

Japan International Cooperation Agency

The Democratic Socialist Republic of Sri Lanka

Ministry of Plan Implementation, Ethnic Affairs and National Integration

**The Master Plan Study
For
Southern Area Development
In
The Democratic Socialist Republic of Sri Lanka**

Final Report

**Sector Report 7
Social Development**

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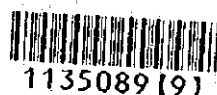
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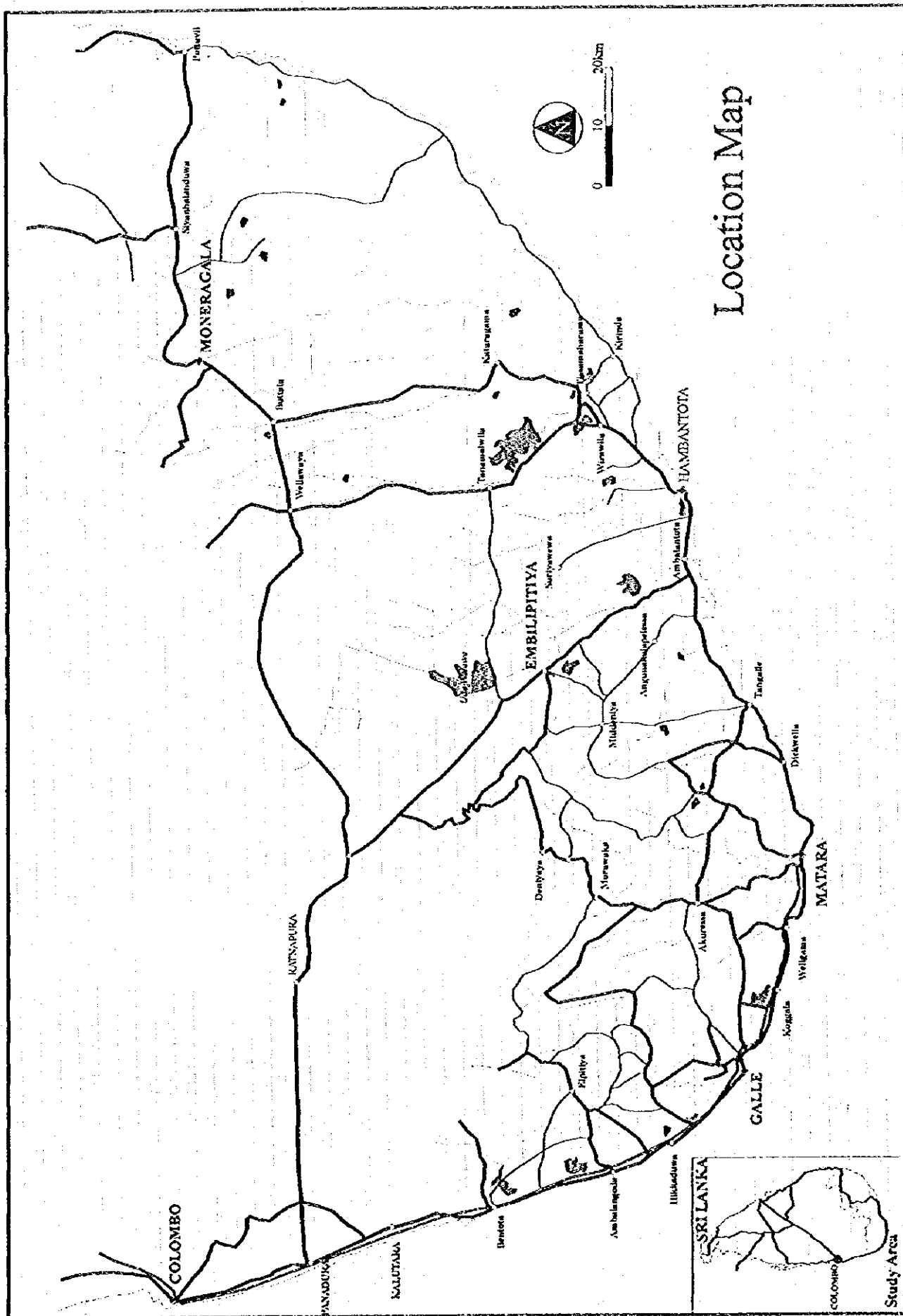
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SECTOR REPORT 7 SOCIAL DEVELOPMENT

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ABBREVIATIONS AND ACRONYMS

PART 1 HEALTH

AIDS	Acquired Immune Deficiency Syndrome
AMO	Assistant Medical Officer
BAMS	Bachelor of Ayurveda Medicine and Surgery
BCG	Bacillus Calmette Guerin
BSMS	Bachelor of Sidha Medicine and Surgery
BUMS	Bachelor of Unani Medicine and Surgery
CBR	Crude Birth Rate
CD&MH	Central Dispensary & Maternity Home
CDR	Crude Death Rate
DDHS	Divisional Director of Health Services
DPDHS	Deputy Provincial Directors of Health Services
DPT	Diphtheria, Pertussis, Tetanus
DZA	Dry Zone Area
ECG	Electrocardiograph
EPI	Expanded Programme on Immunization
FINNIDA	Finnish International Development Agency
GEF	Global Environment Facility
ICU	Intensive Care Unit
IRDP	Integrated Rural Development Program
IMR	Infant Mortality Rate
MBBS	Bachelor of Medicine and Bachelor of Surgeon
MMR	Maternal Mortality Rate
MOH	Medical Officer of Health
MONDEP	Moneragala Integrated Rural Development Programme
NGO	Non Governmental Organization
NORAD	Norwegian Agency for Development Co-operation
PDHS	Provincial Director of Health Services
PHC	Primary Health Care
PHI	Public Health Inspector
PHNS	Public Health Nursing Sister
PHMW	Public Health Midwives
PSM	Professionals Supplementary of Medicine
PU	Peripheral Unit
RDHS	Regional Director of Health Service

RMO	Registered Medical Officer
SPHI	Supervising Public Health Inspector
SPHFW	Supervising Public Health Midwives
STD	Sexually Transmitted Diseases
TT	Tetanus Toxoid
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activity
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

PART 2 EDUCATION

ADB	Asian Development Bank
CEO	Colleges of Education
G.C.E. O/L	General Certificate of Education Ordinary Level
G.C.E. A/L	General Certificate of Education Advanced Level
G.C.S.E.	General Certificate of Secondary Education
GER	Gross Enrollment Ratio
IDA	International Development Association
NATE	National Authority on Teacher Education
NER	Net Enrollment Ratio
NIE	National Institute of Education
NCOE	National Colleges of Education
PSDP	Primary School Development Program
PSDEP	Plantation School Development Program
SIDA	Swedish International Development Agency
TTC	Teacher Training Colleges
VTA	Vocation Training Authority

PART 3 TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING

CIDA	Canadian International Development Agency
DTET	Department of Technical Education and Training
DVTC	District Vocational Training Centre
EIT	Employer Initiated Training
ILO	International Labour Organization

M&E	Monitoring and Evaluation
MOLVT	Ministry of Labour and Vocational Training
NAITA	National Apprentice and Industrial Training Authority
NITE	National Institute of Technical Education
NGO	Non-Governmental Organization
NVTC	National Vocational Training Centre
NYSC	National Youth Services Council
RVTC	Rural Vocational Training Centre
SAVEC	Southern Area Vocational Education Committee
SDF	Skills Development Fund
SVTC	Specialized Vocational Training Centre
TVEC	Tertiary and Vocational Education Commission
TVET	Technical and Vocational Education and Training
UNDP	United Nations Development Programme
VTa	Vocational Training Authority
VTC	Vocational Training Council
VTDC	Vocational Training Development Council
WUSC	World University Services Canada

PART 4

SPECIAL ISSUES

CBO	Community Based Organization
FSP	Food Stamp Program
GIS	Geographic Information System
IRDP	Integrated Rural Development Project
JBS	Janashakthi Banking Society
JSP	Janasaviya Program
JTF	Janasaviya Trust Fund
NGO	Non Government Organization
NDTF	National Development Trust Fund
RWDS	Rural Women's Development Society
SEDD	Small Enterprises Development Division
SM	Samurdhi Movement
WDF	Women's Development Federation

Abbreviation of Measures

Length

mm	=	millimeter
m	=	meter
km	=	kilometer

Area

ha	=	hectare
km ²	=	square kilometer

Volume

l	=	lit = liter
m ³	=	cubic meter
MCM	=	Mm ³ = million cubic meter

Weight

mg	=	milligram
g	=	gram
kg	=	kilogram
t	=	ton = MT = metric ton

Energy

kcal	=	kilocalorie
TOE	=	tons of oil equivalent
kW	=	kilowatt
MW	=	megawatt
kWh	=	kilowatt-hour
Gwh	=	gigawatt-hour
MVA	=	megawolt-ampere
MMBFOE	=	million barrels of fuel oil equivalent

Others

%	=	percent
°C	=	degree Celsius
cap	=	capita
mil.	=	million
no.	=	number

Health

SECTOR REPORT 7 SOCIAL DEVELOPMENT

PART 1 HEALTH

CHAPTER 1 EXISTING CONDITIONS

1.1 Health Institutions

The Ministry of Health, Highways and Social Services is responsible for the western style medical system. Indigenous medicine comes under the Ministry of Cooperatives, Provincial Councils, Local Government and Indigenous Medicine.

Medical treatment is provided free of charge in governmental hospitals, clinics and dispensaries. Formal health services are provided by organizations at three levels: national, provincial and divisional. The Ministry of Health at the national level is responsible for policy formulation, planning, running teaching and special hospitals, and organizing education and training. The Director General of Health Services supervises eight areas: public health services, medical services, laboratory services, management development and planning, administration, finance, investigation and examination, and logistics.

The Provincial Ministry of Health, administrated by the Provincial Director of Health Services (PDHS), is responsible for health services in the respective province. PDHS is assisted by Deputy Provincial Directors of Health Services (DPDHS) at the district level. The organizational chart of the provincial ministry is shown in Figure 1.1. It consists of three services: field services, technical / administrative services, and patient care institutions.

Each DPDHS area is divided into several DDHS (Divisional Director of Health Services) areas at divisional level. There are 280 DDHS divisions in the Country. The DDHS, who is also called the medical officer of health (MOH), has responsibility for providing health care to the community in an area of 130 to 150 km² with a population ranging from 60,000 to 100,000. The DDHS also has administrative authority over several types of curative care institutions, including a district hospital and other institutions below this level. Therefore, the DDHS has responsibility of coordinating the preventive and curative services within a defined area. There are 80 DDHS Divisions in Southern Area, including all divisions in Ampara, Moneragala and Ratnapura districts. In terms of the population per DDHS, all districts are better served with fewer number of population than the national average.

1.2 Health Care System

1.2.1 Health services in the public sector

Public sector health services consist of patient care and community health. Patient care services are delivered through various kinds of institutions from primary level dispensaries to tertiary level hospitals. Community health services are provided by field level health personnel, and include disease prevention, health and nutrition promotion, and family welfare activities. Local authorities (municipality, town and urban councils) also provide medical care, in addition to the health services provided by the Ministry and Provincial Councils.

1.2.2 Community health Services (preventive care)

At the grass root level, primary health care is provided by public health midwives (family health workers), who are selected from the community, at gramodaya health centers. An organizational structure of primary health care delivery is shown in Table 1.1. Each gramodaya health center covers about 3,000 persons. A Divisional Director of Health Services (DDHS) acts as a referral center for about 60,000 people. Each DDHS monitors and administers field staff, including twenty public health midwives (PHMW), three supervising public health midwives (SPHMW), six public health inspectors (PHI) for environmental health, one supervising public health inspector (SPHI), and one public health nursing sister (PHNS).

Community health services include epidemiological services, health education, school dental services, quarantine services, malaria control program, filariasis control program, prevention and control of sexually transmitted diseases and AIDS, rabies control program, leprosy control program, food quality control and family health program.

Family health services cover a wide range of services including 1) maternal care, 2) infant and child care (immunization, monitoring growth and development, child mental health, control of diarrhoeal diseases, and acute respiratory infections), 3) nutrition of pregnant and lactating women, and infants and pre-school children, 4) care of school children, and 5) family planning. The Family Health Bureau is the central organization responsible for the services.

1.2.3 Curative care services

Curative care services in Sri Lanka consist of primary, secondary and tertiary curative services. Primary curative services are provided through central dispensaries, central dispensaries & maternity homes, rural hospitals, peripheral units, and district hospitals, which are administered by DDHS. Secondary services are provided in base hospitals, and tertiary services in provincial hospitals, teaching hospitals, and specialized and other hospitals. Base hospitals and provincial hospitals are basically administered by the Provincial Ministry of Health.

The central dispensary is the smallest out-patient unit and provides treatment for minor ailments and injuries, as well as mother and child health clinics. Staff include a registered or assistant medical practitioner, supported by two midwives and auxiliary staff.

Rural hospitals provide both out and inpatient care, family health, and school health services. Assistant or registered medical officers (AMO, RMO) are responsible for the care, supported by some auxiliary staff. Peripheral units also provide out and inpatient services, including maternity care. Medical officers are supported by an AMO or RMO, and some have nursing officers, midwives, and other auxiliary staff.

District hospitals have two or three medical officers and staff such as dentists, nursing professionals, pharmacists, medical laboratory technologists, radiographers, and others. There is wide variation in the scale of district hospitals.

Base hospitals are secondary care institutions, situated in large towns and administered by Provincial Councils. Base hospitals have four main specialties: general medicine, surgery, obstetrics and gynecology, and pediatrics.

The eight provincial hospitals provide tertiary care, including specialties in general medicine, surgery, pediatrics, and obstetrics and gynecology. Twelve teaching hospitals, administered by the Ministry of Health and affiliated to university medical schools, offer cardiology, neurology, and neurosurgery, are administered by the Ministry of Health.

1.2.4 Dental health services

(1) Preventive dental services

Community Health Education Programmes are planned and organized by the regional dental surgeons in collaboration with dental surgeons and school dental therapists of the region. The school dental service provides preventive and curative care to children between the age of 3 and 13 years by school dental therapists. There were 310 school dental clinics and 444 school dental therapists in service throughout the Country in 1994.

(2) Curative dental services

In 1994, there were 217 hospital dental clinics and 10 adolescent dental clinics, where dental services provided by a total number of 387 dental surgeons. Adolescent dental clinics provide treatment to school children over 13 years of age. Consultant dental surgeons and maxillo facial surgeons are appointed to all teaching and provincial hospitals. There are 16 such consultants in 1994. Currently base hospitals are in the process of being provided with the service of these consultants.

1.2.5 Health facilities in Southern Area

The number of medical institutions and the number of beds in each district of Southern Area are shown in Table 1.2. Hambantota, Ampara and Moneragala districts have insufficient tertiary level hospitals. The number of hospital beds per 1,000 population in each district is 2.5 in Galle, 2.1 in Matara, 2.0 in Hambantota, 2.2 in Ampara, 2.3 in Moneragala, and 2.5 in Ratnapura, as compared with the national average of 2.8 in 1994.

Table 1.3 shows the condition of major hospitals in each district. The Karapitiya Teaching Hospital in Galle district is a teaching hospital of Ruhuna University, established in 1982. The hospital is inadequately equipped with both teaching and clinical facilities. It also lacks sufficient beds, ambulances, and basic amenities such as water supply and sewerage. The third phase of its development plan is expected to provide additional facilities and equipment. Thus, many patients must be sent to Colombo hospitals.

The Matara Provincial Hospital was upgraded from a base hospital in 1994. Its service area includes Hambantota, some parts of Moneragala, Ratnapura and even Galle districts. However, it lacks specialists in pathology, cardiology, rheumatology, physiotherapy, and

orthopedic surgery. In addition, it has insufficient water storage and electric capacity, as well as some facilities and equipment such as a pathology laboratory, X ray machines, and ambulances.

Base hospitals are the lowest order health institution providing specialist services. Therefore, it is important for each district to have at least one. The Hambantota Base Hospital was upgraded from a district hospital in 1983, but still cannot function well because it does not meet even minimum requirements for personnel and facilities. It lacks a surgeon, therefore a surgeon comes from Ruhuna University once or twice a month. It has neither a pediatrician, nor adequate nursing staff.

The Base Hospital Moneragala was established in 1993 under IRDP. It still requires an outpatient department and clinic, ICU (intensive care unit), premature baby unit, sewerage system, medical equipment for the delivery unit, and staff training center. Many patients must be transferred from Moneragala to the Badulla Provincial Hospital.

The Embilipitiya District Hospital was established in 1981. Its service area includes Rathnapura and some divisions in Hambantota and Moneragala. It is expected to be upgraded to a base hospital soon, though it has grossly insufficient equipment, facilities, and staff. It currently transfers 10 to 15 patients daily to the Rathnapura Provincial Hospital to be treated.

1.3 Human Resources

1.3.1 Health personnel in Southern Area

Table 1.4 shows the number of health personnel in each district of Southern Area (including all divisions in Ampara, Moneragala and Rathnapura districts), Colombo and Sri Lanka. The distribution of health personnel is uneven. Medical officers and nurses are concentrated in Colombo. In Southern Area, the ratio of preventive medical officers to population is lower in all districts than the national average (1.9). The number of curative medical officers also is lower, with the exception of Galle district.

Galle and Rathnapura districts have the most medical officers and nurses. Hambantota, Ampara and Moneragala districts have significantly insufficient medical officers, though Ampara and Moneragala have more AMOs and RMOs than the other districts in Southern Area. Specialists are minimal throughout Southern Area. Moneragala has only two, and

Ampara has one. The Matara Provincial Hospital lacks several kinds of specialists, including a pathologist, cardiologist, rheumatologist, physiotherapist, and orthopedic surgeon. In addition to specialists, Hambantota district lacks staff in all categories of health care and maintenance. Moneragala district has recruited some health personnel since 1990s, but still has few paramedical staff such as pharmacists and dispensers, laboratory technicians, radiographers and physiotherapists, and supervisory staff. Public health workers/midwives are critically needed because of the distances and scattered population distribution in this district.

1.3.2 Health manpower education and training

Basic health training is conducted by training institutions for particular specialties. Post-graduate training is conducted locally as well as abroad. In-service training programs are conducted regularly at training institutions, and on ad hoc basis in administrative units such as Epidemiological Unit, Family Health Bureau, Health Education Bureau, and Management Development and Planning Unit. In Southern Area, pre-service training for para-medical staff and in-service training for each category need to be expanded.

1.4 Health Conditions

1.4.1 Overall health conditions in Southern Area

Health conditions in Southern Area are shown in Table 1.5. In 1989, maternal mortality rates in Matara, Ampara and Moneragala districts were significantly higher than the national average. Infant mortality and neo-natal mortality rates in Ratnapura district are higher than the national average, 24/1000 versus 18.4/1000 and 19/1000 versus 13/1000 respectively. These indicators, however, may not reflect health conditions well because births and deaths are registered in the place of occurrence rather than area of residence. Thus, both birth and death rates tend to be higher in Galle, Matara and Ratnapura districts which have higher quality hospitals and more hospital beds.

1.4.2 Morbidity and mortality in Southern Area

Interpretation of morbidity and mortality is also difficult because detailed data are not available and definitions are unclear. Some observations, however, can be made. Diseases of the respiratory system were the leading causes of hospitalization in Galle, Matara, Hambantota and Ratnapura districts in 1993 and in Ampara district in 1994. Malaria was

the first cause in Moneragala district in 1994. Traumatic injuries were the second cause of hospitalization in Galle, Matara, Hambantota, and Ratnapura districts in 1993, and the first cause in Ratnapura district in 1994.

Other notable diseases and health problems in Southern Area are malnutrition, filaria, rabies, and snake bites. Southern Area is located in filaria belt extending from Colombo to Tangalle area. Rabies is a problem in Galle and Matara districts, while snake bites are common in Hambantota, Ampara and Moneragala districts. Viral infections are the second leading cause of hospitalization in Embilipitiya hospitals.

Pesticide poisoning is a major cause of hospital deaths in Ampara, Moneragala, Hambantota, and Ratnapura districts. Pesticide poisoning is accidental or self-inflicted. Heart disease was a leading cause of death in Galle and Hambantota districts and the second cause in other districts in 1994. Death from respiratory diseases also is common. Snake bite was the sixth leading cause of deaths in Ampara district in 1993. Deaths from fetal malnutrition and immaturity ranked fifth in Matara district and seventh in Ratnapura district in 1993, and other conditions originating prenatally ranked ninth in 1993 and fourth in 1994 in Matara district.

1.4.3 Maternal and child health, and family planning

(1) Immunization

In 1994, 80 % of children in Southern Area, higher than the national average, had received the complete immunization series. Within Southern Area, Matara district has almost 100% coverage, while other districts have high coverage for some vaccinations, with lower frequencies for the tetanus vaccination. The Southern Area divisions in Rathnapura district and the estate sector have the lowest coverage.

(2) Nutritional status

Underweight status of children in Southern Area between the age of 3 and 59 was 35.3%, slightly lower than the national average of 37.7. In addition, 39 % of children in the Moneragala estates were stunted (height for age) and 21% were wasted (weight for height), both higher than the national average. Moreover, these conditions have worsened since 1986.

The nutritional status of many women, especially pregnant women, is poor. Approximately 65 % of pregnant women nationwide suffer from anemia. This results in a high frequency (25 % in 1992) of children with low birth weight (below 2.5 kg). In Moneragala, both on and off the estates, a large proportion of women are anemic, resulting in a high frequency of low birth weight. On the estates nearly 55 % of children born in 1992-93 suffered from low birth weight, an increase of 14 % from 1991.

1.4.4 Summary of existing conditions of Southern Area

Table 1.6 shows the summary of health conditions of each district in 1994.

1.5 Indigenous Medicine

The importance of indigenous medicine in Sri Lanka, mainly Ayurveda, was greatly reduced by the introduction of western style medicine. The past few years, however, have seen a resurgence of interest in indigenous medical treatment, largely because it uses natural resources with minimal negative side effects.

1.5.1 Ayurvedic health institutions

There are 42 government managed Ayurvedic hospitals in Sri Lanka, and 10 in Southern province. In 1993, Ayurvedic hospitals treated 21,920 on an inpatient basis and about 120,000 outpatients, while the 106 dispensaries treated about 940,000 patients. Table 1.7 shows the number of governmental Ayurvedic hospitals, beds, doctors, and outpatients in Southern Area (including all divisions in Ampara, Moneragala and Ratnapura districts) in 1994.

1.5.2 Ayurvedic physicians

Ayurvedic physicians are trained in the Department of Ayurveda at both Colombo University and Kelaniya University in Gampaha district. Degrees include the Master and Bachelor of Ayurveda Medicine and Surgery, the Bachelor of Unani Medicine and Surgery, and the Bachelor of Sidha Medicine and Surgery. Students may also qualify to work in governmental institutions through diploma and license courses. In 1993, 3,841 registered health workers had formal certificates, of which 1,847 held Bachelors degrees. The total number of private and government practitioners is about 13,450.

1.5.3 Selected Ayurvedic projects

(1) Primary health care through Ayurveda

Two pilot projects, in Galle and Gampaha districts, use education and information dissemination to raise community awareness of the Ayurvedic approach to health and medicine. The project emphasizes treatment of simple diseases with local herbs, healthy food habits, and cleanliness.

(2) Expansion of Ayurvedic curative hospitals

This is a five year program (1997 - 2001) to establish 64 small scale Ayurvedic hospitals (less than 40 beds) and 116 dispensaries.

(3) Medicinal plant programme

Sri Lanka currently imports Ayurvedic herbs from India. The project, funded by the Global Environment Fund, aims at growing high quality medicinal herbs for domestic demands, as well as for future exports. It also hopes to offer employment opportunities to local people, both in cultivation of herbs and value added activities such as herbal food and juice processing.

(4) Standardization of Ayurvedic treatment

There currently is no standard for Ayurvedic medical treatment. The Ministry of Indigenous Medicine plans to improve quality through standardization of Ayurvedic medicine and drugs. The project will also include research and technology development.

(5) Ayurvedic complex

The Ministry also has a plan to establish an Ayurvedic complex, with a 60 bed hospital and a research center, a drug producing center, an herbarium, and a training center for Ayurvedic medical officers and para-medical staff. Karagoda/Uyandoda in Matara district is being considered for the site of the complex.

1.6 Private Sector

Private medical services using the Allopathic system are available mostly in urban areas. There are more than 800 general practitioners and 85 private hospitals with about 1,900 beds. They provide mostly curative services.

Table 1.8 shows the number of private hospitals offering western style medicine and the number of doctors and nurses in Southern Area in 1994. Since then a German Eye Hospital has been established in Hambantota.

1.7 Health Finance

1.7.1 Health expenditure

Government expenditure on health reached Rs.7.2 billion in 1993. Table 1.9 shows Government health expenditure. Data on private health expenditure were not available. Government health expenditure averaged around 1.5% of the GDP during 1987-93, only a slight increase over the average of 1.4% during 1977-86. As a percentage of total government expenditure, health output increased from an average of 4 % in 1977-86 to 4.2 % in 1987-93, due mainly to donor assistance for capital costs. Between 1992 and 1994, recurrent expenditure increased, while capital expenditure decreased.

1.7.2 Budget system

The budget for Provincial Health Services comes under both the Ministry of Health and the Ministry of Local Government. The Ministry of Health allocates funds for capital expenditure in a medium term investment programme, while the Ministry of Local Government allocates funds for recurrent expenditure.

Table 1.10 shows 1994 health expenditure by Ministry, Province and program. Out of the Rs. 8,272.6 million health expenditure, 39 % went to provincial councils. Patient care services accounted for 76.8 % of the total amount, with only 7.3 % for community health.

1.8 Major Programs and Projects

1.8.1 Special programmes

The Ministry of Health provides specialized services for malaria and filaria through the DDHS, and rabies, tuberculosis, STD, and leprosy through the Provincial Director of Health Services. Special programmes include the following:

- 1) Anti malaria,
- 2) Respiratory disease control,
- 3) Anti filariasis,
- 4) STD/AIDS control,
- 5) Anti leprosy, and
- 6) Rabies control.

1.8.2 Foreign assistance projects

Table 1.11 shows projects in Sri Lanka assisted by foreign agencies.

CHAPTER 2 MAJOR ISSUES

On a national level, Sri Lanka has achieved a relatively good health system, including easy access to health services in most areas, adequate service without cost to patients, and high coverage of infant and female immunization. Consequently, health status in Sri Lanka compares favourably with other developing countries with similar income structure. There are, however, some areas needing improvement at both the national and Southern Area levels, as well as some special problems in Southern Area.

2.1 Health System

(1) Linkage between preventive and curative health care

Effective health requires that promotional, preventive, curative and rehabilitative services be integrated. In Sri Lanka, there are limited links between them. Hospitals provide only curative care. Health promotion and disease prevention activities are conducted by different health personnel with no links to curative institutions.

(2) Referral system

There is no formal system to refer patients to the appropriate level of medical care. Different types and levels of hospitals operate in isolation. Thus, the hierarchical system of primary, secondary, and tertiary health institutions functions poorly. People under-use primary institutions, partly because they provide poor quality services and partly because they are less accessible than higher level providers. This in turn, overloads and reduces the effectiveness of high level institutions meant for patients with more serious health problems.

2.2 Quality of Health Care

Quality of health care is inadequate, especially at the primary level. Problems include inadequate numbers of well-qualified medical staff, limited services, restricted type and supply medicines, and minimal research facilities.

(1) Staff quality

Medical training, in general, suffers from a number of significant weaknesses. Because of inadequate and limited number of facilities and equipment, particularly at the Kalapitiya

Teaching Hospital, physician training is a prolonged process, resulting in loss of skills. Medical school admissions are limited, thus most applicants wait about two years between earning their A level and beginning medical study. In addition, the Colombo Teaching Hospital has too many students, thus reducing clinical experience. Course availability is similarly limited causing long waiting periods between courses. After completion of final examinations, graduates wait again to begin their internships. Nurses' education suffers from a lack of trainers, insufficient teaching facilities, and outdated teaching methods. Finally, little community or public health training is included at any level.

(2) Supply and deployment of manpower

The Ministry of Health considers the number of doctors sufficient and, in fact, is concerned about an over-supply in the future. It is emphasizing recruitment and training of AMOs. One of the most serious issues is the shortage of paramedical staff, as well as inadequate training capacity for them. There are also shortages in specialized nursing categories such as ICU, cardiology, surgical, and dialysis.

Medical staff deployment is regionally unequal, allegedly because few staff are willing to work in remote areas where housing and school facilities are poor. As a result, almost 60 % of all doctors are located in Western province, with only about 9 % in Southern province. Health facilities in Southern Area also lack nursing and paramedical staff. These staff deficiencies are most acute in Hambantota, Ampara and Moneragala districts. Ampara district has only one specialist, Moneragala district has two, and Hambantota has five.

(3) Health infrastructure and access to health services

Physical facilities, equipment, supplies, transport and communication are inadequate and poorly maintained. Some primary health institutions in Southern Area, especially in the interior, lack even basic equipment such as blood pressure monitors, sterilizers, telephones, and ambulances. As a result, people seek health care in different areas with better facilities. For instance, Hambantota has no full service hospital, and thus people go to hospitals in Matara and Badulla. Availability of roads and transport also affect people's choice of facilities.

2.3 Local Health Conditions and Practices

(1) Health conditions

In Southern Area, the frequency of preventable diseases caused by poor sanitation, as well as heart disease, is high. Undernutrition is prevalent, especially among children and women. Other notable diseases and health problems are malaria, especially in Moneragala and Hambantota districts, and Embilipitiya division, traumatic injuries in Galle, Matara, Hambantota, and Ratnapura districts, filaria in the coastal areas to Tangalle, rabies in Galle and Matara districts, snake bites in Hambantota, Ampara and Moneragala districts, and dysentery in Moneragala district and Embilipitiya division.

(2) Community participation

There is not enough community participation in health care planning or implementation. In addition, there are few community or public health programs to promote good health care and nutrition, and reduce preventable diseases.

(3) Indigenous medicine

The potential of indigenous medicine has not been fully explored. Moreover, too little research and education in the uses of Ayurvedic medicine are being undertaken.

(4) Private sector involvement

Private medicine is better able to respond rapidly to health problems related to increased life expectancy, as well as to "modern" diseases. With the exception of Ayurvedic and other traditional medical practitioners, private doctors, however, currently focus almost exclusively on curative care.

2.4 Health Administration

(1) Health planning

Annual health development plans are prepared in each district, but they are of short term, the analysis is weak, and unrelated to specific health problems of the district.

(2) Budget allocation

The provision of free health care seriously constrains improvements. Capital expenditure needed for construction and maintenance, medical equipment, and vehicles, has decreased. Staff salaries are low, undermining the incentive to provide quality health care. In addition, too much money is allocated for curative care (about 3/4 of the budget), while less than 10 % is used for preventive health programmes.

(3) Management and administration

Administrative capacity, especially at division level, is weak. In Southern Area, there are many vacancies in Divisional Director of Health Services posts. Moreover, administrative positions are filled by doctors who lack management training. Hospital management is similarly ineffective, particularly in areas of physical facilities and personnel. There are no effective monitoring systems for staff performance or consumption of supplies.

CHAPTER 3 OBJECTIVES AND STRATEGY

3.1 Objectives

National Health Policy was formulated in 1992 by a special Presidential Task Force. The Policy specifies measures for health service development. Its goals for the year 2002 are shown in Table 3.1.

Many constraints to effective health care delivery in Southern Area are common to nation wide constraints. Thus, Southern Area health strategy seeks to reinforce National Health Policy measures. At the same time, many problems are particularly acute in Southern Area, and some unique conditions exist as well. For example, lack of easily accessible health facilities and qualified staff are a major issue in most remote portions of Southern Area.

The overall objective of health development in Southern Area is to realize a cost-effective and flexible health system to meet a widely varied and changing health care needs of local people as a prerequisite to, and without imposing undue constraints on various socio-economic activities. The attainment of the objective would call for effective utilization of existing facilities and resources, focused training and improvement of facilities, and broad community participation.

3.2 Strategy

Development of an effective health care system in Southern Area focuses on rationalization of health services. Specific components of the rationalization include in the following:

- linkages between preventive and curative health care,
- health referral system,
- strengthening manpower training,
- rational deployment of staff,
- improvements to infrastructure and access,
- strengthening primary health care,
- area specific health research,
- developing community health,
- support to indigenous medicine,
- promoting the private sector,
- creating a healthy budget, and
- improving management capacity.

3.2.1 Linking preventive and curative care through referral system

To establish a more effective link between preventive and curative health services, a network of health institutions will be established at division level (DDHS), supervised at district and provincial levels. The system will coordinate divisional preventive and curative care. Regular (monthly) meetings will be held. Provincial and district directors of health services and personnel of all institutions within the district will exchange information, report on the situation in their areas, and monitor and evaluate programmes to recommend corrective actions.

The network will compile data on health conditions and progress of programmes. It will develop a computerized information management system to disseminate information on issues such as epidemics, health care, and treatments. A training programme will prepare staff to develop and use the system to reinforce links through a two-way referral system which aims at maintaining quality of health care and improving efficient use of resources and specialties at each level.

Health institutions will be recategorized to improve information exchange and use of facilities. The information system will contain a directory of all health institutions, public and private. In addition to use by health care professionals, information on available care will be disseminated to the public to enable them to make informed choices. A two way referral system should be established in steps linking health institutions and people through gramodaya health centers.

3.2.2 Strengthening manpower training

A manpower assessment will be undertaken to determine the number and type of staff, including alternative medicine, needed in Southern Area. The assessment will be updated regularly.

The training center in Galle will be supported to extend its facilities to all health personnel in the entire Southern Area. Training will be provided for in-service staff, including doctors, nurses, midwives and support personnel. A training programme needs to be developed for pre-service staff, emphasizing technical, as well as community health care issues. Pre-service training courses for paramedical staff will be established at the Kalapitiya Teaching

Hospital. Staff for preventive health care may be trained at a low cost by nurses training institutions.

3.2.3 Equal deployment of health staff

A medium and longer term deployment plan for each area and category of health personnel will be undertaken. An incentive programme will be developed to attract staff to currently under-served areas. Incentives might include allowances, living quarters, and improvements to educational facilities.

3.2.4 Improving health infrastructure and access to health services

Necessary improvements will be made to existing health institutions according to recategorization of the institutions. Standard norms for construction and maintenance of health facilities will be developed and regularly reviewed. Facilities and equipment will be provided to health institutions.

Additional gramodaya health centers, with adequate equipment, will be provided to remote areas, especially in Moneragala district. The Hambantota Base Hospital and the Matara Provincial Hospital will be given adequate facilities and equipment. The Moneragala Base Hospital, Embilipitiya Base Hospital and Karapitiya Teaching Hospital also will be properly equipped.

A study should be conducted to determine the best mix of health services needed in each area, including gramodaya health centers, satellite hospitals, regular health check system, and regular branch dispensaries (mobile health services). Construction of access roads and establishment of transport services also will be considered.

3.2.5 Health planning and strengthening primary health care

Health promotion and preventive health care will focus on preventable diseases (including immunization) and under-nutrition. A community nutrition education programme will emphasize improving food habits, especially for women and children. An immunization programme will be introduced in areas where coverage is low, such as in the estate sector. Ayurvedic medicine also will be supported in the community health programme. Media exposure will be an important part of these programs.

To control diarrhoeal diseases, water supply and sanitation facilities will be constructed. The community health programme will include early identification and management of intestinal and respiratory conditions and diseases. Rabies prevention and education will be emphasized in Galle and Matara districts.

A malaria control programme will be undertaken in Moneragala and Hambantota districts and Embilipitiya division. The programme will use the approach recommended by the New Global Malaria Control Strategy of the World Health Organization.

3.2.6 Area-specific health research

Hospitalization trends and causes of disease in each area will be studied to identify appropriate measures for dealing with these problems. Research will also evaluate the impact on health of activities such as irrigation and expansion of commercial crops, overseas employment and tourism. Impacts to be investigated will include both physical and psycho-social health problems.

3.2.7 Strengthening community participation

In addition to community health programmes, information on the appropriate level of health care will be disseminated. People also will be consulted in health planning and delivery of health services, including epidemic control campaigns and EPI (Expanded Programme on Immunization). NGOs will be used to support community participation.

3.2.8 Strengthening indigenous medicine

Research and development of indigenous health care services will be promoted. A programme to create employment opportunities at grassroots level in herb cultivation and processing, possibly in combination with tourism, will be established.

3.2.9 Promoting private sector involvement

The private sector will be encouraged to expand and diversify its health care services. A plan of incentives will be developed to provide low interest loans to develop private institutions and practices. The private sector will also be encouraged to participate in a health insurance programme.

3.2.10 Healthy budget through user charge system

Budget allocation will be evaluated for the region. Allocation for community health will be emphasized, along with an equitable portion for capital expenditures.

An equitable user charge system, that does not place burdens on the poor, will be developed. For example, it may be possible to require payment for beds in higher level health care facilities. Introduction of a public insurance fund will be examined.

3.2.11 Strengthening management capacity

Institutional strengthening will be undertaken to raise the capacity of health service management at all levels. Management capacity of Divisional Director of Health Services will be strengthened through training to monitor epidemics and diseases, facilitate communication and consultation, and disseminate information to responsible health institutions, district officers and communities.

A computerized information system will assist in more rational planning and monitoring of programmes/projects, epidemics and diseases, and consultations.

CHAPTER 4 MEASURES

Specific measures to implement the strategy include the following:

Anchor projects:

- SA-16 Health Referral System Development
- SA-17 Tourist Herbal Garden and Health Center

Local projects:

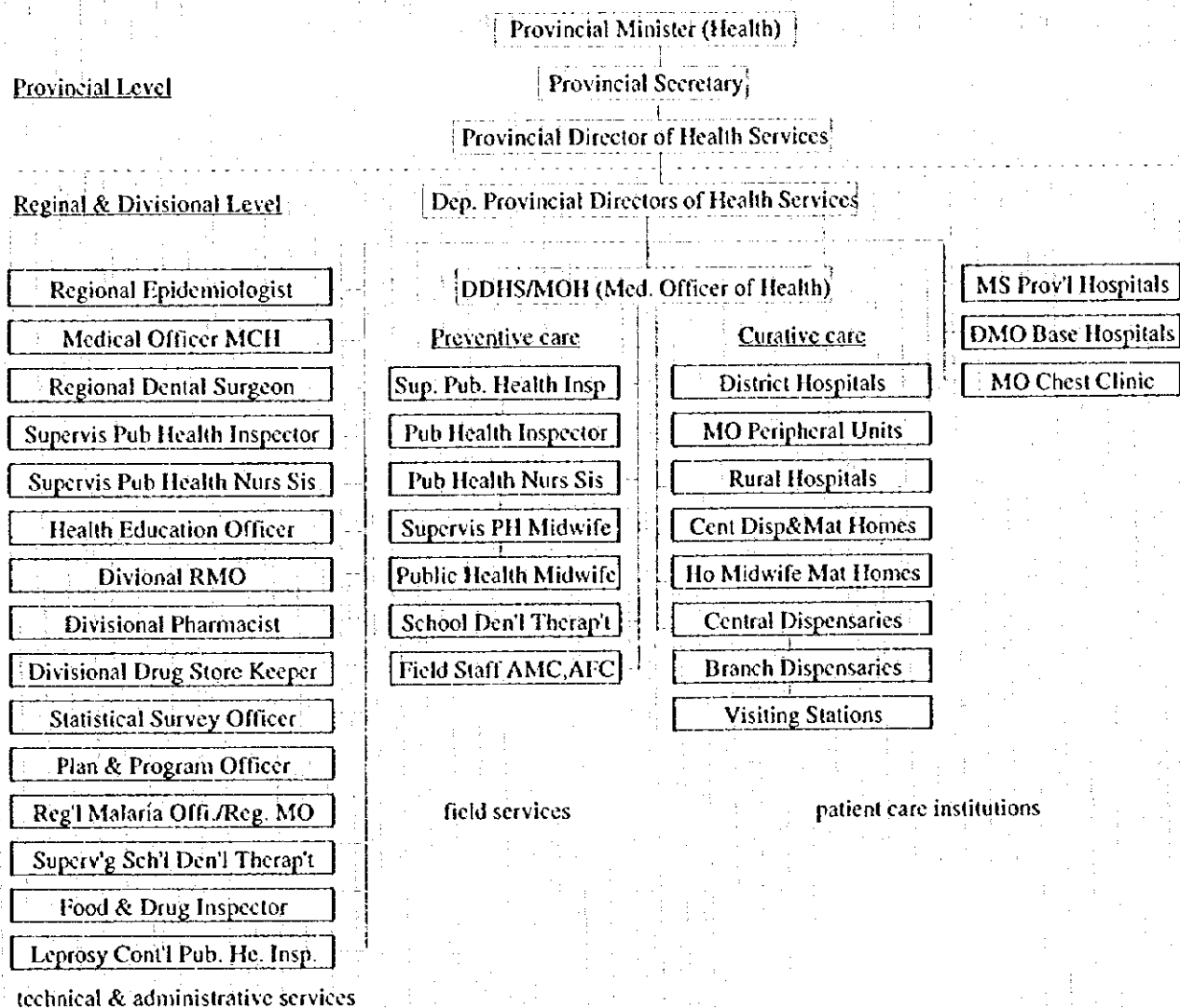
- (1) Master Plan for Health Development of Southern Area
- (2) Nutrition Campaign
- (3) Hospital Improvement Program
- (4) Basic Training Center for Para-medical Health Personnel
- (5) In-Service Training for Health Personnel
- (6) Community Oriented Health Education and Training Program for Community Health Workers
- (7) Integrated Malaria Control and Prevention Program
- (8) Inter-disciplinary Research Program for Dry Zone Areas
- (9) Social Issues Research Project

Table 4.1 shows the relationship between issues, strategy, and projects.

- (1) The Health Referral System Development Project will establish a network of health institutions to reinforce links between preventive and curative care, and create a referral system on a pilot base. It will include provision of facilities and equipment, and manpower training.
- (2) The Tourist Herbal Garden and Health Center will promote indigenous medicine and create employment opportunities,
- (3) The Master Plan of Health Development for Southern Area will reflect specific needs of different areas. It will include re-categorization of health institutions and will investigate the need for upgrading of institutions. It also will identify measures to promote use of indigenous medicine, participation of the private sector, strengthening of management capacity and health financing.

- (4) The Nutrition Campaign Program will accelerate the national level endeavor in Southern Area by providing the necessary facilities, manpower, and transportation.
- (5) The Improvement of Hospitals Program will focus initially on the base hospitals in Hambantota, Embilipitiya and Moneragala, Matara Provincial Hospital, and Kalapitiya and Mahamodara Teaching Hospitals.
- (6) The Basic Training Center for Para-medical Health Personnel will be established in the Kalapitiya Teaching Hospital for para-medical staff to serve Southern Area.
- (7) The In-Service Staff Training of Health Personnel will strengthen training for all categories of health personnel in primary health institutions. This includes the provision of the necessary equipment for training.
- (8) The Community Oriented Health Education and Training Program for Community Health Workers will promote community participation in health promotion and preventive health care, together with training for field health workers.
- (9) The Integrated Malaria Control and Prevention program will be conducted in Moneragala and Hambantota districts.
- (10) The Inter-disciplinary Research Program for Dry Zone Areas and Social Issues Research Project will investigate area specific health related problems and the impact of development activities on health.

Figure 1.1 Organizational Structure of Provincial Ministry of Health



Source: Annual Health Bulletin Sri Lanka 1994

Table 1.1 Organization for PHC Delivery

	Population coverage
DDHS center functioning as a referral center monitoring field level health personnel as following: 20 PHMW, 3 SPHMW, 6 PHH, 1 SPHL, 1 PHNS	60,000
Gramodaya Health Center (clinic cum residence) public health midwife (family health workers)	3,000

Source: Ministry of Health

Table 1.2 Number of Health Institutions by District (1994)

District	Teaching hospitals		Provincial hospitals		Base hospitals		District hospitals		Peripheral units		Rural hospitals		CD&MH		Total no.		CD
	no.	beds	no.	beds	no.	beds	no.	beds	no.	beds	no.	beds	no.	beds	hosp	bed	
Galle	2	1,181	0	0	0	0	6	691	8	369	6	133	5	50	28	2,435	16
Matara	0	0	1	720	0	0	3	355	5	325	8	224	6	61	23	1,685	12
Hambantota	0	0	0	0	1	165	5	515	5	218	5	146	6	46	22	1,090	10
Ampara	0	0	0	0	2	495	7	406	5	158	0	0	5	53	19	1,112	27
Moneragala	0	0	0	0	1	97	8	583	1	60	5	96	1	10	16	846	9
Ratnapura	0	0	1	898	0	0	9	1,094	11	427	2	34	2	30	25	2,483	14
Sri Lanka	12	10,882	8	6,313	22	6,571	133	12,704	116	5,264	123	2,979	80	807	510	50,091	370

Note: CD&MH - Central dispensary & maternity home

Source: Annual Health Bulletin Sri Lanka 1994, Ministry of Health

Table 1.3 Condition of Major Hospitals in Southern Area

Name	No. of Staffs	Major Facilities	Patients	Problems, measures & others
Karapitiya Teaching Hospital (Galle district) established in 1982 as of Oct. 1995	128 doctors (45 specialists) 460 nurses 78 trainee doctors	1030 beds, 45 wards: 5 medical, 8 surgical 3 pediatric, 2 psychiatric dermatology, cancer, ENT orthopaedic, cardiology, neurology, dental, ICU, eye premature baby, patho. lab. radiological, rheumatology blood bank, genito urinary ope. theatre, ECG, EEG 3 ambulances	inpatients: 84,000p.a., 270/d outpatients: 250,000p.a., 877/d bed occupancy rate 117 (94)	teaching clinical facilities needed Phase 3 improvement needed: finer specialties facilities such as neurosurgery, thoracic surgery, plastic & burn unit, dialysis, accident & emergency unit investigation facilities such as CT scanning, pathological beds & ambulance not enough water supply not enough sewerage system inadequate
Matara Provincial Hospital upgraded in 1994 as of Mar. 1996	73 doctors 313 nurses 3 nursing sisters 41 midwives 20 pharmacists 16 medical lab. tech. 3 physiotherapists 4 E.C.G. technicians	877 beds (81 maternity) 25 wards 2 medical, 2 surgical 2 obstetrics & gynec. 1 pediatric, 1 eye, 1 ENT, 1 dermatology 1 dental sg. 1 radiology ECG, ICU, blood bank pathological lab. X ray 2 major ope. theater 3 ambulances (2 broken)	inpatients: 56,000p.a. outpatients: 290,000p.a., 900/d no. of deliveries 8,800p.a. Deaths: 680 (95) bed occupancy rate 90 (94)	not enough water storage tank electricity capacity not enough lack of specialists such as pathologist, cardiologist, rheu- matologist, orthopedic surgeon lack of equip't: X ray machine biopsy in Colombo, etc. operation theater not enough pediatric unit not enough new maternity ward is being built
Base Hospital Hambantota upgraded in 1983 as of Mar. 1996	8 doctors, 2 AMP nurses midwives pharmacists dispenser	beds (maternity) wards maternity, medical surgical, pediatric X ray, ECG, malaria, chest, dental, blood bk 2 ambulances (broken)	inpatients: 160/d outpatients: 450/d bed occupancy rate 88 (94) no. of deliveries /year	a visiting surgeon from Ruhuna Univ. once or twice a month no pediatrician. Facilities needed: existing units to be completed, blood bank, eye, X ray & radio- logy, ECG, labo. dental, ICU, ambulances, water supply, power supply, disposal, etc.
Base Hospital Moneragala established in 1993 as of Mar. 1996	doctors, nurses	240 beds wards: medical, maternity surgical, dental, pediatric eye, ope. theatre, X ray blood bank 2 ambulances (broken)	inpatients: outpatients: bed occupancy rate 76 (94)	The followings are needed: outpatient depart't and clinic complex, ICU and premature baby unit, sewerage system, medical equip't to delivery unit and ICU, staff training center, etc.
Base Hospital to be Embilipitiya (Ratnapura district) established in 1981 as of Aug. 1996	6 doctors, 4 AMP 26 nurses, 1 nursing sister, total 108	113 beds 6 wards: 2 medical, 2 surgi- cal, 1 maternity, 1 pediatric 2 ambulances	inpatients: 90-120 /d, 34,000p.a. outpatients: 350- 500/d, 85,000p.a. no. of deliveries: 32/month no. of death: 2-3/d bed occup. rate: 120	The followings are needed: ope. theatre, ICU and premature baby unit, blood bank, X ray unit, ECG unit & hosp. labo. emergency treat't unit, quarters generator, water tank, gas, ambulances, etc.

Source: information of each hospital

Table 1.4 Number of Health Personnel in Southern Area (1994)

District	Medical officers curative		Medical officers technical/administrative		AMO RMO		Medical officer of health		Dental surgeons		Nurses		Public health inspectors		Public health midwives		Specialists*
	no.	rate	no.	rate	no.	rate	no.	rate	no.	rate	no.	rate	no.	rate	no.	rate	
Galle	219	22.3	7	0.7	71	7.2	16	1.6	21	2.1	818	83.2	38	3.9	245	24.9	39
Matara	88	10.9	7	0.9	49	6.0	13	1.6	14	1.7	386	47.7	50	6.2	266	32.8	11
Hambantota	28	10.9	-	-	38	7.1	10	1.9	7	1.3	170	31.7	31	5.8	245	45.6	5
Ampara	45	8.8	-	-	58	11.3	9	1.8	9	1.8	238	46.5	29	5.7	125	24.4	1
Moneragala	18	4.9	2	0.5	42	11.4	6	1.6	10	2.7	148	40.3	33	9.0	127	34.6	2
Ratnapura	137	14.1	2	0.5	65	6.7	13	1.3	18	1.9	477	49.1	54	5.6	297	30.6	15
Colombo	1,264	61.3	24	1.2	88	4.3	15	0.7	88	4.3	3,553	172.3	49	2.4	249	12.1	229
Sri Lanka	3,496	19.6	33	1.9	1,357	7.6	218	1.2	387	2.2	13,060	73.1	928	5.2	4,400	24.6	545

* Number of specialists is also included in the number of medical officer curative.

Rate means number per 100,000 population.

AMO is assistant medical officers, RMO is registered medical officers.

Source: Annual Health Bulletin Sri Lanka 1994, Ministry of Health

Table 1.5 Major Health Indicators by District

	CBR 1993*	CDR 1993*	MMR 1989	IMR 1989	Neo-natal MR 1989
Galle	18.9	5.7	20	17.8	12.2
Matara	20.8	5.1	80	16.1	10.2
Hambantota	15.4	3.2	30	5.2	3.0
Ampara	24.8	4.1	80	8.1	3.9
Moneragala	19.5	2.7	80	4.1	2.0
Ratnapura	19.7	4.6	30	24.0	19.0
Sri Lanka	19.9	5.3	30	18.4	13.0

CBR: crude birth rate, CDR: crude death rate, MMR: maternal mortality rate,

IMR: infant mortality rate

* provisional

Source: Annual Health Bulletin Sri Lanka 1994, Ministry of Health

Table 1.6 Summary of Existing Conditions of Southern Area

	No. of bed/1000 population	No. of MIBUS/pop	Cause of hospitalization	Cause of hospital deaths	Malaria incidence	Diarrhoea	Acute respiratory disease
Galle	2.5	4,239	respiratory dis	isch. heart dis.	45	215	1,258
Matara	2.1	15,709	respiratory dis	cerebrovascular	702	nil	501
Hambantota	2.0	12,643	respiratory dis (excl. ill-defined)	isch. heart dis.	5,020	80	448
Ampara	2.2	nil	respiratory dis	pesticide	nil	nil	nil
Moneragala	2.3	17,986	Malaria	pesticide	9,748	514	1,951
Ratnapura	2.5	10,974	traumatic injur.	pesticide	267	436	119

Table 1.7 Number of Ayurvedic Hospitals in Southern Area (1994)

	no. of hospitals	no. of wards	no. of beds	no. of doctors	no. of patients
Galle	2	7	144	13	15,068
Matara	3	6	105	8	21,434
Hambantota	3	6	130	7	19,618
Moneragala	1	6	108	2	1,180
Ratnapura	4	10	211	14	47,306
Sri Lanka	42	-	2,203	-	-

The total numbers in Sri Lanka are 1993 data.

Source: Ministry of Indigenous Medicine

Table 1.8 Number of Private Hospitals in Southern Area (1994)

	no. of hospitals	no. of beds	no. of doctors	RMO/AMO	no. of nurses
Galle	3	120	1	3	101
Matara	4	200	2	8	38
Hambantota	0	0	0	0	0
Moneragala	1	10	1	1	-
Ratnapura	0	0	0	0	0

Source: RDHS, MOH, collected by Colombo University

Table 1.9 The Trend of Government Health Expenditure

	Total			Recurrent		Capital
	Rs. Mn	% of GDP	% of Gov't expenditure	Rs. Mn	% of health expenditure	Rs. Mn
1990	5,382,538	-	-	4,017,306	74.6%	1,365,232
1991	5,437,777	1.6	5.0	4,378,887	80.5%	1,058,890
1992	6,967,083	-	-	5,057,731	72.6%	1,909,352
1993	7,904,379	1.8	5.0	6,407,412	81.1%	1,496,967
1994	8,272,596	1.6	4.2	6,862,708	83.0%	1,409,888

Source: Annual Health Bulletin 1994, Ministry of Health

Table 1.10 Health Expenditure by Programme (1994)

	Ministry					Province	Total
	Gen. adm & staff services	patient care services	community health	indigenous medicine	sub total	patient care services	
Recurrent	910,178	2,376,477	354,929	59,434	3,701,018	3,161,690	6,862,708
capital	333,934	753,803	251,605	9,416	1,348,758	61,130	1,409,888
Total	1,244,112 (15.0%)	3,130,280 (37.8%)	606,534 (7.3%)	68,850 (0.8%)	5,049,776 (61.0%)	3,222,820 (39.0%)	8,272,596 (100.0%)

Source: Annual Health Bulletin Sri Lanka 1994, Ministry of Health

Table 1.11 Foreign Assistance Projects (1993, 1994)

Donor Agencies	Project name	duration	total budget (US\$1,000)
World Bank	Health and family planning project	1989-95	12,500
UNDP	Regional primary health care training	1990-93	315
	Development of traditional medicine	1988-94	555
	Development of national AIDS/STD prevention and control	1991-96	1,215
UNICEF	Universal Child Immunization	1992-96	3,448
	Control of diarrhoeal diseases	1992-96	305
	Acute respiratory infection	1992-96	170
	Nutrition	1992-96	2,345
	Safe Motherhood	1992-96	39
	Baby friendly hospital initiative	1994-95	117
	AIDS	1994-95	60
FINNIDA	General Hospital Colombo rehabilitation project	1986-95	37,859
USAID	National drug abuse prevention Programme	1991-94	317
	AIDS awareness and prevention programme	1993-95	368
UNFPA	Supply of contraceptives	1992-96	2,279
	Strengthening of FP services	1987-93	741
	FP services delivery in estates (SLSPC)	1988-93	95
	Population information center	1991-94	123
	FP services delivery in estates (JEDB)	1988-94	106
	Family life education	1993-96	499
	Registrar General's Department	1993-95	52
	MCH/FP service delivery	1993-98	1,015
	Welfare education through labor department	1994-96	317
WHO	Regular budget	1993-94	4,485
		1994-95	5,352
JICA	Development of bio-medical engineering service	1992-93	10,733
Leprosy Relief Work Emmaus Switzerland and Ciba-Geigy Leprosy Fund			
	Leprosy control	since 1992	422

Source: Annual Health Bulletin Sri Lanka 1993, 1994, Ministry of Health

Table 3.1 Health Related Goals and Objectives by 2002

	1990	2002 Goal/Objectives
1. Infant mortality rate (per 1000 live birth)	17.5 ('89)	15
2. Neo-natal mortality rate (per 1000 live birth)	16.2	7.5
3. Maternal mortality rate (per 100,000 live birth)	0.6	0.3
4. Life expectancy at birth (1991) male	71.1	73
female	74.8	75
5. % of newborn with birth weight less than 2.5kg	27	18
6. Crude birth rate	21.3	16
7. No. of cases of neonatal tetanus	14	0
8. No. of cases of poliomyelitis	9	0
9. % of malnutrition among under 5 years old children	35	17.5
10. % of deaths due to diarrhoeal diseases among under 5	25	12.5
11. % of deaths due to acute respiratory infections under 5	9.1	6
12. % of iron deficiency anemia among pregnant and lactating women	65	22
13. % of eligible couples using a contraceptive method	60 ('87)	72
14. % of population to which safe drinking water is available	rural 30	100
at home or immediate vicinity	urban 72 ('80)	
15. % of population to which latrine facilities are available	rural 63.5 ('81)	100
	urban 81.3	

Source: The National Health Policy Sri Lanka Abridged Version 1992

Table 4.1 Summary of Issues, Strategy, Measures, and Projects (Health)

Issues and Constraints	Strategy	Projects
1. Ineffective linkage between preventive and curative health care	1-1 Establishing a network of health institutions 1-2 Setting up data & information system	SA-16 Health Referral System Development
2. Lack of a formal referral system	2-1 Establishing an experimental referral system 2-2 Disseminating related information to people	SA-16 Health Referral System Development
3. Inadequate quality of manpower	3-1 Strengthening in-service training 3-2 Strengthening basic training	(5) In-Service Training for Health Personnel (4) Basic Training Center for Para-Medical Personnel
4. Weak supply & deployment of manpower	4-1 Planning future demands of health manpower 4-2 Deploying necessary staff for needy areas	(1) Master plan of Health Development for Southern Area
5. Poor infrastructure & inequal access	5-1 Recategorizing health institutions 5-2 Studying on best mix of health services 5-3 Supply facilities & equipment where necessary	(3) Hospital Improvement Program
6. Poor nutrition and preventable diseases	6-1 Preparing a health plan based on specific needs 6-2 Strengthening primary care and education 6-3 Conducting researches on area-specific topics	(1) Master plan of Health Development for Southern Area (2) Nutrition Campaign (7) Integrated Malaria Control and Prevention Program (8) Inter-disciplinary Research Program of DZA (9) Social Issues Research Project
7. Weak community mobilization	7-1 Strengthening community education	(6) Community Oriented Health Education and Training Program for Community Health Workers
8. Underutilization of indigenous medicine	8-1 Strengthening Ayurvedic medicine	SA-17 Touristic Herbal Garden and Health Center
9. Weak private sector involvement	9-1 Promoting private sector involvement	(1) Master plan of Health Development for South
10. Inadequate health planning	6-1 Preparing a health plan based on specific needs	(1) Master plan of Health Development for South
11. Budget constraints and allocation	11-1 Correcting budget allocation with user-charge	(1) Master plan of Health Development for South
12. Weak management capacity	12-1 Strengthening management capacity	(1) Master plan of Health Development for South

Education

Education is the process of acquiring knowledge, skills, and values through formal and informal learning experiences. It is a fundamental aspect of human development and plays a crucial role in shaping the future of society.

SECTOR REPORT 7 SOCIAL DEVELOPMENT

PART 2 EDUCATION

CHAPTER 1 EXISTING CONDITIONS

1.1 Education Policy and Institutions

1.1.1 Present government policy

All citizens in Sri Lanka are guaranteed universal and equal access to free education at all levels. The education system is governed by an Ordinance formulated originally in 1931 and amended in 1945 to include free education. The system, however, has been adversely affected by a lack of specific policy. The National Education Commission has prepared a draft national education policy for public discussion. A comprehensive education law was presented to Parliament in 1995. The law introduces compulsory education for all children between 5 and 16 years old. The World Bank is providing assistance for policy development.

1.1.2 Responsible organizations

The Ministry of Education and Higher Education is responsible for policy formulation, planning, and implementation of all levels of general education, and teacher education and training. The responsibility for vocational education and training was transferred to the Ministry of Labour in 1994. Numerous other ministries provide training in their specialized fields. In addition to the Ministry of Education and Higher Education, there are three other major departments and institutions: the Department of Examinations, the Department of Educational Publications, and the National Institute of Education.

Under the devolution plan, the Provincial Ministry of Education has been given the responsibility for administering education within provinces. Figure 1.1 shows the provincial educational structure. Each district has zonal offices which supervise curriculum development and standards at the division level. Divisional offices administer general education, as well as identify the needs of each school. Further restructuring of the sub-provincial offices is underway, with zonal offices being given more administrative responsibility.

1.2 Education System

1.2.1 School years

Figure 1.2 shows categories of the education system in Sri Lanka. It is composed of general education (years 1-13) and higher education (university and technical). General education is divided into primary (years 1-5), secondary (junior secondary 6-8, senior secondary 9-11), and collegiate (year 12-13). Students must qualify at G.C.E. O/L (General Certificate of Education, Ordinary Level) examination to enter the collegiate level. Due to limited capacity at the university level, students usually have to wait at least a year before entering university.

1.2.2 School types and numbers

Table 1.1 shows the types and number of schools in 1994. Type 1 schools teach from year 1 to 13, Type 2 schools for year 1 to 11, and Type 3 schools for primary education, year 1 to 5. Type 1 has two categories: Type 1-AB with all streams (science, arts, and commerce) and Type 1-C with arts and commerce streams, but advanced science.

In overall population per school in Southern Area, Galle, Matara, and Ratnapura districts compare unfavorably to the national average (1,692 students per school). All districts except Galle and Ampara districts have more population per 1AB school than the national average (30,311). This is the major weakness because these schools offer the G.C.E. A Level and are the only schools with advanced science. In addition, the number of private schools is limited to one in Matara.

1.3 Curricula

1.3.1 Curricula in general education

Students in the primary and secondary schools follow a general curriculum. Primary schools have two types of curricula, integrated and learning. The integrated one consists of mother tongue, religion, morals, environment, aesthetics and creative activities. The learning curriculum includes arithmetic, science, and English from year 3. Secondary education consists of courses in mother tongue, English, science, mathematics, social studies and religion, health and physical education, plus electives from aesthetics and technical subjects such as agriculture, commerce and home science. In addition to

academic subjects, students in class seven and eight choose courses in life skills. Students in class nine and ten may earn a Junior Certificate of Technical Education through courses in more technical subjects such as agriculture, commerce, home science, and technical skills (for example, textiles, weaving, and motor repair). College students choose "majors" in either commerce, science (physics or biology), or art.

1.3.2 Examination system

At the end of year 11, students take examinations in eight subjects, including the five subjects (mother tongue, English, science, mathematics, social studies), religion and optional subjects. Students can earn the G.C.E. O/L in a specific subject such as English or social studies, but must pass examinations in six subjects (including mother tongue and mathematics) with three credits (meaning over 50 marks) to qualify for collegiate level.

At the collegiate level, students take examinations in four subjects at the end of year 13. The G.C.E. Advanced Level may be earned for a specific subject; however, three subjects must be passed and fourth subject is required to be over 25 marks to qualify for university.

1.4 Enrollment

1.4.1 Enrollment ratio

The 1992 National Gross Enrollment Ratio (GER) was 105% at the primary level, 90 % at the secondary level, and 28% at the collegiate level. Females have higher enrollment ratios than males at the secondary and the collegiate levels. Gross and Net Enrollment Ratios (NER) for primary education in Southern Area are shown in Table 1.2. Matara district, where slightly more than 20 % of school age children are not enrolled, has the lowest ratios for both male and female pupils, lower than the national average. The other districts have higher NERs than the national average.

The statistics do not indicate any significant differences in male and female enrollment, either nationally or in Southern Area. Community consultations, however, indicate some gender bias in small portions of Southern Area for females in rural Muslim and Indian Tamil plantation communities. This is probably because there are few separate schools for Muslim females, and female tea pickers begin working at an early age.

1.4.2 Drop-out and repetition

Overall rates for drop-outs and repetition have decreased since 1970/71. Repetition rates, however, remain high in primary grade. Students who drop out are encouraged to attend non-formal literacy centers or re-enter formal education courses, depending on their age.

Drop-out rate from year 1 to year 9 in Southern Area are lower than the national average, 4.4% in all districts except Hambantota as shown in Table 1.3. Ampara district has the lowest drop-out rate, as well as the highest enrollment rate. Table 1.4 shows the percentage of repeaters from year 1 to year 13 in Southern Area. The rates are higher than the national average in all districts except Galle. Ampara has the highest repetition rate in the Country, despite its high enrollment and low drop-out rates.

1.5 Education Performance

1.5.1 Literacy rate

Literacy rates of the population over 10 years of age in Sri Lanka reached 76.8 % in 1963, and increased to 87.2 % in 1981, followed by a slight decrease to 86.6 % in 1991. A decline in male literacy accounts for the decrease. Overall, however, female literacy, especially in rural areas, has consistently lagged behind male literacy.

1.5.2 Examination performance

(1) G.C.E. O/L examination

National examination results indicate that performance is poor. Table 1.5 shows the number of students who sat the G.C.E. O/L examination in 1994 and those who are qualified for collegiate level study nationally and in Southern Area: nationally, only 17 % qualified and 9 % failed all subjects. Performance is especially weak in English, mathematics and science.

The performance of Southern Area students varies between districts. Galle had the highest percentage of qualified students, though still lower than the national average. Hambantota had the lowest percentage of students who qualified for collegiate study in 1994. On average, female students have a higher qualification rate than males, except in Moneragala district.

(2) G.C.E. A/L examination

Table 1.6 shows the number of students who sat the G.C.E. A/L examination in 1994 and those who are qualified for university nationally and in Southern Area. The percentage of students who qualify is higher than O/L examination, about 45% on the average. None the less, performance is poor in certain subjects, such as pure and applied mathematics, physics and chemistry.

A/L examinations are very competitive because scores determine the order in which students are given university placement. Out of more than 56,000 qualified students in a given year, fewer than 10,000 places are available in the universities. Students usually wait for at least a year to enter university. Ampara and Moneragala districts show a much lower percentage of qualified students, than the national average. The other four districts have higher percentages than the national average, with Hambantota the highest in 1994, though the actual number of qualified students was small.

1.6 Teaching Staff

1.6.1 Quality and number of teachers

The ratios of qualified teachers to students varies greatly in Southern Area. Ratios in Galle, Matara and Ratnapura districts were 72.1 %, 74.3 %, and 97.8 % (two divisions) in 1994, higher than the national average of 71%. Hambantota and Moneragala districts had ratios of 68.8% and 57.1% (six divisions) respectively, lower than the national average. The ratio in Ampara (51 %) was almost 20 points lower than the national average.

Table 1.7 shows the number of teachers, students, and student to teacher ratios by teaching language in Southern Area (including all divisions). The data indicate that education quality in Tamil language schools is lower than that in Sinhalese schools.

1.6.2 Teachers education and training

Teacher education programs are provided in four different types of institutions: Teacher Training Colleges (TTC), Colleges of Education (CEO), National Institute of Education (NIE), and Universities education programmes. The 18 TTCs offer three year in-service training courses. The 11 CEOs provide three year pre-service training. The NIE provides various training, including distance education. About 2,000 teachers graduate annually

from those courses, 1,000 from pre-service and 1,000 from in-service training colleges. This number is approximately one fifth of the teachers recruited annually. Most teachers depend on the distance education programme which, reportedly, provides unsatisfactory training.

By 1998, only people with G.C.E. A/L university qualification and training can become teachers. Candidates without university education will receive a three year training course, while university graduates will complete a one year course. Both groups will have to pass teaching examination. To support the policy, the number of Colleges of Education will be increased to 14, with assistance from the World Bank.

1.7 Higher Education

1.7.1 University admissions

Sri Lanka has 12 universities: Colombo, Peradeniya (Kandy), Sri Jayawardenapura (Colombo), Moratuwa (Colombo), Kelaniya (Gampaha), Ruhuna (Matara), Jaffna, Eastern (Batticaloa), Rajarata (Anuradhapura), Sabaragamuwa (Ratnapura), South Eastern (Ampara) and Open University (Colombo). The latter three universities are recently established and it will not fully function until 1997. Ruhuna University is the only university in Southern Area. All government universities are free of cost and there are no private universities.

The University Grant Commission is responsible for admissions to all universities, except the Open University. Each university has a district quota, with 5 % reserved for underprivileged districts. Hambantota and Moneragala are considered underprivileged districts. Admissions nationally totaled nearly 10,000 in 1995, and are expected to increase to 11,000 in 1996 and 15,000 by 2000.

The Open University is not subject to the quota system. It presently has about 20,000 students. Qualification requirements differ by degree sought. There are three options: a 1 year certificate course, a two year diploma course, and a 3 - 4 year bachelor's degree course. Only the latter requires university qualification through the G.C.E. A/L examination. Course work is done independently by students, supported by printed materials, TV, and radio. Professors meet with groups of students monthly at local centers. There is a local center in Matara.

Affiliated university colleges were introduced in 1991. Their courses focus on private sector middle management. They offer a two year diploma course and a one year certificate course, supported by practical training. This approach, however, has not been very popular, as students prefer more formal degree courses. The Government plans to consolidate the affiliated colleges and upgrade them to university level.

1.7.2 Number of university students and teachers

Table 1.8 shows the number of students in each university by subject in 1993/94. Subjects include arts, commerce and management studies, law, science, medicine, dental science, veterinary medicine, agriculture, engineering, and architecture. Arts has the largest number of students. There were 2,248 permanent university teachers and 332 temporary staff in 1994.

1.8 Non-Formal Education

Non-formal education for school leavers started in 1974. The programme has three main components: basic literacy, adult education, and vocational training. Courses are intended for school leavers 14 years and older. There are about 26,000 students in the Country. Vocational education courses are the most popular. There are about 1,100 technical units nation wide, using formal education facilities on a part-time base. Training is offered in 53 subjects, most often chosen by availability of instructors. Training levels range from craft to certificate level, the latter being equivalent to the basic courses in technical colleges.

The Department of Distance Education of the National Institute of Education plans to establish an Open School for students who drop out before or fail to pass the G.C.E. O/L examination. The school will assist students to acquire the new General Certificate of Secondary Education (G.C.S.E.) which will be equivalent to G.C.E. O/L. It will use a distance education approach. The curriculum will include languages, mathematical applications, applied science, social science, and cultural environment, introduction to the world of work, and vocational skills. Vocational skills will come under the Vocational Training Authority of the Ministry of Labour.

1.9 Summary of Existing Conditions of Southern Area

Table 1.9 summarizes the education status of districts in Southern Area compared with the national average. Each Southern Area district, with the exception of Galle, has several weak areas, including lower ratios of qualified teachers, higher repetition rates, and lower performance on the G.C.E. O/L examination.

1.10 Education Financing

Table 1.10 shows education expenditures. The total expenditure on education was Rs. 15,472 million in 1992, with the share of GDP decreasing from 2.7 % in 1977 to 2.2 % in 1984, then increasing to 2.8 % in 1988. The mid-day meal programme, introduced in 1989, raised expenditure to over 3 % of GDP in 1990s. As a share of the national budget, education expenditures fluctuated between 8 - 10 % from 1982 - 1991. In 1993, it accounted for about 8 % of the budget.

Out of total recurrent expenditure, 38 % was directed to primary education, 52 % to secondary education, and 9 % to university education. Current plans for university expansion will raise its proportion to about 20 % by 2000. The major portion of recurrent expenditure is for teacher salaries, followed by student support, such as mid-day meals, school scholarships, transport subsidies, school uniforms, and free textbooks for years 1 to 11. Expenditure for quality improvement activities, such as teacher training, school supplies and equipment, and school administration and supervision has decreased.

1.11 Major Programs and Projects

1.11.1 General Education Program - 1990 - 1996 (IDA/World Bank)

The project has the following four components, with a total budget of about US \$75 million, including a local budget of US \$26 million.

(I) Infrastructure

The infrastructure component improves and provides school infrastructure for Type 2 and 3 schools, including classrooms, water supply, latrines, multi-classrooms, and rehabilitation of school buildings.

(2) Facilities and equipment

This component provides Type 2 and 3 schools with basic teaching equipment.

(3) Strengthening management

The component offers training to about 200 education officers of deputy director and director level at schools, and divisional, zonal and provincial offices. Training is also provided to about 4,800 principals of Type 2 and 3 schools, 145 principals of Type 1AB schools, and 547 principals of Type 1C schools. Nearly 20 people were abroad for training. This component also includes an Education Management Information System at the Ministry and Provincial levels. It covers monitoring and evaluation of education information, financial information, and data on students and staff.

(4) Study on education policy development

The study identified the major problems and made recommendations for improving the education system.

1.11.2 Teacher Education and Teacher Deployment Project 1996 - 2000 (IDA/World Bank)

The project will improve the quality, cost-effectiveness and coverage of education through improvement and rationalization of teacher quality and deployment. The project will coordinate with similar ADB and SIDA projects. The total budget is US \$79.3 million, including a local budget of US \$42.8 million. The project has the following seven components.

(1) Rationalization of teacher deployment

This component will deploy trained teachers using the "ready reckoner" mechanism. It will develop measures to facilitate assignments in disadvantaged areas.

(2) Rationalization of teacher education

Under this component, a National Authority on Teacher Education (NATE) will be established to plan, coordinate and upgrade teacher education programs. In addition the

office of Commissioner of Teacher Education will be strengthened and teacher training institutions will be reorganized into three categories: universities, National Institute of Education (NIE), and 14 National Colleges of Education (NCOE), with supplementary Teacher Centers.

(3) Upgrading of teacher education programs

Pre-service and in-service training programs will be upgraded by revising curricula, updating teaching materials, and improving the contents to make teacher training more relevant to school needs.

(4) Strengthening staff and management

Teacher educators and administrators will be trained, and staffing and enrollment patterns will be rationalized to increase student to teacher ratios.

(5) Strengthening and upgrading of teacher training institutions

The number of institutions will be reduced from 31 to 19, equitably distributed throughout the Country. Some existing institutions will be rehabilitated and expanded and 80 supplementary Teacher Centers and five new NCOEs will be constructed.

(6) Strengthening management of teacher training institutions

The existing system will be reviewed and training will be given in budgeting and administration to institution heads and other administrators.

(7) Studies and monitoring

Studies will be undertaken to monitor the impact of the project's policy changes and restructuring.

1.11.3 Secondary Education Program 1993 - 98 (ADB)

The project will improve the quality of secondary education (years 6-13) and provide more equitable access to such quality secondary education, especially in rural areas. The total

budget is US \$40.7 million, including the local budget of US \$9.7 million. The project has the following four components.

(1) Curriculum development

Secondary education curriculum is reviewed and revised to make it more relevant. It will develop course materials, prototype textbooks, and teacher guides and handbooks.

(2) Teacher education and training

This component focuses on teacher education curriculum and training methodology of teacher training, as well as preparation of teacher trainers. Methodology includes multi-media and distance teaching. It supports pre-service education and in-service training, and refresher courses.

(3) Examination and testing

The component supports examination reforms and development of an evaluation and testing system. A revised scheme for G.C.E. O/L and A/L examinations will reflect the revised curriculum. It also upgrades buildings and provides equipment and computers to the Department of Examinations, including construction of a building complex for the Department.

(4) School development and upgrading

This component improves school infrastructure and facilities for 141 schools (55 type 1AB and 86 type 2). The schools will be provided with a minimum level of essential services, upgrading of existing buildings, and extension of facilities for laboratories and computer rooms. Selected 1AB and 1C schools will receive science laboratory equipment, books, audio-visual materials and computers. Thirty computer centers will be opened at 141 project schools. About 20 schools in Southern province are included in this project.

1.11.4 Other major programs and projects

(1) SIDA (Sweden)

SIDA has conducted several education programs, including the following:

- Primary School Development Program (PSDP),
- Plantation School Development Program (PSED), and
- Distance Education Program.

(2) IRDP

In Southern Area, NORAD is conducting education development under the Moneragala Integrated Development Program (MONDEP).

CHAPTER 2 MAJOR ISSUES

Sri Lanka has achieved a relatively high school enrollment ratio with little gender disparity, as well as a higher literacy rate than many other developing countries with comparable income levels. However, a number of issues remain related to quality, relevance, equity and efficiency. Many of them need to be tackled at the national level. For instance, improving the quality of teachers needs to be dealt with at the national level as training colleges and universities are the responsibility of the Central Government. Moreover, dealing with such issues at national level is likely to be more cost-effective. These issues are discussed below referring to the situation in Southern Area.

2.1 Quality of Education

Quality of education has declined, particularly in rural areas and poor urban areas. Factors include low teaching quality, high teacher absenteeism, inadequate curriculum, and declining expenditures on quality improvement activities such as teaching materials, school supplies, and facilities and maintenance.

(1) Quality of teachers

The number of qualified teachers is insufficient, only 71% of the total on the national level. In Southern Area, the ratio of qualified teachers to students is lower than the national average in Hambantota, Ampara, and Moneragala districts, with only about half the teachers in Ampara and Moneragala districts qualified. Between 1989 and 1994, about 50,000 new teachers mostly untrained allegedly were recruited for political reasons.

Teacher education is poorly structured, with inadequate quality and content. The capacity of colleges for pre-service and in-service training is deficient and, thus relies on distance education after recruitment. There is minimal cooperation between the four teacher training institutions, resulting in disregard of area needs and priorities. Nearly half of all districts are without teacher education institutions.

Teacher absenteeism is frequent. This problem is especially acute in remote areas. However, the lack of a monitoring system for teachers promotes absenteeism throughout the system.

(2) Deployment of teachers

The student to teacher ratio is low generally in Sri Lanka as compared with international norms. Although 50,000 teachers were recruited between 1989 and 1994, shortages in some areas remain geographically and in some subjects particularly in mathematics, science and English. At the same time, there is over supply of teachers in some areas. Teachers are unwilling to accept posts in remote areas because of poor transportation, poor school facilities, and no or poor living quarters.

In addition, there is a marked difference of student to teacher ratio between Tamil and Sinhala medium schools. The national ratio for Sinhala schools is 21:1 and 29:1 in Tamil speaking schools. In Southern Area, the ratios of Tamil medium schools are worse in Ampara (27:1), Moneragala (36:1) and Ratnapura (36:1) districts.

(3) Access to quality education

Inaccessibility to school is a major problem in remote areas, caused partly by too few schools and partly by inadequate transport and roads. This has caused poor or non attendance by students and reluctance of trained teachers to accept assignment. Resources are inequitably distributed, with poorer people in remote areas having significantly less access to quality education.

(4) School infrastructure and facilities

School facilities are old and of poor quality and equipment is deficient, especially in remote areas. In Southern Area, many schools lack sufficient classrooms and must use one big hall for several classes, thereby reducing students' attention. There is shortage of basic infrastructure like water supply and teaching equipment.

2.2 Education Performance

(1) Contents of education

Curricula and teaching methods are outdated, focusing on clerk type skills using rote methods. The G.C.E. O/L and A/L examinations are meant to prepare students for university education, for which only about 2% qualify. Students are not prepared for

employment other than government or clerical work. They are not taught problem solving or other business related skills. In addition, there is no formal career guidance system.

(2) Efficiency of education

Repetition ratios and drop-out ratios are still high as a whole. In Southern Area, repetition ratios are higher than the national average except in Galle. Examination performance is very poor, especially for the G.C.E. O/L. Only about 30% pass, even on the second (last) attempt. At the university level, the average examination pass rate is about 60%.

(3) Higher education

University placement is low, with about 2% of students able to enter universities. In addition, university education is not relevant to labour market needs.

(4) Non-formal education

The quantity and quality of non-formal education are poor. In addition, it is not effectively linked to the vocational or technical education.

2.3 Management

(1) Budgetary issues

The massive recruitment of new teachers during 1989 and 1994, with little attention to their quality or current and future demand, raised salary and training costs to an unsustainable level. As a result, too large a proportion of the education budget is allocated to teacher salaries and student support programmes, leaving only a very small proportion available for items needed to improve the quality of education.

(2) Management capability

Management capability is weak and inadequate to meet the needs of an expanding education system. The process of decentralization adds further burdens to an already poor local level management.

CHAPTER 3 OBJECTIVES AND STRATEGY

3.1 Objectives

Sri Lanka is moving toward a more liberalized economy through economic restructuring. Private sector involvement, both domestic and foreign, in development is expected to increase. These changes will require a large and diversified human resource base. To meet this demand, general and vocational education must improve its quality and relevance.

The overall objective is to create an education system in Southern Area that meets both the needs of people and those of the market place. Such a system emphasizes education in language, mathematics and science areas, strongly supported by training in team work, problem solving, and ethics.

3.2 Strategy

3.2.1 Improvement of quality and efficiency of education

Efficiency of education lies mainly in teaching facilities and teacher quality. The improvement should be geared to a highly decisive system of teacher education with a job oriented approach. This is supported by the World Bank to improve and rationalize teacher training and employment. Internal efficiency of education will be enhanced through adding relevancy to course content.

3.2.2 Improvement of teacher quality

Teacher education institutions will be rationalized. The Sri Lanka Government will establish a National Authority on Teacher Education (NATE) to plan, coordinate and upgrade teacher education, supported by the World Bank. Four types of teacher education institutions will be rationalized into three types: universities, NIE, and National Colleges of Education, with supplementary Teacher Centers. The present Teacher Training College for in-service training will be abolished. This is assisted by the World Bank together with the Asian Development Bank.

Strengthening of teacher training institutions is necessary. Since many of the unemployed are absorbed in teaching without training as mentioned before, present training capacity cannot provide adequate training to all untrained teachers. Besides, institutions of teacher

education should be distributed equally among districts. Measures for these problems will be supported also by the World Bank.

Teacher training programs should be upgraded through revised curricula, teacher materials, increased linkages between the school and teacher education curricula, and so forth. The World Bank will assist these through the Teacher Education and Teacher Deployment Project in cooperation with ADB and SIDA.

Matara district has finished phase one of the "Educational Resource Center Project" for in-service training of primary education teachers, and plans to implement phases two and three for other districts and secondary schools in Southern province. They have established one educational resource center for each division to conduct 12 programmes such as school family programme, pupil evaluation, teacher evaluation, orientation and training of teachers and principals, and designing and distributing of learning aids to schools. The project which has been generated from the initiative of local education officers should be used as a model project, strengthened and expanded to secondary schools and other areas of Southern Area.

3.2.3 Improvement of teacher deployment

Teacher recruitment and deployment should be rationalized to meet school needs and to improve quality and equity of education. Besides, it should consider costs of education. It is necessary to update teacher allocation mechanism to realize those. A suitable incentive system should be worked out to induce teachers to take appointments in remote areas. The rationalization of teacher deployment will also be assisted by the World Bank.

3.2.4 Improvement of relevance of education

Curriculum should be revised to make it more relevant to varied needs and higher quality. It should promote students' capability of enquiring and problem solving, adaptable minds, trainability, and creative learning as well as practice-oriented subjects such as English, mathematics and science. Technical changes happen so fast that education should emphasize enquiring and adaptable minds than training people in fixed skills which will become old-fashioned soon.

Since most people end education at the latest by year 11, education in years 1 through 11 should be for majority of people, which is relevant to the real world rather than being academic. This would lead to improved educational achievement.

Currently the Secondary Education Development Project is implemented with assistance of the Asian Development Bank (1993-98), which includes curriculum development for year 6 to 13. Curriculum of primary schools should also be revised, since primary education gives children an important base of thinking, teamwork, adaptability and so forth. Curriculum should also include the element consistent with the needs of Southern Area development to create a stronger link with employment preparation.

Another important issue is that the existing and potential resources of areas should be reflected in the contents of education. For instance, Hambantota district is suited for agriculture with irrigation schemes of Uda Walawe and Kirindi Oya. However, the subject of agriculture which are offered at school in the district is not adequate enough to fully utilize the resources available, although agriculture is one of the technology subjects. The curriculum of agriculture should include latest agricultural knowledge, technology and practical exercise, reflecting the Area's resources.

3.2.5 Establishing counselling system at secondary schools

There is a major need for counselling in secondary schools that emphasizes aptitude testing and career information. At present students have limited choices for their career development, and no formal guidance system to help them decide on their own career. Counselling and placement should assist students to decide on career paths, whether continued formal or technical education, and reduce drop-out rates in vocational and technical schools.

The educational resource centers which are mentioned in subsection 3.2.2 for secondary schools should be established in each division for both improving quality of teachers and for providing career guidance and information to students. The centers offer information on vocational and technical schools, career development, and counselling and placement centers which are existing and are recommended to establish. Some of the excellent teachers should be trained in guidance and counselling techniques.

3.2.6 Improving access equity

Access to school needs to be improved with better transport and roads, especially in remote areas, such as places in mountaneous areas (e.g. Tawalama and Neluwa divisions of Galle district, and Kotapola, Mulatiyana, and Pasgoda divisions of Matara district). There are also remote areas such as Lunugamwehera division in Hambantota district and Tanamalwila division in Moneragala district. The improved access would facilitate increase in both students' enrollment and willingness of trained teachers to accept assignment in those areas. It is necessary to improve access not only to schools but to ensure equitable access to good quality education geographically and socially. Special attention should be paid to the schools' needs in disadvantaged areas for investment.

3.2.7 Improvement of school facilities

School facilities should be upgraded. Many schools lack sufficient classrooms and teaching equipment such as blackboard, chalk, and scissors. These cause low quality in education. Many schools are not equipped with toilet facilities and drinking water supply. The General Education Project assisted by the World Bank includes school infrastructure improvement component for about 5,000 schools of Type 2 and 3 in the Country.

One of the major problems in Southern Area is the lack of quality secondary schools. Facilities need to be improved at this level, including appropriate sport facilities and suitable housing for staff members.

3.2.8 Rationalization of budget allocation

Since more than 70% of education budget is allocated to teacher salaries, first priority should be put on making the number of teachers appropriate. It is also important to allocate some portion of the budget to quality input. The Teacher Education and Teacher Deployment Project assisted by the World Bank will include the rationalization of teacher deployment which would have impact on number of teachers and salaries. The project plans to reduce teachers by about 25,000 over the next eight to 10 years through several measures such as increasing student to teacher ratio to 26:1 for primary schools and 22:1 for secondary schools, and phasing-out English specialists at the primary level while training all primary teachers to teach English. The project also will target 3% of the provincial recurrent block grant for quality inputs, raising gradually to 6% by 2000.

Each province has a decentralized budget from the Central Government. A pilot project for Southern province should focus on efficient budget allocation on the education sector to comply with the national government policy. To be covered should be the projections of students in each category, the required number of qualified teachers for each school, and training needs for teachers.

3.2.9 Reform in higher education

The contents of university and other higher education need to be revised to respond to the changing demands of the economy. Expansion of university education is also needed. Transformation of economy to a more industrialized and high-valued one requires a mass of people with a good scientific and technological education as well as people with knowledge, trainability and communication skills. It is necessary to consider private sector involvement to overcome financing problems and to diversify the education contents, although there is strong public feeling against private education in Sri Lanka.

The Government has a plan to establish the Faculty of Engineering in Ruhuna University. Considering that there will be an increased demand for engineers with the development plan of Southern Area, and that there are only two universities in Sri Lanka which have the Faculty of Engineering, University of Peradeniya and University of Moratuwa, the plan of establishing a new Faculty of Engineering will be supported. However, the Government also should consider strengthening the existing faculties of the two universities in the short term, since the budget and the number of qualified engineering teachers are limited.

3.2.10 Non-formal education

Education for drop-out students should be considered further. Currently there are non formal centers for out-of-school children. Besides, an open school will be established for those who had failed G.C.E. O level examination. The number of those schools needs to be increased and their curriculum should be suited to their needs, focusing on foreign languages. Parents education is important where necessary.

The current curriculum of non-formal education includes vocational training. However, considering the limited resources and overlap of vocational training courses done by the Ministry of Labor, vocational training courses should be consolidated. The curriculum of non-formal education should reflect the needs of drop-out students of specific areas. In the areas where parents generation have little education such as Moneragala and Hambantota

districts, adult education to teach the importance of children's education as well as literacy and numeracy is needed. Generally, foreign languages, especially English, should be emphasized for drop-out students of younger generation.

3.2.11 Improvement of management capability

Management capability needs to be enhanced. Following the expansion of education system and decentralization, training of administrative personnel in zonal offices should be expanded. The World Bank's General Education Project includes management strengthening component, in which directors of education in each level and principals of all type schools are trained. The Teachers Education and Teacher Deployment Project conducted by the World Bank also includes the component of strengthening management.

Strengthening management of each school should have the highest priority in Southern Area, since principals and teachers can contribute to improving the quality of education through better management. For example, they should analyse the cause and trend of problems such as high repetition ratio, drop out ratio, and poor performance of G.C.E. examination to take measures for solving those problems. In the educational resource centers recommended in subsection 3.2.2, principals and teachers will receive the training such as pupil evaluation and teacher evaluation.

CHAPTER 4 MEASURES

In accordance with the strategy, it is important to take measures to realize the objectives with the following projects/programs. Project profiles for these projects and programs are contained in Project Report.

Anchor projects: SA-15 Secondary Education Development

Local projects:

- (1) Educational Resource Center Project
- (2) Expansion of Secondary Schools (Type 1AB)
- (3) Non-formal Education Program
- (4) Establishing Faculty of Engineering in Ruhuna University
- (5) Pilot Project of Study on Budget Allocation on Education Sector in Southern Area

The Secondary Education Development is the extension of the existing project assisted by the Asian Development Bank. This includes teachers training, implementing newly developed curriculum, and upgrading schools of Types 1AB, 1C, and 2.

The Educational Resource Center Project will establish an educational resource center in a primary and a secondary school in each division, focusing on primary and secondary school teachers' training and providing counseling and career guidance for secondary school students.

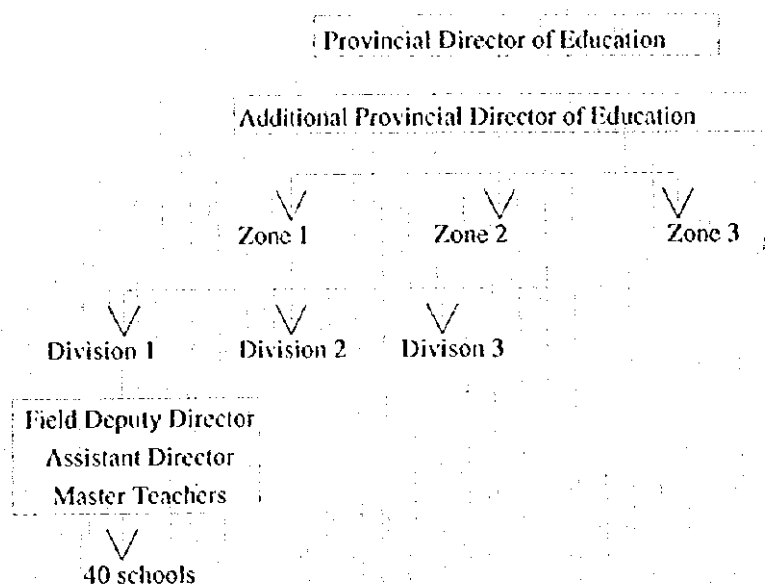
The Expansion of Secondary Schools (type 1AB) will focus on deploying Type 1AB schools in under-served areas.

The Non-formal Education Program will be for school leavers, and focus on numeracy and English.

The Establishing Faculty of Engineering in Ruhuna University is expected to create engineers who will be required according to the progress of development projects in Southern Area.

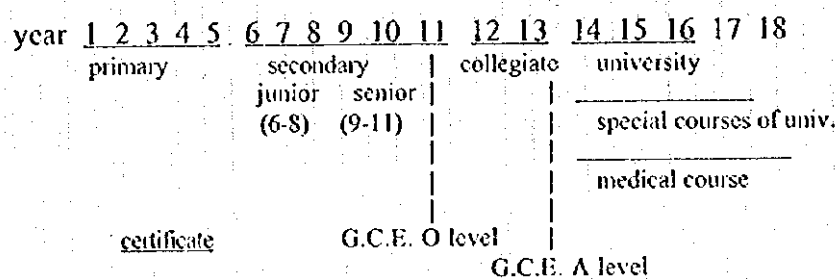
The Pilot Project of Study on Budget Allocation for Education Sector in Southern Area will study on the decentralized provincial budget allocation. It will study the analysis of current budget allocation and an efficient way of future allocation, and others.

Figure 1.1 The Provincial Educational Structure



Source: Ministry of Education & Higher Education

Figure 1.2 Education System in Sri Lanka



Source: Ministry of Education & Higher Education

Table 1.1 Type and Number of Schools in Sri Lanka (1994)

Type1-AB	569	year 1-13 (G.C.E. A Level), science, arts, commerce
Type1-C	1698	year 1-13 (G.C.E. A Level), arts, commerce
Type2	3743	year 1-11 (G.C.E. O level)
Type3	4181	year 1-5 or 1-8
Total	10,191	

Source: Progress Report, Ministry of Education and Higher Education, October 1995

Table 1.2 School enrollment rate for primary education in Southern Area (1992)

Districts	Gross enrollment ratio		Net enrollment ratio	
	male	female	male	female
Galle	114.5	111.6	96.8	97.6
Matara	93.8	89.8	79.0	79.1
Hambantota	121.4	114.6	100.6	99.7
Southern Prov.	108.3	104.0	90.1	91.0
Ampara	134.6	132.0	107.6	107.8
Moneragala	129.6	123.4	105.8	104.8
Ratnapura	105.0	101.0	86.3	86.4
Sri Lanka	109.4	106.1	89.4	89.5

Source: Educational Statistics of Sri Lanka, Ministry of Educational and Higher Education 1992

Table 1.3 Drop-out Rate Upto Year 9 of Each District in Southern Area (1992)

	male		female		total	
	no.	rate	no.	rate	no.	rate
Galle	3,256	4	2,255	3	5,511	3.5
Matara	3,012	5	1,862	3	4,874	3.9
Hambantota	2,975	6	1,964	4	4,939	5.0
Southern Prov.	9,243	5	6,081	3	15,324	4.0
Ampara	471	1	373	1	844	0.9
Moneragala	1,653	5	1,412	4	3,065	4.3
Ratnapura	4,214	5	2,860	3	7,074	4.2
Sri Lanka	73,268	5	53,590	4	126,858	4.4

Source: Educational Statistics of Sri Lanka, Ministry of Education and Higher Education, 1992

Table 1.4 Repetition Rate Upto Year13 of Each District in Southern Area (1992)

	male		female		total	
	no.	rate	no.	rate	no.	rate
Galle	9,669	8.6	8,753	7.7	18,422	8.2
Matara	10,210	11.4	8,156	9.1	18,366	10.2
Hambantota	8,307	12.0	7,343	10.4	15,650	11.2
Southern Prov.	28,186	10.4	24,252	8.9	52,438	9.6
Ampara	9,676	14.0	7,542	11.7	17,218	12.9
Moneragala	5,692	12.1	5,166	10.9	10,858	11.5
Ratnapura	12,666	11.0	10,827	9.2	23,493	10.1
Sri Lanka	202,944	9.8	176,459	8.7	379,403	9.3

Source: Educational Statistics of Sri Lanka, Ministry of Education and Higher Education, 1992

Table 1.5 Performance of G.C.E. O/L Examination (1994)

	male total no of sit	male no of qualified	%	fem'l total no of sit	female no qualified	%	total no of sit	total no qualified	pass %
Galle	12,503	1,830	14.6%	14,423	2,471	17.1%	26,926	4,301	16.0%
Matara	10,158	1,414	13.9%	13,364	1,993	14.9%	23,522	3,407	14.5%
Hambantota	7,615	918	12.1%	9,765	1,263	12.9%	17,380	2,181	12.5%
Ampapra	3,531	425	12.0%	4,216	576	13.7%	7,747	1,001	12.9%
Moneragala	5,286	790	14.9%	6,891	992	14.4%	12,177	1,782	14.6%
Ratnapura	11,359	1,703	15.0%	14,919	2,469	16.5%	26,278	4,172	15.9%
national sit no.	224,740	36,591	16.3%	258,509	43,900	17.0%	483,249	80,491	16.7%
nat'l total failure	22,286	-	9.9%	20,878	-	8.1%	43,164	-	8.9%

Source: Department of Examinations

Table 1.6 Performance of G.C.E. A/L Examination (1994)

	male total no of sit	male no of qualified	%	fem'l total no of sit	female no qualified	%	total no of sit	total no qualified	pass %
Galle	3,057	1,307	42.8%	4,734	2,301	48.6%	7,791	3,608	46.3%
Matara	2,719	1,319	48.5%	4,186	1,964	46.9%	6,905	3,283	47.5%
Hambantota	1,566	763	48.7%	2,525	1,197	47.4%	4,091	1,960	47.9%
Ampapra	529	182	34.4%	847	287	33.9%	1,376	469	34.1%
Moneragala	850	351	41.3%	1,083	332	30.7%	1,933	683	35.3%
Ratnapura	2,407	1,073	44.6%	3,605	1,638	45.4%	6,012	2,711	45.1%
national sit no.	54,981	23,716	43.1%	71,364	33,022	46.3%	126,345	56,738	44.9%
nat'l total failure	7,953	-	14.5%	5,598	-	7.8%	13,551	-	10.7%

Source: Department of Examinations

Table 1.7 Number of Teachers and Students by Teaching Languages (1994)

	Sinhala			Tamil			Total		
	Teachers	Pupils	ratio	Teachers	Pupils	ratio	Teachers	Pupils	ratio
Galle	11,180	226,540	20	244	4,534	19	11,424	231,074	20
Matara	10,013	176,340	18	292	5,895	20	10,305	182,235	18
Hambantota	6,695	142,721	21	132	1,790	14	6,827	144,511	21
Southern Prov.	27,888	545,601	20	668	12,219	18	28,556	557,820	20
Ampara	3,468	65,476	19	3,270	89,253	27	6,738	154,729	23
Monaragala	4,386	103,607	24	107	3,826	36	4,493	107,433	24
Ratnapura	9,456	221,561	23	610	22,177	36	10,066	243,738	24
Sri Lanka	153,416	3,207,399	21	34,075	986,572	29	187,491	4,193,971	22

Source: Progress Report, Ministry of Education and Higher Education, October 1995

Table 1.8 Number of Students of Each University by Subject (1993/94)

	Arts	Comm. Mgt	Law	Science	Medi- cine	Dental Service	Veterin ary	Agricul ture	Enginee ring	Archite cture	Total
Colombo	1,504	997	846	1,555	1,182	-	-	-	-	-	6,084
% of female	65%	44%	58%	40%	39%	-	-	-	-	-	49%
Peradeniya	2,284	**	-	809	904	424	298	933	1,225	-	6,877
% of female	57%	**	-	29%	40%	48%	50%	40%	11%	-	40%
Sri Jayawardenapura	1,702	2,620	-	456	365	-	-	-	-	-	5,143
% of female	54%	42%	-	39%	45%	-	-	-	-	-	46%
Kelaniya	2,094	689	-	911	739	-	-	-	-	-	4,433
% of female	57%	45%	-	35%	49%	-	-	-	-	-	49%
Moratuwa	-	-	-	-	-	-	-	-	1,478	331	1,809
% of female	-	-	-	-	-	-	-	-	13%	30%	16%
Jaffna	1,019	742	-	712	501	-	-	117	-	-	3,091
% of female*	78%	59%	-	46%	48%	-	-	56%	-	-	61%
Ruhuna	1,104	597	-	928	727	-	-	303	-	-	3,659
% of female	60%	47%	-	45%	44%	-	-	45%	-	-	50%
Eastern	378	287	-	193	-	-	-	50	-	-	908
% of female	51%	31%	-	43%	-	-	-	40%	-	-	42%
Total	10,085	5,932	846	5,564	4,418	424	298	1,403	2,703	331	32,004

* The number of Jaffna is provisional. % of female is 1992/93 figure.

** Included under the Faculty of Arts.

Source: Ministry of Educational and Higher Education

Table 1.9 Education Status for Each District in Southern Area

	Net enrollment '92	Drop out '92	Repetition '92	Qualified teachers '94	GCE O/L '94	GCE A/L '94	% of IAB '94
Galle	+	+	+	+	-	+	+
Matara	-	+	-	+	-	+	-
Hambantota	+	-	-	-	-	+	-
Ampara	+	+	-	-	-	-	+
Moneragala	+	+	-	-	-	-	-
Ratnapura	-	+	-	-	-	+	-

* + means better and - means worse than the national average.

Table 1.10 Trend of Education Expenditure

	Total		Recurrent		Capital Rs. Mn
	Rs. Mn	% of GDP	Rs. Mn	% of edu expend	
1977	948.5	2.6	920.7	97.1%	27.8
1980	1,798.4	2.7	1,521.5	84.6%	276.9
1984	3,316.6	2.2	2,857.0	86.1%	459.6
1985	4,457.7	2.8	3,899.4	87.5%	558.3
1990	9,449.5	2.9	8,373.7	88.6%	1,075.8
1991	11,670.3	3.1	9,710.0	83.2%	1,957.3
1992	14,319.5	3.3	11,789.3	82.3%	2,530.2
1993	15,471.9	3.1	12,892.4	83.3%	2,579.5

Source: Public Investment 1995-1999

Table 4.1 Summary of Issues, Strategy and Projects (Education)

Issues and Constraints	Strategy	Projects
1. Low Quality of Teachers	1-1 Rationalizing teacher training institutions 1-2 Strengthening teacher training institutions with equal distribution of institutions 1-3 Improving teacher training programs	World Bank: Teacher Education & Teacher Deployment (1) Educational Resource Center Project
2. Inadequate Deployment of Teachers	2-1 Updating teacher allocation mechanism 2-2 Giving teacher incentives for hardship	World Bank: Teacher Education & Teacher Deployment
3. Inequal Access to Education	3-1 Investing more for disadvantaged areas 3-2 Improving transport and road	SA-15 Secondary Education Development (2) Expansion of Secondary Schools
4. Poor School Infrastructure & Facilities	4 Upgrading school facilities	SA-15 Secondary Education Development
5. Irrelevant Contents of Education	5-1 Revising curriculum 5-2 Establishing counselling system at secondary schools	ADB: Secondary Education Development Project SA-15 Secondary Education Development
6. Inefficiency of Education	6 Improving quality & relevance of education	(1) Educational Resource Center Project
7. Insufficient Higher Education	7-1 Revising university education 7-2 Expanding university education	Projects of The World Bank and ADB (4) Faculty of Engineering in Ruhuna University
8. Insufficient Non-formal Education	8 Expanding & improving non-formal education	(3) Non-formal Education Program
9. Inadequate Budget Allocation	9-1 Making the teacher number appropriate 9-2 Allocating fixed portion to quality inputs	World Bank: Teacher Education & Teacher Deployment
10. Inadequate Management Capability	10 Expanding training for administrative staff	Projects of The World Bank and ADB (1) Educational Resource Center Project

Technical and Vocational Education and Training

SECTOR REPORT 7 SOCIAL DEVELOPMENT

PART 3 TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING

CHAPTER 1 EXISTING CONDITIONS

1.1 Responsibility for Technical and Vocational Education and Training

The system of technical and vocational education and training (TVET) evolved in Sri Lanka without control or coordination. At least 25 ministries currently offer training programmes, many of which are redundant, with unclear governance and minimal accountability. Until recently, the Country's largely low tech and labour intensive industry put few demands on the training system. Transition to high tech industrial development, however, will require an efficient training system that produces value for investment.

The Government responded in 1990 with some measures to streamline TVET management. Four of the five lead agencies now are positioned in the Ministry of Labour and Vocational Training (MOLVT). These agencies are the Tertiary and Vocational Education Commission (TVEC), the Department of Technical Education and Training (DTET), the Vocational Training Authority (VTA), and the Manpower Division of the Department of Labour. The other lead agency, the National Apprentice and Industrial Training Authority (NAITA) comes under the Ministry of Science and Technology and Human Resources Development. A special Presidential committee currently is preparing proposals for further system rationalization.

1.2 Current Strategy

1.2.1 Institutional measures

The Ministry of Labour and Vocational Training has proposed several measures to promote system rationalization. Under the MOLVT's plan, the TVEC's capacity to coordinate programmes would be facilitated by bringing the lead training agencies, including NAITA, under one ministry. NAITA would plan and organize on-the-job training for apprentices in the industry, agriculture, and fisheries sectors. VTA would offer training up to the class II level (mainly semi-skilled), while DTET would be responsible for most of the higher technology courses. To clarify its position as provider of quality assurance for all training institutions, the National Institute of Technical Education (NITE) would become independent

of DTET. Vocational Training Councils, organized under TVA, would provide market orientation.

1.2.2 Capacity building measures

The 1996 Action Plans of the major training ministries recognize capacity building for management and training staff as a principal goal, but do not define a specific process for its achievement. Two foreign funded projects will provide financial and technical assistance to strengthen particular functions of NAITA, TVEC and VTA and, indirectly, raise the quality of other agencies and providers. The projects are the on-going UNDP/ILO Project SRL 93/001 and a proposed German government (GTZ) sponsored project.

(1) UNDP/ILO project

The objectives of the UNDP/ILO project are:

- to develop the TVEC's capacity to formulate plans and rationalize tertiary education and vocational training, using innovative sources of funding; and
- to develop the NAITA's capacity to devise training standards for marketable occupations and procedures for conducting trade tests and granting national trade certificates to all persons with relevant skills, irrespective of means of skill acquisition.

Specific project activities include the following:

- collect information on tertiary and vocational institutions and organizations;
- develop criteria for teacher qualifications, course content and duration, teacher to student ratios, and space and equipment;
- manage and share information needed to identify growth sector skills and forecast employment needs;
- train senior TVEC and NITE staff in planning, development, coordination, and financing of tertiary and vocational education programmes;
- develop a strategy to reduce dependence on government funding of training programmes;
- train NAITA staff to formulate and review standards and use suitable testing and certification methods; and
- maintain a database of NAITA trade testing results.

(2) GTZ institutional strengthening

The German government has a long history of supporting NAITA programmes. It recently decided to concentrate on senior level capacity building. Some modifications to the original project objectives are being made to avoid duplication of UNDP/ILO project activities, as well as to extend support to TVEC and VTA. The project's framework includes policy development, coordination and cooperation, decision-making, and information and counselling. It is likely to focus on strengthening TVEC's capacity to act as a "steering committee", while building VTA's and NAITA's programme implementation capacity.

1.2.3 Responsiveness and accountability

The public technical and vocational training system has operated with minimal input from employers or workers. TVA's establishment of Vocational Training Councils (VTCs) represents the MOLVT's strategy to introduce responsiveness and accountability. A Skills Development Fund (SDF), under the Ministry of Industrial Development, will give employers responsibility to select courses, help maintain quality, and share costs.

(1) Vocational training councils (VTCs)

VTCs are being established at national, divisional, and institutional levels. As of August 1996, a national council and 167 of the planned 250 divisional councils had been nominated, though only a few are fully functioning. Divisional and institutional council members include the divisional secretary or other area government agents, representatives of registered vocational training institutes, religious dignitaries, representatives of local businesses and industries, formal education, trade unions and organizations, members of youth councils, the Samurdhi Movement, and community organizations.

VTCs will act as the interface between training, business and industry, as well as help make training institutions accountable for their performance. VTC objectives are:

- to identify labour market needs;
- to collaborate with employers to develop recommendations for vocational training programmes and to organize training and progress monitoring;

- to advise training institutes on procedures, programmes, and activities to strengthen relationships between employers, trainers and trainees; and
- to maintain coordination of vocational training institutes.

(2) Skills Development Fund

The Ministry of Industrial Development, with assistance from the Australian government, has prepared a design for a Skills Development Fund (SDF). The plan is based on a strategy that has been successful in several countries, including Singapore, Malaysia, and Mauritius. A pilot project was initiated in October 1996. Under the SDF, employers or groups of employers will sponsor training programs. They will identify the kinds of skills needed, prepare specifications for training standards, and select the appropriate training provider (public or private). Sponsors will submit a proposal to the SDF. The SDF will share the cost for implementation of successful proposals. Funds will go to the sponsor who, in turn, pays the training provider.

A working group, composed of private sector representatives, will be responsible for the final project design. The draft design envisions a three year project, after which the Fund would be self-supporting. A Project Implementation Unit, with a Chief Technical Advisor, will administer the project. A local private consultant, selected on the basis of proposals submitted, will implement the project.

Justification for the SDF approach is simple. Employers know the kinds and standard of training their employees should have. By paying directly for training, they have the leverage to demand quality, thus improving the training system as a whole by introducing competition. Employers compete by developing good training proposals and training providers compete by delivering good quality training. To maximize the effectiveness of the SDF as a system refinement strategy, monitoring will be done at many levels, including rigorous selection and evaluation criteria for training providers.

1.2.4 Training delivery measures

(1) National Institute of Technical Education (NITE).

MOLVT is initiating two measures to improve performance of NITE. First, NITE, currently under the Department of Technical Education and Training, will become an autonomous unit. Second, under governance of a board composed largely of private sector

representatives, it will focus on flexibility in recruiting, staff salaries, contract mechanisms, and incentives.

(2) Technical education

The Department of Technical Education and Training (DTET) is introducing several methods to improve the functionality of its technical colleges (TCs). Each TC will specialize in a locally vital skill. The Kalutara technical college, the first in the experiment, is specializing in hotel trade skills. Production units are being established at some technical colleges to enable trainees to experience a work environment. In addition, information units are being developed, though immediate plans limit information management to basic statistics on trainees.

The Ministry of Education and Higher Education is establishing institutes of advanced technology, one of which will be an Institute of Engineering located in Galle. There also will be institutes in commerce and agriculture.

(3) Vocational Training Authority (VTA)

Semi-skilled craft training for rural youths is VTA's recent focus. It is replacing rural mobile training and some Rural Vocational Training Centres (RVTCs) with NGO managed courses. Communities provide buildings and some equipment, while VTA covers other expenses, including instructor fees.

VTA intends to establish a vocational guidance system for school leavers, probably at the division level. Plans have not yet been devised. The Department of Labour is developing placement information systems at the district level to provide industries with information on trainees.

(4) National Apprentice and Industrial Training Authority (NAITA)

Institutional strengthening of NAITA staff is a component of the UNDP/ILO and the German government projects. A Swiss NGO sponsors a small program to introduce competency based training at NAITA and VTA.

1.3 Existing Conditions of Training Programmes

The major agencies with programmes in Southern Area include technical colleges and units (DTET), District and Rural Vocational Training Centres (VTA), NAITA apprentice and training courses, the National Youth Services Council (NYSC), and several NGO programmes. Table 1.1 shows the number of delivery points for public programmes at the national level and in Southern Area. Approximately 34% of the total number of training delivery points are located in or very near Southern Area, including about 50% of NAITA training institutions and 35% of the recently restructured RVTCs. The majority of NAITA training centers, however, provide only sewing machine training.

1.3.1 Public training agencies and institutions

(1) Tertiary and Vocational Education Commission

The Tertiary and Vocational Education Commission (TVEC), established by Government Act with the National Apprentice and Industrial Training Authority (NAITA) in 1990, is a national level agency with the overall responsibility to prepare development plans for, coordinate and regulate tertiary and vocational education programmes. In the vocational training sector, the TVEC's powers include the following:

- Make training content and methods relevant to job requirements,
- Assure that curricula in individual skill areas are uniform,
- Raise quality of testing and evaluation to a nationally recognized standard,
- Improve effectiveness and efficiency of training institute management,
- Make graduates more employable, and
- Ensure productive use of resources.

The TVEC's principal strategy is registration of tertiary and vocational education and training institutes. The information gathered through the registration process will be used both to accredit institutions which meet established criteria and to identify capacity building requirements.

(2) National Apprentice and Industrial Training Authority (NAITA)

NAITA, successor to the National Apprenticeship Board, was established as the "complementary arm" of TVEC. Both agencies originally were under the [then] Ministry of Youth Affairs and Sports. NAITA, currently under the Ministry of Science, Technology, and Human Resource Development, is governed by a board of directors composed of representatives from public and private sector industry, trade unions, and ministries associated with occupational training.

NAITA's objectives are:

- to plan, organize and provide vocational training;
- to specify standards of vocational training;
- to conduct examinations and issue certificates and other awards for vocational training;
- to conduct national trade tests;
- to conduct research and development in vocational training;
- to hold competitions to promote development of various skills;
- to develop training capacities of various vocational training institutions;
- to advise TVEC on vocational training; and
- to maintain links with institutions with objectives similar to its own.

NAITA's programmes include a general craft apprenticeship scheme (technical level for school leavers), a situational craft apprenticeship (craft level for secondary school drop outs), village level apprenticeship (artisan level for primary school leavers), Janasaviya apprentices, and special training centres. The Janasaviya programme recruits from Janasaviya recipient families and trains mainly at the artisan level. All training categories combine on-site industrial training with some course work.

NAITA has five area offices, including the Matara office. In addition to apprenticeship programmes, NAITA provides training at special centres. These include apprenticeship training centres (one in Southern Area), the Automobile Engineering Training Institute, computer centres (three in Southern Area), and stenographer centres (three in Southern Area). Table 1.2 shows enrollments in NAITA training centres in Southern Area.

NAITA enrollment is the highest of the TVET programmes, with about 18,000 trainees in 1995, of whom approximately 15% were in Southern province. Almost 50% of trainees participated in craft level training, with the largest enrollment in textile and garment trades (23%), fitting and fabricating trades (13%), automotive trades (12%), electrical trades (11%), and hotel and catering trades (9%). Village level apprenticeships accounted for 23% of the total. Textile and garments also had the largest number of trainees (40 %) at the village level, followed by services (24%). The situational apprenticeship programme had 3,731 trainees in 1995, with textiles and garments, clerical, and services attracting the largest number of trainees.

Nationally, women constituted 43% of NAITA trainees in 1993. Slightly more than 80% of females were trained in traditional female skills such as garment sewing, domestic work (mainly for overseas jobs), and clerical skills.

(3) Department of Technical Education and Training (DTET)

Technical colleges and affiliated units were introduced in 1993. Admission requires GCE-O level. Graduates can earn a higher national diploma (four year course) or a national certificate (two year course) in technology and accounting/commerce. Higher national diplomas in engineering, commerce, and agriculture recently were returned to the Ministry of Education and Higher Education.

In Southern Area, technical colleges are located in the district capitals of Galle, Matara, and Moneragala, and at Beliatta in Hambantota district. An affiliated technical unit is at Balapitiya in Galle district. There also are two technical colleges in Ampara district (Ampara and Samanthurai), for which no statistics are available. Table 1.3 shows TC enrollment figures for Southern Area in 1995. The majority of trainees (75%) are in the first year of training. Approximately 46% of trainees were female. Individual course statistics disaggregated by gender were not available for 1995. In 1992, 72% of female trainees were enrolled in traditional women's courses such as English, commerce, and office work.

Courses attracting the largest numbers of trainees are fairly consistent across Southern Area. On average, almost 50% of trainees are enrolled in a commerce or office skills programme, followed by about 24% in business and commercial English, and 12% in engineering and

related fields. Remaining enrollment is distributed in various semi-technical courses including welding, machinist and machine repair, electrician, and plumbing.

(4) Vocational Training Authority institutions

VTA was established in 1995. Its delivery system includes a National Vocational Training Centre (NVTC), Specialized Vocational Training Centres (SVTCs), District Vocational Training Centres (DVTCs), and Rural Vocational Training Centres (RVTCs). DVTC and RVTC training programs are aimed at semi-skilled training for school drop-outs up to grade 10 and "O" level schools leavers.

District Vocational Training Centres in Southern Area currently are operating in Elpitiya (Galle district), Kottegoda (Matara district), and Mirijjawala (Hambantota district). Table 1.4 shows enrollment in DVTC courses as of June 1996. Participation rates are highest for motor and motorcycle repair (27%), high speed sewing (21%), and mechanized carpentry (16%). Other course offerings include masonry, plumbing, metal work, English typing, construction, radio repair, and domestic electrical.

Restructured Rural Vocational Training Centres, supported by NGOs and community based organizations, are functioning at 15 locations in Southern Area. Table 1.5 shows enrollment as of June 1996. Highest enrollment is in dress making (28%), office skills (28%), and high speed sewing (14%). Smaller numbers of trainees are enrolled in masonry, beauty culture, domestic electrical, welding, radio/TV repair, and carpentry courses.

(5) National Youth Services Council (NYSC)

NYSC was created in 1968 to encourage youths to participate in sports, cultural, and leadership activities. The Council added vocational training courses, mainly for school drop outs, in response to growing unemployment among youths. NYSC has a national office, 13 regional centres, and rural mobile units. Table 1.6 shows NYSC 1996 enrollment in Southern Area. With the exception of Akuressa, where gem cutting is the only course and Eraminiyaya where agriculture machine repair is popular, the most preferred courses are sewing of various kinds (31%) and electrical work (20%).

1.3.2 Private training

Private training institutions reportedly are "springing up like mushrooms" all over the Country. TVEC registration will not be completed for some time, so it is difficult to estimate the number of private institutions. Moreover, the absence of systematic monitoring and evaluation prevents quality assessment. Consultations with business and industry representatives, however, indicate that private training agencies pay more attention than public institutions to labour market needs, but private training quality is erratic.

1.3.3 NGO training programmes

An estimated 250 NGOs offer vocational or entrepreneurship training. In Southern Area, the largest programme is implemented by the World University Services Canada (WUSC), with funding from the Canadian International Development Agency (CIDA). A WUSC's five year plan calls for an assessment of labour market needs, creation of links with private sector industry, development of an employment information network, and job placement services. Skills training also is given by a number of other NGOs, including the Sarvodya, Agromart, the Lions and Rotary Clubs, and several religious youth organizations.

A survey conducted by TVEC in 1994 indicates that 3,141 persons participated in NGO sponsored training courses in Southern province. Matara district produced the largest number of trainees (1,230 or 38%), followed by Hambantota (1,074 or 32%) and Galle (837 or 25%). The most popular courses were dress making and industrial sewing (18% of total number trained). Other courses attracting relatively large numbers of participants include aesthetic studies (music, drama, dancing, and art), handicraft production, carpentry, stenography, computer training, radio and TV repair, and house wiring. A few of the NGO programmes, most notably WUSC, emphasize training of females in non-traditional skill areas.

CHAPTER 2 MAJOR ISSUES

The most significant factors limiting the productivity of technical and vocational education and training (TVET) can be categorized as follows:

- lack of market orientation,
- ineffective administration,
- poor quality training delivery,
- lack of training and employment support services, and
- gender disparity.

2.1 Lack of Market Orientation

The traditional planning approach to TVET has been supply, rather than demand, driven, predicated on inflexible and imprecise fixed manpower requirements. In addition, courses often are selected principally on the availability of instructors. Until recently, employers had little voice in selection of curricula or standard of training. Many courses, consequently, have not been relevant to market needs nor industry standard. The reality of poor training quality is well demonstrated by the large proportion of trainees enrolled in garment trade courses, but an estimated deficit of about 25% for good quality sewing machine operators and about 30% for production supervisors.

VTA currently is establishing Vocational Training Councils (VTCs) as a means to achieve employer input and supervision. The VTC approach, however, needs further clarification. For example, under the current plan, VTCs will make recommendations to implementing agencies on course selection and quality standards. The response, however, is unlikely to be sufficiently flexible to meet industry needs as recommendations will have to go through the usual protracted institutional procedures. A more effective process would be to integrate VTCs more closely with TVEC which has the authority to coordinate programmes and facilitate course modifications.

2.2 Ineffective Administration

Administration of technical and vocational training is characterized by unclear responsibilities, poor coordination, low staff capacity, insufficient and unsystematic management of information, rigid and overly centralized decision-making, and inefficient resource allocation. Each aspect is clarified below.

2.2.1 Unclear responsibilities

The language of the various acts of Government which attempt to define responsibility is ambiguous. The wording of the Tertiary and Vocational Education Act, for example, gives TVEC the authority to make policy and coordinate vocational and technical education and training. At the same time, it gives NAITA the objective of "planning, organizing, and providing vocational training". The distinction between "coordinating" and "organizing" is obscure. In addition, a number of new training agencies, under several ministries, have been created since the TVE Act, causing considerable confusion over the issue of authority.

Similarly, VTA expects its newly created Vocational Training Councils to develop market driven training programmes for all delivery agencies, and to monitor the results. The Act creating the VTCs, however, does not define the Councils's authority in any way, nor does it explain how the Councils would "maintain" effective training programmes.

2.2.2 Poor planning and coordination

TVET is poorly planned and coordinated, resulting in ineffective and redundant training programmes. The Government has made some attempts to rationalize the system, but efforts have not been entirely successful. The creation of TVEC, with its mandate to make policy, plan, and coordinate the system, is an example. The TVEC's placement in a line ministry that itself supplies training, its position at the same level as MOLVT training delivery units, and its separation from the its implementation "arm" (NAITA), hinder its ability to exercise authority over training programmes.

2.2.3 Inefficient resource allocation

Inefficient use of resources, both financial and human, are another consequence of inadequate planning and coordination. An equally critical issue is the doubtful sustainability of the Government's role as virtually the sole source of funding. Apart from the question of the national budget's capacity, global trends indicate that funding diversification, with end users taking more and more responsibility, is more effective. As industry moves from low to higher tech, employers, who are the main beneficiaries of training, would become more committed to human resource development. Their commitment will produces numerous positive effects, such as cost sharing, growth of enterprise based training, and assurance that training is market oriented and quality controlled.

2.2.4 Low capacity

The Tertiary and Vocational Education Commission, as well as other TVET administrative and support agencies, have insufficient staff. In addition, a large proportion of staff are inadequately proficient and lack the experience needed to accomplish their assigned tasks.

2.2.5 Lack of information

Lack of information further inhibits effective planning and coordination. Registration of training institutions began only recently and results to date have not been very useful. There is no central agency with the responsibility to acquire, manage and share information. Few tracer studies or other systematic monitoring activities to evaluate training and training performance have been carried out.

2.2.6 Centralization

Planning and coordination continue to be centralized, with few mechanisms to respond to regional interests or unique qualities of labour markets. Domination of national curricula and rigidly applied regulations, such as admission and course duration requirements, impede training from responding rapidly to changing labour markets.

2.3 Substandard Training Quality

Insufficient numbers of instructors, coupled with generally low technical and methodological proficiency, have produced substandard training quality. NITE itself has inadequate staff capacity to accomplish its commission to train instructors. Technical colleges, as a result, have an instructor shortage of approximately 50%. Moreover, few instructors in any training institution use modern teaching methods, upgrade their own subject knowledge, or develop new skill areas. Teaching methods are didactic and equipment is inadequate for hands-on training. Trainees are expected to learn by listening, not by doing and thus finish with little practical experience.

A number of obstacles must be overcome before the existing system can acquire ample numbers of proficient trainers. First, there is neither systematic evaluation of institution or instructor performance, nor a feedback mechanism for industry reviews of training or skill performance. Second, there are few rewards for good instructors or disciplinary measures for poor instructors. Third, the institutional capacity to upgrade skills in existing or new

courses is limited countrywide. Finally, there are few incentives or mechanisms for business and industry to influence training quality control.

2.4 Training and Employment Support Services

High quality training alone does not guarantee that graduates get and keep jobs. A successful training system incorporates services that productively link training institutions, trainees and employers. The current system lacks essential services such as counselling and placement, acquisition of good work habits, information dissemination, and comprehensive testing and certification.

2.4.1 Counselling and placement

Counselling services in secondary schools are rudimentary and concentrate almost exclusively on preparation for advanced and university education. Thus, students suited for skilled occupations are unable to obtain practical information on preparation and training. Within TVET, there are almost no formal counselling, aptitude testing, or placement services. Trainees enroll in courses with little appreciation of their aptitude for or availability of jobs in a skill area.

Public training institutions have no formal services to assist trainees to find employment. The recent plan to create an employment information system will provide lists of trainees to employers, but will not link trainees directly with employers. In addition, there are no regular courses or services to help trainees acquire employment skills such as effective communication and interviewing, resume preparation, business and work ethics, team work, employment networking, and time management.

2.4.2 Training information

The amount of information available on training courses and the process of its dissemination are inadequate. There are no repositories for information on training courses, institutions, entrance requirements, application processes, or costs. Fragmented information is disseminated by district secretarial offices through grama niladharies to the community. Extensive discussions with people in Southern Area indicate that this approach is "totally unsatisfactory" because information is distributed inefficiently and inequitably.

2.4.3 Trade testing and certification

NAITA offers trade testing and certification for craft and other selected skill sectors. There is, however, no comprehensive, nationally recognized system of testing and certification. Consequently, some skilled and semi-skilled workers who have been trained outside the formal system, and even in some public institutions, are unable to take part in nationally recognized testing and certification. Without proper certification, their job opportunities are limited.

2.5 Gender Disparity

A Woman's Charter, adopted by the Government in March 1993, guarantees equal opportunity to women in both the public and the private sectors, including access to all educational facilities and benefits. The TVET system, however, harbours an inherent bias by discouraging women from non-traditional skill training. The Government has yet to introduce a remedial strategy to deal with gender equity in training.