1-9)。ラランガとは、トンガの伝統的マットのことで、マットを編みこむように看護師と看護指導官との人間関係を作り上げる過程において、看護サービスの質の向上を目指して看護師の「職能開発」を図っていく。その過程で、看護指導官は持てる限りの知識、技術、プロとしての態度を巧みに使い看護師を支援し、看護師は自身の最善を尽くす。「最高」と「最高」が編みこまれ、結果的に優美な看護実践（ラランガマット）を生み出す（“Excellence woven into Excellence”）といった意味が込められている。

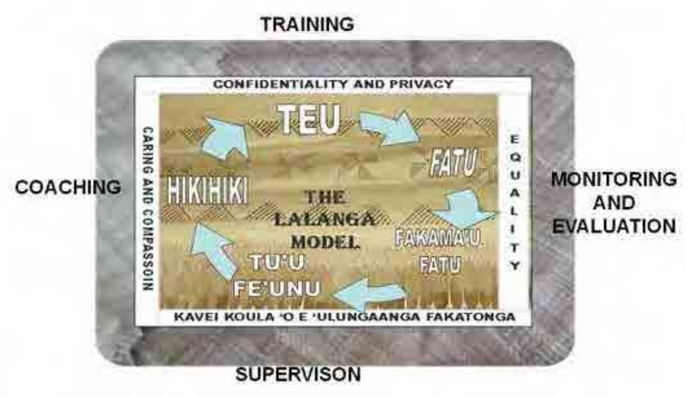


図 1-9　　トンガにおける「ラランガ・モデル」

トンガの「NB-IST メカニズム（ラランガ・モデル)」は、4 つの要素により構成されている。

1. 「能力評価」の実施を利用した**「スーパービジョン」**
2. 「能力評価」の結果に基づく、個々人の看護師に対する**「コーチング」**
3. 「能力評価」と「コーチング」の結果に基づく**「現場ニーズに基づく現任研修（NB-IST）」**

4.　「NB-IST メカニズム」の「モニタリング評価」と「フィードバック」

この、NB-IST メカニズム（ラランガ・モデル）の 4 つの構成要素（図 1-10 の青色）が、再整備された看護スーパービジョン・システムに統合され、4 要素を国家レベルおよび地方レベルでどのように担当するかを明確にすることによって、NB-IST メカニズムを活用した新たなスーパービジョンの体制が構築された（図 1-10）。

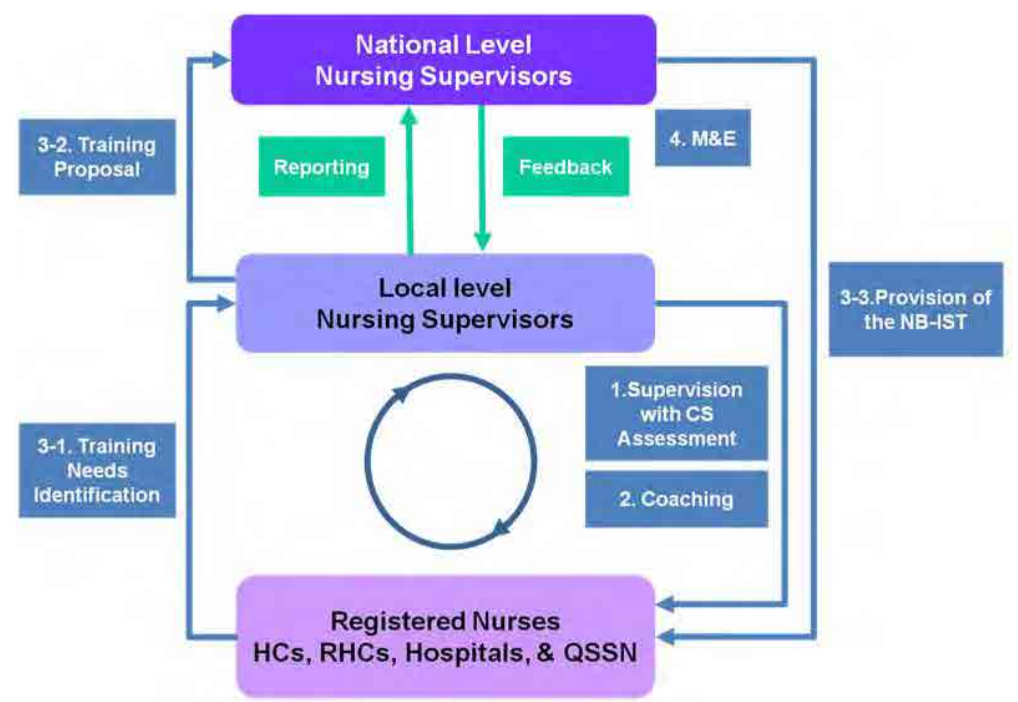


図 1-10　　トンガにおける NB-IST メカニズムを活用したスーパービジョンの体制

1.3.3　バヌアツ

バヌアツの保健セクターには、看護スーパービジョン・システムは存在しないが、課題別のいわゆる「縦割りプログラム」が個別に行っているスーパービジョン・システムが複数既存する。しかし、その多くは、国レベルあるいは州レベルから直接現場に対して実施される仕組みになっており、資金・人材不足の理由により、実際にはあまり機能していない。

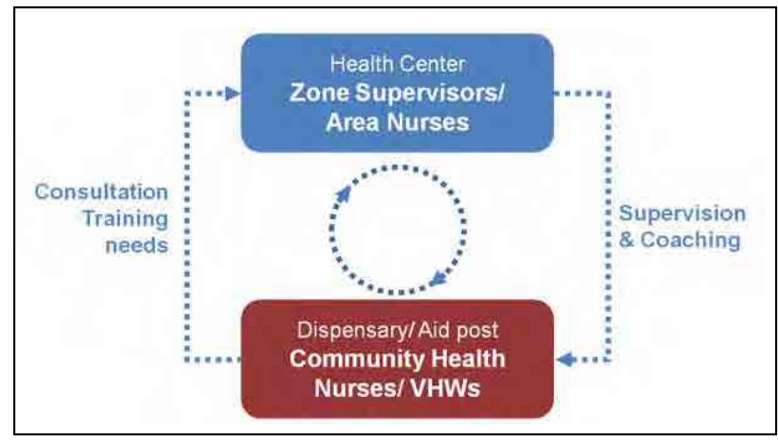


図 1-11　当初の S&C モデル（バヌアツ）

プロジェクトでは、フィジーの NB-IST モデルの一部から看護師の S&C モデルを考案し、バヌアツに適用することを目標としていた。プロジェクト形成当初は図 1-11 のモデルが提示されていたが、プロジェクト開始直後に次の 3 点について

変更された。

1. 体制として運営するためには、州保健事務所と保健省本省もモデルの中に位置づける。
2. 本モデルは「看護師能力基準」を利用して展開される S&C モデルであるため、この基準が適用されない村落保健ワーカーやナース・エイドに対して地域保健看護師が実施している S&C は本 S&C モデルの対象外とする。
3. モデルとしては地域保健看護師のみでなく臨床看護師も含めた全看護師を対象とする。

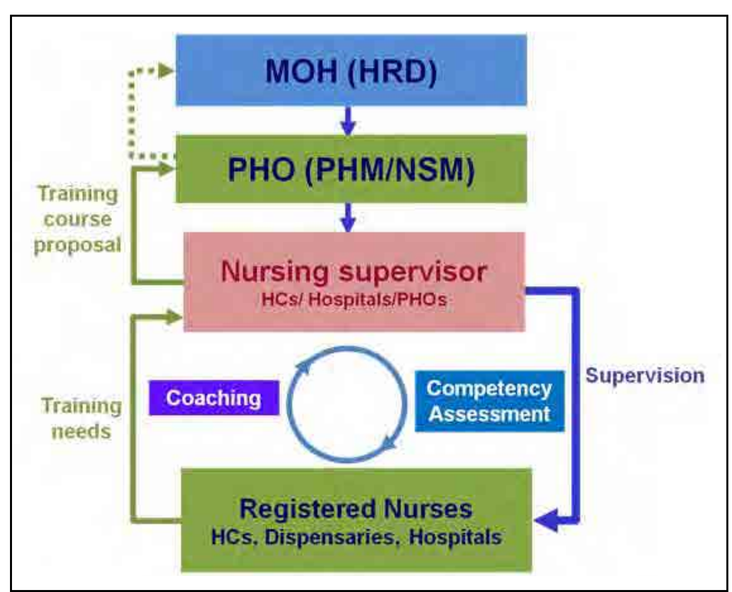


図 1-12　　2011 年末時点の S&C モデル（バヌアツ）

更に、S&C の詳細を決定していく過程で、各レベルの担当者や S&C の活動内容が具体的になり、2011 年末には図 1-12 のモデルが出来上がった。しかしこれは、2012 年に予定されていた保健省の組織改革を目前にした仮設定であり、看護部が未設置のため、国家レベルでは、人材開発課（HRD）を看護師の指導担当とした。州保健事務所では、臨床看護部門では看護サービス・マネージャー（NSM）がいるため、州レベルで臨床看護部門の指導官は NSM としたが、地域保健看護部門では NSM が設置されていないため、州保健マネージャー（PHM）を指導官と仮設定した。しかし、既にこの時点で、PHM が看護専門家ではないことによる S&C 実施上の問題が生じていた。

このような状況の中、2012 年頭から顕著となり始めた政情不安を背景に、保健省は 2014 年までに 2 度の大きな組織改革を試みた（3 章にて後述）。改革は試行錯誤しながらの実施であり、保健省の組織に関する決定が短期間に何度も変更されるのに伴い、看護スーパービジョンの構図も不安定な状態となった。

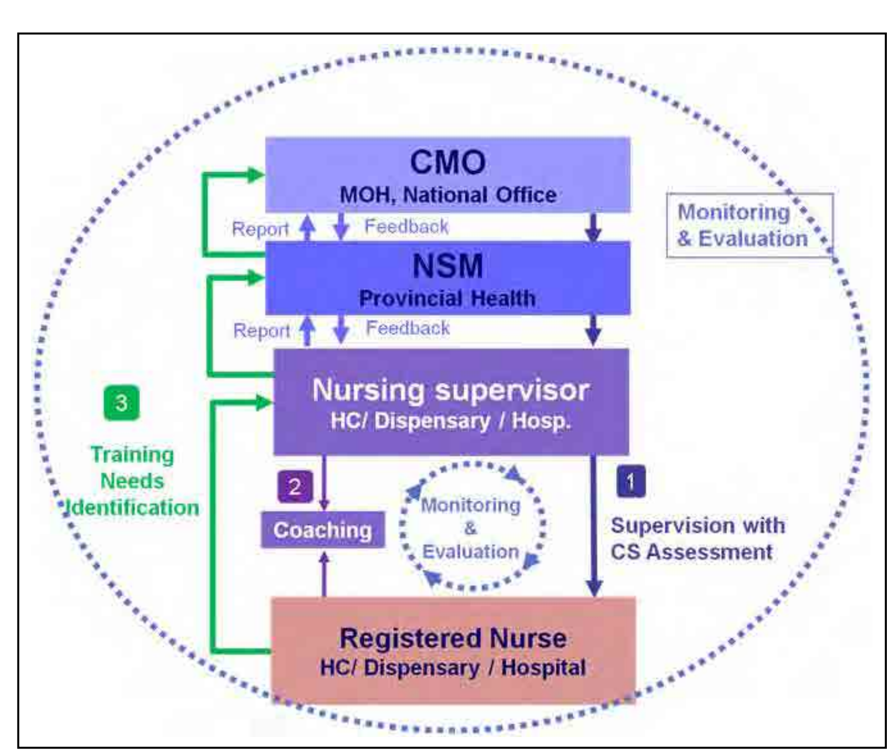


図 1-13　　最終 S&C モデル（2013 年 シェファ州）

プロジェクトでは活動の焦点をシェファ州での S&C モデル設立に移行させ、最終的には図 1-13 のモデルとして完成させた。この過程において、保健省本省レベルを削除し州レベルで終結させる案もあったが、州レベル

だけでは解決できない問題（施設整備等）も多くあるため、医局長（CMO）を配置した。CMO は、地位自体は本省レベルだが、物理的な配置は州病院であり州保健サービス（臨床・地域保健の両方）の最高管理者である。本省と州保健レベルの連携役として適任であると言える。

バヌアツの S&C モデルは次の 4 つの要素により構成されている。

1. サポーティブ・スーパービジョン
    1) 実務環境のスーパービジョン（施設、備品、薬品、消耗品等の供給と管理）
    2) 看護能力基準に基づく能力評価
2. コーチング（多くの場合、1 に引き続き実施）
3. 1. 2)の結果分析から研修ニーズの抽出
4. 全体の M&E

上記の 3 と 4 の間に「現場ニーズに基づく現任研修（NB-IST）の企画と実施」が追加され、バヌアツで最終的に目指すところである「NB-IST システム」が完成する。

第2章　プロジェクト目標および成果の達成状況

2.1　フィジー

フィジーにおけるプロジェクトの成果及び目標の達成度を表 2-1 に示す。

表 2-1 フィジーにおけるプロジェクト目標及び成果の達成状況

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<table>
<tr><th>プロジェクト目標/成果</th><th>指標</th><th>達成状況(特記以外は 2013 年 12 月時点)</th></tr>
<tr><td><上位目標>
地域保健サービスの質が向上する</td><td>すべての CS 評価結果が 3 以上の地区の数（目標：2019 年までにすべての地区）</td><td>21 地区のうち 18 地区において達成。（Lakeba, Bua 及びTaveuniが未達）</td></tr>
<tr><td rowspan="5"><プロジェクト目標>
「現場ニーズに基づく現任研修」の仕組みが強化される</td><td>1) 各地方において 80%以上の地域看護師がガイドラインに定められた頻度[12]の能力基準（CS）に基づく評価を受ける</td><td>
<table>
<tr><td>1)</td><td>1回目</td><td>2回目</td></tr>
<tr><td>中部</td><td>60.9%</td><td>0.6%</td></tr>
<tr><td>東部</td><td>89.5%</td><td>17.5%</td></tr>
<tr><td>西部</td><td>92.3%</td><td>87.7%</td></tr>
<tr><td>北部</td><td>96.6%</td><td>0.0%</td></tr>
<tr><td>全国</td><td>80.6%</td><td>27.9%</td></tr>
</table>
</td></tr>
<tr><td>2) 95%以上の保健施設がガイドライン[13]に定められた毎年 1 回以上のスーパーバイザリー訪問を受ける</td><td>
<table>
<tr><td>2)</td><td>1回目</td><td>2回目</td><td>3回目</td><td>4回目</td></tr>
<tr><td>中部</td><td>100%</td><td>80.5%</td><td>48.8%</td><td>19.5%</td></tr>
<tr><td>東部</td><td>91.1%</td><td>40.0%</td><td>n.a.</td><td>n.a.</td></tr>
<tr><td>西部</td><td>100%</td><td>100%</td><td>75.5%</td><td>30.2%</td></tr>
<tr><td>北部</td><td>100%</td><td>100%</td><td>100%</td><td>5.0%</td></tr>
<tr><td>全国</td><td>97.8%</td><td>80.4%</td><td>55.9%</td><td>14.5%</td></tr>
</table>
</td></tr>
<tr><td>3) 70%の看護指導官が看護指導官育成のためのマネジメント・パッケージの全項目に関する研修を受ける</td><td>3) 研修を受けていた看護指導官の割合は、98%であった。（地区看護指導官・看護主任・地区病院担当看護主任78名全員及び地方看護指導官が指名した[14]ナースプラクイティショナー26名中24名）</td></tr>
<tr><td>4) 各地方において計画された「現場ニーズに基づく現任研修」の 80%（年間）が実施される</td><td>
<table>
<tr><td>4)</td><td>計画数</td><td>実施数</td><td>実施率</td></tr>
<tr><td>中部</td><td>20</td><td>18</td><td>90.0%</td></tr>
<tr><td>東部</td><td>16</td><td>14</td><td>87.5%</td></tr>
<tr><td>西部</td><td>31</td><td>24</td><td>77.4%</td></tr>
<tr><td>北部</td><td>19</td><td>17</td><td>89.5%</td></tr>
<tr><td>全国</td><td>86</td><td>73</td><td>84.9%</td></tr>
</table>
</td></tr>
<tr><td>5) 各地方におけるビジネスプランにニーズに基づく現任研修（NB-IST）メカニズムより選択された指標が統合される</td><td>5) 西部及び北部においては、NB-IST実施が2013年のビジネスプランに含まれていることが確認された。2014年版は作成中。</td></tr>
</table>

[12] 年 2 回
[13] ガイドラインでは、基本的に年 4 回だが、アクセスが悪い地域（離島など）は柔軟に対応、としている。
[14] 地域保健看護師の指導業務を担っている、或いは地区看護指導官の業務負担の状況から担うことが望ましいとされるナース・プラクティショナー

プロジェクト目標/成果	指標	達成状況(特記以外は 2013 年 12 月時点)
<成果> F1.「現場ニーズに基づく現任研修」が政策として有効になる	1) 「現場ニーズに基づく現任研修」を促進する政策文書が策定もしくは改訂される	1) 第 3.5 項に定義され、第 8.3.1 項に継続的専門性開発の一種と分類されている。
F2.「現場ニーズに基づく現任研修」のための国家標準化されたモニタリング評価（M&E）システムが実施される	1) 期限内に地方/地区保健局から保健省に提出された M&E 報告書の割合 2) M&E データベースが定期的にアップデートされる	1) 第 3 四半期は期日までに提出されたものの、修正による再提出が続いた（特に中・東部）。第 4 四半期は、西部と北部が期日の 5 日後に提出となったが、最新のデータが提出され、追加修正等はなかった。 2) 提出時及び再提出の都度更新したため、不定期の更新となった。
F3.看護指導官育成のためのマネジメント・パッケージが開発される	1) 開発された看護指導官育成のためのマネジメント・パッケージ	1) マネジメント・マニュアルは国家保健委員会より承認された。
F4. 中央及び地方レベルにおける現任研修（IST）コーディネータの役割が強化される	1) 中央及び地方レベルの IST コーディネータの職務規定が公式に承認される 2) 国家年次看護現任研修が計画される 3) 各地方で IST インベントリーが四半期ごとにアップデートされる	1) 職務規定は国家保健委員会によって承認された。 2) 2013 年度研修計画に看護職分が含まれた。2014 年分は作成中。 3) IST データベースと改称され、地方保健事務所、地方病院及び専門病院に所属する看護師のおよそ 80％程度が入力された。
F5. (C5.) フィジー、トンガ、バヌアツ国内及び各国間（もしくは三カ国を超えて）において、プロジェクトの進捗及び成果が共有される	1) テレビ、電話会議の回数 2) 国際会議での発表回数 3) 経験が共有されたケース	1) 4 回実施された。 2) 2011 年 2 月の大洋州保健人材連盟会議及び 2014 年 1 月のマヒドン皇太子賞会合の部会においてプレゼンテーションを行った。 3) フィジー国立大学看護学校の看護管理職コースの再開を支援した。

出典： 日本人専門家チーム

2.1.1 成果

成果 F1（政策策定）、F3（管理職育成）及び F5（経験の共有）については、概ね達成された。成果 F1 の NB-IST の政策化については、単独の政策策定ではなく、保健省人材開発・研修政策 2012-2015 において保健省の CPD の一種として位置づけられた。成果 F3 の管理職マニュアルは保健省によって承認された。また、この開発過程及び完成後に、管理職に対する研修が実施されるとともに、PTSV によって研修成果の実践が促進された。成果 F5 のプロジェクトの経験等の外部関係者との共有については、トンガ及びバヌアツと共有するとともに、フィジー国立大学看護学校の卒後コース（看護管理職コース）の再開支援や管理職マニュアルの共有等、国内での経験共有も行った。加えて、保健人材に係る国際会議への出席やプレゼンテーションも行った。

一方、成果 F2（モニタリング評価）、F4（現任研修調整官の機能強化）については、一部課題が残っている。モニタリング評価については、実際の運用が最終年次のみとなったため、運用を通じて明らかになった課題等を反映したツール類の改訂はプロジェクト終了後の保健省の取組次第となる（成果 F2）。

国家及び地方現任研修調整官の職務規定が確立され、現任研修データベースが開発、活用されるようになり、同調整官らの機能は強化された。看護師のための現任研修計画が策定され、保健省の年間研修計画に統合された。しかし、同職位の正式な設置については、進捗はあったものの完了していない（成果F4）。

2.1.2 プロジェクト目標

上記の成果が得られた結果、NB-IST 実施体制は強化された。各地区において計画された NB-IST の 80%以上が実施され、80%以上の地域保健看護師に対して 1 回以上の能力基準による評価が実施され、95%以上の地域保健施設が管理職者による訪問指導を 1 回以上受けた。しかし、ガイドラインによると能力基準による評価は年 2 回、訪問指導は四半期に一度（遠隔地は半期に一度）の実施が推奨されており、「ガイドライン通り」の実施は達成されていない。この結果を受け、合同調整委員会は、交通手段の制約や管理職者の業務負担などの状況を踏まえたガイドラインの見直しの必要性を提言した。

2.1.3 上位目標

地域保健サービスの質を厳密に計測することは困難であるが、本プロジェクトでは能力基準による評価のスコアから、地域保健看護師がサービス提供に必要な能力、知識及びスキルを獲得しているかを測定した。2013 年には、21 地区のうち 18 地区において、15 の能力基準の評価平均が、フォローアップが必要とされる 3 点（5 点満点）以上となった。今後、毎年新人及び新規異動者が入ってくるとを考慮した取組が必要である。

2.1.4 インパクト

フィジーでは、FSN の看護管理ディプロマコースの設立とその後の教材開発における看護管理職マニュアルのコンセプトの共有や、コース開始後の講師の派遣などに貢献した。同コースは 2013 年に第一期生 10 名が入学し、1 年間のコースを経て全員が修了して現場に戻ったとのことである。

保健省の人材開発においては、NB-IST が他職種にも活用可能な研修の一様式として導入され、現任研修調整官は看護職のみならずすべての職種の研修調整に貢献することが期待されている。管理職マニュアルについては、地方病院や医師においても、コーチングやモニタリング評価などのツールを応用する動きが出ている。また、プロジェクトによる年間研修政策の策定と共有から、ドナー支援によるものも含めた年間研修計画の策定と実施管理の必要性が認識され、保健人材開発戦略の策定等が始められている。加えて、人事院の人事評価制度に能力基準評価のコンセプトが導入された。

2.2 トンガ

トンガにおけるプロジェクトの成果及び目標の達成度を表 2-2 に示す。

表 2-2 トンガにおけるプロジェクト目標及び成果の達成状況

プロジェクト目標、成果	指標	達成状況（特記以外は 2014 年 1 月時点）
＜上位目標＞ トンガにおける地域保健サービスの質が向上する	1) コンピテンシーアセスメントのすべての指標において 3,4,5 を獲得する（1,2 を持たない）看護師の割合 2) 2013 年のベースライン・データと比較し、コンピテンシーアセスメント（CS 評価）の結果が向上した看護師の割合	1) 2011 年 49%(17/35) 2012 年 73%(24/33) 2013 年 92%(44/48) 2) 2012 年版看護師能力基準（CS）を用いて実施した 2013 年の CS 評価結果をベースライン・データとするため、本指標のデータは、現段階では収集不可能。 参考までに、2011 年と 2012 年の CS 評価（2011 年版の CS 使用）の結果を比較したデータを以下に示す。 ・ 結果が向上した看護師: 52% (14/37) ・ スコアが 1、2、または 3 であるコンピテンシーの合計数が減少した看護師: 54% (13/24) ・ 2011 年の結果 1、2、3 が皆無で、2012 年も皆無のまま維持できた看護師: 33% (1/3)
＜プロジェクト目標＞ 既存のスーパービジョン・システムに組み込まれた「現場ニーズに基づく現任研修」のメカニズムが強化される	1) 年 1 回以上、CS 評価を受けた看護師の割合 2) 年 1 回以上、記録用紙を用いたコーチングを受けた看護師の割合 3) 国家レベル看護指導官が認識しているスーパービジョン・システムにおける改善面（質的データ使用）	1) 2011 年: 83.3% (35/42) 2012 年: 77.3% (34/44) 2013 年: 98.0% (48/49) （2013 年 11 月末日 時点） 2) 2012 年: 90.0% (9/10) 2013 年: 93.3% (42/45) （2013 年 11 月末日時点） 3) (終了時評価結果より) ・ 地方看護指導官の役割の明確化。 ・ スーパービジョンの内容の均質化。 ・ 「欠点探し」だったスーパービジョンがよりよいサービスを提供するための個々人の能力を伸ばす手段に変わった。 ・ 上司と部下のコミュニケーションが促進された。 ・ チームワークの機運が高まった。
＜成果＞ T1: 看護スーパービジョン・システムが、「現場ニーズに基づく現任研修」メカニズムに適合するよう再定義される	1) スーパーバイザーの機能、責任、報告系統等について明記された書類	スーパーバイザーの機能、責任、報告系統等について明記された「IST マニュアル（Tonga National Instruction Manual for the Nursing Supervisor）」が開発され、保健省によって承認された。

プロジェクト目標、成果	指標	達成状況（特記以外は 2014 年 1 月時点）
T2: 看護スーパービジョン・システムに係る NB-IST の M&E システムが開発される	1) 看護スーパービジョン・システムに係る M&E システムについて明記された書類	看護スーパービジョン・システムに係る M&E システム等について明記された「IST マニュアル」が開発され、保健省によって承認された。
T3: 看護指導官の、看護師の CS 評価実施能力が向上する	1) 能力基準（CS）研修を受けた看護指導官の割合（%）	CS 2011 版: 81.8% (36/44) CS 2012 版: 100% (32/32)
T4: 看護指導官の、看護師に対するコーチング及び NB-IST 実施能力が向上する	1) スーパービジョンとコーチング（S&C）及び NB-IST 研修を受けた看護指導官の割合（%）	S&C 研修: 78.1% (25/32) NB-IST 研修: 56.3% (18/32)
T5: トンガ、フィジー、バヌアツ間　（もしくは三カ国を超えて）、プロジェクトの進捗及び成果が共有される	1)　テレビ、電話会議の回数 2) 国際会議での発表回数	1) 4 回実施。 2) 2012 年 12 月に、南太平洋看護フォーラムにて、プロジェクト活動について発表した。

出典：　日本人専門家チーム

2.2.1　成果

トンガの各成果に対して設定された指標の結果を精査する限りでは、ほぼ全てのプロジェクト成果は達成されたということができる。ただし、いくつかの指標で目標値が設定されていないため、精密に客観的に判定することは困難である。

看護スーパービジョン体制の関係者、関連組織それぞれの機能、責任については 2012 年末に更新された職務規定に準じて明確に定義され、指揮命令系統、報告系統も明確にされた。これにより看護スーパービジョンは明確に組織化されたといえる。これらの情報は「トンガ看護指導官のための指導マニュアル（IST マニュアル）」の一部として記載された。IST マニュアルは 2013 年 12 月に最終化されたのち、保健省によって承認され、2014 年 1 月に印刷され全国の全ての看護指導官に配布された（成果 T1）。

数回にわたるワークショップを通し、NB-IST メカニズムに関するモニタリング評価の体制及びツールの開発をした。ワークショップには国家看護指導官および主な地方看護指導官が参加し、モニタリング評価の基本的概念について学ぶと共に、IST マニュアルのモニタリング評価の章とモニタリング・ツールの開発をした。更に、実際のデータを使っての個人指導を、2013 年 5 月および 9 月にパイロット地域の地方看護指導官に対し、2013 年 11 月に国家看護指導官に対して実施した。地方看護指導官レベルにおいては、モニタリング・ツールは活用され始めている。国家看護指導官のレベルにおいても今年度分のデータ処理については理解され実施できた（成果 T2）。

トンガの全看護指導官 32 名のうち 100%（32 名）が最新の看護師能力基準（2012 年度版）および能力評価についての研修を受講した（成果 T3）。78 %（25 名）が S&C に関する研修を、56.3% （18 名）が NB-IST に関する研修を受講した（成果 T4）。

看護師能力評価においては、能力基準の確固とした理解が必要であるため、プロジェクトでは地方レベル看護指導官に対して 3 回の研修を実施した（2011 年、2012 年、および 2013 年）（成果 T3）。S&C 研修は日本人専門家、国家レベル看護指導官に加え、フィジーから招待した講師 2 名によって実施された。NB-IST 研修は IST マニュアル開発ワークショップの中で実施された。更にパイロット地域においては、

国家看護指導官及び日本人専門家による、PTSV を実施し、地方看護指導官に対して活動現場にて実地指導をした。

S&C 研修の受講率が比較的低い理由は、バイオラ病院の看護指導官が交代勤務のためにやむを得ず欠席したためである。NB-IST 研修においては更に低い受講率を示しているが、これはバイオラ病院では能力評価自体がほとんど未実施であり、能力評価の結果を分析して NB-IST を組み立てる研修に、ほとんどのバイオラ病院の看護指導官が参加できなかったためである。しかしプロジェクトでは、この不参加であったバイオラ病院の看護指導官に対しての追加研修は実施しなかった。これは、まず能力評価を実施することに集中し、それが達成されてから次の段階（コーチング、NB-IST ）に進む、という保健省側の意向に従ったためである（成果 T4）。

トンガ CP は、3 国間での情報共有と活動のモニタリングを目的としてプロジェクトで開催した 4 回のテレビ会議全てに参加した。また、2011 年と 2012 年の 2 回フィジーで開催した NB-IST に関する広域研修には、トンガから合計で 11 名が参加した。また、2012 年 12 月には、豪州メルボルンにて開催された南太平洋看護フォーラムにて、トンガ CP（国家看護指導官）がトンガの能力基準と NB-IST についての発表をした（成果 T5）。

2.2.2 プロジェクト目標

フィジーで開発された NB-IST メカニズムは、トンガの現状に適合するよう調整され、既存の看護スーパービジョン・システムに導入された。設定された指標について言及すれば、プロジェクト目標は達成されたといえる。80%以上のパイロット地域の看護師が能力評価を受け、その結果コーチングを必要とすると判断された看護師のうち 90%以上がコーチングを受けた。国家看護指導官によるスーパービジョン・システムに関するコメントからは、NB-IST メカニズムを統合したサポーティブ・スーパービジョンの導入後、多くの改善点が認識され、それがトンガの看護システムに根づき始めていることが窺える。

2.2.3 上位目標

フィジーの上位目標指標と同様に、地域保健看護師のサービス提供に必要な能力レベルをもってトンガの地域保健サービスの質を測定すべく、能力評価の結果から 2 つの指標を設定した。1 つ目の指標は、「全ての能力基準が中・高得点（5 段階評価で 3、4 または 5）と評価された看護師の割合（%）」であり、2011 年 49% （35 名中 17 名）、2012 年 73%（33 名中 24 名）、2013 年 92% （48 名中 44 名）と、年々向上してきているといえる。ただし、2011 年に能力評価の実施を導入したばかりであり看護指導官の評価技術のレベルが毎年推移しているため、これまでの値は傾向を示す程度である。 2 つ目の指標「2013 年のベースライン・データと比較し、能力評価の結果が改善した看護師の割合（%）」の値は、本年度ベースライン・データを入手できたばかりであるため、現時点では提示できない。

2.2.4 インパクト

(1) 看護サービスの質に関し、NB-IST メカニズムを導入して以来次のような変化があったと、国家看護指導官がスーパービジョン実施時に言及している。

＜看護師の態度の変化＞

- 手術室、ナースステーションが整理整頓された。
- 看護師の仕事に対する倫理観が高まった。
- 看護師の出勤時間が厳守されるようになった。
- 患者に接する態度が丁寧になり、患者への説明がきちんとされるようになってきた。

- 患者からの苦情が減少した。

＜看護スーパービジョン・システムに関する変化＞

- 地方看護指導官の役割が明確になった。
- スーパービジョンの内容が均質化した。
- 「欠点探し」だったスーパービジョンがよりよいサービスを提供するための個々人の能力を伸ばす手段に変わった。
- 上司と部下間のコミュニケーションが促進され、チームワークの機運が高まった。
- プロジェクトが地域看護だけでなく臨床看護も対象としたことで、保健省の看護部内で課を超えて協働する機運が高まった。

今後も引続き、サポーティブ・スーパービジョンの導入によって高まってきている看護師と看護指導官のやる気を維持することができれば、看護師の能力向上、パフォーマンスの改善、地域保健サービスの質の向上に貢献していけるものと考えられる。

(2) プロジェクトで策定した能力評価ツールを人事院がパフォーマンス評価のツールとして正式に承認したことは、能力評価の継続性を高めることとなった。人事院が他職種に対してもこのような評価ツールの開発を推奨していることも、看護師たちの能力評価継続への意欲を高める一因となっている。

(3) パイロット以外のや臨床領域の看護指導官も参画したことにより、看護師能力基準と能力評価の全看護師への導入を円滑に実施することができた。また、パイロット実施中から「全国版」の NB-IST メカニズムおよびツールの開発を進めることができ、今後の全国展開を容易にしたと言える。更に、新設された NCD 専門看護師もプロジェクトでは巻き込んでいるため、今後、NCD 部門でも NB-IST メカニズムが導入されていくことが予測される。NCD 部門を全面的に支援している AusAID のプログラムも NB-IST 導入に関して肯定的であるため、資金確保の可能性もある。

(4) QSSN のカリキュラムに、プロジェクトで開発した看護能力基準に関する講義が統合された。更に、全カリキュラムを新能力基準にあわせたカリキュラムへの書き換え作業を実施予定。

2.3　バヌアツ

バヌアツにおけるプロジェクトの成果及び目標の達成度を表 2-3 に示す。

表 2-3　バヌアツにおけるプロジェクト目標及び成果の達成状況

アウトプット	指標	達成度（特記以外は 2014 年 1 月末日時点）
＜上位目標＞ 他州への拡大を念頭に、「現場ニーズに基づく現任研修（NB-IST）システム」がデザインされ、パイロット州にて試行される。	パイロット州において NB-IST が 1 年に 1 回以上実施される。	現時点では、パイロット州において実施されている活動は、S&C の実施と、その結果分析から研修ニーズの所在場所を確認する活動までである。「NB-IST システム」のデザイン、実施は未だされていない。

<table>
<tr><th>アウトプット</th><th>指標</th><th>達成度（特記以外は 2014 年 1 月末日時点）</th></tr>
<tr><td>＜プロジェクト目標＞
パイロット地域において、地域保健看護師に対する現場事情に即したスーパービジョンとコーチング（S&C）のモデルが実施される。</td><td>1) 80% の地域保健施設が、6 ヶ月に 1 回以上のスーパーバイザリー訪問を受ける
2) 80 % の地域保健看護師が、年に 1 度、CS 評価を受ける
3) 80% のコーチングを必要とする地域保健看護師が、年に 1 度、コーチングを受ける</td><td>
<table>
<tr><td></td><td>2012 年
下半期</td><td>2013 年
上半期</td><td>2013 年
下半期</td></tr>
<tr><td>1) 6 ヶ月に 1 回以上のスーパーバイザリー訪問を受けた地域保健施設の割合</td><td>84.0%
(21/25)</td><td>100%
(26/26)</td><td>80.0%
(20/25)</td></tr>
<tr><td></td><td>2012 年</td><td colspan="2">2013 年</td></tr>
<tr><td>2) 年に 1 度 CS 評価を受けた地域保健看護師の割合</td><td>71.1%
(27/38)</td><td colspan="2">100%
(39/39)</td></tr>
<tr><td>3) コーチングを受けた地域保健看護師</td><td>33.3%
(8/24)</td><td colspan="2">88.6%
(31/35)</td></tr>
</table>
</td></tr>
<tr><td>＜成果＞
V1 S&C 試行のモデルが策定され、使用される</td><td>1) パイロットゾーンの全ゾーン看護指導官がガイドラインやマニュアルを保持する
2) 看護師の CS のドラフトが完成する</td><td>1) パイロット州看護指導官の 100%(9/9)が S&C ガイドライン（最終版）の配布を受け、保持している（2013 年 1 月現在）
2) 2011 年 12 月、バヌアツ正看護師のための CS が完成。2012 年 10 月、CS 小冊子が CS 評価ツールと共に完成し、2012 年 12 月に印刷、2013 年 4 月公表式を看護審議会主催にて実施した。</td></tr>
<tr><td>V2 パイロット州の看護指導官が S&C の技術を身につける</td><td>1) パイロット州の全看護指導官が S&C 技術に関する研修を受講する
2) パイロット州の保健マネージャーが S&C モニタリングの研修を受講する</td><td>1) 看護指導者の 100% (9/9) が全ての研修に参加した。
2) パイロット州であるシェファ州の PHM 及び NSM はワーキング・グループのメンバーであるため、これまで S&C システムおよびその M&E システムの開発を協働実施し、OJT の形で技術移転してきた。更に 2013 年 10－11 月、NSM に対し S&C のモニタリングに関するオリエンテーションを実際のデータを用いて実施した。</td></tr>
<tr><td>V3 パイロット州において、看護指導官によって S&C が定期的に行われる</td><td>1) パイロット州のゾーン看護指導官の 75%が、S&C 実施開始後に、少なくとも 6 ヶ月間に 1 回は地域保健看護師に対して S&C 訪問を行う</td><td>100%（4/4）のパイロット州のゾーン看護指導官が、2012 年 8 月の S&C 開始以来、3 回の S&C を実施した。</td></tr>
<tr><td>V4 バヌアツ、フィジー、トンガ国内及び各国間（もしくは三カ国を超えて）、プロジェクトの進捗及び成果が共有される</td><td>1) テレビ、電話会議の回数
2) 国際会議での発表回数</td><td>1) 3 カ国間で開催された 4 回のビデオ会議のうち、バヌアツのマネジメント・チーム・メンバーは、3 回の会議に出席した。
2) 未実施。</td></tr>
</table>

出典：　日本人専門家チーム

2.3.1　成果

プロジェクトは「バヌアツ看護師能力基準」の開発から取り掛かった。次に、日本人専門家とフィジーより派遣された CP の先導により、バヌアツ版 S&C システム の開発に取り組んだ。その結果、「バヌアツ看護指導官のための S&C ガイドライン」が開発された（成果 V1）。

2012 年から 2013 年にかけて、シェファ州の全ての看護指導官（9 名）は、S&C の構成要素である、能力基準と能力評価、サポーティブ・スーパービジョン、コーチング、研修ニーズの認識、およびモニタリングのそれぞれについての研修を少なくとも 1 度受講している。また研修後は、フィジー・トンガと同様に、PHM、NSM および日本人専門家による PTSV x を実施し、現場における実地指導を実施している。州レベルのマネジャー（PHM および NSM）に対しては、2013 年 11 月に、モニタリングについて、実際のデータを用いて個人指導を実施している（成果 V2）。

シェファ州においては、2012 年、2013 年、 2014 年と州の年間活動計画に必要経費と共に S&C 活動を計上している。2012 年と 2013 年では、4 つの全てのゾーン看護指導官が S&C を 6 ヶ月ごとに実施した（成果 V3）。しかしながら、S&C 実施後、州および国レベルにおいて、特に業務環境チェックリストの結果に対する必要な処置が何もとられていなかった。この点については、スーパービジョンを今後継続的に実施していく上で、改善される必要がある。また、プロジェクトでは毎年末に関連機関を招待しての評価会を開催すること、報告書を関連機関にも共有することを通し、関連機関の対処意識を高める努力をしてきた（成果 V3）。

フィジーで開催した NB-IST に関する広域研修に、バヌアツからは合計で 9 人の CP が参加した。また 3 国間のテレビ会議に バヌアツチームも参加した。

バヌアツ国内においては、看護師の能力基準と能力評価ツールは、2012 年に看護学校（VCNE）によるオリエンテーションとともに他 5 州にも紹介さた。また、2012 年 12 月、保健省の関連部署および他州保健衛生局の代表を招いた S&C に関する諮問会合を開催している（成果 V4）。

2.3.2 プロジェクト目標

指標に関しては、2013 年、プロジェクト目標は達成されたといえる。しかし、プロジェクト終了後これが定期的に継続されていくかどうかは、観察していく必要がある。

2.3.3 上位目標

全 NB-IST システムを構成する 4 つの活動のうち、プロジェクト期間中パイロット地域にて実施された活動は、次の 3 つである。

i) 看護師能力基準（CS）を用いたサポーティブ・スーパービジョンとコーチング（S&C）
ii) S&C の結果分析を通しての研修ニーズの認識
iv) S&C のモニタリング評価

プロジェクト活動には、「iii) NB-IST の計画と実施」を含んでいなかった。しかし、S&C ガイドラインおよび S&C 研修プログラムには、「ii) 研修ニーズの認識」から、どのように「iii) NB-IST の計画と実施」に結び付けるか（予算確保も含め）言及しており、研修でも指導している。プロジェクト終了後、これら活動が実施されることが期待される。

ただし、上位目標を達成するためには、シェファ州保健局は今後数年の内に、S&C 試行モデルの運用・改善を続けつつ、NB-IST を実施するノウハウを習得・実践することが求められており、楽観視はできない。他州への拡大に関しても、保健省に看護部がない環境においてその先導役がいないことが懸念材料である。

2.3.4 インパクト

S&C の導入により、次のようなインパクトが確認された。

- 人事院が年間パフォーマンス評価のツールとして、プロジェクトで開発した能力評価ツールを使用することを正式に認めている。このことは、能力評価の実施継続性を高める結果となる。
- VNC が 2013 年度および 2014 年度の看護師免許の更新することを、「看護師能力基準小冊子」受取りの条件とした。また、継続年度においては能力評価の結果を提出することを、看護師免許更新の条件とした。これにより、看護師免許更新と能力評価実施の 2 つの事項を相互に促進することとなった。
- モデルの中に臨床看護師も含めたことにより、プロジェクトからの臨床看護師への投入はわずかではあったにもかかわらず、VCH の臨床看護師の看護指導官たちも S&C を開始した。
- VCNE が、プロジェクトで開発した看護師能力基準に沿い、全カリキュラムの更新をした。
- VCNE は看護師基礎教育課程のカリキュラムに、看護師能力基準および能力評価についての講義を統合した。また、VHTI はナース・プラクティショナーおよび助産師養成課程のカリキュラムに、看護師能力評価を含む S&C についての講義を組み込んだ。
- 元看護指導官による調査の結果では、ゾーン 1 及びゾーン 2 のほぼ全ての保健所およびディスペンサリーで、2 年前（S&C 導入前）と比較し、施設管理、物品管理、在庫管理、整理整頓に関して改善が観察された。また、同調査では、（同人物の比較ではないが全般として）看護師全体の患者に対する態度が丁寧になった、という観察結果が出ている。
- 能力基準の導入で、看護師個々人が課題を認識することが容易になり、現場の仕事への意欲が上がった（ゾーン看護指導官、地域保健看護師）。看護師たちが、その認識された課題へ取り組もうという士気が感じられた。（上記の元看護指導官による観察小調査の結果）。
- 本プロジェクトで構築されたゾーン・スーパーバイザーを活用する S&C モデルは、州保健事務局に配置されているプログラム担当官が州内の全施設を担当するというこれまでの仕組みの限界を打開する可能性を持っており、その意味で効率的なスーパービジョンのあり方を模索する保健行政に新たな代替案を提示したといえる。
- しかし、その過程では、現行の連立する「縦割りプログラム」のスーパービジョン体制と並立する、更に別個のスーパービジョン体制として誤解を招いたこともあった。また、逆に、S&C モデルが統合的包括的スーパービジョン体制である、と紹介することにより、既存の「縦割りプログラム」のスーパービジョン体制を全否定している、という誤解を招いたこともあった（4 章で詳細後述）。

第3章　　プロジェクト実施プロセス

3.1　　フィジー

3.1.1　プロジェクト・デザイン・マトリクス（PDM）改訂

フィジーにおいては、PDM 改訂は 3 回行われた（添付 1 参照）。最初の改訂はベースラインの結果を受けて 2011 年 6 月に開催された主要 CP によるワークショップで協議された。この第 2 版では、看護指導官の能力強化と現任研修調整官の機能強化への取り組みが強調された。中間レビュー調査の結果を受けて改訂された第 3 版では、ほとんどの指標及びその入手方法が実際の状況に即して改訂されるとともに、成果 F3 に含まれ、看護指導官への研修の一つとされていたフィジー国立大学看護学校への支援が、成果 F5 の経験共有として位置づけられた。第 4 版では、看護管理職マニュアルの完成に伴い改訂されたモニタリング評価ツールに沿って、指標の入手方法が変更された。

3.1.2　実施スケジュール

実施スケジュールの計画と実績の対比表を添付 2 に示す。ほとんどの活動が、当初計画よりも多くの時間をかけて実施された。

3.1.3　合同調整委員会

第 3 年次まで、合同調整委員会は年 2 回実施されたが、第 4 年次はプロジェクト終了に向け、成果の達成を確実なものとし、持続性向上のための取組を協議するため、四半期ごとの開催となった。また、出席者も実務レベルに絞られ、毎回、進捗の報告と課題の克服、持続性向上のための取組に関する実務的な協議が行われた。議事録は添付 3 に示す。

3.1.4　実施上の課題とプロジェクトによる取組

フィジーにおいて直面した課題とそれらに対する取り組みを以下にまとめる。

(1)　現任研修調整官の正式任命

国家及び地方現任研修調整官はプロジェクト開始前に任命されていたが、正式承認ではなく、プロジェクトが終了後の継続性への不安や職務内容にふさわしい待遇ではないことへの不満があることが判明した。フィジー政府が新規職位の設立を凍結する方針を打ち出す中、保健省は正式承認に向けた様々な取組みを試行した。プロジェクトとして、まず現任研修調整官の、現任研修の効率化や効果の向上への貢献について保健省内の理解を促すため、研修計画策定やデータベースの開発、活用などを支援した。

次に、現任研修官は、看護部に属してはいるが、将来的には保健省の他の職種の研修調整にも貢献する可能性を広げるため、研修ユニットとの連携を促進した。また、プロジェクトが保健省人材開発・研修政策 2012-2015 を支援することによって、プロジェクトそのものも保健省全体の人材開発に貢献することを示すとともに、NB-IST をすべての職種が活用可能な研修形態の一つとして位置づけた。

これらの取組の結果、2014 年 1 月までに、地方現任研修官の待遇が改善されるとともに、国家現任研修官の候補者が内定した。看護部によれば、正式承認も近々実現するとのことであった。

(2) 病院の看護指導官の参画

本プロジェクトは地域保健看護師を対象としていたが、地域保健と臨床現場との人事異動が頻繁にあることや地区病院は地方看護指導官の指揮下にあることなどを考慮すると、病院の看護指導官にも管理職研修を実施する必要があった。また、現任研修指導官と主要病院の現任研修担当官が共通の現任研修データベースを使用することによって、同データベースがすべての看護師をカバーすることが可能となり、地域保健と臨床現場との間の人事異動にも円滑に対応できる。

上記のことから、本プロジェクトでは、管理職研修に地区病院の看護指導官も参加させるとともに、管理職マニュアルの作成や現任研修データベースの開発過程には病院の看護指導官の参加を得ることとした。4 年次の年次評価会では、地方保健事務所及び地方病院の看護指導官が共通のテンプレートを用いてモニタリング評価の結果[15]と次年度計画への提言を発表した。

(3) NB-ISTモデルの全国展開

本プロジェクトでは当初、先行プロジェクトおいて、中部地方を中心に開発された NB-IST モデルの全国展開を目指していた。また、先行案件終了後、保健省は独自にプロジェクト関係者を他地方に派遣してツール等の普及を試みた。しかし、以下の理由により、単純に同じモデルを他地方に展開することは困難であった。

1) 能力基準及びその評価や研修ニーズ評価など個々のツールは継続して使用されていたが、これらを含む「NB-IST モデル」についての明確かつ共通の認識は中部地方の関係者にもなかった。この背景には、先行プロジェクトで研修を受けた多くの管理職者が退職や移動によって現場を去ったことなどもある。
2) 2010 年の定年年齢引き下げによって、多くの経験豊富な看護指導官が十分な引き継ぎを行うことなく現場を去ったため、現任の看護指導官らは準備が不十分なまま管理職業務を行っていた。
3) 西部地方の日報など、各保健事務所それぞれに独自の管理ツールを開発していた。

上記の状況に対応するため、プロジェクトは管理職マニュアル開発に際し、これらの現状を踏まえたツール等を開発するため、コンサルテーションや試行に多くの時間を割く必要があった。

(4) 実施スケジュール

上記に述べた状況により、プロジェクトは既存のリソースや現場の状況を把握し、関係者との共通認識を得るために想定以上の期間を費やした。このため、ツール等の開発は当初計画から遅れて実施されることとなった。

また、研修実施に際し、日程の設定や調整に困難が伴うことが多かった。この背景には、地区看護指導官が多くの研修の対象者とされるとともに、地域保健の様々なプログラムの担当者となっていること、多種多様な報告書の提出義務があることなど、多忙であることがあった。このため、本プロジェクトでは年間活動計画を作成して保健省幹部及び他ドナーに配布するとともに、毎月参加していた国家研修委員会で計画と実績について関係者に周知した。最終年次には、研修ユニットは年間研修計画の策定に着

15 テンプレートは共通だが、モニタリング・ツールは病院には提供されていなかったため、病院については既存の実績評価フォーマットを適用した。

手し、主要ドナーは活動計画を保健省及びプロジェクトチームに提供するようになった。また、こうした情報交換の結果、本プロジェクトは世界基金と共同で 2013 年 8 月の管理職研修を実施した。

3.2 トンガ

3.2.1 プロジェクト・デザイン・マトリクス（PDM）改訂

トンガにおいては、PDM 改訂は 2 回行われた（添付 1 参照）。最初の改訂（第 4 版）は中間レビューの結果を受けて、2012 年 11 月に開催された JCC 会合にて承認された。プロジェクト目標を含めて全面的に、現状に合わせて整理し直した。

2013 年初旬、更にトンガの現状に適合するよう PDM を改訂すべく、マネジメント・チームと JICA 本部間での討議を続けた。2013 年 6 月に PDM 第 5 版が合意に達し、署名された。主な改訂点は、上位目標の指標を再設定したこと、M&E（成果 2）の焦点を NB-IST に絞ったこと、直接裨益者を明記したこと（パイロット地域の看護師及び看護指導官に限定）、である。

3.2.2 実施スケジュール

実施スケジュールの計画と実績の対比表を添付 2 に示す。ほとんどの活動が、当初計画よりも多くの時間をかけて実施された。

3.2.3 合同調整委員会

トンガにおける合同調整委員会は年 1 回開催し、プロジェクト活動の進捗とプロジェクト目標および成果達成度のモニタリングを実施した。第 3 年次は中間レビューの結果を、第 4 年次は終了時評価の結果を受け、プロジェクト活動の持続性についても討議した。議事録は添付 3 に示す。

3.2.4 実施上の課題とプロジェクトによる取組

トンガにおいて直面した課題とそれらに対する取り組みを以下にまとめる。

(1) CPとのコミュニケーション手段

特にトンガでは、少数の人材に仕事が集中しすぎる傾向がある。プロジェクトの主要 CP は、他のプログラムやプロジェクトの重要人材でもあるため、常に多忙であった。加えて、日本人専門家のトンガへの派遣期間も限られているため、CP と専門家との日程調整が難しく、このことが少なからず活動の進捗に影響したと言える。

通信手段に関して、トンガにおける通信環境は良い状態ではなく、特に国際電話による通話はほぼ不可能であった。このため、日本人専門家不在時の CP とのコミュニケーションは E メールに頼らざるを得ない状況であった。しかし、現地職員が頻繁に CP の事務所を訪問し、協議に参加するなど、CP との連絡手段を支援したため、日本人専門家と CP 間の意思疎通も大きく滞ることなく維持することができた。

(2) 主要カウンターパートの異動

2012 年 7 月、トンガで初めて看護部門での博士号を豪州で取得したシニア看護師がバイオラ病院の総看護師長に就任し、2013 年 12 月、看護部長が定年退職した際、この総看護師長が看護部長代理として兼任することとなった。これらの異動は、プロジェクトのマネジメント・チームのメンバーに影響を与え、プロジェクトとしては多少の調整をする必要があった。

プロジェクトとしての意思決定過程を安定させるために、マネジメント・チーム全体としての意思決定権を維持することに努めた。マネジメント会合内で、全メンバーが理解して納得するまで討議し、できるだけ会議内で意思決定を完結してしまうように心がけた。また、マネジメント・メンバー内での役割分担を明確にし、責任分散を実施した。その結果、チームワークが建設され始め、プロジェクト管理がより効果的に実働し始めた。

(3) 非パイロット地域とバイオラ病院の看護指導官の参画
プロジェクトの対象は「パイロット地域の第 1 次および第 2 次医療保健施設で働く看護指導官と看護師」に限定されていたが、国家政策として NB-IST メカニズムの全国単位での実施を目指す限り、非パイロット地域とバイオラ病院の看護指導官の参画は必要なものであった。プロジェクト開始当初から彼女らを巻き込むことにより、パイロット活動終了直後あるいはほぼ同時進行で NB-IST の国家レベルでの導入を可能にすることができる。また、地域保健と臨床現場との人事異動が頻繁にあることを考慮すると、病院の看護指導官、看護師たちにも早期に研修を提供しておく必要があった。

非パイロット地域とバイオラ病院の看護指導官の NB-IST への参画が一度始まると、あとは他のリソース（他ドナーや他省庁）を活用して、自分たち自身で活動を進めていくことができたため、プロジェクト側で予算等の提供をする必要はなくなった。実際に、非パイロット地域の看護指導官は UNFPA や AusAID の予算を利用して S&C を実施し、バイオラ病院は WHO および PSC の予算で能力基準に関する研修を実施した。また、建設省の予算で NB-IST を実施する例もあった。

(4) プロジェクト活動の実施スケジュール
ほぼ全ての活動に関していえることは、予定通りに開始はしているものの、完成までの過程に想定以上の時間を要した。

その理由のひとつには、想定外の看護師能力基準の改訂作業が挙げられる。プロジェクトとしては、2011 年に看護師能力基準を完成させ、看護審議会による承認も得、全看護師に対する能力基準および能力評価に関する研修も実施し、現場で利用し始めていた。この能力基準をもとに、プロジェクトは S&C および NB-IST を実施していたが、2012 年 8 月にその能力基準（特に指標）を見直すこととなった。これに伴い、能力評価ツールも改訂し、それに関する研修も全て再実施することとなった。

活動が遅延したもうひとつの理由は、トンガの CP が本当の意味で主体性をもつことに、プロジェクトとして重点を置きたかったからである。

1) IST マニュアルと NB-IST メカニズムで使用するツール類の開発を、主にワークショップを通じて実施した。ワークショップは、全国からの地方看護指導官（パイロット地域・非パイロット地域の両方より、バイオラ病院代表も含む）を召集して、民主的に進行された。まず日本人専門家及び国家看護指導官が、NB-IST 構成要素のうちその回の議題について基本的概念・理論を説明した後、参加者が NB-IST の体制作りについてグループ討議と全体討議を繰り返し、IST マニュアルを書き上げるという手順で進められた。1 度のワークショップは 2－3 日であり合計で 10 回実施した。完成したマニュアルは本物の手作り感 があり、これは主体性を高めたと共に、現実性があって実現可能なシステムに作り上げることを助長した。

2) IST マニュアルのドラフト完成後、まず現場で試行し、その結果を再度ワークショップに持ち合って話し合い、改良して仕上げる、という過程をとった。

3) 先述したように、IST マニュアルの最終化作業は、約 6 ヶ月かけて CP によってなされた。その結果、最終的に、トンガの看護師の現状に確実に根差したもので、プロジェクト関係者全員が納得できるマニュアルとして完成することができた。

3.3 バヌアツ

3.3.1 プロジェクト・デザイン・マトリクス（PDM）改訂

バヌアツにおいては、2013 年 3 月初旬より CP と討議し、プロジェクトから改訂について提案した。その後 JCC 会合内での討議も含め、JICA 本部側や CP 側との討議を続けた結果、2013 年 7 月、PDM 第 3 版について合意に至り、署名された。主な改訂点は、上位目標に関し、現実性に鑑み NB-IST システム（全ての構成要素）の実施を全国規模ではなくパイロット州のみに限定し、未規定であった上位目標の指標を規定したこと、プロジェクト目標の指標を現状にあわせより具体的に再規定したこと、シェファ州での S&C モデル確立に焦点をシフトし、他州への拡大をするのではなく、モデル紹介にとどめること、である。

3.3.2 実施スケジュール

実施スケジュールの計画と実績の対比表を添付 2 に示す。ほとんどの活動が、当初計画よりも多くの時間をかけて実施された。

3.3.3 合同調整委員会

バヌアツにおいては、合同調整委員会を基本的に年 1 回開催し、プロジェクト活動の進捗とプロジェクト目標および成果達成度のモニタリングを実施した。第 4 年次は終了時評価の結果を受け、プロジェクト活動の持続性についても討議した。議事録は添付 3 に示す。

3.3.4 実施上の課題とプロジェクトによる取組

バヌアツにおいて直面した課題とそれらに対する取り組みを以下にまとめる。

(1) 想定外の保健省の組織改革の影響

バヌアツ共和国は近年、政情不安を経験している。2011 年 5 月プロジェクト活動の開始以来、2 度の首相交代があった。続く内閣交代に伴い保健大臣も 2 度交代した。その間、保健次官（プロジェクト・ダイレクター）は 4 回交代した。

保健大臣、保健次官の交代は、しばしば保健行政の基本方針を覆す。実際問題として、プロジェクト期間中に、二度の異なる保健省組織改革を経験した。2012 年の改革は準備期間もあり予告されており、徐々に新組織に移行しつつある矢先、突然 2 度目の改革が施行された（2013 年）。それは大改革でありながら、明確な方向指示がなく試行錯誤しながらの実施であり、プロジェクト終了時にも完了しておらずこの後も長引くと予想される。プロジェクトへの直接の影響は、これまで作り上げてきた看護スーパービジョンの構図（組織）自体が変形してしまうことであった。保健省の組織がなかなか決定されず議論が前後左右するのに合わせて、看護スーパービジョンの構図も揺れざるを得なかった。またこの再編成により、ほとんどの主要 CP が交代となった。職位自体がなくなる、CP が免職処分になるといった事態も起こった。プロジェクト終了の数ヶ月前にはプロジェクト・マネージャーが辞職してしまい、プロジェクト終了時までにその交代は配置されなかった。

この事態に対し、プロジェクトでは、プロジェクトの焦点をシェファ州での S&C モデル設立のみに移行した。保健省によるスーパービジョンをモデルの構図から外し、他州への拡大を中止して、シェファ州のガイドラインとツールをしっかりと完成して残すことに集中することとした。

(2) 看護指導官の二重の役割
バヌアツの保健システムにおいては、フィジーのように看護指導官というポジションが設立されていない。バヌアツの看護指導官は同時に保健サービス提供者であり、その多くはナース・プラクティショナーまたは上級助産師である。バヌアツの僻地には医師は配置されておらず、ナース・プラクティショナーや上級助産師は、その地域の住民にとって重要人物の一人である。しかし、その重要人物が看護指導官としてスタッフ看護師のスーパービジョンに出かけている間、その看護指導官が所属している保健所の地域では、ナース・プラクティショナー／上級助産師が不在の状況が続いてしまうことになる。

この問題に対し、プロジェクトでは「統合的なスーパービジョン」をデザインした。スーパーバイザリー訪問を統合的に実施することにより、看護指導官は訪問回数（留守回数）を最小にすることができ、労力、時間、予算の絶対的な節約に繋がる。看護指導官（直近のスーパーバイザー）による「統合的スーパービジョン」は、州保健衛生局に所属する縦割りプログラムの複数のプログラム・スーパーバイザーによるプログラム基盤のスーパービジョン・システムと比較し、低コストで実施できる。また、現場から遠い州所属のスーパーバイザーと比較し、現場の比較的近くで働く看護指導官は、看護師の私情も含めて人間として包括的に支援することが可能であり、非常に効果的である。

(3) 数多くの縦割り公衆衛生プログラムの統合
バヌアツの保健システムにおいては、伝統的に、国家レベルと州レベル（各州）に、各公衆衛生プログラムのセクションがあり、各プログラムの担当官（州レベルではプログラム・スーパーバイザーとも呼ぶ）が配置されていた。マラリア担当官、IMCI 担当官、 EPI 担当官、環境衛生担当官、結核担当官、ヘルス・プロモーション担当官、といった具合である。各プログラムにはそれぞれのスーパービジョンの仕組みがあり、その仕組みは大抵、州からのプログラム・スーパーバイザーが各保健施設を訪問する、といったものであった。しかしながら、その大抵の場合、予算不足・人手不足の理由により、彼らのスーパービジョン・システムはあまり機能していない状況が確認されており、プログラム・ホルダーたち自身が不平を述べる状況も見受けられていた。これらのシステムが非効率的であり、これらのスーパービジョンを実施することは極めて非現実的であることは明らかであった。

このことからも明らかなように、プロジェクトが推進している統合的スーパービジョンが、特に近年、保健省によっても高く奨励された。その一方で、州レベルのプログラム・スーパーバイザーたちは、難しい立場にあった。「新しい統合的スーパービジョン」に合意することが、現行システムの中で自分たちに与えられた役割と矛盾してしまうことを懸念していた。

プロジェクトでは、これらのプログラム・スーパーバイザーらを、プロジェクト開始当時から巻き込み、彼らの理解の促進に努めてきた。国家レベルでは、彼らはずっとプロジェクトのワーキング・グループのメンバーであった。州レベルのプログラム・スーパーバイザーたちは、S&C 研修や評価会にいつも招待していた。また時には、彼らの事務所をひとつずつ訪問し、プロジェクトの推進する「統合的支持的スーパービジョン」の説明をし、プログラム・スーパーバイザーたちは別のレベル（州レベル）でのスーパービジョンの役割があり、「統合的スーパービジョン」が彼らの役割と矛盾することはない、ことを伝えた。プロジェクトは、「S&C がプライマリー・ヘルス・ケア（PHC）の全ての必須プログラムを

包括的に乗せてコミュニティまで運び届けることができる有効で唯一のボートである」ということを強調して伝えた。

最終的には、プロジェクトは彼らの理解を得ることができ、S&C ツールのひとつである「勤務環境チェックリスト」は、全てのプログラムから大切な指標を統合して開発し、完璧に包括的な成果物となった。州保健衛生局のマネージャー（CMO, MSN）は、プログラム・スーパーバイザーに対し、常に S&C 結果を必ず報告することとした。

(4) 臨床看護師の参画

バヌアツの PDM は地域保健看護師のみを対象にデザインされているが、フィジー、トンガと同様の理由から、臨床看護師のプロジェクト活動への参画は不可避であった。具体的には、プロジェクトで実施した S&C 研修や能力基準に関する研修、および評価会等に、ビラ中央病院の看護指導官もオブザーバーとして参加した。S&C モデルの組織図には臨床看護師も完全に組み込まれ、病院でも S&C を実施し始めた（ただし、業務環境のスーパービジョンだけは未実施であった）。その理由は、バヌアツ側としては、 パイロット終了直後に全看護師を対象に拡大する心意気であったこと、また、ほぼ全ての主要 CP は地域・臨床の差なく看護師全体を対象として常に業務を遂行しているため、地域・臨床を別々に考察すること自体が難しい状況であったためである。CP にとっては、少なくとも能力評価とコーチングを、できるだけ早期に全体に周知しておきたい、という考えがあった。

第4章　　投入実績

4.1　　日本側

日本側からの投入実績については、添付 4-1（専門家派遣実績）、添付 4-2（広域研修実績）、添付 4-3（供与機材実績）及び添付 4-4（現地活動費投入実績）を参照のこと。

4.2　　相手国側

フィジー、トンガ、バヌアツ側からの投入実績については、それぞれ添付 4-5、4-6、及び 4-7 を参照のこと。

第5章　持続性向上のための取組

終了時評価調査における、持続性向上に資する提言を受け、各国においてプロジェクト終了後の取組に関する議論が以下のようになされた。

5.1　フィジー

5.1.1　モニタリング評価のデータの質と提出期限

モニタリング・データの質の向上や提出期限の順守等に係る提言を受け、本プロジェクトは、地方看護指導官及び地方現任研修調整官に対して、モニタリングから漏れていた上位目標（能力基準評価の平均スコア）とモニタリング報告書の地区から地方への提出期限が順守されたかどうかについて、年次評価会において報告するよう指示し、報告された。また、同会において報告されたモニタリング評価結果は、策定中であった次年度計画への提言に反映するという形で活用された。また、西部及び北部地方においては、四半期ごとに開催される Divisional Plus 会合でも、モニタリング結果を発表し、必要な対応などについて関係者と協議していた。

本プロジェクトでは、保健省にモニタリング活動と既存の会合における結果の活用等を継続するよう提言した。しかし、データ収集の担い手である現場の看護師レベルにおいては、モニタリング評価の有用性が十分に理解されているとはいえない状況であった。データの質と適時性の向上のためには、データ収集の現場が改善することが肝要であり、世界基金は今後も継続して保健情報システムの向上に資する支援を行うとのことである。

5.1.2　管理職ツールの改善

モニタリング評価ツールの改善に係る提言を受け、合同調整委員会において同ツールを含む管理職マニュアル及び関連ツールの活用促進と必要に応じた見直しのためのタスクフォースの設置が合意された。同タスクフォースには、今後の関連ツールの活用状況に基づき、改訂について検討することが期待される。

5.1.3　目標値の見直し

モニタリング評価の実施を通じ、本プロジェクトでは能力基準評価と訪問指導の頻度を現実の実施可能性に基づいて見直すことを提案してきた。終了時評価でも同様の提言がなされたことを受け、合同調整委員会において以下が合意された。

- モニタリング評価データは四半期ごとの提出を維持する。これは、通常提出されている四半期報告書とともに提出することが可能。
- 能力基準の評価は、最低年 1 回実施する。2 回目は低スコアがあった看護師に対するフォローアップと位置付けてもよい。
- 看護指導官による訪問指導は、最低年 2 回（遠隔地は 1 回）を目指す。保健省幹部や地方保健事務所長など、他の管理職等による訪問も合わせて促進し、四半期ごとの訪問を実現させるべく努力する。また、予算や交通手段確保のため、各地方において年間計画を策定する。

5.1.4 管理業務の改善

3.1.4 (4)に述べたように、地区看護指導官は多種多様な技術的・管理的業務を担っている。この背景には、保健省の各プログラムが縦割りで実施されていることがあり、看護指導官自身が優先順位をつけられないことも多い。この状況は、看護指導官の管理能力を妨げる一つの要因として、徐々に保健省幹部やドナーの間でも認識されつつある。

本プロジェクトでは、地区看護指導官に対し、一部の管理業務をベテランの看護主任やナース・プラクティショナーに委託することを推奨するとともに、管理職研修にその可能性があるものを参加させた。また、保健省やドナーも、地区看護指導官を研修等のために長期間現場から遠ざける状況をなるべく避けようとする動きも出てきた。

今後は、報告書の重複等を避け、必要なデータが効率的に収集・提出できるようにする努力をさらに進めるべきと考えられる。2013 年に導入された地域保健情報システムは、オンライン化を目指しており、この動きに貢献できるものと期待される。

5.1.5 効果的な現任研修実施のための能力強化

CPD は免許更新の要件となっており、看護師にとって今後ますます重要になってくる。フィジー看護カレッジ（FCN）は、2013 年 11 月から月 1 回の CPD 研修を開始しており、増員の予定もあるとのことであった。また、フィジー看護協会も 2013 年の年次総会に合わせて CPD 研修を実施し、来年以降も実施するとのことであった。これらに加え、看護部では、現任研修のための能力強化に関し以下の提言をしている。

- 国家及び地方レベルの現任研修の調整機能を強化するとともに、看護教育機関との連携を推進する。
- NB-IST 関連の活動（能力基準評価、訪問指導、NB-IST 等）及び管理職者に対する研修を継続するための予算を確保する。
- 現場ニーズに対応できるよう看護部門の構成を見直すとともに、フィジー看護審議会による研修認証制度[16]を設置する。

上記、管理職研修の継続のため、本プロジェクトでは管理職マニュアルを用いた研修の講師育成を行った。これにより、今後は同研修の参加者が管理職研修を実施する。

5.1.6 現任研修調整官の正式任命

3.1.4 (1)に述べたように、現任研修調整官の正式任命は遠からず実現する見通しであり、国家現任研修調整官の選定は完了している。合同調整委員会及び保健省幹部による協議において、現任研修調整官は、将来的には保健省のすべての職種の現任研修調整に貢献すべきとされている。

5.1.7 現任研修データベース

中東部及び西部に派遣されている JOCV が現任研修データベースの利用マニュアルを開発している。また、2013 年 12 月から、中東部の JOCV 及び現任研修調整官が保健省人材情報システム開発のタスクフォースに加えられ、将来的な連携や統合についての議論を継続している。当初は、現任研修データベース同様、エクセルによるデータベースとなる予定であったが、別のソフトウエアの適用も検討されてい

[16] フィジー国家研修委員会において研修認証制度が導入されており、高等教育機関による卒後研修コースなどはすでに子の適用を受けている。

る模様で、完全な統合は困難である可能性もあるが、定期的な更新システムの構築などは可能とのことであった。

5.2 トンガ

5.2.1 保健省年間活動計画への計上

保健省では、全ての活動が年間活動計画（AMP）に沿って実施される。AMP に記載されて始めて活動は実施可能となり、記載されていなければ、その財源がたとえ保健省外部であろうと実施してはいけないこととなっている。したがって、NB-IST 活動を継続して実施するための第一歩として、看護部の各セクション長が NB-IST 活動（S&C、NB-IST、M&E を含む）を、毎年それぞれの AMP に必要予算額も含めて計上する必要がある。このことは、マネジメント会合および JCC 会合を通しこれまでに何度も各部門長たちと確認を取ってきており、今後も継続されるものと期待できる。

5.2.2 NB-IST活動実施のための予算確保

トンガのような小国（人口約 105,000 人 、国民一人当たりのGNI $3,580 USD[17]）では、保健経費は外国援助に依存している部分が多い。政府予算は職員給与や公益費の支払のみで消化されてしまい、スーパービジョンや保健人材の研修を含む管理活動経費等は、ほぼ完全にドナー支援に依存している。

NB-IST メカニズムは費用対効果が高くなるように設計されているが、それでも幾分かの費用は必要である。例えばハアパイ島嶼群内やニウアス島嶼群へのスーパーバイザリー訪問は旅費が高価であることから、保健省では継続して予算を含む資源の確保に努める必要がある。保健省が提示している戦略は次の通りである。

1) ドナー支援のプログラムとの積極的な連携関係の確保（WHO, AusAID, UNFPA 等）。
2) 他省庁や人事院等他の可能性のある資源との連携関係の確保。
   保健省では、既に他省庁からの予算確保に成功している。2013 年、人事院が病院看護師に対する能力基準の研修にかかる経費を支援したほか、建設省がトンガタプでの保健災害管理に関する NB-IST にかかる経費を負担した。
3) NB-IST メカニズムの評価は、既存の会合、例えば年次 RH レビュー会合、年次臨床レビュー、または各種定期会合等に統合して実施する。

5.2.3 看護師の継続教育のための実施可能な方法の探索

看護師の継続教育を確実に実施していくために、看護指導官は NB-IST だけでなく、更に安価、簡易で実現可能、そして現場の状況に適した他の方法も探索すべきである。例えば、コーチング、メントリング、グループ学習、インハウス形式の学習等などが考えられる。このことは、終了時評価調査において提言され、IST マニュアルにも追記された。看護指導官への意識付けも浸透してきている。

実際、2013 年 12 月にトンガタプで実施された NB-IST は、インハウス形式（職場単位、比較的短時間（あるいはその連続）、内部講師の活用、昼食自己負担）で安価に実施された。また、バイオラ病院のいくつかの病棟では、インハウス学習やグループ学習を毎週金曜日の午後に実施し始めた（必要経費なし）。

[17] 2011 のデータ, Unicef, SWCR 2013

5.2.4 看護指導官の継続教育

新任の看護指導官のためのオリエンテーションにおいては、プロジェクトで開発した IST マニュアルをテキストとして活用することとなった。それは、看護師能力評価、サポーティブ・スーパービジョン、コーチング、研修、モニタリング評価を含んだ、看護指導官の実践マニュアルとなっている。プロジェクトでは、今後数年間分の新任看護指導官に配布するに充分な数のマニュアルを印刷して保健省に引き渡している。

現任の（特にバイオラ病院の）看護指導官に対しては、看護部では、2014 年に IST マニュアルを活用した追加研修の実施を計画している。パイロット地域の地方看護指導官は、その研修の一部で講師としての役割を 担う予定である。

5.3 バヌアツ

5.3.1 基盤確立（政策）

フィジーでは 2012 年国家研修政策の中に NB-IST を位置づけ、その土台を固めることに成功した。またトンガのように小国でまとまりやすく、指示命令系統が明確化された国では、政策によって基盤を固めるといった努力は必要ないかもしれない。一方、バヌアツのような人事異動の激しい国では、政策による規定・規制は有効だったと言える。

S&Cの定着に関して、プロジェクトでは「ヘルシー・アイランド政策[18]」との融合が有効ではないかと考えた。そこで、プロジェクトとしてはWHOと相談しながら「ヘルシー・アイランド政策」とS&Cの連携強化を提唱し、S&Cを「PHCをコミュニティに包括的に届けるための有効で唯一のボート」と呼ぶこととした。

更にプロジェクトでは、S&Cの基盤強化のために、国家保健執行委員会に対するS&Cに関する提案書を作成した。この提案書は、次回の委員会会合にて保健省企画部の上官[19]が発表する予定になっている。提案書には、S&Cモデルの概要、その長所と短所、シェファ州でのパイロット結果、いくつかのインパクトの証拠、提言が書かれている。これが承認されれば、保健省がS&C を国家プログラムとして承認したこととなる。

5.3.2 S&C実施のための予算確保

(1) S&C 活動の保健省年間活動計画への計上

スーパーバイザリー訪問の予算確保をするための第一歩として、毎年の各州の年間活動計画へ S&C 活動を計上する必要がある。

シェファ州では 2012 年、2013 年と、スーパーバイザリー訪問を年間活動計画に計上している。しかし例年通り、保健省予算は活動計画通りには利用されず、そのほとんどが職員増員による給与支払い等で消化されてしまった。そのような状況の中で、シェファ州が 2013 年の S&C 経費の半分を負担したことは評価できる。シェファ州では 2014 年の年間活動計画でも S&C 活動を計上している。WHO は近年、

[18] バヌアツにおいて近年注目されている、プライマリー・ヘルス・ケア（PHC）の活性化の構想を提示した政策。
[19] Mr. Viran Tovu。彼は 2012 年フィジーで開催した NB-IST の広域研修に参加しており、S&C のサポーターである。また、この保健省大構造改革の中でも、改革前と同じポジションに配置されており、保健次官の信頼も厚い。今後、キーパーソンとなっていく人物。

保健省職員と州マネージャーに対し、活動計画作成のための研修を提供したため、2014 年の年間活動計画はより現実的で予算内訳が具体的である。また、AusAID は 2013 年この財政上の問題に対処すべく新プロジェクトを開始した。

(2) 内部および外部に対するアドボカシー活動
S&C ガイドラインに則ると、S&C 経費の確保の第一選択は正当に政府予算である。プロジェクトが作成した国家保健執行委員会への提案書では予算確保の課題に関しても言及した。今後提案書が承認されると、S&C 活動は特定の「経理コード」を与えられ、そのコードが確保されると予算の確保が比較的容易で確実となる。 いずれにしても保健省内部に対するアドボカシー活動は継続していく必要がある。

同時に、関係機関への働きかけも重要である。特に、S&C 活動がバヌアツの地域と国民に与えるインパクトの証拠を提示することが必要である。いくつかの証拠については、S&C ガイドラインおよび提案書に明記され、これらは関係機関へ共有された。

(3) その他のリソースとの連携の探索
他の可能性のあるリソースとの連携関係の探索については、例えば、マラリア・プログラム（世界基金、AusAID）、 村落保健ワーカー・プログラム（AusAID）、ヘルシー・アイランド戦略（WHO）、非感染性疾患（WHO, AusAID）、リプロダクティブヘルス（UNFPA, UNICEF）、保健情報体制（WHO, AusAID）、また JICA 等々、可能性は多くある。連携体制は予算確保だけでなく、評価会、モニタリングの実施、報告系統、ツール類の印刷等、統合や協力しながら実施するという可能性がある。

5.3.3 S&Cモデルの他州への拡大

シェファ州で開発され確立された S&C モデルの他州への拡大に関連し、保健省は、S&C 実施を支援しモニターする人材を保健省国レベルに配置するように求められている。同時に保健省はバヌアツの看護師に関する全業務（研修、CPD を含む）の担当者の配置も検討はしている。

しかし、人材開発課長さえも欠員である現状では、保健次官が保健省本部で S&C を統御できる唯一の人物となる。保健次官は、S&C モデルの全国拡大に関し大変意欲的で献身的であるとともに、S&C ガイドラインを次官自身が責任もって他州や関連機関へ配布する（アドボカシー目的）こととなっている。この国家レベルでの S&C 拡大に関する活動に関し保健次官をサポートするために、プロジェクトでは、元プロジェクトのマネジメント・チームを延長し国家 S&C 委員会とし、S&C の国家レベルでの調整機関としてはどうかと提案した。保健次官個人の同意はプロジェクト活動の終了時に得られている。この提案は保健執行委員会への S&C に関する提案書でも言及しており、保健執行委員会によって承認される予定である。

5.3.4 看護指導官へのS&C研修

プロジェクト終了後も新任看護指導官への S&C 研修供給の継続性を高めるために、プロジェクトではバヌアツ保健研修校と協力し、S&C 研修プログラムをナース・プラクティショナーと助産師養成コースの中に組み込んだ。

課題は、現在予算不足のため両コースともコース自体が実施されていないことである。継続性確保には、できるだけ早期にコースが再開される必要がある。

更に、看護基礎教育のVCNEでは、看護師能力基準および能力評価に関しては、2012 年から既にカリキュラムの中に組み入れてきた [20]。現在VCNE では、早期からリーダーシップ・スキルを育成する目的で、S&C研修プログラムの一部もカリキュラムの中に取り入れようとしている。

5.3.5 看護指導官のスーパーバイザーとしての役割と責任

先述したように、バヌアツの看護指導官のポジション名は、ナース・プラクティショナーや助産師であり、「看護指導官」という特別な職位はない。S&C モデルにおいて看護指導官が有効に活動するためには、保健省は正式に看護指導官のスーパーバイザーとしての役割と責任を定義すべきである（S&C ガイドラインには明記済み）。

保健省は、現在実施中の保健省構造改革が完了した折（2014 年内）には、全保健省職員の職務規定を総合的に見直す必要があり、その改訂の折には、保健所に勤務するナース・プラクティショナーと助産師の職務規定にスーパーバイザーとしての役割と責任を明記することとした。

[20] VCNE の学校のカリキュラム自体も、2012 年に、プロジェクトで開発した能力基準に基づいて組み立て直している。

第6章　教訓

6.1　プロジェクト・デザインに関して

(1) 保健人材に関する国際潮流に沿った課題への取組

本プロジェクトは、「世界保健報告 2006 – 健康のための協働」の潮流の中で設計されていることは明らかであり、特に「戦略 4 : 既存の保健人材の最大限の活用」にプロジェクトは貢献していたはずである。戦略 4 には「能力基準に基づく学習」、「継続的専門性開発（CPD）」や「サポーティブ・スーパービジョン」等、本プロジェクト実施における主要語が多く含まれている。近年は、保健人材の中で最も多い看護師の教育や継続職能開発に対する 地球規模の意識が高揚してきている時代、ということができる。

プロジェクトの設計および実施には、世界的な潮流に乗っていることも大切であることはいうまでもない。本プロジェクト実施中は、明確な方向性が示されていた。特にフィジーでは、国家全体で（特に保健省・教育省の強い連携の下）保健人材の問題に取り組もうとしており、その中でので開発パートナーとの役割分担が明確に示されていたため、非常にプロジェクトの方向性が読みやすかった。バヌアツでもフィジーの様に、もしプロジェクト形成時からの開発パートナーの参画があり、国家保健戦略（保健人材戦略は作成中）との関連と、その中での役割分担が明確に示されていたならば、もう少し高いレベルでのプロジェクトの持続性を確保できた可能性がある。

(2) プロジェクト開始後の軌道修正に関する柔軟性

三国のいずれの国においても、プロジェクト形成から開始時までの期間（約 1 年）に保健省及び看護人材を取り巻く状況が大きく変わってしまったため、プロジェクト設計を実施環境の変化に即して見直す必要があったにもかかわらず、どこをどの程度変更すべきかの判断が困難であった。その背景として、特に、バヌアツやフィジーでは、ほぼ全ての CP が異動や定年退職してしまい、プロジェクト形成の過程にも参画していたものが少なかったことが大きな要因としてあげられる。例えばフィジーでは、事前調査の結果を受けて、比較的早期に PDM 改訂の機会があったにもかかわらず、プロジェクト設計の大胆な改訂を極力避け、現状を設計に沿わせたり、現存する関係者の共通認識を促したりする努力を続けた。

プロジェクト開始から約 2 年経過後、2012 年 9 月から 11 月にかけて実施された、中間レビューの機会に PDMs は各国の現状に合うように改訂された。その後残り少ない期間ではあったが、現状に合った設計によって、プロジェクトは目標の達成に向けて関係者らは自信を持って実施していくことができた。

上記のことから、プロジェクト開始後の早い段階において、プロジェクト実施環境等に係る情報を更新するとともに、現存するプロジェクト関係者及び貴機構関係者との綿密な協議・連携の下、必要に応じて設計を見直していくことが必要であると考える。

6.2　プロジェクト実施

(1) 国家政策としての確実なコミットメント

国家政策や職能団体による規則、規制を敷くことによってプログラムの基盤を確保し、影響力の大きな関係者らの公約を確保しておくことは、その持続性を強めるのに非常に役立つ。例えば 5.3.1 項に述べたように、バヌアツでは S&C を国家モデルとして承認するための活動を行い、プロジェクト関係者の関与がなくなってもモデルが残るような努力をした。フィジーでは、NB-IST を保健省の研修体系の一つとして国家政策に規定した。またこのように、政策等を打ち出して公約を確保するためには、その政策が有効であることを納得させる 証拠を明示することも必要である。

(2) 多角的なステークホルダーとのパートナーシップ

2003 年援助効果にかかるパリ宣言以来、保健セクターを越えて、職種を越えての協力やチームワーク建設、あるいは職能団体とのネットワーク、積極的な民間団体やコミュニティとの具体的なしかも対等な協力等の必要性が謳われており、「パートナーシップ」の広がりを見せている。

効率的な方法で有効な結果を得るためには、関係する全ての機関が保健省の方向性を理解し、それに関わる機関や部局のそれぞれが、その保健省の「方向性」の中で役割分担を明確にして活動することが必要である。また、関係機関の誰が何をどのようにしているのか、他の機関が知っている必要がある。そうしていく中で初めて、パートナーシップができ協力関係が生まれてくる。

バヌアツでは、協力関係はゆるやかな速度で始まったが、最終的にはパートナーたちと良い関係を築くことができ、協力関係の中で共同の成果品を生み出すことに成功した。

フィジー、トンガでは、幅広いパートナーシップの構築により効率的にプロジェクト活動を実施することができた。例えば、トンガの他ドナーや他省庁との相互理解とパートナーシップは、NB-IST の活動経費の確保や共同での研修実施を導いた。 フィジーでは、研修を他ドナーと協調して実施するなどして、研修対象者の負担を軽減したり、費用を節約したりするとともに、相互にツールやノウハウを共有して看護管理職者の能力向上に貢献した。

(3) オーナーシップ

どんなプロジェクトにおいても「オーナーシップ」が何よりも成功の鍵となる。本プロジェクトの場合、三国とも NB-IST あるいは S&C に対する最終的なオーナーシップは非常に高かった。そして、このことはプロジェクトの持続性への鍵ともなる。本プロジェクトが「オーナーシップ」を確保できた理由は、大きく次の通りである。

- フィジー中部地方から持ってきたものをそのままあてがう事なく、各国の状況、ニーズに合わせたモデルを再構築した。
- 仕組みとツール開発に関しては、CP（特に看護指導官自身）と一緒に一つ一つじっくりと実施し、確認しながら開発してきた。
- 相手国のニーズに応える支援が可能となった（特に CS 導入、中堅指導者養成制度の導入）。

(4) 保健システム強化

保健人材は、保健システム強化の 6 要素のひとつである。NB-IST メカニズム（または S&C）は、決して縦割りプログラムのひとつとして認識されるべきではなく、それらの縦割りプログラムを統合して横断的に作用すべきシステムである。また同時に、システム強化のためのパッケージとして導入されるべきである。例えば、地方看護指導官のための研修を単体で導入することはできず、その導入のためには、

彼・彼女らの上司に当たる看護指導官の能力強化や講師・指導者の育成、政策決定者の認識の変化の促進、予算システムの改善、モニタリングシステムの強化と一緒に導入しなければ、その効果を発揮することができない。

6.3 広域プロジェクト

(1) 広域プロジェクトの効果

三国のうち、フィジーはグローバル戦略に追随する準備ができていた。トンガ、バヌアツは、国の規模が小さいため、戦略の多くが該当さえしない状況であった。その上政局の不安定さも保健省の抱える課題を更に複雑にしていた。

そのような状況の中、トンガとバヌアツにとっては、フィジーから学ぶことが多くあった。フィジーのモデル開発経験における教訓に学ぶことも多かった。また、フィジーにとっても、他の二国から新しいアイディアを得てフィジーに適用する等の利益を得ることができた。更に、三国は交流をすることにより、お互いを励ましながら活動の進捗を加速していった。

これらのことから、本案件を広域案件として実施したことは概ね正のインパクトを及ぼしたと言える。ただし、単一モデルの拡散とは異なり、国の保健システムに深く介入して実施するタイプの案件であるため、国によって異なるシステムや事情に柔軟に対応できるように、各国のプロジェクト・デザインの柔軟性を確保することが必須である。

(2) 各国への介入度や方法についての戦略的な計画

各国への介入の程度や介入方法に関しては、戦略的に計画されるべきである。その際に、各国のニーズ、現状、実施能力、利用可能な資源、課題意識、優先度等について注意深く考慮する必要がある。

- 各国の自主性や独自性の尊重
- 各国への介入度合の決定：全ての国に同じ深度で入るか、重点国を決めて介入度合に差をつけるか。
- 要員配置の効率性（専門家）：
    - 国ごとの担当－各国の事情に沿いきめ細かい介入ができるが、複数国案件としての相乗効果は薄くなる。
    - 分野ごとの担当－対象国間での情報交換や相乗効果が期待できるが、確立されたモデルやツールがない場合には効率が悪い。また、対象国間の移動に時間とお金がかかる。

- PDM の工夫：複数の対象国でひとつの PDM か、各国毎に PDM を作成するか。－これは案件の種類による（上記（1））。

(3) サポーティブ・スーパービジョンは有効である

サポーティブ・スーパービジョンは個々の保健人材の専門能力向上に有効である。サポーティブ・スーパービジョンは、それに伴うコーチング、現地訓練、研修機会等を通じて、新しい技術の習得や改善に貢献することができる。これが保健人材の育成・定着に効果的であるとの証拠の確立が急務ではあるものの、プロジェクトでの経験から、我々は自信を持っていうことができる。

添付 1:　改訂版 PDM

1.1:　フィジー
1.2:　トンガ
1.3:　バヌアツ

Project Design Matrix FIJI

Version 2, 28 June 2011

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From October 2010 to September 2013 (3 years)
Target Area: MOH headquarter and all health divisions (Central & Eastern, Western, and Northern Divisions)
Target Group: Sub-divisional Health Sisters
Implementing Agency: Division of Nursing Services, MOH
Direct Beneficiaries: All sub-divisional Health Sisters in Central & Eastern, Western, and Northern Divisions
Indirect Beneficiaries: All CHNs in Central & Eastern, Western, and Northern Divisions

Narrative summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall goal			
Quality health care services by community health nurses are achieved by improved in-service training.	1) Results of supervisions are improved.	1) Consolidated supervisor's report	
Project Purpose			
The mechanism of the NB-IST is strengthened.[*1]	1) The coverage of the Competency Standard assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of CHNs' satisfaction to supervision and coaching increases.	1) M&E database 2) M&E database 3) Impact survey reports	− Adequate medical supplies are provided to Health Centers and Nursing Stations. − Clinical technical staff are skilled enough, too.
Outputs			
1. The NB-IST policy takes effect.[*2]	1) The NB-IST Policy is published and disseminated at all levels.	1) Field visit report of the Project	− A significant change in policy and organizational settings of the MOH does not take place.
2. A nationally standardized M&E system for the NB-IST is operated.	1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels.	1) Project documents	
3. A mid-level nursing management package (for in-service training and formal training) is developed.	1) The number of trained mid-level nursing managers.	1) Project documents	
4. All types of IST for CHNs are adequately coordinated at divisional level.	1) Eighty percent (80%) of Planned NB-IST is conducted in each division at the end of year.	1) M&E database	
5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents	

Project Design Matrix FIJI

Version 2, 28 June 2011

Activities	Inputs		Important Assumptions
	Japanese side	Fiji side	
1-1 Organize a working group responsible for designing and monitoring impact studies of the NB-IST 1-2 Conduct impact studies of the NB-IST in Central & Eastern division and present the results 1-3 Design and propose the NB-IST policy based on the result of the impact studies 1-4 Train divisional officials on implementation of the NB-IST policy	(1) Dispatch of Experts - Project management/ health policy - Project coordination/ nursing - Impact study - Monitoring and evaluation system - Management of public health nursing (2) Provision of equipment - Office equipment - Other machineries and equipment mutually agreed upon as necessary (3) Covering other costs - Training costs (to be shared with Fijian side)	(1) Counterpart personnel 1-1 Project Director: Permanent Secretary, MOH 1-2 Project Manager: Director of Nursing Services, MOH 1-3 Other counterparts - Head, Fiji School of Nursing, College of Medicine, Nursing and Health Sciences, Fiji National University - National IST Coordinator - Senior Administration Officer, Training Unit, MOH - Divisional Health Sisters of all Divisions (2) Joint Coordinating Committee members (3) Office space at MOH (4) Covering other costs 4-1 Training costs (to be shared with Japanese side) 4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)	− The NB-IST policy is approved
2-1 Design and prepare the NB-IST M&E guidelines and tools[*3] 2-2 Train Divisional/Sub-divisional Health Sisters on the M&E 2-3 Assess the M＆E performance at divisional regular meetings and annual nursing supervisors meeting			
3-1 Organize a working group for a mid-level nursing management training course 3-2 Review and redesign a mid-level nursing management training course in the context of the NB-IST 3-3 Modify the roles, functions of mid-level nursing managers 3-4 Develop competency checklist for mid-level nursing managers 3-5 Revise the guideline and tools of S&C to include management, communication and leadership skills 3-6 Train the current and would-be mid-level managers			
4-1 Strengthen roles and function of National and Divisional IST Coordinators and Divisional Health Sisters for IST coordination 4-2 Establish IST inventory or database			
5-1 Conduct tele- and/or video- conferences among the project teams in the three countries 5-2 Conduct the Training in Fiji for the delegations of Tonga and Vanuatu 5-3 Dispatch Fijian delegation to Tonga and/or Vanuatu 5-4 Present the progress and results of the project at international conference(s)[*4]			**Pre-condition:** - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.

*1: The mechanism of the NB-IST is composed of; (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.
*2: To be integrated into the National IST Policy and/ or National Nursing Policy
*3: To be integrated into Performance Management System,
*4: eg. PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

APPENDIX Ⅱ Project Design Matrix FIJI Ver 3 (October 3, 2012)

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From October 20, 2010 to October 19 2013 (3 years)
Target Area: MOH headquarters and all health divisions (Central & Eastern, Western, and Northern divisions)
Target Group: Nursing supervisors in public health (Sub-divisional Health Sisters, Health Sisters)
Implementing agency： Division of Nursing Services, MOH
Direct Beneficiaries： All Sub-Divisional Health Sisters, Health Sisters in Central, Eastern, Western, and Northern divisions
Indirect Beneficiaries： All CHNs in Central, Eastern, Western, and Northern divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal:			
Quality of community health services improves in Fiji.	Number of sub-divisions which have at least one component score =<3 of CA	Monitoring Form (CA results:A-1)	
Project Purpose:			
The mechanism of the NB-IST is strengthend. *1	1) More than 80% of CHNs are assessed competency as per the guideline in each division 2) More than 95% of HFs which had once or more supervisory visit per year as per the guideline 3) 70% of supervisors are fully traind on all the components of the management package for nursing supervisors. 4) 80% of Planned NB-IST is conducted in each division at the end of year. 5) Inclusion of selected Indicators of NB-ISTmechanism into Business Plan of each division	1) Excel-based M&E system or Monitoring Form (CA summary:A-2) 2) Excel-based M&E system or Monitoring Form (SV Summary by ISTC:C-2) 3) Project documents 4) Excel-based M&E system or Monitoring Form (IST training report summary:E-2) 5) Business Plan	- Adequate medical supplies are provided to Health Centers and Nursing Stations. - Clinical technical staff are skilled enough, too.
Outputs:			
1. The NB-IST policy takes effect.*2	1) New or revised policy document(s) that support/promote NB-IST	1) New or revised policy document(s)	A significant change in policy and organizational settings of the MOH does not take place.
2. A nationally standardized M&E system for the NB-IST is operated.	1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels. 2) Excel-based M&E system is timely updated	1) Monitoring form (A-1&2, C-1&2, D-1&2, E-1&2, F-1) 2) Excel-based M&E system	
3. A management package for nursing supervisors is developed.	Developed management package for nursing supervisors	1) Project documents	
4. Functions of IST Coordinators are strengthened at national and divisional levels.	1) PDs of National and Divisional ISTs are officially approved. 2) Annual IST Plan for nurses is developed at national level. 3) IST inventory is quarterly updated in each division.	1) PDs of National and Divisional ISTs 2) Annual IST Plan for nurses 3) IST inventory in each division	
5. The progress and results of the Project are shared within, among and beyond Fiji, Tonga, and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences 3) Cases of experience sharing	1) Project documents 2) Project documents	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Activities:	**Inputs**		
1-1. Organize a working group responsible for designing and monitoring impact studies of the NB-IST 1-2. Conduct impact studies of the NB-IST in Central & Eastern division and present its results 1-3. Design and propose the NB-IST policy based on the result of the impact studies 1-4. Create awareness on NB-IST policy in all the divisions 2-1. Design and prepare the NB-IST M&E guidelines and tools*[3] 2-2. Train Divisional/Sub-divisional Health Sisters on the M&E 2-3. Develop an exel-based M&E system 2-4. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings 3-1. Organize a working group for capacity development of nursing supervisors 3-2.Articulate the roles, functions of nursing supervisors 3-3. Develop competency checklist for nursing supervisors 3-4. Revise IST manual to create a handbook and tools for nursing supervisors for NB-IST 3-5. Train the current and would-be nursing supervisors 3-6. Organize training materials, handbook, tools etc. as a management package for nursing supervisors*[4] 4-1. Strengthen roles and function of National and Divisional IST Coordinators for IST coordination 4-2. Establish IST inventory or database 5-1. Conduct tele- and/or video- conferences among the project teams of the three countries 5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu 5-3. Render the expertise to partners with in/out of Fiji 5-4. Present the progress and results of the Project at international conference(s)*[5]	Japanese side (1) Dispatch of Experts - Project management/health policy - Project coordination/nursing - Impact study - Monitoring and evaluation system - Management of public health nursing (2) Provision of equipment - Office equipment - Other machineries and equipment mutually agreed upon as necessary (3) Covering other costs - Training costs (to be shared with Fijian side)	Fiji side (1) Counterpart personnel 1-1 Project Director: Permanent Secretary, MOH 1-2 Project Manager: Director of Nursing Services, MOH 1-3 Other counterparts: - Divisional Health Sisters of all health divisions - National ISTNursing Coordinator - IST Nursing Coordinators of all health divisions - Director, Fiji School of Nursing - Nurse Practitioner Coordinator, Fiji School of Nursing (2) Joint Coordinating Committee members (3) Office space at MOH (4) Covering other costs 4-1 Training costs (to be shared with Japanese side) 4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)	- The NB-IST policy is approved. Pre-condition: - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.

[＊1] The mechanism of the NB-IST is composed of: (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.
[＊2] To be integrated into the National IST Policy and /or National Nursing Policy.
[＊3] To be integrated into Performance Management System.
[＊4] Management package for nursing supervisors is a series of organized materials useful for nursing supervisors to implement NB-IST related activities. Generic PD for nursing supervisors, nursing supervisor competency checklist, format 0&1, handbook for nursing supervisors, Training modules etc.
[＊5] Eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

Annex 2

Project Design Matrix FIJI Ver. 4 (06 Nov. 2013)

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From October 20, 2010 to February 28, 2014 (3 years and 4 months)
Target Area: MOH headquarters and all health divisions (Central & Eastern, Western, and Northern divisions)
Target Group: Nursing supervisors in public health (Sub-divisional Health Sisters, Health Sisters)
Implementing agency : Division of Nursing Services, MOH
Direct Beneficiaries : All Sub-Divisional Health Sisters, Health Sisters in Central, Eastern, Western, and Northern divisions
Indirect Beneficiaries : All CHNs in Central, Eastern, Western, and Northern divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal:			
Quality of community health services improves in Fiji.	Number of sub-divisions which have CS assessment score of more than 3 in average for all 15 competencies (TARGET in 2019: All sub-divisions)	Consolidated CS assessment result sheet	
Project Purpose:			
The mechanism of the NB-IST is strengthened. *1	1) More than 80% of CHNs are assessed competency as per the guideline in each division 2) More than 95% of HFs which had once or more supervisory visit per year as per the guideline 3) 70% of supervisors are fully trained on all the components of the management package for nursing supervisors. 4) 80% of Planned NB-IST is conducted in each division at the end of year. 5) Inclusion of selected Indicators of NB-IS mechanism into Business Plan of each division	1) Excel-based M&E system or Monitoring Form (Form ME-6) 2) Excel-based M&E system or Monitoring Form (Form ME-6) 3) Project documents 4) Excel-based M&E system or Monitoring Form (Form ME-6) 5) Business Plan	- Adequate medical supplies are provided to Health Centers and Nursing Stations. - Clinical technical staff are skilled enough, too.
Outputs:			
1. The NB-IST policy takes effect.*2	1) New or revised policy document(s) that support/promote NB-IST	1) New or revised policy document(s)	A significant change in policy and organizational settings of the MOH does not take place.
2. A nationally standardized M&E system for the NB-IST is operated.	1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels. 2) Excel-based M&E system is timely updated	1) Monitoring form (Form ME-1 to 6) 2) Excel-based M&E system	
3. A management package for nursing supervisors is developed.	1) Developed management package for nursing supervisors	1) Project documents	
4. Functions of IST Coordinators are strengthened at national and divisional levels.	1) PDs of National and Divisional ISTs are officially approved. 2) Annual IST Plan for nurses is developed at national level. 3) IST inventory is quarterly updated in each division.	1) PDs of National and Divisional ISTs 2) Annual IST Plan for nurses 3) IST inventory in each division	
5. The progress and results of the Project are shared within, among and beyond Fiji, Tonga, and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences 3) Cases of experience sharing	1) Project documents 2) Project documents 3) Project documents	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Activities:	Inputs		
1-1. Organize a working group responsible for designing and monitoring impact studies of the NB-IST 1-2. Conduct impact studies of the NB-IST in Central & Eastern division and present its results 1-3. Design and propose the NB-IST policy based on the result of the impact studies 1-4. Create awareness on NB-IST policy in all the divisions 2-1. Design and prepare the NB-IST M&E guidelines and tools*3 2-2. Train Divisional/Sub-divisional Health Sisters on the M&E 2-3. Develop an excel-based M&E system 2-4. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings 3-1. Organize a working group for capacity development of nursing supervisors 3-2.Articulate the roles, functions of nursing supervisors 3-3. Develop competency checklist for nursing supervisors 3-4. Revise IST manual to create a handbook and tools for nursing supervisors for NB-IST 3-5. Train the current and would-be nursing supervisors 3-6. Organize training materials, handbook, tools etc. as a management package for nursing supervisors*4 4-1. Strengthen roles and function of National and Divisional IST Coordinators for IST coordination 4-2. Establish IST inventory or database 5-1. Conduct tale- and/or video- conferences among the project teams of the three countries 5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu 5-3. Render the expertise to partners with in/out of Fiji 5-4. Present the progress and results of the Project at international conference(s)*5	Japanese side (1) Dispatch of Experts - Project management/health policy - Project coordination/nursing - Impact study - Monitoring and evaluation system - Management of public health nursing (2) Provision of equipment - Office equipment - Other machineries and equipment mutually agreed upon as necessary (3) Covering other costs - Training costs (to be shared with Fijian side)	Fiji side (1) Counterpart personnel 1-1 Project Director: Permanent Secretary, MOH 1-2 Project Manager: Director of Nursing Services, MOH 1-3 Other counterparts: - Divisional Health Sisters of all health divisions - National IST Nursing Coordinator - IST Nursing Coordinators of all health divisions - Director, Fiji School of Nursing - Nurse Practitioner Coordinator, Fiji School of Nursing (2) Joint Coordinating Committee members (3) Office space at MOH (4) Covering other costs 4-1 Training costs (to be shared with Japanese side) 4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)	- The NB-IST policy is approved. Pre-condition: - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.

[*1] The mechanism of the NB-IST is composed of: (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training, and (iv) M&E of the entire process.
[*2] To be integrated into the National IST Policy and /or National Nursing Policy.
[*3] To be integrated into Performance Management System.
[*4] Management package for nursing supervisors is a series of organized materials useful for nursing supervisors to implement NB-IST related activities. Generic PD for nursing supervisors, nursing supervisor competency checklist, format 0&1, handbook for nursing supervisors, Training modules etc.
[*5] Eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

APPENDIX Ⅱ Project Design Matrix TONGA Ver. 4 Nov.16, 2012

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From January 2011 to January 2014 (3 years)
Target Areas: Tongatapu, Vava'u, Ha'apai, Eua and the two Niuas (Pilot Area for Activity 2-4, 3-5, 4-A-3, 4-B-3 : Tongatapu & Vava'u)
Target Group: Nursing supervisors (Local level)
Implementing agency : Nursing Services, MOH (Reproductive Health Nursing, Hospital Nursing, and School of Nursing)
Direct Beneficiaries : Nursing supervisors, all Reproductive Health and clinical nurses
Indirect Beneficiaries : Populations in Tonga

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal:			
Quality of community health servises is improved in Tonga	1) % of registered nurses who develop work plan annually. (To be reviewed)	Excel based M&E system developed by the Project	
Project Purpose:			
The mechanism of NB-IST[1] adopted into existing nursing supervision system is strengthened	1) % of registered nurses whose competencies were assessed using the Competency Standard once or more in one year. 2) % of registered nurses that received a coaching with coaching sheet once or more in one year. 3) Improved aspects in the supervision system noticed by national level supervisors (qualitative data will be used)	1),2) Project documents & Excel based M&E system developed 3) Terminal evaluation report	- A significant migration of nurses does not occur. -Management-related training for supervisors is institutionalised by MOH.
Outputs:			
1. Nursing supervision system is redefined to accommodate in the NB-IST mechanism.	1) "Process and Procedures" of supervision (= a document clearly defines functions and responsibilities of supervisors, line of reporting, etc.)	1) Project documents & "Process and Procedures"	-A significant change in policy and organizational settings of the MOH does not take place.
2. M&E system of nursing supervision system is developed.	1) "Process and Procedures" of supervision 2) A set of M&E tools	1) Project documents & "Process and Procedures" 2) Project documents & tools developed	
3. Nursing supervisor's ability in assessing competency of nurses are improved.	1) % of supervisors who are trained on Competency Assessment	1)Project documents & Excel based M&E system	
4. Nursing supervisor's ability in Coaching and NB-IST are improved.	1) % of supervisors who are trained on Supervision[2] &Coaching (S&C) and NB-IST.	1)Project documents & Excel based M&E system	
5. The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents	

Activities:
1-1. To conduct a baseline survey to clarify the structure and practices of nursing supervision
1-2. To define roles and responsibilities of key actors (IST coordinators, National-level supervisors, local-supervisors, etc.) and the lines of reporting
1-3.To produce an "Process and Procedures" including the above-mentioned information in relation with the NB-IST mechanism
1-4. To obtain official endorsement by MOH on the "Process and Procedures"
1-5. To develop an IST manual for implementation of the NB-IST mechanism
2-1. To design a M&E system of nursing supervision and reflects it in the "Process and Procedures"
2-2. To develop M&E tools for the NB-IST mechanism including those for assessing competencies of local-level supervisors and for managing the information collected (=Excel based M&E system)
2-3. To organise orientation training for local-level supervisors in M&E system
2-4. The project provides technical support in M&E activities in the pilot areas.
3-1. To finalize the Competency Standard (CS) for registered nurses
3-2. To develop CS assessment tools (appraisal form and checklist)
3-3. To train local-level supervisors on CS and its assessment by using CS officially endorced
3-4. To train Registered Nurses on CS in collabolation with MoH
3-5. To support local-level supervisors in planning and implementation of the CS assessment in the pilot areas
4-A-1. To develop tools for implementation of S&C.
4-A-2. To train local-level supervisors on S&C
4-A-3. National-level supervisors advice local-level supervisors in execution of the S&C through regular or post training supervisory visits (PTSV).
4-B-1. To develop tools for planning and executing NB-IST.
4-B-2. To train local-level supervisors on NB-IST.
4-B-3. National-level supervisors support local-level supervisors in planning and execution of NB-IST.

Inputs

Japanese side

(1) Dispatch of Experts
- Project management/Health policy
- Project coordination/Nursing
- Monitoring and evaluation system/Baseline and endline surveys
- S&C

(2) Provision of equipment
- Office equipment
- Other machineries and equipment mutually agreed upon as necessary
- Printing guidelines and training materials

(3) Covering other cost
- Training costs (to be shared with Tongan side)

Target areas and groups

	Public Health Nurse	Clinical Nurse in first/secondary medical facility	Clinical Nurse in third level medical facility
Competency Standards (CS)	Finalize and propose the common CS for public health and clinical nurses		
S&C Training	○		○
Conducting S&C	○ (for Tongatapu and Vava'u)		△ Conducting by themselves is OK
M&E Training	○		×
Conducting M&E	○ (for Tongatapu and Vava'u)		×

Source: Minutes of meetings between the Japan International Cooperation Agency and Authorities concerned of the Government of the Kingdom of Tonga on Japanese Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses, Nuku'alofa, 8th June, 2010

Tongan side

(1) Counterpart personnel
1-1 Project Director: Director of Health, MOH
1-2 Project Manager: Chief Nursing Officer, MOH
1-3 Other counterparts:
- Supervising Public Health Sister, MOH
- Matron, Vaiola Hospital
- Principal, QSSN
- IST coordinator(s)

(2) Joint Coordination Committee members

(3) Office space at MOH

(4) Covering other costs
4-1 Training costs (to be shared with Japanese side)
4-2 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water)

5-1. To Conduct tele- and/or video- conferences among the project teams in the three countries			
5-2. To Participate in the Third-Country Training Program in Fiji			
5-3. To Present the progress and results of the Project at international conferences[3]			

[1] A Tongan version of a NB-IST mechanism is to be established based on the Fiji's NB-IST mechanism, which consists of: (i) S&C of nurses; (ii) IST needs identification; and (iii) planning and execution of NB-IST, accompanied by (iv) M&E of the entire process of the mechanism.

[2] Supervision is the process of guiding, helping and encouraging nurses to improve their competency and performance, and increase outputs.
Supervision includes CS assessment, analysis of the results of CS assessment, planning to address areas need to be developed, implementation of coaching and NB-IST, and evaluation. On the other hand, nursing supervising system described in project purpose means general term of management.

[3] Eg, PHRHA(Pacific)Human Resource for Health Alliance, Pacific Professional Nurse Association, 2nd Global Forum on HRH in Bangkok

Project Design Matrix TONGA

Ver. 5: June 7, 2013

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From February 2011 to January 2014 (3 years)
Target Areas: Tongatapu, Vava'u, Ha'apai, Eua and the two Niuas (Pilot Area for Activity 2-4, 3-5, 4-A-3, 4-B-3 : Tongatapu & Vava'u)
Target Group: Nursing supervisors (Local level)
Implementing agency : Nursing Division, MOH (Reproductive Health Nursing, Clinical Nursing, and School of Nursing)
Direct Beneficiaries : Nursing supervisors, Registered nurses (Reproductive Health and clinical nurses) working in primary and secondary level medical facilities[1] in the pilot areas
Indirect Beneficiaries : Populations in Tonga

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
[illegible]			
Quality of community health services is improved in Tonga	1) The percentage of registered nurses whose results of competency assessment were rated either 3, 4, or 5 at all indicators. 2) The percentage of registered nurses whose results of competency assessment were improved [2] in comparison with the baseline data (in 2013).	Excel based M&E system developed by the Project	
Project Purpose:			
The mechanism of NB-IST[3] adopted into existing nursing supervision system is strengthened	1) % of registered nurses whose competencies were assessed using the Competency Standard once or more in one year 2) % of registered nurses that received a coaching with coaching sheet once or more in one year (After 2013, based on their needs). 3) Improved aspects in the supervision system noticed by national level supervisors (qualitative data will be used)	1),2) Project documents & Excel based M&E system developed 3) Terminal evaluation report	- A significant migration of nurses does not occur. -Management-related training for supervisors is institutionalised by MOH.
[illegible]			
1. Nursing supervision system is redefined to accommodate in the NB-IST mechanism.	1) A document clearly defined functions and responsibilities of supervisors, line of reporting, etc.	1) Project documents & IST manual	-A significant change in policy and organizational settings of the MOH does not take place.
2. M&E system of NB-IST mechanism is established (in line with nursing supervision system).	1) A document defined M&E system of nursing supervision	1) Project documents & IST manual 2) Project documents & tools developed	
3. Nursing supervisor's ability in assessing competency of nurses are improved.	1) % of supervisors who are trained on Competency Assessment	1)Project documents & Excel based M&E system	
4. Nursing supervisor's ability in Coaching and NB-IST are improved.	1) % of supervisors who are trained on Supervision[2] &Coaching (S&C) and NB-IST.	1)Project documents & Excel based M&E system	
5. The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents	

Activities

1-1. To conduct a baseline survey to clarify the structure and practices of nursing supervision

1-2. To define roles and responsibilities of key actors (IST coordinators, National-level supervisors, local-supervisors, etc.) and the lines of reporting.

1-3. To develop an IST manual for implementation of the NB-IST mechanism including the above-mentioned information (1-2).

1-4. To obtain official endorsement by MOH on the IST manual

2-1. To design an M&E system of nursing supervision and reflects it in the IST Manual.

2-2. To develop M&E tools for the NB-IST mechanism including those for managing the information collected (=Excel based M&E system)

2-3. To organise orientation training for local-level supervisors in M&E system

2-4. The project provides technical support in M&E activities in the pilot areas.

3-1. To finalize the Competency Standard (CS) for registered nurses

3-2. To develop CS assessment tools (appraisal form and checklist)

3-3. To train local-level supervisors on CS and its assessment by using CS officially endorsed

3-4. To train Registered Nurses on CS in collaboration with MoH

3-5. To support local-level supervisors in planning and implementation of the CS assessment in the pilot areas

4-A-1. To develop tools for implementation of S&C.

4-A-2. To train local-level supervisors on S&C

4-A-3. National-level supervisors advice local-level supervisors in execution of the S&C through regular or post training supervisory visits (PTSV).

4-B-1. To develop tools for planning and executing NB-IST.

4-B-2. To train local-level supervisors on NB-IST.

4-B-3. National-level supervisors support local-level supervisors in planning and execution of NB-IST.

5-1. To Conduct tele- and/or video- conferences among the project teams in the three countries

5-2. To Participate in the Third-Country Training Program in Fiji

5-3. To Present the progress and results of the Project at international conferences[5]

Inputs

Japanese side

(1) Dispatch of Experts
- Project management/Health policy
- Project coordination/Nursing
- Monitoring and evaluation system/Baseline and endline surveys
- S&C

(2) Provision of equipment
- Office equipment
- Other machineries and equipment mutually agreed upon as necessary
- Printing guidelines and training materials

(3) Covering other cost
- Training costs (to be shared with Tongan side)

Target areas and groups

	RHN	Clinical Nurse in first/secondary medical facility	Clinical Nurse in third level medical facility
Competency Standards (CS)	Finalize and propose the common CS for RHN and clinical nurses		
S&C Training	○		○
Conducting S&C	○ (for Tongatapu and Vava'u)		△ Conducting by themselves is OK
M&E Training	○		x
Conducting M&E	○ (for Tongatapu and Vava'u)		x

Source: Minutes of meetings between the Japan International Cooperation Agency and Authorities concerned of the Government of the Kingdom of Tonga on Japanese Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses, Nuku'alofa, 1st June, 2018

Tongan side

(1) Counterpart personnel
- 1-1 Project Director: Director of Health, MOH
- 1-2 Project Manager: Chief Nursing Officer, MOH
- 1-3 Other counterparts:
  - Supervising Public Health Sister, MOH
  - Matron, Vaiola Hospital
  - Principal, QSSN
  - IST coordinator(s)

(2) Joint Coordination Committee members

(3) Office space at MOH

(4) Covering other costs
- 4-1 Training costs (to be shared with Japanese side)
- 4-2 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water)

[1] Primary medical facilities: Reproductive health clinics and Health centers, Secondary medical facilities: Prince Wellington Ngu Hospital (Vava'u), Niu'ui Hospital (Ha'apai), and Niu'eiki Hospital (Eua). Secondary medical facility in Direct beneficiary is only "Prince Wellington Ngu Hospital (Vava'u)"

[2] "Improved" means:
- Registered nurses who had only 4s and/or 5s will maintain their high rating.
- Registered nurses who had some 1s, 2s, and/or 3s will improve their rating to have better rating (have more 4s, and 5s than baseline rating).

[3] A Tongan version of a NB-IST mechanism is to be established based on the Fiji's NB-IST mechanism, which consists of: (i) S&C of nurses; (ii) IST needs identification; and (iii) planning and execution of NB-IST, accompanied by (iv) M&E of the entire process of the mechanism.

[4] Supervision is the process of guiding, helping and encouraging nurses to improve their competency and performance, and increase outputs.
There are five phases in "Supervision process"; CS assessment, analysis of the results of CS assessment, planning to address areas need to be developed, implementation of coaching and NB-IST, and evaluation. During "the supervision", supervisor conducts phases of "CS Assessment" and "analysis of the results of CS assessment (outcome identification)" in the "Supervision process". On the other hand, nursing supervising system described in project

[5] Eg, PHRHA(Pacific)Human Resource for Health Alliance, Pacific Professional Nurse Association, 2nd Global Forum on HRH in Bangkok

Annex 2

Project Design Matrix VANUATU Ver 3. (endorsed July 4, 2013)

Project Title: Project for Strengthening the Need-Based In-Service Training (NB-IST) for Community Health Nurses
Duration: From March 2011 to February 2014 (3 years)
Target Area: All 6 provinces (1 pilot province: Shefa + 5 non-pilot provinces: Torba, Sanma, Penama, Malampa, and Tafea)
Target Group: Nursing supervisors (Zone supervisors, and selected Nurse practitioners, Midwives, and Senior nurses) and community health nurses (i.e. registered nurses, nurse practitioners and midwives)
Implementing agency: MOH Human Resource Development & Training Unit, Vanuatu College of Nursing Education, Vanuatu Nursing Council, Shefa Provincial Health Office
Direct Beneficiaries: Provincial health managers, nursing supervisors, and community health nurses in Shefa Province
Indirect Beneficiaries: Provincial health managers in non pilot provinces, all nurses in all provinces, and all populations in Vanuatu

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal:			
The entire NB-IST system[*1] is designed and piloted in the pilot province with the prospect of expansion to other provinces.	NB-IST is implemented once or more in a year in the pilot province.	Monitoring document developed by the project	
Project Purpose:			
A field-adjusted model of Supervision and Coaching (S&C) is undertaken in the pilot province on a regular basis.	In the pilot province: 1) 80% of health facilities receive one or more supervisory visits in a 6-month period. 2) 80 % of CHNs are assessed their competency based on the CS once in a year. 3) 80% of CHNs needing coaching[*2] receive coaching once or more in a year.	1) Monitoring document developed by the project	- MOH maintains its commitment to the NB-IST. - A significant attrition of nursing staff does not occur.
Outputs:			
1. The model of S&C piloting is designed and available.	1) 100% of nursing supervisors in the pilot province own guidelines/manuals. 2) The draft of Competency Standard(CS) is finalized.	1) Project documents 2) Project documents	- Development partners are supportive to S&C and the NB-IST. - National vertical programs are collaborative with S&C and the NB-IST.
2. Nursing supervisors in the pilot province are equipped with S&C skills[*3].	1) 100% of nursing supervisors in the pilot province are trained on S&C skills. 2) The Provincial health manager of the pilot province is trained on S&C monitoring.	1) Project documents 2) Project documents	
3. S&C is being practiced by Nursing supervisors on a routine basis in the pilot province.	1) 75% of zone supervisors in the pilot province conduct at least one S&C to their supervisee CHNs in a 6-month period, after S&C operation starts.	1) Project documents	
4. The progress and results of the Project are shared within, among and beyond Vanuatu, Fiji and Tonga.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents	

Annex 2

Activities:	Inputs		Important assumption
1-1. Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts	**Japanese side** (1) Dispatch of Experts - Project management/Health policy - Project coordination/Nursing - S&C - Monitoring and Evaluation (2) Provision of equipment - Office equipment - Other machineries and equipment - Printing guidelines and training materials (3) Covering other cost - Training Costs - Costs for S&C monitoring in the pilot province	Vanuatu side (1) Counterpart personnel 1-1 Project Director: Director General, MOH 1-2 Project Manager: Manager, HRDTU, MOH 1-3 Other counterparts: - Principal, Vanuatu College of Nursing Education - IST coordinator, HRDTU - Shefa Provincial Health Manager - Chairperson, Vanuatu Nursing Council (2) Joint Coordinating Committee members (3) Office space at MOH (4) Covering other costs 4-1 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water for the project office) 4-2 Costs for S&C operation	- The budget for S&C in the pilot province (Shefa) is continuously available and disbursed on a timely manner.
1-2. Define and document the roles, responsibilities, required competencies, and entitlement of nursing supervisors, for the S&C piloting			
1-3. Prepare the draft Competency Standard (CS) for community health nurses			
1-4. Develop the draft operational guidelines and monitoring tools for S&C			
2-1.Design the nursing supervisor training program and planning			
2-2. Train nursing supervisors in the pilot province on S&C operation			
2-3 Design the provincial health manager[*4] training program and planning			
2-4. Train provincial health manager in the pilot province on S&C monitoring			
3-1. Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones			
3-2. Assist the MOH to secure the budget for S&C operation in the pilot province			
3-3. Assist the provincial health manager to advise nursing supervisors to conduct S&C for CHNs in the pilot province			**Preconditions**
3-4. Assist the provincial health manager to monitor S&C performance of nursing supervisors in the pilot province			The Vanuatu Health Sector Policy, Human Resource plan to supports strengthening capacity of community health nurses.
4-1. Share S&C model with other provinces through technical supports for the Vanuatu Government taking ownership in expanding the model.			
4-2. Conduct tele- and/or video- conferences among the project teams in the three countries			
4-3. Participate in the third-country training program in Fiji			
4-4. Present the progress and results of the Project at international conferences[*5]			

[*1] The NB-IST system is composed of: (i) supervising and coaching community health nurses in view of the CS; (ii) identifying training needs among community health nurses; and (iii) planning for and conducting the NB-IST; and (iv) monitoring and evaluating the entire process of the system.
[*2] CHNs needing coaching: CHNs who scored one or more 1s, 2s and/or 3s on their competency assessment results.
[*3] S&C skills include the capacity to: (i) assess performance of community health nurse in view of the CS; (ii) identify training needs of community health nurses; and (iii) locally provide technical support to community health nurses
[*4] After the realization of the MOH's new structure, this will be the Provincial Hospital Nursing Manager, Provincial Public Health Manager, and Provincial Health Administrator.
[*5] e.g. PHRHA (Pacific Human Resource for Health Alliance), Pacific Professional Nurse Association, and 2nd Global Forum on Health Workforces in Bangkok.

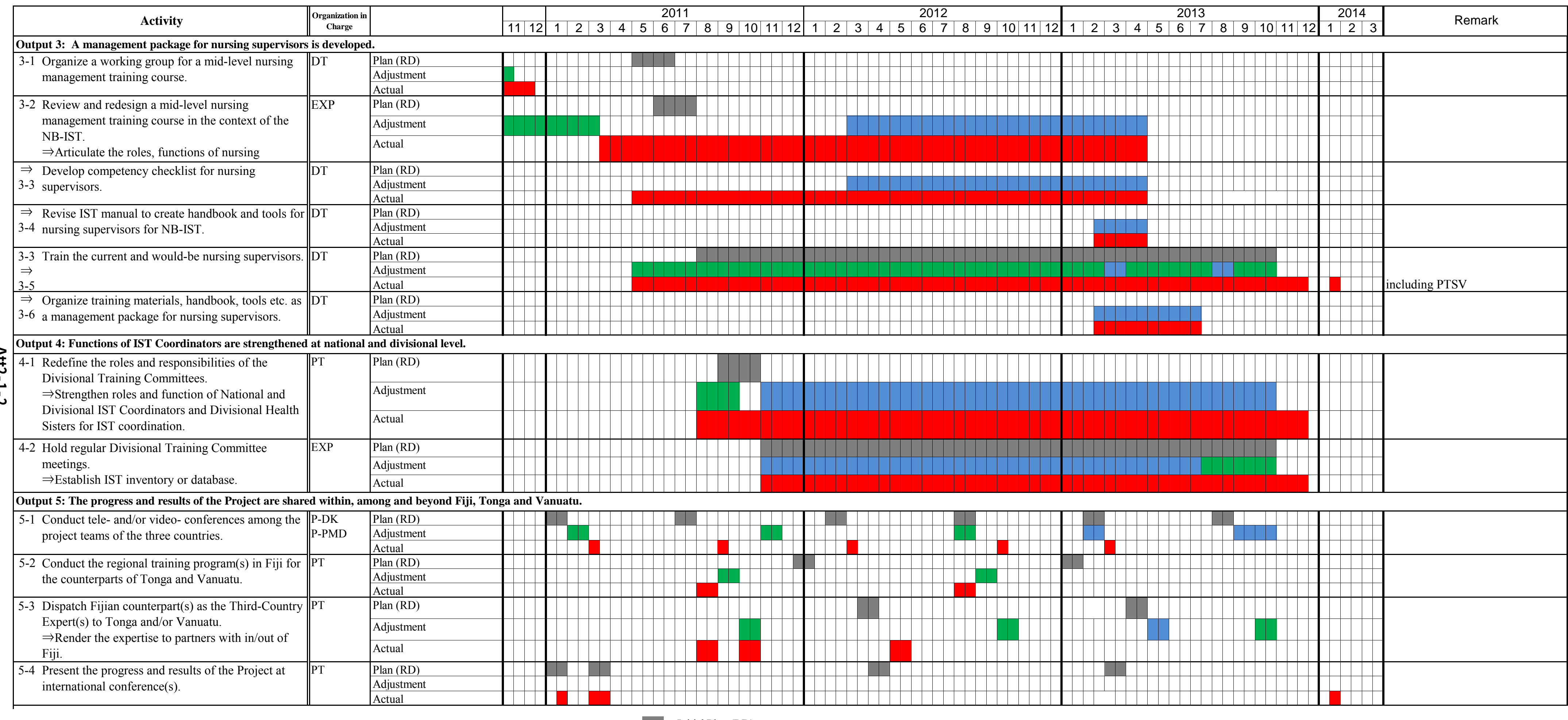
添付 2:　　作業計画改訂版

2.1: フィジー
2.2: トンガ
2.3: バヌアツ

Fiji Plan of Operations (P/O) Ver. 3 (include Achievements and adjustment as of 31 January 2014)

Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses

Activity	Organization in Charge		2011 (11, 12) – 2011 (1–12) – 2012 (1–12) – 2013 (1–12) – 2014 (1–3)	Remark
Output 1: The NB-IST Policy takes effect				
1-1 Organize a working group responsible for designing and monitoring impact studies of the NB-IST.	DT	Plan (RD)		
		Adjustment		
		Actual		
1-2 Conduct impact studies of the NB-IST in Central & Eastern division and present its results.	DT	Plan (RD)		
		Adjustment		
		Actual		
1-3 Design and propose the NB-IST policy based on the result of the impact studies.	DT	Plan (RD)		
		Adjustment		
		Actual		
1-4 Train divisional officials on implementation of the NB-IST policy. ⇒Create awareness on the NB-IST policy in all the divisions.	DT	Plan (RD)		
		Adjustment		
		Actual		
Output 2: A nationally standardized M&E system for the NB-IST is operated.				
2-1 Design and prepare the NB-IST M&E guidelines and tools.	DT	Plan (RD)		
		Adjustment		
		Actual		
2-2 Train Divisional/Sub-divisional Health Sisters on the M&E.	DT	Plan (RD)		
		Adjustment		
		Actual		
⇒ 2-3 Develop Excel-based M&E system.		Plan (RD)		
		Adjustment		
		Actual		
2-3 ⇒ 2-4 Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings.	DK	Plan (RD)		
		Adjustment		
		Actual		



Fiji Plan of Operations (P/O) Ver. 3 (include Achievements and adjustment as of 31 January 2014)

Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses

Activity	Organization in Charge		2011–2014 (months 11, 12 / 1–12 / 1–12 / 1–12 / 1–3)	Remark
Output 3: A management package for nursing supervisors is developed.				
3-1 Organize a working group for a mid-level nursing management training course.	DT	Plan (RD)		
		Adjustment		
		Actual		
3-2 Review and redesign a mid-level nursing management training course in the context of the NB-IST. ⇒Articulate the roles, functions of nursing	EXP	Plan (RD)		
		Adjustment		
		Actual		
⇒ 3-3 Develop competency checklist for nursing supervisors.	DT	Plan (RD)		
		Adjustment		
		Actual		
⇒ 3-4 Revise IST manual to create handbook and tools for nursing supervisors for NB-IST.	DT	Plan (RD)		
		Adjustment		
		Actual		
3-3 ⇒ 3-5 Train the current and would-be nursing supervisors.	DT	Plan (RD)		
		Adjustment		
		Actual		including PTSV
⇒ 3-6 Organize training materials, handbook, tools etc. as a management package for nursing supervisors.	DT	Plan (RD)		
		Adjustment		
		Actual		
Output 4: Functions of IST Coordinators are strengthened at national and divisional level.				
4-1 Redefine the roles and responsibilities of the Divisional Training Committees. ⇒Strengthen roles and function of National and Divisional IST Coordinators and Divisional Health Sisters for IST coordination.	PT	Plan (RD)		
		Adjustment		
		Actual		
4-2 Hold regular Divisional Training Committee meetings. ⇒Establish IST inventory or database.	EXP	Plan (RD)		
		Adjustment		
		Actual		
Output 5: The progress and results of the Project are shared within, among and beyond Fiji, Tonga and Vanuatu.				
5-1 Conduct tele- and/or video- conferences among the project teams of the three countries.	P-DK P-PMD	Plan (RD)		
		Adjustment		
		Actual		
5-2 Conduct the regional training program(s) in Fiji for the counterparts of Tonga and Vanuatu.	PT	Plan (RD)		
		Adjustment		
		Actual		
5-3 Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu. ⇒Render the expertise to partners with in/out of Fiji.	PT	Plan (RD)		
		Adjustment		
		Actual		
5-4 Present the progress and results of the Project at international conference(s).	PT	Plan (RD)		
		Adjustment		
		Actual		

Initial Plan (RD)
Adjustment of plan (IC/R)
Adjustment of plan (Mid-term review)
Actual

Att2-1-2

Tonga Plan of Operations (P/O) Ver. 3

Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (As of the end of January 2014)

Schedule columns: 2010: 8, 9, 10, 11, 12, 1, 2, 3; 2011: 4, 5, 6, 7, 8, 9, 10, 11, 12; 2012: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12; 2013: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12; 2014: 1

No.	Activity	
Output 1: Nursing supervision system is redefined to accommodate in the NB-IST mechanism.		
1-1	To conduct a baseline survey to clarify the structure and practices of nursing supervision.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
1-2	To define roles and responsibilities of key actors (IST coordinators, National-level supervisors, local-supervisors, etc.) and the lines of reporting.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
1-3	To develop an IST manual for implementation of the NB-IST mechanism including the above-mentioned information (1-2).	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
1-4	To obtain official endorsement by MOH on the IST manual.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
Output 2:M&E system of NB-IST mechanism is established (in line with nursing supervision system).		
2-1	To design an M&E system of nursing supervision and reflects it in the IST Manual.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
2-2	To develop M&E tools for the NB-IST mechanism including those for managing the information collected (=Excel based M&E system).	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
2-3	To organise orientation training for local-level supervisors in M&E system.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
2-4	The project provides technical support in M&E activities in the pilot areas.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
Output 3: Nursing supervisor's ability in assessing competency of nurses are improved.		
3-1	To finalize the Competency Standard (CS) for registered nurses.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
3-2	To develop CS assessment tools (appraisal form and checklist).	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
3-3	To train local-level supervisors on CS and its assessment by using CS officially endorsed.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual

Timeline columns: 2010: 8, 9, 10, 11, 12 | 1, 2, 3 | 2011: 4, 5, 6, 7, 8, 9, 10, 11, 12 | 2012: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 | 2013: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 | 2014: 1

No.	Activity	
3-4	To train Registered Nurses on CS in collaboration with MOH.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
3-5	To support local-level supervisors in planning and implementation of the CS assessment in the pilot areas.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
Output 4: Nursing supervisor's ability in Coaching and NB-IST are improved.		
4-A-1	To develop tools for implementation of S&C.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
4-A-2	To train local-level supervisors on S&C.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
4-A-3	National-level supervisors advice local-level supervisors in execution of the S&C through regular or post training supervisory visits (PTSV).	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
4-B-1	To develop tools for planning and executing NB-IST.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
4-B-2	To train local-level supervisors on NB-IST.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
4-B-3	National-level supervisors support local-level supervisors in planning and execution of NB-IST.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
Output 5: The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.		
5-1	Conduct tele- and/or video- conferences among the project teams of the three countries.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
5-2	To Participate in the Third-Country Training Program in Fiji.	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual
5-3	Present the progress and results of the Project at international conference(s).	Plan (RD)
		Adjustment (I)
		Adjustment (M)
		Actual

Vanuatu Plan of Operations (P/O) Ver. 3

Technical Cooperation Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (As of the end of February 2014)

Activity		2011 (months 1–12)	2012 (months 1–12)	2013 (months 1–12)	2014 (months 1–2)
Output 1: The model of S&C piloting is designed and					
1-1 Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
1-2 Define and document the roles, responsibilities, required competencies, and entitlement of nursing supervisors, for the S&C piloting.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
1-3 Prepare the draft Competency Standard (CS) for community health nurses.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
1-4 Develop the draft operational guidelines and monitoring tools for S&C.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
1-5 Review of the S&C model	Actual				
Output 2: Nursing supervisors in the pilot province are equipped with S&C skills.					
2-1 Design the nursing supervisor training program and planning.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
2-2 Train nursing supervisors in the pilot province on S&C operation.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
2-3 Design the provincial health manager training program and planning.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
2-4 Train provincial health manager in the pilot province on S&C monitoring.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				
Output 3: S&C is being practiced by Nursing supervisors on a routine basis in the pilot province.					
3-1 Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones.	Plan (RD)				
	Adjustment (I)				
	Adjustment				
	Actual				

Att2-3-1

Activity	Row
3-2 Assist the MOH to secure the budget for S&C operation in the pilot province.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
3-3 Assist the provincial health manager to advise nursing supervisors to conduct S&C for CHNs in the pilot province.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
3-4 Assist the provincial health manager to monitor S&C performance of nursing supervisors in the pilot province.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
Output 4: The progress and results of the Project are shared within, among and beyond Vanuatu, Fiji and Tonga.	
4-1 Share S&C model with other provinces through technical supports for the Vanuatu Government taking ownership in expanding the model.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
4-2 Conduct tele- and/or video- conferences among the project teams of the three countries.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
4-3 Participate in the third-country training program in Fiji.	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual
4-4 Present the progress and results of the Project at international conference(s).	Plan (RD)
	Adjustment (I)
	Adjustment
	Actual

添付 3:　　合同調整委員会会議議事録

3.1:　フィジー
3.2:　トンガ
3.3:　バヌアツ

Minutes of Meeting of

1st JOINT COORDINATING COMMITTEE MEETING

Date: 2/12/10 Venue: Tanoa Plaza

Time: 08.30am – 10.20pm

Attendance:

JCC Members

Dr. Salanieta Saketa - Permanent Secretary for Health & Director for the Need-Based IST Project
Sr. Silina W. Ledua - Director Nursing Services/Manager for Need-Based IST Project
Mr. Albert McLaren - Head, Fiji School of Nursing & Sciences
Sr. Salanieta Matiavi - National IST Coordinator
Mr. Joe Qalova - Senior Administration Officer, Training Unit, MOH
Ms. Tomoko Hattori - Chief Advisor, Project Management/Health Policy
Ms. Keiko Nagai - Sub-Chief Advisor, Project Management/Health Policy
Ms. Akiko Okitsu - Monitoring & Evaluation System
Ms. Saeko Hatta - Management of Public Health Nursing
Ms. Yoshie Mizogami - Impact Study
Ms. Fusayo Kobayashi - Project Coordinator/Nursing
Mr. Yukata Fukase - Senior Representative, JICA Fiji Office

Observers

Sr. Penina Druavesi - Divisional Health Sister, Central
Sr. Karalaini Macanawai - Divisional Health Sister, Western
Sr. Titilia Dakuliga - Divisional Health Sister, Northern
Sr. Talatoka Tamani - Sub-Divisional Health Sister, Suva
Sr. Mereseini Kamunaga – IST Coordinator, Central/Eastern Division
Sr. Melaia Louey - IST Coordinator, Western
Sr. Kinisena Bolalevu - IST Coordinator, Northern
Ms. Filomena McKay - Senior Lecturer, FSN, FNU
Ms. Ana Qadrodro - Nursing Division, MOH
Mrs. Merewalesi Tawake - Executive Officer, Ministry of Foreign Affairs
Dr. Ezekiel Nukuro - Technical Officer, Human Resources for Health, WHO
Mr. Timoci Ravuama - Ministry of Information
Mr. Laisiasa Kubu - Ministry of Information
Mr. Yukihiro Tsujimura - Second Secretary, Embassy of Japan
Mr. Kentaro Suekane - Representative of the Project, JICA Fiji Office
Ms. Miyuki Harui - Project Formulating Advisor, Health, JICA Fiji Office
Mrs. Nila Prasad - Program Officer, JICA Fiji Office
Ms. Satomi Inano - JOCV (IST in Nursing, Cent/East Health Services
Ms. Sharon Biribo - Research Unit, FSMed
Ms. Jyotishma Mudaliar- Reasearch Unit, FSMed
Ms. Karolina Taubera - Secretary, NB-IST Project

Media

Mr. Peni Namotu - MLO, Ministry of Health
Edwin/Jese - Fiji TV
Paradise /Aaron - Legend FM News
Monika/Jonacani - Fiji Times Ltd
Sonami/Litia - Active Media

Apology: Mr. Filipe Jitoko - Pacific Island Forum Secretariat

Agenda:

1. Opening addresses
2. Overview of Project
3. Outline of Project
4. Annual plan of the Project
5. Discussion
6. Closing Remarks

Handouts:

- TOR of JCC first meeting
- Overview of the Project
- Outline of the Project
- Annual Plan of the Project
- Copy of Record of Discussion (JCC members only)
- TOR of working groups (working group members only)

Welcome:

Sr. Matiavi welcomed the participants of the 1st Joint Coordinating Committee meeting of the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (hereinafter referred as "the Project"). A special welcome to the Permanent Secretary and also the Director of Project Dr. Salanieta Saketa, Mr. Yutaka Fukase, Senior Representative of JICA Fiji Office, representative of WHO Mr. Ezekiel Nukuro, Second Secreatry of the Japanese Embassy Mr. Yukihiro Tsujimurs, MOH representatives, Divisional Health Sisters and FNU representatives. She further acknowledges the JCC's continues support for the project and sincerely wishes them well for their deliberations

Devotion: IST Coordinator, Western Sr. Melaia Louey

Opening Address:

The Permanent Secretary for Health and Director of the Project, Dr. Salanieta Saketa acknowledged the National IST coordinator and extended her welcome to all present during the 1st Joint Coordinating Committee meeting on the Project. In her opening remarks the Director/Permanent Secretary for Health alluded to the following:-

- This is a milestone for the development of community health nursing in the region

- Nursing is the backbone of any health services, so their continuous development is paramount in particular health nursing
- The Ministry of Health in Fiji is committed to the goal of developing a caring and competent health work force
- Committed to the elimination of measles by 2012
- Ministry of health is currently reviewing its existing nurses midwives and nurse practitioners act to align it to modern practice in health
- The new nurses decree is expected in the first quarter of 2011
- There has been a recent review of the nurses workforce in Fiji and a national taskforce on human resources for health has been tasked to ensure a full implementation of high and medium priority recommendations
- Nurses, Midwives and Nurse Practitioners Board have has adopted in its recent meeting the new Bachelor in PH Nursing to replace the current post basic PH nursing program and this year the first lot of the new one year diploma in midwifery program have graduated.
- The Ministry's vision to have a healthy population that is driven by a healthy care delivery system and is supported by a caring and competent health workforce will be fulfilled
- The introduction of this new IST program will certainly add value to this vision
- She acknowledged the government and people of Japan through JICA for assistance in funding and technical expertise for the implementation of the project
- The Ministry of Health and Government of Fiji is committed to ensuring the successful implementation of this project and to also share the benefits and lessons learnt with its neighbouring countries

  In conclusion she also urged all stakeholders to fully support this project as it progresses

Address from the Senior Representative of JICA Fiji Office
Mr. Yutaka Fukase

Mr.Yutaka Fukase also welcomed all stakeholders and participants of the 1st Joint Coordinating Committee Meeting for the Project and alluded to the following key areas:-

- Aims to support the effort of MOH in each country to strengthen the national health workforce capacities and to improve overall health system and quality of health services
- Aims to design a national policy on in-service for nursing professionals
- To put a nationally standardized monitoring and evaluation system for health personnel
- With the huge success of the project that was piloted in the Central Division from 2005 to 2008 , the MOH and JICA have decided to roll out this project to other Divisions in Fiji including our neighbouring countries, Tonga and Vanuatu
- Nurses provide a very important role in clinical and healthcare
- Ongoing in-service trainings enable nurses to meet current requirements and needs which leads to self improvements through further education
- Special follow-up team for public health nurses who are stationed on remote islands

- Nurses play critical roles in the treatment of patients and they need to upgrade their practical skills and knowledge to deal with day to day challenges in community health activities and produce a very high standard of health services to the public
- JICA is pleased to carry out this Project in 3 countries to improve the quality of health services at the community level

In conclusion Mr. Yutaka Fukase thanked the Ministry of Health for its support to the former IST Project and look forward to the continued support to the Project.

0verview of Project:
Sr. Silina W Ledua - Director Nursing Services /Secretary

- Model of NB-IST for CHN in Fiji will roll out to Tonga and Vanuatu
- Expected role for Fiji – to establish a strong national system for NB-IST and to ensure that the evidence that we have In place actually works
- To share the experiences of developing the model of NB-IST and lessons learnt within country and to other regions and beyond
- Model begins at nursing stations where CHN operate
- They identify their needs through competent assessments which is actually done by supervisors and coaching at the Sub-Divisional level
- After needs have been identified then it is taken up to IST coordinators after which a training is proposed.
- Community health nurses identify the needs
- Expected outputs – having a Need-Based IST policy is in place
- A National Monitoring & Evaluation system for NB-IST
- A mid-level nursing program is put in place particularly for management
- IST coordinators for CHN at divisional level
- Program to be shared and strengthened outside Fiji
- Overall goal in achieving this is to see that the quality of CH services is improved

Outline of Project
Tomoko Hatori - Chief Advisor

- Quality of community health services is improved
- The mechanism of the NB-IST is strengthened
- To achieve this goal the National IST & IST coordinators are to work closely with Ministry of Health in providing training to regional officers
- To establish working groups and to identify different roles of each group
- JCC is the highest decision making body of the Project

Annual Plan of the Project
Sr. Salanieta Matiavi - National IST Coordinator

- Major events of the Project for year 2011 (refer the handout)

The outline, implementation structure including working groups, and annual work plan for 2010 of the Project were approved upon above three presentations.

Topics for Discussion

Deputy Head of School - Mr. MacLaren

- To have an effective and efficient workforce
- To have effective leadership competencies
- To identify needs from all levels of nursing
- To strengthen areas of community health services
- Impact studies and baseline survey for implementation of project

WHO Representative – Mr. Ezekiel Nukuro

- Commended MOH & JICA
- Identify the needs of individual workers
- Share what was piloted in the 2005-2008 IST project
- Coordinate training ourselves
- Donors and organizations are responsible for training to make sure that there is no duplication of work
- A country needs to take ownership
- Supervision is paramount so one knows what changes are taking place
- Measuring impact is very difficult and very challenging

IST Coordinator of 1st IST Project (2005-2008)

Sr. Tamani – Sub-Divisional Health Sister, Suva

- Before the inception of the IST project there was no program in place for the continuous in-service training for the community health nurses
- Before the IST project, training was identified according to MOH outcomes
- After the IST project was developed we now have a planned program for IST for CHN as we identify training based on competencies assessment for CHN
- Competency Standard was one of the tools that was developed by the JICA IST project
- FSHIP also coded out a new reporting format
- Data analysis was also developed

Closing remarks:

Sr. Silina W Ledua - Director Nursing Services /Secretary

- The significant role of CHN in improving population health and meeting population based health targets
- Continuous training and special development for nurses is imperative in order to achieve the above
- Important aspect which needs to be given strong consideration and that is to strengthen our vertical and horizontal relationship and partnership to ensure that the project builds a momentum and not only to go off the ground and to make a difference in the delivery of community nursing services
- The NB-IST is very important as we not only take it up in Fiji but also to Vanuatu and Tonga

- Training needs, monitoring and evaluation were identified
- We also have to take ownership and leadership for this project
- We consider the competency based training and the importance of ensuring that this is integrated to the clinical areas

In conclusion DNS added in making special efforts of the need in making the project as par status we use to shape and develop future programs. This is a new dawn for nursing and let’s work together to see a new horizon would erupt for this program. And on this note Mrs. Silina Waqa Ledua pronounced the meeting closed at 10:20pm

Sr. Penina Druavesi closed the meeting with a word of prayer.

Prepared by Kalorina Taubera and Keiko Nagai

Minutes of Meeting of

2nd JOINT COORDINATING COMMITTEE MEETING

Date: 28/06/2011 Venue: Tanoa Plaza Hotel

Time: 2:00pm – 4:00pm

Attendance:

JCC Members

Dr. Salanieta Saketa - Permanent Secretary for Health/Director for the Need-Based IST Project

Sr. Silina W. Ledua - Director Nursing Services/Secretary for the Need-Based IST Project

Mr Yutaka Fukase - Deputy Resident representative, JICA Fiji Office

Mr Kavekini Neidiri - Head of school, Nursing, College of Medicine, Nursing and Health Sciences, FNU

Sr Ateilini Wainiveikoso - National IST Coordinator

Mr Fasala Vamarasi - Senior Administration Officer, Training Unit, MOH

Sr. Penina Druavesi - Divisional Health Sister, Central

Sr Akeneta Matanitobua - Divisional Health Sister – Eastern Division

Sr. Unaisi Seavula - Divisional Health Sister, Western

Sr. Titilia Dakuliga - Divisional Health Sister, Northern

Ms. Keiko Nagai - Sub-Chief Advisor, Project Management/Health Policy

Ms. Saeko Hatta - Management of Public Health Nursing

Ms. Fusayo Kobayashi - Project Coordinator/Nursing

Observers

Mr. Kentaro Suekane - Representative of the Project, JICA Fiji Office

Ms. Miyuki Harui - Project Formulating Advisor, Health, JICA Fiji Office

Mrs. Nila Prasad - Program Officer, JICA Fiji Office

Ms. Iloi Rabuka - Senior Lecturer (Public Health) FNU

Ms. Barbara Lakepa - Technical Officer, Human Resources for Health, WHO

Ms. Gounder - Ministry of Information

Dr. Margaret Cornelius - Fiji Health Sector Improvement Program

Sr. Mereseini Kamunaga - IST Coordinator, Central/Eastern Division

Sr. Melaia Louey - IST Coordinator, Western Division

Sr. Kinisena Bolalevu - IST Coordinator, Northern Division

Ms. Satomi Inano - JOCV, IST in Nursing, Cent/East Health Services

Ms. Satomi Furusawa - JOCV, IST in Nursing, Western Health Services

Ms. Ayaka Hara - JOCV, IST in Nursing, Northern Health Services

Ms. Salanieta Matiavi - Mentor, Central/Eastern Health Services

Ms. Marisia Nayasa - Project Officer, JICA NB-IST Project

Ms. Karolina Taubera - Secretary, JICA NB-IST Project

Ms. Ana Qadrodro - Nursing Division, MOH

Absent:

Prof. Ian Rouse - Dean, Fiji collage of Medicine, Nursing and Health Scineces, FNU
Permanent Secretary, PSC - Representative of PSC
Mr. Albert Rosa - Director, Human Resource, MOH
Mr. J Koroivueta - Director, Public Health, MOH
Mr. Shivnay Naidu - Actg. Director, Health Planning, Information and Infrustracture, MOH
Dr. T. Qorisiasi - Divisional Medical Officer, Eastern Division
Dr. David Whippy - Divisional Medical Officer, Central Division

Agenda:

1. Welcome
2. Opening Remarks
3. Reports of progress of activities and achievements
4. Results of Baseline Survey
5. Proposed modification of PDM
6. Proposed Annual Plan for 2012
7. Agenda points of discussion and conclusion
8. Closing Remarks

Handouts:

- TOR of JCC meeting
- Outline of the Project
- Annual Plan of the Project
- Proposed modification of Project Design Matrix

Devotion: Mrs. Iloi Rabuka

Welcome: Chairperson, Dr Salanieta Saketa

- Welcome Speech by the Chairperson Dr Salanieta Saketa to all members of the JCC whereby she stated that much progress has been received since the last meeting.
- IST still sustained although lack of supervision still exists
- Challenges all Divisional Supervisors to fully support the project and program and make a change for the betterment of the health of the people of Fiji.

Opening Address: Senior Resident Representative, Mr. Yutaka Fukase

- The project has expanded to Tonga and Vanuatu with its unique design of the project is to exchange information amongst the 3 membership countries via tele - audio visual conference. Through the project, three countries can learn from each other
- Leadership and strong strategy in terms of retention and establishment of good team work which is required in nursing fields
- Project team is to take leadership and ownership to implement the project successfully
- JICA representative asks everybody to work closely for the success of the project

- Thanked the Ministry for their support to the former IST project and look forward to continued support for Need Based-In service Training

1. **a) Reports on progress of activities and achievements**

Sr. Silina Waqa Ledua – Director Nursing Services/Secretary

- The Project outlines the overall goal in the quality of community health services in the Fiji, Tonga and Vauatu
- The project purpose, the mechanism of need based in-service training to be strengthened in the five major output areas:
  - i) Need Based Training Policy
  - ii) Supervision and coaching
  - iii) Mid Level Nursing Management Course Package
  - iv) Monitoring & Evaluation
  - v) Service Training Coordination in the Divisional Level
- Fiji Counterpart have already been dispatched to Vanuatu
- Delegates from Tonga and Vanuatu will visit Fiji on a study tour in August, 2011
- Fiji counterpart will be dispatched to Tonga in September, 2011
- Achievements will be reviewed in September, 2011

b) Working Group B- Supervision & Coaching

Sr. Mereseini Kamunaga – In-service coordinator, Central/Eastern Division

- Planned activities for 2011 on competency standards and supervision and coaching
- Sub-divisional health sisters and nurse practioner's are targeted at the divisional level
- Supervision and coaching and competency standard implementation is continuous
- Competency Standards is low due to CHNs confusion or signs of negative result
- Coaching not implemented satisfactorily due to difficulty in
- Coaching to be conducted proactively

c) Working Group C – Management Course

Mrs. Iloi Rabuka – Senior Lecturer, Public Health, FNU

- Set of 4 course outlines was developed and presented to the working group in the last management meeting on19th and 20th May, 2011 and 6 course outlines was developed by the group
- Program is for Diploma in Nursing Management and replace certificate in nursing management
- Duration of the program is 1 year and is proposed for year 2012
- Nursing management course will be submitted to the Senate in coming October. If it is successful, the course could start from the first semester 2012.

d) Working Group D – Monitoring and Evaluation

Sr. Penina Druavesi – Divisional Health Sister, Central Division

- Main task for WG-D is to formulate a functional M & E mechanism for the need-based activities
- Because of difficulty in calling all working group members frequently, development of tools and guidelines, and monitoring exercises will be started from Central Division this year, and then, it will be rolled out to other divisions next year.

- Monitoring tools have been developed but needs to be continuously review the tools before it is finalized in December, 2011

e) Working Group E – Information Exchange and Policy Design

Ms. Keiko Nagai – Sub-Chief Advisor, JICA NB-IST Project

- To organize training for divisional officials on implementation of the proposed NB-IST policy
- Regarding the training inventory or database to be developed in the project should be a subset of Human Resource Information System to be developed in MOH. The project should be well coordinated with other divisions in MOH and donors

2. The results of Baseline Survey

- National IST coordinator presented the results of the baseline survey conducted from December 2010 to February 2011.
- Although IST model developed in the previous project has been staying in Central Division, there still are some challenges.

3. Proposed modification of the Project Design Matrix

- Project manager proposed modification of the Project Design Matrix (PDM) based on the discussion and consensus made in the mini Project Cycle Management workshop held the week before as shown in the attached "PDM, Proposal for modification on Version 2".
- Basically, the proposal was authorized and requested to review "Inputs, Fiji side, (1) Counterpart personnel" according to change of JCC members authorized in the later session.

4. Proposed annual work plan 2012

- Sub-chief advisor presented proposed annual work plan for year 2012 and requested to all stakeholders to consider this plan into the annual business plan 2012.
- To confirm some form of policy or some kind of system to enhance the effectiveness of the In service training
- Necessary training to be implemented on Communication skills, interpersonal skills and coaching skills

5. Agenda points of discussion and conclusion

- If Fiji college of nursing tutors could be made aware of any training/workshops/meetings that is done in the Ministry of Health
- Lecturers from Fiji College of Nursing could be involved during the study tour of participants from Tonga and Vanuatu
- Check list is not uninformal
- The training inventory or database to be developed in the project should be a subset of Human Resource Information System to be developed in MOH. The project should be well coordinated with other divisions in MOH and donors.

- National Training Committee will finalize all In-Service Training for the Ministry of Health in June and hopefully the proposal of Management Course will be submitted to the committee
- Standard format for monitoring and evaluation in the Ministry of Health
- Discrepancies on what the supervisors are saying and what the community health nurses are saying
- Nurses policies, procedure manuals and nursing standards should be included with the Monitoring and Evaluation

6. Modification of JCC members and observers

Considering the current activities, stakeholders of the project were proposed to be new members of the Joint Coordinating Committee

Divisional Medical Officers of Central and Eastern Divisions (as representatives of DMOs)

- Deputy Secretary, Public Health or representative, MOH
- Director, Planning, Health Information System and Infrastructure, MOH

Then, the following observers were appointed.

- Representative of Public Service Commission
- Representative of Department of National Planning
- Representative of World Health Organization in Fiji
- Representative of Fiji Health Sector Support Program
- Representative of Global Fund in Fiji

Madam Chair closed the meeting at 4:00pm with a word of thanks from Mr. Yutaka Fukase, Resident Representative, JICA Fiji Office

Next JCC meeting will be held in June 2012 and date to be finalized later.

Attachment 1

Project Design Matrix FIJI **Version 2, 28 June 2011**

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From October 2010 to September 2013 (3 years)
Target Area: MOH headquarter and all health divisions (Central & Eastern, Western, and Northern Divisions)
Target Group: Sub-divisional Health Sisters
Implementing Agency: Division of Nursing Services, MOH
Direct Beneficiaries: All sub-divisional Health Sisters in Central & Eastern, Western, and Northern Divisions
Indirect Beneficiaries: All CHNs in Central & Eastern, Western, and Northern Divisions

Narrative summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall goal			
Quality health care services by community health nurses are achieved by improved in-service training.	1) Results of supervisions are improved.	1) Consolidated supervisor's report	
Project Purpose			
The mechanism of the NB-IST is strengthened.[*1]	1) The coverage of the Competency Standard assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of CHNs' satisfaction to supervision and coaching increases.	1) M&E database 2) M&E database 3) Impact survey reports	− Adequate medical supplies are provided to Health Centers and Nursing Stations. − Clinical technical staff are skilled enough, too.
Outputs			
1. The NB-IST policy takes effect.[*2]	1) The NB-IST Policy is published and disseminated at all levels.	1) Field visit report of the Project	− A significant change in policy and organizational settings of the MOH does not take place.
2. A nationally standardized M&E system for the NB-IST is operated.	1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels.	1) Project documents	
3. A mid-level nursing management package (for in-service training and formal training) is developed.	1) The number of trained mid-level nursing managers.	1) Project documents	
4. All types of IST for CHNs are adequately coordinated at divisional level.	1) Eighty percent (80%) of Planned NB-IST is conducted in each division at the end of year.	1) M&E database	
5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.	1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents	

PROPOSAL

Attachment 1

Project Design Matrix FIJI **Version 2, 28 June 2011**

Activities	Inputs: Japanese side	Inputs: Fiji side	Important Assumptions
1-1 Organize a working group responsible for designing and monitoring impact studies of the NB-IST 1-2 Conduct impact studies of the NB-IST in Central & Eastern division and present the results 1-3 Design and propose the NB-IST policy based on the result of the impact studies 1-4 Train divisional officials on implementation of the NB-IST policy 2-1 Design and prepare the NB-IST M&E guidelines and tools*3 2-2 Train Divisional/Sub-divisional Health Sisters on the M&E 2-3 Assess the M&E performance at divisional regular meetings and annual nursing supervisors meeting 3-1 Organize a working group for a mid-level nursing management training course 3-2 Review and redesign a mid-level nursing management training course in the context of the NB-IST 3-3 Modify the roles, functions of mid-level nursing managers 3-4 Develop competency checklist for mid-level nursing managers 3-5 Revise the guideline and tools of S&C to include management, communication and leadership skills 3-6 Train the current and would-be mid-level managers 4-1 Strengthen roles and function of National and Divisional IST Coordinators and Divisional Health Sisters for IST coordination 4-2 Establish IST inventory or database 5-1 Conduct tele- and/or video- conferences among the project teams in the three countries 5-2 Conduct the Training in Fiji for the delegations of Tonga and Vanuatu 5-3 Dispatch Fijian delegation to Tonga and/or Vanuatu 5-4 Present the progress and results of the project at international conference(s)*4	Japanese side (1) Dispatch of Experts - Project management/ health policy - Project coordination/ nursing - Impact study - Monitoring and evaluation system - Management of public health nursing (2) Provision of equipment - Office equipment - Other machineries and equipment mutually agreed upon as necessary (3) Covering other costs - Training costs (to be shared with Fijian side)	Fiji side (1) Counterpart personnel 1-1 Project Director: Permanent Secretary, MOH 1-2 Project Manager: Director of Nursing Services, MOH 1-3 Other counterparts - Head, Fiji School of Nursing, College of Medicine, Nursing and Health Sciences, Fiji National University - National IST Coordinator - Senior Administration Officer, Training Unit, MOH - Divisional Health Sisters of all Divisions (2) Joint Coordinating Committee members (3) Office space at MOH (4) Covering other costs 4-1 Training costs (to be shared with Japanese side) 4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)	− The NB-IST policy is approved **Pre-condition:** - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.

*1: The mechanism of the NB-IST is composed of; (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.
*2: To be integrated into the National IST Policy and/ or National Nursing Policy
*3: To be integrated into Performance Management System,
*4: eg. PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

PROPOSAL

Minutes of Meeting of the Third JOINT COORDINATING COMMITTEE MEETING

The project for strengthening the Need-Based In-Service Training for community health nurses
Technical cooperation project between MOH, Fiji and JICA

Date: 22 June, 2012
Time: 11.00am - 1.00pm
Venue: Ministry of Health (MOH), headquarter, Conference Room

<u>Attendance:</u>

Chairperson

Dr. Eloni Tora	Permanent secretary (PSH)	MOH

Members

Sr. Silina Waqa Ledua	Director	Nursing services, MOH
Sr. Atelini Wainiveikoso	National IST coordinator	Nursing services, MOH
Mr. Eroni Cevamaca	Director	Human resources, MOH
Sr. Penina V. Druavesi	Divisional health sister	Central division, MOH
Sr. Melania B. Louey (on behalf of Sr. Leslie H. Boyd)	Divisional IST coordinator (Divisional health sister)	Western division, MOH
Mr. Shumon Yoshiara	Resident representative	JICA Fiji office
Ms. Tomoko Hattori	Chief advisor	NB-IST project, JICA
Ms. Keiko Nagai	Sub-chief advisor	NB-IST project, JICA
Ms. Etsuko Ide	Advisor	NB-IST project, JICA
Ms. Sumiyo Kamo	Advisor	NB-IST project, JICA

Observers

Mr. Hideaki Kuroki	Second secretary	Embassy of Japan
Mr. Shinya Matsuura	Project formulation advisor	JICA Fiji Office
Sr. Rusieli Taukei	Lecturer	School of nursing, CMNHS, FNU
Ms. Elenoa Puamau	Lecturer	School of public health, CMNHS, FNU
Dr. Samu Korovou	Divisional Medical officer	Central division, MOH
Dr. David Whippy	Divisional Medical officer	Eastern division, MOH
Sr. Mereseini Kamunaga	Divisional IST coordinator	Cent-eastern division, MOH
Ms. Satomi Inano	JOCV member	JICA
Sr. Asenaca Heritage	Project officer	NB-IST project, JICA

Secretariat

Ms. Karolina Taubera	Project secretary	NB-IST project, JICA

Apology:

Members

Sr. Filomena McKay	Principal	School of Nursing, CMNHS, FNU
Mr. Fasala Varmasi	Senior Administration Officer	Training Unit, MOH
Sr. Titilia B. Dakuliga	Divisional Health Sister	Northern Division, MOH
Sr. Akeneta Matanitobua	Divisional Health Sister	Eastern Division, MOH

Observers

Dr. Ian Rouse	Dean	CMNHS, FNU

Agenda

1. Welcome
2. Devotion
3. Apologies
4. Adoption of agenda
5. Confirmation of minutes of the last JCC meeting held on 28th June 2011
6. Matters arising from the minutes
7. Outline of the Project (Presentation) — Sr. Silina W. Ledua
8. Progress of the project (Presentation) — Sr. Silina W. Ledua
9. Reports from working groups (Presentation)
   (1) Working group A: Impact study — Ms. Elenoa Saru Puamau
   (2) Working group B: Supervision and coaching — Sr. Mereseini Kamunaga
   (3) Working group C: Management course — Sr. Rusieli R. Taukei
   (4) Working group D: M&E — Sr. Penina Druavesi
   (5) Working group E: Policy design and information exchange — Ms. Tomoko Hattori
10. Annual work plan 2013 — Ms. Keiko Nagai
11. General discussion
12. Conclusion

Handouts

- Minutes of the last Joint Coordinating Committee (JCC) meeting on 28th June 2011
- Presentation materials
- Progress tracking from July 2011 to June 2012
- Annual work plan 2013

- TOR of the Joint Coordinating Committee
- Project Design Matrix Version 2

1. Opening speech: Chairperson- Dr. Eloni Tora
   - The chairperson welcomed to all the JCC members and thanked for their commitment in attending this meeting.
   - Special welcome to representatives from the embassy of Japan and JICA Fiji office for their commitments taking a partnership towards the development of human resource for health in Fiji through the project.

2. Devotion: Sr. Silina Waqa Ledua

3. Apologies
   The secretariat reported apologies to chairperson and attendants.

4. Adoption of agenda
   Introduction of attendants was added.

5. Confirmation of minutes of the last JCC meeting held on the 28th of June, 2011
   Some corrections were made. The revised minutes (attached) will be shared among the members.

6. Matters arising from last meeting
   The following inputs were accepted by the members through discussions:
   - The MOH now aiming to the principle to be more efficient in implementing all the activities. As one of these efforts, all the meetings and workshops should be conducted in efficient manner; we should try to maximum utilize resources that we already have; the venue should not at expensive hotels; we should try to make these meetings to be shorter as possible.
   - As one of the results from the baseline survey (2011), it was revealed that the former project (2004-2008) had drawbacks due to high turnover of staff. The current project has coped with this issue by expanding training coverage to potential leaders. The project also trying to ensure the sustainability of these middle-managers' training programs by integrating into the existing MOH's training framework. In addition, the project has integrated "succession planning" into the middle-managers' training package.
   - To improve communication and partnership among stakeholders, the project was invited as a member of the National Training Committee and also invited to Divisional Plus Meetings to share updates. The project attended the Western and Northern Divisions and invitation has been extended from Central Division to the Project in next month (July 2012). Through such

communications, we aim to elevate the ownership of the MOH, and to integrate the activities of the project into the MOH mechanism.

- It was identified that the supervisory check list as well as monitoring tools are not standardized in the JCC meeting last year. The current project has developed these tools and these have been piloted to be standardized the following year.

7. Outline of the Project
    - Project Manager, Sr. Silina Ledua presented outline of the project according to the handouts.
    - Regarding the indirect beneficiaries, village health Workers (VHW) should also benefit through capacity development of Community Health Nurses (CHN). It is because empowered VHW would contribute in improving quality of health care services. The project should bear in mind the linkage between CHN and VHW. The MOH and divisions also should capture this view into corporate plan and business plans.
    - Also the project should consider the MOH strategic plan. For example, "customer care" is one of the concerns of quality of services of nurses as the results of the patient satisfactory survey showed some problems of nurses' attitude. The relevant topics should be covered in the in-service training plans at sub-divisions and IST Coordinators should carefully consider such evidences of training needs.

8. Progress of the Project (overall)
    - Project Manager, Sr. Silina Ledua reported progress of the project according to the handouts.

9. Reports from the working groups

(1) **Working Group A –Impact study**

- Ms Elenoa Puamau- Lecturer, School of public health, Collage of medicine, nursing, and health sciences (CMNHS), Fiji National University (FNU) reported outline of the mid-term survey of the project (the survey), as well as preliminary results of the survey according to the handout.
- The impact study including baseline, mid-term and end-line surveys had been approved by the Health Research Committee.
- The team had completed data collection in Central and Northern divisions. Western and Eastern divisions to be covered soon.
- On the preliminary findings, she highlighted some positive remarks and improvement on competencies assessment, supervisory visits, coaching, and in-service training.
- Basically, supervisory visit should be carried out quarterly. However, the PSH and the Minister have ever heard complain from nurses at nursing stations that their supervisors rarely visit them. The survey should be able to identify areas we need to improve. Standard of supervisory visit should be clarified and through among nursing supervisors.

- Background and reasons not participating in in-service training should be analyzed.
- Supervisors who did not use supervisory checklist (29%) might have conducted their supervisory visit with any other formats of checklist that may be available in their workplace. However, supervisory checklist should be standardized and it is on-going under the project.
- Training plan from Western Health is yet to be received. The IST coordinator needs to look into this and to coordinate with the sub divisions.
- Training on developing the position descriptions (PDs) and individual work plans (IWPs) should be included in the training plan at sub divisional level. Also, PDs should be signed by supervisors and the incumbent.

(2) Working Group B - Supervision and coaching

- Sr Mereseini Kamunaga, IST Coordinator of Cent-eastern division reported progress of activities from July 2011 to June 2012 according to the handouts.
- Regarding the development of a competency checklist for mid-level nursing managers, one-day consultation workshop with middle managers (Sub-divisional health sisters (SDHSs), Health sisters (HSs) and Divisional health sisters (DHSs) have been conducted.

(3) Working Group C- Postgraduate diploma in nursing management (PGDNM)

- Sr. Rusieli Taukei, Lecturer, school of nursing, CMNHS FNU reported updates of the PGDNM according to the handout.
- Two (NMG840 and NMG841) out of eight courses will be delivered by the health science management (HSM) team at the department of public health (DPH). Six courses (NMG842 to 847) will be delivered by the school of nursing.
- The position of lecturer has been taken on board by FNU and the preparation of course materials/ printing will be completed with supports from the project by November 2012.
- The PGDNM is planned to be commenced in 2013 at FNU where the costing are decided at FNU according to their standards at university level (F$900 per course).
- The cohort of course candidates should be done by the MOH.
- Although the course requires bachelor for admission, experiences should be taken into account.

(4) Working Group D: Monitoring and evaluation (M&E)

- Sr. Penina Druavesi, Divisional Health Sister Central reported the progress according to the handout.
- The following M&E tools with guidelines were developed and have been started using in Central and Western divisions
    1) Competency assessment form and monitoring form
    2) Supervisory checklist and monitoring form

3) Coaching report sheet and monitoring form
4) In-Service Training record form and monitoring form
5) Personal file
6) Staff profile for supervisors' records

- In Nursing Decree 2012, Continuous Professional Development (CPD) is emphasized. Therefore, M&E tools should respond to it.
- Output 2-3 "Assess the M&E performance at divisional regular meeting" means to compile, analyze, and present the results of the M&E in such regular meetings, then utilize the results for the next term's planning.
- These M&E tools should be integrated into MOH's existing M&E or reporting system as mach as possible in order to decrease burdens of paperwork of nursing supervisors.

(5) Working Group E: Policy design & information sharing

- Ms Tomoko Hattori, the chief advisor NB-IST project, reported the progress according to the handout.
- Regarding integration of NB-IST concept into the national training policy (NTP), a national consultation meeting will be held in July subject to endorsement by the national training committee (NTC).
- NB-IST mechanism has to be a part of MOH structure as shown in the handout ("Flow of NB-IST").
- The IST inventory/database system together with the IST record (a booklet to record IST history individually) has been disseminated to all divisions to capture all in-service training. It will be integrated or systematically linked to the human resource information system in near future (HRIS).

10. Annual Work Plan 2013

- Ms Keiko Nagai, Sub-chief advisor presented the annual work plan 2013 according to the handouts.
- The 4th JCC meeting will be held in September 2012 when the mid-term review mission visits from JICA headquarter for mid-term review of the project.
- The annual work plan should be shared with divisional level. Also, updates of the project should be done regularly through the Divisional Plus quarterly meetings in order to strengthen ownership of stakeholders in the MOH and enhance supports to the project. As it was done in Northern and Western divisions in March 2012, the team should report in the Central and Eastern divisions on coming Friday, 29 June 2012.

11. General Discussion

No particular or additional topic was discussed.

12. Conclusion

- All reports, comments and annual work plan 2013 have been confirmed.
- Next JCC meeting will be held in September 2012. In order to have meetings efficiently, only tea with a light snack shall be provided during the meeting without special break time.

The meeting was closed at 13:00.

Minutes of Meeting of

4thJOINT COORDINATING COMMITTEE MEETING

Date:3/10/2012 Venue: Conference room, Level 3, MOH HQ, Suva

Time: 11 am -1pm

Acting Chairperson: Sr. Silina Waqa Ledua

Attendance:

JCC Members

Sr. Silina W. Ledua	-	Director Nursing Services/Secretary for the Need-Based IST Project
Mr. Shumon Yoshiara	-	Resident representative, JICA Fiji Office
Ms. Tomoko Hattori	-	Chief Advisor, NB-IST
Ms. Keiko Nagai	-	Sub-Chief Advisor/ Health Policy
Sr. Ateilini Wainiveikoso	-	National IST Coordinator
Mr. Fasala Vamarasi	-	Health System Strengthening, Executive Supporting Unit
Sr. Penina Druavesi	-	Divisional Health Sister, Central
Sr. Akeneta Matanitobua	-	Divisional Health Sister – Eastern Division
Sr. Leslie Boyd	-	Divisional Health Sister, Western
Sr. Titilia Dakuliga	-	Divisional Health Sister, Northern
Mr Eroni Cevamaca	-	Director, Human Resources, MOH

Observers

Mr.Hideyaki Kuroki	-	First Secretary, Embassy of Japan
Mr. Shinya Matsura	-	Project formulation advisor, JICA Fiji office
Ms.Filomena Mackay	-	College of Medicine, Nursing and Heath Science
Dr. Samuela Korovou	-	Divisional Medical Officer, Central Division, MOH
Dr. Dave Whippy	-	Divisional Medical Officer, Eastern Division, MOH
Ms. Saeda Makimoto	-	MTR mission
Ms. Saomi Inano	-	JOCV JICA
Sr. Talatoka Tamani	-	Health Planning, Information and Infrastructure, representing to Mr. Shivnay Naidu
Sr Asenaca Heritage	-	Project officer NB-IST project JICA
Sr Litiana Ralulu	-	Project officer NB-IST Project JICA

Apology:

Dr Eloni Tora	-	Permanent Secretary ,MOH
Prof. Ian Rouse	-	Dean, Collage of Medicine, Nursing and Health Scinece, FNU
Permanent Secretary, PSC	-	Representative of PSC

Mr. J Koroivueta - Director, Public Health, MOH

Mr. Shivnay Naidu - Actg. Director, Health Planning, Information and Infrustracture, MOH

1. Welcome

The acting chairperson welcomed all attendants and thanked all JCC members for their commitment in attending the meeting and commitment to this project.

2. Devotion

3. Apologies

The secretariat reported apologies.

4. Adoption of agenda

All members confirmed that there is no adoption of agenda.

5. Confirmation of minutes of the last JCC meeting held on 22th June 2012

- It should be noted that names of apologies should be written.
- Corrections should also be captured.
- A proper timeline should be noted for each activity.
- Each page should be numbered as it is easier for reference during discussions

The minutes of the last meeting was then moved and adopted.

6. Matters arising from the minutes

Working Group B Supervising and Coaching

- As nurses transferred between clinical and public health, at least key persons in the hospitals should be considered to be covered.

Working Group C -Postgraduate Diploma in nursing management

- The curriculum is ready and the lecturers have been appointed. The admission announcement for year 2013 has been cone. It will start from the first semester.

Working Group D- Monitoring and Evaluation (M&E)

- M&E tools have been distributed to all divisions. DHS Northern commented that training is ongoing. DHS Central reported that in Suva subdivision, all tools are being utilized by all health centres and these have been followed up and supervised

by the DHS and project officers. However, it has been observed that this would need regular monitoring.

- When the M&E tools are endorsed by NHEC (National Health Executive Committee), the impact of NB-IST should be captured by using the tools. The tools should be examined in the Nursing Division and submitted to NHEC.

7. New businesses

7.1 Results of the Mid Term Review

The mid-term review (MTR) team consisting of five members from JICA Head Quarter reported the results of MTR and recommendations for the project. The details can be referred in the handouts (Minutes of Meeting on the MTR).

Purpose of Midterm review

- To review the progress of the project and exchange views on the implementation of action plan that would help the success of the project.

Output 1 –NB-IST policy takes effect

- It was suggested that the revised training policy could support and promote NB-IST.

Output 2 –A nationally standardized M/E system for the NB-IST is operated

- The M&E database mentioned as a source of indicators in the Project Design Matrix (PDM) has not been established yet.
- The reporting system should be coordinated with the existing public health reporting system.

Output 3- Management package for nursing supervisors

- The mid-level nursing management package will be compiled through the project activities and handed over to Fiji College of Nursing (FCN) to be utilized for orientation of the newly promoted nursing supervisors.
- The target of the course is newly prompted and candidate nursing supervisors.

Output4 –Functions of IST Coordinators are strengthened at national and divisional Level

- The annual IST plan for year 2013 is being prepared in each division.
- All ISTs should be adequately coordinated at divisional level.

Output 5 –The progress and results of the Project are shared within and beyond Fiji, Tonga and Vanuatu

- Experiences of Fiji has been referred and utilized by Tonga and Vanuatu through video conferences and regional trainings.

Conclusions of the Mid-term Review

1) When the project was launched in 2009, a lot of trained personnel under the previous project have left due to the change of the government policy on retirement age.
2) Referring to Output 3, the ownership of the course has been transferred to Ministry of Education. Therefore, the trainer needs to have an accredited certificate in teaching.
3) The trainings should be relevant, effective and there is a need to strengthen the system. The impact should be a reflection on the APA (Annual Performance Assessment) of each nursing officer. The project is requested to consider to involve the hospital nurses and to include Matron In-service from Divisional hospitals, and in future, all health cadres.
4) The fruits of the project seem to be sustained technically but competency of nursing supervisors needs to be strengthened. The initiative is to implement it into the government system.
5) Considering the above observation PDM should be modified.
6) The MTR team also observed that monitoring system on the progress of the project activities is weak.

General Discussions from Members and Observers

- **DMO/Central –**To improve Public Health nursing, we need to look at indicators especially to move public health forward .The main focus now is NCD component .We need to look at MDGs like Safe Motherhood and to introduce reporting format. Nursing Council will be responsible to spearhead this and integrate it to nursing curriculum.
- **Director Nursing Services –**A very good comment as this would be duplication of the system and NCD as it is covered under wellness programme
- PDM needs to be revised. It is fair to go along with recommendations and see the relevance of M&E. Ms. Ateilini Wainiveikoso was appointed to a head of the task force to modify the PDM.
- **DHS Central –**Recommended for the project be extended to 2014
- **Mid Term Review team –**Presentations have to be submitted to JICA office as they will make the final decision on revised amendment.

- **Director of Nursing Services –** The minutes of meeting on MTR cannot be signed till the amendment has been looked at. The project end-point review shall be held within 2013 as there will be the general election in 2014.

7.2 Position establishment of IST Coordinators

On IST Coordinators establishment, MOH needs to scrutinize the availability of IST positions. This does not synchronize with Matron in service sitting on the scale of NUO4 and not NUO3. This is a real need well NB-IST has started with this project position. By 2013, all nursing managers should be NB-IST competent. A lot has been discussed but there is a need to see the sustainability of the project. There is a delay in implementation and an extension period may be needed.

7.3 Discussion on current TOR of JCC

Task forces were appointed and requested to draft a TOR of JCC by 17 October 2012 and send to the JCC members. The task forces are; Ms. Keiko Nagai, Dr. Dave Whippy, Sr. Penina Druavesi, Sr. Akeneta Matanitobua and Mr. Shinya Matsuura.

8. Conclusion

The meeting ended at 1pm and was moved by DHR and seconded by DMO/Central (Dr Samu Korovou) and NITS (Ms. Atelina Wainiveikoso)

Minutes of Meeting of

5th JOINT COORDINATING COMMITTEE MEETING

Date: 01/03/2013 Venue: Conference room, Level 3, MOH HQ, Suva

Time: 10:00am – 12:00pm

Chairperson: Dr. Eloni Tora

Attendance:

JCC Members

Sr. Silina W. Ledua	-	Director Nursing Services/Secretary for the Need-Based IST Project
Ms. Filomena Mackay	-	Head of Fiji School of Nursing, College of Medicine, Nursing and Heath Science, Fiji National University
Sr. Talica Vakaloloma	-	Divisional Health Sister, Eastern Division
Sr. Leslie Boyd	-	Divisional Health Sister, Western
Sr. Titilia Dakuliga	-	Divisional Health Sister, Northern
Mr. Eroni Cevamaca	-	Director, Human Resources, MOH
Mr. Shinya Matsuura	-	Project formulation advisor, JICA Fiji office, representing Mr. Shumon Yoshiara, Resident Representative, JICA Fiji Office
Ms. Keiko Nagai	-	Sub-Chief Advisor/ Health Policy, NB-IST project, JICA
Ms. Kaoru Yamanaka	-	Nursing Management and Policy, NB-IST project, JICA, representing Tomoko Hattori, Chief Advisor, NB-IST project, JICA
Ms. Fusayo Kobayashi	-	Project officer NB-IST project, JICA

Co-opt members:

Mr. Nilesh Ram	-	Senior Administration Officer, Training Unit, MOH

Secretariat:

Ms. Asenaca Heritage	-	Project Officer, NB-IST project, JICA

Apology:

Ms. Unaisi Berra	-	Acting Deputy Secratary, Public Health, MOH
Mr. Shumon Yoshiara	-	Resident Representative, JICA Fiji Office
Sr. Ateilini Wainiveikoso	-	National IST Coordinator (Project Officer)
Sr. Penina Druavesi	-	Divisional Health Sister, Central
Ms. Tomoko Hattori	-	Chief Advisor, NB-IST project JICA

1. Welcome

The chairperson welcomed all attendants and thanked all JCC members for their commitment in attending the meeting and commitment to this project.

2. Devotion

3. Opening

The chairperson has noted that we have things to achieve in this last 12 months and especially, we have to show the result of our project this year. We need to regularly monitor what we are doing. He also mentioned about some of major concerns of MOH.

- Although the amount has been increased, MOH budget is still tight this year. However, more amount has been allocated to trainings (F$900,000). We have to consider of maximum utilization of this limited budget together with support from the development partners.
- To achieve the outcomes and respond to the health needs including emergency situation, effective supervision is important.
- Although HRIS has been developed, it has not been effectively operated as data entry and update are not properly done.
- As primary health care needs to be strengthened to enhance disease prevention, appropriate supervision of community health workers becomes more important. In this context, the Project should consider such needs.

4. Apologies

The secretariat reported apologies.

5. Adoption of the aAgenda

All members confirmed that there is no adoption of agenda.

6. Confirmation of Minutes of the Last JCC Meeting Held on 3rd of October 2012

"7. New Businesses" on page 3 was corrected to "7. New Business". Then, the minutes of the last meeting was then moved and adopted.

7. Matters Arising from the Minutes

7.1 TOR for the JCC

- TOR for the JCC was reviewed to make the JCC more operational. The membership, roles and some other articles were revised.

- In terms of the roles, the JCC could make recommendations on the future of the Project in addition to monitor the current status and progress of the Project.
- This year, the JCC should have three more times in June, October and January for frequent monitoring to ensure the progress and achieve the project purpose.
- Ms. Nagai will circulate the revised TOR to the members for their comments.
- This JCC is differed from the JCC defined in the Record of Discussion (RD) signed between MOH and JICA on 13th of May 2010: this JCC focus on operational aspects, while the JCC in the RD can be held for the end-line evaluation mission to be dispatched by JICA HQ.

7.2 PDM Modification

- After the mid-term reviews conducted by JICA headquarter (HQ), modification of the Project Design Matrix (PDM) was finalized through several discussions in the core group which was appointed in the last JCC meeting. Then, the PDM was finally signed by both JICA and MOH. (Handout 6.1)
- The major modifications were made on "Objectively Verifiable Indicators" for the "Project Purpose" as the baseline data did not well present the actual situation and some of sources of information are not available.
- The relevant indicators and achievement should be monitored and DHS should raise issues at the Divisional-Plus Meeting to be conducted quarterly.

7.3 Positions of the National and Divisional IST Coordinators

- According to PSC announcement, any new posts cannot be created. To have new position, HR has to find any other posts for trade-off. However, those were not enough to deploy all the proposed posts. There are more prioritized posts such as nurse practitioners.
- For National and Divisional IST Coordinators, there maybe two options:
  1) Taking one NU04 post from the divisional hospital; or
  2) Include some NO04 posts into 200 nurses which MOH is currently proposing to PSC to increase.
- The first option might be rather realistic and DHS Northern is working on it.

7.4 Nursing Management Course of FSN

- The post graduate diplomat course on nursing management in FSN has been commenced on 11 February 2013 and the lecture was started from 18 February 2013 with 10 students.
- JICA team observed the lecture and it was very participatory and good. The quality and outcome should be monitored continuously.

8 New business

8.1 Annual Plan for 2013

- Annual plan of the Project for 2013 was presented. (Handout 7.1)
- This year, the Project team will support for only divisions submitted proposals and reports properly. (No proposal/ No report, No support) Also, as the budget is limited, the earlier proposals will be prioritized. (First come, first served)
- The post-training supervisory visit to be conducted after the trainings can be combined with supervisory visits from the division.
- Approximate budget and the disbursements should be monitored, if possible. The Project team will try to get the rough idea although it is not usually done in Japanese technical cooperation projects.

8.2 The Management Package for Nursing Supervisors

- The contents were presented. (Handout 7.2)
- Although some items have not yet prepared, the taskforce will work hard to complete their task on time.

8.3 Monitoring and Evaluation of the Project

- M&E Form was presented. (Handout 7.3)
- DHSs were requested to submit the data quarterly with keeping timeline.
- Training inventory should be presented in the next meeting.

9 Other Business

- National Health Executive Committee (NHEC) meeting will be held on 22 and 23 (or 21 and 22) March 2013. The field visit to western highlands will be done in the first day and the second day is for the meeting. The Project Team can join to the field visit. It should coordinate with the secretariat.
- For your information, MOH proposed to the Prime Minister to employ 200 new nurses (NO06) per year for five years, 1,000 in total. However, there are 158 vacancies including higher posts against 178 graduates from two nursing schools this year. Anyway, we will have more nurses to be supervised.

6 Conclusion

Next meeting will be held in June 2013.

The meeting ended at 12:00pm.

Minutes of Meeting of

6th JOINT COORDINATING COMMITTEE MEETING

Date: 21/06/2013 Venue: Conference room, Level 3, MOH HQ, Suva

Time: 10:15am – 12:00pm

Chairperson: Dr. Eloni Tora, Permanent Secretary, MoH

Attendance:

JCC Members

Ms. Unaisi Bera	-	Acting Deputy Secretary, Public Health, MOH
Sr. Silina W. Ledua	-	Director Nursing Services, MOH/ Project Manager for the NB-IST Project
Ms. Filomena Mackay	-	Head of Fiji School of Nursing (FSN), College of Medicine, Nursing and Heath Science, Fiji National University
Sr. Leslie Boyd	-	Divisional Health Sister, Western
Sr. Titilia Dakuliga	-	Divisional Health Sister, Northern
Mr. Shinya Matsuura	-	Project formulation advisor, JICA Fiji Office
Mr. Vamarasi Fasala	-	A/SAS Training, MOH
Ms. Keiko Nagai	-	Sub-Chief Advisor, NB-IST project, JICA
Sr. Ateilini Wainiveikoso	-	Project Officer (National IST Coordinator)
Ms. Kaoru Yamanaka	-	Project Advisor, representing Tomoko Hattori, Chief Advisor, NB-IST project, JICA
Ms. Emiko Nishi	-	Project officer NB-IST project, JICA

Secretariat:

Ms. Asenaca Heritage	-	Project Officer, NB-IST project, JICA

1. Welcome

The chairperson welcomed all attendants and thanked all JCC members for their commitment in attending the meeting and commitment to this project.

2. Devotion

Devotion was made by DNS.

3. Apologies

Sr. Penina Druavesi	-	Divisional Health Sister, Central
Sr. Talica Vakaloloma	-	Divisional Health Sister, Eastern Division
Ms. Tomoko Hattori	-	Chief Advisor, NB-IST project JICA

4. Adoption of the Agenda

Agenda was adopted.

5. Confirmation of Minutes of the Last JCC Meeting Held on 1st March 2013

Page 1: Line 6 from the bottom - List of apologies should be under "4. Apologies".
Line 5 from the bottom – "r" was deleted from "Berra".

Page 2: Item 4. – "a" was deleted from "aAgenda"
Item 5. – "that agenda was adopted" was inserted instead of "that there is no adoption of agenda".

Page 3: Bullet point 2 – "meet" was inserted instead of "have".
Item 7.2, bullet point 2 – "of" was deleted from "some of sources".
Item 7.2, bullet point 3 – "Divisional Health Sister (DHS)" was inserted instead of "DHS".
Item 7.3, bullet point 2 – "NU" was inserted instead of "NO".
Item 7.4, bullet point 1 – "t" was deleted from "diplomat".

Page 4: Item 8.3, bullet point 2 – "and" was inserted instead of "with".
Item 9, bullet point 2 – "NU" was inserted instead of "NO".
Item 6 – "10" was inserted instead of "6".

The minutes of the last meeting was then moved by DNS and seconded by Head of FSN to be adopted.

6. Matters Arising from the last Minutes

Item 7.1 TOR for the JCC, bullet point 4:

- The revised TOR of JCC was finalized and circulated on 4th of March 2013.

Item 8.1 Annual Plan for 2013, bullet point 3 (post training supervisory visit):

- The Project has supported 9 supervisory visits.
- The report should be submitted to DNS and shared with JCC members.

Item 8.3 Monitoring and Evaluation of the Project, bullet point 3 (the training inventory):

- The training inventory will be presented in the next JCC meeting. The format has just been agreed by all IST Coordinators and Matron IST in the IST Coordinators' meeting on 20th June.

Item 9 Other Business, bullet point 1 (the last National Health Executive Committee (NHEC) meeting):

- Regarding issues identified during the visit of NHEC members, necessary actions have been taken, i.e., the water supply in the Nadrau village near the Nursing Station.
- Regular visits by supervisors could contribute toward improvement of working environment and quality health services.

- The Project has been supporting supervisory visit and developing guidelines and tools for the regular visit as a part of the management package for nursing supervisors. These will be presented in the next JCC meeting.

6.1 Progress of the Annual Plan of the Project (Handouts 6.1)

(1) National Training Policy: Progress of awareness

- The Training Unit conducted awareness of the National Training Policy for Northern and Western divisions, FPBS and specialized hospitals.
- Regarding the remaining sessions for Central and Eastern divisions and the MOH Head Quarter, it was suggested to take other measures such as using web-site, divisional plus meeting and supervisory visits. The earliest implementation was requested.

(2) Monitoring of project purpose indicators

- Overall progress of the project purpose indicators and outputs indicators were presented.
- Although the project purpose indicator 1) (coverage of Competency Standard assessment), 2) (coverage of supervisory visit) and 4) (coverage of NB-IST) were as of the end of March (the first quarter), coverage of supervisory visit was quite low. JCC expects to see the progress in the second quarter.
- Regarding the project purpose indicator 5) (inclusion of NB-IST related indicator to business plans), it was somehow mentioned in the Western and Northern Divisions' business plans as a part of CPD. However, NB-IST should be included in the annual IST plan because it is defined as one of MOH training mode and it is important to fill the gap at operational level.

(3) Training for newly promoted nursing supervisors

- Outline and results of the training was presented.
- The Project will evaluate behavior change of the participants during the post training supervisory visit. Qualitative information was collected thorough interviews with staff nurses by asking how their supervisor performed after the training.

(4) Positions of National and Divisional IST Coordinators

- The position description (PD) should be reviewed to include a task to introduce NB-IST to all cadres.
- It was noted that one NU03 post will be deployed for National IST Coordinator. Regarding Divisional IST Coordinator, deployment of NU04 post from divisional hospitals is considered as a temporary arrangement. Those actions will be taken by the end of July 2013.

(5) Management package for the nursing supervisors

- Most of the components have been finalized. Trainings on the package will be targeting nursing supervisors in community health nursing in August 2013.

7. New Business

7.1 Strategy for sustainability of the Project

- It was requested to present a strategy with action plan to sustain the project outputs such as IST Coordinators, supervisory visit, the management package, etc. The draft strategy is to be prepared and submitted to members for comments along with the meeting by the following week.
- The members were requested to make inputs to finalize the strategy in order to take necessary action as soon as possible.
- The progress should be reported in the next meeting.

7.2 End-line Evaluation of the Project (Handout 7)

- Tentative schedule was presented and kind cooperation of the stakeholders was requested.
- In the end-line evaluation, JICA will see the outcomes and the processes of the Project.

8. Other Business

- There was no other issue to be discussed.

9. Next meeting

- The next JCC will be held on 24th of September.
- As it will be held at the end of the end-line evaluation, the mission members will be invited to brief the JCC of the results.

10. Conclusion

- The Chairperson thanked everyone present at the meeting. The meeting concluded at 12:00pm.

Minutes of Meeting of

7th JOINT COORDINATING COMMITTEE MEETING

Date: 24/09/2013 Venue: Conference room, Level 3, MOH HQ, Suva

Time: 11:00am – 13:00pm

Chairperson: Dr. Eloni Tora, Permanent Secretary for Health/ Project Director for the Need-Based IST Project

Attendance:

JCC Members

Ms. Unaisi Bera	-	Acting Deputy Secretary, Public Health, MOH
Sr. Silina W. Ledua	-	Director Nursing Services, MOH/Project Manager for the Need-Based IST Project
Mr. Mukesh Nath		Director, Human Resources, MOH
Sr. Penina Druavesi		Divisional Health Sister, Central Division
Sr. Talica Vakaloloma	-	Divisional Health Sister, Eastern Division
Sr. Leslie Boyd	-	Divisional Health Sister, Western Division
Sr. Titilia Dakuliga	-	Divisional Health Sister, Northern Division
Mr. Shinya Matsuura	-	Project formulation advisor, JICA Fiji office
Ms. Tomoko Hattori		Chief Advisor, NB-IST project, JICA
Ms. Keiko Nagai	-	Sub-Chief Advisor/ Health Policy, NB-IST project, JICA
Mr. Hirobumi Miki		Project Coordinator, representing Emiko Nishii, Project Coordinator, NB-IST project, JICA
Sr. Atelini Wainiveikoso		Project officer, NB-IST project, JICA

Co-opt members:

Mr. Vamarasi Fasala	-	A/Senior Administration Secretary, MOH
Mr. Hideaki Kuroki		First Secretary, The Embassy of Japan
Mr. Shumon Yoshiara		Resident Representative, JICA Fiji Office
Mr. Kyo Hanada		Team Leader, The Terminal Evaluation Team, JICA HQ
Ms. Satoko Horii		Team Member, The Terminal Evaluation Team, JICA HQ
Ms. Yumiko Yamashita		Team Member, The Terminal Evaluation Team, JICA HQ
Ms. Naomi Imani		Team Member, The Terminal Evaluation Team, JICA HQ
Ms. Nila Prasad		Program Officer, JICA Fiji Office

Secretariat:

Ms. Asenaca Heritage	-	Project Officer, NB-IST project, JICA

1. Welcome

The chairperson welcomed all attendants and thanked all JCC members for their commitment in attending the meeting and commitment to this project.

2. Devotion

Devotion was made by DHS,Western-Sr. Leslie Boyd.

3. Apologies

Dr. Ian Rouse Head of school, School of Nursing, CMNHS, FNU

4. Adoption of the Agenda

It was suggested that the agenda 7.2, the results of the Project Terminal Evaluation, comes first before the agenda 7.1, Strategy for sustainability of the project, is discussed, and the agenda was adopted.

5. Confirmation of Minutes of the Last JCC Meeting Held on 21st June 2013

The minutes of the last meeting were confirmed to be a true reflection of the meeting and adopted.

6. Matters Arising from the Minutes

6.1 PTSV (item 6.2 of the minutes of the last meeting)

- The coverage of PTSV supported by the project in the second quarter (March to July 2013) was about 40% and rough estimation of total expenditure for PTSV was about $11,000. (Handout 6.2)
- Project concerned about transportation arrangement, lack of facilities such as water supply and fridge for vaccination, and management by supervisors. (Handout 6.2)
- PTSV in Eastern division will be expected to be improved with the frequency of visit.

6.2 Training Inventory (item 6.3)

- Training Inventory is now under process of data entry by IST-Cs. An inventory is formed with five sheets by Microsoft Excel including personal information and career information of each nurse (Handout 6.3).
- The next IST-C meeting will be held on 2nd Oct to share the progress of data entry and discuss issues identified. A person in charge of HRIS will be invited to the meeting.

6.3 Progress of the annual plan of the project (item 6.5)

- It was confirmed that NB-IST plans are included into the National IST plan.
- $10,000 has been funded to each division and hospital for organizing/implementing trainings this year. Each division is able to organize trainings by themselves with this budget.

- Before distributing the budget, Training Unit should request each division and hospital's annual training plan attached with its budget.
- NB-IST submits their annual plan every year in October (attached with its budget).
- In terms of positions of National and Divisional IST-Coordinators, it will be discussed in today's agenda 7.1.

7. New business

7.1 The results of the Project Terminal Evaluation

- A summary of the results of the project terminal evaluation was presented by JICA evaluation team. (Handout 7.2)
- There was no comment on the report of the project evaluation apart from some correction of terms such as district, correctly "division", and Microsoft Access, correctly "Excel" in page two and page twelve.
- All JCC members accepted the result of the evaluation and PS was ready to sign the Minutes of Meeting (M/M) of the project terminal evaluation.
- The indicator of Overall Goal in PDM of the project was suggested to be changed. PS suggested that the indicator should not measure negative side to measure of improvement, and project management decided to discuss on this issue after this JCC meeting.

7.2 Strategies for sustainability of the project (progress)

- Strategies for sustainability of the project activity and progress, that was related topic with the minutes of the last meeting on 6.4.(4) and 7.1, was presented by project manager (Handout 7.1)
- IST-C could coordinate not only NB-IST for nurses but also other trainings for other cadres under MOH. This position might be under either nursing or administration.
- Position descriptions of national and divisional IST-Cs should be consulted with MOH stakeholders. Then, this memorandum should be updated and tabled for NHEC endorsement.

8. Other Business

8.1 Showcase all publications- manual and tools

- The manual and tools; 1) Management Manual for Nursing Supervisors, 2) Form SV-1; Supervisory Visit Checklist, 3) Form SV-2; Supervisory Visit Summary Report, 4) Form CS-1; Assessment Form for Competency Standards and Criteria, and 5) Form CC-1; Coaching Report Sheet, were circulated among the attendants.
- At least 20 copies each will be needed for NHEC and another set of copies will be for NB-IST.
- It was confirmed that the manual and tools had been endorsed by JCC members.

- Also, the necessary process for the manual and tools was endorsed as follows: The manual will be tabled on both NHEC and the Nursing Council meetings for endorsement.

9. **Next meeting**

The next meeting will be held on 5th December 2013.

Also, the final meeting to celebrate successful completion of the Project should be held in January 2014.

10. **Conclusion**

- The Minutes of Meeting on the terminal evaluation was signed by both Fiji (Chairperson) and Japanese side (Team Leader of the Terminal Evaluation Team).
- Then the chairperson thanked all attendants of the meeting and it ended at 13:00pm.

Minutes of Meeting of

8th JOINT COORDINATING COMMITTEE MEETING

Date: 11/12/2013 Venue: Conference room, Level 3, MOH HQ, Suva

Time: 10:00am – 12:00pm

Chairperson: Dr. Eloni Tora, Permanent Secretary for Health/ Project Director for the Need-Based IST Project

Attendance:

JCC Members

Dr. Eric Rafai	Deputy Secretary, Public Health, MOH
Sr. Silina W. Ledua	Director, Nursing Services, MOH/ Project Manager for the Need-Based IST Project
Mr. Mukesh Nath	Director, Human Resources, MOH
Sr. Leslie Boyd	Divisional Health Sister, Western Division
Sr. Talica Vakaloloma	Divisional Health Sister, Eastern Division
Sr. Titilia Dakuliga	Divisional Health Sister, Northern Division
Ms. Keiko Nagai	Sub-Chief Advisor/ Health Policy, NB-IST project, JICA
Sr. Atelini Wainiveikoso	Project officer, NB-IST project, JICA

Co-opt members:

Mr. Vamarasi Fasala	A/Senior Administration Secretary, MOH
Sr. Mereseini Kamunaga	Divisional IST Coordinator, Central and Eastern Divisions
Sr. Melania B. Louey	Divisional IST Coordinator, Western Division
Sr. Litiana M. Draunibaka	Divisional IST Coordinator, Northern Division
Ms. Ai Kashiwaya	JICA Volunteer, Central and Eastern Divisions
Ms. Akiko Sasagawa	JICA Volunteer, Western Division

Secretariat:

Ms. Asenaca Heritage	Project Officer, NB-IST project, JICA

1. Welcome

The chairperson welcomed all attendants and thanked all JCC members for their commitment in attending the meeting and commitment to this project.

2. Devotion

Devotion was made by Sr. Atelini Wainiveikoso, Project officer, NB-IST project.

3. Apologies

Sr. Penina Druavesi	Divisional Health Sister, Central Division
Dr. Ian Rouse	Dean, CMNHS, FNU
Mr. Shinya Matsuura	Project formulation advisor, JICA Fiji office
Ms. Tomoko Hattori	Chief Advisor, NB-IST project, JICA

4. Adoption of the Agenda

The agenda was adopted.

5. Confirmation of Minutes of the Last JCC Meeting Held on 24th September 2013

Page 2, Item 3.: "Head of school, School of Nursing" was replaced with "Dean".

Page 3, second line of the last bullet point, Item 7.1,: "… negative side, but (insert) to measure…"

The minutes of the last meeting were confirmed to be a true reflection of the meeting and adopted.

6. Matters Arising from the Minutes

6.1 Post Training Supervisory Visit (item 6.1 of the minutes of the last meeting)

- The Project supported supervisory visits to 98.9% of health facilities in 2013. Only two islands in the Eastern Division are left.
- It was recommended that:
  - ➢ The report should be submitted to the management;
  - ➢ Each division should present annual schedule and budget of supervisory visit for year 2014;
  - ➢ Use public transport if the ministry vehicle is not available; and
  - ➢ The visit can be done by supervisor and/or manager at any level.

6.2 Training Database (item 6.2 of the minutes of the last meeting)

- Training database was presented. Around 90% of data have been entered.
- The Project had a meeting with DHR on HRIS on 10th December and agreed to work closely between Divisional IST Coordinator CE, Japanese Volunteer and Health Workforce Development Team.
- HRIS will be operated online by April 2014 and more than 1,000 personal data have been entered so far.

- Nursing Division will provide all the data by the end of year and it will be imported to HRIS.

6.3 Annual training plan (item 6.3 of the minutes of the last meeting)

- IST Coordinator and Training Unit should work together to complete the annual training plan for 2014 by the end of the year.

6.4 Strategies for sustainability of the project (progress) (item 7.2 of the minutes of the last meeting)

- Regarding IST Coordinators' post, there are four options; deployment, trade-off, creating new posts and project post. The first two options could be considered.

- The National IST Coordinator has been vacant in 2013 and current status of divisional IST Coordinators are as follows;

  - Central and Eastern: NU04 of MCH clinic Suva has been deployed.

  - Western: No post but an NUO6 post holder (S/N: Mela Louey) was deployed from Ba HC to work at WHS using ISTC-W since 2011 until November 2013. She was promoted as Senior Sister In-charge WSW, Lautoka Hospital and assumed her new role in November 2013. Currently, the successors for the post ISTC: W are acting on the position till to date. Now awaiting the formalisation of the plans for deployment of a senior position from Lautoka Hospital as ISTC-W in January 2014.

  - Northern: NU05 of Wainikoro Health Center has been deployed.

- DNS will submit a proposal to realize endorsement of the last NHEC.

7. New business

7.1 National M&E results

- Though the guidelines recommends quarterly visit, proper supervisory visit could be twice and the rest can be follow-up visits.

- The target of supervisory visit can be 100% for the first visit.

- As there is guidelines and checklist, supervisory visit can be done by not only SDHS but also DHS and other managers. It is important that all health facilities are visited at least once a year.

- Though the guidelines recommends bi-annual CS assessment, it could be once and the rest can be follow-up the gaps.

7.2 Final meeting of the Project

- The proposal will be submitted to PS through DNS.

8. Other Business

8.1 Ex-post evaluation of JICA

- Ex-post evaluation will be done three years after the project completion. The main focuses are achievement of overall goal and sustainability.

9. Next meeting

The final meeting will be held on 23rd January 2014.

10. Conclusion

- Then the chairperson thanked all attendants of the meeting and it ended at 11:40am.

Minutes of Meeting of

9th JOINT COORDINATING COMMITTEE MEETING

Date: 23rd January, 2014 Venue: Holiday Inn, Suva

Time: 18:00pm – 21:30pm

Chairperson: Sr. Penina Druavesi, Divisional Health Sister, Central Division

Attendance:

Mr. Marika Luveniyali	-	DSAF, MOH
Sr. Silina W. Ledua	-	Director Nursing Services, MOH
Sr. Rosini Ravono	-	National IST-Coordinator
Sr. Penina Druavesi	-	Divisional Health Sister, Central Division
Sr. Talica Vakaloloma	-	Divisional Health Sister, Eastern Division
Sr. Mereseini Kamunaga	-	Divisional IST-Coordinator, CE Division
Sr. Tavaita Suraki	-	IST-Coordinator, CWM Hospital
Sr. Aliote Galuvakadua	-	Matron, Maternity, CWM Hospital
Sr. Vasiti Natobe	-	Acting Matron, CWM Hospital
Sr. Tarai Nakolivudu	-	Acting Matron, CWM Hospital
Sr. Sisilia Korovavala	-	IST-Coordinator, St. Giles Hospital
Sr. Makereta Tamani	-	IST-Coordinator, Tamavua Hospital
Sr. Ana Tube	-	SDHS, Naitasiri
Sr. Meriame Vere	-	SDHS, Tailevu
Mr. Vamarasi Fasala	-	Manager, Training Unit
Sr. Talatoka Tamani	-	NHIO
Sr. Akeneta Matanitobua	-	HIO, C/E
Dr. Rosa Banuve	-	Director, FHSSP
Sr. Mereani Tukana	-	FHSSP
Sr. Leti Qadrou	-	FHSSP
Sr. Reijeli Panapasa	-	Fiji College of Nursing
Ms. Rusieli Taukei	-	Head of Nursing School
Mr. Shinya Matsuura	-	Project Formulation Advisor, JICA Fiji Office
Mr. Ichiro Mimura	-	Deputy Resident Representative, JICA Fiji Office
Mr. Tomoyuki Aono	-	Volunteer Coordinator, JICA Fiji Office
Mr. Hideaki Kuroki	-	Embassy of Japan
Mr. Hideyuki Shiozawa	-	Embassy of Japan
Sr. Salanieta Matiavi	-	GS, FNA
Ms. Tomoko Hattori	-	Chief Advisor, NB-IST Project, JICA
Sr. Atelini Wainiveikoso	-	Project Officer, NB-IST Project, JICA

Sr. Asenaca Heritage	-	Project Officer, NB-IST Project, JICA
Ms. Ai Kashiwaya	-	JOCV, Central/Eastern Division
Ms. Akiko Sasagawa	-	JOCV, Western Division
Ms. Ana Qadrodro	-	Secretary, MOH
Ms. Karolina Taubera	-	Secretary, NB-IST Project, JICA
Ms. Shino Nishimagi	-	Project Coordinator, NB-IST Project, JICA

1. Welcome

The chairperson welcomed and thanked all attendants for their commitment in attending the meeting and their great cooperation for all the project activities since 2010.

2. Apologies

Dr. Neil Sharma	-	Minister for Health
Dr. Eloni Tora	-	Permanent Secretary for Health
Mr. Shumon Yoshiara	-	Resident Representative, JICA Fiji Office
Sr. Titilia Dakuliga	-	Divisional Health Sister, Northern Division
Sr. Leslie Boyd	-	Divisional Health Sister, Western Division

3. Adoption of the Agenda

All attendants adopted the proposed agenda as below;

1) Opening remarks
2) Handing over ceremony
3) Achievements of the project
4) Closing

4. Opening remarks

Opening remarks was made by DNS.

5. Handing over ceremony

The equipments listed below were handed over from the project to MOH.

1) Machinery items (1 multimedia projector/1 copy machine/1 multi-function printer/1 desktop computer/1 laptop computer)
2) Expendable items (1 digital camera/2 SD memory cards/2 tripods/1 digital video camera/1 binding machine/1 whiteboard/1 portable sound system/2 cabinets/1 ink-jet printer/1 pointer/1 jumbo stapler/1 jumbo paper punch/1 paper cutter/1 IC recorder/1 wireless router)

After the handing over ceremony, Mr. Miura from JICA Fiji Office and Mr. Shiozawa from Embassy of Japan gave an address, encouraging all those involved to sustain what the project has done for the last 3 years.

6. Achievements of the project

Ms. Hattori gave a presentation on the achievement of the project, displaying various photos of the project activities. The main point of the achievements is as below;

1) NB-IST mechanism is defined and mentioned in the National Training Policy.
2) Excel-based M&E tool is developed.
3) 75.7% of CHNs was assessed their competency per guideline.
4) 98% of nursing supervisors completed the training on management package.
5) 69% of NB-IST was conducted by the end of the 3rd quarter.
6) IST inventory database was updated.
7) NHEC has endorsed the establishment of IST-Coordinators' positions and the utilization of the management manual.

Sr. Wainiveikoso also presented the strategies for sustainability of the project outputs. The possible strategies are;

1) To establish IST coordinators positions.
2) To support supervisory visits.
3) To continue to conduct competency standards assessment.
4) To support NB-IST and training on management manual.

7. Conclusion

The Chairperson thanked everyone present at the meeting. The meeting concluded at 21:30pm.

Minutes of Meeting
The first JOINT COORDINATING COMMITTEE MEETING

The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses Tonga

Date: 22 Feb 2011
Venue: Tonga Medical Health Centre
Time: 13:30 – 14:30

Attendance:

JCC Members

Dr. Siale 'Akauola	Director of MOH
Sr. Sela Paasi	Chief Nursing Officer
Sr. 'Ofa Takulua	Matron, Vaiola Hospital
Sr. Tilema Cama	Principal of Queen Salote School of Nursing (QSSN)
Mr. Viliami Ika	Principal Planning Officer, MOH
Mr. Makoto Tsujimoto	Resident Representative, JICA Tonga Office
Ms. Tomoko Hattori	Chief Advisor, NB-IST Project
Ms. Soko Fujino	Project coordinator, NB-IST Project
Ms. Keiko Kobayashi	Supervision & coaching, NB-IST Project

Observers

Ms. Hanako Masuhara	Researcher, the Embassy of Japan (EOJ)
Mr. Shigeki Ishigaki	Project Formulation Advisor, JICA Tonga Office
Mr. Tu'akoi 'Ahio	Principal Health Administrator, MOH
Dr. Edgar 'Akau'ola	Chief Medical Officer, Vava'u District, MOH
Dr. Toakase Fakakovi	Primary Health Care Project Leader
Ms. Emeline Takai	Senior Nurse Practitioner, Ta'anea Health Centre,Vava'u
Ms. Meliame Tupou	Senior Midwife, Prince Ngu Hospital, Vava'u
Sr. Selini Soakai	Senior Nursing Sisters, in charge of NCD, MOH
Mr. Siu Pifeleti	Senior Nursing Sisters, Vaiola Hospital, MOH
Ms. Cathy Vaka	Senior Lectures, QSSN, MOH
Ms. Seini Pasa	Senior Reproductive Health Sister, MOH
Sr. 'Alisi Fifita	Senior Reproductive Health Sister, MOH
Mr. Peni Hausia Havea	Project staff
Ms. Susana Matangi	Project staff

Absent

Mr. Sione Hufanga	Head of Health Information, Planning division, MOH
Sr. Afu Tei	Supervising Public Health Sister, MOH
Ms. Elsie Tupou	Head of Project Planning, Planning division, MOH
Ms. Hatasou Taulanga	Head of Human Resource, Administration division, MOH
Dr. Paula Vivili	MD specialist of NCD, MOH
Media Representative	MOH

Objectives:

1. To discuss and reach an agreement with regard to the outline of the project
2. To authorize a working group for the project implementation body

3. To discuss and authorize the annual work plan
4. To discuss any other issues for smoother implementation of the project

Agenda:

1. Opening Addresses
2. Presentation on overview of the project
3. Presentation on annual work plan of the project
4. Discussion
5. Closing

Handouts:

- TOR of JCC first meeting
- Overview of the project
- Annual work plan of the project
- Outline of the Baseline survey
- Copy of Record of Discussion
- Inception report
- TOR of Working Groups

Minutes of meeting:

Opening

Sr. Tilema Cama, the Principal of QSSN, as the MC of the Meeting.

Opening prayer

Devotion to the project was given

Opening Remarks: Director of Health, Dr. Siale 'Akau'ola

- Welcome the participants of the 1st JCC meeting of the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses. A special warm welcome the representative of JICA Tonga Office and EOJ, CNO, Chief Medical Officers from Vava'u, Principal Health Administrator, and Japanese Expert assigned to the Project, Senior Nursing Sisters and other stakeholders.
- Congratulation on the establishment of the JCC. The MOH reaffirms our position in supporting the operation of the project in Tonga in a timely and systematic manner. We vouch without any reservations that the MOH will continue to support the NB-IST. We appreciation forward to JICA and EOJ for giving such an opportunity to benefit the people of Tonga.
- We hope that the NB-IST's continuous development is paramount in particular to the health of the people of Tonga and the Nursing force. Sincerely wishes the project well for its future plan.
- Nurses have a very important role in clinical and public health field. To produce a high quality of health services to people and to deal with daily challenges in community health activities, nurses need to upgrade their confident and practical skills. Nurses need continuous in-service trainings which may lead to self-improvements through further education and training. Especially, reproductive health nurses posted in remote islands need a special follow-up to improve skills and knowledge.

Opening Speech: Mr. Makoto Tsujimoto, Resident representative, JICA, Tonga

- MALO E LELEI !

It is a great pleasure to be present here today to mark the first meeting of the Joint Coordinating Committee for the "Project on Strengthening the Need-Based In-Service Training for Community Health Nurses" in Tonga.

- Indeed, This is a regional project which is include Vanuatu and Fiji the occasion of this regional project, under JICA Technical Cooperation and to express my sincere gratitude on behalf of the Government of Japan to the Government of Tonga for its continues cooperation and support towards the implementation of this project. I acknowledge that this meeting will make decision of the Project. And main objective is to share and endorse the project purpose, objectives, implementation methods and annual plan.
- I would like to thank the Director of Health - Dr. Siale Akauola, Chief Nursing Officer - Sr. Sela Paasi and nurses for your great support and assistance towards this project.
- In conclusion it is my sincere hope that the cooperation between our two countries for this project will serve to strengthen relation of peace and prosperity between the people and government of Tonga and Japan. 'OFA ATU

Presentation on the project outlines and annual work plan: Tomoko Hattori, MPH, the chief advisor of the project

A presentation was given covering the following areas. Refer to the handout.

- Project back ground
- Project basic design
- The mechanism of the NB-IST: What are the NB-IST and S&C (Supervision & coaching) what's different from traditional top-down raining
- Project outlines: Overall goal, Project purpose, Expected outputs, and Activities
- Expected roll of the National IST coordinator(s)
- Expected roll of Nursing supervisors
- Expected roll of the Training & Development Committee
- Target areas, target population, and pilot areas (Tngatapu and Vava'u)
- Project management mechanism: JCC as the highest decision making body and working group as the implementation body of the project (Purpose and members of each organization)
- Structure of the project team
- Annual work plan February 2011 – June 2012

Discussion:

Chief Medical Officer of Vava'u – Dr. Edgar 'Akauola

It is necessary to have effective leadership competencies and to identify needs from all levels of nurses for improving our health services.

Director of the MOH – Dr. Siale 'Akauola

Having an effective and efficient workforce are crucial in order to provide high quality health service to people. Impact study is needed in order to verify the impacts of the NB-IST.

Principal Health Administrator – Mr. Tu'akoi 'Ahio

Excellent training program for nurses assure nurses their high quality skills and knowledge.
Who are the target health human resources of the project?

→ Chief Advisor of the project replied to his question that the main target would be community health nurses in pilot areas, but S&C training will be provided to nursing supervisors in other areas and clinical nurses.

Health Planning Officer – Mr. Viliami Ika

The serious problem in health professional in Tonga is the so-called "brain drain". High skilled or professional health workers move out from the country because of their interest and financial matters. This NB-IST would be one of the countermeasures to overcome this problem.

Chief Medical Officer of Vava'u, -Dr. Edgar 'Akau'ola,

Serious concerns are the costs for travelling and accommodation to attend JCC meeting and training in Tongatapu. The expenses can be negotiated between the project and the MOH.
Health human resources are mainly allocated in Tongatapu; 25% - 30% of whole health resources in Tonga. The health workforce is definitely not enough in outer islands to serve such a number of population with a high prevalent of health problems nowadays. I'd like to take a leadership in pointing out the shortages of nurses in Vava'u. However, giving virtue of NB-IST for community health nurses would minimize such dilemmas.

Ms. Emeline Takai-Senior Nurse Practitioner, Ta'anea Health Centre,Vava'u,

We are trying to work harder as much as possible though shortage of nurses because of health service for people. We need more nurses to implement our tasks especially outer islands.

Sr. Sela Paasi- Chief Nursing Officer

Shortage of nurse is recognized as a most serious issue related to MOH and I am considering increasing the number of students of school of nursing.

Closing Remarks: The Director of Health, Dr. Siale 'Akauola

- It is high priority to reinforce and strengthen vertical and horizontal partnership between the project team and other stakeholders. Working in partnership with other stakeholders in the NB-IST is significant. It will provides the NB-IST with a critical pivot point to ensure better service delivery to Tongan communities by 2015 and beyond. This project can benefit not only the nursing task force but also other health professional.
- This is a new dawn for nursing. We work together to witness a new horizon would erupt from this program. In conclusion, I would like to please all stakeholders to fully support NB-IST project once every activity is progressively mandated and conducted in a timely and thorough manner.

Closing:

Tilema Cama pronounced the meeting closed at 3:30pm

Closing Prayer:

It was devoted by Ms. Meliame Tupou , Senior midwife, Prince Ngu Hosipital.

Minutes of Meeting
The second JOINT COORDINATING COMMITTEE MEETING

The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses Tonga

Date: 21st of November, 2011
Venue: Tonga Medical Association, Meeting Room, Vaiola Hospital
Time: 09:00 – 11:00

Attendance:

JCC Members

Dr. Siale ʻAkauola	Director of MOH
Sr. Sela Paasi	Chief Nursing Officer
Sr. ʼOfa Takulua	Matron, Vaiola Hospital
Sr. Afu Tei	Supervising Public Health Sister, MOH
Sr. Tilema Cama	Principal of Queen Salote School of Nursing (QSSN)
Mr. Viliami Ika	Principal Planning Officer, MOH
Mr. Makoto Tsujimoto	Resident Representative, JICA Tonga Office
Ms. Tomoko Hattori	Chief Advisor, NB-IST Project
Ms. Shino Nishimagi	Project Coordinator, NB-IST Project

Observers

Ms. Hanako Masuhara	Researcher, the Embassy of Japan (EOJ)
Mr. Shigeki Ishigaki	Project Formulation Advisor, JICA Tonga Office
Dr. Tevita Tuʼungafasi	Chief Medical Officer, Vavaʼu
Dr. Saʼale Lemisio	Chief Medical Officer, ʻEua
Dr. Tevita Vakasiola	Chief Medical Officer, Haʼapai
Dr. Toakase Fakakovikaetau	Primary Health Care Project Leader, AusAID
Media Representatives (3)	Tonga Broadcasting Commission, Taimi ʻo Tonga, Keleʼa
Ms. ʻEvaloni Havea	Project staff
Mr. Peter Fakava	Project staff

Absents

Dr. Malakai ʻAke	Chief Medical Officer, Public Health, Tongatapu
Mr. Tuʼakoi ʻAhio	Principal Health Administrator, MOH

Objectives:

1. To review the progress of the annual work plan 2010-2011
2. To share the results of the baseline survey in Tonga
3. To discuss and authorize the annual work plan 2012
4. To identify and discuss any other issues for smoother implementation of the project

Agenda:

1. Opening Addresses
2. Presentation on review of project outlines
3. Presentation on the progress of activities and achievements
4. Presentation on the results of baseline survey
5. Presentation on the Annual Work Plan 2012

6. Discussion
7. Closing
8. Media Conference

Handouts:

- Review of the project outlines
- Progress of activities and achievements
- Result of Baseline survey
- Annual work plan of the project 2012

Minutes of meeting:

MC of the Meeting
Sr. Afu Tei, Supervising Public Health Sister

Opening Prayer
Sr. Tilema Cama, Principal of QSSN

Welcome Remarks: Sr. Sela Paasi, Chief Nursing Officer (CNO), MOH Tonga

- CNO welcomed everyone attending in the meeting
  - Chairman and Director of Health – Dr. Siale ‘Akauola
  - All the members of the JCC committee
  - Mr. Makoto Tsujimoto– Resident Representative for the JICA Office Tonga
  - Ms. Tomoko Hattori and Ms. Shino Nishimagi, The Project, JICA
  - Ms. Hanako Masuhara from EOJ, Mr. Shigeki Ishigaki, JICA
  - Three Chief Medical Officers from each island district
  - Dr. Toakase Fakakovikaetau, AusAID
  - ‘Evaloni and Peter from project
- The CNO thought that this is a very good move. It is also good to have three chief medical officers from island districts to get supports from them for the project. She thanks the project to make it happen.

Remarks from JICA: Mr. Makoto Tsujimoto, Resident Representative from JICA, Tonga
Malo e lelei! And thank you chairman and all the members of JCC. It is a pleasure for me to attend this meeting.

Opening Address: Dr. Siale ‘Akau’ola, Director for Health, MOH Tonga
Mr. Makoto Tsujimoto, head of JICA office in Tonga, Sela Paasi, CNO and Tomoko Hattori and the team running this need based in-service training for nurses. Tilema Cama, the principal for QSSN and the doctors from the islands, matron, Afu Tei and other members from JICA office, ladies and gentlemen. I’m very priviledge this is the 2nd meeting for the Joint Coordination Committee (JCC) that coordinate this very important project. I am very honored to be the chair of this important committee. This project is run by generous government. It is very significant to us here in Tonga. A lot of time we measure the success of this project. I think this need based in-service training is very difficult but at the same time, it is very important and unique, I never come across in-service capacity based on needs and I think it is approximate looking at the nurse capacity and identify.

Vote of Thanks: Sr. 'Ofa Takulua, Matron, Vaiola Hospital, MOH Tonga
This morning, my task or my role is to say thank you.

I thank the Almighty God for making this day happen. And I thank the Director of Health for availing yourself to come and open the workshop today. I also want to thank Mr. Tsujimoto from the JICA Office, for assisting today to take place. Thank you Tomoko Hattori and your office staff for helping us nursing division with all this program I would also like to thank Dr. Toakase for being able to attend today, thank you Mr. Viliami Ika for your present today I also thank Mrs. Rev. Cama for saying our prayer today and I wish to thank the boys from the islands Dr. Vakasiuola from Ha'apai, Dr. Sa'ale from 'Eua and Dr. Tevita from Vava'u. I thank you Shino and everyone who are present here and thank you Afu for giving me this task. Thank you all and have a pleasant day.

Presentations

1. *Presentation on review of project outlines: Tomoko Hattori, Chief Advisor*

A presentation was given covering the following areas. Refer to the handout.

- Concept of the Project
- Current Supervising system
- NB-IST Model
- Project Outline
- Project covering Areas
- Management System of the Project

2. *Presentation on the progress of activities and achievement: Sr. Tilema Cama, Principal of QSSN*

A presentation was given covering the following areas. Refer to the handout.

- Competencies Standard for RN
- Supervision and Coaching
- Project Management
    - Launching of the project —Feb 2011
    - The 1st JCC meeting
    - Regular Management meetings (Monthly)
    - Baseline Survey - completed
    - Participating in the regional training in Fiji – 4 nurses attend in August
    - Video conference – twice a year
    - Receiving Fijian delegate – 2 people will attend on Wed & Thurs.
    - Provision of Equipment – laptop, projector and printer

3. *Presentation on the results of baseline survey: Dr. Toakase Fakakovikaetau*

A presentation was given covering the following areas. Refer to the handout.

- Survey Outline
- Schedule
- Study Sites - 3 sites: Tongatapu, Vava'u and Ha'apai
- Description Survey Sample
- Data Analysis
- Important Findings
- Recommendations for the Project

4. Presentation on the Annual Work Plan 2012: Dr. Sela Paasi, CNO, MOH Tonga

A presentation was given covering the following areas. Refer to the handout.

- PD – Position Description – individual job description for all nurses that worked in Tonga
- Material Development – Competencies Standard Booklet, Supervision & Coaching Manual, In-Service Training (IST) Manual, M&E Guidelines
- Supervisory visit – quarterly visit (6 times): March, June, Sept, Dec 2012, March, June 2013
- Training – training needs, training for supervisors, NB-IST
- M & E – Annual HR Review, Establish Data Base
- Advocacy – activities, TDC
- Project Management & Coordination

Conclusion

- The project has made a significant progress in its activities.
- The annual work plan was approved by the JCC members. It was strongly recommended to accommodate these project activities in the Annual Management Plan of each sector.
- The Japanese project team will request JICA headquarter to support these activities in the framework of the project. In this moment, JICA hasn't fully accepted all these supports. It'll be considered by JICA head quarter.

Minutes of Meeting

The 3rd JOINT COORDINATING COMMITTEE MEETING (JCC)

The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses Tonga

Date: 15th November, 2012
Venue: Lecture Room at Vaiola Hospital
Time: 14:00 – 16:00

Attendance:

Chairperson

Dr. Siale 'Akau'ola	Director of Health, MOH

JCC Members

Sr. Sela Paasi	Chief Nursing Officer, MOH
Dr. 'Amelia Tu'ipulotu	Matron, Vaiola Hospital
Sr. Siu Pifeleti	Assistant Matron, Vaiola Hospital
Sr. Afu Tei	Supervising Public Health Sister, MOH
Sr. Tilema Cama	Principal, Queen Salote School of Nursing
Mr. Viliami Ika	Principal Health Planning Officer, MOH
Mr. Makoto Tsujimoto	Resident Representative, JICA Tonga Office
Ms. Tomoko Hattori	Chief Advisor, NB-IST Project
Ms. Shino Nishimagi	Project Coordinator, NB-IST Project

Observers

Ms. Hanako Masuhara	Researcher, the Embassy of Japan
Mr. Yojiro Ishii	MTR mission member (Leader), JICA Headquaters
Ms. Satoko Horii	MTR mission member (Nursing), National Institute of Public Health
Ms. Hiroko Sakai	MTR mission member (Cooperation Planning), JICA Headquaters
Ms. Naomi Imani	MTR mission member (Evaluation Analysis), GLM Inc.
Mr. Shinya Matsuura	Project Formulation Advisor, JICA Fiji Office

Mr. Kaname Ishiguro	Project Formulation Advisor, JICA Tonga Office
Sr. ‘Emeline Takai	Senior Nurse Practitioner, Ta’anea Health Centre, Vava’u
Sr. ‘Alisi Fifita	Senior Public Health Sister, MOH
Sr. Kalo Latu	Nursing Sister, Niu’eiki Hospital, ‘Eua
Sr. Kalisi Finau	Senior Nursing Sister, Niu’ui Hospital, Ha’apai
Ms. Mosimeni Kavaliku	Assistant Project Officer, NB-IST project
Mr. Feleti Vaka	JICA Tonga Office

Apology

Dr. Li Dan	Liaison WHO
Ms. Greta Cranston	First Secretary (Development Cooperation), AusAID

Absent

Dr. Toakase Fakakovikaetau	Primary Health Care Project Leader, AusAID
Mr. Tu’akoi ‘Ahio	Principal Health Administrator, MOH
Dr. Malakai ‘Ake	Chief Medical Officer, Public Health, Tongatapu
Sr. Mele Havealeta	Senior Nursing Sister, Vaiola Hospital

Objectives:

1. To review and assess the progress of the Project based on the latest Project Design Matrix (PDM Ver. 3) by examining the inputs, activities and outputs of the Project made so far:
2. To analyze the Project as per the five evaluation criteria, and
3. To make recommendations on the measures to be taken to maximize the effect of the Project

Handouts:

- Implementation status of the activities
- Findings from the Mid-Term Review
- Joint Mid-Term Review Report (final draft)
- Project Design Matrix version 3
- Project Design Matrix version 4 (draft)
- Plan of Operation

Agenda:

1. Devotion
2. Opening Address
3. Apologies
4. Adoption of agenda
5. Implementation status of the activities
6. The results of Mid-term review by the Mid-term review mission team
7. Proposed modification of the Project Design Matrix (PDM)
8. Proposed modification of the Plan of Operation (PO)
9. General Discussion
10. Conclusion

Minutes of the meeting:

1. Devotion

2. Opening Address: Dr. Siale 'Akau'ola

Dr. Siale 'Akau'ola acknowledged the presence of all the participants and extended a warm welcome to the review team from Japan. He has the honoured to hold the Third Joint Coordinating Committee for the project for strengthening the Need-Based In-Service Training for Community Health Nurses in Fiji, Tonga and Vanuatu and of course here we are for the Tongan phase. He mentioned how they really embraced the initiative because it is a good example of evidence spaces of management activities, strengthening all capacities in the Pacific. He saw that the project has been providing the evidence of that. He greatly appreciated porject's supports and we are here to witness the review and the planning to move forward and looking forward to see the outcome.

3. Apologies

No apologies

4. Adoption of agenda

"Implementation Status of the activities" was added from the original agenda. The agenda was made by Sr. Sela Paasi and Sr. Tilema Cama.

5. Implementation Status of the activities: Ms. Tomoko Hattori

Ms. Tomoko Hattori presented the outline of the project in Tonga, and reported the progress of activities under output 1 to 5 of PDM ver 3.
(No comments for the presentation)

6. The results of Mid-Term Review:

- Objectives and method of Mid-term review
- Findings from the PDM indicators
- Recommendations (to Project)
  - Assist supervisors master the new skills
  - Clarify the supervision system of nursing
  - Set up an appropriate monitoring system
- Recommendations (to MOH)
  - Integrate the NB-IST mechanism into the existing system
  - Source funds for continuous capacity building of supervisors' capacity, and for NB-IST related activities in non-pilot areas
- Lessons learnt
  - Taylor-made design in accordance with the local health system
  - Proper assessment of required resources
  - Allowing sufficient time

7. Proposed modification of the Project Design Matrix (PDM)

Proposed modification of the Project Design Matrix (PDM) was presented by Ms. Imani.

8. Proposed modification of the Plan of Operation (PO)

Proposed modification of the Plan of Operation (PO) was presented by Ms. Hattori.

9. General Discussions

- Dr. 'Akau'ola thanked the review team, acknowledged by the MOH, for their very professional review. This is the first time to experience such a professional scientific review and it was a big learning for Tongan side. He also thanked what the local team had done so far and praised them in doing this. He hoped one day the quality of service and care provided here in Tonga will become like the other countries in Europe and wished they will continue with this dialogue.
- Dr. 'Amelia Tu'ipulotu thanked the review team, and supports and sees the results that takes her to the title of NB-IST; Need based In-Service Training.

- Sr. Sela Paasi was very happy with the review and the revised PDM. She thanked the team for their patience though it was hard but they did their best. Even though they had learned a lot from the Fijian model, but they wanted to make their own as a Tongan model. The impact on them is very good and they are trying to work on it.
- Dr. 'Akau'ola mentioned they want to pass over the Competency to all doctors and pass it to junior colleagues
- Mr. Ishii asked to consider the title of the project as a regional title as it was not accepted by the headquarters to change but suggested to make sub title. He suggested leaving this as it is and making a separate one for Tonga.
- Dr. 'Akau'ola agreed with the title to leave it as it is because it's a regional and overall goal and cannot be changed.
- Mr. Ishi appreciated the understanding of the Director and fully supported of not changing the title.
- Dr. 'Amelia Tu'ipulotu suggested to add on 3.1 analyse the Competency Standards for the Registered Nurse and 3.2 to translate the Competency Standard to the Tongan Versions for better understanding.
- Dr. 'Akau'ola pronounced the adoption of the revised PDM on the 16th November, 2012.
- Mr. Tsujimoto was very happy with this meeting. It was very important and very successful with the result of the review and the revised PDM. He believed that it is very interesting for Tonga and thanked for their cooperation and supports. He hoped that the Ministry of Health will continuously support this project.

10. Conclusion: Sr. Sela Paasi

Sr. Sela Paasi extended a big thanks to the review team on behalf of the Tongan team, the project team and JICA office for supporting and always being there for them. She knew this review is for everyone including the team and themselves as well. With the final recommendation, which the team brought, they were all agreed with it and they were all happy with the results and accepted it. The work has been well done and it's a way forward for them. They are happy with the revised PDM and are going to try and work harder, and it might be much better that the team will be coming for the next JCC meeting.

Dr. Siale 'Akau'ola thanked Ms. Tomoko Hattori and her team for all the supports and looksed forward to work with the project team for some more years and wished the review team a safe trip back home. He also wished everyone will have a merry Christmas and a happy new year coming around, and wished to see you all at the next JCC meeting.

devotion by Director

Minutes of Meeting
The 4th JOINT COORDINATING COMMITTEE MEETING (JCC)

The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses Tonga

Date: 13th September, 2013
Venue: Lecture Room at Vaiola Hospital
Time: 10:00 – 12:00

Attendance:

Chairperson

Dr. Siale 'Akau'ola	Director of Health, MOH

JCC Members

Sr. Afu Tei	Supervising Public Health Sister, MOH
Sr. Tilema Cama	Principal, Queen Salote School of Nursing
Sr. Siu Pifeleti	Assistant Matron, Representing Matron, Vaiola Hospital
Sr. Seilini Soakai	Supervising NCD Sister, MOH, Representing Chief Nursing Officer
Mr. Walter Hurrell	Health Project Officer, Representing Principal Health Planning Officer
Mr. Makoto Tsujimoto	Resident Representative, JICA Tonga Office
Mr. Hiroshi Kikawa	Resident Representative, JICA Tonga Office
Ms. Tomoko Hattori	Chief Advisor, NB-IST Project

Observers

Mr. Takuya Kitahara	Special Advisor, the Embassy of Japan
Mr. Kyo Hanada	Terminal evaluation mission member (Leader), JICA Headquaters
Ms. Satoko Horii	Terminal evaluation mission member (Nursing), National Institute of Public Health
Ms. Yumiko Yamashita	Terminal evaluation mission member (Cooperation Planning), JICA HQ
Ms. Naomi Imani	Terminal evaluation mission member (Evaluation Analysis), GLM Inc.
Mr. Kaname Ishiguro	Project Formulation Advisor, JICA Tonga Office
Ms. Laura Salt	Health Program Assistant, AusAID
Ms. 'Emeline Takai	Senior Nurse Practitioner, Ta'anea Health Centre, Vava'u
Sr. 'Alisi Fifita	Senior Public Health Sister, MOH
Sr. Mele'ana Ta'ai	Vice Principal, QSSN, MOH
Ms. Mosimeni Kavaliku	Assistant Project Officer, NB-IST project
Mr. Feleti Vaka	JICA Tonga Office
Mr. Sione Taukapo	Reporter, Talaki Newspaper

Apology

Sr. Sela Paasi	Chief Nursing Officer, MOH
Dr. Toa Fakakovikaetau	Primary Health Care Project Leader, AusAID
Ms. Louise Scott	Second Secretary (Development Cooperation), AusAID
Ms. Sesilili Kato	Health Program Manager, AusAID

Absent

Mr. Tu'akoi 'Ahio	Principal Health Administrator, MOH
Dr. Malakai 'Ake	Chief Medical Officer, Public Health, Tongatapu
Sr. Mele Havealeta	Senior Nursing Sister, Vaiola Hospital
Dr. Li Dan	Liaison Officer, WHO

Objectives:

1. To review and assess the progress of the Project based on the latest Project Design Matrix (PDM Ver. 5) by examining the inputs and outputs of the Project,
2. To analyze the Project as per the five evaluation criteria, and
3. To make recommendations on the measures to be taken to maximize the effect of the Project

Agenda:

1. Devotion — Sr. Siu Pifeleti
2. Welcome — Dr. Siale 'Akau'ola
3. Apologies
4. Adoption of agenda
5. Confirmation of minutes of the last JCC meeting held on 15th November, 2012
6. Matters arising from the minutes and Progress of the project activities — Sr. Tilema Cama
7. New business
   - The results of project terminal evaluation — The mission team
   - Plan of Operation — Sr. Seilini Soakai
8. General Discussion
9. Other business
10. Signing of the Minutes of meeting on Joint Evaluation of the project
11. Conclusion and Vote of Thanks — Sr. Afu Tei
12. Closing Prayer

Handouts:

- Agenda
- Minutes of meeting of 3rd JCC Meeting

- PDM5
- Progress of the project activities (ppt document)
- The results of project terminal evaluation by the mission team (ppt document)
- Plan of Operation
- Strategies for sustainability

Minutes of the meeting:

1. **Devotion: Sr. Siu Pifeleti**

2. **Opening Address: Dr. Siale ‘Akau’ola**

   Dr. Siale thanks Siu for the devotion and welcomes everybody participating in this final meeting of the Joint Coordinating Committee. I understand there are some very privilege participants here. I would like to firstly acknowledge the presence of Mr. Hanada, the JICA team leader of the JICA terminal evaluation mission and your colleagues. Welcome to the final JCC Meeting. Special acknowledgement here for the new JICA team leader Resident Representative Mr. Kikaya welcome to the JCC meeting. To Mr. Tjusimoto, the current JICA head I know this will be your last occasion to be with us. We really enjoyed your supports toward us, Mr. Tjusimoto. We also have here our good friend Tomoko with the other colleagues for Need-Based In-Service Training initiative in Tonga. We have the Principal of QSSN, Tilema Cama, also the senior leaders of the nursing , Siu, Afu, Seilini and also we have the participating from the Outer Island the Supervisors from the outer Island who are responsible for sustaining this project together with the support of everyone of us. Also Louse send an apology and there is a representative on behalf of her from AusAID. Welcome everyone also inviting the new RR from JICA head to please address the meeting I think it’s a privilege for you to say just a few words.

   Mr. Kikawa

   Good morning, Ladies and Gentlemen. My name is Mr. Kikaya. I just arrived two days ago, and I am still very new, so I don’t know about the details of the project, but the project will be over in six months. I hope you will sustain the system that the project established.

   Maybe later on, you will face a problem but fortunately if you face a problem please contact us and so we challenge the problem, we challenge the difficulty, then we can enjoy our life. Thank you very much.

3. **Apologies**

   Dr. Toakase Fakakovikaetau, Sr. Sela Paasi, Dr. ‘Amelia Tu’ipulotu

4. **Adoption of agenda**

   There was a Move to adopt the agenda of the meeting so the agenda adopted.

5. Confirmation of minutes of the last JCC meeting held on 15th November 2012

MOVE and SUPPORT with no objection. The minutes of the last JCC Meeting is adapted.

6. Matters arising from the minutes of the last meeting (15th Nov 2012) and Progress of the project activities: Sr. Tilema Cama

Recommendations for the Project from MTR and actions taken

1. Modification of the PDM with due consideration to the actual situation in Tonga.
   - → PDM 3 was modified with a consideration for practicality within given the short duration of the remaining implementation period, and PDM 5 was signed in June 2013.

2. The pace of training need to be slow down in view of the absorptive capacity of the trainees.
   - → CS and CS assessment training for all supervisors and RNs in pilot areas.
   - → Post training supervisory visits (PTSV) in order to support supervisors individually in implementing S&C in the field.
   - → 2-day workshop to analyze the results of S&C and identify training needs.

3. In view of the emerging alternative to the Tonga's supervision system of nursing, the project should clarify roles and responsibilities of IST Coordinators and supervisors.
   - → Roles and responsibilities of IST Coordinators and supervisors redefined in line with newly stated Job Descriptions 2012.
   - → Structure of the nursing supervision and M&E system is also defined.
   - → Including the above-mentioned information, the final draft of the "IST manual" has been completed. It will be finalized by the end of November 2013.

Recommendations from MTR for the MOH

1. MOH is encouraged to continue the on-going efforts to integrate the outputs of this project into the existing systems
   - → CS 2012 will be integrated in the pre-service training curricula of nursing
   - → CS assessment results can be a tool to implement PMS of PSC
   - → Integrated the NB-IST-related activities in the Annual Management Plan of each section.

2. MOH is requested to look into the ways to finance NB-IST-related activities in non-pilot areas
   - → The MOH funded S&C activities in Ha'apai.
   - → The MOH has been conducting CS and CS assessment training for non-pilot areas with funds from WHO, PSC, and UNFPA.
   - → The MOH is going to integrate contents of the IST manual into the orientation program for new supervisors by the end of Dec 2013.

7. New business

7.1: The results of project terminal evaluation: by the Mission team.

Conclusion

- Project is likely to achieve its purpose to the extent expected.
- NB-IST mechanism must have:
    - more low-/no-cost solutions for capacity building
    - IST Manual (fine-tune the mechanism and M&E tools)
    - Continuous ResMob for NB-IST
    - Motivated and skillful supervisors
- CS will benefit from:
    - Periodic revision as health needs change
    - Additional area-specific CS + skilled supervisors

Recommendations to the Project

1. IST Manual:
    - Revisit and fine-tune the NB-IST mechanism to incorporate doable training methods, including coaching and in-house learning sessions, alongside with NB-IST.
    - Ensure consistency of contents and quality between the sections.
    - Finalise the document, obtain endorsement of the MOH, print and distribute copies to all the supervisors and other individuals/bodies as appropriate.
    - Establish a sound action plan specifying time line and responsibilities of individuals involved, to complete the above within the Project period.
2. M&E: Fine-tune the tools to make them more useful and friendly to the users. At the same time, ensure that the users of the M&E system, particularly those at the national level understand the use and usefulness of the data to their regular work.

Recommendations to the MOH

- Supportive Supervision
- Ensuring capacity development opportunities for nurses to address the identified weaknesses, by local supervisors' exploring doable means such as coaching and in-house learning sessions.
- Continuous efforts in resource mobilisation through (i) devising feasible and realistic strategies by examining available resources necessary for capacity building activities including NB-IST, and (ii) proactively linking up with donor-funded programmes in which nurses play significant roles.
- Organising opportunities for checking and improving the capacity of supervisors in order to ensure appropriate and meaningful application of the skills acquired. Special

attention must be paid to the supervisors from the non-pilot areas who did not benefit from the Project as much as those in the pilot areas.

- Instituting some concrete measures to ensure that new supervisors are also equipped with appropriate skills in supportive supervision.
- For greater impact on quality of services:
- Establish additional sets of competency standards specific for different areas of nursing including community health
- Revise the competency standards in appropriate intervals to reflect the changes in health needs
- Train supervisors and nurses to ensure meaningful CA exercises

Lessons learned

- A region-wide project should be carefully designed looking into the local needs and its feasibility as context and systems usually differ from country to another. It may be necessary to allow some space of flexibility in the project design.

7.2: Plan of Operation: Sr. Seilini Soakai

1. To finalize a IST manual and obtain official endorsement by the MOH
2. To design an M&E system including tools
3. Evaluation at the RH review
4. CS training for Clinical nurses in Vaiola
5. National-level supervisors support local-level supervisors in planning and execution of NB-IST.
6. Conduct video- conferences among the project teams of the three countries.
7. Present the progress and results of the Project at international conference(s).

7.3: Strategy for sustainability: Sr. Seilini Soakai

- To ensure supervisory visits in the Annual Management Plan
- To ensure supervisory visits in the annual activity plan of UNFPA
- To proposal to UNFPA, WHO, and AusAID, PSC, and any other possible resources
- To explore doable means such as in-house learning sessions
- To integrate the contents of the IST manual into “Orientation program” for new supervisor
- To integrate in RHN review meeting or regular meeting of other donor supported programs at national level

8. General Discussions

Comments from Sr. Tilema:

Thank you so much to Mr. Chairman, I think the Terminal Evaluation Team has actually been doing

not only a very detailed evaluation of what we have done, but also gave us the opportunity to reflect on some of the key issues to focus on, and also continue to actually strengthen many things. Thank you for this exercise, it helps us all and learned a lot from it also going through it twice it's really consolidate some of the things we focus on this like the terms of Supervision and Coaching not only that but developing a manual. At the beginning you gave us something to be guided by and at the end I think it is given us plenty of time to discuss and clarify things in our minds. I think it's taken the whole three years of our project to develop the manual and I think at this time it's the best manual as ever. The copy you made, about having a document that's got the recognising also very important to us that also the quality to be reference to we have to look at this is important. Our manual is not only for us here in Tonga but simple enough but to have it at some other places. At last but not the least also we really appreciate to meet with the new head from JICA and the opportunity with the encouragement speech he has shared with us as the door is open for us. It's also good to see the good relationship between the Ministry and JICA has very close and very helpful. We appreciated all the volunteers you provided to us and the partnership we have especially the NBIST project team.

Sr. Meliame Tupou's comments:
On behalf of the local supervisors from the outer island, I am very grateful and would like to represent a big thank you for JICA Team for allowing and now we know that we are in the team as Tilema and Seilini mentioned we worked as a team now, we are very cooperative. Also thank you for giving us a chance to travel because before we used to come here once a year but now seems like coming here after every three months for these three years. It is very grateful for us we have learned a lot and thank you to the new RR for allowing us and opening the door for us. Malo

Mr. Tjusimoto
On behalf of the JICA, I would like to send the appreciation to our partner MOH with very grateful and appreciated and happy for this special work. This project is not only for Tonga but also Vanuatu and Fiji and I believe that Tonga is the first to one achieve. I believe with the cooperation of the counterparts from MOH and JICA Project team you achieved the goal of the project.

Mr. Hanada.
Supervisors are very impressive and thank you for the good conduct so thank you so much for everything.

Ms. Salt from AusAID:
Thank you for sharing the result of the project. As most of you aware that AusAID helps funding to strengthening health care. We are very pleased to see these cooperative and hope to continue to coordinate to support the Ministry. Thank you

9. Other business

No other business or anything to discuss.

10. Signing of the Minutes of meeting on joint evaluation of the project.

Signing of the Minutes by the Director of Health Dr. Siale ‘Akau’ola as the Chairperson and also Mr. Hanada the leader of the Terminal evaluation mission team.

11. Conclusion and Vote of Thanks: Sr. Afu Tei

May I take this opportunity to thank the Chair person of today’s programme, Director of Health Dr Siale ‘Akauola for availing your time although we know you have a busy schedule. Your present here today shows your support toward this programme. Also I would like to thank the Resident Representative Mr. Makoto Tsujimoto and Mr. Hiroshi Kikawa also Mr. Kaname Ishikuro, the Project formulation Advisor from JICA office in Tonga for your continuous support and contribution toward this project, your presence here today gives us confidence and courage also shows strong partnership between Tonga and Japan. Thanks to the representative from the Embassy of Japan office for the supporting of this project. Thank you too to the Terminal Evaluation team for the positive encouraging feedback, you have put forward for greater improvements for all nurses in Tonga, your feedback will certainly assist us as we approach the last months of the project. I would like to acknowledge the project team for all the continuous supports and efforts has made. This project directly impacted and strengthened nursing supervisors in performing their supervisory roles. It drives each supervisors to uplift nurses performance to provide quality services to the people of Tonga. It is now up to the Ministry of Health to ensure sustainability into the future. I wish you all the best in you respect areas and hope you enjoyed your time in Tonga.

Before we conclude our programme for this morning, I would like to ask the Acting CNO Sr. Tilema Cama to come forward to present the gift to the evaluation team. Gift presented today is a token of appreciation as well as making the end of the evaluation process of this process.

Malo ‘Aupito

12. Closing prayer: Sr. Seilini Soakai

MINUTES OF MEETING

1st JOINT COORDINATING COMITTEE MEETING
THE REPUBLIC OF VANUATU

Project for Strengthening the Need-Based In-Service Training for Community Health Nurses

June 9, 2011
WHO Conference Room, Ministry of Health, Port Vila

Attendance

	Name	Position
1.	Mr. Mark Bebe	Director General, MOH
2.	Mr. Markson Tetaun	Manager, Human Resource Development Unit, MOH
3.	Mr. Ben Taura	Shefa Provincial Health Manager, SPHO
4.	Mr. Suzuki Tadanori	Resident Representative, JICA Vanuatu office
5.	Ms. Tomoko Hattori	Chief advisor, JICA NB-IST Project
6.	Ms. Azusa Shimazaki	Project coordinator, JICA NB-IST Project

Observers

	Name	Position
1.	Dr. Rufina Latu	WHO, Vanuatu Office
2.	Mr. Billy DaLency	Peace corp., SPHO
3.	Mr. Jean Trenees Rory	Health Promotion Unit, MOH
4.	Mr. Joe Kalo	Reproductive Health Unit, MOH
5.	Ms. Janet Ores	Acting Nursing Manager, Vila Central Hospital
6.	Mr. Katimal Kaun	HDR Officer, MOH
7.	Ms. Helen Calo	Program officer, JICA Vanuatu office
8.	Ms. Mitsuko Miyai	JOCV/Nursing Lecturer, VCNE
9.	Ms. Yamaguchi Rika	Volunteer Coordinator, JICA Vanuatu office
10.	Ms. Keren Donna	Project officer, JICA NB-IST Project

Absence

	Name	Position
1.	Ms. Evelyn Emilie	Principal, Vanuatu College of Nursing Education
2.	Mr. John Tasserei	Chairperson, Vanuatu Nursing Council
3.	Mr. Morris Amos	Director, South Health Care, MOH

Agenda

Chair person: Mr. Mark Bebe

MC: Mr. Katimal Kaun

Opening remarks	Mr. Tadanori Suzuki
Opening address	Mr. Mark Bebe
Presentation on project outlines	Mr. Markson Tetaun
Presentation on Implementation Methodology and Work plan 2011	Ms. Tomoko Hattori
Discussion	Mr. Mark Bebe
Conclusion and Closing	Mr. Mark Bebe

1. Opening remarks

Mr. Suzuki Tadanori, Resident Representative, JICA Vanuatu office

Mr. Suzuki acknowledges the attendance of all participants and congratulates MOH on launching of this project. After he explained the scheme of the project, He mentioned that he expects Vanuatu to accomplish their goal through friendly competition among three countries, Fiji, Tonga, and Vanuatu. Furthermore, he emphasized on the importance of the ownership and self-effort of MOH to achieve the targets through the project.

2. Opening Address

Mr. Mark Bebe, Director of Health, Ministry of Health, Vanuatu, Director of the project

Mr. Bebe welcomed all participants and extended his gratitude to people of Japan and Japanese government on launching of the project. In addition, he celebrated Shefa Province as a selected fortunate province for a pilot area of this project. He reviewed the process and background of the project including Skill Gap Survey in 2010. Moreover, He emphasized the importance of scientific system to evaluate nurses' competency in the project and he expects nurses to be progressed through the project.

3. Presentation on the project outlines, Implementation Methodology, and Work plan 2011

Refer to the Attachment

4. Discussion

- Mr. Bebe gave an explanation on the mechanism of supervision, and noted that nursing supervisors' supervision to subordinate nurses is not working well in current situation due to lack of time, transportation, and management skills.
- Dr. Latu, a WHO officer mentioned the importance of enhancement of supervision mechanism and the project seems theoretically to work. However, she questioned the operational feasibility of the project in Shefa Province in terms of geographical difficulties and supervisor's work load. Supervisors in Vanuatu are also having the roles to be care providers.
- Mr. DeLancy, a Peace Co. volunteer, explained acutual situation in Health Center where Nursing Supervisors work. He pointed out some bottleneck issues to be conquered to function. For example, under staffing, insufficient fund, and lack of transportation and time.
- Dr. Latu emphasized on cooperation between MOH and Shefa Provincial Health office, the Project and other donor, to maximize opportunities and resources. In addition, she suggested allocating more fund to operational parts, provincial health offices to support their activities.

5. Conclusion and Closing

- Project Working group was approved as implementation body of the project
- Project Annual Work plan for year 2011 was approved.
- Project concept was understood and agreed by attendance though need contrivances in establishing supervisory mechanism to fit actual situation in Vanuatu.
- It was emphasized importance of Inter organizational cooperation among MOH, PHOs, and Donors to maximize opportunities and resources.
- Mr. Kaun thanked all the members for coming and the constructive discussions made during the meeting. The meeting last one and half hours and ended on time.

Minutes of Meeting
The second JOINT COORDINATING COMMITTEE MEETING

The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses Vanuatu

Date: 27th February, 2012
Time: 9:00-11:00
Venue: WHO Conference Room, MOH

Attendance: 22

JCC Members:

Mr. George Taleo	Director General, MOH
Mr. Katimal Kaun	Officer, Human Resource Development and Training Unit, MOH
Sr. Evelny Emile	Principal, Vanuatu college of Nursing
Mr. John Tasserei	Chairperson, Vanuatu Nursing Council
Mr. Morris Amos	Director, South Health Care MOH
Mr. Tadanori Suzuki	Resident Representative, JICA Vanuatu Office
Ms. Tomoko Hattori	Chief Advisor, JICA NB-IST Project
Ms. Fusayo Kabayashi	Coordinator, JICA NB-ST Project
Mr. Ben Taura	Administrator, Shefa Provincial Health Office

Observers:

Ms. Rika Yamaguchi	JICA Vanuatu Office
Ms. Helen Calo	JICA Vanuatu Office
Mr. Mathias Tabeva	Penma Provincial Health Manager
Ms. Rosy Silas	Malampa Provincial Health Manager
Mr. Simon Saika	Tafea Provincial Health Manager
Dr. Rufina Latu	WHO, Vanuatu Office
Ms. Nancy Miyake	SCA
Dr. Akihito Watabe	JOCV, JICA Vanuatu Office
Ms. Mitsuko Miyai	SV,JICA Vanuatu Office
Mr. Albert Nango	Media-VBTC
Mr. Kalwat Poilapa	Zone Supervisor, Saupia
Ms. Loreen Ala- Ngwele	Liu Service consultancy
Ms. Marinette Twomey	Secretary, JICA, NB-IST Project

Objectives:

1. To review the progress of the annual work plan 2010-2011
2. To share the results of the baseline survey in Vanuatu
3. To discuss and authorize the annual work plan 2012-2013
4. To identify and discuss any other issues for smoother implementation of the project

Agenda:

1. Opening
2. Review of Project outlines
3. The result of the baseline survey
4. Progress of activities and achievements
5. Annual Work plan 2012 (revised) and 2013
6. Discussion
7. Conclusion and closing

Handouts:

1. TOR the Second Meeting, Joint Coordinating Committee (JCC), Vanuatu 27th February, 2012.
2. Newsletter NB-IST for Nurses Volume (1), March 2011, Volume (2), July 2011 and Volume (3) September 2011.
3. Press Release Media
4. Attendance list
5. Letter JCC
6. Baseline Survey Report
7. Books and Pens

Minutes of meeting:

1. Opening

- Devotion - Ms. Evelyn Emile

- Welcome remarks - Mr. Katimal Kaun
  He acknowledged the participant to attend this important meeting. He believes that their comments, recommendation, and discussion in this meeting will contribute to improving health care services in Vanuatu.

- Remarks by JICA
  Mr. Tadanori Suzuki, representative of JICA Vanuatu, in his remarks, he stressed that he is happy to see that NBIST project is working towards its objectives and achieving part of them since 2011. JICA will continue to support this project in this country to improve the work of community health nurses.

- Opening Address
  Acting Director General for Health, Mr. George Taleo acknowledged the work of NB-IST project who work together with the Ministry of health, Vanuatu. He pointed out that the government will continue to support this project in order to improve our health system in Vanuatu.

2. Review of project outlines

Ms. Tomoko Hattori briefly explained the project outlines since there were some new members and observers. The project is a three-year technical cooperation and aims to establish a field adjusted model of NB-IST for community health nurses, especially focusing on Supervision and Coaching (S&C). It will be piloted in Shefa province leading for other five provinces.

3. Discussion:

- Question: How to identify the training needs among community health nurses?
  Answer: Training needs should be identified through Training Needs Assessment (TNA) by analyzing:
  - Results of Competency assessment
  - Results of Supervision & Coaching
  - Results of data analysis (community needs)
  - National priority

The result of the assessment will be used by the supervisors to allocate appropriate training opportunities to each community health nurse according to their needs and training history (equal distribution of training opportunity).

4. The results of Baseline Survey

Ms. Loren Ala presented the results of the baseline survey on behave of Liu Service Consultancy which was contracted to carry out the baseline survey in cooperation with the project team from August to October 2011.
She summarizes the results of Baseline Survey (refer to the baseline survey report).

1) A lot of Nurses suffered from LOW MORALE caused by:
   (1) Shortage of Human resource
   (2) Fragile infrastructure
   - Lack of Nurses' residential facility
   - Old building, No appropriate water & lighting supplies
   - No reasonable transport, communication medias
2) Lack of appropriate policies on HRD & Infrastructure maintenance at National level
3) Scarcity of fund ← absence of appropriate budgeting system
4) Uneven provision of training opportunities
5) S&C, CS assessment, and post-training supervision are not in place.

She pointed out that "Coaching" "Competency assessment" "Supervisory visits" were new concept for majority of nurses and they had difficulties understanding during the survey. It was discussed that supervisors need to understand well these new concepts.

Director General Mr. George Taleo pointed out that for the last 5 years the budget for MOH did not increase because they were not able to identify the problems that were

mention in the baseline survey report. He believes that with this detailed baseline survey report will support the application for increasing the budget for MOH in the future.

5. **Progress of activities and achievements**
   Mr. Katimal Kaun presented all the progress of activities and achievements of the project in 2011. He mentioned that through the Vanuatu health sector policy, HRD unit plans to support strengthening capacity of community health nurses. There are also some challenges that need to be addressed such as securing the budget for S&C activities for other provinces.

6. **Annual Work Plan 2012 (revised) and 2013**
   Mr. Ben Taura presented the annual work plan for 2012 and 2013.
   He explained for Provincial Health Managers from each province to reschedule their work plan for this year and next year 2013 to include S&C activities.
   The annual work plan for 2012 and 2013 were approved by the members.

7. **Discussion**

- In general, the Vanuatu S&C model was accepted by most of participants. WHO officer expressed her agreement on the model and commitment for the collaboration. She also expressed importance of cooperation among various stake holders including donors.
- Progress of the project activities and achievements were appreciated by all the members.
- The question was raised about nursing competencies standards, if that is already approved by the nursing council (VNC). The head of VNC explained that the VNC has agreed to endorse the nursing competencies, and the document will be used as trial in the NB-IST project in 2012. First evaluation will be carried out within a few months in Shefa province.
- It was suggested that it would be better to discuss their annual work plan together before deciding on the date and months for their activities for the year by a relevant program holder in the MOH. The reason is that some departments already have their work plan fully schedule for the year; they don't want to crash with the project activities because it is very important for all of them to participate in this training. This is because the annual plan was proposed through several discussions only among HRD&TU MOH, Vanuatu College of Nursing Education (VCNE), Shefa province, and JICA. The project explained that the activity schedule is adjustable and this is why we are having meeting to discuss the activities until the end of 2013. At the same time, the project will discuss the activity plan and schedule with broader stakeholders.

Japanese Technical Cooperation Project for
Strengthening Need-Based I-Service Training (NB-IST)
For Community Health Nurses Vanuatu

The third Joint Coordinating Committee Meeting Minutes

Date: 4th April, 2013
Time: 14:00-15:30
Venue: World Health Organization (WHO) Conference Room, Ministry of Health (MOH)

Chairperson

Mr. Howard Aru — Director General — MOH

Attendance:

Members

Mr. Howard Aru	MOH	Director General
Mr. Morris Amos	Shefa Health	Shefa Provincial Health Manager
Mr. Katimal Kaun	MOH	Manager, Human Resource Development & Training Unit
Ms. Evelyn Emil	MOH	Principal, Vanuatu College of Nursing Education
Mr. John Tasserei	MOH	Chairperson, Vanuatu Nursing Council
Mr. Tsutomu Moriya	JICA Vanuatu	Resident Representative
Ms. Yoko Asano	JICA Vanuatu	Project Formulation Advisor
Dr. Hensley Garae	MOH	Director, Hospital and Curative Services
Ms. Tomoko Hattori	JICA	Chief Advisor, NB-IST Project
Ms. Etsuko IDE	JICA	S&C Advisor, NB-IST Project

Observers

Dr. Len Tarivonda	MOH	Director, Public Health
Mr. Viran Tovu	MOH	Acting Director, Planning, Policy and Corporate Services, Principal, Health Planner
Mr. Jacques Honore	MOH	Nursing Services Manager, Vila Central Hospital
Mr. Jameson Mokoroe	MOH	Manager, Finance and account
Ms. Liency Ala	MOH	Acting Manager, Human Resources Management Unit

Agenda

1. Welcome
2. Devotion
3. Apologies
4. Adoption of agenda
5. New business
    1) Progress of project activities 2011-2012 — Mr. Katimal Kaun
    2) Annual work plan (AWP) 2013-2014 — Mr. Morris Amos
    3) Project Design Matrix (PDM) revision — Ms. Tomoko Hattori
6. Other business
7. Conclusion

Handouts

- Minutes of meeting second JCC meeting
- Proposed AWP 2013 of the project
- Proposed Revised PDM
- Project News letter 5

Minutes

1. Welcome

Chairperson, Mr. Howard Aru gave a welcome speech to all members of the Project Joint Coordinating Committee (JCC), a special welcome to the resident representative of Japan International Cooperation Agency (JICA) Vanuatu office for their commitment and partnership towards the development of the project.

2. Opening remarks by JICA

Mr. Moriya gave opening remarks;

He expressed his appreciation to all of Vanuatu MOH's efforts to establish quality of Supervision and Coaching for community health nurses in the pilot province. He also thanked to the MOH's continuing cooperation with JICA. The purpose of JICA's technical cooperation is to help to develop the capacity building as well as human resources in specialties. However, he emphasized that this project is ending in February 2014 and main activities should be all completed within the year 2013; the time is really running out. The important point is that JICA cannot help the project forever. There is the time limitation. He concluded stating one of the purposes of this meeting to discuss practical work plan 2013 towards the end of the project in the view of sustainability.

3. Apologies

Ms. Tomoko Hattori reported apologies to the chair. There are no apologies; all the members are presenting in the meeting.

4. Adoption of agenda

Mr. Howard Aru introduced agenda of the meeting.
Dr. Hensley Garae moved that the agenda is accepted, and Mr. John Tasserei moved it as the second.

5. Review of the progress of the annual work plan 2012

Mr. Katimal Kaun, the acting project manager, presented main activities implemented by the project since the initiation of the project up to date, as well as achievement reached and challenges facing. He, first, briefly explained the structure of supervision in Vanuatu health service system. Main achievements were: development and completion of the Competency Standards (CS) and Competency assessment tools, development of the draft Supervision and Coaching (S&C) guidelines and tools, conduction of training on S&C skills for nursing supervisors in Shefa province, implementation of S&C piloting in Shefa province. Challenges are: transition from the MOH's old structure to new structure, aligning of the tools to existing ones such as forms and checklists of Public Service Commission (PSC), assets management unit, and public health programs, etc (Refer to Attachment1 for the presentation) .

- There was a question by Mr. Moriya about the coverage of S&C training for nursing supervisors which was as low rate as nine percents (Output 2 indicator). Mr. Kaun explained that the project had covered only pilot area so far (in the pilot province, the coverage is 100%, 4 out of 4). It is because the project decided to focus more on quality implementation of the pilot. After completion of the pilot, the project is planning to provide S&C training to other five provinces in September to November 2013.
- There was a comment on the coaching coverage which was only 18% (9 out of 49 registered nurses). Ms. Hattori explained that it was reported 59% of registered nurses in Shefa province (29/49) has received coaching. However, the project could find evidences for only nine cases. For 20 cases, coaching records were not produced.
- Ms. Yoko Asano asked further explanation on the old and new structures in Vanuatu health system. She asked the time schedule of sifting to the new structure. Mr. Kaun explained details of both old and new systems. He added that the MOH is currently still using old structure, but they just started introducing new structure. The MOH will soon no longer have the Provincial Health Manager (PHM). Nursing Service Manager or Hospital Nursing Manager in each province will play the roles of PHM in terms of S&C.
- Mr. Tovu gave a complementary. The MOH is slowly moving to new one since this month. Major appointments are taking place right now, but, most of new positions are still vacant.

When these positions are entirely filled out, the MOH can move onto the new structure. Director of hospital and curative services was just appointed last week. Also, the posts of Principal nursing officer (PNO) and Provincial nursing services managers (NSM) will be established.

6. Authorization of the annual work plan 2013

Mr. Morris Amos presented a draft work plan of 2013 explaining details of each activity. Refer to Attachment 1 for presentation. Mr. Amos explained that the MOH together with the project is planning to roll out to other provinces in September through November 2013.

7. PDM revision proposed by management team

Ms. Hattori explained logics of the project design matrix (PDM), and presented the proposed revision of the PDM. Ms. Hattori explained that the PDM is an important tool for the project management. This revision would be the last chance for the project to review this PDM before the project evaluation in coming September. The management team proposed PDM revision to be evaluated properly (refer to the attachment for proposed revision of the PDM3). Main points of proposed revisions are:

- Commencing date and ending date are modified since the start of the project was delayed,
- In indirect beneficiaries, add clinical nurses,
- “Zone supervisors” to be “Nursing Supervisors”,
- Overall goal changed to “The entire NB-IST[1] system is designed, and piloted in the pilot province with the prospect of expansion to other provinces”,
- Indicator of overall goal added,
- Indicators of Project purpose are modified to be realistic,
- Output2 about S&C training: modified its target from “all provinces” to “pilot province”, and added 4-1 “Share S&C model with other selected provinces through training of nursing supervisors and provincial health managers”,

8. General Discussion

The Chairperson opened the floor for general discussion.

- Mr. Moriya asked about the plan of 2013. He is apprehensive about too many activities to be done in such a short period of time. He referred to low achievement of “Output 2” which have been covering only pilot province. He has a doubt if the project can cover five more provinces by the end of the November (five provinces within three months) in spite of such low achievement so far (only one province in two and half years). He stated that is not realistic

[1] NB-IST: Need-Based In-Service Training

and would be very difficult to achieve everything in a short period of time. He expressed that he is hoping the project to make a more practical plan.

- Dr. Garae supported Mr. Moriya's concern. He restated that there are too many activities to be done in a short period of time, and this is not realistic. He suggested extending S&C training to only one province.
- Mr. Amos explained what assumptions the project is standing on to state this is still realistic. The project is only going to introduce the S&C to other provinces and provide S&C training to nursing supervisors. The project is assuming that management in each province will develop it by themselves, once it is installed. The project will assist just starting of roll out, but not actual roll out.
- Mr. Kaun explained Vanuatu College of Nursing Education (VCNE) may help to conduct S&C training in each province. It is because they have experiences, last year, conducting CS training in all provinces during their supervisory visits for their students in field practices.
- Ms. Evelyn Emile explained that VCNE facilitated CS training in all provinces last year. The VCNE organized lecturers and facilitated CS training for two days during supervision of their students in their practical. This year, their community training should be carried out from July, and VCNE can carry out CS training again, but S&C training.
- Ms. Hattori said that the project is not expecting VCNE to conduct or organize the S&C training, but the MOH in cooperation with the project management team. The project may ask VCNE lecturers to help the training as facilitators.
- Ms. Hattori mentioned about proposed revision of the PDM. The management team is proposing to move this activity (S&C training for other provinces) from "Output 2 (S&C training)" to "Output 4 (experience sharing)". There will be no indicators to measure coverage of expansion to other provinces. She suggested consulting to PHMs whether they are ready and willing to introduce the S&C. Then, choose some provinces to introduce it. It is because having PHM's commitment is very important. No PHM's commitment means no gaining budget and it would be very difficult to implement S&C.
- Mr. Aru emphasized "sustainability subjects responsibility"; we have to come up with some solution in this meeting about the issues of sustainability. He asked to the floor who is the champion to drive this project since every project should have a champion?
- Mr. Amos asserted that this project has been working very closely to Human Resource Development and Training Unit (HRDTU), VCNE, Vanuatu Nursing Council (VNC), Shefa provincial health office, and any other relevant units under the MOH. He suggested that the entire partners are the champions and all of them should come up with the solutions how to drive and sustain this project.
- Mr. Kaun mentioned, two years ago, Vanuatu didn't have CS Booklet, CS assessment form, and any available tools; the project started from the scratch. He stated that the project has already been moving towards the sustainability slowly but surely. As an example, CS assessment tools will be replacing the PSC annual performance appraisal form for registered

nurses. However, still ensuring each PHM's commitment is very important to secure the budget to sustain the program.

- Mr. Aru acknowledged the project has reached great achievements for Vanuatu, but the point is the sustainability. The funding is one of the main contributors to sustain this project. It is the whole issue of finance and HR responsibility.
- Mr. Amos reminded the members that "the supervisory visits" are already included in current business plans in each province. "Two supervisory visits in a year by zone supervisors to each health facility" are "line items" and are very generic statement. All should be done, and the project just helps to make it "quality supportive supervision". Shefa health already has estimated standard cost of each supervisory visit. So, you can cost it out easily every year.
- Mr. Tovu supported Mr. Amos's opinion. Hs acknowledged the project is effective and the MOH is intending to sustain it. Supervisory visit is one of health managers' normal tasks and it should be sustained by normal process. He suggested the MOH to sustain this project and health managers have to commit to their work and fund for supervision.
- Mr. Aru mentioned that the MOH will have a meeting with AusAID next week to revise the 2013 business plan since current plan is missing some details. He said that he can present about this S&C at the meeting to give some ideas to AusAID who has been assisting the MOH.
- Dr. Len Tarivonda stated this program as what the MOH has been missing for a long time. Some sort of supervision is already taking place in current MOH's system, but that is not "Supportive supervision". This project brought a torch in the face putting supportive supervision in place with the technical supports, not only the theory. It took three years for the project to establish a model in pilot province. Now, the MOH should roll out to other provinces moving from "a project" to "a program". He suggested for any future projects to include supervision and coaching as a part of the MOH.
- Dr. Garae expressed his agreement with Dr. Tarivonda's opinion. S&C is a very important aspect for supervisors because it is upgrading nurses' skills. The sustainability stays with the PHM in the provinces. But, certainly, the MOH believes that managers once they are trained, they will take care about the S&C. His apprehension is just "time framework" of project activities. He just wants to see a realistic plan.
- Mr. Tasserei enquires by asking how long more will take to have the position of Principal nursing officer (PNO) to be filled in as he/she will be the one working in collaboration with the HRDTU, to really champion in the CS and making sure that the mechanism is in place and working.
- Dr. Garae answered that the executive committee is now working on to recruit the PNO. The person will take the overall lead on the nursing function here. The committee has decided it, and this is already on board.

9. Conclusion

- The project management team should review the PDM and the Annual work plan a little further in terms of feasibility and reality of rolling out within given time frame.
- Mr. Aru thanked to the project team for having the confidence despite the challenges. This is a great project and the team is getting things moving forward.
- Mr. Moriya also thanked to the chair and all the members participating in this afternoon meeting. It was a very good opportunity for the members to exchange opinions. He fund that most of directors have very practical ideas, and he hope that JICA continue providing this kind of supports since nurses in Vanuatu are very important persons to support health programs. But, He urged the MOH to continue considering sustainability of the project.

Next JCC meeting will be held in September 2013.
The meeting was closed at 15:30.

MINUTES OF MEETING

FOR

THE FOURTH JOINT COORDINATING COMMITTEE

ON

JAPANESE TECHNICAL COOPERATION PROJECT FOR STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR COMMUNITY HEALTH Nurses

VANUATU

Port Vila, 29th August, 2013

Mr. Tsutomu Moriya	Dr Santus Wari
Resident Representative	Acting Director General
Vanuatu Office	The Ministry of Health, Vanuatu
Japan International Cooperation Agency (JICA)	

REPUBLIC OF VANUATU
ACTING DG OF HEALTH
DG INTERIM DE LA SANTÉ
REPUBLIQUE DE VANUATU

Japanese Technical Cooperation Project for Strengthening Need-Based I-Service Training (NB-IST) For Community Health Nurses Vanuatu

The fourth Joint Coordinating Committee Meeting Minutes

Date: 29th August, 2013

Time: 14:00-16:00

Venue: The Grand Hotel Conference Room

Chairperson

Dr Santus Wari	Acting Director General	MOH

Attendance:

Members

Dr. Santus Wari	MOH	Acting Director General
Mr. Katimal Kaun	MOH	Manager, Human Resource Development unit
Ms Evelyn Emil	MOH	Principal, Vanuatu College of Nursing Education
Mr. John Tasarei	MOH	Chairperson, Vanuatu Nursing Council
Mr. Tsutomu Moriya	JICA Vanuatu	Resident Representative
Dr. Hensley Garae	MOH	Director, Hospital and Curative Services
Ms. Tomoko Hattori	JICA	Chief Advisor, NB-IST Project
Ms. Etsuko IDE	JICA	S&C Advisor, NB-IST Project

Observers

Mr. Yojiro Ishii	JICA	Evaluation Team Leader
Ms. Yumiko Yamashita	JICA	JICA Officer
Ms. Naomi Imani	JICA	Consultant
Ms. Yoko Asano	JICA	Project Formulation Advisor
Mr. Scot Monterio	MOH	AMU Technical Advisor
Dr. Rufina Latu	WHO Vanuatu	HIS Technical Officer
Ms. Kendra Derousseau	AusAID	Senior Program Manager for Health
Mr. Gideon Mael	PM's Office	Senior Policy Analyst

Mr. Jameson Mokoroe	MOH	Finance Manager
Ms. Bertha Tarileo	VNC	Vice Chair of Vanuatu Nursing Council
Mr. Jacque Honore Maurice	VCH	Nursing Services Manager
Ms. Blandine Taripu	Shefa Health	Zone Supervisor, Zone 1
Mr. Kalwat Kalter	Shefa Health	Zone Supervisor, Zone 2
Mr. Sael Fred	Shefa Health	Zone Supervisor, Zone 3
Ms. Leiman Luke	Shefa Health	Zone Supervisor, Zone 4
Ms. Marinette Twomey	Project Officer	JICA
Mr. Henry Lakeleo	MOH	Budget Control Officer
Ms. Nailyn Abel	MOH	Support Officer, Human Resource Development

Agenda

1. Welcome
2. Apologies
3. Adoption of agenda
4. Matters arising from the minutes of the last JCC meeting
5. Progress of the Project activities
6. Results of project terminal evaluation survey
7. Discussion
8. Other business
9. Conclusion

Handout:

- Last minutes of JCC meeting (April,2013)
- PDM 3 (July,2013)
- PPT presentation materials
- Newsletter (No.6)

Minutes

1. Opening prayer

The 4th JCC Meeting commenced with a prayer made by Mr. John Tasarei

2. Welcome

Opening remark was made by Chairperson, Dr Santus Wari.

- He welcomed to the JICA Vanautu office, JICA delegation, AusAID, WHO and Nursing Council representatives and members of the MOH.
- Nursing care is the cradle of medical services. Nursing is the biggest workforce. Vanuatu Nursing Council (VNC) is the only formal structure of nursing that the chairperson can recognize as

approved positions in the structure. This will require VNC to work together with the MOH to strengthen the nursing structure.

- He acknowledged the efforts of Vanuatu nursing leaders who have contributed to maintain the level of practice especially the nursing school and hospitals in ensuring the nursing care services is maintained at all time.
- With this discussion through this afternoon, I want to extend my sincere thanks to JICA for paying attention to and hope we all work together to ensure that the nursing care is realized and come up to a new level of practice.

3. Apologies

Mr. Morris Amos, Provincial Health Manager, Shefa Province

4. Adoption of Agenda

Chairperson moved for adoption of agenda.

5. Matters arising from the minutes of the last JCC meeting held on 4th April 2013

It was presented by Ms. Hattori, chief advisor of the project, JICA.

1) To revise the PDM and AWP to be realistic

In the last JCC meeting, the project management team had presented a draft of revised Project Design Matrix (PDM), and it was discussed among the members during the meeting. It was questioned the feasibility to disseminate the result of the pilot in Shefa province to five other provinces within remaining project term, and review of the PDM was requested as a conclusion.

Actions taken against the issue and these results:

- The project management team modified activity 4-1 "Share S&C model with all other provinces through training of nursing supervisors and provincial health managers" to "Share S&C model with other provinces through technical supports for the Vanuatu Government taking ownership in expanding the model."
- It was accepted by JICA HQ and approved by the chairperson of the JCC. Finally, PDM 3 (revised version) was signed in July 2013.

2) Low achievement in coaching coverage (only 18%)

Actions taken against the issue and these results:

- The project implemented refresher training on S&C for nursing supervisors in Shefa province in April and May 2013. It was especially focusing on "Coaching".
- Also, the project management members went together with Zone Supervisors while they are implementing S&C activities and carried out Post Training Supervisory Visits (PTSV) at each of the Zone Supervisor's workplace.
- As the result, coaching coverage becomes 88.6% (31/35 nurses needing coaching) in 2013.

3) S&C tools need to be aligning with existing tools within the MOH

Actions taken against the issue and these results:

- This subject matter has been a big challenge for the project. The management team members discussed with each one of Public Health Programs and assets management unit at MOH level.
- As a result, indicators of the supervisory checklist are aligned with these existing tools. Each tool has agreed indicators of each program. However, there're needs for deeper discussion on integration of activities and alignment with other existing systems within the MOH.

4) Within Transition period of the MOH structure

Actions taken against the issue and these results:

The project management decided to focus on Provincial level in order to establish a solid model of S&C at grand level

6. Progress of Project activities

Ms. Hattori continued to present progress on project activities according to expected outputs of the project. Refer to the attachment 1 for the details.

- Launching of Competency Standard (CS) booklet for registered nurses is implemented.
- Finalization of S&C guidelines has been delayed because of the MOH's structural reform. It was decided that the S&C guidelines will be finalized as Shefa version before being finalized as a national version. Final editing process is going on and it will be finalized within the year 2013.
- S&C training programs for nursing supervisors and Provincial Health Managers (PHM) are developed.
- The re-orientation on S&C for Nursing Supervisors in Shefa Province was done in May 2013.
- S&C materials were incorporates into nurse practitioners and midwifery's curriculum in Vanuatu Health Training Institute (VHTI). This requires follow-up action since VHTI is not functioning right now. Also, competency standard and competency assessment was integrated into the basic education curriculum in Vanuatu Collage of Nursing Education (VCNE).
- The annual plan for this output including budgeting was done.
- Post Training Supervision Visits (PTSV) were implemented by the management team in May and June 2013 while nursing supervisors are implementing S&C activities.
- In terms of monitoring activities, nursing supervisors produced and submitted successfully their reports on results of S&C activities in July. At the provincial level, the PHM has not made a report (compilation of reports from supervisors), and it will be done in October 2013.
- It was planned to share the S&C model established in Shefa with other provinces in November 2013, however this activity is likely to be cancelled.
- Video conferences among three countries is planned to be conducted in November 2013. This is to measure project outputs in other countries as well.
- JCC meetings are implemented as scheduled. Continuous monitoring on the progress of the project is done through regular management meetings every month.

Questions & Discussions to capture real situations in the Zones

- Chairperson asked basic questions about structure of zones. Zone supervisors and chairperson of VNC (Mr. Tasarei) explained the areas of each zones in Shefa province and how these zones were determined by PHM.
- Before the project is started, zone supervisors didn't have any ideas what to do as a supervisor. Now, we have tools and know what to do and how to do it.
- Zone supervisors realized importance of S&C activities. While they were visiting nurses in rural areas, they realized that most of nurses actually have been left out in the rural areas very long time and they're truly losing their professional skills. Also, nurses in remote areas have difficulties to communicate with head office (PHO, CMS, Asset management etc.) to get necessary resources for them to work. Therefore, it is very important for us (supervisors) to facilitate their communication through the supervision. In this sense, TAKING ACTION is very important to deal with the findings from S&C activities afterwards.
- Health Analyst, Prime Minister's Office (Mr. Gideon Mael) questioned about the amount of budget allocated for S&C activities. Zone supervisors explained that actually funds proposed for them to carry out supervision activities was not provided totally. While S&C cost was fully covered by JICA in 2012, it was shared between JICA and PHO Shefa in 2013 (half and half). JICA project chief advisor showed projected generic budget for supervision in Shefa province which totaled 543,000 vatu in a year (Refer to the attachment 2).
- The important issue is for the MOH to take over and continue his activity (S&C) after the project ended. Supervisors strongly requested for the MOH to include the budget in the year 2014. <u>Chairperson confirmed to include the budget for supervision in Shefa Provincial Health budget.</u>
- Supervisors also raised an issue on their increasing workload and time consumption to implement the S&C activities. To conduct quality of assessment and supervision, it takes time like whole one day per nurse. As supervisors are working as a nurse practitioner or midwife, and carrying out supervisory work is extra work. Some of the participants suggested that Zone Supervisors should be assisted by senior nurses. For example, Zone 1 supervisor can be assisted by the Municipality supervisor and supervisors in NGOs.
- Zone Supervisor's roles are not realized in the current structure, but are working upon the understanding of the current practice (position status). Some of zone supervisors responded that the practice is made without registration. After graduating from VHTI as a nurse practitioner (NP), they still remained as a registered nurse (RN), but in reality they are zone supervisors. Mr. Fred requested to the MOH to take up this issue to sort out the registration. Chairperson questioned to HR manager on this formality of status. HR manager confirmed that the graduation of 2011 was advanced nurse ppractitioner course (18 month course), but the issue is that it was held up simply because the nursing act does not recognize NP training. This 2nd group (2011) are yet to be registered with the VNC. Chairperson pointed out for VNC to speed up the process of

registration for certification of 2nd group of NPs. Representatives from VNC confirmed that registration documentation is in progress. As soon as it is finalized, they will inform to the MOH.

7. Results of project terminal evaluation survey

Output 1: Model of S&C piloting is designed and available

The S&C piloting is designed and available. In the findings, it is assessed that 100% of nursing supervisors in the pilot province own guidelines/manuals. A draft guideline/manual has been produced and is currently being used. It was unable to be finalized due to MOH restructuring. The draft Competency Standards (CS) is finalized and is being applied in Shefa.

Output 2: Nursing Supervisors in the pilot province are equipped with S&C skills.

It was indicated that 100% of nursing supervisors in the pilot province is trained on S&C skills. 8/9 Supervisors were fully trained and the remaining supervisors will be trained before the year ends. The expected coverage will stand at 100% by year ends. Accordingly the PHM of the pilot province is trained on S&C monitoring. It is expected that the PHM and NSM of Shefa Province received hands-on-training. In summary the training was done, however there is a question whether they are capable and equipped with necessary skills to do S&C. Therefore the PHM & NSM, a zone supervisor and additional 5 "supervisors" may require more skill building.

Output 3: S&C is being practiced by nursing supervisors <u>on a routine basis</u> in the pilot province.

It was indicated that 75% of zone supervisors in the pilot province conducted at least one S&C to their supervise CHNs in a 6-month period, after S&C operations starts. There is 100% coverage on supervision done twice (2 rounds) since August 2012 when S&C operation started. In summary this output may not be a routine yet, which will need another evaluation 1-2 years. There is issue on "money" and "Timing of Supervision" as well.

Output 4: The Progress and results of the Projects are shared within, among and beyond Vanuatu, Fiji and Tonga.

It is expected that the progress of this project in Vanuatu is shared with other pacific countries such as Fiji and Tonga. The indictor of this output is on the number of audio and/or visual conferences held. In overall to date, there are 2 Video Conferences held and 2 Regional workshops held in Fiji. Secondly this is measured also on the number of presentations at international conferences.

Project Purpose:

"A field – adjusted model of Supervision and Coaching (S&C) is undertaken in the pilot province on a regular basis"

The project aims to set up and run a system of supportive supervision in Shefa Province as a pilot. The

indicators as seen in the table below show an increasing trend in coverage of related activities undertaken by the zone supervisors.

Verifiable indicators	Status
In the pilot province,	
1. 80% of health facilities receive one or more supervisory visits in a 6-month period.	2012: 84.0% (21/25) 2013: 100% (26/26) 2012-2013: 92.2%
2. 80 % of CHNs are assessed their competency based on the CS once in a year.	2012: 71.1% (27/38) 2013: 97.4% (38/39) 2012-2013: 84.4%
3. 80% of CHNs needing coaching receive coaching once or more in a year.	2012: 33.3% (8/24) 2013: 88.6% (31/35) 2012-2013: 66.1%

The set targets were met in 2013 for all the three indicators. That does not however, verify if these activities are now undertaken "on regular basis" after just two rounds of supervisory visits mostly funded by the project.

Overall Goal:

"The entire NB-IST system is designed and piloted in the pilot province with the prospect of expansion to other provinces".

A structure model was presented to show the linkage of the entire system and there are three overall goals highlighted as follows;

- That the entire NB-IST system is achieved within 3 – 5 years after the Project ends
- "NB-IST" Shefa Managers are to be trained in a part of the missing link under the project. There may be need for additional technical support to achieve this goal.
- "Scaling up" For scaling up, there is need for proper evaluation to be carried out on the model and it was identified that the Vanuatu Nursing Council does not have capacity to expand CSA. This may need additional support

Analysis in Accordance with the 5 Evaluation Criteria

Relevance

This project is relevant improve nurses skill through IST and address the issue of lack of regular supportive supervision and weak managerial tools and skills among managers/supervisors with clinical background. On the other hand, the findings indicated that it was not very relevant in terms of IST for nurses because it is only for advance training and other constraints are not addressed such as timing and setting up of a reconstruction system.

Effectiveness

The project was effective because pilot model was established in the pilot province. The effectiveness of the model was measured by the motivation of area nurses, clarity on what is expected of CHN and what is expected from zone supervisors. On the other hand, there were the question on improvement

of skills and quality of service and whether the system will be sustainable. Therefore it will need a proper evaluation in 1-2 years' time.

Efficiency

The efficiency of the project is affected by ongoing restructuring. During the formulation of the project, situational analysis was not done and the Project design was not clear to all. On a positive note, by linking this project to those of Fiji and Tonga, travel-related costs for Japanese advisors were greatly reduced.

Impact

There is positive development on Competency Standards Assessment. As a requirement for the yearly licence renewal, VNC accepts CSA results in place for the PSC's annual performance appraisal (APA). The VCH has now replaced the APA with the CSA for all its nurses. VCH is planning to develop supplementary competency checklist for hospital nurses that is more specific to the clinical settings. By setting up a system of supervision for CHNs, the project appears to be creating yet another vertical system in the health administration, when PHOs along with the MOH need to integrate the vertical systems set up and owned by different national programmes for the sake of resource efficiency.

Sustainability

This is a very essential point to consider the sustainability of this project. The Ministry of Health has to consider the following issues seriously;

1. Nursing Administration – establish nursing administration structure that has linkages from National to Province and Province to Health facilities. And also consider the issue to strengthen the ownership issue with nurses.
2. Resources – to provide budget for continuous implementation
3. Structure – may need re-organization of provincial health system
4. Tools – identify and develop tools that are user friendly

CONC LUSION

The project is likely to achieve what is designed to achieve by Feb 2014. The system and the capacity of supervisors and provincial managers are not solid yet. It is need a good and committed manager in MOH/Shefa PHO, and may require additional support. A proper evaluation of the system should be done some time later. This may require additional support as well.

Recommendation

To Project management

- Carryout some analysis (e.g. SWOT) of the pilot model before the project ends
  - ➢ Shefa PHO will continue this pilot & make necessary modification for 1-2 years)
  - ➢ Contribute to efforts of creating an efficient provincial health system

- Complete the remaining activities regarding the S&C guidelines and training with particular attention to closing the skill gaps, including the M&E (rather than reporting)

To MOH

- Official appoint a position/unit in MOH and Shefa PHO to take over the operation
- Considering creating a focal point for nursing within MOH
- Define managerial functions of zone nurses and devise TOR
- Ensure disbursement of budgeted funds
- Look for opportunities and modalities of resource sharing
- Facilitate capacity building of VNC

To JICA

- Consider provision of technical assistance for evaluating the pilot model in 1-2 years' time
- Monitor pilot implementation by Shefa PHO/MOH
- Provide necessary technical assistance
    - ➢ Through various schemes/instruments of JICA
    - ➢ In cooperation/coordination with DPs

Lessons Learnt

Mr. Ishii concluded his presentation by stating following lessons learnt:

(1) The sustainability of the Project would have been better ensured, if there had been a continuous effort to involve technical institutions in Japan capable of supporting S&C operation in Vanuatu technically in long term.

(2) A situational analysis was conducted as a part of this short Project after which some modifications were made to better suit the local needs. However, for the sake of efficiency and effectiveness of a project, more thorough assessment should be carried out at the time of project formulation.

8. Discussion

- Chairperson mentioned that what the project is trying to do is very important and essential to improve nursing services in Vanuatu with essential tools across the country.
- Under current health reform, the MOH doesn't have Principal Nursing Officer (PNO), yet. DG said that he takes a note of the discussed point regarding the PNO. DG has risen that the nursing focal point would be from members of the Vanuatu Nursing Council (VNC) as a legal body.
- Mr. Tasserei explained about the VNC's roles and the history of the PNO in Vanuatu.
    - During a period from 1982 to1995, the MOH had a PNO (Ms. Wendy Armstrong) on behalf of VNC. Mr. Tasserei mentioned that registered nurses enjoyed nursing, and communication among national office, provincial office, and community level was very smooth at that time

  - However, in 1998, PNO was removed and HRD&T Unit took over the responsibility of PNO, and the VNC comes under HRDT Unit.
  - Mr. Tasserei emphasized that Vanuatu needs to have a nursing structure in place. If we have PNO at national level, we will have more supports from provincial level down to community level. VNC has already selected a candidate for the position of PNO.
- DG revealed that the MOH doesn't have any vacant post for PNO's position at the moment, but we may be able to create one in the future. This issue is very important and some action should be taken regarding this position. Nurses must be organized first before moving on to other programs. It is a very urgent need for nurses in Vanuatu.
- Mr. Mael suggested for VNC members to present their petition to the MOH. He thinks that DG office will accept this petition if the rolls and functions of the position is clarified well. Terms of reference of the PNO must be well specified and clear.
- Ms. Emilie responded to this statement:
  - The roll of PNO is to overlook at the entire functioning of nursing practice down to community level and Nursing Education.
  - PNO will work in line with VNC to strengthen the network between Nursing Service Manager (NSM) and Chief Medical Officer (CMO) at provincial level. PNO also links nurses with international partners. PNO will be full responsible for the issues that affect nurses including HR issues, professional development, and in-service training (IST).
- DG mentioned that it's about time for VNC to present these issues and other related information to the Ministry of Health for further clarification.
- Mr. Moriya mentioned that he understood well the results of the evaluation. He encouraged JCC members to concern well how to continue to improve the current situation after the Project terminates. Mr. Moriya also promised to discuss with JICA headquarters as well as Vanuatu government to continue to support Vanuatu nursing capabilities and Vanuatu people.
- DG thanks to JICA team for implementing this project. He apologizes for some unexpected things happening now. However, the MOH will continue trying to make resources more available to provide quality health care for the people of the country. DG mentioned that they are restructuring the MOH for this reason. DG also expresses his appreciation to Japan for helping Vanuatu always, and he emphasized that the project is very vital for the nurses in Vanuatu.

The meeting was closed at 16:56p.m.

添付 4:　　投入実績

4.1:　専門家派遣実績
4.2:　広域研修実績
4.3:　供与機材実績
4.4:　現地活動費投入実績
4.5:　フィジー側投入実績
4.6:　トンガ側投入実績
4.7:　バヌアツ側投入実績

Attachment 4-1 :Actual Assignment Schedule of Japanese Experts

Schedule period: 2010 (10–12), 2011 (1–12), 2012 (1–12), 2013 (1–12), 2014 (1–3). Phases: 1st (2010/10–2011/3), 2nd (2011/4–2011/12), 3rd (2012/1–2012/12), 4th (2013/1–2014/3).

In Project Site

Name	Field	Days per assignment (as labelled on chart)	1st Project Sites	1st Japan	2nd Project Sites	2nd Japan	3rd Project Sites	3rd Japan	4th Project Sites	4th Japan	Total Project Sites	Total Japan
Tomoko HATTORI	Chief Advisor /Project Management /Health Policy (1)	46, 44, 49, 44, 30, 35, 85, 49, 33, 12, 60, 14, 60, 26, 20	3.00		4.10		7.13		6.00		20.23	
Keiko NAGAI	Deputy Chief Advisor /Project Management /Health Policy (2)	30, 30, 46, 44, 30, 32, 30, 28, 25, 30, 25, 23, 16	2.00		3.00		4.00		3.97		12.97	
Kazuyo OISHI	Monitoring and Evaluation System (1)	14, 13	0.47		0.00		0.43		0.00		0.90	
Akiko OKITSU	Monitoring and Evaluation System (2)	30, 30, 30, 30, 31, 30, 30	1.00		2.00		3.03		1.00		7.03	
Mayumi OHNISHI	Management of Public Health Nursing (1)	16, 9	0.53		0.00		0.30		0.00		0.83	
Keiko KOBAYASHI	Management of Public Health Nursing (2)	60, 76, 60, 60, 30, 28, 28, 34	2.00		2.53		4.00		4.00		12.53	
Saeko HATTA	Management of Public Health Nursing (3)	30, 58, 76, 63, 56	1.00		4.47		3.97		0.00		9.44	
Etsuko IDE	Project Coordination → Management of Public Health Nursing (3)	62, 74, 56, 28	0.00		0.00		4.53		2.80		7.33	
Yoshie MIZOGAMI	Impact Study (1)	46, 76, 37, 47	1.53		2.53		2.80		0.00		6.86	
Miki KOBAYASHI	Impact Study (2)	44, 60, 34, 51	1.47		2.00		2.83		0.00		6.30	
Sumiyo KAMO	Nursing Management Policy	19, 30	0.00		0.00		1.64		0.00		1.64	
Kaoru YAMANAKA	Nursing Management Policy	70, 49	0.00		0.00		0.00		3.97		3.97	
Fusayo KOBAYASHI	Nursing Management Policy/Project Coordination → Project Coordination/Nursing (1)	105, 179, 90, 69, 46	3.50		5.97		5.30		1.53		16.30	
Soko FUJINO	Project Coordination/Nursing (1)	60	2.00		0.00		0.00		0.00		2.00	
Azusa SHIMAZAKI	Project Coordination/Nursing (2)	45, 46, 44	1.50		3.00		0.00		0.00		4.50	
Emiko NISHII	Project Coordination /Training Management (1)	30, 34	0.00		0.00		0.00		2.13		2.13	
Shino NISHIMAGI	Project Coordination /Training Management (2)	46, 44, 30, 46, 16, 30, 21, 20	0.00		3.00		3.07		2.37		8.44	
Subtotal			20.00		32.60		43.03		27.77		123.40	

In Japan

Name	Field	Days per assignment (as labelled on chart)	1st Project Sites	1st Japan	2nd Project Sites	2nd Japan	3rd Project Sites	3rd Japan	4th Project Sites	4th Japan	Total Project Sites	Total Japan
Tomoko HATTORI	Chief Advisor /Project Management /Health Policy (1)			0.00		0.00		0.00		0.00		0.00
Keiko NAGAI	Deputy Chief Advisor /Project Management /Health Policy (2)	15, 2, 5, 4, 1		0.50		0.00		0.50		0.03		1.03
Kazuyo OISHI	Monitoring and Evaluation System (1)	7		0.00		0.23		0.00		0.00		0.23
Mayumi OHNISHI	Management of Public Health Nursing (1)	8		0.00		0.27		0.00		0.00		0.27
Yoshie MIZOGAMI	Impact Study (1)	15, 15		0.50		0.50		0.00		0.00		1.00
Miki KOBAYASHI	Impact Study (2)	15		0.00		0.50		0.00		0.00		0.50
Subtotal				1.00		1.50		0.50		0.03		3.03
Total			20.00	1.00	32.60	1.50	43.03	0.50	27.77	0.03	123.40	3.03
			21.00		34.10		43.53		27.80		126.43	

Note: ■ Services in the project site □ Services in Japan ▨ Services in the project site by firm's expenses

Attachment 4-2: Record of Regional Training

Regional Training Program, 2011			
Date:	22nd - 26th August, 2011 (5days)		
Venue:	Tanoa Plaza Hotel, Suva, Fiji		
Objectives:	To share and gain practical knowledge on developing sustainable Need-Based In-Service Training (NB-IST) system.		
List of Trainees			
No.	Name	Country	Position
1	Unaisi Seavula	Fiji	Divisional Health Sister, Western Division
2	Titilia Dakuliga	Fiji	Divisional Health Sister, Northern Division
3	Melaia Louey	Fiji	Divisional IST-Coordinator, Western Division
4	Kinisena Bolalevu	Fiji	Divisional IST-Coordinator, Northern Division
5	Tilema Cama	Tonga	Principal, Queen Salote School of Nursing
6	Afu Tei	Tonga	Supervising Public Health Sister, MOH
7	Emeline Takai	Tonga	Senior Nurse Practitioner, Ta'anea Health Centre, Vava'u
8	Siu Pifeleti	Tonga	Assistant Matron, Vaiola Hospital, MOH
9	Markson Tetaun	Vanuatu	Manager, Human Resource Development, MOH
10	Ben Taura	Vanuatu	Manager, Shefa Provincial Health Office
11	Evelyn Emilie	Vanuatu	Principal, Vanuatu College of Nursing Education
12	Kalwat Poilapa	Vanuatu	Zone Supervisor, Paunagisu Health Centre
13	Sael Fred	Vanuatu	Zone Supervisor, Tongoa Health Centre

Regional Training Program, 2012			
Date:	8th - 10th August, 2012		
Venue:	Naviti Resort Hotel, Nadroga Navosa, Fiji		
Objectives:	To share and gain practical knowledge on developing sustainable Need-Based In-Service Training (NB-IST) system.		
List of Trainees			
No.	Name	Country	Position
1	Tavaita Suraki	Fiji	Matron IST-Coordinator, CWM Hospital
2	Saras Wati	Fiji	Matron IST- Coordinator, Lautoka Hospital
3	Ana Conikeli	Fiji	Matron IST-Coordinator, Labasa Hospital
4	Reijeli Leveleve	Fiji	Training Officer, Tamavua Hospital
5	Sisilia Korovavala	Fiji	Acting Matron IST-Coordinator, St. Giles Hospital
6	Losalini Matavesi	Fiji	College of Medicine, Nursing and Health Sciences
7	Sela Paasi	Tonga	Chief Nursing Officer, MOH
8	Amelia Tuipulotu	Tonga	Matron, Vaiola Hospital, MOH
9	Meliame Tupou	Tonga	Senior Nursing Sister, Prince Ngu Hospital, Vava'u
10	Seilini Soakai	Tonga	Senior Nursing Sister, Diabetes Unit, Vaiola Hospital, MOH
11	Alisi Fifita	Tonga	Senior Public Health Sister, MOH
12	Mele'ana Ta'ai	Tonga	Senior Tutor Sister, Queen Salote Schoold of Nursing
13	Kalo Latu	Tonga	Nursing Sister, Niu'eiki Hospital, 'Eua
14	Katimal Kaun	Vanuatu	Acting Manager, Human Resource Development, MOH
15	Bertha Tarileo	Vanuatu	Vice chair, Vanuatu Nursing Council
16	Morris Amos	Vanuatu	Director, Southern Health Centre

Attachment 4-3: Provision of Equipments

<Fiji>

1. Equipment for the Project

	Equipment	Spec	Number	Unit Cost	Year	Provided to/Kept by	Status
1	Laptop computers	Toshiba Satellite Pro C665	4	¥86,704	2011	Central-Eastern Division (D-IST-Coordinator's office) Northern Division (D-IST Coordinator's office) Western Division (D-IST Coordinator's office) MOH (N-IST Coordinator's office)	OK
2	Multi-function printers	N: Brother MFC9450CDN W: Brother MFC9450CDN MOH: Brother MFC9460CDN	3	¥87,096	2011	Northern Division (D-IST Coordinator's office) Western Division (D-IST Coordinator's office) MOH (N-IST Coordinator's office)	OK
3	Copy machine	Sharp AR5520N	1	¥211,315	2011	Central-Eastern Division (D-IST Coordinator's office)	OK
4	Multimedia projector	Dell M210X mobile	2	¥87,096	2011	Northern Division (D-IST Coordinator's office) Western Division (D-IST Coordinator's office)	OK

2. Equipment for Japanese Experts

	Equipment		Number	Unit Cost	Year	Provided to/Kept by	Status
1	Digital camera	Sony DSC-HX5/JE	1	¥31,429	2010	MOH (N-IST-Coordinator's office)	OK
2	Digital video camera	Sony HDR-CX-370E	1	¥78,095	2010	MOH (N-IST-Coordinator's office)	OK
3	Tripod (small)	SLIK Compact II	1	¥1,429	2010	MOH (N-IST-Coordinator's office)	OK
4	Tripod (tall)	SLIK E-F740	1	¥3,790	2011	MOH (N-IST-Coordinator's office)	OK
5	SD memory card (4GB)	SD-E004GX	3	¥1,905	2010	MOH (N-IST-Coordinator's office)	OK
6	SD memory card (16GB)	SD-E016GX	2	¥6,667	2010	MOH (N-IST-Coordinator's office)	OK

<Tonga>

1. Equipment for the Project

	Equipment	Specs	Number	Unit Cost	Year	Provided to/Kept by	Status
1	Laptop computer	Toshiba Satellite L650/077	1	¥86,432	2011	MOH (Chief Nursing Officer's office)	OK
2	Ink-jet printers	HP Deskjet 1050	2	¥13,758	2011	MOH (Supervising Public Health Sister's office) Queen Salote School of Nursing	OK
3	Multimedia projector	Dell 1410X Data Projector	2	¥85,472	2011	Queen Salote School of Nursing	OK

2. Equipment for Japanese Experts

	Equipment	Specs	Number	Unit Cost	Year	Provided to/Kept by	Status
1	Digital camera	Sony DSC-HX5/JE	1	¥31,429	2011	MOH (Chief Nursing Officer's office)	OK
2	Tripod	SLIK Compact II	1	¥1,429	2011	MOH (Chief Nursing Officer's office)	OK
3	SD memory card (4GB)	SD-E004GX	1	¥1,905	2011	MOH (Chief Nursing Officer's office)	OK

Attachment 4-3: Provision of Equipments

<Vanuatu>

1. Equipment for the Project

	Equipment	Spec	Number	Unit Cost	Year	Provided to/Kept by	Status
1	Laptop computer	Toshiba Satellite Pro C660	1	¥106,875	2011	Shefa Provincial Office	OK
2	Multi-function printer	HP Deskjet 1050	1	¥7,310	2011	Shefa Provincial Office	OK
3	Multimedia projector	Epson EB-S9	1	¥85,415	2011	Shefa Provincial Office	OK

2. Equipment for Japanese Experts

	Equipment	Spec	Number	Unit Cost	Year	Provided to/Kept by	Status
1	Digital camera (including SD memory card)	Digital camera: E-DSCHX9H SD card: KMSDHC6X4G	1	¥35,981	2011	Shefa Provincial Office	OK

Attachment 4-4: Activity Cost

	Duration	For 3 countries	Fiji	Tonga	Vanuatu
1st year	for 6 months	¥9,444,162	¥7,934,650	¥1,489,326	¥20,186
2nd year	for 9 months	¥20,893,429	¥11,592,614	¥4,875,906	¥4,424,909
3rd year	for 12 months	¥31,791,414	¥19,481,812	¥6,653,707	¥5,655,895
4th year	for 13 months	¥32,261,822	¥22,077,704	¥5,057,601	¥5,126,517
Total		¥94,390,827	¥61,086,780	¥18,076,540	¥15,227,507

Inputs by Fijian side

1. List of counterpart personnel

No.	Name	Position	Designation in the Project	Assignment	
				From	To
Ministry of Health (National)					
1	Dr. Salanieta Saketa	Permanent Secretary, MOH	Project Director	Oct. 2010	Dec. 2011
2	Dr. Eroni Tora			Jan. 2012	Present
3	Sr. Silina Waqa Ledua	Director of Nursing Services, MOH	Project Manager	Oct. 2010	Present
4	Sr. Salanieta Matiavi	National IST Coordinator, MOH		Oct. 2010	Dec. 2010
5	Sr. Talatoka Tamani			Jan. 2011	Jun. 2011
6	Sr. Atelini Wainiveikoso			Jul. 2011	Dec. 2012
Fiji National University					
7	Mr. Albert McLaren	Head, Fiji School of Nursing & Sciences → Head of School, Fiji School of Nursing, College of Medicine, Nursing and Health Science (CMNHS), Fiji National University (FNU)		Oct. 2010	Mar. 2011
8	Mr. Kavekini Neidiri			Apr. 2011	Mar. 2012
9	Sr. Filomena McKay			Apr. 2012	Present
		Nursse Practitioner Coordinator/Senior Lecturer, Fiji School of Nursing, CMNHS, FNU		Oct. 2010	Mar. 2011
Ministry of Health (Divisional Health Offices)					
10	Sr. Penina V. Druavesi	Divisional Health Sister (Central Div.)		Oct. 2010	Present
11	Sr. Akeneta Matanitobua	Divisional Health Sister (Eastern Div.)		Oct. 2010	Dec.2012
12	Sr. Talica Vakaloloma			Jan. 2013	Present
13	Sr. Unaisi Seavula	Divisional Health Sister (Western. Div.)		Oct. 2010	Dec. 2011
14	Sr. Leslie Boyd			Jan. 2012	Present
15	Sr. Titilia Dakuliga	Divisional Health Sister (Northern Div.)		Oct. 2010	Present
16	Sr. Talatoka Tamani	Divisional IST Coordinator (Central/Eastern Divisions)		Oct. 2010	Oct. 2011
17	Sr. Mereseini Kamunaga			Oct. 2011	Present

No.	Name	Position	Designation in the Project	Assignment	
				From	To
18	Sr. Melania Louey	Divisional IST Coordinator (Western Div.)		Oct. 2010	Present
19	Sr. Kinisena Bolalevu	Divisional IST Coordinator (Northern Div.)		Oct. 2010	Dec.2012
20	Sr. Litiana Draunibaka			Jul. 2013	Present

2. List of land, buidlings and facilities

	Item	provided or not	Remarks/Details
1	Project office	provided	
2	Facilities/utilities		
	electricity	fully	
	water supply	fully	
	telephone (landline)	provided	
	Internet connection	not provided	
	office furniture	partially	
	office equipment	not provided	
	others (pls. specify)		

3. Recurrent costs

	Category	amount/items	Remarks
1	cash expenses (in F$)	$15,059.00	
2	in-kind	salaries of counterpart personnel	
		DSA for all the trainees and facilitators	
		provision of transportation with driver for field visits	

Inputs by Tongan side

1. List of counterpart personnel

No.	Name	Position	Designation in the Project	Assignment	
				From	To
1	Dr. Siale 'Akau'ola	Director of Health, MOH	Proect Director	Feb. 2011	Present
2	Sr. Sela Paasi	Chief Nursing Officer, MOH	Project Manager	Feb. 2011	Present
3	Sr. 'Ofa Takulua	Matron, Vaiola Hospital, MOH		Feb. 2011	Jul. 2012
4	Dr. Amelia Tu'ipulotu	Matron, Vaiola Hospital, MOH		Jul. 2012	Present
5	Sr. Siu Pifeleti	Assistant Matron, Vaiola Hospital, MOH		Aug. 2012	Present
6	Sr. Afu Tei	Supervising PH Sister, MOH		Feb. 2011	Present
7	Sr. Tilema Cama	Principal, QSSN		Feb. 2011	Present
8	Mr. Viliami Ika	Principal Health Planning Officer, MOH		Feb. 2011	Present
9	Mr. Tu'akoi 'Ahio	Principal Health Administrator, MOH		Feb. 2011	Present
10	Sr. Seilini Soakai	Senior Nursing Sister, In Charge of NCD, MOH		Feb. 2011	Present
11	Sr. Alisi Fifita	Supervising RH Sister, MOH		Feb. 2011	Present
12	Sr. 'Iunisi Vaikimo'unga	Public Health Sister Graduate, MOH		Feb. 2011	Present
13	Sr. Kathryn Vaka	Senior Tutor Sister, QSSN		Feb. 2011	Present
14	Ms. Emeline Takai	Nurse Practitioner, Vava'u, MOH		Feb. 2011	Present
15	Sr. Kalisi Finau	Senior Nursing Sister, Ha'apai, MOH		Feb. 2011	Present
16	Sr. Kalo Latu	Nursing Sister, 'Eua, MOH		Feb. 2011	Present

2. List of land, buidlings and facilities

	Item	provided or not	Remarks/Details
1	Project office	provided	
2	Facilities/utilities		
	electricity	fully	
	water supply	fully	
	telephone (landline)	not provided	
	Internet connection	not provided	
	office furniture	partially	
	office equipment	not provided	
	others (pls. specify)		

3. Recurrent costs

	Category	amount/items (TOP)	Remarks
1	cash expenses (in TOP)		
2	in-kind	salaries of counterpart personnel	
		transport	
		lunch, tea	

Inputs by Vanuatuan side

1. List of counterpart personnel

No.	Name	Position	Designation in the	Assignment	
				From	To
1	Mr. Mark Bebe	Director General, MOH	Project Director	May. 2011	Dec, 2011
	Mr. George Taleo			Dec, 2011	Sep, 2012
	Ms. Maturine Carlot Tary			Sep, 2012	Nov, 2012
	Mr. Howard Aru			Nov. 2012	une. 2013
	Dr. Santus Wari			0 July. 2013	Present
2	Mr. Morris Amos	Director of Southern Health Care Services, MOH		May. 2011	Present
	Dr. Hensley Garae	Director of Hospital and Curative Services, MOH		Mar, 2013	Present
3	Mr. Markson Tetaun	Acting Manager ,Human Rrsource Development and Training Unit, MOH	Project Manager	May. 2011	Mar. 2012
	Mr. Katimal Kaun	Acting Manager ,Human Rrsource Development and Training Unit, MOH		May. 2011	Present
4	Mr. Ben Taura	Acting Provicial Health Manager (C)Health Promotion officer, Shefa		May. 2011	Present
	Mr. Morris Amos	Shefa Provincial Health Manager, Shefa Health		May. 2011	Present

2. List of land, buidlings and facilities

	Item	provided or not	Remarks/Details
1	Project office	provided	
2	Facilities/utilities		
	electricity	provided	
	water supply	provided	
	telephone (landline)	Not provided	
	Internet connection	Not provided	
	office furniture	Partly	
	office equipment	Not provided	
	others (pls. specify)		

3. Recurrent costs

	Category	amount/items	Remarks
1	cash expenses (in VT)		
2	in-kind	salaries of counterpart personnel	
3	in-kind	salaries of clerk	
4	vehicle		VCNE

4. Training costs

	Training name	amount(VT)/items	Remarks
1	CS Training (2012, April - October)	670,000	Tafea, Torba etc.
2	Monitoring Visit	40,000 ×2Persons	Samma Province
3	Facilitator fee（S&C)	20,000×3times	VCNE