

**スリ・ランカ民主社会主義共和国
看護教育プロジェクト
終了時評価報告書**

平成 13 年 6 月
(2001 年)

スリ・ランカ民主社会主義共和国
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国際協力事業団
医療協力部

序 文

本プロジェクトは、1996年10月から5年間の協力期間において、スリ・ランカ民主社会主義共和国における看護教育の拡充を目的として協力が開始されました。

今般、協力開始から4年半が経ち、プロジェクト活動も終盤を迎え、これまでの活動実績及び成果達成状況を確認し、プロジェクトの終了時評価を行うとともに、今後に向けた提言及び教訓を導くことを目的とし、国際協力事業団国際協力専門員 半田祐二郎氏を団長として、2001年4月1日から同年4月13日まで、終了時評価調査団を派遣しました。

本報告書は、この調査結果を取りまとめたものです。ここに、本調査並びに本プロジェクトの成功にご協力を賜りました関係各位に深甚なる謝意を表します。

平成13年6月

国際協力事業団

理事 阿部英樹

写 真



看護学校にて実習中の生徒



看護教員へのインタビュー

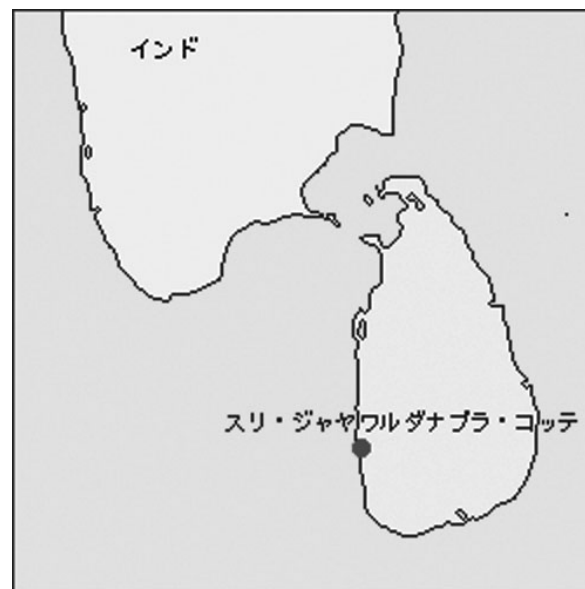
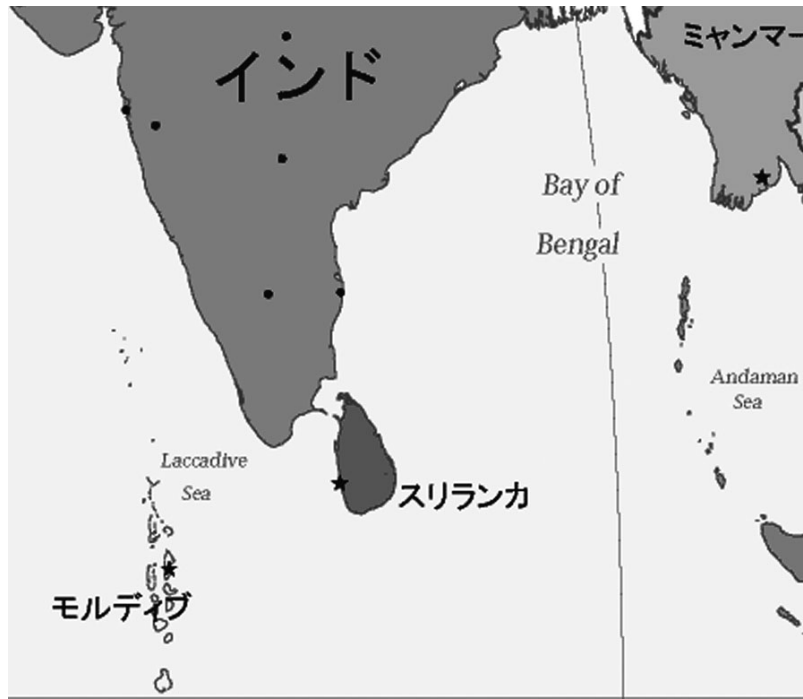


ミニッツ協議・サイン

略語一覧

| | | |
|-------|---|-------------------|
| BES | Biomedical Engineering Services | 生化学技術サービス機関 |
| CSH | Colombo South Hospital | コロンボ南（実習）病院 |
| MOH | Ministry of Health | 保健省 |
| MOHE | Ministry of Higher Education and Development of Information Technology | 高等教育情報技術省 |
| NSNSJ | National School of Nursing Sri Jayawardanapura (SJ) | スリジャヤワルダナプラ国立看護学校 |
| SJGH | Sri Jayawardanapura General Hospital | スリジャヤワルダナプラ総合病院 |
| PBS | Post Basic School of Nursing | 看護卒後教育機関 |
| ICU | Intensive Care Unit | 集中治療室 |
| CCU | Coronary Care Unit | 冠動脈疾患集中治療室 |

地 図



評価調査結果要約表

| | |
|--|--|
| 1. 案件の概要 | |
| 国名：スリ・ランカ民主社会主義共和国 | 案件名：スリ・ランカ看護教育プロジェクト |
| 分野：保健医療 | 援助形態：プロジェクト方式技術協力 |
| 所轄部署：JICA医療協力部 | 先方関係機関：国立スリジャヤワルダナプラ看護学校 |
| 協力期間 | <p>1996年10月1日 ～2001年9月30日</p> <p>日本側協力機関：厚生省、看護研究研修センター、国立国際医療センター附属看護学校、東邦大学附属佐倉看護専門学校、兵庫県立看護大学、日本看護協会、国際看護交流協会</p> |
| <p>1-1 協力の背景と概要</p> <p>スリ・ランカ国では看護婦の絶対数が不足しており(国民10万人当たり64人)、保健政策における重要な課題となっている。</p> <p>こうした状況の中、スリ・ランカ政府はこれに対する対策と看護婦の質の向上のために、スリジャヤワルダナプラ総合病院に隣接した敷地に年間100人の看護婦供給能力を持った看護学校を建設する内容の無償資金協力、並びにICU、CCU等の専門看護を対象とした技術協力をわが国に要請してきた。その後、1995年8月に実施した事前調査では同看護学校を基礎教育の向上を目指したモデルケースとして位置づけ、他に10校ある国立看護学校における教育の質の向上・高度化を目的とする技術協力プロジェクトとすることで合意した。</p> <p>1-2 協力内容</p> <p>(1) 上位目標 看護サービスが向上する</p> <p>(2) プロジェクト目標 スリ・ランカの看護学校のモデルが確立され、看護基礎教育が向上する</p> <p>(3) 成果</p> <ol style="list-style-type: none"> 1. 新看護学校において効果的な看護教育が実施される 2. 新看護学校を中心として、すべての国立看護学校の教員の質が向上する 3. 新看護学校を中心として、すべての国立看護学校の運営管理が改善される 4. 新看護学校を中心として、すべての国立看護学校の看護学生に対する臨床実習指導が改善される 5. スリ・ランカのすべての国立看護学校及び実習病院において、教育用機材が整備され、効果的に活用される <p>(4) 投入(評価時点)</p> <p>日本側： 長期専門家 7名 短期専門家 19名 研修員受入 13名 機材供与 1.6億円 ローカルコスト 0.4億円</p> <p>相手国側： カウンターパート 8名 施設、土地、ローカルコスト</p> | |

| | | |
|--|-----------------------|--|
| 2. 評価調査団の概要 | | |
| 調査者 | 団長・総括 看護教育 協力計画 | 半田祐二郎 JICA 国際協力専門員 高橋 美智 日本看護協会出版会 取締役副社長 定本ゆとり JICA 医療協力部 医療協力第一課 |
| 調査期間 | 2001年4月1日～4月13日 | 評価種類：終了時評価 |
| 3. 調査結果の概要 | | |
| 3-1 評価結果の要約 | | |
| (1) 効率性 | | |
| <p>専門家の技術指導により、それまでになかった指導要領やテキストが作成され、全国立看護学校に配布されたことにより、それまで教員が各自行っていた授業の質的統一・向上を図るという意識改革の面では役立った。しかし、モデル校以外では必ずしも指導要領などが十分に活用されていなかった面もある。また、臨床実習の指定病院に専門家を配置し、実習生のためのトレーニングプログラムを作成し、病院で指導する看護婦を教育したことは、まだ不十分な面もあるが、臨床実習の質の向上につながっている。モデル校を始めとする看護学校に供与された機材や書籍は、学校での教育に有効に利用されている。</p> | | |
| (2) 目標達成度 | | |
| <p>5つの成果のうち、主にモデル校における部分については、おおむね達成された。学生の入学レベルが上がり、指導要領の開発、教材の作成・配布がなされ、教員向けの研究授業が開催されるなどして、教員のレベルは向上した。また、定期的な校長会を開催することにより、12の国立看護学校の学校運営管理能力も向上した。モデル校としての看護学校の整備もなされた。しかし、モデル校以外での臨床実習指導や教材の活用、教員の再教育については、プロジェクト期間内での達成は困難であった。</p> | | |
| (3) 効果 | | |
| <p>モデル校においては、質の高い授業を維持するのに必要な最低限の数の看護教員が配置されているとは言い難く、一人一人への負担が増える結果となったにもかかわらず、今まで未知の世界であった看護研究の分野等に対する教員の学習意欲は非常に高まり、質的向上につながった。しかし、プロジェクトの実施により、モデル校と他の11の看護学校との間では、学校設備などのハード面や、教員の意識等の面で大きな差異が生じることとなった。</p> | | |
| (4) 妥当性 | | |
| <p>スリ・ランカ保健省では、看護婦の人材不足を認識しており、早急な人材育成が必要であるという点では、5年前も評価時も、変わらぬニーズとして存在しており、本プロジェクトの妥当性はきわめて高いと認められる。</p> | | |

(5) 自立発展性

モデル校では、テキストの実費を本人負担とさせ、回収した資金を次の教材の印刷代にまわすことで、テキスト代を最低限にとどめるシステムを導入した。このシステムにより、長期にわたって、開発したテキストを普及させることが可能となった。また、校長会などは日本側の支援がなくても開催されるようになった。現地業務費で行っていた中堅技術者養成対策事業は、5年間でほぼ日本側の負担をゼロ近くにまで減少させ、スリ・ランカ側の予算措置だけで実施できるようになった。しかし、依然として学校内の教員不足が続いており、教育の質の向上を維持するためには、保健省が今後、この問題に対して真剣に取り組んでいくことが期待される。

3-2 提言

(1) 本プロジェクトへの提言

スリ・ランカにおける看護婦の不足は、教員の絶対的な不足に起因している。教員数を増加させるための保健省への働きかけに加え、卒後研修機関に対する協力も視野に入れる必要がある。また、国全体の看護婦不足の問題を捉えた場合、国立のみならず、私立の看護教育の実態等も情報収集し、総合的に教育の質・量を上げる視点に立つことが必要である。また、モデル校以外での教材やカリキュラムの普及度が低い点については、その理由について調査するとともに、更なるモニタリングと普及活動が必要であると思われる。

(2) 他プロジェクトへの提言

日本の看護学校のスタイルが、そのまま当てはまらない国もあるため、注意が必要である。特に看護手順などは、その国々に適切な方法があり、どちらが正しいかは一概には言えないので、その国に適合した協力ができるよう、十分に配慮すべきである。

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1. 終了時評価調査団の派遣

1-1 調査団派遣の経緯と目的

スリ・ランカ国では看護婦の絶対数が不足しており（国民10万人当たり64人）、保健政策における重要な課題となっている。

こうした状況の中、スリ・ランカ政府はこれに対する対策と質の向上のために、スリジャヤワルダナプラ総合病院に隣接した敷地に年間100人の看護婦供給能力を持った看護学校を建設する内容の無償資金協力、並びにICU、CCU等の専門看護を対象とした技術協力をわが国に要請してきた。その後、1995年8月に実施した事前調査では同看護学校を基礎教育の向上を目指したモデルケースとして位置づけ、他に10校ある国立看護学校における教育の質の向上・高度化を目的とする技術協力プロジェクトを実施することで合意した。

このような経緯で1996年に本プロジェクトは開始され、4年半が経過した。本調査は、協力機関の終了まで半年を残す時期となったことから、これまでのプロジェクトの活動実績について整理し、評価5項目の観点から関係者と討議・分析のうえ評価を実施し、目標の達成度を判定し、その結果から、今後の協力のありかたや実施方法の改善に役立つ教訓や提言を導き出すことを目的として実施された。

1-2 調査団の構成

本調査は以下の3名で構成された。

| 分野 | 氏名 | 所属 |
|-------|--------|-------------------|
| 団長・総括 | 半田 祐二郎 | JICA国際協力専門員 |
| 看護教育 | 高橋 美智 | 日本看護協会出版会 取締役副社長 |
| 協力計画 | 定本 ゆとり | JICA医療協力部 医療協力第一課 |

1-3 調査日程

| 月日 | 日 程 |
|---------|---|
| 4/ 1(日) | 高橋、定本団員コロombo着 半田団長と合流 |
| 4/ 2(月) | JICA事務所 海保所長と面談在スリ・ランカ日本国大使館表敬（井関事務官） 保健省表敬 次官他 大蔵省表敬 海外援助担当課長 JICA事務所にて打ち合わせ |
| 4/ 3(火) | スリジャヤワルダナプラ看護学校訪問 プロジェクトと打ち合わせ スリジャヤワルダナプラ総合病院訪問（院長） スリジャヤワルダナプラ看護学校教員への評価手法説明、ヒアリング 保健省Dr. Stanley（合同評価者）への評価手法説明、合同作業 |
| 4/ 4(水) | カルボイラ病院視察、ヒアリング Homagama Public Health Center視察、ヒアリング |
| 4/ 5(木) | コロombo看護学校視察、ヒアリング PBS（Post Basic School）視察、ヒアリング スリジャヤワルダナプラ看護学校内視察 |
| 4/ 6(金) | プロジェクトオフィスにて打ち合わせ、 クエスチョネアの回答集計等ミニッツ資料作成 |
| 4/ 9(月) | NSNSJ教員、Dr.Stanleyとの合同評価会議 プロジェクトオフィスにてミニッツ資料作成 教員作成の教材ビデオ上映会出席（八坂短期専門家指導） |
| 4/10(火) | 保健省との合同評価打ち合わせ プロジェクトオフィスにてミニッツ資料作成 |
| 4/11(水) | WHO スリ・ランカ代表 Dr. KanTun表敬 ミニッツ協議、サイン 団長主催レセプション（昼） 保健省次官主催レセプション（夜） 大臣出席 |
| 4/12(木) | JICA事務所報告 在スリ・ランカ日本国大使館報告 帰国 |

1-4 主要面談者

保健省

- | | |
|---------------------------|--|
| 1 Mr. Thilak Ranaviraja | Secretary, Health |
| 2 Dr. A.M.L. Beligaswatta | Director General, Department of Health |
| 3 Dr. Stanley de Silva | Deputy Director General, ETR |
| 4 Ms. Kusum Vithana | Director, Nursing Medical Services |

| | |
|-------------------------------|---|
| 5 Mrs. M.T. Amarasinghe | Director, Nursing Education |
| 6 Mrs. Daya Kumarage | Director, Public Health Services |
| 7 Dr. L.D. DE Lanerolle | Director, SJ General Hospital |
| 8 Ms. M. Dayananda | Chief Matron, SJ General Hospital |
| 9 Dr. G.W. Gunawardene | Medical Superintendent, THCS |
| 10 Ms. N.M.K. Navaratne | Chief Matron, CS General Hospital |
| 11 Dr. (MRS) G. Wickramasinge | Deputy Director Health Services, Homagama |
| 12 Ms. S.G. Samaranyake | Actg. Principal, Post Basic School |
| 13 Ms. C.H. Tissera | Actg. Principal, Colombo Nursing School |
| 14 Ms. S.Siriwardena | Nursing Tutor, Colombo Nursing School |
| 15 Ms. Balasuriya Menike | Nursing Tutor, Post Basic School |

スリジャヤワルダナプラ看護学校 教員

| | |
|-------------------------|----------------|
| 1 Ms. Y. Malliyawadu | Principal |
| 2 Ms. C. Yaggahavitage | Vice Principal |
| 3 Ms. S. Kalahearachchi | Tutor |
| 4 Ms. S. Samarawickrama | Tutor |
| 5 Ms. M.W. Ranawaka | Tutor |
| 6 Ms. W.M. Aliyaseeli | Tutor |
| 7 Ms. R.P. Menike | Tutor |

世界保健機構（WHO）地域事務所

| | |
|------------|-----------------------------|
| Dr. Kantun | Representative to Sri Lanka |
|------------|-----------------------------|

大蔵省 / 対外政策課

| | |
|--------------------|--------------------------|
| Ms. Sujatha COORAY | Director, Japan Division |
|--------------------|--------------------------|

在スリ・ランカ日本国大使館

| | |
|-----------------|-----------------|
| 1 Mr. Takahashi | Minister |
| 2 Dr. N. Iseki | First Secretary |

JICA スリ・ランカ事務所

| | |
|----------------|-------------------------|
| 1 Mr. S. Kaiho | Resident Representative |
|----------------|-------------------------|

- | | |
|--------------------|--------------------------------|
| 2 Mr. Y. Suzuki | Deputy Resident Representative |
| 3 Mr. N. Yonebashi | Asst. Resident Reoresentative |
| 4 Ms. R. Aoshima | Medical Coordinator |

看護教育プロジェクト専門家

- | | |
|-------------------|---------------------------------|
| 1 Mrs. M. Sasaki | Team Leader |
| 2 Mr. A. Yamamoto | coordinator |
| 3 Ms. N. Ono | Long expert (Nursing Education) |
| 4 Ms. E. Tsunoda | Long expert (Nursing Education) |
| 5 Ms. Y. Yasaka | Short expert (Audio Visual) |

1-5 評価調査の方法

本調査は、JICAで適用しているプロジェクト・サイクル・マネジメント（PCM）手法にのっとり、5つの評価カテゴリー； 1) 効率性、2) 有効性、3) インパクト、4) 妥当性、5) 自立発展性の5項目で評価を行った。その際、1996年のプロジェクト開始時に策定されたPDM（プロジェクト・デザイン・マトリックス）に記されている指標およびRecord of Discussion（討議議事録）を参照した。また、調査にあたっては、各関連機関には事前配付によるアンケートを実施し、プロジェクトの波及効果を調査した。また、直接のC/P機関および関連性の深い機関には、このアンケートに加えてヒアリングおよび協議を行った。

また、評価レポート作成にあたっては、スリ・ランカ側からは保健省保健局の副局長が合同評価者として任命されたため、調査団とともに評価レポートの作成にあたった。

| 評価5項目 | JICA 事業評価ガイドラインによる定義 |
|--------------------------|--|
| 1 妥当性 (relevance) | 評価時点においても、プロジェクトの目指している効果（プロジェクト目標や上位目標）が受益者のニーズに合致しているか、問題や課題の解決策として適切か、WHOや当該国の政策との整合性はあるか、プロジェクトの戦略・アプローチは妥当であったか、公的資金であるODAで実施する必要があるか、日本の援助政策との整合性があるか、といった「援助プロジェクトの正当性・必要性」を問う視点。 |
| 2 有効性 (effectiveness) | プロジェクトの実施により本当に受益者もしくは社会への便益がもたらされているのか（或いはもたらされるのか）を問う視点。具体的には、「アウトプット」の達成の度合い、およびそれが「プロジェクト目標」の達成度にどの程度結びついているかを検討する。 |

| | |
|-------------------------------------|---|
| <p>3 効率性 (efficiency)</p> | <p>主にプロジェクトのコストおよび効果の関係に着目し、資源が有効に活用されているか（或いはされるか）を問う視点。</p> |
| <p>4 インパクト (impact)</p> | <p>プロジェクトの実施によりもたらされる、より長期的、間接的な効果や波及効果を見る視点。この際、予期していなかったプラス・マイナスの効果も検討する。</p> |
| <p>5 自立発展性 (sustainability)</p> | <p>援助が終了しても、プロジェクトによってもたらされた効果が持続する見込みはあるかを問う視点。具体的には、制度的側面、財政的側面、技術的側面から当該効果の自立発展性を見込みを考察する。</p> |

2. プロジェクトの実績

2-1 目標および成果の達成状況

プロジェクト目標は、「スリ・ランカの看護学校のモデルが確立され、看護基礎教育が向上する」ことであった。この目標のために、以下の5つの「成果」が設定された。

- a) 新看護学校において効果的な看護教育が実施される
- b) 新看護学校を中心として、すべての国立看護学校の教員の質が向上する
- c) 新看護学校を中心として、すべての国立看護学校の運営管理が改善される
- d) 新看護学校を中心として、すべての国立看護学校の看護学生に対する臨床実習指導が改善される
- e) スリ・ランカのすべての国立看護学校及び実習病院において、教育用機材が整備され、効果的に活用される

これに対し、プロジェクトの主な達成項目は以下の通りである。

- a) 保健省との協力で、1999年に看護学生のカリキュラムを改定した。理論的かつ実践的な訓練手法によってそのカリキュラムが再標準化され、全国の看護学校に広まった。
- b) 看護学校教員との協力により、様々な学校運営手法や指導方法が導入され、SJ看護学校が国立看護学校のモデル学校として認知された。
- c) SJ看護学校の入学資格のレベルがグレードアップした。また、看護教育に関する議論の場として、12の看護学校長から構成される校長会が定期的開催されるようになった。

上述のように、プロジェクトでは、主たるカウンターパート機関であるSJ校を中心とする学校運営改善、新カリキュラムや教材の開発をすすめ、これらについては大きな成果をあげたといえる。一方で、成果の2-5に共通する全国規模での看護学校へのインパクトについては、限定されたものとなった。また、看護学校の質の向上をはかるための看護教員増加に対する施策（卒後教育機関への働きかけや看護婦の動機付けなど）については、プロジェクトのスコープ外であったこともあり、取り組みがなされず、これが全国規模の看護教育の質の向上に歯止めをかける原因となったともいえる。

2-2 主な活動実績

プロジェクトの主な活動実績は以下の通りである。

| | |
|-----------------------------|-------------------------------------|
| 全国の看護学校・実習病院への協力 | |
| 看護教員の指導能力が向上する | 教員への教授法セミナーの開催 |
| 実習指導者の指導能力が向上する | 実習指導者への指導能力向上セミナーの開催 |
| 全国の看護学生が同じ開発教材を使用できる | 開発教材（ハンドブック・ビデオ）の作成 |
| 改訂カリキュラムに基づく全国統一の看護教育を実施する | モデル教育の普及 |
| 臨床実習が効率的に実施される | 実習指導要綱・実習要綱の作成・普及 |
| 看護技術の標準化が出来る | 看護手順の整備 |
| モデル校と2つの実習病院への協力 | |
| 臨床実習が効率的に実施される | 実習体制の整備・改善（病棟環境、看護機材、看護記録・看護基準の作成等） |
| 実習指導者の指導能力が向上する | 実習病院セミナーの開催 |
| 臨床実習の問題が解決され、実習運営が向上する | 定例実習指導者会議の開催 |
| 看護技術者の能力が向上する | 院内教育セミナーへの協力 |
| 看護教員が教材を制作できるようになる | 教材（ハンドブック・ビデオ）作成技術の移転 |
| モデル校全体への協力 | |
| 施設・機材を用いた効果的な学習が出来る | 無償資金協力による学校施設・機材の有効活用 |
| 学生指導が容易になる | 学則、諸規程の作成整備 |
| 学生生活が明確に理解出来る | 学生便覧の作成・配布 |
| 図書室利用が容易になり、学習効率が上がる | 図書利用システムの整備（開架式、登録・分類システム等） |
| 演習から臨床実習へ効果的に移行できる | 臨床実習時期の見直し |
| モデル校の教育内容・科目等への協力 | |
| 教員への指導を通し、学生の基礎看護学習が向上する | 基礎看護教育の充実（講義・演習・実習の展開） |
| 教員への指導を通し、学生の成人看護学習が向上する | 成人看護教育の充実（講義・演習・実習の展開） |
| モデル校教員の指導力が向上する | 研究授業の開催 |
| モデル校教員が最新看護知識・技術を習得できる | 抄読会の開催 |
| 保健省の組織制度への協力 | |
| 学校運営における問題の解消を図り、モデル教育を普及する | 校長会の開催 |
| ニーズにあった看護カリキュラム運営を可能にする | カリキュラムの改訂 |
| 優秀な学生を確保し、優秀な看護婦に養成できる | 看護学校入学資格の引き上げ（OレベルからAレベルへ） |
| C/Pの人材育成 | |
| 指導能力の高い教員が増加する | 教員養成（看護学校教員） |
| 学生の臨床実習が充実する | 実習指導者養成（実習病院実習担当者・病棟婦長） |
| 日本の看護教育を研修した指導者が育成される | 管理者養成（校長、看護教育） |

2-3 投入実績

プロジェクト期間中に派遣された日本側専門家とその活動内容、供与機材、CP研修員とその研修内容、現地業務費の内訳は以下の通りである。

2-3-1 長期専門家

| 氏名 職種 | 派遣期間 | 主な活動内容 |
|------------------------|-----------------------|---|
| 佐々木 正子 チームリーダー | 1996.9.25 -01.9.30 | プロジェクト中堅セミナー開催、看護学校情報収集、モデル校開設準備、中堅セミナー開催校長会開催、看護学校情報収集、PDM改定、セミナー開催、モデル教育の普及、実習施設との調整 |
| 小林 繁郎 業務調整 | 1996.9.25 -99.3.1 | プロジェクト事務所運営、機材調達・納品検収、中堅セミナー開催、モデル校開校準備、看護学校情報収集、プロジェクト事務所開設 |
| 山本 昭夫 業務調整 | 1999.2.18 -01.9.30 | プロジェクト事務所運営、機材調達・納品検収、モデル校開校準備、モデル校開校・運営セミナー開催、校長会の開催、学生便覧・シラバス等印刷・配布 |
| 大野 夏代 看護教育 基礎看護 | 1997.3.17 -01.9.30 | 中堅セミナー、実習指導F、講義演習F、モデル校教育計画(F)、実習病院セミナー、実習指導F、講義演習F、校長会の開催、ハンドブック作成準備F、改訂カリキュラム、教育方法セミナー、実習指導要綱の準備 |
| 樋口 まち子 看護教育 地域保健 | 1997.7.4 -00.7.3 | 学則諸規定集の準備、実態把握、カリキュラム改訂準備モデル校教育計画(CH)、校長会の開催、PDM作成、教育方法セミナー、実態調査、カリキュラム改訂、シラバス作成、指導要綱の準備、実習指導要綱の準備調整、抄読会、研究授業 |
| 金城 壽子 成人看護 | 2000.4.1 -01.3.31 | ハンドブックの作成、実習セミナー開催、実施要領の作成、実習指導、抄読会 |
| 角田 榮子 看護実習 | 2000.5.9 -01.5.8 | 実習病院の整備改善、実習病院セミナー、実習運営指導 |

2-3-2 短期専門家

| 職種 | 氏名 | |
|-----------|--------|-------------------------|
| ワークショップ開催 | 山本 あい子 | 看護学生臨床指導者への中堅技術者セミナーの開催 |
| ワークショップ開催 | 内布 敦子 | 看護学生臨床指導者への中堅技術者セミナーの開催 |
| ワークショップ開催 | 川口 孝泰 | 看護学生臨床指導者への中堅技術者セミナーの開催 |
| 実習指導 | 森 淑江 | モデル看護学校の実習病院(SJGH)整備・改善 |
| PCM手法 | 伊藤 毅 | プロジェクトPDMの作成 |

| | | |
|--------------|--------|--------------------------------|
| 看護実習 | 金城 壽子 | モデル看護学校の実習病院(SJGH)整備(看護基準等の作成) |
| カリキュラム開発 | 川田 勝代 | カリキュラム運営指導 |
| 看護実習 | 岩本 ゆみ | モデル看護学校の実習病院(SJGH)整備(看護基準等の作成) |
| 図書管理 | 山本 敏子 | 図書管理の指導 |
| 教材制作(テキスト編集) | 渋谷 次郎 | 教材開発・作成ハンドブック編集指導(基礎看護) |
| 教材制作(ビデオ) | 村上 明祥 | 教材開発・作成ビデオテープ制作指導(基礎看護) |
| 基礎看護実習 | 益子 明子 | モデル看護学校の実習病院(SJGH)整備(看護基準等の作成) |
| 教材制作(成人看護) | 安酸 史子 | 教材開発・作成ハンドブック編集指導(成人看護) |
| 教材制作(小児看護) | 川満 多枝子 | 教材開発・作成ハンドブック編集指導(母子婦人看護) |
| 教材制作(母性看護) | 正岡 経子 | 教材開発・作成ハンドブック編集指導(母子婦人看護) |
| 内科看護実習指導 | 奥津 文子 | モデル看護学校の実習病院の整備(内科看護基準等の作成) |
| 外科看護実習指導 | 前田 三枝子 | モデル看護学校の実習病院の整備(内科基準の作成) |
| 教材制作(ビデオ) | 八坂 由美 | 教材開発・作成ビデオテープ制作指導(成人看護) |
| 成人看護 | 磯邊 厚子 | 成人看護分野まとめ |
| 看護研究 | 津波古 澄子 | 看護研究会開催 |

2-3-3 供与機材

| 品目 | 数 | 年度 | 備考 |
|--|---|----|------|
| Wireless meeting amplifier | 2 | 96 | 本邦購送 |
| Turner module | 2 | 96 | 本邦購送 |
| Wireless microphone | 2 | 96 | 本邦購送 |
| Wireless microphone (pin type) | 2 | 96 | 本邦購送 |
| Wall clock | 4 | 96 | 本邦購送 |
| Electric air pot "Hitachi" | 2 | 96 | 本邦購送 |
| Word processing Type writer "Brother" set | 1 | 96 | 本邦購送 |
| Digital copy printer set | 1 | 96 | 本邦購送 |
| Recording first aid doll set | 1 | 96 | 本邦購送 |
| Blood collection / intravenous injection simulator | 1 | 96 | 本邦購送 |
| Skin (Female) | 1 | 96 | 本邦購送 |
| Skin (male) | 1 | 96 | 本邦購送 |
| New blood vessel (Red) | 1 | 96 | 本邦購送 |
| New blood vessel (white) | 1 | 96 | 本邦購送 |

| | | | |
|--------------------------------------|-----|----|------|
| Nurse training doll | 1 | 96 | 本邦購送 |
| Spygmimanometer | 5 | 96 | 本邦購送 |
| Stethoscope | 5 | 96 | 本邦購送 |
| Microscope | 2 | 96 | 本邦購送 |
| Boiling Sterilizer | 2 | 96 | 本邦購送 |
| Cast sterilizer (Large) | 2 | 96 | 本邦購送 |
| Cast sterilizer (Medium) | 2 | 96 | 本邦購送 |
| Cast sterilizer (small) | 2 | 96 | 本邦購送 |
| Stand fan | 2 | 96 | 本邦購送 |
| Drums (Large) | 2 | 96 | 本邦購送 |
| Drums (Middle) | 2 | 96 | 本邦購送 |
| Drums (Small) | 2 | 96 | 本邦購送 |
| Slide projector | 1 | 97 | 本邦購送 |
| Optional projection lens | 1 | 97 | 本邦購送 |
| Projection screen | 1 | 97 | 本邦購送 |
| Computer (dell) & Laser printer (HP) | 1 | 97 | 本邦購送 |
| Beds | 1 | 97 | 本邦購送 |
| Bed side table | 1 | 97 | 本邦購送 |
| Bed side cabinet | 1 | 97 | 本邦購送 |
| Accordion screen | 1 | 97 | 本邦購送 |
| Utility cart | 1 | 97 | 本邦購送 |
| Folding table | 1 | 97 | 本邦購送 |
| Medical cart | 1 | 97 | 本邦購送 |
| Stethoscope | 2 | 97 | 本邦購送 |
| Anatomical chart for human body | 1 | 97 | 本邦購送 |
| Video cassettes on nursing | 14 | 97 | 本邦購送 |
| Case for anatomical chart | 1 | 97 | 本邦購送 |
| MINI BUS | 5 | 98 | 現地調達 |
| BOOKS | 128 | 98 | 現地調達 |
| DAY CARE SET | 10 | 98 | 現地調達 |
| CUPBOARD FOR NURSING | 12 | 98 | 現地調達 |
| MATERIAL | 10 | 98 | 現地調達 |
| RACK FOR A / V MATERIAL | 1 | 98 | 現地調達 |

| | | | |
|---|------|------|------------|
| STRETCHER | 1 | 98 | 本邦購送 |
| WHEEL CHAIR | 1 | 98 | 本邦購送 |
| KELLY PAD | 10 | 98 | 本邦購送 |
| AUDIO CASSETTE | 2 | 98 | 現地調達 |
| SET OF BOOKSHELVES | 1 | 98 | 現地調達 |
| FACSIMILE MACHINE | 1 | 98 | 現地調達 |
| WASHING MACHINE | 1 | 98 | 現地調達 |
| REFRIGERATOR | 1 | 98 | 現地調達 |
| BOOKS | 2232 | 99 | 現地調達 |
| DAY CARE SET | 1 | 99 | 現地調達 |
| WASHING MACHINES | 19 | 99 | 現地調達 |
| MODEL (導尿モデル) | 2 | 99 | 本邦購送 |
| Maggie board | 26 | 2000 | 現地調達 |
| Overhead projector (OHP) w / screen 70 × 70 | 11 | 2000 | 現地調達 |
| Hospital bed set | 27 | 2000 | 現地調達 |
| Nursing books (21 × 12 - schools) | 24 | 2000 | 現地調達 |
| Specimen / Human tissue (64set) | 1 | 2000 | 本邦購送 |
| Specimen / Pathogenic Bacteria (30set) | 1 | 2000 | 本邦購送 |
| Specimen / Pathogenic tissue (10set) | 1 | 2000 | 本邦購送 |
| Training arm-muscle infusion | 1 | 2000 | 本邦購送 |
| Training arm-Suturing infusion | 1 | 2000 | 本邦購送 |
| Baby boy & girl models (paed.model) | 1 | 2000 | 本邦購送 |
| Cardio-Pulmolnary Resuscitaion doll | 1 | 2000 | 本邦購送 |
| Maternity Simulation Jacket | 1 | 2000 | 本邦購送 |
| 合計 (最終年度分を含めた終了時評価時の見込み額) | | | 158,808 千円 |

2-3-4 カウンターパート研修員

| 研修コース | 氏名 | 研修期間 | 現在 |
|-------|-----------------------|--------------------|---------------------------|
| 看護行政 | Ms. N.C. De Costa | 1997.3.4. - 3.29 | 看護教育課長/退職 (1999.11.27) |
| 看護教育 | Ms. M.W. Ranawaka | 1997.3.25. - 6.18 | 看護教員 |
| 運営管理 | Dr. D.L. De Lanerolle | 1997.10.14 - 10.26 | 実習病院長 |
| 看護教育 | Ms. S. Karahearachi | 1998.3.24 - 6.9 | 看護教員 |

| | | | |
|------------|-----------------------|--------------------|-------------------------|
| 看護教育 | Ms. K.M.G. Menike | 1998.5.12 - 7.22 | 看護教員 |
| 看護教育 | Ms. C. Yakgahawitage | 1998.5.12 - 7.22 | 看護教員 |
| 看護教育 | Ms. S. Samarawickrama | 1998.9.29 - 11.3 | 看護教員 |
| 学校運営 管理 | Ms. Y. Malliyawadu | 1999.9.21 - 11.5 | 新看護学校長 |
| 看護行政 | Dr. S.A.P. Gnanissara | 1999.11.23 - 12.18 | 保健副局長/退職 (2000.7.11) |
| 看護教育 | Ms. W.M. Aliyaseeli | 2000.4.20 - 7.16 | 看護教員 |
| 看護教育 | Ms. S. Siriwardena | 2000.10.17 - 12.21 | 看護教員 |
| 看護教育 | Ms. B. Mudiyansele | 2000.10.17 - 12.21 | 看護教員 |

2 - 3 - 5 現地業務費実績

| 費目 | 一般現地 活動費 | 中堅技術者 | 啓蒙普及 活動費 | 技術交換費 | 合計 |
|------------------|-------------|-----------|-------------|---------|------------|
| 年度 | (円) | (円) | (円) | (円) | (円) |
| 平成8年度 | 3,000,000 | 0 | | | 3,000,000 |
| 平成9年度 | 5,060,000 | 3,380,000 | 0 | 0 | 8,440,000 |
| 平成10年度 | 5,476,000 | 1,200,000 | 0 | 0 | 6,676,000 |
| 平成11年度 | 5,394,000 | 836,000 | 435,000 | 0 | 6,665,000 |
| 平成12年度 | 4,920,000 | 90,000 | 0 | 0 | 5,010,000 |
| 平成13年度 | 2,087,000 | 28,000 | 0 | 921,000 | 3,036,000 |
| プロジェクト 終了時見込み | 25,937,000 | 5,534,000 | 435,000 | 921,000 | 32,827,000 |

3. 評価結果

活動実績をもとに、以下のとおり評価5項目に従って評価を行った。

3-1 効率性

プロジェクトの投入と成果を比較し、全体的に効率性は高かった。しかし、一部の投入に関しては有効に機能していない部分もあり、今後の課題となりうる。

プロジェクトによって供与された機材の使用状況については、全供与先（看護学校）へのアンケート結果により、有効に利用されていることが判明した。特にミニバスについては、看護学校と実習病院との学生の往復に毎日利用され、非常に役立っている。また、教育教材・機材も、授業で使用されており、メンテナンス状況も良好であった。書籍については、図書館管理者が書籍の紛失を恐れるあまり、図書館利用時間を限定的なものにしていることが判明したが、限定的な時間の中での生徒の活用頻度は非常に高く、利用時間の制限を緩和することを提言した。

各分野の専門家の技術指導は適切になされた。特に短期専門家は、どの分野の専門家も短期間ながら非常に効率的に指導を行い、看護学校教員からの厚い信頼を受けていた。中でも教材開発の専門家、看護研究の専門家などは、教員の自己啓発意欲、モチベーションの向上に大きな貢献をしていたことがインタビューから判明した。また、臨床実習の指定病院に専門家を配置し、実習生のためのトレーニングプログラムを作成し、病院で指導する看護婦を教育したことは、まだ不十分な面もあるものの、臨床実習の質の向上につながっている。

CP研修員については、研修後に定年退職した2名を除き、全ての研修生が元の職場に戻って研修で学んだことを実践していた。SJ看護学校の教員は、ほぼ全員日本に帰ることが出来たため、学校全体の意識向上につながった。

プロジェクトで実施した指導要領や教材の開発・作成・配付については、全国立看護学校に配付されたことにより、教員が各自行っていた授業の質的統一・向上を図るという意識改革の面では大いに役立った。しかし、モデル校以外では必ずしも指導要領などが十分に活用されきっていなかった。

3-2 目標達成度

5つの成果のうち、モデル校における部分については、ほぼ達成された。一方で、全国規模での成果という観点からは必ずしも達成できていない部分も残る。

学生の入学レベルが上がり、指導要領が開発され、教材が作成・配付され、教員向けの研究授業が開催されるなどして、教員のレベルは向上した。また、定期的な校長会を開催することにより、12の国立看護学校の学校運営管理能力も向上した。SJ看護学校については、モデル校として

の看護学校の整備がなされ、ソフト・ハードの両面から、その機能は格段に向上した。他方、モデル校以外での臨床実習指導や教材の活用、教員の再教育については、特に専門家が直接指導を行えなかった地域については、プロジェクト期間内での達成は困難であったといえる。

3-3 インパクト

モデル校においては、無償資金協力と技術協力の連携により、学校への期待が高まったことから、当初予定を大幅に超える看護学生の入学があった。この数は、質の高い授業を維持するのに必要な最低限の看護教員の数が配置されているとは言い難く、一人一人の教員への負担が増える結果となった。

一方で、このような状況にもかかわらず、今まで未知の世界であった看護研究の分野等に対する教員の学習意欲は飛躍的に高まり、プロジェクトが目指していたレベル以上の質的向上につながった。

しかし、プロジェクトの実施により、モデル校と他の11の看護学校との間では、学校設備などのハード面や、教員の意識等の面で大きな差異が生じることとなった。

3-4 妥当性

スリ・ランカ保健省では、看護婦の人材不足を認識しており、早急な人材育成が必要であるという点では、5年前も評価時も、変わらぬニーズとして存在しており、本プロジェクトの妥当性はきわめて高いと認められる。

モデル校を中心としてスリ・ランカの看護教育の質の向上を図るといったアプローチについては、看護基準や教材開発を行う中核地として、また、校長会の自立的な運営を促すための拠点として有効であったが、モデル校とそれ以外の学校の差が大きく開いたことにより、全国規模での普及という点ではさらに適切なアプローチもあったと思われる。

3-5 自立発展性

モデル校では、テキストの実費を本人負担とさせ、回収した資金を次の教材の印刷代にまわすことで、テキスト代を最低限にとどめるシステムを導入した。このシステムにより、長期にわたって、開発したテキストを普及させることが可能となった。また、校長会は、日本側の支援がなくても自主的に開催されるようになった。現地業務費で行っていた中堅技術者養成対策事業は、5年間でほぼ日本側の負担をゼロ近くにまで減少させ、スリ・ランカ側の予算措置だけで実施できるようになった。しかし、依然として学校内の教員不足が続いており、教育の質の向上を維持するためには、保健省が今後、この問題に対して真剣に取り組んでいくことが期待される。

4. 総 括

4-1 総 括

看護教育プロジェクトの目標と期待される成果は、スリ・ランカの看護学校のモデルの確立と看護基礎教育の向上であり、モデル学校の構築という点では、おおむね完成したといえる。また期待されている看護基礎教育の向上についても、モデル学校およびモデル学校の実習病院から他の看護学校並びにその実習病院へと影響を及ぼしつつある。したがって、プロジェクトとしては当初予定通りの期間をもって終了することが望ましいが、看護基礎教育の向上と発展に関しては、芽生えつつあるこの気運を今後衰退させることのないよう見守り、時々適切な刺激を与え、自国の看護教員が自立して看護基礎教育の水準を常に高めていく努力を重ねていけるよう、プロジェクト終了時までサポートシステムを構築して支援することが必要であると考えられる。

サポートシステムの構築に関しては、スリ・ランカの保健医療看護ニーズを踏まえた長期展望のもとに、関係者間での十分な論議も必要と考えるが、まずは最終評価の時点で明らかになったものの、自力では達成することが困難と思われる「看護基礎教育（臨床実習を踏まえ）のレベルの向上」「看護婦卒後教育の充実および質向上」「臨床看護体制の変革および質向上」「臨床看護と地域看護の連携」等の課題の実態から、分析・抽出されている問題を改善するための方策について、強力なコンサルテーションを行うことが必要であると考えられる。

4-2 提言と教訓

4-2-1 提言

スリ・ランカにおける看護婦の不足は、教員の絶対的な不足に起因している。看護婦の増加のためには、まず教員数を増加させるための保健省への働きかけに加え、卒後研修機関に対する協力も視野に入れる必要がある。また、国全体の看護婦不足の問題を捉えた場合、国立のみならず、私立の看護教育の実態等も情報収集し、総合的に教育の質・量を上げる視点に立つことが必要である。また、モデル校以外での教材やカリキュラムの普及度が低い点については、その理由について調査するとともに、更なるモニタリングと普及活動が必要であると思われる。具体的には、以下のような取り組みをプロジェクトの終了期間までに始めるべきである。

(1) 保健省の政策に関する提言

- ・看護婦を、単なる医師のアシスタントとしてではなく、スリ・ランカ国民の健康をボトムアップするための供給者として位置付け、その人材開発を再優先課題とする。
- ・病院での看護婦の仕事分担を分析し、現行の看護婦の過酷な労働環境を見なおす。
- ・看護学校の予算を見なおし、病院とは切り離して独自に管理、運営できるようにする。

- ・保健省内に、国立病院の看護を最優先課題とする責任者のポストを配置する。
- ・地域における公共医療サービスの役割分担を見なおし、その機能を強化することにより、病院の負担を減少させる。
- ・保健分野における人材開発のための予算を増加するとともに、看護婦教育（看護学校指導者養成教育を含む）を最優先事項として取り上げる。

(2) 看護婦の能力開発・活性化に関する提言

- ・外国の専門家との協力を推進することにより、看護婦および看護教育の質の向上を図る。
- ・看護協会を発展させ、看護に関するあらゆる課題に独自に取り組むような組織作りを推進する。
- ・卒後教育機関の機能を強化し、看護学校教員の質・量ともにアップさせる。
- ・看護学校校長会を持続・発展させる。
- ・私立病院の看護に関する情報収集を行う。

(3) モデル校としての SJ 看護学校の運営に関する提言

- ・看護教育における実習病院であるスリジャヤワルダナプラ総合病院、カルボイラ病院、ホマガマ地域医療センターとの連携を、校長のリーダーシップのもとに継続させる。
- ・理論的、実践的な教育手法の最先端であり続けるべく、モデル校としての機能を強化する。
- ・新しい教育手法が全学校に普及するよう、モデル校とその他の 11 校の教員の交流プログラムを策定する。

(4) 看護学校の管理運営に関する提言

- ・校長および副校長の、学校管理運営に関する権限と機能を強化する。

4-2-2 教 訓

無償資金協力と技術協力の連携で事業を実施する際、先方政府と、施設の設計や学校運営の方針を決めるにあたって齟齬が生じないように、留意する必要がある。本プロジェクトでは、看護学校の宿舍のキャパシティを超えた看護学生の入学があり、学校運営上支障が生じたが、SJ 看護学校の期待値が上がり、スリ・ランカ側の強い要望もあったため、容量を超える学生を受け入れる結果となった。そのため、SJ 看護学校の教員には大きな負荷がかかる結果となった。

日本の看護学校のスタイルが、そのまま当てはまらない国もあるため、専門家がその技術を普及する際には注意が必要である。特に看護手順などは、文化的な背景や、その国々に適切な方法があり、どちらが正しいかは一概には言えない側面が強い。よって、専門家はその国に適

合した協力ができるよう、十分に配慮すべきである。

4-3 今後の協力のあり方

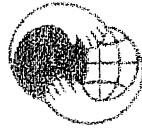
看護学校の実習病院であったカルボイラ病院には、実習病院としての機能を果たすべく専門家が派遣されているが、この機能を更に高めるべく、プロジェクト終了後も引き続き専門家を派遣し、同病院における看護実習の質の向上をはかると同時に、保健省に対する予算措置の働きかけや、卒後教育機関との連携を推進する。

付 属 資 料

1. プロジェクト・デザイン・マトリックス
2. ミニッツ
3. 合同評価報告書

1. プロジェクト・デザイン・マトリックス

| スリランカ看護教育 プロジェクト・デザイン・マトリックス | | 2000年3月 | |
|---|---|--|--|
| プロジェクトの要約 | 指標 | 指標データ入手手段 | 外部条件 |
| <p>上位目標 看護サービスが向上する</p> <p>プロジェクトの目標 スリランカの看護学校のモデルが確立され、看護基礎教育が向上する</p> | <p>看護婦の質と量を充足させる</p> <p>スリランカ国立看護学校のモデル校が設立され、効果的に機能する</p> | <p>保健省及び関係機関からの統計・資料</p> | <p>看護管理・病棟運営が適切に行われる</p> <p>看護婦への継続教育が適切に行われる</p> <p>看護サービスの社会的評価が高まる</p> <p>PBS によって需要に応じた教員と婦長が育成される</p> <p>組合の活動が看護活動に深刻な影響を与えない</p> <p>看護教育の実施に必要な予算が継続的に配分される</p> |
| <p>成果</p> <ol style="list-style-type: none"> 1. 新看護学校において効果的な看護教育が実施される 2. 新看護学校を中心として全ての国立看護学校の教員の質が向上する 3. 新看護学校を中心として全ての国立看護学校の運営管理が改善される 4. 新看護学校を中心として全ての国立看護学校の看護学生に対する臨床実習指導が改善される 5. スリランカの全ての国立看護学校及び実習病院において教育用機材が整備され、効果的に活用される | <p>1-1 学生数と教員数の比率が適正に配置される</p> <p>1-2 カリキュラムが適正に実施される</p> <p>1-3 学生の最終試験合格率が高まる</p> <p>2-1 適切な学習指導要綱及び教材が作成・活用される</p> <p>2-2 教育に関するセミナーが計画・実施できる</p> <p>3. 各種規則、職務規程が作成・実施される</p> <p>4-1 適切な実習指導が実施される</p> <p>4-2 学校と病院側の教育的な連携が強まる</p> <p>5. 教育用資機材が予定通り供与される</p> | <p>1-1 計画実施表</p> <p>1-2 計画実施表</p> <p>1-3 学生の試験成績記録</p> <p>2-1 学習指導要綱、教材作成活用状況</p> <p>2-2 セミナーの計画実施報告書</p> <p>3. 学則・諸規程集</p> <p>4-1 実習に関する諸記録</p> <p>4-2 関連会議開催状況</p> <p>5. 機材の供与及び活用状況</p> | <p>年間1学年100人を受け入れる</p> <p>校長・教員に適した人材が必要数存在する</p> <p>看護教育の実施に必要な予算が継続的に配分される</p> <p>婦長に適した人材が必要数存在する</p> |
| <p>活動</p> <ol style="list-style-type: none"> 1-1 学習ニーズに基づきカリキュラムの作成(S) 1-2 専任教師及び外部講師などの選任(S) 1-3 科目別による教員の適正な配置(S/J) 1-4 指導計画の作成及び活用(S) 2-1 適切な学習指導要綱及び教材の作成(S/J)* 2-2 教育に関するセミナーの実施(S/J) 3-1 校長会の開催(S/J)* 3-2 学則・各種規程の作成、実施、評価(S/J) 4-1 臨床実習指導者の教育研修(S/J)* 4-2 看護基準の作成(S/J)* 4-3 看護手順の作成(S)* 4-4 実習要綱、実習指導要綱の作成と活用(S/J)* 4-5 病院と学校の定期会議の実施(S) 5. 看護教材、教育用機器、図書供与及び運営管理(S/J) | <p>投入</p> <p>スリランカ側</p> <ol style="list-style-type: none"> 1. 施設・建物 看護学校施設 看護学生宿舍施設 2. C/P: 看護学校教員 : 実習病院臨床実習指導者 3. 予算配分: 必要な運営費 <p>日本側</p> <ol style="list-style-type: none"> 1. 専門家派遣 長期専門家: 4名 ・チームリーダー 1名 ・専門家 2名 ・業務調整 1名 短期専門家: 数名 研修員受入: 2名/年 機材供与: 2800万円/年 看護教育機材 看護実習機材 | <p>適性のある学生が計画通り採用される</p> <p>スリランカ側 スリランカ国立看護学校とスリランカ側 デナワラ総合病院に必要な予算が配分される</p> <p>前提条件</p> <ul style="list-style-type: none"> スリランカの治安が悪化せず、プロジェクト活動に支障がない | |



***Minutes of Discussion
between
Japanese Evaluation Mission
and
Government Authorities in the Democratic Socialist Republic of Sri Lanka –
Pertaining to the Japanese Technical Cooperation Project
for
Nursing Education in Sri Lanka***

The Japanese Evaluation Team (hereinafter referred as “the team”), dispatched by Japan International Cooperation Agency (hereinafter referred as “JICA”) and headed by Dr. Y. Handa, Senior Advisor (Health), Institute for International Cooperation (IFIC/JICA), visited the Democratic Socialist Republic of Sri Lanka between April 1 and April 12, 2001. The evaluation team, organized by the representatives of Sri Lankan and Japanese Government officials, conducted the assessment of the performance of the Project for Nursing Education, JICA, (hereinafter referred as “the Project”) through the review of the activities of Japanese project-type technical cooperation and also through discussion on the Efficiency, Effectiveness, Impact, Relevance and Sustainability of the Project. There was a cordial exchange of views between the team and relevant Sri Lankan authorities concerning various aspects of this project.

Consequent to the discussion, both sides agreed upon the matters referred to in the document attached hereto.

Colombo, April 11th, 2001

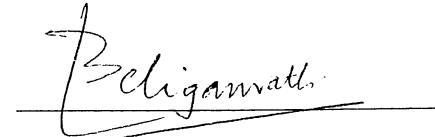




Dr. Yujiro HANDA
Team Leader,
Final Evaluation Team
Japan International Cooperation Agency



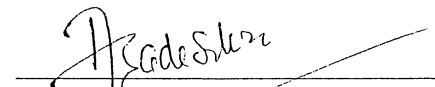
Mr. Tilak RAVIRAJA
Secretary
Ministry of Health



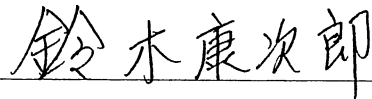
Dr. A.M.L. BELIGASWATTE
Director General
Department of Health
Ministry of Health



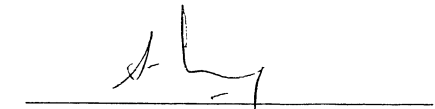
Ms. Masako SASAKI
Project leader
The Project for Nursing Education
Japan International Cooperation Agency



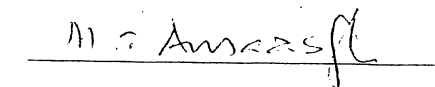
Dr. Stanley De SILVA
Deputy Director General / ET&R
Department of Health
Ministry of Health



fu Mr. Seiji KAIHO
Resident Representative
JICA Sri Lanka Office
Japan International Cooperation Agency



Mrs. Sujatha COORAY
Director
Department of External Resources
Ministry of Finance and Planning



Mrs. M. T. AMARASHINGHE
Acting Director / Nursing Education
Department of Health
Ministry of Health

List of Abbreviations

| | |
|--------|--|
| BES: | Biomedical Engineering Services |
| CSH: | Colombo South Hospital |
| JICA: | Japan International Cooperation Agency |
| MOH: | Ministry of Health |
| MOHE: | Ministry of Higher Education and Development of Information Technology |
| NSNSJ: | National School of Nursing Sri Jayawardanapura |
| SJGH | Sri Jayawardanapura General Hospital |
| PBS | Post Basic School of Nursing |
| PDM: | Project Design Matrix |
| PCM: | Project Cycle Management |

M. y. m. a. f. s. d. d. Talak. f. a.

Attachment

Having noted and giving due consideration to the contents of the Joint Evaluation Report by visiting JICA Evaluation Mission and Representatives of Sri Lankan Government on the progress of the Japanese Technical Cooperation Project for Nursing Education in Sri Lanka, there is general agreement between the Sri Lankan authorities and the Japanese mission on the need of the following measures to ensure the sustainability of the Project toward the further improvement of nursing education and nursing care in Sri Lanka.

Major Achievements of the Project

(I) Theoretical and practical training for undergraduate nursing students were re-standardized with New Nursing Curricula after the curricula reform in 1999 conducted by MOH in collaboration with JICA Nursing Education Project at National School of Nursing Sri Jayawardanapura (NSNSJ)

I-1. New curricula was in use throughout the country.

Under the new curricula, twelve (12) nursing schools including a NSNSJ as model school, 20 hospitals providing training venues for nursing and 16 MOH (Medical Officer of Health) Offices provided pre-clinical, clinical and community-based training for the nursing students.

I-2. Nursing Standard / Procedures are about to spread nationwide to all nursing venues.

Nursing Standard and Nursing Procedures were formulated at NSNSJ as well as at Colombo South Hospital and actively used with leadership of the nursing supervisors and tutor nurses who is in charge of clinical training of the nursing students. These two nursing guidelines, which are key factors to assess the quality of nursing care, were introduced to all hospitals receiving nursing students making use of seminars and workshops conducted with sponsorship of JICA Project in conjunction with MOH.

(II) National School of Nursing Sri Jayawardanapura is operated and managed as a model nursing school in Sri Lanka with maximal use of JICA Technical Cooperation. Several attempts for the school operation, management and teaching methodologies were made by Sri Lankan teaching staff with the assistance of JICA Project.

II-1. Capacity Building of the teaching staff

Capacity of the teaching staff was developed through the Project Activities. Open Lecture, Scientific Journal Reading Sessions (Journal Club) were conducted periodically with the guidance of JICA Experts and senior teaching staff and created opportunities to upgrade the teaching and supervisory skills of the teaching staff. These activities were extended to 11 all nursing schools in the country by the Project with the coordination of Department of Health, MOH. The result of JICA Counterpart Training in Japan were well used to provide proper exposure and motivation to 13 selected trainees both from nursing schools and MOH.

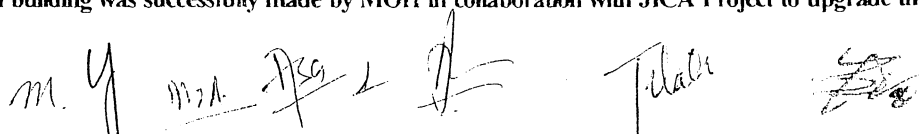
II-2. Facilities and equipment were well maintained.

School building complex with the total floor area of 9,628 square meters is well maintained with cleanness and order. Two hundred fifty three (253) students divided into three batches are organized to conduct users' daily maintenance of the equipment and instruments with a proper guidance of teaching staff. The student hostel was also well maintained, although there is a difficulty in room arrangement due to the increase of students. MOH will be able to improve the condition by construction of the additional building.

II-3. New teaching materials were developed and in use.

Teaching materials, such as learners' / tutors' manuals, reference handbooks, audiovisual programmes were developed by the counterparts obtaining guidance and technical assistance of JICA experts. Some of them were already distributed to all other schools and practically used for the daily teaching activities.

(III) Institution building was successfully made by MOH in collaboration with JICA Project to upgrade the entry



qualification to nursing school from Ordinary Level to Advanced Level Certificate Holders. Also, periodical meeting of 12 Nursing School Principals has been maintained in a regular basis as an autonomous body to discuss the issues related to nursing education.

Institution building was recognized as a crucial component of the activities conducted by JICA Project at Sri Jayawardanapura. Advisory role of the Project to nursing-related sections in MOH was, in particular, useful to stimulate the existing system to ensure the academic standard of the candidates to enter the nursing schools. Since 1999, occasionally at the same year of grand opening of the NSNSJ, the entry qualification for 12 all nursing schools was standardized, with the cabinet paper of the government, as Advanced Level Holders, which is equivalent to the candidates for universities.

Major achievements accomplished during the last five years owe much to the efforts of the Sri Lankan counterparts and Japanese experts. However, the management structure of the 11 nursing schools and conceptual and implementation capabilities of the related higher authorities has to be further elaborated to ensure the favorable training environment for all the nurses working for the government health facilities. The present constraints seen in the training venues and working environment for registered nurses can be minimized by considering the following measures.

Measures to be taken for the further development of the nursing education and practice in Sri Lanka

Government Policy on Nursing Care and the Personnel Development

Concept

1. Nursing Personnel should be given a status as prioritized category in Human Resource Development for Health Sector with more emphasis on the value and potentiality as an "an independent category of health care provider" NOT as an assistant or a dependent, auxiliary personnel to doctors. It is highly expected that the nurses in Sri Lanka will be trained under the above concept, by which a team approach for patient care can be substantially developed for the benefit of Sri Lankan population. At the same time, it will lessen the burden of doctors and allow them to spend their working hours for professional matters in order to improve the curative service as well as the preventive aspects of the diseases.

Planning

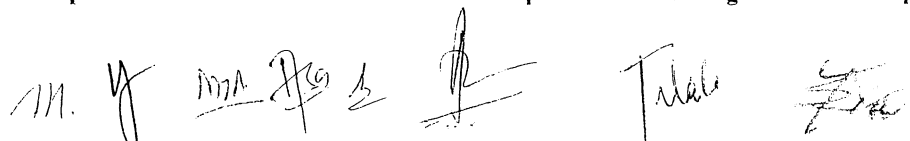
2. Workload Analysis of Hospital Nursing, systematically conducted by the section responsible to the quality assurance of services at Department of Health, MOH, is expected to provide the reliable data base for the evidence-based demand on the production, assignment, training, ensuring nursing care that is well-coordinating the curative and preventive activities of doctors and other health care providers. A survey will be necessary at each hospital to clarify the workload in line with the Nursing Standard, which should be established by the nursing supervisors at each hospital, obtaining consensus with doctors and consultants. If the reality on the workload of each nursing venues is quantitatively revealed, MOH will possibly make maximal use of the existing nursing staff by rational allocation plan.

Organization

3. All National Schools of Nursing should have a standardized condition in budget allocation, facilities, equipment, and staffing as independent institutions from hospitals, which still remains as mother institutions for at least 9 schools out of 12. Budget has to be accordingly allocated directly from MOH to ensure the freehand to the schools in use of the fund with efficiency and effectiveness to meet the educational demand. Acting principals are on duty in 9 nursing schools at the moment. The schools seem to have difficulties in management and decision-making. It is expected to have better working condition with the appointment of principals.

Supervision

4. The responsible post in MOH is recommended to instruct hospital directors of all governmental hospitals to



Supervision

4. **The responsible post in MOH is recommended to instruct hospital directors of all governmental hospitals to prioritize nursing care as major target if they organize Total Quality Control (TQC) of hospital service.** Nurses are the majority in number among the hospital staff and also potential to lead the movement such as 5S(Sort, Set, Shine, Standardize and Sustain) systematically if proper guidance, technical assistance and facilities are provided to Matron and other senior leading nurses. The movement can be thereafter expanded to every corner of the hospital where patients substantially feel the changes or improvement of the service.

Management

5. **Referral system and task sharing among health facilities with different categories should further be strengthened to achieve rationalized utilization of health service.** This will contribute much lessening unnecessary workload for nurses only due to the overcrowd at the 2nd and 3rd level referral facilities. It is advisable to launch a nationwide scheme, by which motivates people to make use of the relevant facilities instead of jumping access to higher referral facilities for simple care. Each facility and MOH will be confident on personnel allocation, avoiding the criticism of acute and/on chronic shortage of nursing staff, which has been often discussed even among general public.

Funding

6. **Pre-service and in-service training for nurses should be a prioritized target for increase of the budget in the input to personnel development in health sector.** To assure further improvement of health care in Sri Lanka, nurses, who are confronting various health problems at the closest places to the patients, are obviously a key to success in the present condition where six (6) medical faculties and one (1) dental faculty are producing doctors in a relevant condition at Ministry of Higher Education in collaboration with MOH.

The function of **Post Basic School of Nursing (PBS)** should be dramatically changed from the present condition that is insufficient both in facility and function mainly due to the shortage of fund and support from MOH. PBS is a sole institution in the country for teaching staff development in nursing. In addition to that, **nursing schools themselves should be financially secured** enough to purchase essential consumables, such as stationary, OHP sheet mandatory lecture, reagents for chemistry practice and fuel for the vehicles to send students to their community health training venue away from each school.

Empowerment of Nursing Profession

Collaboration with foreign experts

7. **Foreign experts / advisors will be useful in some areas related to nursing.** MOH is expected to consider relevant utilization of external expertise and provides some additional opportunities to collaborate with foreign specialists for Sri Lankan nursing professionals. Advisor in health planning with special attention to human resource development and health service delivery system will be useful to nursing education as well as the entire health system in Sri Lanka, if he/she is assigned to the department of Health. A technical advisor of tutor training related to nursing is the most suitable area to accommodate external resource person to work with PBS and enhance the trainers' training activities. Nursing Standard, Nursing Procedures, and Nursing Diagnosis / Processes will be important topics in hospital nursing that are necessary to be elaborated nationwide by international collaboration. Foreign volunteers and technical experts can be useful specifically to this purpose.

Sri Lanka Nursing Association (SLNA)

8. Senior nursing professionals with leadership in Sri Lanka, such as principals of 12 nursing schools, matron of major hospitals, leading community health sisters, tutor nurses at teaching hospitals, should strengthen SLNS as a pure technical and non-affiliated autonomous body. SLNA will be useful to improve the status of information exchange, discussion and idea creation to achieve further betterment of nurses' working condition and performance at various health facilities. In addition to that, if SLNA is successfully maintained, it creates various opportunities to every nursing team in the country to conduct self-help activities related to quality assurance of the care. The nursing personnel itself should have strength and high commitment for her/his professional, conceptual and human skills if they want to convince themselves and others that the nursing is a respecting professional working territory. Having strengthened SLNA, the nursing professional working territory. Having strengthened SLNA, the nursing professionals can proceed the formulation of Nursing Council in Sri Lanka.

Post Basic School of Nursing

9. **Post Basic School of Nursing is recommended to be strengthened enough to meet the demand of tutor nurse**

nursing cadres throughout the country. At this moment, only 102 teaching staff take care of approximately 5,300 undergraduate students (teacher-student ratio: 1/52). This teacher-student ratio has to be compared with the one in Japan: (1/15), that is the average of approximately 664 schools scattered throughout the country.

Principal Meeting

10. **Principal Meeting of 13 nursing schools, formulated in relation to JICA Project, has to be further encouraged to expand the function to the centre of Management Information System of Nursing Education in collaboration with Director of Nursing Education, Department of Health.** A data-base concerning school operation should be shared among the principals in addition to the idea exchange for further advancement of theoretical and practical training for nursing students. Formulation of teaching materials, which can be commonly used among the nursing schools, should be further enhanced with the leadership of the Meeting. Vertical and horizontal links among different bodies and personnel such as hospital matrons, tutor nurses at hospitals, nursing school teaching staff, community health nurses should be organized and properly maintained by the Principal Meeting.

Nursing in Private Sector

11. **Information collection from private sector regarding the working environment and standard of care related to nursing personnel health facilities, should be conducted by SLNA and MOH mentioned in the above item 7.** Nursing personnel trained at private hospitals are not qualified as registered Nurse of Sri Lanka. These personnel are, however, conducting nursing care at the hospitals with different environment from government health facilities. It is necessary for leaders of government sector nursing to recognize the common issues and differences in the quality of nursing care between government and private hospitals.

Operation of the Model Nursing School at Sri Jayawardanapura.

Networking among training venues

12. **Collaborative relationship among the National School of Nursing Sri Jayawardanapura (NSNSJ), Sri Jayawardanapura General Hospital (SJGH), Colombo South Hospital (CSH) and Homagama Medical Officer of Health Office should be carefully maintained in terms of the operation of the nursing education activities.** Of course, it is obvious that the ownership and management responsibility of NSNSJ must be taken by MOH. The management authority of nursing schools at MOH and the school principal are recommended to keep frequent contact with hospital directors and matrons of SJGH and CSH to sort out the common issues affecting to the training of nursing students. As a model school, NSNSJ is expected to demonstrate ideal coordination among the school and as a model for the mentioned practical training venues 11 other schools. The leadership of the existing teaching staff with proper guidance of the principal is highly expected.

Optimal function as model school

13. **Optimal function as the model school should be further strengthened particularly in advancement of teaching methodologies both for theoretical and pre-clinical /clinical training.** Open Lecture, Journal Reading Sessions (Journal Club), teaching material development particularly with video materials are highly recommended to continue hopefully with active participation of all teaching staff as a part of routine work. It is also important for the teaching staff to have continuing exposure to up-to-date nursing and medical subjects. Seminars with relevant duration and frequency should be build with specific purpose to develop further capacities of the teaching staff on area-specific clinical and basic medical subjects. SJGH is expected to provide consultant doctors and the equivalent as attending lecturers.

Exchange programme of teaching staff

14. **Exchange programmes of teaching staff between the Model School at Sri Jayawardanapura and other 11 (eleven) schools will be useful to disseminate the newly introduced teaching modalities and methods.** With a proper rotation system, teachers at the Model School will visit other school(s) in short period and teach the students. Teachers from other 11 schools may visit the Model School for 2-4 weeks to obtain sufficient exposure. The plan should have a support of MOH particularly to funding their travel expenses and allowances.

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(III) Record of Evaluation Procedures

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(I) Definition of Evaluation and the targets

Definition

Evaluation is an assessment, as systematic and objective as possible, of an ongoing or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfillment of the objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the design making progress of both recipients and donors.

Evaluation targets

JICA Technical Cooperation Project on Nursing Education in Sri Lanka, commenced in 1996 including newly developed National School of Nursing Sri Jayawardanapura (NSNSJ) and the related activities conducted at the existing 11 nursing schools under the Ministry of Health (MOH) was the targets of this evaluation process. Some activities such as clinical undergraduate training in nursing and community health-oriented training at some health centres was also looked into as a component of this Project. In addition to that, the evaluation team studied how the coordination and administrative work were done by MOH in conjunction with JICA Project. The role of nursing care related divisions under Department of Health, MOH was vital, in particular, in the correction and analysis of the data related to managerial aspects of the Project.

(II) Background

Introduction

The initial phase of the project commenced in 1996 was used mainly for the preparatory work of model school establishment. The second and third phases were systematically planned as the period for extension of outputs achieved at the model school to the entire nursing personnel development in the country. In the final year of the project, the Japanese evaluation team was dispatched by the JICA headquarters to conduct the final internal evaluation. The evaluation, which aimed at improving the sustainability of the project, was undertaken jointly by the government officers in charge and the Japanese Team. Both the Sri Lankan and Japanese parties reviewed activities with regard to the achievement and constraints in the implementation of the Project. Based on the common understanding on the present situation of the Project, discussions were made on the future plan for further development of the nursing education in Sri Lanka based on the project outputs.

Methodology of Evaluation

Project Cycle Management (hereinafter referred as PCM) was applied for the evaluation. Four of the five evaluation categories; 1) Efficiency, 2) Effectiveness, 3) Impact 4) Relevance and 5) Sustainability, were used. The team used the 1996 Project Design Matrix (hereinafter referred as PDM) as a guide to conduct Evaluation of the project.

The Team used the following materials in addition to the PDM to evaluate the past performance and achievement.

-The R/D and revised PDM (Project Design Matrix) in 1999.

-The minutes of meetings, the annual work plans and other documents agreed upon or accepted in the course of implementation of the project.

To evaluate the present status of project management and activities, members of the Team paid attention to the following project sites and had interviews and discussions with personnel in charge and parties involved in the project.

1. National School of Nursing Sri Jayawardanapura (NSNSJ)
2. Sri Jayawardanapura General Hospital (Venue for clinical training)
3. Colombo South Hospital (Venue for clinical training)
4. MOH Office, Homagama (Venue for community health training)
5. Department of Nursing Education, Ministry of Health (Direct higher administrative body related to the nursing)

education facilities)

The interviews and discussions were conducted based on the information collected using the existing Management Information System, which was used for regular monitoring conducted by the Project and other bodies related to the Project.

The performance of the project office was reviewed in terms of its management with consideration for the process and achievement of project activities. Information regarding such areas as manuals and recommendations prepared by the experts, number of experts dispatched, training courses completed, inventory of procured equipment, annual budget and the achievement of counterparts' training in Japan was used.

(III) Record of Evaluation Procedures

1. Review on the Narrative Summary of the Project in the original Project Design Matrix (PDM) together with the overview of the targets, assumptions in the actually conducted activities during the implementation period of Oct 1996 - Apr 2001.

Assessment of the logic and measurability of the indicators was done by the mission after information exchange and discussion among JICA resident experts and mission member. Recommendation for the improvement of the indicators was given together with suggestion of practical methods of data collection useful to routine monitoring work of the Project.

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| <p>1-1 Goal < To improve nursing service ></p> <p>Indicators: 1-1-1 Quality and the quantity of nurses will be improved. —(Difficult to measure, need more indicators)</p> <p>1-2 Project Purpose < To establish a model of nursing school suitable to Sri Lanka based on the improvement of basic nursing education. ></p> <p>Indicators: 1-2-1 Establishment of the model of nursing school suitable to Sri Lanka is completed 1-2-2 The model nursing school is functioning properly.</p> <p>1-3 Outputs</p> <p>(1) Effective educational activities were conducted in the newly established nursing school (NSNSJ). (2) Capacity of teaching staff at 11 nursing school in the country including NSNSJ was improved. (3) Managerial aspects of the 11 nursing schools were improved under the influence of NSNSJ. (4) Clinical undergraduate training of nursing was improved with the guidance of NSNSJ. (5) Equipment, instruments and other related teaching materials, which were provided by the assistance of Project, were properly utilized at 11 all nursing schools.</p> <p>Indicators:</p> <p>Output (1) Effective educational activities were conducted in the newly established nursing school (NSNSJ). 1-3-(1)-1 Tutor / students proportion became adequate (Where? When? Which extent?) 1-3-(1)-2 Training activities were conducted strictly based on the curricula (How can be measured?) 1-3-(1)-3 Pass rate of final examination is improved from XX(19xx) to YY(2000)</p> |
|--|

Output (2)

Capacity of teaching staff at 11 nursing school in the country including NSNSJ was improved.

- 1-3-(2)-1 Tutors' manuals, formulated by the teaching staff, were properly used. (5W & 1H??)
- 1-3-(2)-2 Teaching materials, developed by the teaching staff, were properly used. (5W & 1H??)
- 1-3-(2)-3 Seminars related to educational methodology were conducted. (5W & 1H??)

Output (3)

Managerial aspects of the 11 nursing schools were improved under the influence of NSNSJ

- 1-3-(3)-1 Regulatory rules for students were in practice. (5W & 1H??)
- 1-3-(3)-2 Job regulations for the nursing school staff were in practice. (5W & 1H??)

Output (4)

Clinical undergraduate training of nursing was improved with the guidance of NSNSJ.

- 1-3-(4)-1 Practical nursing training was conducted in a proper way. (not measurable)
- 1-3-(4)-2 Collaborative relationship between nursing schools and hospitals where were used for practical nursing training. (not measurable)

Output (5)

Equipment, instruments and other related teaching materials, which were provided by the assistance of Project, were properly utilized at 11 all nursing schools.

- 1-3-(5)-1 Supply of the Equipment, instruments and other related teaching materials was conducted on schedule. (not measurable)

1-4 Activities

The term "activities" in this chapter implies a series of actions taken by the Project to achieve project outputs. Rapid review was made by the mission regarding the planning, implementation status and result of each activity referring to the planning documents and activity records and final reports formulated by each JICA Technical Expert assigned to each activity. Referring to the logical link between "output" and "activity", the evaluation team made sorting of the activities conducted in October 1996 - April 2001 under the framework of PDM(E) in the latter part of this report. For the convenience of evaluation procedures, the statements for activities were rephrased enough to clear as the objectives that were intended to achieve by the Project.

2. Summary of the analysis of PDM for Evaluation based on the study of the implemented activities and the feedback to the conceptual framework of the Project

The mission made an analysis on the implementation status of the Project and recognized some changes on the issues and actual targets of the Project activities. The statements were accordingly rephrased, for the convenience of evaluation procedures, and to have further clarification of the logical cause/effect sequence between Activities, Outputs and Project Purpose. The following set of PDM components was used for the evaluation procedures.

2-1 PDM (E)

PDM (E)

2-1-1 Super-Goal

Nursing care, provided at Sri Lankan government health facilities, were improved both in quality and accessibility.

2-1-2 Overall Goal

Capacity of the nursing personnel after finishing nursing education under new curricula and training system was in a standard to practice modern nursing care.

2-1-3 Project Purpose:

Nursing education conducting at 12(twelve) all national nursing schools* were improved.

*(1) Sri Jayawardanapura, (2) Colombo, (3) Galle,(4) Kandy, (5) Kurunegala, (6) Badulla, (7) Anuradhapura, (8) Batticaloa, (9) Jaffna, (10)Kandana, (11) Ratnapura, (12) Mulleriyawa

2-1-4 Outputs:

- (1) A MODEL system of human resource development in nursing was put into practice at NSNSJ with collaboration of JICA Project.
- (2) Based on the MODEL, teaching capacities of teaching staff at NSNSJ and 11 (eleven) existing national nursing schools were strengthened
- (3) Based on the MODEL established at NSNSJ, managerial capacities of school principals of NSNSJ and 11 (eleven) existing national nursing schools were strengthened .
- (4) Newly introduced equipment, instruments and the distributed teaching materials were in proper using and maintenance conditions at 11 nursing schools.
- (5) In relation to nursing education, Management and administrative capabilities of the Department of Health, Ministry of Health is strengthened.
- (6) Hospitals, used as the venue of practical training for 12 schools, were in proper working condition, where allows teachers and learners to follow the new model curricula developed by MOH with the assistance of the Project.
- (7) Communication and information exchange, among 12 nursing schools of nursing, were enhanced making use of the networking established by NSNSJ and JICA Project

2-1-5 Inputs:

Personnel: JICA Experts: 250 M/M (Oct 1996 - Mar 2001)
Counterpart Training In Japan : 13 (Oct 1996-Mar. 2001)

| Equipment: | Technical Cooperation Equipment Fund | | |
|--|--------------------------------------|-----|-------------|
| | | | |
| | 1996: | YEN | 30,000,000 |
| | 1997: | YEN | 49,500,000 |
| | 1998: | YEN | 38,180,000 |
| | 1999: | YEN | 22,308,000 |
| | 2000: | YEN | 21,900,000 |
| | 2001: | YEN | 6,800,000 |
| total | | YEN | 168,688,000 |
| <hr/> | | | |
| Other expenditure for JICA Project Office: | 1996: | YEN | 3,000,000 |
| | 1997: | YEN | 8,440,000 |
| | 1998: | YEN | 6,676,000 |
| | 1999: | YEN | 6,665,000 |
| | 2000: | YEN | 5,010,000 |
| | 2001: | YEN | 3,036,000 |
| total | | YEN | 32,827,000 |

2-2 Review of the activities

Rapid review of the activities was carried out by the Evaluation team making use of various written records, interview, and direct observation with the purpose to know the reality of the implementation status. The activities are summarized and sorted in line with the outputs listed in the PDM (E), which was formulated as the result of the review of original PDM and actual programmes, by which the Project intended to achieve its Goal and Purpose. The following is the result of the review and re-arrangement after improvement of statement and logic.

In the original PDM, some activities could not be incorporated in the list maybe due to the shortage of planning information. It is obvious that some activities were added to the sequence in the actual process of the project implementation.

2-3 Project activities <After re-arrangement according to PDM(E)>

2-3-1 Activities to achieve: Output (1) A MODEL system of human resource development in nursing was put into practice at NSNSJ with collaboration of JICA Project. 66M/M

- 2-3-1-1 Information collection on nursing education in Sri Lanka was conducted.
- 2-3-1-2 Problem analysis related to the personnel development, assignment, cadre creation, service, attrition, continuing education for nursing professionals was conducted.
- 2-3-1-3 Strategies and guideline for the new school at Sri Jayawardanapula was formulated by participatory approach.
- 2-3-1-4 Planning for the physical facilities, equipment, instruments and other teaching materials was done by JICA Project Office and the counterpart featuring visiting JICA Grant Aid Mission and technical consultants.
- 2-3-1-5 Teaching staff and school principal with permanent positions and also external visiting lecturers were recruited.
- 2-3-1-6 Venues for clinical practical training were arranged at two hospitals with care to nurse trainers.
- 2-3-1-7 Curricula reform, conducted by MOH, was assisted by JICA Project Office and the experts.
- 2-3-1-8 Teaching modules for 19 subjects (1. General Nursing, Philosophy 2. Fundamentals of Nursing, 3. First Aid, 4. Anatomy and Physiology, 5. Sociology, 6. Psychology, 7. Nutrition, 8. Nursing Ethics and Professional Adjustments, 9. History of Nursing, 10. English Language, 11. General Science, 12. Microbiology, 13. Pharmacology part 1 and 2, 14. Community health Nursing, 15. Pathology, 16. Medical Surgical Nursing, 17. Maternal, Child Health and Gynecological Nursing, 18. Ward Management, 19. Mental Health and Psychiatric Nursing.) were formulated.
Expert allocation, M/M, C/P
- 2-3-1-9 Tutors' manuals, Learners' manuals and textbooks were developed.
List of the subjects, Expert allocation, M/M, C/P
- 2-3-1-10 Tutor skill training was conducted for the teaching staff at NSNSJ.
- 2-3-1-11 System for student selection and intake was re-organized with emphasis to the entry qualification, obtaining consensus with MOH.
- 2-3-1-12 School regulation (for students) were formulated.
- 2-3-1-13 Job description and the duty list for NSNSJ staff was formulated referring to MOH standard.
- 2-3-1-14 Training on Library development and management was given to NSNSJ.
- 2-3-1-15 Video programmes for teaching and publicity were developed through On-the-job training of producing and directing.

2-3-2 Activities to achieve: Output (2) Based on the MODEL, teaching capacities of teaching staff at NSNSJ and 10 existing national nursing schools were strengthened 39M/M

- 2-3-2-1 New curricula were accredited by MOH for the standardized for all 12 nursing schools.
- 2-3-2-2 Concept of the new curricula and the improved points were well recognized by seminars for nursing school principals conducted by MOH in conjunction with JICA Project.
- 2-3-2-3 Tutor skill training was conducted through Seminars for representative teaching personnel from 12 all nursing schools.
- 2-3-2-4 Tutors' and Learners' manuals, formulated by NSNSJ, were distributed to all nursing schools for practical use in the class and pre-clinical practical training.
- 2-3-2-5 Open Lectures were introduced as the measure of tutor skill training for all 12 schools.
- 2-3-2-6 Seminars with scientific article reading were conducted in a regular basis.

- 2-3-2-7 Video teaching materials developed at NSNSJ were distributed to 12 all schools.
 - 2-3-2-8 Monitoring was carried out on the usage of the above manuals.
 - 2-3-2-9 A set of Equipment and instruments for better teaching was provided by JICA Project to each nursing school.
- LIST

2-3-3 Activities to achieve: Output (3): Based on the MODEL established at NSNSJ, managerial capacities of school principals of NSNSJ and 11 (eleven) existing national nursing schools were strengthened. [26M/M]

- 2-3-3-1 ~~Management~~ skill training was conducted for nursing school principals of 13 all schools by the Project making use of the opportunities of Principal Meeting.
- 2-3-3-2 A complete set of computer with printer was provided, by JICA Project, to 11 all principals' office for the improvement of management particularly on Information System
- 2-3-3-3 Counterpart training in Japan was conducted in terms of nursing school and course management.

2-3-4 Activities to achieve: Output (4): Newly introduced equipment, instruments and the distributed teaching materials were in proper using and maintenance conditions at 12 existing schools. [26M/M]

- 2-3-4-1 Survey to obtain information on equipment demand and the maintenance capacity at each school was conducted
- 2-3-4-1 Guidance seminar on maintenance practice for the equipment and instruments were carried out by the Project .
- 2-3-4-2 Teaching materials donated by JICA Project were distributed to 12 all nursing schools.
- 2-3-4-3 Monitoring was periodically carried out by the Project on the utilization and maintenance conditions at 11 nursing schools.

2-3-5 Activities to achieve: Output (5): In relation to nursing education, Management and administrative capabilities of the Department of Health, Ministry of Health is strengthened. [12M/M]

- 2-3-5-1 Periodical briefing on the progress and constraints related to the Project was conducted by the Project with Dept. of Health and other related MOH divisions.
- 2-3-5-2 JICA counterpart training to provide proper exposure to MOH officer was conducted for XX months concerning policy issues related to nursing personnel development and nursing care. (1M x 2 officers)

2-3-6 Activities to achieve: Output (6): Hospitals, used as the venue of practical training for 12 schools, were in proper working condition, where allows teachers and learners to follow the new curricula developed by MOH with the assistance of the Project. [76M/M]

- 2-3-6-1 **Middle Level Training Workshop & Seminars** on the capacity building for tutor nurses, who engaged clinical training at 20 hospitals and 11(eleven) Health Centres where provided training venues to 12 schools
- 2-3-6-2 Suitable "Nursing standard" to the local setting was formulated by the counterparts with assistance of JICA experts.
- 2-3-6-3 Tutors' Manuals, developed at NSNSJ, were distributed to 20 training hospital venues.
- 2-3-6-4 Booklets on the guideline for clinical field practice at health centres were distributed

2-3-7 Activities to achieve: Output (7) Communication and information exchange, among 11 nursing schools of nursing, were enhanced making use of the networking established by NSNSJ and JICA Project [15M/M]

- 2-3-7-1 Periodical Principle Meeting was organized with the assistance of JICA Project by the initiative of in charge principle.
- 2-3-7-2 Principle Meetings were held in a regular basis in every 6 months.
- 2-3-7-3 A system to collect Management Information regarding school operation was developed by the assistance of JICA Project.
- 2-3-7-4 A set of Computer was provided to each principal's office .
- 2-3-7-5 Computer literacy seminars were conducted for 11 all nursing schools.

3. Criteria for Monitoring and Evaluation

3-1 **Efficiency** <Definition and explanation: A measure of the production of outputs (results) of the project - quantitative and qualitative - in relation to the total resource inputs: in other words, how economically the various inputs were converted into Outputs.>

3-2 **Effectiveness** <Definition and explanation: A measure of whether the project purpose has been achieved or how likely

it is to be achieved. This then is a question of the degree to which the outputs contribute towards achieving the intended project purpose. Thus it also says something about the content of the project and whether it contributes to development in the expected direction.>

3-3 **Impact** <Definition and explanation: The positive and negative changes produced directly and indirectly as the result of the project or programme, which is the foreseen and the unforeseen consequences for society. Here assessment must take the objectives of the project as its starting

3-4 **Relevance** <Definition and explanation: An overall assessment of whether the project is keeping both with the overall goal, donor and recipient's policy, as well as with local needs and priorities. This helps clarify whether the project should be continues, reformulated or terminated.>

3-5 **Sustainability** <Definition and explanation: An overall assessment of the extent to which the positive changes achieved by the project can be expected to last after the termination of the project. This largely depends on whether the prerequisite local resources are available, and how recipients view the project. According to OECD, sustainability is the ultimate test of the success of a development assistance project.>

4. Summary of Evaluation questions and Answers

4-1 Procedures

Based on the above summary of the analysis on the content of PDM and actually conducted activities in details, the assessment was carried out on Efficiency, Effectiveness, Impact, Relevance and Sustainability of the Project. Referring to the indicators set up in the PDM and targets / assumptions of each activities, various evaluation questions listed in the following tables were raised by the Evaluation Mission. The answers and relevant data to support the clarification were collected by JICA Project Office and counterparts for each technical area before and during the evaluation with their best efforts.

The results was thereafter summarized and assessed as quantitatively and/or objectively as possible by evaluation team. The information related to the above five criteria of evaluation was then extracted from the collected data and summarized as the "Lessons learnt from the evaluation". Abbreviations were used, as follows, in order to categorize each evaluation question for the convenience of assessment.

Efficiency (Ey)
Effectiveness (Es)
Impacts(Im)
Relevance (Re)
Sustainability (Sy)

4-2 **Efficiency (Ey)**
4-3 **Effectiveness (Es)**
4-4 **Impacts(Im)**
4-5 **Relevance (Re)**
4-6 **Sustainability (Sy)**

See the tables in the 18 ~24 pages

Questions and Answers

| Q No. | Question | Answer |
|--|---|--|
| 4-2 Summary of Evaluation questions and answers to verify how the Input was converted to Project outputs (Efficiency) | | |
| 1 | Ex/Ac/L 2-3-1-1 Was the information compiled and provided to the Project and MOH as a report? If YES, please indicate the title of the report (Q to Project Office) | YES. The opening of a joint coordinating Committee Meeting (Actual condition survey of National School of Nursing/ Project Office) |
| 2 | Ex/Ac/L 2-3-1-2 Was the result of the analysis or discussion formulated as a report useful to the MOH? If YES, please note the title of the report. (Q to Project Office) | YES. Tutor's list / Number of books in library |
| 3 | Ex/Ac/L 2-3-1-3 How was tutor/student ratio improved in NSNSJ a compared to the average of other 11 schools? Please answer in figures referring to the present condition (Q to Principal, NSNSJ) | 3 posts to be filled in the year 2001 |
| 4 | Ex/Ac/L 2-3-1-3 How many graduates at the year 2000 remain unemployed by the MOH health care facilities in spite of the fact that the applications were made? Please answer with figures. (Q to Principal, NSNSJ / Project Office) | *No unemployment *Nursing students become public officers in hospitals after graduation. As for they the scholarship is paid from the government for students. |
| 5 | Ex/Ac/L 2-3-1-4 How much square meter per student is available in the present school building as compared to other schools? Please answer with a rough figure. (Q to Project Office) | More than double |
| 6 | Ex/Ac/L 2-3-1-5 How many cadres out of 13 in total were filled up in April 2001? (Q to Principal, NSNSJ) | Nothing |
| 7 | Ex/Ac/L 2-3-1-6 How many students are sent, as a clinical training group to each hospital? Please give a figure with an explanation if necessary. (Q to Principal, NSNSJ / (7) Teaching staff, NSNSJ) | No answer is available |
| 8 | Ex/Ac/L 2-3-1-6 How many students does a tutor nurse of SJ and Colombo South Hospital take care of the practical training in one session? Please give a figure with proper explanation if necessary. (Q to Teaching staff, NSNSJ/ Principal, NSNSJ) | *To SJGH 1999/ 56students 2000 / 81 students *Colombo South 1999 /24students (Teaching staff, NSNSJ) *15 from 2000/ 6 from 1999 at SJGH *24 from 2001 at Colombo South (Principal, NSNSJ) |
| 9 | Ex/Ac/L 2-3-1-6 How long does it take to commute to Colombo South Hospital for the training for the students? Please give a figure. (Q to Teaching staff, NSNSJ) | *Distance / 8km *Time / half |
| 10 | Ex/Ac/L 2-3-1-8 How many teaching modules are formulated for the subject on FIRST AID and PATHOLOGY respectively? Please answer with figures. | Emergency kits were prepared by each student (1999,2000batch) |
| 11 | Ex/Ac/L 2-3-1-10 How many times did the Project Staff conduct training on tutor skills for the teaching staff of NSNSJ in the year 2000? Please answer with figures. (Q to Project Office) | *Open lecture 10times *Journal club 11 times *Technical Teaching from JICA Exports (Basic and Mature nursing) |
| 12 | Ex/Ac/L 2-3-1-14 How many reference books for the students do you have at the library? (Q to teaching staff in charge of Library) | NO ANS was given. |
| 13 | Ex/Ac/L 2-3-1-14 How many students used the library, in total, in the working days of Feb. 2001? (Q to teaching staff in charge of Library) | Monday and Wednesday is Library days in a week. All students of 1999 & 2000 are using this hours. |
| 14 | Ex/Ac/L 2-3-1-15 How many video programmes were developed during the period April 2000 - April 2001. (Q to Teaching staff in charge of Video at NSNSJ) | 8 videos |
| 14 | Ex/Ac/L 2-3-1-15 How many video programmes were developed only by Sri Lanka teaching staff, in Apr.2000-Apr.2001? (Q to JICA Project office) | 4 videos |
| 15 | Ex/Ac/L 2-3-2-3 How many schools are NOT using the new curricula at this moment in Apr 2001? (Q to MOH officer in charge of nursing) (Q to Project Office) | All the schools are using the new curricula. |

Questions and Answers

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|---|--------------------|--|--|
| 16 | Ex/Act/ 2-3-2-3 | What percentage of the teaching staff in the 12 nursing schools attended the tutor skill training seminars after commencement of the training scheme? Please indicate the percentage. (Q to Project Office) | 70% of all the teachers participated in training seminar of mid level nurses. |
| 17 | Ex/Act/ 2-3-3-1 | Please list the topics discussed in the Principal Meetings conducted in the year 2000. (Q to Principal, NSNSJ) | 15.Feb 1) Experience in Japan 2) Upgrading quality of teaching ability 3) Utilizing equipment and books 12.Sep 1) Report on experience in Japan 2) Report on observation visits to schools of nursing and teaching hospital (From Ms. SASAKI) 3) Comments and recommendations-JICA nursing Ed.Project (Handbook distribution, Equipment supply etc. from Mr. YAMAMOTO) 4) Open discussion <Handbooks Experience record book, procedure manual/ Video tape of injection> |
| 18 | Ex/Act/ 2-3-3-3 | How many presentations were made by the trainees sent to Japan at NSNSJ in order to report their experiences back to their colleagues? Answer with figures and the presentation topics if available. (Q to Principal, NSNSJ) | Reports on the experiences in Japan. Same topic |
| 19 | Ex/Act/ 2-3-4-3 | Please list the claims or complaints regarding the working conditions or utility of the equipment, instruments and other teaching materials reported to the Project Office from the 12 schools in the year 2000. (Q to Mr. Yamamoto) | * Computer Printer broken-4 >Transformer needed * Super Fax Printer problem-3 >Insects damage * Shortage of OHP sheets & marker pens (many) >Not enough MOH Budget |
| 20 | Ex/Act/ 2-3-5-2 | Please list the topics in the report given by the officers of the MOH after JICA Training in Japan.(Q to Project Office) | * The establishment of a bachelor curriculum * Nursing Study * Introduction of the education method that the participation of students increases * Introduction of Unit system * Cooperation between practical sites and schools |
| 21 | Ex/Act/ 2-3-6-1 | How many hospital tutor nurses were enrolled in Middle Level Training Workshops and Seminars in 1996, 1997, 1998, 1999, 2000, 2001 respectively? (Q to Project Office) | Participants of Middle Level Nurses Training total No. were 482 |
| 22 | Ex/Act/ 2-3-7-3 | What information related to school management was collected through the channel of Principal Meeting? (Q to Project Office) | Information of equipment condition which supplied by JICA |
| 4-3 Summary of Evaluation questions and answers to verify how the outputs contributed to Project Purpose (Effectiveness) | | | |
| 23 | Es/PP | How the pass rate of mid-term and/or final exam of the 2nd year and 3rd year students batches at all 11 schools in the year 2000 improved as compared to the results in 1998? Please collect the data regarding the subject of Adult Nursing and Nutrition. (Q to teaching staff at NSNSJ) | No ANS was given. |
| 24 | Es/OPI | How many tutorials for small group students were conducted by teaching staff of NSNSJ in the year 2000 in one semester after adopting new curricula? (Q to Project Office) | No ANS was given. |
| 25 | Es/OPI | How often does each member of the teaching staff at NSNSJ use visual teaching media (video, slide, OHP etc.) in 10 lectures done in sequence for a subject in FEB and MAR 2001. Please answer with figures in average. (Q to each teaching staff at NSNSJ) | Almost always at NSNSJ, according to the topic and the subject. |

Questions and Answers

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| 26 | Es/OP1 | What is the level of difference of English Proficiency between the students taken after the grand opening of the new school and the students in the former school under SIGH. Please explain referring to the teaching records if you have. (Q to Principal of NSNSJ) | There are no differences. |
| 27 | Es/OP2 | Regarding the concept of Nursing Process and Diagnosis, how many schools have been actively using this concept in teaching? (Q to Project Office) | 11 + 1 (Mueliyawa) |
| 28 | Es/OP2 | Regarding the practice of Open Lectures, how often do they hold this type of lecture for the improvement of teaching in each nursing school? Please give the name of at least two schools as examples and show the frequency and the topics of the lectures from your monitoring record. (Q to Project Office) | *Model school: Once a month/ covering all subjects *Ratnapura school, weekly but short time / covering all subjects |
| 29 | Es/OP3 | How often each principal conducted internal teachers' meeting in each school in FEB and MAR 2001? (Q to each principal in 12 schools) | *twice a month when necessary-- April/4 March/2 Feb/2 (BADULLA) *Once in two- weeks. /Every morning short meeting for daily matter (ANURADAPURA) *Monthly (RATNAPURA) *2-3 times a month. (No formal meetings) But whenever necessary I meet all the tutors in their room and have discussion or give the necessary instruction.(JAFFNA) *Usually once a month. / Whenever necessary arrange according to information.(BATTICALOA) *5 times. <Mar. 3 times / Feb. twice> (KANDY) *2 times (Planned Teachers) 6 times (Incidental Teachers) (KANDANA) |
| 30 | Es/OP3 | How many times did you visit the venue of practical training at the hospital(s) in the period between JAN and MAR 2001 to supervise or inspect the training of nursing students? (Q to each principal) | *Jan 2001: 15 times / Feb 12 times / Mar. 10 times (BADULLA) *At least twice a week (ANURADHAPURA) *Daily from 7:30 to 9:30 a.m. (RATNAPURA) *12-15 times (JAFFNA) *Daily. (BATTICALOA) *3-4 times a week (KANDY) |
| 31 | Es/OP3 | What was the attendance rate of Principals Meetings held in the year 2000? Please give figures referring to the meeting records. (Q to Principal, NSNSJ) | 6 th on Dec / 12 persons 5 th on Feb / 7 persons |
| 32 | Es/OP4 | How many kilometers was the bus driven in the year 2000? (Q to the principals of the 5 schools where the bus was newly introduced.) | No ANS was given. |

Questions and Answers

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| 33 | Es/OP4 | Please describe the most serious break-down of the equipment and/or instruments at your school at this moment. (Principals of 12 schools) | <p>*Digital Printer /shortage of consuming items (RATNAPURAJA)</p> <p>* Computer, Printer(JAFFNA)</p> <p>*Copy (Digital) write machine / No technicians attended.(BATTICALOA)</p> <p>*We don't have serious damaged equipment.(KANDY)</p> <p>*Printer is out o order. No funds available to repair it.(JAFFNA)</p> <p>*Difficult to use because the electric power supply is irregular (BATTICALOA)</p> <p>*The computer is always engaged in use by all the tutors. It is not enough at the moment. (NSNSJ)</p> <p>*Photo Copy Machine.(KANDANA)</p> |
| 34 | Es/Sy/OP5 | How much was the annual budget of MOH related to the running cost of 12 nursing schools increased in the fiscal year 2000 as compared to the year of the grand opening of NSNSJ? (Q to Dept of Health, MOH) | Year 2000/ 8,000,000Rs. (grand total) 1999/ 2,000,000Rs. for Mulleriyawa 1,000,000Rs. for NSNSJ |
| 35 | Es/OP5 | How many officers were additionally allocated to the section to handle Nursing Education after the commencement of JICA Technical Cooperation Project in 1996? (Q to Dept of Health, MOH) | 36 Nursing Tutors were appointed to all the schools of nursing. Acting tutors 2 Retired tutors 6 |
| 36 | Es/OP6 | How many tutor nurses in total are serving in the clinical training of the nursing students at 20 hospitals? (Q to Project Office) | 299 |
| 37 | Es/OP6 | How many cases in average were given to each student per month for reporting in one ward of a hospital where she or he was sent for the hospital training? (Teaching staff, NSNSJ and Colombo) | 3 |
| 4-4 Summary of Evaluation questions and answers to assess negative or positive changes direct or indirectly produced in the society by the Project (Impact) | | | |
| 38 | Im/GQ | Do you see any difference in the knowledge and skill of the nurses who were recently recruited after 2000?(Q to Nursing sisters responsible to Medical Ward at SJGH and Colombo General Hospital) | No ANS was given. |
| 39 | Im/PP | Were graduates under the new curricula with A level qualification allocated to all categories of health care delivery facilities incl. health centres or only to referral facilities, which had demands of sophisticated services? Please answer with short explanation of MOH's policy. (Q to Dept of Health, MOH) | They are sent to all categories of health facilities upon planning. |
| 40 | Im/PP | Were the number of applicants to enter nursing schools increased or decreased after adopting the new curricula and new entry qualifications (A level)? (Q to Dept of Health, MOH) | Increased. year 1995 Admissions 1179 1997 2065 |
| 41 | Im/PP | Was the budget for nursing education at 12 schools incl. NSNSJ increase steeply after the commencement of the Grant Aid and technical Cooperation Project and hinder the implementation of other schemes of MOH? (Q to Dept of Health, MOH) | Increased. |
| 4-5 Summary of Evaluation questions and answers to assess whether the project is keeping both with the overall goal, donor and recipient's policy, as well as with local needs and priorities (Relevance) | | | |
| 42 | Re/GQ | Is the system to produce capable tutor nurses available at MOH and/or Universities? (Q to Project Office) | MOH only |

Questions and Answers

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|---|--------|---|---|
| 43 | Rc/PP | Does MOH regard that NSNSJ 's physical facilities are a feasible model, which is affordable to construct by the MOH's capital investment in future? Please answer with comments on future plan of renovation or new construction of nursing school in the coming 10 years. (Q to Dept of Health, MOH) | No ANS was given. |
| 44 | Rc/PP | Were all cadres for the teaching posts at NSNSJ filled to meet the demand at NSNSJ? (Q to Project Office) | No |
| 45 | Rc/OP3 | Are nursing schools receiving annual budget, as independent institutes, directly from MOH? If "NO", how do you obtain the funds? (Q to principals of 12 schools.) | <p>*Yes (BADULLA)</p> <p>*No. Through the director of General Hospital (RATNAPURA)</p> <p>*Fund received at beginning of year, for fuel 3,300/=, petty: cash 5,000/= (ANURADHAPURA)</p> <p>*No. (School should be independently to select the books) (GALLE)</p> <p>*No. The funds are given by the Health Department through Director General Teaching Hospital Jaffna.(JAFFNA)</p> <p>*No. Form the independent institutes. Only from the Department.(BATTICA)</p> <p>*Usually we don't handle budget, the MOH allocate budget annually according to the head of each school..(KANDY)</p> <p>* Only key money Receiving 5,000Rs./monthly(KANDANA)</p> <p>*No.(Kurunegala)</p> |
| 46 | Rc/OP4 | In case that you have to accept excessive number of students, how many students can you educate with maximal use of the present facilities in addition to the norm? (Q to principals of 12 schools) | <p>*100 students for each batch. 300 students (BADULLA)</p> <p>*Total 300 students 4-atches at a time (AURADAPURA)</p> <p>*No more (RATNAPURA)</p> <p>*50 students(JAFFNA)</p> <p>*Not relevant answer<(no hostel in the school administration block)> (BATTICALOA)</p> |
| 47 | Rc/OP6 | How many hours a day does the students, sent to hospitals as trainees, retain for discussion and opinion exchange on the subject with the tutor nurses? Please answer a rough figure. (Q to Teaching staff, NSNSJ) (Q to Tutor nurse at SJGH) | 2hours and half / day (1st grader) (Sister of surgical ward at STGH) |
| 48 | Rc/OPZ | Were Fax, Tel, and e-mail systems in use frequently at all schools of nursing for the communication among the schools? (Q to Project Office) | YES |
| 4-6 Summary of Evaluation questions and answers to which the positive changes achieved by the project, can be expected to last after the termination of the project (Sustainability) | | | |
| 49 | Sv/GQ | How many continuing education schemes organized by MOH are available to the registered nurses in the country? Please answer by figures and, if possible, please attach the list of the training topics. (Q to Department of Health, MOH) | 8programme- midwifery, O.T, paediatric nursing, I.C.U, infection control, mental health, management, eye nursing Under the dnms Infection control, cancer care, elderly care |
| 50 | Sv/PP | How are the difference of the salary, working condition, fringe benefits of registered nurses between 1990 and 2000? Please give rough figures and explanation with an example of the case of newly recruited nurse just after graduation from a National Nursing School. (Q to Dept of Health, MOH) | No ANS was given. |

Questions and Answers

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|----|---------------------|--|--|
| 51 | Sy/PP | How many schools are using New Curricula for the pedagogic and practical training for undergraduate nursing students? Please answer by figure such as xy/11 (eleven). | All schools |
| 52 | Sy/PP | Was the annual budget, provided from MOH, for the recurrent cost to run a nursing school increased after the commencement of this JICA Project. If YES, How many percentage? Please collect INFO from Kandy and Colombo Nursing schools. (Q to Principal, NSNSJ) | No ANS was given. |
| 53 | Sy/PP | How are the difference of the salary, working condition, fringe benefits of registered nurses between 1990 and 2000? Please give rough figures and explanation with an example of the case of newly recruited nurse just after graduation from a National Nursing School. (Q to Dept of Health, MOH) | No ANS was given. |
| 54 | Sy/OP2 | How much money was allocated to purchase fuel for the BUS in the budget of the year 2000? (Q to the principals of the 5 schools where the bus was newly introduced.) | FY2000, Rs.32,430.50 only (ANURADHAPURA) FY2000, 2717 liter of diesel (KANDANA) No ANS was given from 3 schools |
| 55 | Sy/OP2 | How many times did MOH officer in charge of Nursing Education attend the Principal Meeting in the year 2000? (Q to Project Office) | twice |
| 56 | Sy/Acl/ 2-3-1-11 | Was the entry qualification changed from O level to A level? YES or NO? And When was it changed? (Q to Principal, NSNSJ) | Yes. Since 1999 (Gazette of Sri Lanka) |
| 57 | Sy/Acl/ 2-3-1-11 | How much percentage of the non-A level holders among the total number of the newly taken students in 2000? Please answer with figures. (Q to Principal, NSNSJ) | Zero. (Admission Register of the school) |
| 58 | Sy/Acl/ 2-3-1-14 | Please give the figures on the annual budget of the year 2000 available to purchase books for the library. (Q to teaching staff in charge of Library) | *200,000Rs. - Allocation only for year 2000/ normal 25,000 *The allocation was 35,000Rs. / Utilized only 28,000Rs. *20,000Rs. *10,000Rs. *100,000Rs *50,000Rs. × 2 schools *2,400,000Rs. |
| 59 | Sy/Acl/ 2-3-1-5 | How many teaching staff out of the total number left or resigned the position(s) in the duration 1997-2000. Please answer, if any, with the figures. (Q to Principal, NSNSJ) | No ANS was given. |
| 60 | Sy/Acl/ 2-3-1-7 | How many nursing schools out of 12 are using the reformed curricula in April 2001? Please answer with figure. (Q to Project Office) | 12 schools |
| 61 | Sy/Acl/ 2-3-1-7 | How many nursing schools out of 12 are using the reformed curricula in April 2001? Please answer with figure. (Q to MOH, Dept of health) | 11 Basic Nursing Schools |
| 62 | Sy/Acl/ 2-3-2-1 | Is there committee or the equivalent body in MOH that handle further renewal of the curricula? (Q to Project Office) | Perhaps no. |
| 63 | Sy/Acl/ 2-3-2-3 | How much money was allocated to the training scheme from the MOH in the year 2000? (Q to Project Office) | 40% of total cost for Middle Level Trainers Training from MOH(FY2000) |
| 64 | Sy/Acl/ 2-3-2-9 | How many nursing schools produced documents for Principal Meeting using computer in the year 2000? (Q to Project Office) | Agenda & report arranged by in-charge school |

Questions and Answers

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|----|---------------------|---|--|
| 65 | Sy/Accl/ 2-3-3-2 | Please list problems you have, at this moment, regarding computers donated by JICA Project. (Q to 12 principals of the schools) | <ul style="list-style-type: none"> *No problem regarding computer. It's working properly. *You trained me one day to prepare a letter only. Not more than that. *Problem is the time is not enough to work properly, because of the shortage of Academic staff and large number of students. (RATNAPURA) *No problem regarding computer. Super Fax Printer has problem, out of order.(KANDANA) *No problem (School of ANURADHAPURA) *We don't have any problems regarding our computer donated by JICA project.(KANDY) *Printer out of order, can not repair (JAFFNA) |
| 66 | Sy/Accl/ 2-3-6-1 | How many percentage of the cost for the seminars was shouldered by MOH? Please answer with the figures. (Q to Project Office) | Participants Substances only at Mid level tutor training seminar |
| 67 | Sy/Accl/ 2-3-6-3 | Which post or person of the counterpart is responsible to update the content of the tutors' and Learners' manuals, which were developed at the Project? (Q to Principal, NSNSJ) (Q to Project Office) | <ul style="list-style-type: none"> *Ministry of Health & the Model School *Fundamentals of nursing *Medical surgical nursing *Guide lines on clinical practice *MCH nursing |
| 68 | Sy/Accl/ 2-3-7-1 | How much does it cost to hold one principal meeting? Where is the funding source for the travel expense for each meeting attendant? (Q to Principal, NSNSJ) | <ul style="list-style-type: none"> *Transportation expenses, daily allowance *Dept. of Health Services DDG/EJR |
| 69 | Sy/Accl/ 2-3-7-3 | How many times the representative of principal meeting sent request or suggestion letters to MOH?(Q to Principal, NSNSJ) | No ANS was given. |

5. Lessons from the evaluation

5-1 Efficiency

Model School establishment

a. Project Outputs in the establishment and operation of model school were created of the project input both in technical and managerial aspects. JICA experts and the counterparts had sufficient interactions in utilization of new curricula after reform, teaching material development, tutors' / learners' manual formulation and the guideline formulation of school operation etc. As the result of tutor training conducted by JICA experts, the teaching staff is capable to use newly introduced teaching methods and modalities for daily theoretical and pre-clinical training for the nursing students. The teaching materials developed by the teaching staff in collaboration with JICA experts were distributed to other 11 (eleven) nursing schools scattered in the country.

Management of the training

b. Hospital and community health training at the designated training venues for the Model School were well organized both in technical and managerial aspects. Tutor nurse training courses organized by the Project were particularly efficient to deliver messages related to the improvement of supervision and communication among tutors and students.

Standardized Training Curricula

c. The Project intended to extend the achievement in the Model School to 11 other schools and approximately clinical teaching venues of 20 hospitals as well as 11 Medical Officer of Health (MOH) offices where nursing students were sent for community health training. Some aspects, particularly on the standardization of training curricula and modules, were successful although still there are issues under intervention process of JICA Project by which school management and training capacity at 11 (eleven) schools were to be upgraded.

Equipment

d. The loss of inputs was minimal in terms of equipment and instruments donated by the Project to 12 all schools. These items, mostly for teaching purposes, were generally in good shape and well utilized except for the computer systems that were distributed to all schools for the betterment of administrative function and self-reliant daily teaching material formulation. There are limitations for the maximal use of them due to the lack of computer training and serious shortage of fund at each school to purchase consumables such as printer ink and so on.

Director of Nursing Education

e. Coordination and administrative function of the responsible post for nursing education in the Department of Health, MOH was an important factor to ensure the smooth implementation of the project activities. Throughout the project period, JICA Project Office and the Experts intended to empower the Director of Nursing Education to enforce the position to be an influential one to the MOH's decision making related to nursing personnel development. The attempt was in general successful in short term perspective although there is no evidence of structural change or advancement in the governance on nursing education.

Standardizing Clinical Training

f. The Project prepared several activities to upgrade and standardize the clinical training for nursing students at hospitals. The attempt to organize a model at the selected two hospitals, SJGH and CSH was successful with favorable coordination and supervision of the Sri Lankan teaching staff, tutor nurses of the hospitals and JICA experts. Middle Level Technical Workshop and Seminars of JICA were effectively used for the extension of this achievement to 18 other hospitals. Over 400 tutor nurses attended the training occasions throughout the project period. The monitoring on the operational aspects and quality of the hospital training has been conducted by the Project within the capacity since 1999. The frequency of monitoring and the reliability of the implementation structure is still in improvement at the ending stage of the Project. Movement on the establishment of Nursing Standard and the standardized guideline of Nursing Procedures should be emphasized as one of the challenging topics both in the Project and Hospitals. The formulation procedures recommended by the Project was a typical "bottom-up" and "participatory" at each clinical venue, which is very appropriate.

Information exchange

g. Communication and information exchange among nursing schools were said to be very poor before the commencement of the Project due to the lack of resource and motivation. This was improved both by the intervention of the Project with strong motivation and also the input of collection Fax machine, although there are further demands of training for the better utilization of computer system. Principal Meeting was well motivated in the delivery and collection of information.

5-2 Effectiveness

Improvement of nursing care

a. It is obvious that the skills and knowledge of teaching staff of 12 nursing schools including NSNSJ were improved through various exposure and training occasions provided by the Project. The new curricula of nursing education reformed by MOH in collaboration with Project prepared a condition where standardized modern undergraduate training of nursing is implemented all over the country. However, it is difficult to state, at this moment, that the visible improvement of graduated nurses, is identified in the common picture of nursing care being conducted in various health facilities.

Hindrance

b. There were several important assumptions to hinder the total achievement of the project purpose. Firstly, the teaching staff allocation to each school was insufficient in number despite the best efforts of MOH. Training in nursing requires close contact and communication among teachers and students both in theoretical and practical training due to the nature of the profession to handle human being and patients in particular. It was not easy for MOH to achieve immediate expansion of Post Basic School of Nursing (PBS) to produce qualified teaching staff with priority and fill all cadres in time.

Status

c. Among the assumptions, weakness of the schools in status and managerial aspects should be in our mind. This is mainly due to the given status in human resource development structure. Out of 12 schools including the model school at Sri Jayawardanapura, 8 schools were run as auxiliary or daughter institute of government hospitals, which provided land and physical facilities for the school at the founding. The budget is allocated through the hospitals as a part of hospital recurrent budget that was reportedly controlled by hospital authorities with freehand. According to the survey to know the condition of facilities and equipment, it was found that the priority was presumably not given to the schools in use of the recurrent budget of the hospitals. There were many reports on the difficulties even to settle the bill for the fuel of the vehicles sending students to field works and also to purchase simple and conventional stationary for the daily use in the schools.

Capital Investment

d. It is not difficult for the mission to imagine that MOH tried to provide reasonable capital investment for the physical facilities, library, and other equipment. However, the reality of these facilities was not in a standardized condition. The Model School provided by Grant Aid of the Japanese Government was in a condition, which was far beyond for the other schools to reach by their normal efforts seeking for funding from MOH. Considering the fact that all medical and dental doctors are produced in the Ministry of Higher Education, nursing staff development, observed by the mission, was in the status of second class vocational training, whereas the nurses was the majority in number in health care providers and also highly recognized to be an important workforce in the service.

5-3 Impact

Goal

a. Achievement toward the overall goal of "Capacity of the nursing personnel after finishing nursing education under new curricula and training system was in a standard to practice modern nursing," in PDM (E) was witnessed in several aspects.

Conceptual frame

b. Positive impacts of the Project are now ready to deliver to every venue of the nursing care particularly as a complete set of Nursing Standard, Nursing Procedures, and the standardization of Nursing Diagnosis / Processes. This conceptual frame

was unfortunately not in practice as uniformity in the country. At this moment, the mission has to state that the impact seen in the society in this regard was minimal. However, it is very clear that the Project successfully prepared the fundamental condition to have nationwide practice of the above concept.

Killer assumption

c. We have to aware of an assumption, by which the Project would have been killed. Nursing is a component under the framework of hospital and community health service system. Nurses acquired modern and appropriate skill and knowledge absolutely needs a reliable stage where they can perform as a modern and well-motivated nurse. For this purpose, working environment should be prepared with orientation both of physical and human factors. Non-overcrowded hospital OPD (Out Patient Department) and ward, favorable doctor-nurse relationship, active communication among staff with mutual respect and evidence-based personnel allocation will be a set of preconditions to assure the advancement and change, which were expected through the Project activities. The mission did not see the clear evidences to guarantee the above, during the survey period, but recognized the potential strength of the system, particularly in community health providing services close to the people. Further elaboration on the planning on referral system and health economics in relation to working for the people cost and health expenditure, by which planning authorities can provide better finance, with confidence, to the staff.

Discrepancy

d. Negative impacts were not detected in the survey area of this mission except for the concern to widen discrepancy, which was already created in relation to Project among the Model School and other 11 schools, particularly in facilities and quality of educational service including the skill of teaching staff. Although various efforts were done as activities for extension, 5 years duration was not sufficient to standardize all conditions among the schools. If the proper measures are not taken, with funding by the MOH, it will be difficult to prevent the structure establishment in nursing education, in which one prominent and prestigious school dominates other 11 schools as an elite not as a model.

5-4 Relevance

SJGH and Model School

a. The Project's major target in reality was to establish the Model School in the context where nursing staff development was conducted in the efforts of MOH coping with constraints in shortage of fund, teaching staff, and fundamental facilities for the schools. The strategies for the model school was well discussed and implemented with care to the long term perspective on nursing profession in Sri Lanka. It was reported that there was a controversy among MOH, SJGH and the JICA Project Office regarding the status of the new school constructed in the premises of SJGH. The school was finally defined as a national school of nursing under the responsibility of MOH. The mission respects this conceptual determination made by the related parties, whereas we identified the school operation cannot be smoothly done without the assistance of SJGH.

Extension

b. Regarding the extension of project impact to the entire country, the counterpart including MOH and the Project are expected to make further substantial efforts on the overall improvement of environment both for theoretical training at schools and practical training at hospitals. It should be emphasized that the Project and responsible posts in MOH should take actions together to construct a mechanism to strengthen quality control of nursing care and at the same time to enhance further capability building of teaching staff.

PBS

c. In this regard, inputs to PBS was not enough to encourage production of qualified teacher nurse with sufficient number. The present set up of PBS is not relevant as a sole institute of trainer's training in nursing. In occasions requiring any policy level decisions of the MOH regarding nursing, participatory planning by officers in charge and other external nursing professionals should be practiced under the leadership of Department of Health.

Private Sector

d. Some private hospitals run training institute for nursing staff development being independent from the government system. The present situation of the pre-service and in-service training conducted by these institutions remains unknown to the

Project. The segregation between government and private sectors in terms of nursing care and staff development will be a hindrance of the quality standardization of service. Doctors' licenses are commonly required in both sectors undoubtedly. Only nurses are walking on a different way in the private sector. This fact should be highlighted and studied by the Project.

5-5 Sustainability

Quality of Service

a. Over-crowding of the hospitals are recognized as a negative phenomenon in hospital operation by many health staff including nurses. Since the service is provided free of charge in government health facilities, there are no substantial reward to the care providers in terms of their salaries and the fringe benefits, even if they attend to the large number of patients beyond their capacities. This facts sometimes endanger the quality of service. In the Project, standardization of the nursing care among many hospitals, where nursing students received clinical training, was one of the major targets. Assistance was provided by the Project to formulate Nursing Standard and Nursing Procedures. The attempt to promote formulation and application of these guidelines, by the nursing staff themselves, were very useful and contributed much to improve the training environment for the nursing students. Issue is just to extend the guidelines to all over the country.

Workload

b. Workload analysis of nursing staff at each venue for clinical training in the hospitals was the topic that was elaborated by the Project at the hospitals for the Model School. This was recognized by the mission as a positive indication for the institution building initiated by the nursing staff. The extension to all hospitals being used as nursing training venues is highly expected.

Pressure

c. Almost all nursing schools suffered financial constraints to purchase daily use items and fuel for vehicles to send the students to the fields of community health training. The mission speculates the shortage of budget both for capital and recurrent investment for the nursing schools. On the other hand, all nursing students are paid their allowances directly from MOH at the amount of Rs.4,500 per person per month. This expenditure was a major part of financial input to the nursing personnel development for the country. If the steep increase of the number of nursing students, there will be a financial pressure to MOH.

Staffing

d. On the other hand, staffing of the nursing schools is not in a proper condition. Chronic shortage of teaching staff was repeatedly emphasized by JICA Project and school principals. There are many schools where one teacher has to cover 5-6 teaching subjects. Together with the poor facility and teaching capacity of Post Basic School of Nursing in Colombo, shortage of teaching staff was noted as a serious problem that has to be tackled by MOH.

Social Status

e. Registered nurses were recognized as professional public servants in the society. The social status was, however, not in a equivalent condition to medical and dental doctors. Career structure of nursing personnel is at this moment in order with Diploma of Nursing (National Nursing Schools) and Bachelor of Nursing (Open University and University of Sri Jayawardanapura), although BSc course accommodate only small number of nurses. Sri Lanka Nursing Association is present as a body to handle professional and social issues of nursing. This association is, however, not influential, at this moment, to the career development and the capacity building of staff of nursing personnel in this country.

6. Recommendation

Government Policy on Nursing Care and the Personnel Development

Concept

1. **Nursing Personnel should be given a status as prioritized category in Human Resource Development for Health Sector with more emphasis on the value and potentiality as an "an independent category of health care provider" NOT as an assistant or a dependent, auxiliary personnel to doctors.** It is highly expected that the nurses in Sri Lanka will be trained under the above concept, by which a team approach for patient care can be substantially developed for the benefit of Sri Lankan population. At the same time, it will lessen the burden of doctors and allow them to spend their working hours for professional matters in order to improve the curative service as well as the preventive aspects of the diseases.

Planning

2. **Workload Analysis of Hospital Nursing**, systematically conducted by the section responsible to the quality assurance of services at Department of Health, MOH, is expected to provide the reliable data base for the evidence-based demand on the production, assignment, training, ensuring nursing care that is well-coordinating the curative and preventive activities of doctors and other health care providers. A survey will be necessary at each hospital to clarify the workload in line with the **Nursing Standard**, which should be established by the nursing supervisors at each hospital, obtaining consensus with doctors and consultants. If the reality on the workload of each nursing venues is quantitatively revealed, MOH will possibly make maximal use of the existing nursing staff by rational allocation plan.

Organization

1. **All National Schools of Nursing should have a standardized condition in budget allocation, facilities, equipment, and staffing as independent institutions from hospitals**, which still remains as mother institutions for at least 9 schools out of 12. Budget has to be accordingly allocated directly from MOH to ensure the freehand to the schools in use of the fund with efficiency and effectiveness to meet the educational demand. Acting principals are on duty in 9 nursing schools at the moment. The schools seem to have difficulties in management and decision-making. It is expected to have better working condition with the appointment of principals.

Supervision

4. **The responsible post in MOH is recommended to instruct hospital directors of all governmental hospitals to prioritize nursing care as major target if they organize Total Quality Control (TQC) of hospital service.** Nurses are the majority in number among the hospital staff and also potential to lead the movement such as 5S(Sort, Set, Shine, Standardize and Sustain) systematically if proper guidance, technical assistance and facilities are provided to Matron and other senior leading nurses. The movement can be thereafter expanded to every corner of the hospital where patients substantially feel the changes or improvement of the service.

Management

5. **Referral system and task sharing among health facilities with different categories should further be strengthened to achieve rationalized utilization of health service.** This will contribute much lessening unnecessary workload for nurses only due to the overcrowd at the 2nd and 3rd level referral facilities. It is advisable to launch a nationwide scheme, by which motivates people to make use of the relevant facilities instead of jumping access to higher referral facilities for simple care. Each facility and MOH will be confident on personnel allocation, avoiding the criticism of acute and/on chronic shortage of nursing staff, which has been often discussed even among general public.

Funding

6. Pre-service and in-service training for nurses should be a prioritized target for increase of the budget in the input to personnel development in health sector. To assure further improvement of health care in Sri Lanka, nurses, who are confronting various health problems at the closest places to the patients, are obviously a key to success in the present condition where six (6) medical faculties and one (1) dental faculty are producing doctors in a relevant condition at Ministry of Higher Education in collaboration with MOH.

The function of Post Basic School of Nursing (PBS) should be dramatically changed from the present condition that is insufficient both in facility and function mainly due to the shortage of fund and support from MOH. PBS is a sole institution in the country for teaching staff development in nursing. In addition to that, **nursing schools themselves should be financially secured** enough to purchase essential consumables, such as stationary, OHP sheet mandatory lecture, reagents for chemistry practice and fuel for the vehicles to send students to their community health training venue away from each school.

Empowerment of Nursing Profession

Collaboration with foreign experts

7. Foreign experts / advisors will be useful in some areas related to nursing. MOH is expected to consider relevant utilization of external expertise and provides some additional opportunities to collaborate with foreign specialists for Sri Lankan nursing professionals. Advisor in health planning with special attention to human resource development and health service delivery system will be useful to nursing education as well as the entire health system in Sri Lanka, if he/she is assigned to the department of Health. A technical advisor of tutor training related to nursing is the most suitable area to accommodate external resource person to work with PBS and enhance the trainers' training activities. Nursing Standard, Nursing Procedures, and Nursing Diagnosis / Processes will be important topics in hospital nursing that are necessary to be elaborated nationwide by international collaboration. Foreign volunteers and technical experts can be useful specifically to this purpose.

Sri Lanka Nursing Association (SLNA)

8. Senior nursing professionals with leadership in Sri Lanka, such as principals of 12 nursing schools, matron of major hospitals, leading community health sisters, tutor nurses at teaching hospitals, should strengthen SLNS as a pure technical and non-political autonomous body. SLNA will be useful to improve the status of information exchange, discussion and idea creation to achieve further betterment of nurses' working condition and performance at various health facilities. In addition to that, if SLNA is successfully maintained, it creates various opportunities to every nursing team in the country to conduct self-help activities related to quality assurance of the care. The nursing personnel itself should have strength and high commitment for her/his professional, conceptual and human skills if they want to convince themselves and others that the nursing is a respecting professional working territory. Having strengthened SLNA, the nursing professional working territory. Having strengthened SLNA, the nursing professionals can proceed the formulation of Nursing Council in Sri Lanka.

Post Basic School of Nursing

9. Post Basic School of Nursing is recommended to be strengthened enough to meet the demand of tutor nurse supply to each hospital and also the development of teaching staff for nursing schools. It is obvious that the number of these teaching and trainer posts are in short, whereas the student intake is accelerated due to the pressure to fill up the vacant nursing cadres throughout the country. At this moment, only 102 teaching staff take care of approximately 5,300 undergraduate students (teacher-student ratio: 1/52). This teacher-student ratio has to be compared with the one in Japan; (1/15), that is the average of approximately 664 schools scattered throughout the country.

Principal Meeting

10. Principal Meeting of 13 nursing schools, formulated in relation to JICA Project, has to be further encouraged to expand the function to the centre of Management Information System of Nursing Education in collaboration with Director of Nursing Education, Department of Health,. A data-base concerning school operation should be shared among the principals in addition to the idea exchange for further advancement of theoretical and practical training for nursing students. Formulation of teaching materials, which can be commonly used among the nursing schools, should be further enhanced with the leadership of the Meeting.

principals and the deputies in the possible earliest time. Computer literacy course is also in demand for all teaching staff working for nursing schools. Skills to handle computer are not standardized among the teaching staff working for nursing schools, although each school introduced a complete set of computer for multi purpose use.

7. Acknowledgements

The evaluation team expresses our sincere thanks to teaching staff of National School of Nursing Sri Jayawardanapura for their assistance in information collection. Also our thanks goes to the Hospital Director, Matrons and other nursing staff of Sri Jayawardanapura General Hospital and Colombo South Hospital, who helped us a lot in the site visits. We also visited Homagama MOH Office. The Medical Officer and other nursing staff were kind enough to provide full information on the community health activities. We thank you all for that. We appreciate very much to PBS and Department of Health for the cooperation in arranging our visits and survey. In addition, we thank members of Principal Meeting for their quick response to the questionnaires. Finally we thank national and Japanese resident staff of JICA Project Office, Nursing Education Project at Sri Jayawardanapura.