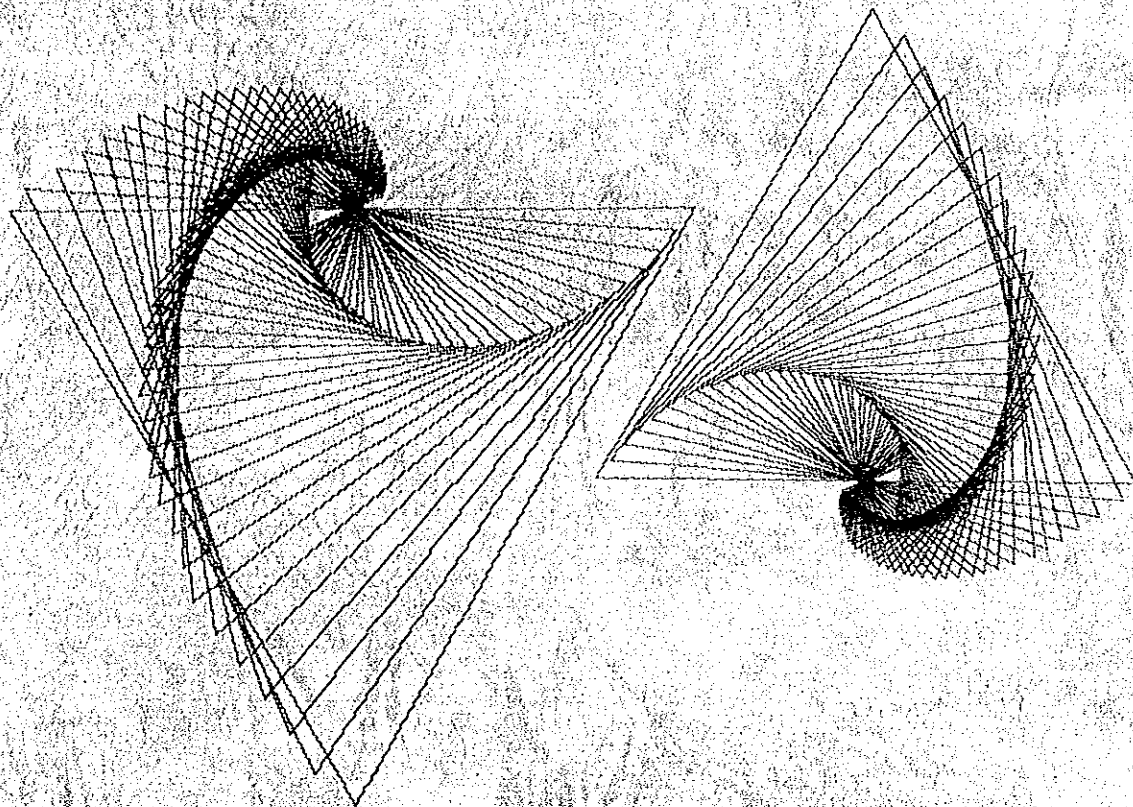


NURSING EDUCATION PROJECT

(REPUBLIC OF INDONESIA)



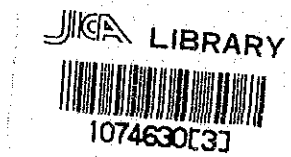
March 1989

Institute for International Cooperation
Japan International Cooperation Agency (JICA)

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NURSING EDUCATION PROJECT
(Republic of Indonesia)



19207

March 1989

Institute for International Cooperation
Japan International Cooperation Agency (JICA)

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PREFACE

The Project-type Technical Cooperation is an integrated form of cooperation whose aim is to realize technology transfer to relevant personnel of the project in the recipient country, by effectively combining such assistances as dispatch of experts, training of counterparts in Japan, and supply of equipment as required. It is intended to assure smooth and systematic implementation of technical cooperation program through planning, implementation and evaluation.

The duration of cooperation is usually about five years. When the project is actually commenced, a variety of survey teams and experts are dispatched to the recipient country, preparing work reports.

This case study of Project-type Technical Cooperation has been compiled originally in Japanese, then translated into English, based upon a number of these reports prepared at each stage of planning, implementation and evaluation of the project.

We would be pleased if it would be of some usefulness as reference material for those who are interested in our technical cooperation.

March 1989

Director
Institute for International Cooperation
Japan International Cooperation Agency (JICA)

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Outline of the Project

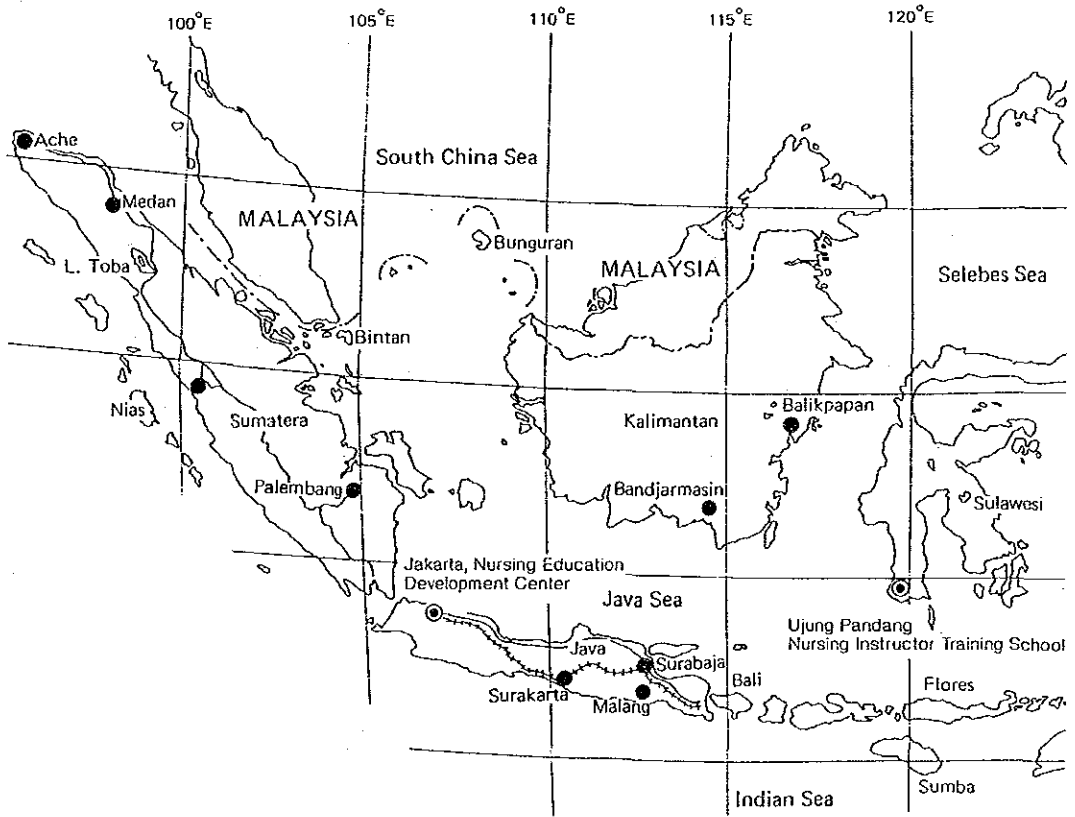
The Republic of Indonesia has attached great importance to the promotion of health and medical services which are directly connected to improvement of people's health and welfare, and in the course of the Second Five Year Development Plan (1974-79) and the Third Five Year Development Plan (1979-84), training of health workers has become an urgent problem. In particular, training of nursing workers needed for regional health activities has been an important concern of the Indonesian Government.

Accordingly, the training program has been changed from for repletion of hospital nurses hitherto adopted to chiefly for that of nurses engaged in preventive hygiene or regional nurses. For this purpose, training institutions and numerous instructors were needed, and the Indonesian Government requested Japan for assistance.

JICA decided to dispatch a preliminary survey team in 1977 so as to implement technical cooperation by focusing on the education of nursing instructors for the purpose of promoting nursing education. At the same time, it was decided that the Nursing Education Development Center and the Nursing Instructor Training School would be established in Jakarta and in Ujung Pandang respectively with grant aid of the Japanese Government.

As a result of discussions between the Indonesian Government and the Japanese Implementation Survey Team for technical cooperation, a Record of Discussion (R/D) was formulated and signed on November 3, 1978. The term of technical cooperation was 5 years at first, but it was extended for two years based on the project evaluation made in June, 1983, and because of the earnest request of the Indonesian Government. The project was completed on November 2, 1985.

Map of the Project Site



Notes:

- National Border
- Chief River
- - - State Border
- Chief Local City
- Trunk Road
- +++++ Railroad

North

0 250 500 1000km

Outlined Schedule of the Project

Name of Country: Indonesia
 Title of Project: Nursing Education Project
 Signed Date: October, 1978, R/D
 Term: From November 3, 1978, for 5 years

Fiscal Year	1979	1980	1981	1982	1983	1984	1985
Connection with Grant-aid Fund Cooperation	Preliminary Survey: 4 persons, 12 to 18 July, 1977						
Dispatch of Survey Teams	Preliminary Survey: 6 persons, 9 to 22 August, 1978 16 to 31 May, 1979 Implementation Survey: 4 persons, 22 Oct. to 4 Nov., 1978			Mutual Consultation: 3 persons, 23 to 31 March, 1982 Technical Guidance: 5 persons, 12 to 20 June, 1983 Evaluation: 5 persons, 12 to 20 June, 1983			
Dispatch of Experts							
1) Experts on Long-term Basis							
Leaders	Leader 9/11	9/10					12/15
Nursing Education		8/22					
Nursing Education		8/22				11/3	
Nursing Education			11/5		11/3		
Nursing Education						4/17	11/3
Coordination	9/1			8/30		5/18	12/15
2) Experts on Short-term Basis							
Nursing Education		1980 2/4 - 3/30					
Nursing Education		5/25 - 6/7					
Nursing Education		5/25 - 6/7					
Audiovisual Education			1981 3/20 - 6/19				
Acceptance of Counterparts for Training							
Pediatric Nursing Med./Surg. Nursing	1 person (1 year)	2 persons (1 year)	1 person (1 year)	2 persons (1 year)	2 persons (7 months)	2 persons (1 month)	1 person (1 year)
Nursing Education Administration		1 person (10 months)	1 person (3 months)	2 persons (3 months)	1 person (3 months)		1 person (1 month)
Nursing Education System		2 persons (1 month)		2 persons (3 weeks)			1 persons (2 weeks)
A.V.A. Technicians, etc.							

Brief History of the Project

July 1977	Dispatch of Preliminary Survey Team
Aug. 1978	Dispatch of Preliminary Survey Team for Construction Plan of Nursing Education Facilities
Oct. 1978	Dispatch of Implementation Survey Team. Signature for R/D. Dispatch of Basic Design Study Team in connection with the Grant Aid Cooperation.
May 1979	Dispatch of the Mutual Consultation Team. R/D added for Training Project for Middle-level Engineers.
Sept. 1979	Dispatch of Team Leader Sada Nagano and Coordinator Keish Aizu (Starting Dispatch of Experts)
May 1980	First Meeting of Joint Committee between Indonesia and Japan. First Meeting for S.G.P. Curriculum Survey. Implementation of S.P.K. New Curriculum.
Dec. 1980	Second Meeting of Joint Committee
April 1981	Opening Ceremony of Nursing Education Development Center and Ujung Pandang Nursing Instructor Training School. Third Meeting of Joint Committee.
July 1981	Starting S.G.P. New Curriculum
Dec. 1981	Fourth Meeting of Joint Committee
March 1982	Dispatch of Technical Guidance Team
Aug. 1982	Fifth Meeting of Joint Committee
Dec. 1982	Increase of D.C.N.E. Staff to 44 Members
June 1983	Dispatch of Evaluation Team.
	Two-Year Extension of Cooperation Term decided based on the Team's Project Evaluation and the Earnest Request of the Indonesian Government.
Nov. 1985	Project Completed

1. REQUEST FOR COOPERATION

1-1 Background of the Request.

Among Indonesian health projects, nursing education should take precedence over everything else. The foundation of the Nursing Education Development Center, in particular, was expected to contribute greatly to the development of nursing education, and thus to the promotion of the people's health and to the improvement of their welfare.

JICA dispatched the first preliminary survey team in July, 1977. Thereafter, concrete ways of cooperation were discussed several times between the Indonesian side and Japanese survey teams dispatched. As a result, it was decided that both the Nursing Education Development Center in Jakarta and the Nursing Instructor Training School in Ujung Pandang as a model nursing instructors' training school were to be constructed by grant aid. JICA also decided to extend technical cooperation, by means of dispatching experts, receiving Indonesian personnel for training, and providing equipment in conjunction with grant aid mentioned above.

In preparation for implementation of the project, Indonesian nursing leaders and other people concerned with health issues had discussions on the future development of nursing in their country. Then, in 1975 they published "Development Plans for Health Nurse", which described the present status of health nurses and the necessity of continuing health nurse instructors' training, and at the same time insisted on the necessity of college education in the field of nursing. Indonesia made quite a drastic reform in nursing education in 1974. The fundamental reorganization of its nursing education system was carried out in order to make it "community-oriented" first of all, then to reform the teaching methods so as to improve teachers' knowledge and techniques, the development of teaching materials and the reorganization of the school system.

These reforms gave rise to better teaching materials and, facilities, and means of transport for local training, and helped increase budgetary expenses for recruiting and employing more instructors. The reforms also made it necessary to carry out full-scale, re-education programs for those engaged in nursing and obstetrics at health centers and hospitals and helped to strengthen functions and roles of nurses.

Improvement of knowledge and skills in nursing and new techniques and administrative training in health care are very important along with cultivation of nursing leadership.

The reform of nursing education for the purpose of sending out nurses capable of performing the nursing services necessary for all levels of health care would fundamentally support efforts by the Government to improve living conditions for the people.

1-2 Detailed Contents of the Request

In response to comments and suggestions from the Medical Cooperation Preliminary Survey Team, two Japanese experts, Tei Nagano (Managing Director of International Nursing Exchange Corporation) and Kayoko Shimizu (Assistant Chief of Nursing Section, Medical Affairs Bureau of the Welfare Ministry) were dispatched to Indonesia. The experts surveyed nursing educational facilities in detail, including training schools in Chirandaku, Bandang, Surabaya, and Ujung Pandang. As the result of survey, the conditions of buildings and equipment in the respective nursing educational facilities, the curriculum, the number of teachers and students, employment conditions of the graduates, and teaching materials were reported to the Japanese side. The requests from the Indonesian side for each school were also made clear, and Japan's cooperation regarding those requests proved feasible.

The survey revealed that the Indonesian side was requesting construction of a new schoolbuilding for the Ujung Pandang School, one of the four nursing instruction training schools mentioned above, and renovation of classrooms, teachers' residences, and dining rooms of the other three schools. And as part of technical cooperation, the Indonesian Government requested teaching materials, especially audio-visual aids and stationery. As to training, the acceptance of 27 nursing instructors was requested for training in Japan. The dispatch of Japanese experts was also requested chiefly for giving advice about teaching materials.

2. DISCUSSION OF THE PROJECT IMPLEMENTATION

2-1 Dispatch of Preliminary and Implementation Survey Team

The preliminary survey team for medical cooperation was dispatched in July 1977, and in October 1978, the implementation survey team was dispatched and an R/D was signed.

2-2 Object of Cooperation

[Development Center for Nursing Education]

- (1) Object: The object is to establish and support the nursing education system in the Republic of Indonesia.

The detailed contents of cooperation are as follows:

- 1) Establishment of educational curriculum
 - 2) Development of teaching techniques
 - a) Development of teaching materials
Compilation and use of educational reference books (centered on textbooks)
 - b) Instruction in teaching techniques
 - 3) Educational evaluation: Evaluation on implementation of 1) and 2) above. (Model school = To evaluate the results of application at the Ujung Pandang Training School for Nursing Instructors and to utilize the evaluation for redevelopment.
 - 4) On-the-spot training
To give training to teachers currently working at nursing instructor training schools and nurse training schools for one month on the contents of 1), 2), and 3) above by dividing the courses into four periods a year and the teachers into groups of 20 members.
- (2) Dispatch of experts:
Experts dispatched from Japan on a long-term basis: nursing education in general, Experts dispatched on a short-term basis: clinical nurse, health nurse, experts in audio-visual aids, etc.
(Note) Clinical nurses and health nurses were dispatched as experts on a long-term basis.
- (3) Reception of personnel for training
The Indonesian counterparts were to be accepted for training in Japan.

[Ujung Pandang Nursing Instructor Training School]

- (1) Object: To make a model school that will put the contents developed at the Education Development Center into practical use. The detailed contents of practical use are as follows:
- 1) Guidance in school management and administration
Guidance in specific practical use of the contents developed by the Education Development Center
 - a) Composition and implementation of course of study

- b) Guidance in the use of teaching materials
 - c) Instruction about other items related to management and administration of the school (For example, guidance for items related to school autonomy such as the steering committee)
- 2) Educational evaluation: Practice and evaluation of item 1) described above.
 - 3) Guidance for incorporating the results of surveys into the curriculum and analyses of health statistics.
 - 4) Guidance in clinical nursing technique (first aid, professional clinical nursing care)
- (2) Dispatch of experts.
Experts dispatched on a long-term basis: nursing education in general, Experts dispatched on a short-term basis: clinical nurses, health nurses, audio-visual aids experts, etc.
(Note) Clinical nurses and health nurses were dispatched on a long-term basis.
- (3) Reception of personnel for training: Indonesian counterparts were to be accepted as personnel for training in Japan.

3. PROCESS OF THE PROJECT IMPLEMENTATION

3-1 Contents of Activities

3-1-1 Improvement of Nursing Education Curriculum

Concerning the improvement of the nursing education curriculums, the following assistance was offered at the first stage of the project in making up the AKTA III curriculum for teacher qualifications which corresponds to the course of study for professional teachers in Japan.

The AKTA III curriculum consists of the following 20 units.

Basis of Education	2 units
Educational Psychology	3 units
Educational Administration	2 units
Basis of Curriculum	2 units
Methodology of Education	2 units
Methodology of Nursing Education/Evaluation	3 units
Upgrading Nursing Techniques	3 units
Teaching Practice	3 units
Total	20 units

The AKTA III curriculum has been implemented at teachers' training schools in Bandung several times a year since 1980. It is chiefly the responsibility of the Ministry of Education and Culture, so not only teachers of nursing education but also paramedical teachers have taken this course. The S.P.K. curriculum is implemented now, since the module system practiced hitherto was revised in 1981 and 1982.

The project has rendered assistance in guidance, improvement, revision and printing of the curriculum.

One of the S.G.P. curriculums was completed in 1976, but four schools had implemented that curriculum in their own way, so the teachers of the four schools assembled in March 1982 to find a way of making it a unified curriculum. By taking that measure, the teachers' specialities have been made clear, and the four schools have each come to provide education according to their own definite aims.

The following are the specialized subjects (10 units) of the respective schools:

Jakarta	Med./Surg. Nursing, Public Health Nursing
Surabaya	Med./Surg. Nursing, Public Health Nursing
Bandang	Maternal Nursing/Family Planning, Pediatric Nursing
Ujung Pandang	Maternal Nursing/Family Planning, Pediatric Nursing

As the training of specialized teachers thus became practicable, students could now enter the schools of their own choice of speciality. Until then training of unspecialized nursing instructors had been carried out.

The problem, however, is that there is no psychiatry in the curriculum, so it is still not the best possible curriculum.

The curriculum at the nursing instructor training schools was evaluated in 1983, and part of it was amended. Thereafter, teachers suggested as they followed the curriculum in their teaching that there is greater need to amend and improve it. The terms and contents of S.G.P. education are now under examination. The education of nursing instructors should be gradually reformed in accordance with the reform of

the educational system.

3-1-2 Improvement of Methodology of Nursing System

(1) Development of Audio-visual Aids

Before starting the project, 63 video-tapes in Japanese were provided as educational equipment, and the voices in Japanese were dubbed to the Indonesian language to make the tapes serve as reference equipment. The tapes were copied and distributed to four instructor training schools and other S.P.K.s. Experts visited B.G.P. to give instructions on how to use these video-tapes.

The video-tapes produced in the project are as follows:

- How to take electrocardiographs
- How to give intravenous injections
- How to cut the umbilical cord
- How to take body temperature
- Nursing care in I.C.C.U.
- Nursing care of burn patients
- How to give tube feeding
- Home visit for new-born babies
- Community health nursing (nursing process)
- Stomach lavage (nursing process)
- Bed making
- Nursing care of hypertensive patients

Most of the video-tapes were produced by the participants (nursing instructors) during the A.V.A. course.

Videos have gradually become popular in Indonesia, and have come to be used as teaching materials, so it is hoped that D.C.N.E. will produce them on a regular basis.

(2) Publication of Reference Books: Data that had been taken from documents in English since 1979 for reference was translated into Indonesian and compiled in the form of eight kinds of books in 1980. Next, 22 kinds of printing matter (37,500 books in total) were completed as reference books with assistance from JICA to cover the cost of printing.

These books were widely distributed among nursing schools in all districts of Indonesia and gained wide popularity.

3-2 Interim Evaluation

Interim evaluation made by the technical guidance team in March, 1982 was as follows:

The main purpose of cooperation in this project was to secure nursing personnel suitable for discharging the duties of health nursing at the regional level in accordance with the Indonesian health program, and to help stabilize the educational quality and the number of instructors in charge of nursing education.

The number of health nurse schools was 126 at the end of 1981. Since the target number of these schools was 160, it may be said that good steady progress had been made in this respect.

On the other hand, completion of the D.C.N.E. building, the schoolhouse and the lodging house at the instructor training school at Ujung Pandang was considered to have been accomplished in very good timing. However, with regard to facility utilization, and school management and administration, such suitable measures as the posting of appropriate personnel and the acquisition of budgets left much to be desired.

As to the curriculum at nursing instructor training schools, research meetings were held by the experts dispatched by JICA and WHO, and the Ministries concerned, so it was assumed that good directions were being formed. As to the framework of the curriculum, it seemed that agreement had been reached, and since research was being conducted on development of good curriculum contents, progress would also be made in the utilization of teaching materials.

Among the problems in curriculum improvement, one had arisen concerning the teacher's certificate law due to the situation inside the country during implementation of the project. Through concrete examination of the problems which arose from the gap between the contents of teaching by the teachers and the existent curriculum, learning at teacher training schools could be expected to be evaluated more positively at the same time that the contents of learning at the teacher training schools were improved. It was feared that the problems arising from a lack of basic education for the teachers would have some effect on the contents of education at teacher training schools. Taking into account the fields of activity of the graduates of the health nurse schools, some measures would be necessary to meet the need for various instructions in health to the local people who share the vast land of Indonesia and the peculiar culture of this multi-racial nation. The Indonesian Ministry of Health appeared to be examining this problem in cooperation with the Ministry of Education and nursing instructor training schools.

JICA was impressed by how well this project had initiated the necessary basic tasks in such a short period of time. JICA recognized all the more keenly that more efforts and time were needed, because the schools were engaged in the training of nursing teachers in the highly mobile society of a country with a relatively short history since its foundation.

Personnel who had received training in Japan were expected to become very active after they return home, and generally the training in Japan was highly evaluated in Indonesia, especially for the methods and skills trainees have acquired in Japan. It was hoped that trainees and others would tackle various problems positively based on the situation observed while touring and instructing by making more efforts to select suitable personnel, for example.

On the other hand, the training of middle-level engineers had been successful in cultivating a leading class throughout the country, and now more positive considerations and substantial efforts on the part of Indonesian side were to be hoped for.

In order to achieve the basic aims of the project, expectations were laid on the accumulation of evaluation studies in D.C.N.E. on the curriculums of nursing instructor schools, and augmentation of education contents by clarifying the problems of teacher training and the measures to be taken.

3-3 Problems of Project Implementation

Requirements for admission to nursing instructor training course: The requirement for admission to the nursing instructor training course was 9 years of general education course as in the past, and as the applicants had a chance to enter only four instructor training schools from 126 health nurse training centers after finishing more than two years of practice on receiving three years' training, so there was a limit to the number even though there were some students selected in the entrance examination for instructor training schools. The trouble was that although there were ten academic schools (nursing schools to be admitted to after 12 years of general education), and although efforts had been made to increase the number of these schools, there was a tendency for the graduates to avoid nursing instructor training schools. There were some exceptions, but they were very few. Consequently, those students who entered nursing teacher training schools were chiefly graduates of health nurse schools. The fact that nine years were required for general basic education limits later education, and as a job, nursing teacher training was inferior to other jobs both in terms of academic ability and salary. That was the reason why the Ministry of Education was eager to have the graduates of nursing instructor training schools accept the AKTA III certificate.

4. RECORD AND EVALUATION OF THE PROJECT

4-1 Activities and Achievement in the Project

4-1-1 Improvement of Nursing Education Curriculum

It was in September, 1979 that the problem of revising the curriculum was examined as part of the nursing education project in Indonesia. In that year, Japan dispatched experts to Indonesia and started to survey the condition of nursing education there.

Thereafter, a Joint Committee Meeting and a Senior Nursing Course were held simultaneously from May 30 to June 3 1980, a discussion of curriculum development was held, and a year-long program was drawn up.

An over-all re-examination of nursing education and other various examinations, including that of future planning, were conducted according to schedule with members of the project team in attendance, and a new system and curriculum aiming at improvements had been drawn up smoothly thus far.

The content included a training program of medium standing (diploma), the curriculum for health nurse training schools (S.P.K.), and the curriculum for nursing teacher training schools (S.G.P.). Moreover, detailed examinations had been made about the nursing education system and the drawing-up of curriculums in accordance with the new system by setting the goal for completion at 1985.

(1) Structure of New Curriculum

The new curriculum consists of four groups of subjects, and students could acquire 45 units per year.

The characteristics of the contents, as compared with the former ones are described below:

1) The subjects consist of four parts:

General Culture	5 units
Fundamental Nursing	10 units
Specialized Nursing	10 units
Course of Study for the Teaching Profession	20 units

The distinguishing characteristic of the new curriculum was that one subject "Nursing Education" was divided into two subjects: "Fundamental Nursing" and "Specialized Nursing".

2) Subjects for general culture included the Indonesian Language, English, Religion, Pancasila (the fundamental great principle of Indonesia), and Physical Education. The subjects were designed to attach great importance to the religion which the students believe in, and to deepen their understanding of the basic principle of their country, and they were then incorporated into the new curriculum.

- 3) Among the subjects concerning nursing, Fundamental Nursing was comprised of subjects for general study of the fundamental knowledge and techniques necessary for nursing; the following subjects were set up: "Communication in Nursing", "General Concept of Nursing", "General Concept of Order and Diseases", "Process of Nursing" and "How to Relate to Nursing".

Of the specialized subjects, the following five definitely specialized fields had been set up as elective subjects.

1. Med/Surg. Nursing
2. Public Hygiene Nursing
3. Child and Maternal Nursing and Family Planning
4. Pediatric Nursing
5. Psychiatric Nursing

These divisions and the elective system were introduced for the purpose of reinforcing training in fundamental nursing and deepening understanding of specialized fields.

- 4) Of subjects for the teaching profession, the following six were set up: Principle of Education, Planning in Education, Administration in Education, Evaluation in Education, Methodology in Education, and Teaching Practice. The credits to be acquired are 20 units (about 3.5 times the number in the previous curriculum). Such a great increase in the number of subjects for the teaching profession must have been made in consideration of the number of units (90 units) required for qualification as a teacher set up by the Education Board.
- (2) Evaluation of Curriculum Improvement at the S.G.P.

Education under the new curriculum was only at the beginning stage. Hence, it may be unreasonable to evaluate the then-new curriculum at that stage, but most of the teachers actively engaged in teaching esteemed it very highly because they had been praised by students for the following points:

- 1) The content of education had become clear because it had been divided into elementary subjects and specialized subjects.
- 2) The elementary subjects had been divided up in detail, so the contents to be adopted had become more definite. Hence the contents could now be utilized effectively as a foundation when the fields of specialized nursing were tackled. In particular introduction of the "General Concept of Nursing" and the "Process of Nursing" was significant.
- 3) The contents of specialized nursing had been divided into five courses and offered as elective subjects, so the contents of learning could be selected more definitely in specialized fields, and at the same time greater depth of content had come to be expected. The fact that the teachers in active service evaluate the new curriculum by pointing out the merits mentioned above, is considered to be the matter of course from the viewpoint of the contents tackled in a year and the backgrounds of the students entering S.G.P. schools.

The qualification for entrance to S.G.P. schools was that the applicants be graduates of P.K. schools (three-year course after graduation from middle school), and have three years' clinical experience. This was because they need teachers who can train health nurses capable of discharging the role of P.K. in addition to that of their specialized fields, acquired after one year's study in a S.G.P. schools, for a total of five years' study and clinical experience.

In the old curriculum, all the fields of "Elementary Nursing" and "Specialized Nursing", which were divided into five fields in the new curriculum, had been taught in more superficial ways. In the old curriculum, the relation between the study content of elementary fields and that of specialized fields had remained ambiguous in teaching, but the new curriculum helped to solve this problem. In consideration of the current situations, it was concluded that the aims of the new curriculum had been achieved satisfactorily.

In carrying out the new curriculum, the following characteristics were pointed out: one was that the teachers were actively trying to teach specialized subjects in nursing and to be engaged in teaching from the practical point of view of nursing, and the other was that a significant number of hours were being devoted to the practice of nursing. These characteristics reflected a desirable orientation for nursing education. Against the background of this good trend, provision of teaching materials from Japan and the influence of direct instruction on the part of dispatched experts could be emphasized.

Nevertheless, the following problems had arisen in practical implementation.

- a) The new curriculum attached importance to specialized fields, but the quality of the teachers who could take charge of each specialized field, and the supply of such teachers as opposed to demand for them were not necessarily taken into consideration. It was a fact for example, that not all of the five courses were available because of a shortage of teachers who could take charge of specialized fields.
- b) There was a wide gap between the background of the students who entered the S.G.P. schools and the abilities expected of the teachers at P.K. schools. At S.G.P. schools, efforts should be made to fill the gap as much as possible in one year, but there were too many things to teach and learn. The real situation was that although the teaching materials required by the teachers had been arranged properly, in the classroom, teachers had to review information and techniques at the elementary stage and at the same time tackle fields of speciality newly instead of introducing new knowledge based on the information and experience students had had over the past five years.
- c) The textbooks for the new subjects established in the new curriculum, and the new teaching methods could not meet the needs of real classroom learning, so there was doubt whether effective teaching or studying activities had been conducted in respective subjects. This problem was closely related to the abilities of teachers, but we could assess the situation easily from the fact that the teachers complained that proper textbooks suitable for the fields were not available and that they said they had no confidence in the teaching materials they had prepared by themselves.

As mentioned above, it can be said that the curriculum of S.G.P. schools represented a step forward toward the goal of education suited to the needs of teachers at P.K. schools in Indonesia taken through the nursing project in Indonesia.

If the future orientation of the curriculum is determined based on these data, it will consist of further promotion of training of S.G.P. teachers, making of teaching materials, and development of teaching methodology. In addition, we should think of measures for coping with the fact that education in S.G.P. schools meets only half of the units required for qualification as a teacher as determined by the Board of Education.

Japan has been involved in nursing education in Indonesia in various ways. Over the same period, higher qualifications have come to be required by the Ministry of the Health Law of workers engaged in health and medical treatment. How to cope with actual situations will be the problem of the future.

Table 1 Curriculum of S.G.P.

Curriculum drawn up by the Curriculum Study Team for S.G.P. 1976			
I. General Education (4-5 Units)	Units		Time
1. Indonesian	1		40
2. English	1.5		60
3. Psychology	1		40
4. Social Studies, Anthropology	1		40
II. Nursing Education (10-5 Units)			
1. Introduction to Nursing	1		40
2. Community Nursing (A)	1.5		60
3. Clinical Nursing (A)	1.5		60
4. Community Nursing (B)	1		40
5. Clinical Nursing (B)	1		40
6. Psychiatric Nursing	1		40
7. Nursing Leadership	1		40
8. Epidemiology	1.5		60
9. Health Education	1		40
III. Teaching Methodology (6 Units)			
1. Theory of Nursing	1.5		60
2. Educational Technique	0.5		20
3. Principles and Methods of Evaluation	1		40
4. Teaching Method	3		

Curriculum made at S.G.P. Curriculum Discussion Meeting				
I. General Education (5 Units)		Unit		
1. Indonesian		1		
2. English		1		
3. Religion		1		
4. Pancasila		1		
5. Physical Education		1		
II. Elementary Nursing (10 Units)				
1. Nursing Communication		2		
2. General Concept of Health and Disease		2		
3. General Concept of Nursing		2		
4. Nursing Process		2		
5. How to Relate to Nursing		2		
III. Specialized Nursing (10 Units)				
Med./Surg.	C.H.N.	MCH/FP	Childbirth & Childcare	Nutrition
Respiratory Organs (2)	Introduction to Community (1)	Midwifery (2)	Family Planning & Gynecology (2)	Psychiatric Mental Health
Circulatory Organs (1)	CHN, HC (2)	Health of Expectant & Nursing Mothers (4)	Pediatrics (2)	Nursing (2)
Bodily Fluids	in Family (4)		Nursery Language & its Development (4)	Rehabilitation (2)
Electrolytic Balance (1)	in School (1)		Pediatric Nursing (2)	Behavioral Science
Nerves (1)	Business (1)			
Urinary Organs (1)	Institution (1)			
Digestive Organs (2)				
Metabolism (1)				
Skin				
Kidney (1)				
10	10	10	10	10
IV. Teaching Methodology (20 Units)				
1. Elementary Education		2		
2. Education Plan		4		
3. Educational Administration		4		
4. Education Evaluation		4		
5. Methodology of Education for the Handicapped		2		
6. Teaching Practice		4		

4-1-2 Contents of Education and Improvement of Teaching Methodology

D.C.N.E. implemented what we call an Upgrading Course for the following five fields: Public Health Nursing, Medical and Surgery Nursing, Pediatric Nursing, Psychiatric Nursing, and Family Planning. Its purpose is to elevate the quality of teachers in S.P.K. schools, and improve education and teaching methodology.

Numerous training courses and workshops were carried out at JICA's expense for training engineers of medium standing, including courses in Medical and Surgery Nursing, Pediatric Nursing and Family Planning a two-week training course for development of audio-visual aids, a curriculum examination meeting, and workshops for compiling Nursing Education textbooks. As many as 17 meetings on four upgrading courses were held with the participation of 330 members. In addition, workshops of the Curriculum Examination Committee were held seven times with participation of 115 members, and they contributed greatly to the elevation of teachers qualification and to the improvement of education and teaching methodology.

Among the upgrading courses, all S.P.K. teachers were to take the Public Health Nursing Course. This course covers the field to which the greatest importance should be attached in consideration of Indonesia's situation, so practical educational assistance suited to circumstances in Indonesia was believed to be necessary.

Table 2 Implementation of Upgrading Course and Working Group

1) Upgrading Course

Year	Subject	Duration	Member
1979/1980	1. Pediatric Nursing	6 wks	20
	2. Med/Surg. Nursing	6 wks	20
1980/1981	1. Pediatric Nursing	6 wks	20
	2. Pediatric Nursing	6 wks	20
	3. Med/Surg. Nursing	6 wks	20
	4. MCH/FP Nursing	6 wks	20
	5. Med/Surg. Nursing	6 wks	20
1981/1982	1. AVA Course	2 wks	15
	2. AVA Course	2 wks	15
	3. Med/Surg. Nursing	6 wks	20
	4. Pediatric Nursing	6 wks	20
	5. MCH/FP Nursing	6 wks	20
1982/1983	1. AVA Course	2 wks	20
	2. Med/Surg. Nursing	6 wks	20
	3. Med/Surg. Nursing	6 wks	20
	4. Pediatric Nursing	6 wks	20
	5. MCH/FP Nursing	6 wks	20
Total	17 times		330 Members

2) Working Group

Year	Subject	Duration	Member
1979/1980	1. Senior Nursing Course	4 days	10
	2. AKTA III Curriculum	4 days	16
1980/1981	1. Diploma I, II Curriculum	4 days	15
	2. Diploma III Curriculum	5 days	16
1981/1982	1. Teaching Materials	10 days	28
	2. SCP Curriculum	10 days	20
1982/1983	1. Text Book (Fundamental Nursing)	7 days	10
Total	7 times		115 Members

Table 3 Video Teaching Materials Translated into Indonesian and
Video Teaching Materials Produced in D.C.N.E.

1) The list of Video Tapes which were translated in Indonesia

1. Nursing care of Neonatal I.
2. Nursing care of Neonatal II.
3. Nursing in Incubator I.
4. Nursing in Incubator II.
5. Tube feeding.
6. Suction I.
7. Suction II.
8. Aseptic techniques of hands.
9. Oxygen therapy.
10. Prasoitosis.
11. Infection disease.
12. Assessment of disturbance.
13. Assessment of constitution behavior and appearance.
14. Mouth care by it's self.
15. Mouth care for clitical patient.
16. Mouth care for false teeth.
17. Skin and mucous membrane.
18. The skin damaged.
19. Shampoo I (equipment)
20. Shampoo II (on the bed)
21. Bed bath equipment.
22. Bathing face.
23. Bathing upper extremities.
24. Bathing neck and breast.
25. Bathing abdomen.
26. Bathing lower extremities.
27. Bathing foot.
28. Bathing back and perineum.
29. Aseptic technique.
30. Nursing for first aid at out patient clinic.
31. Body mechanics.
32. Injection.
33. Compress.
34. Puncture I.
35. Puncture II.

36. Resuscitation.
37. Assessment of color of the skin.
38. Nursing of the hemiplegia I.
39. Nursing of the hemiplegia II.
40. The structure and function of human body.
41. The structure and function of digestive system.
42. The structure and function of respiratory system.
43. The structure and function of cardiovascular system.
44. The structure and function of urinal system.
45. The structure and function of endocrine system.
46. The structure and function of genital system.
47. The structure and function of nervous system.
48. The structure and function of sense system.
49. The structure and function of skeletal muscle system.
50. Etiology I.
51. Etiology II.
52. Diseases of digestive system and nursing I.
53. Diseases of digestive system and nursing II.
54. Diseases of respiratory system and nursing.
55. Diseases of cardiovascular system and nursing.
56. Diseases of urinal system and nursing.
57. Diseases of genital system and nursing.
58. Diseases of nervous system and nursing.
59. Diseases of sense system and nursing.
60. Diseases of metabolic system and nursing.
61. Diseases of skeletal muscle system and nursing.
62. Venereal disease.
63. Psychiatric medicine.

2) The List of Video Tapes which has been produced in DCNE

1. How to take a Electro cardiography.
2. Intravenous injection.
3. How to cut the umbilical cord.
4. How to take a body temperature.
5. Nursing care in ICCU.
6. Nursing care in Burn Unit.
7. Tube feeding.
8. Home visit for new born baby.
9. Community Health Nursing - Nursing Process.
10. Stomach lavage - Nursing Process.

Table 4 Printed Reference Books

The Title of Printed Books

Year	Name of Book	Amount
1980/1981	1. Nursing care of Newborn baby and Infant	2,000 pieces
	2. Taking care of school children	2,700 "
	3. Nursing care of Child at Tropical Area	2,000 "
	4. Stress	1,000 "
	5. Training of Community Health Nursing	1,000 "
	6. Family Planning	2,000 "
	7. Nursing care of Patient with Surgical Problem	2,000 "
	8. Curriculum Guidance of Pediatric and MCH Nursing	1,000 "
1981/1982	1. Curriculum for Health Nurse School (Module)	1,000 "
	2. A Guide for Teachers of Nurse	3,000 "
	3. Nursing care of Patient with Medical Problem	3,000 "
1982/1983	1. Current Perspective in Nursing Education	3,000 "
	2. Curriculum for Teacher Training School	1,500 "
	3. Nurse-Client interaction	1,500 "
	* 4. Synopsis of Fundamental Nursing	1,500 "
	5. Curriculum for Health Nurse School	1,000 "
	6. National Health System	600 "
Total	17 kinds	29,800 pieces

* original

(No 4)

4-1-3 Implementation System on the Indonesian Side

The purpose of this project was to cooperate with Indonesia in developing the country's health manpower both in quality and quantity. Specifically, emphasis was put on training health nurse teachers. It was a system project which combined the following three aims: (a) construction of buildings with grant-aid fund, (b) implementation of technical cooperation for the purpose of substantiating and strengthening the contents of education, and (c) promotion of self-help on the part of Indonesia by investing funds to cover the expenses for training middle-level engineers for the purpose of making technical cooperation more effective.

As to the construction of buildings with grant-aid funds, the Development Center for Nursing Education (D.C.N.E.) was newly constructed at Jakarta, and the Nursing Instructor Training School (S.G.P.) at Ujung Pandang. The buildings were transferred to the Indonesian side in March 1981, and they are now fulfilling their functions.

With respect to technical cooperation, dispatch of Japanese experts to Indonesia and reception of Indonesian personnel for training had started before the completion of buildings, and such activities as curriculum development for nursing education, improvement of methodology of nursing education, and exploitation of teaching materials for nursing education had already been initiated.

Therefore, it was true that attainment of the major aim was now near at hand, although there were still problems to be solved or examined. We could say that success had been due to the expectations and to the efforts to complete this project by both the Japanese and Indonesian sides.

4-1-4 Activities of Training Personnel After They Return Home

The number of training personnel on both long- and short-term bases reached 14 (8 on long term and 6 on short term basis). Only one trainee was transferred to another jobsite; the others went back to their own institutions after returning from Japan, and are working actively making full use of the training they had received in Japan.

The number of personnel classified according to speciality is as follows: Pediatric Nursing 2, Med./Surg. Nursing 4, A.V.A. technicians 2, Educational Administration 3, School Administration 3.

Since S.P.G. schools had begun to conduct education by dividing specialized nursing into five fields (Pediatric Nursing, M.C.H. Nursing, Med./Surg. Nursing, Regional Nursing, and Psychiatric Nursing), it was desirable to receive personnel for training from fields hitherto not included in the curriculum, such as M.C.H. Nursing, Psychiatric Nursing, and Regional Nursing.

(1) Evaluation by the agencies that dispatched personnel

Although the dispatched personnel had language problems while in Japan, they became actively engaged in their jobs after returning home. Their teaching abilities, in particular, are remarkable. All that had been hoped for was that training in the administrative field would be added to training in clinical nursing techniques.

(2) Evaluation by personnel themselves

In their own-evaluations of the training, the participants claim that they gained self-confidence in instructing students, and that they have obtained what cannot be learned from desk work, namely an understanding nurses' ways of thinking, cooperation with paramedical staff, and maintenance of records, to say nothing of acquisition of techniques.

(3) Evaluation by the evaluation team

The personnel fully recognize the responsibility of the counterparts to promote the project, and they have become pioneers in the instruction of techniques by making full use of what they learned in Japan.

4-1-5 Activities of Japanese experts

The number of the experts that JICA dispatched was 7 in total both on the long-term and short-term bases, that was, 5 on the long-term and 2 on the short-term basis. The role of these experts was so important that the success or failure of a project would depend upon how well they do their job, so it must have been a difficult job. Fortunately, in addition to the abilities and efforts of each expert, their cooperation as the team members and the way they merged into Indonesian life in the correct way also contributed to the project. Hence, despite the fact that nursing education was a new field in Japan, the project was highly evaluated both inside and outside the country.

(1) Chief Services Rendered by the Experts

- 1) Advice given for improvement of the curriculum for teacher training schools and S.P.K. schools
- 2) Guidance and advice to the teachers at instructor training schools and to participants in the training course
- 3) Education of students at instructor training schools and instruction in clinical practice
- 4) Advice given on the use of provided equipment and on the use and promotion of teaching materials for practice
- 5) Advice given on the selection of bibliographies when preparing teaching materials
- 6) Assistance in making V.T.R. tapes
- 7) Assistance in keeping teaching materials for practice and library resources.
- 8) Advice in requesting provision of equipment
- 9) Cooperation in on-the-spot procurement of equipment
- 10) Advice to applicants for personnel training
- 11) Advice on participation in all the training courses

(2) The evaluation of Japanese experts by the Indonesian side

The evaluation of Japanese experts by the Indonesian side was very high. They say that the advice given on clinical practice instruction, on preparation of teaching materials and on various training courses had been especially useful.

(3) Self-evaluation of Japanese experts and their future aspirations

One of the Japanese experts, a member of D.C.N.E., was responsible for visiting classrooms at Bandang School and at Chiran Dakku School, and another expert visited them at Ujung Pandang School and Surabaya School. In either case, the schools would often fail to fulfill their functions if the Japanese expert did not visit them. It was pointed out that more independent efforts were desired because they relied too much upon the help of Japanese expert.

Some experts said that it would take two years to learn the knack of carrying out the job smoothly in response to the needs of the Indonesian side and within the framework of the policy of the Japanese side, while taking care of their own health.

There are lots of invisible aspects in technology transfer, but we could infer the process of cooperation by noting how glad the Japanese experts were to see that the Indonesians compiled a book for themselves.

4-1-6 Use and Maintenance of Provided Equipment

Provided equipment was roughly classified into the following items: educational equipment (including audio visual aids and books), nursing equipment, stationery, and vehicles. At D.C.N.E., all this equipment was put to very good use, and the ledgers were arranged neatly from the viewpoint of management.

At the Ujung Pandang School, use of equipment was not sufficient as compared with D.C.N.E., and part of the translation from Japanese was left unfinished.

But owing to the experts' efforts, some cooperation was observed everywhere from the viewpoint of maintenance; for example, arrangement of bed sheets, sewing of model doll dresses, making covers for models. Instruction and cooperation were expected to become much more necessary both in maintenance and in practical use in the future.

How to deal with provided books in Japanese after completion of the project had become a problem. Due to particular considerations on the Indonesian side, these books were locked away, and effectiveness in usage seemed to have decreased.

4-1-7 Evaluation of Project from the Indonesian Side

COMPONENTS

- A. Development of Curriculum
- B. Development of teaching materials
- C. Upgrading Courses
- D. Fellowships
- E. Equipments
- F. Experts

A. Development of Curriculum.

- I. Akta III And Diploma I, II, III curriculum.
 - a. Curriculum for Akta III and Diploma I, II, III were produced in 1980 through working group.
 - b. JICA provided assistant as follow:
 1. Travel and pardiem for participants living outside Jakarta.
 2. Stationary
 3. Printing
- II. Nursing Teacher's Curriculum (SGP).
 - a. The curriculum on nursing education has been developed through the process of working group, workshop or seminar.
 - b. The latest SGP Curriculum was produced in March 1982 through 6 days workshop in Ujung Pandang.
 - c. JICA experts participated in the workshop.
 - d. The printing of SGP curriculum was assisted by JICA. Complete implementation of the curriculum will be started in 1983/1984 academic year.
 - e. The development of curriculum of curriculum should be continuously carried out and adjusted to the national concept and pattern of nursing education and training.

Financial support assisted by JICA has been very helpful for the development of nursing teacher's programme and more ideas (software) are still needed from JICA experts.

B. Development of Teaching Materials.

- I. Books
 - a. JICA provided assistant for translation, writing and printing. Through this assistant 17 titles of books has been produced.
 - b. The published books have been distributed to SGP's, SPK's and Academic of Nursing institutions throughout indonesia.

Since the translated books are not easily readable, potentials nurses should be motivated to, write basic text books in Indonesian. The Publication of nursing books should be increased and strengthened in the future.

Provision of nursing books is very important to be utilized an bibliography and references by potential Indonesian nursing writers.
- II. A.V.A.
 - a. 9 video on nursing have been produced in Indonesian language and in Indonesian settings covering Health Centres and Hospitals.
 - b. 63 video tapes on nursing in Japanese have been translated into Indonesian.
 - c. The studio has been utilized effectively for micro teaching by SGP's regular programme and by the participants of various upgrading courses as well.

Although the AVA studio has been utilized, the utilization has not really reached the outcomes as previously expected.

Certain steps should be taken to strangthen the professional aspects of AVA production in which the ability of scenario writing connected with the needs of curriculum is of paramount important.

C. Upgrading Courses

- a. There have been various upgrading courses and workshops implemented with the assistant from JICA, this could be mentioned as medical-surgical nursing courses, pediatric nursing courses, workshop on curriculum development etc.
- b. The assistants have been utilized as effectively as possible but is still need to be improved.

It might be better if Japanese side (JICA) could allocated financial assistant for the whole package of certain upgrading course instead of providing only travel cost for several courses. This will help eliminate financial administrative problems for Indonesian side.

Professional/technical inputs from Japanese Experts have been very helpful, but it needs more elaboration for the futures.

The technical assistant given by WHO nursing experts have also been helpful in the implementation of various upgrading courses.

D. Fellowship

During the period of four years the fellowship programme has been utilized as follow:

1. Pediatric nursing 2 persons.
2. Medical surgical nursing 4 persons.
3. A.V.A. programming and technical aspect 2 persons.
4. Administration of nursing education 3 persons.
5. School of nursing administration 3 persons.

The fellowship programme has helped the fellows to gain knowledge, experience and skills. This is due to the active partisipation of the fellow in the planning and preparing of schedule for individual learning experience based on the individual needs.

The fellows have learned to correlate the advanced technology with nursing practice within as a specific patterns of Japanese Culture.

In addition to the above mentioned advantages, it is felt that certain weaknesses, are also found such as:

- a. Lack of mastery of Japanese language for daily and academic use.
- b. In certain cases the nursing practical experience in the hospital seemed to be longer to the education and teaching experience.

To minimize these previously mentioned weaknesses following approaches may be used:

- a. Provision of learning package which could be used by fellowships candidates to learn daily communication and academic Japanese language before fellows leave for Japan.
- b. Experience in nursing practice for fellows should be arranged in such a way as to support the fellows ability in teaching.

It is felt that fellowship programme for nurse teachers (SGP teachers) should be continued and additional nursing areas should be included such as community health nursing, nether and health and family planning.

E. Equipment

All the equipment provided by JICA (Project OTA-62) which directly support the teaching learning process, as well as those equipments which support the development of nursing education have been helpful both for DCNE and HNTS.

The equipments could be classified as fellow:

1. Teaching equipments
2. Nursing equipments
3. Office equipments

Problems which have been faced in realtion to the above mentioned equipments are shortage and unavailability of spare parts and service/repair manuals particularly for electronic equipments.

It is felt that spareparts and service manuals need to be available for better maintenance of equipments including those equipments to be used for repair such as vector scope. Vacuume tube voltmeters (VTUM).

F. Experts

Collaboration between JICA experts and Indonesian side has been effective.

Personal and functional realtionships have been nicely maintained throughout the years.

JICA experts have assisted mainly in the field of teaching actual nursing practice.

It is felt therefore, that the input for the concept development in nursing education could be strengthened by the experts.

It is also felt that one JICA expert could be assigned to HNTS Ujung Pandang and she could stationed there during her assignment on a long term basis.

This assignment aims to develop HNTS in order to fully function as institution which hopefully could produce better teachers in nursing.

Jakarta, June 17, 1983
Development Center for Nursing Education.

4-2 Summary of the Evaluation

Various activities were carried out based on the R/D of the Indonesian nursing project, and it was recognized that these activities contributed greatly not only to the training of nursing instructors but also to the elevation of the level of all nursing education in Indonesia, including S.P.K. and the Academy.

It was also verified that the Indonesian side placed high esteem on this project, because all the project activities matched, the Indonesian health development plans, and were steadily producing good results.

In augmenting the contents of education, which was the aim of this project, good results have been appearing from the assistance in various ways over the seven years, project period. For example, a lot of advice was given while the experts' were staying in Indonesia, and the profit that Indonesia would gain from JICA's economic assistance was enormous.

Improvements in the content of education through efforts on the part of Indonesian nursing instructors were gradually being realized. College education has been provided since 1985, and the level of training of leaders in the nursing field has been elevated. This will lead to an improvement in the social status of nurses.

As a problem of the project, it was pointed out that although D.C.N.E., established in Chiran Dakku, was put to good use as a training site, development of teaching materials and production of audio-visual aids were unsatisfactory. One reason may be that the D.C.N.E. system was established legally, nor was its budget independently drafted. It was considered necessary to have a full-time chief with a sense of responsibility to do the job. The staff of D.C.N.E. would not actively produce videos without help from Japanese experts.

In Indonesia, workers have a habit of not doing anything in daily business without orders from their superiors. Another great problem was that there were no nursing leaders among the D.C.N.E. staff.

It is expected that this institute will be used more widely as a place of educational training and research in nursing. We expect that D.C.N.E. will be used more effectively, because a new boarding house was constructed adjacent to the D.C.N.E.

As for the Nursing Instructor Training School at Ujung Pandang, maintenance of facilities has improved gradually. The problem of poor quality water was solved because four new wells were dug. The problem of management was the responsibility of administrators, and a new principal was appointed in 1983. Articles hitherto in shortage were gradually purchased due to his active appeals to high-ranking officials, and power failures for arrears in electric charges have decreased. The number of teachers was 10, and three of them had already completed training in Japan. Another teacher was under training in Japan for one year.

Teaching materials were provided fully, and financial assistance was given by JICA for the purchase of books in the library. Reference books directly purchased in Jakarta in 1985 were sent to G.S.P. schools. It was expected that the teaching materials would be put to full use in the future.

APPENDICES

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1. The Record of Discussions (R/D)

The Record of Discussions between
the Japanese Implementation Survey Team and
the Authorities Concerned of the Government
of the Republic of Indonesia on
the Japanese Technical Cooperation
for the Nursing Education Project

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as JICA) and headed by Professor Haruo Katsunuma, Vice President of Kyorin University and Professor Emeritus of the University of Tokyo, visited the Republic of Indonesia from October 22nd to November 3rd, 1978 for the purpose of working out the details of the technical cooperation program concerning the Nursing Education Project in the Republic of Indonesia.

During its stay in the Republic of Indonesia, the Team exchanged views and had a series of discussions with the Indonesian authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, the Team and the Indonesian authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

November 3, 1978.
Jakarta, Indonesia.

Professor Haruo Katsunuma
Head of the Japanese
Implementation Survey Team

Drs. Sutia Anggadihadja
On behalf of Secretary General,
Acting Director of the Center
for Education and Training
Ministry of Health.

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Republic of Indonesia will cooperate with each other in implementing the Nursing Education Project (hereinafter referred to as "the Project") for the purpose of the development of nursing education in the Republic of Indonesia.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of the Japanese experts as listed in Annex II through the normal procedures under Colombo Plan Technical Cooperation Scheme.
2. The Japanese experts referred to in 1. above and their dependants will be granted in the Republic of Indonesia the privileges, exemptions and benefits no less favourable than those accorded to experts of third countries assigned in the Republic of Indonesia under the Colombo Plan Technical Cooperation Scheme, and will include the following:
 - (1) Exemption from income tax and charges of any kind imposed on or in connection with project salary and allowance remitted from the Government of Japan;
 - (2) Exemption from import and export duties and any other charges imposed in respect of personal and household effects which may be brought into from abroad or taken out of the Republic of Indonesia;
 - (3) Exemption from import tax, import sales tax, sales tax, and other taxes imposed on or in connection with the purchase in the Republic of Indonesia by the Japanese Experts of one motor vehicle per each expert; and
 - (4) Free medical services and facilities to the Japanese Experts and their dependants in government dispensaries and hospitals.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense such machinery, equipment and other materials necessary for the implementation of the Project as listed in Annex III, through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

2. The articles referred to in 1 above will become the property of the Government of the Republic of Indonesia upon being delivered c.i.f. to the Indonesian authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

IV. TRAINING OF INDONESIAN PERSONNEL IN JAPAN

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measure through JICA to receive at its own expense the Indonesian personnel connected with the Project for technical training in Japan through the normal procedures under the Colombo Plan Technical Cooperation Scheme.
2. The Government of the Republic of Indonesia will take necessary measures to ensure that the knowledge and experience acquired by the Indonesian personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF INDONESIA

1. In accordance with the laws and regulations in force in the Republic of Indonesia, the Government of the Republic of Indonesia will take necessary measures to provide at its own expense:
 - (1) Services of the Indonesian counterpart personnel and administrative personnel as listed in Annex IV;
 - (2) Existing Land, buildings and facilities as listed in Annex V;
 - (3) Supply or replacement of machinery, equipment, instrument, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than those provided through JICA under III above;
 - (4) Transportation facilities and travel allowance for the Japanese experts for the official travel within the Republic of Indonesia;
 - (5) Furnished existing accommodations for the Japanese experts and their dependants.
2. In accordance with the laws and regulations in force in the Republic of Indonesia, the Government of the Republic of Indonesia will take necessary measures to meet:
 - (1) Expenses necessary for the transportation within the Republic of Indonesia of the articles referred to in III above as well as for the installation, operation and maintenance thereof;
 - (2) Customs duties, internal taxes and any other charges, imposed in the Republic of Indonesia on the articles referred to in III above;
 - (3) All running expenses necessary for the implementation of the Project.

VI. ADMINISTRATION OF THE PROJECT

1. The Japanese experts will give necessary technical guidance and advice to Indonesian staff associated with the Project pertaining to the implementation of the Project, and the Indonesian authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project.
2. For the successful implementation of the Project, the Joint Committee will be established with the members as listed in Annex VI.

VII. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of Indonesia undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Indonesia except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with this Attached Document.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five years from November 3, 1978.

ANNEX I MASTER PLAN

The Government of Japan will cooperate with the Government of the Republic of Indonesia in carrying out the Nursing Education Project with particular reference to the training of teaching staff in nursing education through dispatch of Japanese experts, acceptance of Indonesian personnel for training in Japan and provision of equipment.

The Project is intended to take up the following activities for the further development of the total nursing education system in the Republic of Indonesia.

- (1) Improvement of curriculum for nursing education.
- (2) Improvement of teaching methodology for nursing education.
- (3) Improvement of other fields of nursing education mutually agreed upon as necessary.

ANNEX II JAPANESE EXPERTS

1. Expert in nursing education (general)
2. Expert in clinical nursing
3. Expert in public health nursing
4. Expert in education media preparing
5. Expert in nursing school administration
6. Other experts mutually agreed upon as necessary.

Note: One of the experts will be nominated as Team Leader.

ANNEX III LIST OF ARTICLES

Machinery, equipments, vehicles and other materials for the nursing education.

ANNEX IV LIST OF INDONESIAN STAFF

1. Project Director (Director of the Center for Education and Training, Ministry of Health).
2. Project Manager.
3. Counterpart personnel to the experts.
4. Clerical and service personnel such as typists, clerks, drivers, etc.
5. Other personnel mutually agreed as necessary.

ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

The Government of the Republic of Indonesia offers existing land, buildings and facilities enough to the Project.

ANNEX VI COMPOSITION OF THE JOINT COMMITTEE

Chairman: Project Director

Indonesian side

1. Project Manager
2. Counterparts
3. Other personnel appointed by the chairman.

Japanese side

1. Team Leader
2. Experts
3. Representative of Japan International Cooperation Agency.

Note:

Official of the Embassy of Japan may attend the Joint Committee as observer.

The Japanese Implementation Survey Team and The Acting Director of the Center for Education and Training, Ministry of Health of the Republic of Indonesia have jointly formulated, with reference to the attached document of the Record of Discussions between the Japanese Implementation Survey Team and the authorities concerned of the Government of the Republic of Indonesia on the Technical Cooperation of the Nursing Education Project, the tentative schedule of the Project as annexed hereto.

November 3, 1978
Jakarta, Indonesia

Professor Haruo Katsunuma
Head of the Japanese
Implementation Survey Team

Drs. Sutia Anggadihadja
On behalf of Secretary General,
Acting Director of the Center
for Education and Training
Ministry of Health

ANNEX: TENTATIVELY ESTIMATED SCALE OF THE PROJECT

Number of the Japanese Expert	about 180 Man/month
Number of Indonesian Personnel for training in Japan	about 114 Man/month
Amount of Machinery, equipment and other materials (C.I.F. Jakarta)	about 200 million Yen
Total Amount	about 400 million Yen

Note:

This schedule and this tentative estimated scale of the Project are subject to conditions that necessary budget will be acquired for the implementation of the Project.

Contents of the schedule and figures of the tentatively estimated scale of the Project are subject to change within the scope of the Master Plan of the said Attached Document Annex I.

TENTATIVE SCHEDULE

UNIT: million yen

Fiscal year	1978	1979	1980	1981	1982	1983
Dispatch of Japanese expert		12M×1	12M×1	12M×1	12M×1	6M×1
Expert in nursing education (general)		12M×2	12M×1	12M×2	12M×2	
Clinical nursing/Public health nursing		or 6M×4	or 6M×2	or 6M×4	or 6M×4	
Education media preparing			12M×1	3M×1	3M×1	
Others			12M×1			
Training of Indonesian Personnel related to nursing education						
Clinical nursing/Public health nursing		12M×2	12M×2	12M×2	12M×2	
Education media preparing		6M×1		6M×1		
Others			3M×2			
Provision of machinery, equipment and other materials						
Cost		40	40	40	40	200

2. List of Main Machinery and Equipment Granted

Fiscal Year.	Budget (Unit 1000 yen)	Chief Equipment
1979	35,077	Copying machine, typewriter, model doll for all-round practice, portable electrocardiograph, pregnant uterous model, midwifery kit, anatomical specimen, reference books, vehicles, etc.
1980	18,960	Model doll for record and practice, model doll for multiple practice, Oxygen tent, resuscitator, stretcher incubator, examination bed for gynecology, midwifery kit, vehicle, etc.
1981	26,112	Phonocardiograph, electrocardiograph, buret, set of urine test equipment, reference book, audio-visual aids, vehicle, etc.
1982	13,535	Model doll for multiple use, model doll for childbirth, automatic transfusion pump, midwifery kit, VTA, typewriter, etc.
Total	93,684	

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