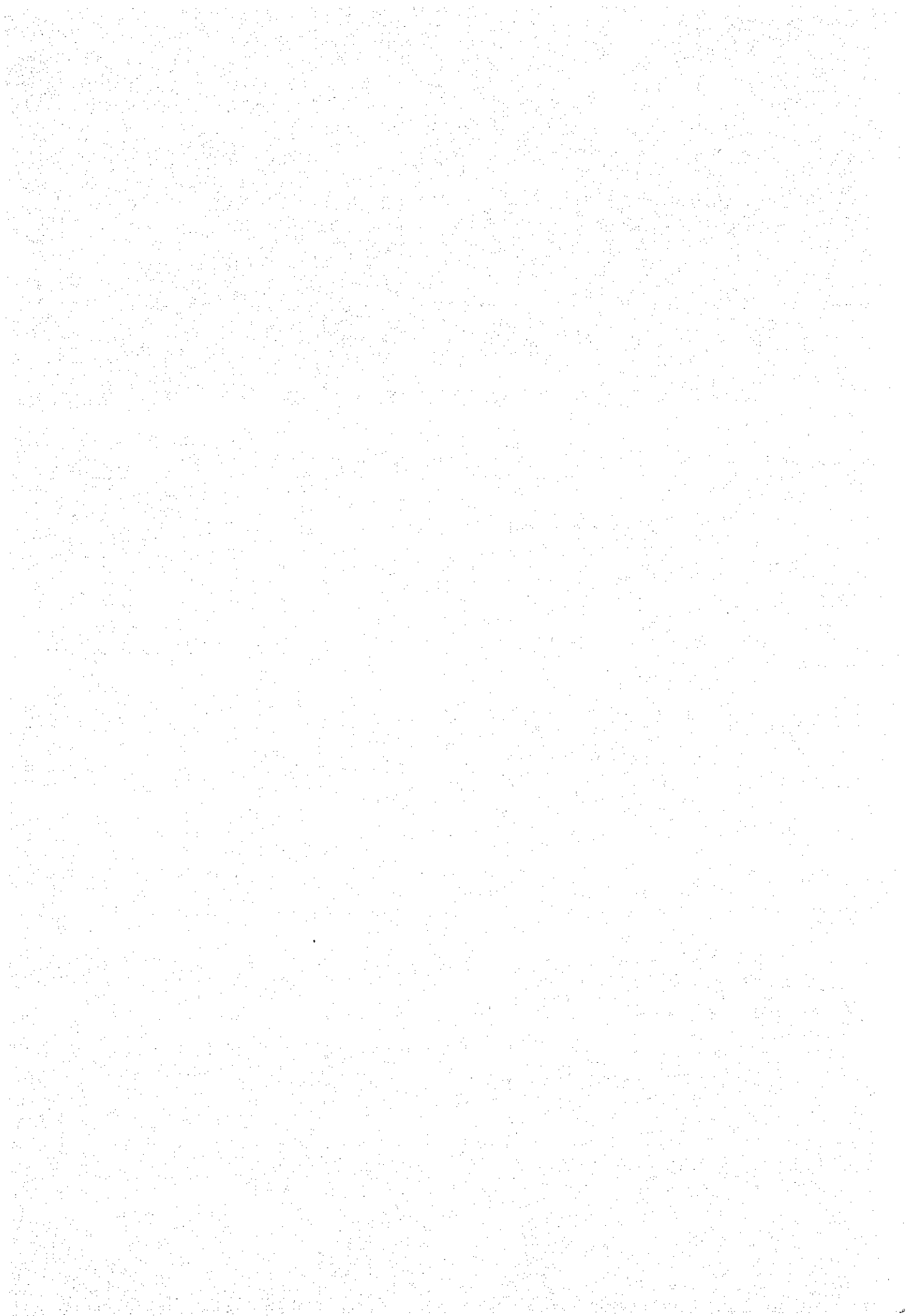


第 1 部  
卷 末 資 料



第1部巻末資料 (1)

イスラマバードの生活事情

JICA 社会開発部プロジェクト CMTC (Construction Machinery Training Centre Project) の調整員である古賀達郎氏作成のイスラマバード生活情報が生活基盤をかためるにあたり大いに参考となるので添付する。

23. 07. 1986. CMTC

イスラマバードでの生活

赴任後半年経ちましたが、JICA パキスタン所長、和田所長はじめ先任者のご指導のお蔭で現在無事にパキスタン生活をエンジョイさせていただいています。経験未熟ではございますが、今迄に気付いた点をアトランダムに列記させていただきます。

- 1) 家：住宅はアメリカの援助の急増等の理由で不足気味ではあるが、業者に頼めば家賃（15日分）の手数料で斡旋して貰える。一般に24カ月分の家賃前納がルール化されている。
- 2) 使用人：マンション形式の家がなく、門番を始め何人かの使用人が必要である。  
門番（チョキダール）兼庭師（マリ）Rs. 800～，コックRs. 1300～，ドライバーRs. 1300～，スイーバRs. 300～，ドビー（洗濯夫）Rs. 300～，アヤ（子守）Rs. 300～スイーバ，ドビーはパートタイム形式で雇うケースが殆ど。
- 3) 車：必需品である。専門家の場合，無税で1ファミリーにつき1台，購入可能。トヨタ，ニッサンならパーツの心配はない。ホンダ，三菱も大丈夫と思う。スズキはカラチでノックダウンしているので部品について問題ないが小型車だけである。
- 4) 電化製品：C. B. R. BOOKで無税店で買うことができる。  
エヤコン，冷蔵庫，TV. VTR，電子レンジ，ラジオ，ステレオ，など一応何でも揃う。  
しかし，ホットプレートだけは売って無いので日本から持参すれば焼肉その他に便利である。パキスタンのTVはPAL方式なので日本用TVだと現地放送を受信できない。NTSC方式のビデオ専用となってしまう。しかも220V/110Vトランスが必要です。NTSC，PAL兼用方式のものを準備するほうが賢明である。但し此の場合3倍速で録画したビデオテープは見づらいとの事である。パキスタンではVHSテープが殆どである。（最近ビデオレンタル屋が増え007など洋画などを楽しめる。）
- 5) 水：必ず煮沸して湯冷ましを飲むこと。石灰分除去と滅菌のためである。コーラ，7アップ等を飲むのが無難。グリーンティと注文すると中国茶がでる。チャイと称する甘いミルクティをパキスタン人は好んで飲む。
- 6) 主食：現地人はチャパティ・ナンを主食としている。米はいわゆる外米でパサパサであ

る。スワット溪谷まで買い出しに行けば日本米の元祖とも言うべきスワット米が1 kg 6Rs. 位で買える。

- 7) 副食物：野菜はたまねぎ、じゃがいも、人じん、ほうれん草など豊富である。白菜、葱などシーズンオフに無くなるものもある。ごぼう、しいたけなどは無い。果物もオレンジ、マンゴ、バナナ、プリンスメロン、すいか、ざくろ、あんず、ぶどう、やし、りんご等多種多様である。肉は豚肉以外は売っている。魚は冷凍魚しか無く信頼できない。ビンずめ、缶づめ類及び調味料はバザールでも無税店でも売っている。ただし、お味噌は何処にも売っていません。
- 8) アルコール類：回教国であるため勿論タブーである。しかし、われわれは CBR ブックで半年毎にRs. 1400 迄買える。リカーパミットを取得すると HOLIDAY INN HOTEL の酒保でパキスタン製のウイスキー、ジン、ラム、ビールを入手できる。
- 9) 日本の味：皆無に等しい。いわゆる日本の味である干しうどん、冷やむぎ、そうめん、インスタントラーメンのような麺類、麦茶、梅干し、漬物（ザーツアイは中国料理店に行くとお出る）しいたけ、のり、すしの素、昆布、わかめ、インスタント豆腐など好みに応じたインスタント食品又は、保存食品を携行されると、時々故郷の味が楽しめます。
- 10) 家具、食器、日用品：可なり高くつくが日本で調達するのに比べると安い。カーペットはやはり本場だけあって良いものが豊富にある、土産物の横綱であろう。
- 11) 自動車免許：パキスタンの免許を取得するためには、日本の自動車免許証、パスポートサイズ（5×5 cm）の写真4枚、医師の診断書を提出すると無試験で交付される。
- 12) 学校：イスラマバードにはアメリカンスクール（小学～高校）とブリテッシュスクール（幼稚園～小学4年）及び邦人の奉仕によって運営されている日本人学校（補修校）がある。米・英校の授業料が異常に高く、かつ、可成り英語の個人教授を受けてからでないと歓迎されないようである。ちなみにアメリカスクールは年間100~150万円位必要、ブリテッシュスクールはその半分位とのこと。
- 13) 治安：昨年暮 12 月 30 日に8年半続いた戒厳令がやっと解かれたが、治安面では特に変化は無い。街にはポリスが多く想像していたよりも治安は良好といえる。ただし、N. W. F. P. のアフガニスタン国境周辺では時限爆弾、空襲などキナ臭い事件が後を絶たないようである。
- 14) 保険衛生：イスラマバードの衛生環境はラウルピンディより遙かに良いがバザールの蠅の数に関しては良い勝負である。若い方はガンマグロブリンが必要でしょう。コレラ、破傷風など予防接種を受けるに越した事ありません。マラリヤの汚染地区と聞いていますが、市内の蚊は今のところ大丈夫のようです。本項目に関しては皆様のほうがエキスパートなので宜しくご指導の程お願いします。

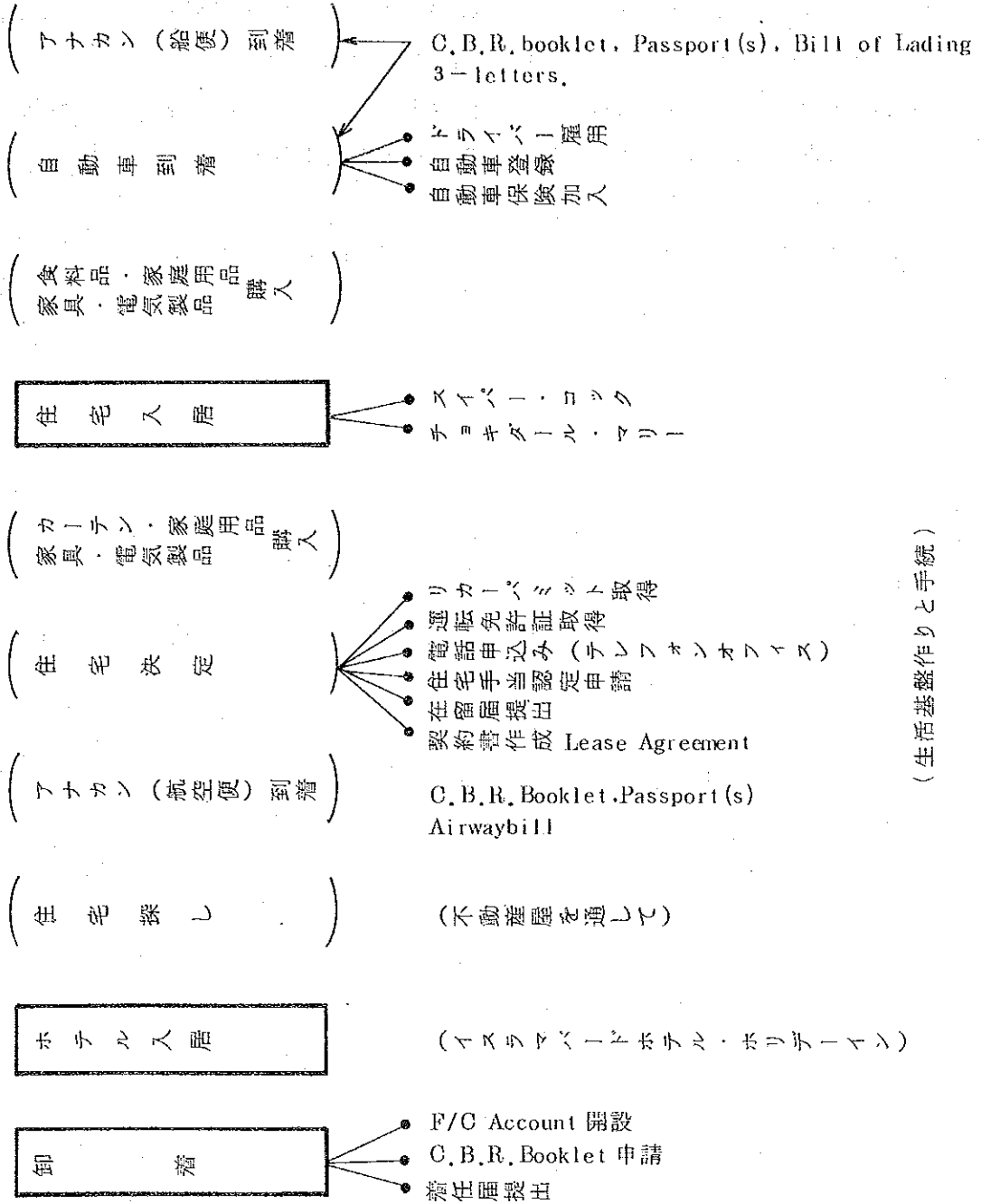
15) 換金レート：7月20日現在，1USドル=155.95円=16.7162Rs. 従って1Rs. = 9.3円です。なお，CBRブックで物を買う時Bank of America イスラマバード支店にドル口座を開きT/Cを入金しないと買う事ができません。この場合キャッシュは受け付けて呉れませんのでキャッシュよりもT/Cのほうを多く持参するほうがベターです。換金率もT/Cのほうが有利です。

以上思いつくままに書き連ねましたが，少しでも皆様のお役に立てば幸いです。

以上

1.5~2ヶ月後

2週間以内を目標



(生活基盤作りと手続)

## パキスタン（イスラマバード）赴任者用情報

### 1. 入 国

- (1) 入国に際し持込品の検査が行なわれる。アルコール類の持込みは禁止されている。
- (2) アナカン（別送手荷物）がある場合、空港内税関で“FORMA”の用紙を貰い必要事項を記入する。
  - (i) 各々の持込数量を記入する。（漏れなく記入のこと）
  - (ii) 持込外貨の額はおおよそで良い（少なめで良い）
  - (iii) “FORMA”記入後、係官のサインを貰い保管しておく。（アナカン引取りの際必要となってくる）

### 2. ホ テ ル

- (1) 住居が決定するまではホテル住いとなる。イスラマバード市の中心JICA 契約のイスラマバードホテルに宿泊する。
  - (i) 住所：Municipal Road, G-6, Islamabad  
Tel : 827311      Telex : 5643 IHI PK
  - (ii) 宿泊料 ツイン税込みRs564.
  - (iii) 1階にレストランがあり、パキスタン風、ヨーロッパ風の食事ができる。少々油っぽい傾向がある。（ホテルの水道水、出される水は信用できないので飲めない）、コイル式の湯沸し（イスラマ市内で購入可700～1,000円程度）、またはポット式の湯沸しを持参し、コーヒー、紅茶、インスタント味噌汁を飲まれることをおすすめ。
  - (iv) ドアボーイや室内清掃ボーイ、エレベータボーイ等々に時々5～10ルピー程度のチップを渡せる様5、10ルピー紙幣を準備しておくが良い。
  - (v) JICA officeまではタクシーで5分、CMPCサイトまでは30分程度（ホテルにレンタカー会社があるので、少々割高ではあるが慣れるまではこれを利用すると良い）  
価格時間当り 25.00RP + 走行 km×2.5RP（イスラマバードホテル）

### 3. 家 探 し

- (1) 住宅斡旋のエージェント（Property agent）に物件を依頼することになる。住宅不足気味ではあるが全く無いというわけではない（86.1月現在）
- (2) JICA 専門家の手引きのパキスタン地区住宅手当の125%の範囲内で物件を探すことになる。
- (3) 焦らずに少しでも多くの物件を見て対照表を作り比較検討する。次のことを考慮に入れると良いと思われる。
  - (i) トイレ、湯沸し器（geyser）、水道の機能をチェック
  - (ii) 雨漏りの有無、平家の場合屋根の構造は大事

(iii) 間取り, 使い易さ, 陽差しの関係

(iv) 周囲の環境, 配線配管に不備がないか, etc.etc

☆住宅選びに当り留意すべき点 (例) 入居前に

- (1) 修理箇所の有無及び規模 (→大家にさせる)
- (2) 部屋の数及び大小
- (3) 周囲の環境及び位置 (→まわりに住んでいる人, 他との関係)
- (4) 使用人の部屋数
- (5) 庭の大小及び手入れの状態 (→大家に整備させる)
- (6) ガレージの有無
- (7) 雨漏りの有無 (→大家に直させる, ベンキを塗らせる)
- (8) トイレの水の流れ確認
- (9) 湯沸し器 (geyser), その他の器機類の機能チェック (ポンプ, 電気器具)
- (10) 水ハケの良悪, 水タンクの清潔度
- (11) その他

#### 4. 家具, 電気製品等の購入

(1) 家具付きの家が少いので家具は当地にて購入することになる。以下は参考価格

(i) ベット……シングルで	Rs 1,000 ~
(ii) ダイニングセット… 6人用で	3,800 ~
… 8人用で	4,500 ~
(iii) ソファセット…長椅子, テーブル etc	3,500 ~
(iv) 机 勉強机 + 椅子	900 ~

(外国人は若干高くなるので現地スタッフといっしょに買い物に行くと妥当な価格で買える)

(2) 電気製品

入国後 6 カ月間電気製品, ストーブ等を無税で購入できる。最新式とまでは行かないが, ほとんどのものは揃う (炊飯器, 電気ポット, TV …… etc) こちらへ来て Duty free Shop (bonded shop) イスラバードに 7 ~ 8 軒ほどある で購入するほうが得策の様である。別紙参照

(3) 食料品, アルコール類

食料品 (輸入物) はイスラマバードの Duty free でアルコール類はカラチの Duty free Shop でそれぞれ毎 6 カ月 Rs 1,400 相当まで購入可能, 少々高いがしょう油は市内のマーケットで入手できる。Duty free Shop でも入手可能。

その他の食料品, 日本食以外は, 豚肉を除きほとんど入手できる。特に野菜は豊富の様



である。物価は安い。

(4) カーテン, カーペット

- (i) 家中の窓にカーテンをした場合Rs4,000, 5,000 ~ 20,000かかる。カーテンShopに  
行き布地を選び、職人に採寸して貰い作るケースが多い様である。
- (ii) カーペットは、化学繊維のものでRs/(foot)<sup>2</sup>~であり、必ずしも敷かなければなら  
ないというものでもない。その他、毛、絹で作ったカーペットはパキスタン製、アフガ  
ニスタン製、ペルシア製、イラン製、中国製等々、骨董品扱いの1枚数百~数千ドルの  
ものもある。

(5) 鍋, 食器等

- (i) 現地産, 外国製品ともイスラマバード市内で出廻っている。質もいろいろあり一概に  
言えないが何とか間に合いそうである。
- (ii) Duty free Shopで鍋, 食器90点セットを売っているので、そこから購入することも  
可能、但し日本式の茶碗, 急須, お碗, 箸, etc etcは無い

1. List of Bonded Shops

- (1) Duty Free Shop Blue Area, F6/  
(手続きが速い, 電気製品, 食器類, タバコ, 香水, 自転車 etc )
- (2) Diplocorps House No 4, St.16, F6/3  
(電気製品の在庫が多い, ガスヒーターあり)
- (3) National Bonded Store Nazimuddin Rd, F7/1  
(食料品, 冷凍庫有り)
- (4) Abrar & Co. Nazimuddin Rd., F7/1  
(食料品, 電気製品)
- (5) Gulf Trading House No 33 st.26 F6/  
(
- (6) Khalid Agencies Karachi  
(アルコール類, 食料品)

2. List Numbers (Ammount) of Goods cleared by C.B.R.  
booklet. ( )内は家族同伴の場合

日本人がCBRブックレットで購入できる範囲

- |            |       |         |           |       |         |
|------------|-------|---------|-----------|-------|---------|
| (1) 車 両    | ..... | 1台 (1台) | (5) 冷凍庫   | ..... | 1台 (1台) |
| (2) ガスヒーター | ..... | 2台 (4台) | (6) ガスレンジ | ..... | 1台 (1台) |
| (3) エアコン   | ..... | 2台 (3台) | (7) ラジカセ  | ..... | 1台 (1台) |
| (4) 冷蔵庫    | ..... | 1台 (1台) | (8) T.V.  | ..... | 1台 (1台) |

(9) V.T.R …… 1台(1台)

(10) その他 …… 1台(1台)

食料品 …… Rs. 1,400 相当 (Rs. 2,800 相当) / 月

アルコール… Rs. 1,400 相当 (Rs. 2,800 相当) / 月

## 5. その他

### (1)(i) 外貨交換率

1 US ドル = 167 ~ 168 ルピー

1 ルピー = 10 円弱

(ii) 現金 (ドルキャッシュ) よりも T/C の方が便利。また当地にて開く、F/C (外貨) Account への入金 は T/C のみとされている。(勿論海外からの F/C Account への送金は可能)。

### (2) 自動車運転免許書取得

(i) 取得に際し、日本国での免許証、パスポートサイズ写真4枚(国際免許証は通用しないが念の為持参すると良い) 必要。大使館より日本の免許の翻訳レターを付して提出するとパキスタンの免許が取得できる。

### (3) 使用人

(i) 使用人は最低1人は雇うことになる。(現在アパート形式の住居はほとんど無いので留守番: 門番兼庭師が必要)

#### (ii) 使用人の平均的給料

(i) 門番兼庭師 Rs. 800 ~ (ii) コック: Rs 1300 ~

(iii) 運転手 Rs 1,300 ~ (iv) スーパー: Rs 300 ~

### (4) 予防接種等

(i) 出国前にコレラ、肝炎、破傷風等の予防接種を受けることが望ましい。(予防接種料一種につき5,000円を限度として、その費用の実費額は給付される)

(ii) マラリアの汚染地区に指定されているので出国前に2年分のMP錠をJICA担当者から入手しておく。

(iii) 多少の薬品類はJICA イスラマバード事務所にて保管してあるが、飲み慣れた胃腸薬、風邪薬、バンドエイドや虫さされの薬等を持参すると良い。

### (5) 治安

昨年末に戒厳令が解除されたが、治安の面で、特に変わったことはない。日本と比べ市内の(イスラマバード市内では)警察の数は多い様である。夜間も定期的にパトロールをしているので安全であると言える。また、混雑するバザール等に出掛けて行っても安心して買物が出来る。

(6) 飲 料 水

外国人の家庭では水道水を一度煮沸（20～30分）してから飲料に用いているケースが多い。ビン詰、缶詰飲料コカコーラ、セブンアップ等も市販されている。

(7) 車

自家用車は必須のもので、買物、銀行、その他、知人宅訪問に欠かせない。タクシーやレンタカーを利用することも考えられるが、タクシーは相当の旧式で危険性が有り、数も少なくつかまえるのがたいへんである。レンタカーは割高になる傾向がある。その他の交通機関：バスは市内中をどこでも走っているというものでもなく不便である。

(8) 在留日本人（イスラマバード市内）

大使館関係を始め、商社、建設会社、国連機関、報道関係等々に働く日本人及びその家族で約150名、忘年会、新年会、盆踊り等の集まりが年2～3回あるとのこと。

(9) 娛 楽 等

アルコール類が禁止されているので飲み屋の類は“0”（中華料理店は7～8軒ある）映画館は5～6軒、本類、スポーツの道具類、ビデオ、カセット等余暇の使い方を考えて持参すると良い。

Margala Hill

View Point (海抜700m位)

動物園

Children Park

Margala Road

No. 48

E 8

山名専門家 和田所長宅

古賀調査員 20

3-B st. 33

立石職員宅

アムーブマーケット

フォトローバン原カーテン原

松村専門家

岡本専門家?

F 7

アフガニスタン民用品金門藥店肉原

ジンナースーパーマーケット

National

Abror

本原 食品店 インテリア 八百屋 靴店 雑貨

F 6

No. 150

溝畑リノダ宅

スーパーマーケット

カーテン 衣料品 食品 本屋 パン屋

Piprocop

コサールマーケット 食料品 床 雑貨

G 7

ストラマーケット

G 8

HOSPITAL Complex.

ISLAMABAD CHILDREN HOSPITAL

T&T パザール

C 6

Post of free

イスラマバードホテル

メロディマーケット st. 88 JICA

カーテン ショップ 映画館 雑貨屋

ガバードマーケット 肉 八百屋 中藥料理店 金曜マーケット

國華飯店

ホリデーインホテル

大統領官邸

EHBASY JAPAN

Zero "0" point

アンバサダーホテル

American Bank of America Express

American School (International School Islamabad)

1. C.B.R. Booklet:

- (1) Get reference letter to EAD from JICA, Pakistan office (introduction of experts).
- (2) Get two letters from EAD, one for "To whom it may concern" and the other for "Central Board of Revenue Second Secretary" (CBR).
- (3) Prepare covering letter from JICA Pakistan Office to Deputy Collector Customs at Islamabad Airport and also copy of passport (first five (5) pages, the page showing visa to Pakistan and the page showing date of entry into Pakistan).
- (4) Take these letters to Deputy Collector Customs, Islamabad Airport.
- (5) Usually it takes about 1 to 2 hours to get the CBR Booklet.
- (6) Finally had better prepare a copy of memorandum from CBR mentioning "Model Rules are applicable to experts".

2. Residential Report (Zairyu Todoke)

- (1) Get a form from the Embassy of Japan. Fill up the form and describe the type of blood after individual's name. If telephone is installed after submission of this form to the Embassy, it is advisable to inform the staff incharge.

3. Joining Japanese Club (Nihonjin-kai)

- (1) The Chairman of the Club is Mr. Sugiura Mitsui Bussan. Admission fee is Rs. 110/- per month for family and Rs. 70/- for single.

4. Opening of Foreign Currency Account (F/C Account)

- (1) Get a form from the Bank. Fill up the form according to instructions mentioned therein. Get a letter from concerned ministry which identifies the expert. When the account is opened, a traveller cheque is required. Minimum balance is US \$ 1000/-.
- (2) When we purchase goods from Bonded Store, a cheque of Foreign Currency Account can be used. Also a cheque of Tokyo Trust Ltd., is acceptable.

5. Clearing consignment from the Islamabad Airport or Karachi Port.

- (1) Procedure for clearing goods at Customs office is very complicated and takes a lot of time. So in most of the cases, we ask the agents to get the consignment cleared.
- (2) When consignment arrives at Islamabad Airport the PIA informs us by letter. In the case of Karachi Port similar action is taken by the authority concerned.
- (3) Take this letter along with Passport and CBR Booklet to a clearing agent and also an authority letter is required when we ask an agent for clearance of the consignment.

Islamabad Airport:

We need endorsement (stamp) of JICA office at the back of air way bill and signature of the consignee at the back of insurance policy in the air way bill.

Karachi Port:

The procedure is the same as that of Islamabad Airport. Besides we need an authority letter to Deputy Collector Customs, Karachi Port and Director Octroi Sea Dues, Karachi Metropolitan.

## 6. Accommodation:

Better ask Property Agent to show houses.

Following must be taken into consideration when one needs a house :

- i) Environment
- ii) Structure of roof, double or single.
- iii) Number and size of room.
- iv) Functioning of geyser, water taps, electricity, gas supply and drainage system.
- v) Number of servant quarters.
- vi) Sun shine.
- vii) Its location
- viii) Garage
- ix) Etc.

## Lease Agreement:

Get a stamp paper from Ayub Market. Following must be mentioned in the agreement.

- i) The date of commencement of this agreement.
- ii) Lease period must be "two years - (the days spent in hotel + two days)".
- iii) Prepare two sets of this agreement (first pages on stamp paper and the second pages on plain paper).



## 7. Driving Licence:

- (1) Get form 'A' and form 'C' from the Traffic Police.
- (2) If you have Japanese Driving Licence which is valid, (one year must have passed since it was renewed).
- (3) Make a copy of this Japanese Licence; bring this to the Japan Embassy and ask for translation certificate (charges are Rs. 340/-).
- (4) Fill up form 'A' with one photo attached; another three photos of passport size are also required.
- (5) Go to a clinic to get medical fitness certificate (must be filled in form 'C'). At this time ask the doctor to attest each photo on its back.
- (6) Bring forms to GPO, get stamp of Rs. 40/-, and fix these stamps on form 'A'. Take these forms along with translation certificate to Traffic Police. After a week the Traffic Police may issue a Pakistani Licence.
- (7) Go to GPO for registration after paying Rs. 40/-. It is valid for two years.

## 8. Application for installation of telephone:

- (1) Get application form from Telegraph & Telephones Department.
- (2) Get a "No Objection Certificate" from the landlord.
- (3) Make a photo-copy of passport.
- (4) Fill up the form and submit to the Divisional Engineer Telephones, Islamabad.
- (5) A demand note will be issued by the Divisional Engineer.

- (6) Make payment as mentioned in the demand note. Before making this payment two extra copies of the demand note may also be prepared.
- (7) After making this payment, the demand note will be submitted to the Divisional Engineer of the respective area who will give the possible date of installation of the set. Usually it takes about a week. If not go to Telegraph and Telephones Department, see the Divisional Engineer and keep on reminding him until the telephone is installed.

9. International Telephone.

- a. A letter is to be written to the General Manager Telecommunications Division for conversion of State Direct Dialing System into International Direct Dialing System (ISD).
- b. A Demand Note will be issued by the Telephone Department for depositing Rs. 100/- Prepare two extra copies of the Demand Note.
- c. Pay the Demand Note fee to the Bank.
- d. Submit this Demand Note to the Divisional Engineer who will arrange to convert the telephone into ISD (International State Dialing System).

10. Registration of car.

- (1) Get Bill of Entry from the Clearing Agent.
- (2) Get a Certificate of Insurance from the Insurance Company.
- (3) Get form 'A' from the Excise & Taxation Office, Ayub Market.

- (4) Deposit Registration Fee of Rs. 450/- into the State Bank of Pakistan.
- (5) Fill up Registration Form (3 originals).
- (6) Submit these papers to JICA Office.
- (7) JICA will send these papers to Japan Embassy and then to Ministry of Communications, Excise & Taxation Office, Motor Registration Authority).
- (8) The Registration Number will be sent back through Ministry of Foreign Affairs and Japan Embassy to JICA Office. This process may take about 1 to 2 months.
- (9) After submission of the forms to Embassy of Japan one can drive the car by putting Number Plate AD-33-AF (AF stands for 'Applied for').
- (10) When you are driving a car it is recommended to keep a copy of these documents with you.
- (11) After getting Registration Number pay tax to GPO (General Post Office) Islamabad.

第 1 部卷末資料 (II)

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		ISBN.0-7216-1518-6	MEN.8500859		
126	Falconer's the Drug, the Nurse, the patient.			1985	
	Sheridan, E.		Paper		¥8.250
	Pub. Saunders		MEN.8500860		
		ISBN.0-7216-1594-5			
127	AACN Procedure Manual for Critical Care.			1985	
	Ed. Millar, Sally.		Paper		¥9.500
	Pub. Saunders		MEN.8502869		
		ISBN.0-7216-1106-0			
123	Core Curriculum for Critical Care Nursing.			1985	
	Ed. Alspach, J.G.		Paper		¥9.500
	Pub. Saunders		MEN.8502872		
		ISBN.0-7216-1141-9			
129	The Effective Nurse: Leader and manager.			1984	
	Douglass, Laura Mae.		Paper		¥5.080
	Pub. Mosby		MEN.8503613		
		ISBN.0-8016-1449-X			
130	Supportive Care in Cancer Therapy. (Cancer Treatment and Research., Vol.			1983	
	Ed. Higby, Donald J.		Cloth		¥22.200
	Pub. M. Nishoff		MEN.8502625		
		ISBN.0-89836-569-5			
131	Core Review for Critical care Nursing.			1985	
	Ed. Williams, Susan.				

	ISBN.0-7216-1142-7	MBN.8503734		
132	Medical Secretary's and Assistant's Encyclopedic Dictionary. Karlin, Leonard. Pub. Prentice-Hall	Cloth * MBN.8506033	1984	¥6.750
	ISBN.0-13-672909-2			
133	A Guide to Curriculum Review for Basic Nursing Education: Orientation to Pub. WHO	Paper MBN.8506292	1985	¥1.120
	ISBN.92-4-154202-0			
134	Nursing Care of Children. Waechter, Eugenia R. Pub. Lippincott	Cloth MBN.8506150	1985	¥10.350
	ISBN.0-397-54257-7			
135	A Modular Study Guide to Maternity Care. Bobak, Irene M. Pub. Mosby	Cloth MBN.8506542	1983	¥4.270
	ISBN.0-8016-0738-8			
135	Fluid and Blood Component Therapy in the Critically Ill and Injured. Ed. Ellerbe, Suellyn. Pub. Churchill Livingstone N.Y.	* MBN.8506632	1981	¥5.290
	ISBN.0-443-03129-8			
137	Child and Family: Concepts of nursing practice. Smith, Marjorie J. Pub. McGraw-Hill	MBN.8507377	1982	¥14.420
	ISBN.0-07-048720-0			
138	Home Nursing Care for the Elderly. Ed. Hogstel, Mildred C. Pub. R.J. Brady	Cloth MBN.8508418	1985	¥8.230
	ISBN.0-29303-498-3			
139	The Impact of Computers on Nursing: An international review. Ed. Scholes, M. Pub. North-Holland	Cloth * MBN.8511773	1983	¥17.600
	ISBN.0-444-86682-5			
140	Nursing Uses of Computers and Information Science: Proceedings of the Ed. Hannah, K.J. Pub. North-Holland	Cloth MBN.8514387	1985	¥14.500
	ISBN.0-444-87904-8			
141	Law Every Nurse Should Know. Creighton, Helen. Pub. Saunders	Paper MBN.8517647	1986	¥6.000
	ISBN.0-7216-1832-4			
142	Nursing Care of the Adult Trauma Patient. (Critical Care Nursing Series) Harmon, A.R. Pub. Wiley	Paper * MBN.8600233	1985	¥5.490
	ISBN.0-471-88793-5			
143	Pharmacological Calculations for Nurses: A workbook. Batastini, Peggy H. Pub. Wiley	Paper * MBN.8600236	1985	¥3.460
	ISBN.0-471-81961-1			
144	Essentials of Medical-Surgical Nursing. Keane, Claire Brackman. Pub. Saunders	Cloth	1986	856980*9.000



145	Student Workbook for Essentials of Medical-Surgical Nursing, Keane, Claire Brackman. Pub. Saunders	ISBN.0-7216-1863-4	Paper MBN.8601544	1986	¥3.900
146	Writing on the Job: A guide for nurse managers. Mastrian, K.G. Pub. Wiley	ISBN.0-471-82171-8	Paper MBN.8606244	1986	¥3.630
147	(Political Issues in Nursing: Past, present and future, Vol. 1) Ed. White, Rosemary. Pub. Wiley	ISBN.0-471-90800-2	Paper MBN.8607469	1985	¥5.310
148	The Nurse's Drug Handbook. Loebl, S. Pub. Wiley	ISBN.0-471-82792-4	Paper * MBN.8609897	1986	¥5.850
149	Clinical Nursing Interventions with Critical Elements. Riley, M.A.K. Pub. Wiley	ISBN.0-471-89155-X	Paper * MBN.8615629	1986	¥4.410
150	Psychiatric Nursing Research. (Developments in Nursing Research, Vol. 3) Ed. Brookings, Julia. Pub. Wiley	ISBN.0-471-90907-6	Paper MBN.8615975	1986	¥3.690
151	The Clinical Handbook of Family Nursing. McFarlane, Judith M. Pub. Wiley	ISBN.0-471-89736-1	Loose-Leaf * MBN.8615988	1986	¥5.710
152	Handbook of Critical Care Nursing. Emanuelson, Kathy Lynn Pub. Wiley	ISBN.0-471-80418-5	Paper MBN.8616709	1986	¥5.970
153	Perinatal/ Neonatal Nursing: A clinical handbook. Ed. Angelini, Diane J. Pub. Blackwell Scientific	ISBN.0-86542-020-3	Cloth MBN.8618681	1986	¥15.000
154	A Bibliography of Nursing Literature: The holdings of the royal college of Ed. Walsh, F. Pub. Library Ass. Pub.	ISBN.0-85365-623-1	Cloth * MBN.8633981	1985	¥21.560
155	Introduction to Nursing: An adaptation model. Roy, S.C. Pub. Prentice-Hall	ISBN.0-13-491274-8	Cloth MBN.8642796	1984	¥6.890
156	Power, Politics, and Policy in Nursing. Ed. Wiczorek, R.R. Pub. Springer Pub.	ISBN.0-8261-4630-9	Cloth * MBN.8643676	1985	¥6.890
157	Medical-Surgical Nursing: A psychophysiological approach. Lackmann, J. Pub. Saunders			1987	745.990

- 158 Advances in Cyclic Nucleotide and Protein Phosphorylation Research  
 Pub. Raven Pr.  
 ISSN. MSN.5530003
- 159 Calcium and Cell Function(Molecular Biology: An international ser. of  
 Ed. Cheung, Wai Yiu.  
 Pub. Academic Pr.  
 ISSN. MSN.7230113
- 160 Author's Guide to Journals Ser.  
 Pub. Haworth Pr.  
 ISSN. MSN.84S2575
- 161 Family-Centered Community Nursing: A sociocultural framework.  
 Ed. Reinhardt, A.M.  
 Pub. Mosby  
 ISSN. MSN.85S0103
- 162 Nursing Skills for Clinical Practice.  
 Ed. Rambo, B.J.  
 Pub. Saunders  
 ISSN. Paper  
 MSN.85S0199
- 163 Contemporary Issues in Critical Care Nursing Ser.  
 Pub. Churchill Livingstone N.Y.  
 ISSN. MSN.85S1361
- 164 Critical Care Nursing Series  
 Pub. Wiley  
 ISSN. MSN.86S0034

Seq. < No.= 4 Count= 30 >

1	A Manpower Policy for Primary Health Care. A Manpower Policy for Primary 1978 Pub. Nat. Academy Pr. ISBN.0-309-02764-0	Paper MBN.5000203	1978	¥2.230
2	Community Oriented Primary Care: New directions for health services 1983 Pub. Nat. Academy Pr. ISBN.0-309-03339-X	Paper MBN.5000372	1983	¥7.100
3	Primary Health Care in the Making. Ed. Laaser, Ulrich, 1985 Pub. Springer ISBN.3-540-13727-0	Cloth MBN.5019331	1985	¥13.840
4	Prevention in Health Psychology. (Primary Prevention of Psychopathology, Ed. Rosen, James C. 1985 Pub. Univ. Pr. of New England ISBN.0-87451-320-0	Cloth MBN.5028156	1985	¥10.350
5	Teaching Primary Health Care Workers. McMahonis, Rosemary Pub. Macmillan ISBN.0-333-38613-2	Cloth MBN.5032501	1985	¥4.320
6	Teaching Primary Health Care Workers. McMahonis, Rosemary Pub. Macmillan ISBN.0-333-38614-0	Paper * MBN.5032502	1985	¥1.180
7	Child Health:Basics for primary care. Heagarty, Margaret C. Pub. Appleton Century ISBN.0-8385-1111-2	Paper MBN.7202573	1980	¥3.900
8	The Practice of Community-Oriented Primary Health Care.. Kark, Sidney L. Pub. Appleton Century ISBN.0-8385-7865-9	Paper MBN.7202605	1980	¥5.110
9	Primary Health Care: Bridging the gap between theory and practice. Stott, N.C.H. Pub. Springer ISBN.3-540-12621-X	Paper MBN.7203491	1983	¥5.200
10	The Primary Health Worker. Pub. WHO ISBN.9-24-154144-X	Cloth MBN.7203856	1980	¥1.800
11	Strengthening Ministries of Health for Primary Health Care. (WHO Offset 1984 Pub. WHO ISBN.92-4-170082-3	Paper MBN.7250821	1984	¥1.200
12	Social Work and Primary Health Care. Ed. Clare, Anthony W. 1982 Pub. Academic Pr. ISBN.0-12-174740-9	Cloth MBN.8400195	1982	¥11.760
13	International Classification of Health Problems in Primary Care: ICHPPC- 1982			

	ISBN	MBN	Year	Price
	ISBN.0-19-261423-5	MBN.8402127	1982	
14	Approaches to Teaching Primary Health Care. Ed. Knopke, H.J.		1981	
	Pub. Mosby	Cloth		¥8.780
	ISBN.0-8018-2732-X	MBN.8402190		
15	Planning Pharmaceuticals from Primary Health Care: The supply and Gish, Oscar		1982	
	Pub. APHA	Paper		¥3.000
	ISBN.0-87553-127-X	MBN.8417223		
16	On Being Change: A guide for middle-level management in primary health McMahon, R.		1980	
	Pub. WHO	Paper		¥1.520
	ISBN.92-4-154143-2	MBN.8425513		
17	The Health Centre Concept in Primary Health Care. (Public Health in Kohn, R.		1983	
	Pub. WHO, Europe	Paper		¥2.800
	ISBN.92-890-1153-0	MBN.8425929		
18	Education and Training of Nurse Teachers and Managers with Special Regard 1984			
	Pub. WHO	Paper		¥840
	ISBN.92-4-120708-6	MBN.8426011		
19	Health System Support for Primary: A study based on the technical. Kleczkowski, B.M.		1984	
	Pub. WHO	Paper		¥1.400
	ISBN.92-4-130080-9	MBN.8500017		
20	Malaria Control as Part of Primary Health Care. (WHO Technical Report 1984			
	Pub. WHO	Paper		¥1.120
	ISBN.92-4-120712-4	MBN.8502877		
21	A Guide to Curriculum Review for Basic Nursing Education: Orientation to 1985			
	Pub. WHO	Paper		¥1.120
	ISBN.92-4-154202-0	MBN.8505292		
22	Health Manpower Requirements for the Achievement of Health for all by the 1985			
	Pub. WHO	Paper		¥1.120
	ISBN.92-4-120717-5	MBN.8505312		
23	Mental Health Practices in Primary Care Settings: An annotated Ed. Wilkinson, Greg.		1985	
	Pub. Tavistock	Cloth		¥9.900
	ISBN.0-422-60180-2	MBN.8510378		
24	Primary Health Care in Undergraduate Medical Education: Reprint on a WHO 1984			
	Pub. WHO, Europe			¥1.250
	ISBN.92-890-1027-4	MBN.8514701		
25	Primary Health Care: Report of the International Conference on Primary 1978			
	Pub. WHO	Paper		¥700
	ISBN.92-4-180001-1	MBN.8515860		
26	Strategies for Primary Health Care: Technologies appropriate for the Ed. Walsh, Julia A.		1985	
	Pub. Univ. of Chicago Pr	Cloth		¥9.000

27	Leadership for Primary Health Care: Levels, functions and requirements Flahault, Daniel Pub. WHO	ISBN.92-4-130082-5	Paper MBN.8621219	1985	¥1,120
28	National Health Development Networks in Support of Primary Health Care. Pub. WHO	ISBN.92-4-170094-7	* Paper MBN.8625268	1985	¥1,400
29	Primary Health Care 2000: Global challenges. Ed. Fry, Joan Pub. Churchill Livingstone	ISBN.0-443-03315-3	Cloth MBN.8629923	1986	¥9,000
30	Behavioural Psychotherapy in Primary Health Care: A practice manual. Carnwath, Tom Pub. Academic Pr.	ISBN.0-12-160230-3	* Cloth MBN.8636610	1986	¥18,100

(085,980)

図表

	1,085,980
	2,274,510
合計	3,360,490
	<u>約340万</u>



第 2 部

コンタクトチーム調査報告

(61. 3. 17 ~ 3. 26)





## パキスタン国看護教育プロジェクトコンタクトチーム調査報告

### 1. コンタクトチームの構成

団 長	日比野 路 子	前タイ国看護教育プロジェクトチームリーダー
団 員	関 根 龍 子	厚生省健康政策局看護課課長補佐
団 員	志 摩 チヨ江	(財)国際看護交流協会理事
団 員	戸 川 正 人	JICA研修事業部研修第2課

### 2. 派遣期間

昭和61年3月17日～3月26日

### 3. 調査日程

月	日	曜日	日 程 内 容
3	17	月	17:40 成田発 JAL471 22:30 バンコク着 (給油) 23:30 バンコク発
3	18	火	02:35 カラチ着 03:30 ホテルミッドウェイにて大千里副総領事と打合わせ 09:00 ジンナー卒後看護学校訪問視察 11:30 アガカーン大学訪問視察 16:00 カラチ発 PK308 17:55 イスラマバード着 19:30 大使公邸にて会食
3	19	水	10:00 イスラマバード看護学校、小児病院及び総合病院視察 14:00 モーションボール次官補及びノブハール看護学校責任者と面談 18:00 JICA事務所にて打合わせ
3	20	木	10:00 ノブハール看護学校責任者の事務所にてパキスタン国における看護教育実情に関する質疑応答及び日本の技術協力方式の説明 12:30 看護評議会メンバーと面談 16:00 JICA事務所にてMINUTES案討議
3	21	金	#
			及び入手資料整理
3	22	土	10:00 ラワールピンディ総合病院及び附属看護学校訪問視察 12:30 ポリクリニック中央病院及び附属看護学校訪問視察

月	日	曜日	日 程 内 容
			19:00 調査団内打合わせ
3	23	日	パキスタン建国記念日
3	24	月	8:00 JICA 事務所にてMINUTES 案討議 9:30 ノブハール看護学校責任者の事務所にてMINUTES 案討議 14:00 保健省にてMINUTES 署名
3	25	火	9:00 日本大使館にてMINUTES 提出 9:30 経済省訪問 17:05 イスラマバード発 PK 309 21:00 カラチ着
3	26	水	01:15 カラチ発 JAL 472 16:00 成田着

### 3. 総括報告および提言

10日という短期間で、ナショナルデイを含めて3日間の休日をはさんでのパキスタン側とのコンタクトであった。

パキスタン側、現地JICA事務所、大使館などの御協力で下記の目的は一応達成出来たことを報告する。

- (1) 日本政府の無償協力である、看護、パラメディカルの学校建設の進捗状況は100%に近い予定通りの状態にあった。パ国側から何回となく、賞讃の声をきいた。10月開校が可能である。
- (2) パ国側の日本側に対する技術要請は、一月にDr, Nobuharu から保健省までに提出されている資料（別紙(2)参照）によると日本における研修員（パラメディカルも含む）の要請があった。チームとのコンタクトによって、日本での研修だけでなく、プロジェクト方式の援助も可能であることを、パ国側に理解させた。ただし、パ国訪問の最終日に経済庁に挨拶に行った時点で、カナダ国による技術援助があるらしく、二ヶ国からの援助によるプロジェクトは可能かとの質問を受けた。

ここではじめて、なぜ日本での研修のみの要請であったのかが理解出来たし、カラチでのアガカーン大学の看護学校でのカナダ人教員（パ国に6年在任）の関心度、熱意も理解出来た。

以上のような状況下にはあったが、看護教育に対しての技術協力の要請がパ国側からあり相互にミニツを取りかわすことが出来たのである。資料(1), (2)参照。

- (3) 技術協力方式についての検討は一応パ国側となされたといえるが、総べてがお任せみたいな点があつて、これでよいのか……という不安は少し残っている。

方式としては……プロジェクト方式、協力分野は看護教育のみとした。

ただし、パラメディカルの建築現場をみて来た現在、あの場所の活用の重要性を考えざるを得ない。

- (4) 技術協力の可能性は充分にあるとみた。女性の社会的地位の低くさ、文盲、カスト、宗教的偏見、生活環境のきびしさ等々多くの問題があるだけに、その援助の意義は大きい。今後、早急に取組むべきことは、人選、チーム作りなどであろう。

- (5) 看護教育制度の調査については、短期間ではあつたが、ナーシングカウシルでのリーダー3人との会談などによって、などによって、一応の成果はあつたとみる。

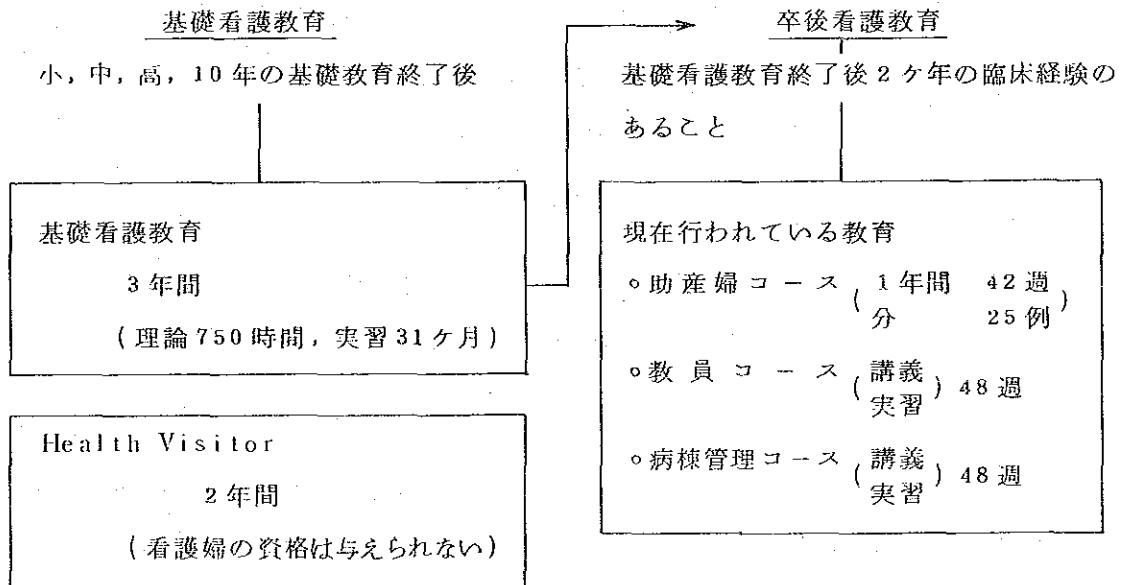
既成の制度がどれだけ、現実の看護教育に活用されているか問題であるし、そのカリキュラムをみても50年以上の古さがある。看護は卑しい仕事という意識を変えることは「時」が必要である。今後看護婦の意識調査などプロジェクトの研究課題となろう。

(6) 援時協力に関するスケジュールについては、

- a. カナダとの問題もあるので、出来るだけ早いプロジェクトのスタートが望まれる。
- b. 本年9月に新入生を受け入れる予定がパ国側には出来ているので、その時期までにはなんらかのプロジェクトとパ国側との連携が必要であろう。教育が後手にならないため。
- c. 専門コースが7コースなので、はじめに（今年度はの意味と受け取った）。3コース（精神科，小児科，ICUの中に腎透析を入れる）で開校予定であるので、その専門性のある人々の人選が望ましい。すなわち，1人の専門家が2コース位をこなせる人であったら，プロジェクトチームの人員は少なくとも4-5名（チームリーダーを含む）位の人選となろう。
- d. 事前打合せチーム，R.D. チームの派遣は可能な限り早い時期にすべきである。
- e. 国内委員会の支援については，インドネシア，タイでのプロジェクトの在り方，支援方法などのふりかえりの上に立った強力な支援を希望する。特に人選については慎重に行ってほしい。チームの性格を左右する重要なカナメであるので。

以上が総括および提言であるが，具体性に欠ける点があるとしたら，ノゾキ見の見解にならざるを得なかったこととしてお許し頂きたい。（日比野路子）

パキスタン国看護教育



新設看護学校における卒後教育（予定）

入学資格 ← 基礎看護教育終了後2ヶ年の臨床体験のあること

専 門 コ ー ス			
① 小 児 看 護	} 1年間	322日	2576時間
② 眼 科 看 護			
③ 結 核 看 護			
④ 手 術 室 看 護			
⑤ 麻 酔 看 護			
⑥ 心 疾 患 看 護	1年間	42週	理論 280時間 ( 実習 224時間 )
⑦ 公 衆 衛 生 看 護	1年間	48週	理論 480時間 ( 実習 450時間 )

資料 (1)

Minutes of Discussions  
Between  
Japanese Contact Team  
and  
Pakistani Authorities Concerned  
on  
Japanese Technical Cooperation for  
The College of Nursing and Para Medical Institute

The Japanese Contact Team headed by Mrs. Michiko Hibino (hereinafter referred to "the team") visited the Islamic Republic of Pakistan from March 19, 1986 to March 25, 1986 to discuss possibilities of technical cooperation for the College of Nursing and Para Medical Institute (hereinafter referred to as "the Institute"). The team carried out field surveys, held a series of discussions and exchanged views with concerned officials of the Pakistan Government. As a result of those discussions, both sides agreed and confirmed the following essential elements of the discussions.

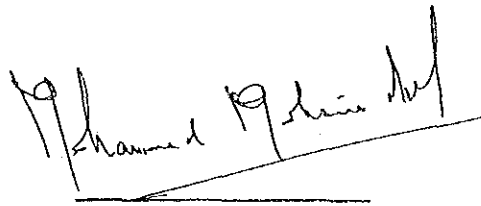
1. The Pakistani side fully understood Japan's technical cooperation system explained by the team, and expressed their desire to obtain "Project - Type Technical Cooperation" over the period of five (5) years.
2. Regarding the area of technical cooperation, the nursing education will be covered at the level of postgraduate.

Islamabad

March 24, 1986



Michiko HIBINO  
Team Leader  
of The Contact Team  
for Nursing Education



Surgeon Rear Admiral  
Muhammad Mohsin Pal  
Director General  
Ministry of Health &  
Social Welfare

## 2. パ側要請内容とプロジェクトに関する所感

### (1) メンバーとしての感想

昭和 59 年 8 月の基本設計調査メンバーとして参加しているので、本件については 2 度目のパ国訪問であった。

日本の医療技術短期大学レベルの学校規模と考えていたが、少くとも建物は、パキスタンの風土、建築様式をとり入れた立派なものが出来上っていた。機材もほぼ入っていたので、ソフト面の入れ込みを待つばかりといった状況である。

以下箇条書きに感想のポイントをまとめた。

イ 前回に比し、コンタクトチームという特殊性か、パ側の受け入れ準備ができていなかった。(Project Director の技協についての認識不足、Meeting の時間があまりもてない→多忙さと、休暇が多かったなど)

ロ Project Director は College of Nursing の校長になるわけではならしく技協については校長になる人と運営について話し合えないと具体性がもてないように思う。前回の調査団の時の Project Director も現在は General Hospital の Director になっているようで今回顔を出さないし、パ側の Manpower の一貫性がない。パ側の問題ではあるが今後の対応のために、せめて日本側のチームは伝達を密にするなどの継続性をもつ必要がある。

ハ 女権拡大と看護の質的向上は平行して行われるであろう。パキスタンでは、宗教的、民族的な壁が大きく、まだまだ長い道程であろう、と思われるが、日本の協力でできたこの施設を活用して、教少い進歩的看護婦が核になり、看護教員を始めとする看護の指導者の意識改革をすることこそが大切と思われる。今後の技術協力の中では、そうした視点で幅広く協力してゆく姿勢が求められるであろう。

### (2) パ側要請内容

#### ① 協力方式

Project Director との初回 Meeting の段階では、Fellowships についての具体案は国内的に準備されていた(別添 a)ものの、技術協力の方式についての基礎理解がなされていないようであった。JICA 側からの説明を受けたあと下記のようなプロジェクト方式の協力を希望していることが理解できた。

#### ・ 専門家の派遣(日本からパキスタンへ)

内容についての話し合いには至っていないが、Minutes の交換のあと、経済省の次官のところへ報告あいさつに伺った際に、Karachi の AGa Khan Hospital で協力してもらっているカナダ人などと協力してやる方法についてどう思うか、という打診があった。当チームとしてはコメントできないが意向は日本側の本省に伝える、

とのみ答える。

• 研修員の受け入れ

別紙 a の文書の内容については、あくまで Dr. M. A. Naubahar が 1 月 16 日付で、パ側の国内文書として Dr. M. M. Pal (Director General) に提出されたものであり、未検討のものである。中味については人数、期間、資格、内容について吟味する必要がある。

• 機材供与

図書、および教材作成についての協力依頼あり。

② 協力分野

看護の卒後教育、パラメディカル教育についての技術協力要請があるも、当核チームは看護のみの打診チームである旨を伝える。

出発前に基礎看護教育についての技協かも知れない、との JICA 意見があったが、あくまで卒後のスペシャリスト（特に臨床面の）の養成が急務であると、強い要請があった。しかし、基礎看護教育の実態を見学した感想としては、卒後教育であっても基礎教育の再教育を含めた教育を行う必要があると思われる。

③ 協力期間

1986 年 9 月 1 日に開校すべく、Staff の選考、特に教員はすでに 16 名決定、4 月 1 日には校長の面接を行うなど準備が着実に進められている。予算的にもパ側としては本年 4 月～6 月の 3 か月と、7 月から向う 1 年間の予算が大蔵省で認められている（予算書入手）。こうしたパ側の準備があるので少なくとも 9 月から向う 5 年間の技術協力をしてほしい旨要請あり (Minutes の 1. に明記) (志麻チヨ江)

(3) パキスタン国における看護教育制度および看護婦の就業状況

パキスタン国における女性の社会的地位は低く、男尊女卑の強い国である。この国の特徴としては、識字率 27%、文盲率 75% と高く、教育を受けている者は少ない。女性の地位が低い理由には家庭にとじこめてしまい、看護婦でも結婚すると家庭に入ってしまう現状である。また宗教からの問題として人の体に触れることが卑しいこととされて、ナースになる者は低い立場の者が多く、なかでも回教徒でないクリスチャンが多いと云われている。しかし、最近次第に女性の地位向上が叫ばれ、1 人の女性国務大臣も出ている。このような一般的事情の中での看護教育についての概略を述べてみる。

① パキスタン国における看護教育制度について

パキスタン国での一般教育は、初等教育 5 年に中等教育 3 年、高等教育 2 年の 10 年である。その後看護婦教育は高卒後（15 才）から、一般看護 3 年を終了し、助産婦教育 1 年のコースがあつて 4 年間の看護教育となる。（表-1）



現在全国で 44 校の学校が散在しておりそのうち保健省管轄下の学校は 13 校である (表-2), 今回視察した学校は, 卒後教育機関 1 校と基礎教育機関 4 校である。

カラチのジンナー看護卒後教育校は, 看護管理 1 年コースと教員養成 1, 2 年コースを目的とした教育校である。入学資格は, 基礎の看護学校を卒業したのち, 3 年の実務経験をj得て面接の結果可能となる。教員はダイレクター 1 名と専任教員 6 名の計 7 名で, 在籍学生数は, 1 学年 44 名, 2 学年 24 名である。しかし驚いたことは, 管理者および教育養成校でありながら, 教材は黒板と白墨のみで他の何一つの教材も見当らなかった。図書は 10 年前にアメリカの教員が残して行った古い本が, 900 冊ほどあった。予算を聞くと図書費はゼロとのことであった。

このジンナーでの卒業生は, 10 年間で約 2,000 名いるが, 現在 110 名程しか現役でない現状とのことであった。海外への流出も多くその主な理由には, 他国へ出て働いた方が給料が高いのでということである。(ダイレクターの 1 年分の給料が卒業生の 1 か月の給料になるとのこと)

イスラマバードにある看護学校については個人経営の学校を除いて, どの学校も教育設備は乏しい。教科書はなく, 教材・教具についても看護学校に OHP が 1 台あればよいといった状況である。実習室は狭く暗い, そして教材はシート 1 枚, 赤い毛布 1 枚を使ってベッドが作られているだけである。(病院のベッドは同じ状況なので, この国ではこの状況がスタンダードと云えるのかも知れない)。またモデル人形が 1 体ベッドの上に置いてあった。その人形の表情は死人のように青ざめている古い人形であり, またトレイのなかに入っている機械器具なども 1 セットのみしかなく, 日常の生活援助の技術実習が出来るような教材は充足されていない状況である。また他の教室では机と椅子, 黒板と白墨が置いてあるだけで, 図書室には古い本が数える程しかなく, 新しい本が購入されている様子は見当らない。

カラチの個人の寄附によって建った医学教育病院の一貫としてのアガカーン看護学校では, 同じパキスタンにある看護学校とは思えない程の立派な学校である。9 万 m<sup>2</sup>の敷地にパラメディカルの養成も含めて昨年 9 月に開校した養成校である。カナダ人の看護教師に会って会話をもったが, イスラマバードの看護学校建設時のアドバイスをした等色々と話していた。図書は目標 8 万冊 (現在 15,000 冊)。視聴覚教材も十分整っており, 学生達の将来が期待されるが, 入学する学生は上流社会の学生が多く, その学生達がどのように卒後就業するかは未知である。一応同じ施設内での就職が考えられているらしい。看護学生数は定員 120 人だが, 現在 64 人が在籍しているとのことであった。

② 看護婦の就業状況であるが, 現在 1 年間に 840 名程の看護婦が養成されているが, 登録看護婦は 11,000 人程度であり, 実働看護婦はその半数にすぎないと云われる (1982

年)看護婦の就業場所別の実働状況等のデータはない。

③ パキスタン国における看護婦の技術レベルと看護教育上の問題点

技術レベルについてみると、病院で働いている看護婦の看護ケアの状況は、看護技術があるとは言い難い状況である。例えばポリクリニックでは、ベット数315床、外来患者1700人、医師7名、看護婦72名、看護学生20名が常時働いているという状況のなかで、看護婦はほとんど病室でケアをしているといった様子は見られる、ナースステーションに集まっている。看護記録についてみると、記録用紙は印刷はおろか用紙、形式は決まっておらず、紙にたてよこの線を引き、記録らしいものが書かれ、サインはしてあるが、到底記録などとは云えないものといえよう。記録がなければ体温表が看護記録だとみせてくれた病棟もあり、その体温表の使い方もひどいものであった。また産科病棟の新生児室では、スリッパにはきかえるが、入口にはドアがなく室内の暖房はガストーブが使われコットベッドのなかには、汚れたシーツや物品などが置かれて清潔、不潔の区別がなされているとは思えない危険な状況のなかで看護が実施されている。感染症の新生児と未熟児が同じ部屋に置かれ、ケアをするナースの配慮もない。看護学生は1病棟に4名位ずつ配置され、徒弟的な教育で病院の労働力として三交代をしている。しかし看護学生達の表情は明らかく、若さが感じられたのが強く印象づけられたことは唯一の救いといえようか。

④ パキスタン国の今後の看護教育上の問題と課題

10日間のパキスタンでの看護学校等の視察から、いくつかの看護教育上の問題を感じた。その1つには、各学校とも卒業時の到達目標が明確でなく、各々の学校で勝手に各々の目標をもち教育をしているようである。すなわち、ばらばらでピンからきりまでの学校がある。そのような学校からはどんなナースが育つであろうか。看護婦としてこのような状況のなかで一部の者が臨床経験を深く積まれても、基礎教育の不明瞭さからは、よい看護教師もでないであろう。看護教師の資質の向上を考える必要がある。ジナーの卒後教育校のように、2,000人の卒業生のなかで、たった110名の卒業生しか就業していないということは、それを物語っているといえる。

次に看護学生は、1日2時間の講義、6時間の実習という徒弟的な教育を受けているが臨床側の看護が乏しい状況のなかでは、看護に対する考え方や、技術の上達はむずかしいといえよう。基本的に云えることは看護に対する意識の改革が必要と考える。

(関根龍子)

表-1 パキスタンの学校教育制度

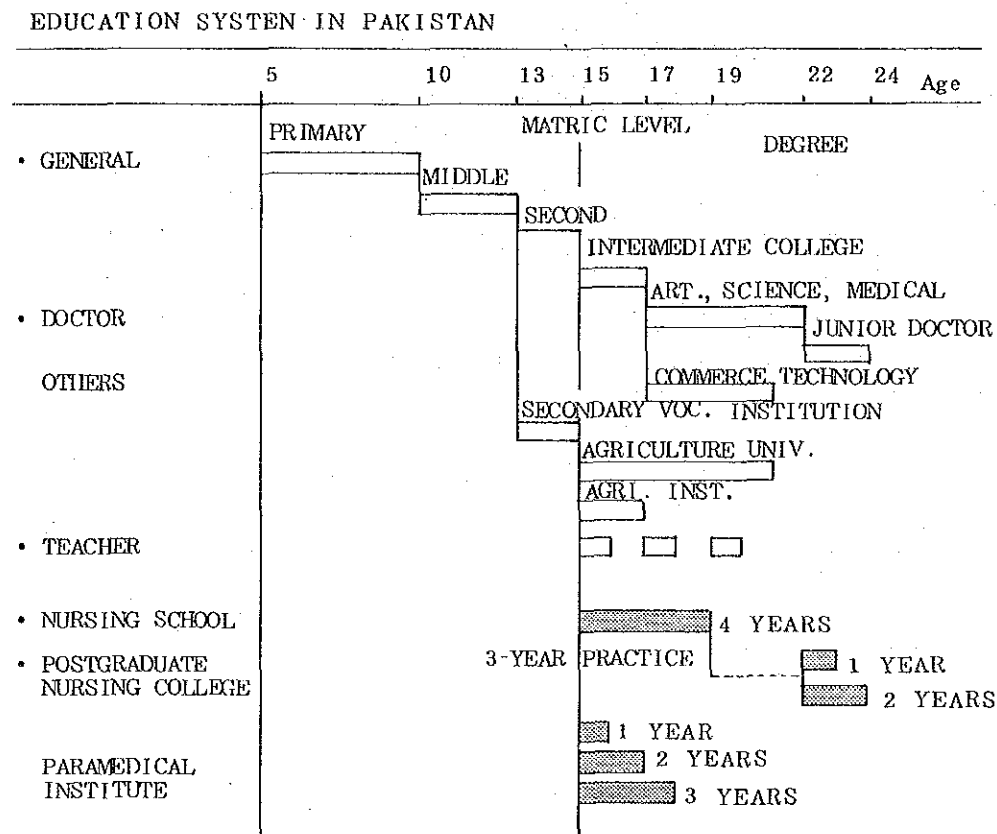


表-1' 看護婦・パラメディックス養成内容

職 種	入学資格	年齢制限	教育期間	資 格	(備考)
看護婦	高 卒 (大学試験資格)	15~25 (事情により40)	3年 (+1年の助産婦)	NURSE (B.S.C)	
産 婆	"	"	1年	MIDWIFE	
保 健 婦	"	"	2年	HEALTH VISITOR	
補 助 婦	中 卒	17~40	1年	MAIDS	
産 婆 助 手 (結核予防士)	健康 健全	なし	1年	MAIDS (TBA)	
卒 後 看 護	看護婦として3年	(21~)	(1年)		(JPMC)
理 学 療 養 士	短大卒(科学)	(17~)	3年	PHYSIOTHERAPIST	(JPMC)
一 般 臨 床 技 師	高 卒	(15~)	2年	LABO. TECHNOLOGIST	(NIH)
一 般 臨 床 技 師 上 級	LABO. TEC.		2年	B. Sc. MED. TEC.	(NIH)

表-2

## TRAINING SCHOOL FOR NURSES

	Punjab	Sind	NWFP	Baluchistan	Total
Federalal	1	1	-	-	2
Govt.	10	4	5	1	20
Semi-Govt.	-	-	-	1	1
Army	6	1	-	1	8
Mission	4	3	-	1	8
Social	-	1	-	-	1
Security K.M.C.	-	1	-	-	1
Private	-	3	-	-	3
Total	22	15	5	4	44

(4) パキスタン国における基礎看護教育カリキュラムと卒後教育カリキュラムについて

基礎教育の入学資格は、大学入学資格程度で英語は中級、年齢は15～22才、40才までの志願者は特別区のみ許可をし、修業年限は3年でDiplomaが取得できるようになっている。

カリキュラム(1972年)は学科と実習に区別され、各々科目毎の時間数については資料4に表すとおりである。学科は750時間、実習は31か月となっているが、2、3年生時には実習は23か月で如何に労働者として使っているかを計り知ることができる。教育内容は看護に関係する内容は組み込まれているが人間形成や教養などを身につける科目はないと云ってよい。実習が月数で表出されているが、夜間実習も組み込まれ、1年生は3年生と共に1～3か月毎にあるようである。

実習については、看護学生が実習する実習病院の規定があり、指導者の資格等も定められている。簡単に記すと

◎ 実習病院における規定

① パキスタン Nursing Council が許可

② 医療スタッフがいること

③ 看護スタッフは1：3ベット(又は患者)であり3交代する

1人は看護監督者

1人は " " の補佐

25人の看護学生に対して1人の看護教員

" " " 1人の臨床指導者

25ベットに対して1人の主任看護婦

1人の夜間管理者

24時間管理するため10ベットに対して3人の責任看護婦

④ 看護スタッフの資格

• 看護監督者は a) 看護婦と助産婦の資格を有していること

b) 卒後教育、管理コース、教員(Sister Tutor Diploma)

c) 実務経験、3年の教員経験+2年の看護監督者補佐または看護教員として5年

• 看護補佐は a), b), c) 3年の看護教員経験

• 看護教員は a), b) Diploma 教育を有す、c) 主任看護婦として2～3年

• 主任看護婦は a), b) Diploma 管理者を有す

d) 主任看護婦として2～3年

⑤ 一般訓練

100ベットには男、女、小児を含む少なくとも内科、外科を30床、小児15床、

眼，耳鼻咽喉科，その他を含む15床を有すること，1日の収容患者は80人を下まわらないこと，男子は30人以下でないことなどが定められている。

また看護師については，婦人科に専従3か月間，精神科，放射線科，化学検査室，物理療法，泌尿器科，性病，救急室などの実習を行うことが決められている。

次にHealth Visitor（ナースの資格はない者たち）（1973年）のカリキュラムであるが，病院，ヘルスセンターに勤務する者として教育される。家庭訪問や看護の仕方，助産婦や医師との連携をはかる事が主な仕事である。

年齢は16才～35才で修業年限は2年間で104週である。

- 1期 - 10週 - 350時間
- 2期 - 44週 - ( 講義 200時間  
                  実習 1222時間 )
- 3期 - 50週 - ( 講義  
                  ( 1650時間 )  
                  実習

次に助産婦教育のカリキュラムについてみると（1974年），ナースの資格をもち入学試験に合格した者で，年齢は16才～25才の女子に限っている。修業期間は1年で42週（10週の予備訓練校を含む）である。9週の終りにテストを行い，4週後の再試に失敗した者は退学させることになっているようである。分は25例の正常と異常のケースを実習することが義務づけられている。また家族計画のコースも4wある。

また病棟管理コースと教員と管理コースのカリキュラムについては表1，表1'に示す。

専門看護の小児，眼科，結核，手術室，麻酔などのコースは各々のコースが修業年限は1年間で322日，1日8時間（金曜日を除く）で2,576時間となり内訳は理論317時間，テスト17時間，実習2,269時間である。

以上のように一応のカリキュラムは作製されているが，その活用状況に問題がある。すなわち，そのナースとしての能力を卒業時点または卒後にチェックする機関，制度はない。

このような問題を踏まえてより深く，正しく看護の現状の分析が急務となろう。

（関根籠子）

看護婦，助産婦業務経験3年

オリエンテーション	Ⅰ期	テスト	Ⅱ期	テスト	休暇	Ⅲ期	テスト	
1w	14w	1w	14w	1w	2w	14w	1w	→ 48w
オリエンテーション		1w						
I 期	14w							
基礎科学	……化学，薬学，微生物学，解剖生理					講義	8/w × 7	→ 56
						実験	16/w	→ 112
英語	3/w × 14				42			
社会科学	6/w × 7				42			
栄養	4/w × 7				28			
公衆衛生	42/w × 7				294			
テスト	1w							
II 期	14w							
英語	3/w × 14							
看護理論	8/w		× 7		→ 56			
	実習		20/w		→ 140			
母子保健理論	10/w		× 7		→ 70			
	実習		20/w		→ 140			
テスト	1w							
休暇	2w							
III 期	14w							
病棟管理と指導	理論		8/w × 7		→ 56			
	実習		40/w × 6		→ 240			
人間関係	4/w × 7				28			
英語	3/w × 14				42			
管理ワークショップ	1w							

## 教員と管理コース

2年生

I期	テスト	II期	休暇	III期	ワークショップ	テスト
14w	1w	15w	2w	14w	1w	1w → 48w
I 期		14w				
指 導 方 法		6/w × 14		84	)	
心 理 学		3/w × 14		42		
特殊領域の教授問題		4/w × 14		56		
評 価 方 法		4/w × 14		56		
テ ス ト		1w				
II 期		15w				
会 議		3/w		45	)	
実 習 指 導		個 別				
III 期						
研 究 方 法		3/w × 14		42	)	
ガ イ ダ ンス		3/w × 14		42		
カリキュラムの計画		4/w × 14		56		
看護教育管理		3/w × 14		42		
セ ミ ナ ー		2/w × 14		28		
ワ ー ク シ ョ ッ プ		1w				



## 基礎教育カリキュラム

	1 年	2, 3 年	計
学 科	390	360	750 時間
実 習	8 か月	23 か月	31 か月

学 科		実 習	
1 年	<ul style="list-style-type: none"> <li>・英 語 60 時間</li> <li>・解 剖 ・ 生 理 70</li> <li>・看 護 技 術</li> <li>講 義 40</li> <li>実 習 60</li> <li>・看 護 倫 理 10</li> <li>・個人家族地域保健 30</li> <li>・病 理 20</li> <li>・化 学 20</li> <li>・栄 養 ・ 食 事 療 法 20</li> <li>・内 科 看 護 15</li> <li>・外 科 看 護 15</li> <li>・薬 理 学 15</li> <li>・看 護 史 15 / 計 390</li> </ul>	1 年	病棟において看護・観察 月数 8
		2 年	<ul style="list-style-type: none"> <li>内 科 病 棟 3</li> <li>小 児 " 2</li> <li>感 染 症 " 3</li> <li>婦 人 科 " 2</li> <li>外 科 " 2</li> <li>耳 鼻 科 " 3</li> <li>外 来 " 2</li> <li>手 術 室 " 2</li> <li>Public Health School 1</li> <li>公 衆 衛 生 1</li> <li>精 神 科 2 / 計 23</li> </ul>
2, 3 年	<ul style="list-style-type: none"> <li>・薬 理 15</li> <li>・看 護 技 術 30</li> <li>・内 科 看 護 55</li> <li>・外 科 看 護 55</li> <li>・接 触 疾 患 30</li> <li>・小 児 看 護 30</li> <li>・整 形 外 科 看 護 30</li> <li>・健 康 教 育 方 法 10</li> <li>・婦 人 科 看 護 15</li> <li>・泌 器 15</li> <li>・病 棟 管 理 5</li> <li>・個人家族地域保健 30</li> <li>・公 衆 衛 生 20</li> <li>・精 神 科 看 護 20 / 計 360</li> </ul>		計 31 ヶ月

※夜 間 実 習  
予備訓練校でも許可されている。  
1 年生は上級生と共に 1～3 か月毎にある。

※少なくとも 1 日 2 時間の実習は含む。  
各分野 6 週間は含む。



第 3 部  
長期調査員報告  
(61. 6 30 ~ 7. 21)



## 長期調査員報告

### 1. 長期調査員氏名等

日比野 路 子 前タイ国看護教育プロジェクトチームリーダー

田 代 順 子 聖マリア短期大学 助教授

### 2. 派遣期間

昭和 61 年 6 月 30 日～7 月 21 日

### 3. 調査日程

月 日	曜日	内 容
6月30日	月	<p>Narita</p> <p>16:00 箱崎シティターミナルにてスペース社深沢氏より調査票の英訳を受けとり、JICA本部に連絡の後成田へ出発。</p> <p>19:00 成田より LH-643 便にてカラチへ。</p>
7月1日	火	<p>Karachi</p> <p>訪問および調査</p> <p>College of Nursing Karach</p> <p>0:30 カラチ着、大千里副領事、桶田氏出迎え、Midway Hotel にて休息。</p> <p>11:00 領事館アレンジにて College of Nursing J.P. M.C. Karachi</p> <p>校長 Mrs. Aysa Siddiqui 不在にて、Mrs. Sheila A. NAGI: Nursing Instructor Mrs. Shabida SALIM: " にて面談</p> <p>研修生に対して講話(100名)</p> <p>調査依頼 director 1枚, instructor 6枚, 研修生 1年20枚, 2年20枚, 回収7月7日あるいは8日に。</p> <p>13:30 竹内領事, 大千里副領事と会食(シェラトンホテル)</p> <p>16:00 カラチより, PK-754 にてイスラマバードに。</p> <p>18:30 イスラマバード遅着(30分), JICAより出迎えイスラマバード泊。</p>
7月2日	水	<p>Islamabad</p> <p>JICA office</p> <p>日本大使館</p> <p>パキスタン看護学校</p> <p>8:30 JICA 事務所へ, 和田所長, 立石氏面談 Miss. Bilquis TAHIRA コンサルタント面談</p> <p>10:00 日本大使館表敬訪問。 柳大使, 大部氏, 和田所長と面談。</p> <p>15:00 パキスタン看護大学視察。 飛鳥建設・勝田翼氏挨拶。 久米建築事務所・西村哲郎氏, 金井寛氏案内にて視察。</p>
7月3日	木	<p>8:30 JICA にて調査票準備</p> <p>10:00 経済省に表敬訪問, 面談。</p> <p>経済省訪問</p>

月 日	曜日	内 容	
7月 3日	木		<p>12:30 Dr. Piroqa Ahamad DGFP Womens Division と面談, 調査に対する側面的支援依頼, 紹介。</p> <p>14:30 調査票準備継続 (4州×2 + Islamabad 2 = 10ヶ所)</p> <p>行政2部, 看護管理20, 看護学校教員110, 看護学生400, 実習病院100, 実習病院管理者120, 看護協会1。</p> <p>16:30 Miss. TAHIRAへ14日分日当支払い。</p>
7月 4日	金	人件費等支払い	
		国内調査前打合せ 調査準備	<p>9:00 JICA事務所にて調査準備。</p> <p>10:00 Dr. NOBUHARU, 和田所長とMeeting, 視察旅行の打合せおよび調査の了解を取りつける。調査アレンツ確認, 紹介状依頼, 全部電話で良くいってあるため紹介状の必要なしと再度の依頼も拒否。</p> <p>12:00 和田所長よりパ国内調査日程, 調査受け先についての説明を受ける。</p> <p>14:30 調査準備。</p>
7月 5日	土	調査準備	
		quatta 調査出発	<p>8:30 JICA事務所へ。</p> <p>10:30 空港着, 12:15 発 Balchistan 州 quetta PIK325 便 13:30に変更, 着 14:30。</p> <p>Mrs. Leenat Hameed, Sandeman Civil Hospital 総婦長他婦長1名出迎え。</p> <p>Balchistan Governmental Hostel にて Hearing および調査目的, 内容の説明および調査受入れ状況の確認。</p> <p>Mrs. Leenat より, 看護状況は問題が多く特に女性が社会的に外に出て働けない状況があり, 看護婦不足は深刻な問題である。教科書は古く (1935年代) パ国看護協会は英語での教育をするように言っているが, 生徒は英語を理解でき</p>

月 日	曜日	内 容	
			<p>ず、教師がウルドゥー語になおしそれを覚えている状況。</p> <p>この地域での主な疾患は胃腸病、貧血、結核で冬は寒くなるため、家を閉めきって石炭をたくため、特に結核患者は多い等説明あり。</p>
7月6日	日	quetta 調査	<p>9:00 Dr. (Mrs.) Shamin Qureshi, Director, Health Services から Hostel へ迎え。</p> <p>Sandeman Civil Hospital にて、学生1年～4年まで代表わあつめ調査説明、Coordinator よりウルドゥー語にて説明。</p> <p>School of Nursing Sandeman Civil Hospital 見学。</p> <p>教員に対して調査について説明、同時に同 Public Health School 依頼。</p> <p>Civil Hospital 見学。</p> <p>小児科、産科、極小未熟児や3ヶ月の栄養不良の乳児が母親あるいは祖母の付添いにて入院、病棟環境きわめて悪い。</p> <p>14:00 学校にて昼食会。</p> <p>総婦長、婦長2名、教員2名。</p>
7月7日	月	州保健部訪問  調査票回収	<p>9:00 Government of Health 訪問。</p> <p>Dr. ABDUL KHALIQ KHAN Secretary Health と面談。</p> <p>10:00 調査票回収のため、School of Nursing および School of Public Health Visitor より回収。</p> <p>12:30 School of Nursing の2名の教員の見送りにて空港へ。</p> <p>13:50 PIK321 便にて Karachi へ。</p> <p>15:30 Karachi 着。</p> <p>日本領事館より迎えあり、領事館表敬のため訪問。竹内領事と面談、明日、板橋領事表敬のアポイント。</p>



月 日	曜日	内 容	
		Sind州Karachi	16:30 Jinner Postgraduate Nursing Collegeへ訪問 Mrs. Aisha Siddigi 校長と面談，明日回収依頼。 17:00 Sheraton Hotel 泊。
7月8日	火	JPNC調査回収          表 敬      調査票回収 Punjab 州 Lakore	9:30 JPNCにて調査票回収。 10:00 Mrs. Begunt Rāma Liaquat Ali Khan 表敬訪問。 10:30 Civil Hospitalにて調査依頼 (Mrs. Aftak Ahmed Qureki 院長) Dr. Mushaq と Mrs. Nur Sefia Mustapha 総婦長の案内にて，病院，学校見学。 11:30 日本領事館表敬訪問。 板橋総領事，竹内領事と面談。 13:00 アガ・カーン病院，カナダ人と Sheraton ホテルにて面談。 日本総領付等と一緒に昼食会。 15:00 Civil Hospital より調査票を回収ののち空港へ。 18:30 PIK306 便にて着。 Mrs. Amin Punjab 州保健部より出迎え。 21:00 Hilton Hotel 泊。
7月9日	水	調査依頼 2病院，2校          調査票回収	8:30 保健部 Mrs. Amine とともに Health Services Hospital, School of Nursing Hospitalにて調査依頼。 病院見学 (外科，内科，ICU，CCU) Mayo Medical College Hospital School of Nursingにて調査依頼。 病院見学 (Pediatric Surgery, High Risk Baby Center, Pediatric Health Center) 14:00 会食，School of Nursing Mayo Medical College Hospital。 20:00 Mrs. Amin, 上記両校校長 Mayo Hospital 総婦長と会談。

月 日	曜日	内 容	
7月10日	木	調査票回収	<p>10:30 Panjab 州政府保健部に表敬訪問。 Syed Nasser Ahmed, Health Secretary 等と会談。 Panjab 州において卒後教育計画中との説明。 Panjab 州立循環器センター建築現場見学。</p> <p>14:00 会食, Mrs. Amin と会談。</p> <p>16:00 Islamabad へ, PIA 384 便。</p>
7月11日	金	調査中間報告 調査準備	<p>10:00 JICA Office へ。 和田所長より, 正式文書で7月9日付で Project type の技術協力の要請が出たことの 報告がある。</p> <p>14:00 国内打合せ, 昼食会。</p> <p>15:00 Data 整理, 145 Data 回収済み。</p>
7月12日	土	Peshawar  調査依頼	<p>5:30 ホテル出発。</p> <p>7:00 PIA 662 便にて Peshawar へ。 Mrs. Faiz Alamzab, 他2名出迎え。 NWFD 州政府保健部へ表敬訪問。 Kaybar Hospital School of Nursing, Kaybar Hospital へ 調査依頼 病院見学 学校見学 Lady Reading Hospital School of Nursing, Lady Reading Hospital 調査依頼 学校見学</p>
7月13日	日	調査回収	<p>9:00 Lady Reading Hospital へ調査票回収へ, 待っ たが回収できず, 13:00 再度回収予定で州政府 保健部表敬訪問。 Kaybar Hospital へ調査票回収。</p> <p>13:00 再度 Lady Reading Hospital へ。</p> <p>16:30 PIA 685 便にて Islamabad へ。</p>

月 日	曜日	内 容
7月14日	月	<p>8:30 JICA Office へ。</p> <p>9:00 IHC Children Hospital 訪問。 Dr. ABBAS 副院長, Mrs. Ali 総婦長と面会, 病院見学。 IHC Executive Director, Dr. Masood Akramと面会 調査依頼。</p> <p>11:00 Poli Clinic 訪問。 院長と面会, 看護学校見学(最低レベル), 調査依頼。 調査集計用紙作成。</p> <p>14:00 } 集計準備</p> <p>17:00 終了</p>
7月15日	火	<p>8:30 JICA Office へ。</p> <p>9:00 Dr. NOBUHARU 訪問。</p> <p>10:00 調査票集計作業 }</p> <p>18:30 終了</p>
7月16日	水	<p>8:30 JICA Office から IHC Dr. Masood Akram に面談, Dr. NOBUHARU 同行。</p> <p>9:30 調査票集計作業 }</p> <p>17:30 終了</p>
7月17日	木	<p>8:30 JICA Office へ。</p> <p>9:30 保健省 Dr. と面談, } Dr. NOBUHARU 同行。</p> <p>10:30 Dr. NOBUHARU に対してプロ技協要請計画再度 さいそく。</p> <p>13:00 日本大使館にて昼食。</p>

月 日	曜日	内 容
		14:30 調査報告書の Draft 作り。 } 18:00 20:30 Dr. ABBAS, Mrs. Ali と Children Hospital メンバーと会食。
7月18日	金	8:30 JICA Office へ。 調査報告書の Draft 作り。タイプ打ち開始。 13:30 国内打ち合せ, 会食。 14:30 } 調査報告書の Draft 作り。 18:00
7月19日	土	8:30 JICA Office へ。 調査報告書の Draft 作り, タイプ打ち。 経費支払い, まとめ。 15:30 18:30 Dr. NOBUHRU 紹待にて茶会, 和田所長, Mrs. Ali, Miss TAHIRA, 金井さん, 西村さ さん, 松島さん。
7月20日	日	8:30 JICA Office へ。 日本大使表敬訪問。

A JICA Nursing Education Survey

Mission consisting of Mrs. Michiko Hibino and Miss Junko Tashiro has arrived in Pakistan. The purpose of the Mission is to survey on the nursing situation in Pakistan and devise strategy to achieve cooperation in nursing education in the country with deep understanding. The mission had prepared questionnaires for the student nurses, nursing totors and administrators with a view to finding an answer.

2. The mission undertook personal visits to each Provincial Headquarter. They met the Principals of the Nursing Schools functioning at Karachi, Lahore, Peshawar and Quetta alongwith Directors/ Deputy Directors Health Services and exchanged views.

3. Having gathered sufficient information as well as basic data on nursing education, the mission also had useful discussions with the Executive Director of the Islamabad Hospital Complex, the Project Director of the College of Nursing and Paramedical Institute and the Director General Health, Ministry of Health, Islamabad. The discussion revolved round a variety of subjects ranging from undergraduate nursing education to postgraduate nursing education and sought the possibility of evolving a programme for technical cooperation in various specialised/nursing disciplines and

exchange of experts between the two countries.

The conclusion of all these talks is

summarised as follows.

4. These were a complete consensus on the issue of technical cooperation; it was felt that there is a definite need in certain areas of nursing education for a technical cooperation between the two countries. Following areas, were marked out :

1) A CONSULTANT IN THE COLLEGE OF NURSING AND PARAMEDICAL INSTITUTE/.

In response to the recently advertised post of the Principal of the College of Nursing, no applicant has been considered to be experienced enough or qualified enough to take up these responsibilities. It was, therefore, felt that a request may be made to the Japanese Mission for providing us the services of a Consultant who is to guide and advise the Principal, CN and PI :-

- a) about the organisational and administrative problems.
- b) the suggesting methods to implement curriculum devised for Nursing Students and changes/amendment in view of her practical experience in the field.
- c) devise teaching modules in various disciplines to be taught in the College.

2) EXCHANGE OF EXPERTISE FROM JAPAN AND PAKISTAN/.

It was proposed that, to begin with, to have an exchange of 6 experts in each discipline from Japan and 6 from Pakistan to work in either country for gathering information and using the expertise in the field of nursing education.

5. The College of Nursing and Paramedical Institute constructed by the Japanese Architects/Consultants is in dire need of scientific periodicals and books in english language in the Library of the College.

6. The mission during their visit to the Provincial Nursing Schools have felt that english language must be taught side by side the specialised disciplines. It has been c-nsidered as an absolutely necessity of the Nursing School as well as of the Institute. The Ministry of Health, therefore, would like to request the Japanese Government for establishing an english language laboratory in the College, so that the students who are taught subjects in english should also be improving their language in the laboratory, which is most modern way of learning a language.

7. These are the four areas in the field of technical cooperation which will be needed and would be of considerable value for both the countries.

8. As for the period of cooperation the term suggested is 5 years with a duration of 6 months to one year in each discipline. However, final details are being worked out and will be communicated at a later stage.

#### 4. 調査報告

##### — パキスタン看護教育について —

前回、3週間にわたる調査結果から考案すると下記のような提言となろう。

- 1) パキスタン国としては Post graduate course は緊急なキイポイントとしてスタートせざるを得ない現実がある。

それは、イスラマバードコンプレックス病院、および小児病院が外来診療だけにとどまらず、入院患者を受け入れるためのマンパワーとして期待があるからである。

このような現実と問題点を踏まえてのみ技協を考えねばならないこと。

- 2) そのための具体的技協のあり方としては

- a. Project 方式であること。

- b. 長期専門家は3～5名位が望ましいこと（専門別の選定が必要）。

また、長期専門家の位置づけは前記2病院のアドバイザーを兼務する必要がある。学生の実習指導とともに病院側の Staff nurses たちの指導にも当らざるを得ないため（学生指導の出来得るナースを育てること）。

- c. 援助期間は2年または3年位の Project としては最少限度の単位が望ましい。

理由としてポリシーの不安定さがあることと、具体的な援助方針が現実の問題点とどうマッチするか期間が必要で、それ以後に再度 R.D. を か、投げるかの方向づけが出て来るのではあるまいかと考える。

- 3) 保健省内に看護のアドバイザーを日本側の要請で確保出来たととしても、その活用は反ってパイプの通りを悪くするだけかも知れない現実がある（Dr. 軍人優位）。

- 4) 上記と同様の理由で看護職のカウンターパートは期待出来ないし、カウンターパートは Dr 数名になることしか考えられない。

- 5) 日本国の建設した看護学校が内実とものモニュメンタルなものとなるためには、パキスタン国全体の nursing を視点において、ナースたちの質と量との向上に協力することによって、あの看護学校がパキスタン国の看護教育のセンター的存在になつたらと願う。



From: Dr. M.A. Naubahar,  
Project Director,  
Tele: 851532.

Government of Pakistan  
College of Nursing & Paramedical Institute  
Islamabad Hospital College

No. F. 5-1/85-CNPI.

Islamabad, Jan 16, 1986.

Dear Sir,

As contained in Part-'C' under the title  
"Project Requirements" and sub-para-'d' of the approved  
PC-I of College of Nursing and Paramedical Institute(Quote)

"Approximate number of persons required  
to be trained per year(locally and abroad)  
and the kind of skills to be learnt"(unquote)

2. A reference is to be made to the Japanese  
Government through Economic Affairs Division for  
Technical Assistance.

3. It is proposed to ask for 10 fellowships  
of varying duration in specialised disciplines for  
imparting education and practical training to the Nurses  
and Paramedics. The general objective of the project is  
to raise the standard of health care in Pakistan by  
improving the quality and status of the nursing profession.

4. This is also in keeping with some of the  
important recommendations of the recently held Workshop  
on Nurse Education and Administration.

and one year  
5. Ten fellowships of 3-6 months/duration for  
each of the disciplines currently gaining technical  
importance due to advancements in the technology and  
newer approach to such scientific methods. Th  
disciplines are :-

1. Nursing in Paediatric.	-1	
2. Nursing in Operation Theatre.	-1	
3. Nursing in Intensive Care.	-2	
a) Coronary		3-6 months
b) Post operative		
c) Paediatric		
d) Renal Dialysis		
4. Nursing in Neuro- Psychiatry.	-1	
5. Nursing concentrating exclusively, on the practice of Community Health Care (Public Health Nursing),	-1	one year
6. Nursing education as administrations.	-1	one year
7. Nursing in Anesthesia.	-1	3-6 months

PARAMEDICS:

- |   |    |            |
|---|----|------------|
| 1. Medical Technologist for teaching Broad Based Technicians. | -1 | 3-6 months |
| 2. For maintenance of Electro-medical equipment.              | -1 |            |

EXPECTED RESULTS

These trained Nurses on return to Pakistan will assume senior positions in the respective fields of speciality and will be involved in :-

- a) Nursing education as administration/ teacher.
- b) Continuing education programme for up-grading the knowledge and skilled of nurses and Family Health Visitors - entailing visits to Rural and Community Health Centres.
- c) Consultancy services with regard to special problem faced in the Community Health Centres.
- d) Paramedical teaching and preparing a proper role/course of action of Paramedics in future Health delivery system.
- e) Providing technical know how in maintenance of electro medical equipment in use by our institutions.

6. A formal request, therefore, may kindly be made to the respective quarters through Economic Affairs Division, so that full utilization is made of the opportunity provided in the agreement.

Yours sincerely,

*M.A. Naubhar*  
(Dr. M.A. Naubhar)

Surg.Rear Admiral  
M. Mohsin Pal,  
Director General Health,  
Health Division,  
Government of Pakistan,  
Islamabad.

4. 看護教育の現状

A DRAFT REPORT  
ON  
THE SURVEY OF NURSING EDUCATION  
IN  
PAKISTAN

Prepared By

JICA EXPERTS:

1. Mrs. Michiko Hibino, Ex-Professor
2. Miss Junko Tashiro, Associate Professor
3. Miss Bilquis Tahira, Consultant.

July, 1986

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- V. Student Nurses

## ACKNOWLEDGEMENTS

We conducted a survey on nursing education in the four provinces and the Federal area of Pakistan to achieve cooperation in nursing education in the country and to develop deep understanding of nursing. The questionnaires were given to the administrator, matron/director instructors and student nurses in various institutions to be able to understand the constraints and problems faced by nursing profession.

Each survey presents the scepticism of recovery rate of questionnaires. We appreciate the cooperation extended to us by all persons concerned. Our recovery rate has been 100%.

Thanks are due to the Ministry of Health and Japan International Cooperation Agency for making this study possible.

## I. INTRODUCTION

College of Nursing and Paramedical Institute at Islamabad Hospital Complex has been donated by the Government of Japan to Pakistan. Government of Pakistan has decided to start post-graduate courses for nurses at this college in October, 1986.

Perhaps the credit for the idea of having a pilot survey on nursing education in Pakistan Nursing Council who on the last Japanese mission to Pakistan in March, 1986 suggested it would help mutual understanding of the real nursing situation if such a study was conducted.

Experience proves that this type of study does help develop a certain consciousness among the people involved in the profession and those waiting to help.

## II. OBJECTIVES OF THE SURVEY

The questionnaire was addressed to:

- 1) Administrator, Nursing Education
- 2) Director/Matron, Teaching Hospital
- 3) Nursing School Instructor
- 4) Student Nurse
- 5) Teaching Hospital Nurse
- 6) Pakistan Nursing Council

The survey was intended to provide information and insight into:

- 1) the general situation of nursing education in Pakistan; any social, cultural or economic hindrances, nursing education has usually been facing
- 2) the present-day conditions; the problems, pitfalls and shortages they are enduring in their every day professional life
- 3) the hopes for future of all the people concerned with and about this profession

Last but not the least the survey was to help identify the areas where assistance and support was badly needed.

### III. METHODS OF THE SURVEY

The questionnaire for the survey was produced in Japan by the Japanese experts, later translated in English. The team planned to travel to Quetta, Karachi, Lahore and Peshawar. The data were collected from Islamabad as well.

All the relevant institutions received a copy of the questionnaire before-hand through the cooperation of the respective Ministry of Health with JICA.

- a) Survey Team During the 9-day tour the team visited 7 hospitals, one post-graduate college of nursing, 7 basic nursing schools and one public health school.

#### THE SCHEDULE OF NURSING EDUCATION SURVEY

1 July, 1986	JPMC Karachi
5 July, 1986	QUETTA, BALUCHISTAN *Sandeman Civil Hospital *School of Nursing, Sandeman Civil Hospital
7 July, 1986	*Public Health School
8 July, 1986	Karachi, Sind *Civil Hospital Karachi *School of Nursing, Civil Hospital
9 July, 1986	LAHORE, PUNJAB *Services Hospital *School of Nursing, Services Hospital
10 July, 1986	*Mayo Hospital *School of Nursing, Mayo Hospital
12 July, 1986	Peshawar, NWFP *Khyber Hospital
13 July, 1986	*School of Nursing, Khyber Hospital *Lady Reading Hospital *School of Nursing, Lady Reading Hospital

- b) Collection of data: The answered copies of the questionnaire were usually collected the same day; in some cases the next day.
- c) Data processing: Some of the answers to the questions were in Urdu which had to be translated in English

A few students seemed to get confused on some of the questions. As a result the answers were contradictory. This has been taken into account while processing the data.

The data were processed manually as the number of questionnaires did not warrant the use of a computer.

IV. Results of the survey

(A) Administration in Nursing Education:

The survey shows that administration is the same in all the provinces. The school of Nursing is attached with the teaching hospital and does not boast of an independent budget.

Table I and II show that school of nursing staff and students work at the hospital as well.

Table I : Organisation of Nursing Education in Pakistan

GOVERNMENT OF N.W.F.P.

SECRETARY HEALTH

ADMINISTRATOR OF HOSPITAL

CHIEF NURSING SUPERINTENDENT

NURSING SUPDT.

NURSING INSTRUCTOR

HEAD NURSE

STUDENT NURSES

CHARGE NURSE

STUDENT NURSES

WARD ORDERLY/AYAH

SWEEPER/SWEEPRESS



Total number of collected data of  
survey on nursing situation in Pakistan

	Baluchistan	Sind	Punjab	NWFP	Federal Area	Total
Nursing Education	2	1	2	2	-	7
Nursing Instructor	4	(1) 3	11	9	5	(1) 32
Ward Sister	2	5	14	16	12	49
Student Nurse	30	(19) 18	28	36	21	(19) 133
Hospital Matron	1	1	-	2	1	5
	39	(20) 28	55	65	39	(20) 226

( ) JPMC

Table II

## STATEMENT OF NURSING STAFF (PGMI/LADY READING HOSPITAL PESHAWAR)

S. NO.	DESIGNATION	SANCTIONED SEATS	EXISTING SEATS	VACANT SEATS
1.	Chief Nursing Superintendent	1	1	-
2.	Nursing Superintendent	1	1	-
3.	Assistant Superintendent	1	-	1
4.	Sister Tutor/Instructors	6	3	3
5.	Head Nurses	29	23	6
6.	Male Nurses	12	5	7
7.	Charge Nurses	184	121	33
8.	Nurse Midwives	30	30	-
9.	Probationer Nurses	170	140	30

b. Instructor qualification standards:

BALUCHISTAN	SIND	NWFP	NWFP PESHAWAR
standards required by Pakistan Nursing Council	Nurses post-basic education & MBBS Drs.	R.M.Dip.in Nursing Teaching Admin.	R.N.& M. Dip.in Ward Admin & teaching

QUALIFICATION STANDARDS OF VARIOUS CATEGORIES OF NURSING STAFF.  
NURSING SUPERINTENDENT (PNC)

- Registered Nurse, Registered Midwife.
- Post Basic Certificate in Nursing Services Administration or Sister Tutor's Diploma. (Diploma/Certificate in teaching).
- Experience: Three years experiences Sister Tutor plus two years experience as Assistant Nursing Superintendent or a total of five years experience as a Nursing Instructor.

ASSISTANT NURSING SUPERINTENDENT

- 'a' and 'b' same as above.
- 'c' Experience: Three years experience as a Nursing Instructor.

NURSING INSTRUCTOR

- 'a' same as above.
- 'b' Diploma in teaching.
- 'c' Experience: Two to three years experience as a Head Nurse.

HEAD NURSE

- Same as above.
- Diploma in Ward Administration or its equivalent.
- Experience: Two to three years experience as a Charge Nurse. Male candidates must possess an additional diploma/certificate in any specialized subject in lieu of Midwifery Diploma.

c) Purpose and target of education

PUNJAB	BALUCHISTAN	SIND	NWFP	NWFP
To produce nursing staff well-versed with the nursing care of the patients	To get better nursing care	Training of bed-side nurses	To produce qualified nurses with sound knowledge and skills	To produce more qualified nurses

d) Curriculum details subject by subject

NURSING SYLLABUS (PNC)  
OUTLINE OF PROGRAMME OF STUDIES

Note: The hours of lectures suggested by Pakistan Nursing Council are the minimum requirement. They may be increased as per need.

<u>THEORY</u>	<u>HOURS</u>
English	60
Anatomy and Physiology	70
Nursing Arts (Lectures)	40
(Practice)	60
Ethics of Nursing	10
Personal, Family & Community Health	30
Introductory Microbiology	20
Chemistry and Physics	20
Statistics	20
Psychology	15
Surgical Nursing	15
Materia Medica	15
History of Nursing	15
<u>Second year and Third year</u>	
Materia Medica	15
Nursing Arts	30
Medical Nursing	55
Surgical Nursing	55
Specialized courses including	
Infectious Diseases	30
Paediatric Nursing	30
Orthopaedic Nursing	30
Techniques and Teaching Health	10
Gynaecological Nursing	15
Genito Urinary	15
Ward Administration and Management	5
Personal, Family and Community Health	30
Hygiene and Public Health	20
Human Relations (Psych. and Sociology)	20
Psychiatric Nursing	20

CLINICAL TRAINING AND EXPERIENCE (PNC)

<u>FIRST YEAR</u>	<u>MONTH</u>
Practical Nursing on wards and observations.....	8
M.C.H. (Public Health School).....	
<u>SECOND YEAR</u>	
Medical Nursing on Ward.....	3
Paediatric.....	2
Infectious Diseases(including T.B.& V.D.)	3
Gynaecology.....	2
Surgical Nursing on Wards.....	2
E.N. & T.....	3
casualty.....	2
Operation Theatre.....	2
M.C.H. (Public Health School) and other departments.....	1
Public Health.....	1
.....	2
Total	23

NIGHT DUTY EXPERIENCE

1. That student nurses be permitted on night duty, provided they have completed the three months preliminary training period.

That first year students who are placed on night duty should only be so placed alongwith a senior student, but where it is not possible to do so she should only take charge of light ward. No student should be placed on night duty more frequently than every 1rd month, nor for more than one month at a time. While on night shift she should have one night off per week.

REVISION PERIOD

Must be planned for and sufficient time allowed.

e) Teaching techniques and teaching materials:

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Lectures, films, audio-visual aids, practical experience through dummies	Lectures, audio-visual and demonstration, 100 hrs. per year	Lectures, demonstration, films	Not available, lack of advance literature and modern technology	Lectures demonstration group discussion

f) Number of students:

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
250 students of General Nursing Training course	125 students		170	152

g) Number of applicants for election.

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
1500-2000 for seats	70 per year ?	on an average 50 per year		sanctioned seats 200

B. NURSING EDUCATION PROBLEMS

(a) Budget

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Insufficient	No separate budget for school	No separate budget	No separate budget	No separate budget

(b) Number of Instructors

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Sufficient	Shortage of Instructors	4	3	2

(c) Quality of Instructors

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Well-qualified		Average	Satisfactory	as per PNC

(d) Quality of Students

Punjab	Baluchistan	Sind	NWFP	NWFP
Good, take interest in nursing, a few average	Unsatisfactory	Average	Unsatisfactory	Unsatisfactory

(e) Equipment

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Adequate		as per Pakistan Nursing Standard		

(f) Library

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Sufficient but needs improvement	Unsatisfactory	Books available a/c to PNC rules	Not up to the mark	Needs improvement

Pakistan Nursing Council's rules about books and library

TEXT BOOKS

Books approved by the Pakistan Nursing Council

REFERENCE

As suggested by the Nursing Instructors

USE OF LIBRARY

Each school should have a library, facilities of which should be available to the students. If any book is lost or damaged it should be replaced by the person concerned.

(g) Lodging house:

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Sufficient		Hostel facility for the nursing student present		Shortage of rooms

RESIDENCE (PNC)

Student nurses may be permitted to reside outside the hostel if they wish so, but this may be left to the discretion of the authorities of each Institution.

(h) Treatment of school staff including instructors:

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Satisfactory		Under government rules	Satisfactory facilities available	

C. Request from the institution administrator for nursing education.

Punjab	Baluchistan	Sind	N.W.F.P.	NWFP
Nursing student tours to different hospitals for educational purposes		1) Scholarship for nurses higher education	Each request is honoured accordingly	1) Separate structure of nursing administration
change		2) Transport for students		2) Students should not work in the hospitals
nursing instructors with other countries		3) Audio-visual aids		3) Separate budget for nursing education
				4) Transport
				5) Student teacher ratio be maintained
				6) A post graduate college of Nursing for NWFP is very important

V. RESULT AND DISCUSSION

I) NURSING INSTRUCTOR

82% of the instructors said to be satisfied with their job. At the same time they pointed out some problems which can be looked at in Table-III.

In answer to the question "What do you seek most now?" the preferences were given as follows:

1. Reinforcement of Nursing force.
2. Better treatment.
3. Continue study.
4. Enrichment of teaching material.

TABLE-III RESULT OF THE SURVEY ON NURSING INSTRUCTOR

NURSING INSTRUCTOR

SUBJECT	BALUCHISTAN	SIND		PUNJAB	NWFP	FEDERAL AREA.	TOTAL	REMARKS
		(1)	3					
1. Age	NA* 28-40 1 36	47	NA 2 40-47 43.5	NA 26-60 3 35	NA 27-43 3 37.2	28-55 43.8	NA 26-60 9 40	
2. Sex: a) Female	4	0	1 3	11	1 8	5	2 31	100%
Male	-	-	-	-	-	-	-	-
3. Marital Status:								
a) Single	3	-	-	6	5	-	1 14	44%
b) Married	1	0	1 3	5	4	5	18	56%
4. Satisfied: a) Yes	3	1	3	10	7	3	1 27	82%
b) No	1	-	-	1	2	2	6	18%
Reason why?								(No proper status)
5. PRESENT PROBLEMS:								
a) Contents	2			1	3	2	8	24%
b) Position	1			-	2	1	4	12%
c) Self-Confidence	-			1	4	2	7	21%
d) Treatment	1			-	2	1	4	12%
e) Human relations	-			-	2	-	2	6%
f) Others	-			-	2	1	3	9%
6. WHAT DO YOU SEEK:								
a) Continue study	4		2	6	8	4	24	72%
b) Better treatment	4		2	9	8	2	25	75%
c) Enrichment of teaching Material	4		2	5	8	3	22	66%
d) Reinforcement of Nursing force	4	1	3	5	9	4	26	78%
e) Consolidation of Nursing Sys.	2		-	5	8	2	17	51%
f) Others	-		-	4*	3	1	8	24%

\*Not answered.



The need for improvement in nursing situation is obvious from the comments of the instructors. For instance they say:

- a) Nursing profession is not given social acceptance.
- b) Better facilities and teaching aids are needed to impart nursing education meaningfully.
- c) Hospitals must be well-equipped for the sake of nursing students and the patients.

Comments in greater details are given below:

#### COMMENTS ON NURSING SITUATION BY NURSING INSTRUCTORS

1. Not satisfactory: needs improvement.
2. Nursing profession not socially accepted.
3. Lack of teaching aids, needs more facilities.
4. Hospitals not well-equipped, need more facilities.
5. It is getting better day by day.
6. Should be encouraged to adopt the profession.
7. Medical care is good.

#### II. WARD SISTERS.

The average working experience of the ward sisters that answered the questionnaire is 15 years. The average age of ward sister is 36.3 years. What is encouraging is that most are married and in service. Almost 100% of them expressed satisfaction with their job. However they seem to have problems in human relationship, self confidence and treatment.

They listed their priorities for future as under:-

1. Improvement of facilities.
2. Better treatment.
3. Reinforcement of Nursing force.
4. Enrichment in facilities of the hospital.

Table-IV gives insight into their problems and hopes for the future.

TABLE-IV TRAINING HOSPITAL NURSES (WARD SISTERS)

SUBJECT	BALUCHISTAN		SIND		PUNJAB		N.W.F.P.		FEDERAL AREA		TOTAL	REMARKS	
	NA*	4-2	NA	5	NA	8	NA	NA	NA	12			
1. Age	1	4-2	2	17-28 22.6	2	20-61 31.8	8	27-55 41.6	1	32-52 43.7	12	17-61 36.3	
2. Sex: a) Female		2	2	3	1	13	4	8	1	11	8	27	90%
b) Male		-	-	-	-	-	4	-	-	-	4	4	10%
3. MARITAL STATUS:													
a) Single		1	1	3	1	9	3	5		3	5	21	47%
b) Married		1		1		4		8		8		22	53%
4. FINAL SCHOOLING		MATRIC		MATRIC GN		MATRIC-12 B.Sc.-1				MATRIC-4 MIDWIFERY-8			
5. OCCUPATIONAL CARRIER		HEAD NURSE		STAFF INCHARGE		HEAD NURSE CHARGE		HEAD NURSE		HEAD NURSE			
6. How Long Working		16-20	(M)5years		3-37 9.7years		19.2			22.8		15	
7. PRESENT DUTY:													
Position:		Head Nurse		Staff Ns.		Supervisor-1		Head Ns.-12		Head Ns.			
CONTENTS:		Ward Management		Incharge Medical Unit		Charge Ns.-3				Adminis- tration.			
8. SATISFIED:				1		1		1		1		4	
a) YES		2		4		13		15		10		44	97%
b) NO		-		-		-		-		1		1	3%
WHY													
9. PROBLEM:													
a) Contents		-		-		-		2		-		2	4%
b) Position		-		-		2		2		1		5	10%
c) Self-Confidence		-		2		-		9		-		11	22%
d) Treatment		-		2		3		1		4		10	20%
e) Human relations		-		-		2		6		8		16	33%
f) Others		-		-		-						8	16%
								Night duty is heavy. (Charge Ns)		Social Status: Transport Low Salary Residence.			
10. WHAT DO YOU SEEK						1						1	
a) Opportunity to Continue Study		2		4		5		1		7		19	39%
b) Better Treatment		2		3		11		13		6		35	70%
c) Enrichment of Hospital		2		3		2		14		2		23	47%
d) Reinforcement of Nursing Force		2		3		4		13		7		24	49%
e) Consolidation of Nursing Sys.		2		3		6		5		2		18	37%
f) Improvement of facilities		2		3		4		14		12		35	71%
g) Others		2		-		2		2		5		11	22%

\*Not answered.

Due to shortage of staff the nurses are usually overworked. Their hardwork according to them is not appreciated and doctors do not extend their understanding to them. Moreover, if they had time, the nurses wanted to study up-to-date text books. Social acceptance in society will gradually come through nurses own behaviour to the patients and their sincerity and devotion to their profession.

The creation of a nursing cell in the Ministry of Health is very thought-provoking. If it could be run by experts in nursing education, the existing situation could definitely be made better.

The detailed comments are attached herewith:

#### COMMENTS ON NURSING SITUATION BY WARD SISTERS

1. Present staff overworked because of shortage of staff.  
Better education and other facilities needed.
2. Better working conditions needed.
3. Poor.
4. Systematic education required.
5. Dr's behaviour very bad with nurses.
6. Libraries/text books/journals needed.
7. Nurses should be sent abroad for training.
8. Nursing is not socially accepted.
9. More schools needed.
10. Public media be used to make public conscious of nurses importance.
11. Nursing cell in Ministry of Health.
12. Satisfactory.
13. Fair.

#### III. NURSING STUDENT:

The data were collected from 132 nursing students, 85% of whom determined to stay in the profession even after they got married, because their major motivation to join nursing profession is according to them, a sense of mission and their belief that it is a good career for women.

Their biggest problems seem to be lodging house, library and environmental conditions of study which has a natural sequence. To get knowledge they must have upto date books, and recent journals and to continue working hard they must have privacy and better living conditions.

A large percentage of the students wanted to continue studies. Some of them expressed their desire to work in the hospital after finishing their basic training. Their problems and opinions could be studied in detail in Table-V.

TABLE - V NURSING STUDENTS

SUBJECT:	BALUCHISTAN	SIND		PUNJAB	NWFP	FEDERAL AREA POLYCLINIC		TOTAL	REMAR.
	NA*	NA	NA	NA	NA	NA	NA	NA	
1. AGE	18-26 20	5 31	25-45 20	3 16-28 19	13 16½-22 21	1 16-30 21	3 21	20.2	20
2. SEX: a) Female b) Male	30 -	1 -	18 -	17 -	1 -	27 -	36 -	20 -	130 2 100%
3. MARTIAL STATUS: a) Single b) Married	29 1	2 7	10 -	17 -	1 -	28 -	1 1 18 1	126 3	3 98% 2%
4. YEAR -1 -2 -3 -4	9 11 7 3		5 4 6 2	4 -	23 1	8 7 9 8 4	7 4 6 3 3	48 16	41% 27% 22% 10%
5. MOTIVATION: a) Sense of Mission b) Good career for women c) For parents d) School teachers e) For a particular reason f) To earn living g) Others	5 27 9 7 - 8 4	7 5 5 -	1 16 -	6 13 9 -	33 9 4 2 4 4 -	15 15 2 2 2 1 4	60 80 24 11 9 19 8	45% 60% 18% 8% 6% 14% 6%	
6. PROBLEM: a) Nursing Theory difficult to understand. b) Environmental conditions of study c) Library d) Instructors e) Training at Hospital f) Lodging House g) Others	19 9 11 7 11 16 6	- 11 17 10 1 1 1	- 4 4 2 3 2 -	6 -	1 12 10 14 15 15 -	1 20 17 18 13 17 11	26 45 51 41 4		
7. HEARAFTER: a) Will work at Hospital b) i) B.Sc. ii) Post Graduate c) Will not work as Nurse i) Going to be married ii) Seek other career iii) Others	12 7 16 8 4 -	13 8 15 1 -	7 9 3 16 2 -	10 13 11 9 4 -	21 21 24 13 1 1				
8. WILL YOU STAY IN THE N.P. a) Yes. b) No. WHY	27 3	19 -	16 -	2 -	24 4				
						Eng.Lang=13 Heavy Duty=14			
								2 Profession not considered respectable.	

If compared to the instructors and ward sisters, students' opinions are quite ingenious and thought-provoking. Since the students are closer to everyday problems of patients, hospital, training programme and the facilities existing or non-existent, their opinion carries more weight.

In their opinion there is a great shortage of theoretical and practical facilities, of instructors and of nurses on staff of the hospital so that the student nurses have to supply the man-power in the hospital which doesn't leave them much time to study.

Social and cultural constraints too weigh heavy on the students. Perhaps some kind of encouragement and appreciation from the teachers could lessen their burden.

Their comments can be further studied in the following lines.

#### COMMENTS ON NURSING SITUATION BY STUDENT NURSES

1. Hospital not well-equipped; making nurse's work difficult.
2. Nursing is not considered important.
3. Nursing not considered to be respectable.
4. Nurses training is not good specially in Baluchistan.
5. There are no facilities for Nurses.  
Nurses work very hard.
7. Parents object to nurses leaving purdah and serving men.
8. Language barrier between patients and nurses (Baluchistan).
9. In villages - problems of hospital, nurses and medication.
10. Poor.
11. No appreciation.
12. Shortage of Instructors, nurses and instruments.
13. A lot of cultural constraints to discourage nursing.
14. Nursing is valued in Pakistan
15. Pakistan is self sufficient in nursing.
16. Many nursing schools.
17. Nursing is considered sacred in Pakistan.
18. Nursing is a service to human beings.
19. There are all the facilities for nurses in Pakistan.
20. Very good profession for women.
21. Good.

## VI SUGGESTIONS

### General

- If compared to other countries the ratio of doctors to nurses is imbalanced in Pakistan. The number of doctors is much higher in comparison to nurses. This may be because of social and cultural constraints. This ratio must be put straight and the number of nurses increased as soon as possible.
- Doctors need to realize the importance of nursing care provided by the nurses. Nurses and doctors should develop good understanding in order to work as a successful team.
- At present, according to Pakistan Nursing Council's ruling and practice at the teaching hospitals, the ratio of theory and practice is about 20-80. To get the nurses thoroughly educated the ratio must at least be 40-60. It is very important to educate nurses before they can serve meaningfully.
- Up-to-date text-books should be provided to all the nursing schools and colleges. Almost all of the institution visited by the team faced lack of modern books and journals.
- The instructors should have competence enough to teach the new text-books. It is, therefore, suggested that they should be offered short term refresher courses.
- To develop the concept of nursing education and to have it recognized as an independent profession, it needs organisation. Perhaps in near future a Nursing Division working under the guidance of the Ministry of Health could be established hiring nursing education experts with deep understanding of the country's needs and problems of nursing, as is usual in many other countries.
- Nurses provide 24-hour nursing care to the patients. In order to give them security and respectability, establishment of nursing cadre might be taken into consideration.
- To make the nurses able to give their full attention to their work, the following facilities should be provided:
  - i) accomodation
  - ii) transport
  - iii) a nursery or creche services so that nurses on duty may be able to feed/take care of their children, enabling them to continue working even after they get married.
- Nursing situation today needs much attention and careful handling but there is hope for future if the authorities concerned think not only of quantity but also quality.

## SPECIFIC

- College of nursing at IHC should play a central role for cooperation and coordination among other nursing institutions all over Pakistan in all activities.
- The nursing institutions visited by the team had the following problems in common - which should be solved as early as possible.
  - i) shortage of instructors
  - ii) shortage of text-books and journals because of lack of budget
  - iii) lack/shortage of accommodation for nurses
  - iv) the student nurses have to supply man power at the hospitals as staff nurses which gives them little time to study. This practice should be eliminated at all costs, since it is very important for student nurses to realize their status as students and not staff nurses.

Nursing education is a science of humanity. To infuse the spirit of nursing into the students it is suggested that for instance psychology and sociology be introduced as subjects in the post-graduate course.

(APPENDIX I)

SURVEY ON NURSING SITUATION IN PAKISTAN

JICA Nursing Education Survey Mission

July, 1986

Purpose: The survey on the nursing situation in Pakistan is conducted to achieve cooperation in nursing education in the country with deep understanding.

Your cooperation in answering the following questions is duly requested.



## QUESTIONS

- \* We would appreciate if we could obtain reference data and materials to substantiate your answer to the following questions.

### Administration

1. How about the nurse force development measures in relation to the national development plan of Pakistan?
2. How about the transition of medical care and medical environments in Pakistan?

We are especially interested in the following items.

- Transition of disease structure
  - Medical care facilities
  - Types and number of medical care professions
  - Insurance systems
  - Number of qualified persons (having B.S., M.S. or M.D.)
3. What is expected of cooperation in nursing education from the Pakistani standpoint?

We are especially interested in the following items.

- Fields and duration of cooperation
- Yearly plans for post-graduate education
- We would like to know if a decision is finalized on starting post-graduate education for psychiatry, paediatrics and nephrodialysis in fiscal 1986.

- ° Yearly plans for other fields especially in terms of:
  - a) Dispatch of specialists (fields, number of specialists and duration)
  - b) Acceptance of post-graduate students (fields, number of post-graduate students to be accepted and duration)
  - c) Purchase of equipments (types of equipments required)
  
- 4. How about the implementation of the 5-year Project covered by the Letter of Agreement?
  - ° Relation between IHC and the Post-graduate Nursing School.
  - ° Staff plan especially in terms of the following.
    - ° Qualification or quality of instructors
    - ° Number of instructors
    - ° Staff deployment planned vs realized
  - ° Selection of post-graduate students especially in terms of the following.
    - ° Time and method of selection
    - ° Eligible candidates (How many eligibles will be accepted from what institutions?)
    - ° Screening board
  - ° School budget planning and current situations especially in respect to the following.
 

Expenditure: Personnel expense, administration/maintenance expense, teaching materials expense and board and lodging management expense.

Revenue : Revenue source. (Must students pay for their post-graduate education?)

- Projected Pakistani contribution to implementation of the 5-year Project.

5. Is a nursing system available?

- If available, how about its contents? We would appreciate if we could obtain reference data and materials.
- Nursing education plan and current situations

6. How about the position and current duty of the Nursing Adviser in the Ministry of Health? Who is appointed to the post now?

## Nursing Education

1. How about the current situations of basic nursing education? We are especially interested in the following.
  - 1) Organization of instructor staff
  - 2) Instructor qualification standards
  - 3) Purpose and target of education
  - 4) Curriculum details covering subjects and class hours for lectures, exercises and training (including night training) at hospital. We would appreciate if these class hours are itemized on a subject-by-subject basis.
  - 5) Training hospitals in terms of their number, number of beds available on a department-by-department basis and training setup (qualification of instructors and contents of instruction).
  - 6) Teaching techniques and teaching materials.  
Weekly and yearly lecture hours per instructor.
  - 8) Number of students.
  - 9) Number of applicants for selection.
  
2. How about problematical aspects of school management, if any, in terms of the following?
  - 1) Budget
  - 2) Number of instructors
  - 3) Quality of instructors
  - 4) Quality of students
  - 5) Equipments

- 6) Library
  - 7) Lodging house
  - 8) Treatment of school staff including instructors
  - 9) Training hospitals
3. Your request as to nursing education administration

QUESTIONNAIRE

Nursing School Instructor

Age: Sex: 1. Female 2. Male

Marital status: 1. Single 2. Married

Final schooling:

Professional career:

Present duty:

Position:

Content :

Satisfied with present duty?

1. Yes.
2. No. If no, why?

What do you think is problematical with your present duty concretely?

1. Contents:

2. Position:

3. Self-confidence:

4. Treatment:

5. Human relations (with fellow instructors, students, patients, doctors or nurses of training hospital):

6. Others:

What do you seek most now? (Please check.)

1. Opportunity to continue study about nursing.
2. Better treatment of people engaged in nursing.
3. Enrichment of teaching materials and facilities for nursing education.
4. Reinforcement of the nursing force.
5. Consolidation of the nursing system.
6. Others

about medical care and nursing situations in Pakistan today?

## QUESTIONNAIRE

### Student Nurse

Age:                      Sex: 1. Female    2. Male

                                 Marital status: 1. Single    2. Married

You are a 1st-, 2nd-, 3rd- or 4th-year student. (Please check.)

1. What motivated you to become a nurse?

1. Sense of mission.
2. Good career for women.
3. Advised by parents.
4. Advised by school teachers.
5. For no particular reason.
6. To earn living.
7. Others.

How about problematical aspects, if any, with your study in respect to the following? How about your hope for the future?

1. Difficulty in fully understanding nursing theory:

                                 Environmental conditions of study (facility, equipments and teaching materials):

3. Library:



4. Instructors:

5. Training at hospital (method and instructors):

6. Lodging house:

7. Others

3. What would you do hereafter? (Please check.)

1. Will work at a hospital.

2. Will continue study. 1) B.S.

2) Post-graduate course

3. Will not work as a nurse.

Reason: 1) Going to be married.

2) Will seek any other career.

3) Others.

Will you stay in the nursing profession after you are married?

1. Yes. 2. No. If, no, why?

5. How about your opinion on medical care and nursing situations in Pakistan?

QUESTIONNAIRE

Training Hospital Nurse

Age:                    Sex: 1. Female    2. Male  
                                Marital status: 1. Single    2. Married

Final schooling:

Professional career:

How long have you been engaged in the progression of nursing?

Your present duty

  Position:

  Contents:

Satisfied with your present duty? (Please check.)

  1. Yes.    2. No.    If no, why?

What do you think is problematical with your duty? (Please check.)

1. Contents
2. Position
3. Self-confidence
4. Treatment
5. Human relations (with patients, family, fellow nurses, students, instructors, superiors)
6. Others

What do you seek most now? (Please check.)

1. Opportunity to continue study about nursing.
2. Better treatment of people engaged in nursing.
3. Enrichment of hospital facilities and equipments.
4. Reinforcement of nursing force.
5. Consolidation of nursing system.
6. Improvement of facilities, equipments and library for nursing training of higher quality.
7. Others.

How about your view on medical care and nursing situations in Pakistan today?

## QUESTIONS

To: Training Hospital (Director and Matron)

We would appreciate if we are informed of the following together with appropriate reference data and materials.

1. Outline of your hospital and its organization together with a copy of the organization chart.
2. Location of nurse stations at your hospital together with their location chart.  
Nursing department budget and its details.
4. Nurse training plan and state of its execution.
5. Preparedness as a training hospital especially in terms of the following.
  - Facility
  - Equipment
  - Teaching aids (for hospital training)
  - Instructor staff
  - Contents of guidance for hospital training and time devoted to it

## QUESTION

To: Pakistani Nursing Council

We would appreciate if we are informed of the following together with appropriate reference data and materials.

1. The Council's activities in fiscal 1985.
  - 1) Number of Council members (by the type of speciality).
  - 2) Overall organization including local chapters together with a copy of the organization chart.
  - 3) Membership.
  - 4) Contents of the Council's activities.
  - 5) Contents of activities of local chapters of the Council.
  - 6) Prospects for the future.

QUESTION

To: Director, JICA Office

We would appreciate if we are informed of the following together with appropriate reference data and materials.

1. Possibility for female specialists to have a decent life in Pakistan. We are especially interested in the availability of dwelling, transportation and living necessities (food, clothing and shelter), if they are dispatched by themselves.

(APPENDIX II)

QUETTA, BALUCHISTAN

List of the Name in Pakistan

6th July, 1986

- Mrs. Shamin Qureshi  
Director, Health Services  
Directorate of Health  
Quetta, Baluchistan
- Dr. Rehman Qaiserani  
M.S. Sandeman Civil Hospital  
Quetta
- Miss Gulfam  
Principal  
School of Nursin  
Sandeman Civil Hospital  
Quetta
- Mrs. Razia Bhatti  
Instructor  
School of Nursing  
Sandeman Civil Hospital  
Quetta
- Miss Fatima Nasreen  
Instructor  
School of Nursing  
Sandeman Civil Hospital  
Quetta

7th July, 1986

- Miss Perveen  
Principal
- Mrs. Razia Awan  
Instructor
- Mrs. Akbar Jan  
Instructor
- Miss Razia Begum  
District Supervisor

((Public Health School))

LAHORE, PUNJAB

- Syed Naseer Ahmed
- Dr. Ayub Suleria
- Mrs. Khalida Amin

Secretary Health, Government of Punjab  
Additional Secretary Health,  
Government of the Punjab  
Deputy Secretary (Nursing) Health Department  
Government of the Punjab

SERVICES HOSPITAL

7th July, 1986

Nursing School

- Nisab Akhtar Nursing Superintendent
- Ms. Sajida Instructor
- Mrs. Rehmat Instructor
- Mrs. Nargis Yousuf Instructor
- Miss Tasnim Instructor
- Dr. Masood Instructor (part-time)
- Dr. Ghazanfar Instructor (part-time)

MARIC HOSPITAL, LAHORE

- Dr. Mohd Ejaz-ul-Hasan Medical Superintendent
- Mrs. Azmat Aslam Butt Nursing Superintendent

Faculty of Nursing:

- Miss Raisa Zahoor Principal
- Miss Iqbal Abdullah Senior Nursing Instructor
- Miss Shahnaz Victor Instructor
- Miss Samina Yasmin Sister Tutor
- Miss Shamin Nimat ullah Sister Tutor
- Miss Shaheen Sister Tutor
- Miss Kausar Assistant Tutor
- Miss Nusrat Assistant Tutor



Khyber Hospital Peshawar

12th July, 1986

- Prof. Dr. Zakia Minhas Administrator

School of Nursing:

- Mrs. Faiz Alam Zeb	Chief Nursing Superintendent
- Miss Violet Rehmat	Instructor
- Mrs. Saeeda Javed	Instructor
- Mrs. Zahida Karamat	Instructor
- Mrs. Zakira Khatoon	Instructor
- Mrs. Shanin Malik	Instructor
- Miss Rabia Khatoon	Instructor
- Miss Perveen John	Instructor

Lady Reading Hospital, Peshawar

12th July, 1986

- Dr. Jameel Ahmed Administrator

School of Nursing

- Mrs. B.A. Shah	Nursing Superintendent
- Miss Nazir Abdul Rehman	Instructor
- Mrs. Khalida Mubarak	Instructor
- Miss Naseem Arabab	Instructor
- Miss Shamshad Qadir	Instructor
- Miss Roshan Bibi	Instructor

Name List of Persons Visited By Survey Team

FEDERAL AREA, ISLAMABAD

1. Surgeon Rear Admiral Dr. Mohsin Pal                      Director General,  
Ministry of Health  
Pak Secretariat  
Islamabad
2. Dr. M.A. Naubahar    Project Director,  
College of Nursing and Paramedical  
Institute, IHC, Islamabad
3. Dr. Firoza Ahmed    DGFP.,  
Women's Division  
Islamabad

Islamabad Hospital Complex

14th July, 1986

- General Masood Akram    Executive Director
- Dr. Majeed Rajput    Assistant Director
- Dr. Abbas    Acting Administrator,  
Children's Hospital, IHC
- Mrs. Khakwani    Nursing Superintendent
- Mr. Javed    Chief Pharmacist
- Mr. Naeem Khan    Chief Surgeon,  
Children's Hospital
- Mrs. Gladwyn    Senior Nurse

Federal Government Polyclinic, Islamabad

14th July, 1986

- Dr. Syed Mohsin Ali    Medical Superintendent
  - Mrs. Farkhanda    Matron
- School of Nursing:
- Mrs. Zulaikha    Instructor
  - Miss Rebecca    Instructor
  - Dr. Inayat Malik    Instructor (part-time)







JICA