

No.

**Ex-post Evaluation Report  
on  
the Project for Nursing Education  
in Sri Lanka**

**October 2006**

**Japan International Cooperation Agency  
Sri Lanka Office**

**Infotechs IDEAS Pvt.CO.LTD.**

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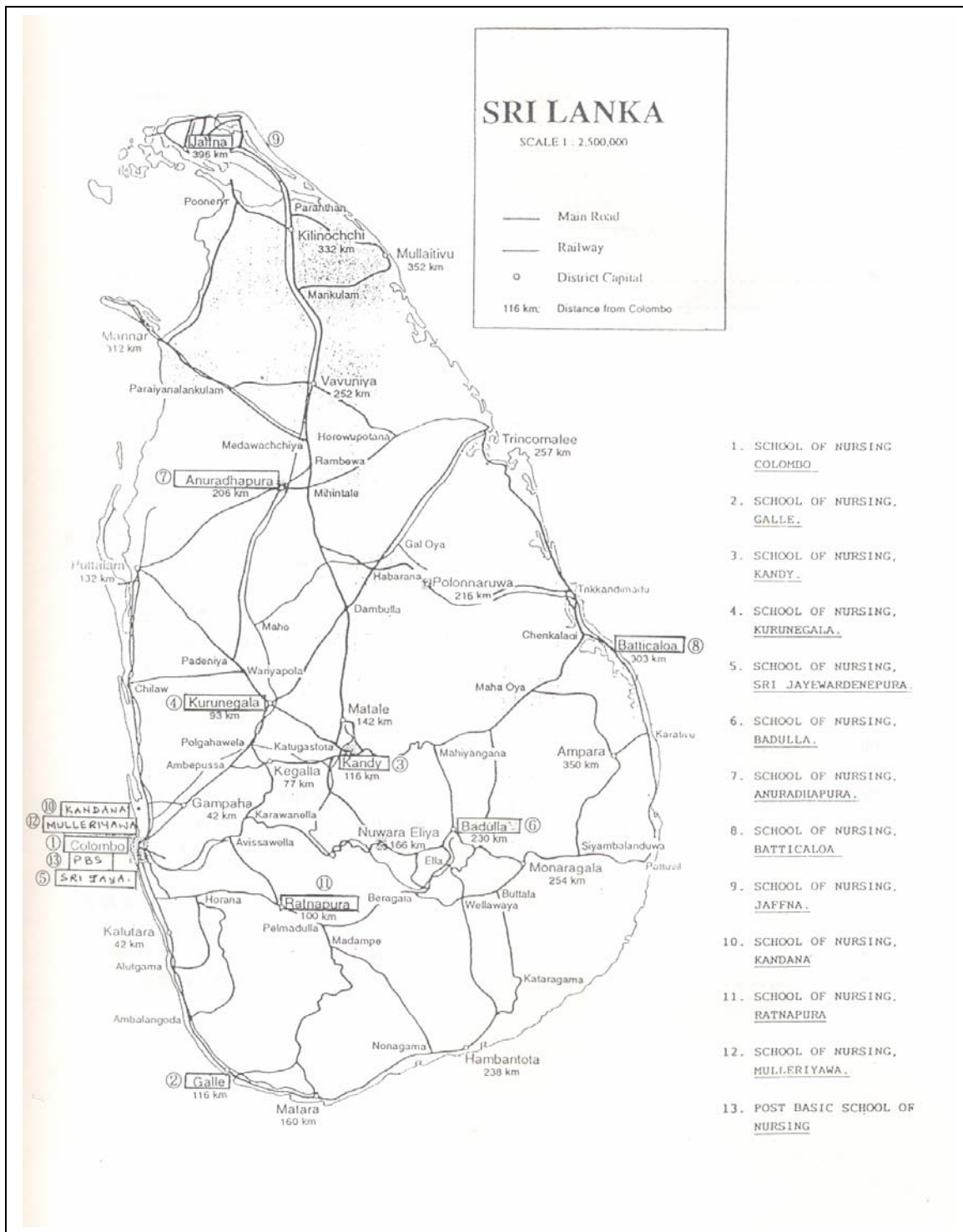
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## Project Site Map



## Pictures



Audio-Visual Equipment



Dressing Cart



Wall Chart of Human Anatomy



Class Room



Interior of Building



Injection Simulator



Nurse Training Doll



School Premises



Dressing Drum

## **Abbreviations**

DNE	Director Nursing Education
DNPH	Director Nursing- Public Health
ETR	Education, Training and Research
IFRC	International Federation of Red Cross
JICA	Japan International Cooperation Agency
MoH	Ministry of Health
NSNSJ	National School of Nursing Sri Jayawardenapura
PDM	Project Design Matrix
SJH	Sri Jayawardenapura General Hospital
SoN Ku	School of Nursing, Kurunegala
SoN	School of Nursing
W HO	World Health Organization

## Summary Evaluation

### 事後評価調査結果要約表

評価実施部署：スリランカ事務所

<b>1. 案件の概要</b>	
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	協力形態：プロジェクト方式技術協力（現・技術協力プロジェクト）
所轄部署：医療協力部（現・人間開発部）	協力金額： 586,020,000 円
協力期間	1996年10月1日～ 2001年9月30日
	先方関係機関：国立スリジャヤワルダナプラ看護学校 日本側協力機関：厚生労働省、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
他の関連協力：無償資金協力「国立スリジャヤワルダナプラ看護学校設立計画」（1997～1998）	
<b>1-1 協力の背景と概要</b>	
<p>スリランカでは看護師の絶対数が不足しており、保健政策における重要な課題となっている。スリランカ政府はこれに対する対策と看護師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看護学校を建設するための無償資金協力、および同看護学校を中心として、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。要請を受けて、無償資金協力を実施するとともに、1996年10月から5年間の技術協力プロジェクトを実施した。</p>	
<b>1-2 協力の内容</b>	
<p>国立スリジャヤワルダナプラ看護学校を看護教育の向上を目指したモデルケースとして位置づけ、看護教育の質の向上を支援し、他の国立看護学校における教育の質の向上を目指した協力を行った。プロジェクトの前半は、スリジャヤワルダナプラ看護学校におけるモデル的な教育の確立を中心とし、後半はモデル校での成果を他の看護学校にも普及することを目的とした協力を実施した。</p>	
<b>(1) 上位目標</b>	
<p>スリジャヤワルダナプラ病院の看護師の必要数を5年間で満たすこと、および、スリランカの看護師数を増加させることにより、スリランカの看護師の量および質の向上に貢献する。</p>	
<b>(2) プロジェクト目標</b>	
<p>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>	
<b>(3) 成果</b>	
<p>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およ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>	
<b>(5) 投入</b>	
日本側：	
長期専門家：	7名
短期専門家：	22名
研修員受入：	13名



機材供与：	169,462 千円
スリランカ側： カウンターパート： 土地・施設提供 研修コスト負担	8名
<b>2. 評価調査団概要</b>	
調査者	JICA スリランカ事務所 Infotechs IDEAS (Pvt) Ltd.
調査期間	2006年2月21日～2006年3月23日
	評価種類：事後評価
<b>3. 評価結果の概要</b>	
<b>3-1. 評価結果の要約</b>	
<b>(1) インパクト</b>	
<b>(i). 上位目標の達成度</b>	
<ul style="list-style-type: none"> <li>看護師の人数の増加という目標は達成されており、国立スリジャヤワルダナプラ看護学校 (NSN SJ) はスリジャヤワルダナプラ病院に卒業生の 50%を配置しているが、2003 年度に学生受入がなかった影響により、スリジャヤワルダナプラ病院は依然として看護師の不足の問題を抱えている。</li> </ul>	
<b>(ii) その他の成果</b>	
<ul style="list-style-type: none"> <li>プロジェクト期間中にワークショップやセミナーを通して知識や技術を学んだことは、看護師は引き続き専門能力向上のための努力をする動機づけをなっている。</li> <li>NSN SJ の施設を活用して、助産師の育成も行われた。</li> <li>プロジェクト終了後も、プロジェクトで開発された教員向け指導書等の教材は継続的に使用されている。</li> </ul>	
<b>(iii) その他の負の影響</b>	
<ul style="list-style-type: none"> <li>教員一人当たりの業務負担が増加しており、セミナーの開催等の自己研鑽のための活動を実施することが難しい状況にあるため、プロジェクト終了後に教員の能力の大幅な向上ははかられていない。</li> <li>助産師育成のための学生の増加により、看護師となる学生の受入可能数が減少した。</li> <li>学生数が増加しているにもかかわらず、それに見合う教員や施設の増強がなされていないため、全体として教育の質に悪影響が出ている (NSN SJ 定員 300 人, 学生数 420 人 ; 2005 年)。</li> </ul>	
<b>(2) 自立発展性</b>	
<b>(i) 技術面</b>	
<ul style="list-style-type: none"> <li>育成する看護師の人数は増加し続けているが、教員や設備の問題から、教育の質が向上しているとはいえない状態にある。</li> <li>プロジェクトで供与した機材は概ね調査時点でも使用されているが、保守・修理を実施する現地の業者が不在であることにより、維持管理の体制は十分ではない部分もある。</li> </ul>	
<b>(ii) 財政面</b>	
<ul style="list-style-type: none"> <li>資金の配賦・活用が計画的に実施されていないことにより、必要とされているところに必要な資金が提供されていない問題がある。資金は、看護学校に直接配賦されるわけではなく、管轄の教育病院を通じて配賦され、教育病院がその用途を決定しているため、学校長の裁量は限られている。</li> </ul>	
<b>(iii) 組織・体制面</b>	
<ul style="list-style-type: none"> <li>看護師の養成人数は保健省が決定するが、看護師の養成計画は作成していても、学生数の増加に見合う教員の養成の計画や施設拡充の計画がない状態にある。そのため、学生数の増加に対する教員増加が遅れ、教員一人当たりの学生数の増加につながっている。年間の</li> </ul>	

看護師育成数にかかる決定は、必要看護師数だけではなく他の医療補助員の不足等の他の要因に影響を受けて決定される傾向にある。

### 3-2 プロジェクトの促進要因

#### (1) インパクト発現を促進した要因

- ・ 2010年までに35,000人の看護師を育成するために、スリランカ政府が新たな看護師育成センターを確保したために、全体として年間の看護師育成数が増加した。
- ・ 全ての看護学校において、プロジェクトで導入された同一のカリキュラム、教員用マニュアルが使用されたため、指導の質・一貫性が確保された。

#### (2) 自立発展性強化を促進した要因

- ・ プロジェクトを実施した国立スリジャヤワルダナプラ看護学校においては、プロジェクトで実施したワークショップやセミナーを通じて、教員および看護師の向上心が高まり、より高度な専門知識を目指すような環境がうまれた。NSN SJのスタッフの多くは看護の大学または大学院レベルの学位を取得しており、現在も多くが学位取得を目指している。
- ・ 同看護学校の教員が、プロジェクトを通じてコンピューターが使用できるようになったことは、教育の質の向上に貢献している。

### 3-3 プロジェクトの阻害要因

#### (1) インパクト発現を阻害した要因

- ・ スリジャヤワルダナプラ病院は依然として看護師不足の状況にあるが、これは2003年度に新規の学生をとらなかつたため、2005年に卒業する学生がゼロとなったことが大きな要因となった。これは、行政組織の変更により、募集等の決定が遅れたためである。
- ・ 教員一人当たりの学生数の増加が、教員の業務負担の過多につながっている。学生は臨床分野での経験を十分に積むことができず、結果として最終試験の合格率も低い(45%)という状況が発生している。

#### (2) 自立発展性を阻害した要因

- ・ 学生数最大300人(女性のみ)、看護基礎教育の実施、という想定であったが、男子学生も受け入れ、助産師150名の訓練も実施することとなり、施設・教員・機材などが不十分な事態が発生し、教育の質に悪影響が生じた。

### 3-4. 結論

- ・ 看護師の人数の増加というプロジェクトの上位目標は達成された。また、プロジェクトを実施したことにより、看護師・教員の専門知識向上にかかる意識向上がはかられた。プロジェクトの支援により、修士レベルの資格を有する看護師は、スリランカ全体で6名から26名にまで増加した。また、プロジェクトにおける新たな教材や機材の導入により、看護教育の質の向上に貢献した。
- ・ しかしながら、看護教育の質の平準化という当初の目標はプロジェクト終了後に必ずしも維持されているとは言えない状況にある。
- ・ 多くの看護師が学士や修士レベルの資格を有するようになったにも関わらず、さまざまな決定に関与する機会はほとんど与えられておらず、現在も政策的な決定は看護師以外の人員により保健省レベルで行われている状況は変わっていない。

### 3-5. 提言(当該プロジェクトに関する具体的な措置、提案、助言)

- ・ 学校長や看護師長を含めて、カリキュラム、学生の入学数、実習等について、定期的に見直しを行っていくことが必要。特に、臨床実習の時間を十分にとることが重要。
- ・ 看護師数の増加は重要であるが、育成数を増加させることだけではなく、卒業試験の合格率が低くなっている状況もあり、教育の質の維持・向上のための対応が必要。
- ・ 教員一人当たりの学生数を減らすため、保健省が教員養成計画を策定し、教員養成の継続的な実施、非常勤講師の採用等により、適切な教員数を維持することが必要。
- ・ 施設・機材の整備については、保健省が適切な技術者を配置し、維持管理を行う体制を整備

し、学生が施設を最大限利用できるようにすることが必要。

- ・より専門的な高等教育を受ける機会が看護師、特に教員に与えられ、行政面での能力強化がなされ、政策決定過程等にも積極的に参加できるようになっていくことが望ましい。

### 3-6. 教訓

- ・看護学校の適正な機能のために、教員の育成・採用にかかる適切な方針が設定されることが重要。プロジェクトの成果が持続するためには、それを支える適切な政策が必要。
- ・機材が長期的に活用されるように、維持管理を担当する要員の配置が必要。
- ・病院における看護師の不足により、現職看護師の場合、業務が忙しく授業のための時間をとることができない看護師もいる。病院と看護学校との間での研修中の学生の扱いについて、十分な理解と合意が必要。また、学校と病院の間のコミュニケーションも、効果的な訓練の実施に重要であることから、教員と看護師との間のコミュニケーションの改善と相互理解促進が求められる。

<b>1. Outline of Project</b>	
<b>Country:</b> Sri Lanka	<b>Project Title:</b> Project for Nursing Education in Sri Lanka
<b>Issue/Sector:</b> Health/Medical care	<b>Cooperation Scheme:</b> Project-type Technical Cooperation
<b>Division in charge:</b> Department of Health	<b>Total Cost:</b> JPY 586,020,000
<b>Period of Cooperation:</b> 1996.10.1 – 2001.9.30	<b>Partner Country's Implementing Organisation:</b> National School of Nursing, Sri Jayawardenapura
	<b>Supporting Organisation of Japan:</b> Ministry of Health, Labor and Welfare, National center for nursing research and training, National College of Nursing, etc.
<b>Related Cooperation: Grant Aid "Project for Establishment of School of Nursing, Sri Jayawardenapura" (1997-1998)</b>	
<p><b>1.1 Background of the Project:</b>            In 1992, the Government of Sri Lanka requested the Government of Japan for grant aid and technical assistance as a measure to overcome the shortage of nurses in Sri Lanka. The shortage of nurses has been a serious constraint faced by the health service sector in Sri Lanka. Once the nature of the assistance was ascertained, the Japanese Government responded by providing a 5 years technical cooperation commencing in October 1996.</p>	
<p><b>1.2 Project Overview</b>            This project aimed to improve nursing education in the National School of Nursing, Sri Jayawardenapura (NSN SJ) and make it a model nursing school with the intension of diffusing quality nursing education to other nursing schools. The initial phase of the project consisted mainly of the preparatory work necessary to establish a model school. The second and third phases were systematically planned to extend outputs achieved at the model school to develop the entire nursing cadre in the country.</p>	
<p><b>(1) Overall Goal</b>            To make an effort to improve both the quantity and quality of nurses in Sri Lanka by:</p> <ul style="list-style-type: none"> <li>• Fulfilling the regular nursing cadre in Sri Jayawardena Hospital in 5 years</li> <li>• Increasing the total number of number of nurses in Sri Lanka in 5 years</li> </ul>	
<p><b>(2) Project Purpose</b>            To establish a model school of nursing and to improve quality of basic nursing education in Sri Lanka.</p>	
<p><b>(3) Outputs</b></p> <ol style="list-style-type: none"> <li>1) Effective educational activities were conducted in the newly established nursing school, National School of Nursing, Sri Jayawardenapura (NSN SJ);</li> <li>2) Capacity of teaching staff at 11 nursing schools in the country including NSN SJ was improved;</li> <li>3) Managerial aspects of the 11 nursing schools were improved under the influence of NSN SJ</li> <li>4) Clinical undergraduate training of nursing was improved with the guidance of NSN SJ</li> <li>5) Equipment, instruments, and other related teaching materials, which were provided by the Project, were properly utilized at all nursing schools.</li> </ol>	

<b>Inputs (at the time of Project Termination) :</b>	
<b>Japanese side</b>	
<b>Input</b>	
Number of Long term Experts	7
Number of Short term Experts	22
Number of Trainees received (Counterpart training in Japan)	13
Equipment	JPY 169,462
<b>Sri Lanka side</b>	
<b>Input</b>	
Counterpart Personnel	8
Provision of land and necessary facilities	
Training Cost	
<b>2. Evaluation Team</b>	
<b>Members of Evaluation Team</b>	JICA Sri Lanka Office Infotechs IDEAS (Pvt) Ltd
<b>Period of Evaluation</b>	21 <sup>st</sup> February – 23 <sup>rd</sup> March 2006
<b>Type of Evaluation</b>	Ex-post Evaluation
<b>3. Results of Evaluation</b>	
<b>3.1 Summary of Evaluation Results</b>	
<b>(1) Impact</b>	
<b>(i) Achievement of Overall Goal</b>	
<ul style="list-style-type: none"> <li>The overall goal of increasing the quantity of nurses has been achieved partially and NSN SJ provides 50% of students from each batch of trained nurses to the Sri Jayawardenepura Hospital (SJH). However due to the absence of recruiting and training a batch of student nurses in 2003, SJH currently suffers from a severe shortage of nurses. The shortage of nurses in SJH in 2001 was 31.6% but in 2005 the shortage has increased to 40.7%.</li> </ul>	
<b>(ii) Other Positive Effects</b>	
<ul style="list-style-type: none"> <li>Knowledge updates, technological transfers and lessons exchanged through workshops and seminars during the “Project” period continue to motivate nursing staff in their professional development</li> <li>Due to the facilities available at NSN SJ, midwifery students are also been trained in the nursing school</li> <li>Teaching material developed during the “Project” period are still being utilised</li> </ul>	
<b>(iii) Other Negative Effects</b>	
<ul style="list-style-type: none"> <li>There has been no significant increase in the capacity of teaching staff since the termination of the “Project”. The number of seminars and workshops attended by the Tutorial Staff is much less than during the Project period.</li> <li>The increased intake of midwifery students has resulted in a corresponding decrease in the number of nursing students recruited</li> <li>Increasing annual intakes of students without adequate increases in infrastructure facilities, teaching staff, equipment etc have resulted in deterioration in the standards of nursing education</li> </ul>	

## **(2) Sustainability**

### **(i) Technical Aspects**

- Although annually more nurses are being trained, there is no corresponding increase in infrastructure, human and material resources resulting in overcrowded classrooms, inadequate equipment and teaching staff adversely affecting the quality of training
- Whilst most of the equipment provided by the “Project” is still in use, some lie idle due to lack of knowledge on how to use them. Maintenance systems are weak due to lack of local service agents to service and provided spare parts

### **(ii) Financial Aspects**

- Poor planning and coordination in allocation and implementation of funds means that funds do not always go where they are needed. Funds are not allocated directly to the Principals but are routed through the Directors of the respective Teaching Hospitals who decide how the funds are to be allocated

### **(iii) Organisational Aspects**

- Policies, including the number of student nurses to be recruited, are made at the Ministry of Health through the annual training calendar. However there is no corresponding training calendar for Tutor training resulting in recruitment of teaching staff after the recruitment of the nursing students, adversely affecting the teacher : student ratios. Policy decisions are often influenced by other factors such as shortages in the availability of paramedics which impact on decisions such as finalization of annual nursing student numbers

## **3.2 Factors that have promoted Project**

### **(1) Impact**

- Sri Lanka has obtained an additional nurses training centre which is contributing to increasing the total number of nurses being trained annually and helping in achieving the objective of 35,000 trained nurses by 2010
- The curricula introduced by the “Project” is continued with very little revision and uniformity in training is ensured in all schools of nursing by using the same manuals

### **(2) Sustainability**

- The Project’s main contribution is providing a stimulating learning environment through the use of education methods, such as workshops and seminars, and materials, which motivate teaching staff towards professional development and higher education. Most of NSN SJ staff are now graduates or undergraduates with more having applied for the B.Sc. in Nursing degree program
- The “Project” has contributed significantly in improving computer literacy amongst teaching staff with teaching staff at NSN SJ having much higher levels of computer literacy than the School of Nursing, Kurunegala

## **3.3 Factors that have inhibited the Project**

### **(1) Impact**

- Whilst the original intention of the “Project” was to contribute 50% of the nursing staff of SJH, SJH currently suffers from a severe shortage of staff

largely due to the absence of a student intake in 2003. This was a result of a change in the administrative bodies that took some time to make decisions

- The increase in Teacher : Student ratios has resulted in less attention during practical lessons which in turn affects clinical exposure of students. As a result failure rates at final examinations are nearly 45% island-wide

## **(2) Sustainability**

- The “Project” intended that NSN SJ have a maximum of 300 female students. However male students have also been enrolled in addition to two batches of midwifery students. Midwifery training has always been conducted by nursing schools affiliated to Teaching Hospitals with the support of Nursing Tutors. As a result classrooms and hostel facilities are overcrowded and equipment and facilities stretched, overall affecting the quality and standards of nurses training

## **3.4 Conclusions**

- The overall goal of increasing the quantity of nurses has been achieved during the “Project” period. The main contribution made by the “Project” is the establishment of a conducive learning environment which stimulates learning and professional development. With support given by the “Project” through NSN SJ, the number of M.Sc. qualified nurses in Sri Lanka has increased from 6 to 26. The “Project” has given a new direction to nursing education through the introduction of new teaching materials and equipment.
- However, the original intention of standardization of nursing education has not been maintained after the termination of the “Project” and has affected the current standard and quality of education at NSN SJ.
- Although many nurses are now B.Sc and M.Sc qualified they have no opportunity to participate in decision-making as policy decisions continue to be made by non-nursing officials at the Ministry of Health.

## **3.5 Recommendations**

- Curricula should be reviewed periodically. It is recommended that Principals and Directors get involved in developing or reviewing curriculum, clinical practices and enrollment of students
- The high failure rates at the final examination needs to be addressed. Whilst it is necessary to meet increased cadre requirements, the quality of training should not be compromised
- Proper assessments of classroom facilities, equipment, availability of tutorial staff and practical environment in the hospitals, hostel and other support services should be undertaken before enrolling students. Ministry of Health should be encouraged to make necessary policy decisions to ensure a lower Teacher : Student ratio.
- Suitably trained technicians and service agents should be appointed by the Ministry of Health to carry out regular maintenance of equipment to ensure that students obtain the full benefit of the equipment provided
- More opportunities for professional development should be encouraged to develop capacities of nursing personnel in order to develop them as good administrators and to be able to participate in planning and decision-making

**3.6 Lessons Learnt**

- A proper policy on recruitment of teaching staff to support the proper functioning of nursing schools should be established. Appropriate policy support is necessary for the impact of the project to be sustained.
- Arrangements for maintenance and operation of equipments should be made so that equipments provided can be utilized fully.
- Increased cooperation and coordination between Hospitals and Schools is required so that nurses who are under in-service training can spare sufficient time for necessary training. Increased communications and better understanding between teachers and nurses should be encouraged to improve cooperation between ward staff and students.



## **Chapter 1. Scope of the Evaluation Study**

### **1.1 Introduction and Background**

For many years, the Sri Lankan government has been confronted with challenges in providing a regular stream of qualified health care personnel, particularly nurses, for health care institutions. The increasing demand for health care services raised the awareness in both public and private sector health institutions to open standardized opportunities for persons to enter the nursing profession. This serious concern raised awareness of the Government and the private sector to look for opportunities to generate human resources in health care, particularly in the field of nursing.

In 1992, the Government of Sri Lanka requested the Government of Japan for grant aid and technical assistance as a measure to overcome the shortage of nurses in Sri Lanka. The shortage of nurses has been a serious constraint faced by the health service sector in Sri Lanka. Once the nature of the assistance was ascertained, the Japanese Government responded by providing a five year technical cooperation commencing in October 1996. This project aimed to establish a model nursing school which would improve nursing education in the National School of Nursing Sri Jayawardenapura.

The Project intention was two fold; Firstly to improve the quality of nursing education by re-standardising theoretical and practical training by introducing a new nursing curricula for undergraduate nursing education. This included capacity building of teaching staff by upgrading teaching and supervisory skills of teaching staff in all eleven nursing schools in the country, introduction of new teaching materials such as learners'/tutors manuals and reference handbooks, development of audiovisual programs, upgrading the entry qualification to nursing schools to Advance Level certificate holders and provision of a new building complex and equipment. Secondly, the Project aimed to contribute to the overall increase in the number of nurses graduating each year by generating 100 trained nurses each year.

### **1.2 Consultants and Time Frame**

The following team undertook the study between 21<sup>st</sup> February and 23<sup>rd</sup> March 2006

Mrs S.L.H. Vithanarachchi – Team Leader/Nursing Specialist

Mrs M.R. Ganasinghe – Public Health Specialist

Mr L. Wickramasinghe – MIS Specialist

Ms N. Godamunne – Project Management Coordinator

### **1.3 Project Overview**

The overall goal of the JICA Nursing Education Project was to improve the quality and quantity of nurses in Sri Lanka by fulfilling the expected nursing cadre in Sri Jayawardenapura General Hospital (SJH) within five years and increasing the overall number of nursing personals in Sri Lanka within five years. In achieving this goal, a model school of nursing has been established (National School of Nursing Sri Jayawardenapura) to accommodate 300 nursing students.

The initial phase of the project consisted mainly of the preparatory work necessary to establish a model school. The second and third phases were systematically planned to extend outputs achieved at the model school to develop the entire nursing cadre in the country. In 2001, six months prior to the termination of the Project, a joint Japanese and Sri Lankan government team conducted a Terminal Evaluation, which reviewed activities with regard to achievements and constraints in the implementation of the Project. The evaluation concluded that the Project had been operated efficiently with timely inputs mobilized by JICA. However, positive impacts of the Project were not seen in other Schools of Nursing at the time.

In February 2006, JICA Sri Lanka Office called for an ex-post evaluation of this Project to assess impacts and sustainability of the Nursing Project four years after the end of the cooperation. This assessment will contribute to existing knowledge gained through the Terminal Evaluation (2001) and enhance further coordination between the two countries, supporting future decision-making, planning and development of similar projects on Nursing Education in Sri Lanka. The results would be shared with the National School of Nursing Sri Jayawardenapura (NSN SJ), Sri Jayawardenapura General Hospital (SJH), and the Ministry of Health (MoH).

## Chapter 2. Evaluation Methods

### 2.1 Evaluation Questions, Indicators and Necessary Data

Criteria	Evaluation Questions		Achievement Criteria/Measures	Data Needed
	Main Questions	Sub-questions		
<b>IMPACT</b>	1. To what extent has the projects overall goal been achieved since the terminal evaluation?	<ul style="list-style-type: none"> <li>- How many nurses have been trained in the last 5 years?</li> <li>- Has the quality of services in SJH and other hospitals improved?</li> </ul>	Compare current data with pre 2001 records	<ul style="list-style-type: none"> <li>-Number of students trained in the past 5 years</li> <li>-No of nurses appointed in SJH and other hospitals</li> </ul>
	2 What positive and negative impacts has the project achieved besides what was originally intended?	<ul style="list-style-type: none"> <li>- Compare number of nurses who have gained higher positions in the merit list of the final exam, pre and post 2001</li> <li>- Are students in SoN SJ motivated towards higher education compared to those trained in other SoN</li> <li>- Are They satisfied with the teacher/student ratio after implementation of the project?</li> </ul>	Compare/analyse data pre and post 2001	<ul style="list-style-type: none"> <li>-Merit list of final exams</li> <li>-No of promotions</li> <li>-No of undergraduates, graduates</li> <li>-Teacher/student ratios</li> </ul>
	3. Amongst positive changes made, how has the project implementation empowered the target group economically and socially? Has the project contributed to improved institutional capacity of the implementing agency?	<ul style="list-style-type: none"> <li>- Do you feel you are more competent than other nurses trained in other SoN?</li> <li>- Are there visible changes in other SoN as a result of this project?</li> </ul>	Analyse positive changes	<ul style="list-style-type: none"> <li>-Identify level of self confidence</li> <li>-Identify visible changes</li> </ul>
	4. Are there any cases of positive changes in other SoN as a result of the project?	<ul style="list-style-type: none"> <li>- Do you feel you need further assistance/training to be on par with SoN?</li> <li>-Do you think you are sufficiently empowered to make decisions in an emergency situation compared to those trained in other SoN?</li> </ul>	Analyse/compare data	<ul style="list-style-type: none"> <li>-Past training programs</li> <li>-Self evaluation</li> </ul>
	5.Are there any external factors that influence the achievement of the project overall goal?	<ul style="list-style-type: none"> <li>- Are there any other external programs contributing towards improving the quality of nursing in Sri</li> </ul>	-Campare /analyse present situation with past -Analyse impact on other institutions	<ul style="list-style-type: none"> <li>-Allocation of funds</li> <li>-Capital expenditure</li> <li>-Recurrent</li> </ul>

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		Lanka? - Is SoN SJ adequately supported by the Ministry of Health?		expenditure
<b>SUSTAINABILITY</b>	1. Is the project management capable of maintaining the benefits accrued as a result of achieving the project purpose and overall goals?	- Are the benefits aimed by the project continued in terms of overall goals and purpose?	-Compare new data with MoH and terminal report	- No of Tutors -annual nursing output -No of workshops held in last 5 years - Replacement of equipment
	2.How likely are the project outputs to be maintained?	-What kinds of institutional/financial arrangements exist to sustain activities? -Where teaching staff leave the institution, are there measures to replace them? - Are vacancies filled immediately? If not, what are the effects of prolonged vacancies? -	Compare existing cadre of nursing tutors and technicians	-Government policy -Cadre replacement -Maintenance activities -Availability of resources
	3. What are the factors that have contributed or inhibited the sustainability of the project?	- Have adequate number of staff members been allocated to the SoN management structure? What academic development of staff are identifiable after termination of the project?	Identify significant inhibitors and contributors, strengths and weaknesses	- Policy changes - Budget allocations
	4. Is the implementing agency receiving continued political support to sustain project?	- Since the termination of the project, has the government allocated sufficient budget to SoN? - Is the budget adequate to sustain the project?	Compare current data with past records	-Annual budget allocation -Policy changes
	5. Are there any changes/alternations in relation to regulations since the termination of the project?	- What are the regulations and how do they affect sustainability of the activities of the SoN SJ?	Identify changes in regulations	Identify changes in regulations of MoH, SoN SJ
	6. Are there reliable efforts made to replicate outcomes of pilot sites?	- Have you been able share/exchange teaching methods and techniques with other SoN? -What are the changes made after the terminal evaluation?	Compare and analyse current available resources with past records	-Past activities conducted during the last 5 years (Workshops etc)
	7.Is the organizational capacity sufficient to	- What are the current staff profiles?	Discuss changes/improvements	Analysis of who makes decisions

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	implement project activities after 2001?	- Are you actively involved in planning and decision making?	in human resources	on staff replacements
	8. Is there a sense of ownership towards the project by the implementing agency?	- To what extent are you consulted by project implementers to improve effective implementation of project?	Discuss developments	Analyse progress reports
	9. To what extent has curricula/syllabi been improved to sustain project after termination?	- Are those outputs still effective/ applicable to the current needs? -How have the teaching materials and curricula been improved since the terminal evaluation?	Discuss changes in teaching methods	-Teaching methods, Curricula and course materials

**1. Summary of Evaluation Questions and Answers to assess negative or positive changes direct or indirect produced by the Projects (*IMPACT*)**

Evaluation Questions		Answers
1.1 To what extent has the projects overall goal been achieved since the terminal evaluation?		
1.1.1	How many nurses have been trained in the last 5 years?	Approximately 4700 from all schools ( current students 10,210) NSN SJ 325 nurses, (current students 785)
1.1.2	How does the School ensure a regular intake of students?	Before 2005 - No annual calendar. Decisions on training was taken at Ministry level in a haphazard manner. Currently - Two intakes per annum March and November The number of students is decided by MoH
1.1.3	What is the procedure for recruiting students?	For MoH – <u>before 2003</u> - Govt. Gazette notice/ Selection test/ Merit interview and Physical / Medical examination <u>Now</u> Govt. Gazette notice/ Interviews and Physical /Medical examination  <b>For SJH</b> - Newspaper advertisement/ Interview and Physical/ Medical examination
1.1.4	Has the quality of nursing services in SJH improved in the last 5 years?	<b>Yes</b> 90% <b>No</b> 10%
1.2 What positive and negative impacts has the project achieved besides what was originally intended?		

1.2.1	How many nurses have been appointed from your SoN to SJH and other hospitals?	2001 2002 2003 2004 2005	<b>To SJH</b> -- 53 42 29 --	<b>Other</b> -- 26 39 47 89
1.2.2	How do you feel about the education and training you are currently receiving?	<b>Students</b> Excellent Very good Good Satisfactory Poor	<b>NSN SJ</b> 27% 27% 33% 13% 0%	<b>SoN Ku.</b> 7% 33% 47% 13% 0%
1.2.3	What are the resources you have for teaching and learning in your SoN and who are the main users?	Clinical Lab Ins. limited Books CD-ROM AV Computer Clinical lab equipment and books are used by students/tutors Other items only by tutors It was stated that these resources are not adequate to train large groups.	<b>NSN SJ</b> Yes Yes No TV/ OHP/ Epidioscope Yes	<b>SoN Ku</b> Very Adequate No TV/OHP Yes
1.2.4	What are the new and appropriate technologies used for sufficient and effective teaching/learning?	Computers, slides, models, visual aids No power point presentations. Some of the Televisions are out of order		
1.2.5	Are you satisfied with your working environment?	<b>SJH</b>	Yes 100%	
1.2.6	Do you feel that nurses trained in other SoN are more competent?		Yes 76%	No 24%

1.2.7	What is your view about the learning environment?	<b>NSN SJ Students</b>		<b>SoN-Ku</b>
		<b>Students</b>		
		Excellent	40%	0%
		Very good	46%	13%
		Good	7%	33%
		Satisfactory	7%	47%
		Poor	0%	7%
		Due to large groups, students are not able to use the available resources and they felt that individual attention is inadequate due to large student groups and less tutors.		
1.3 Amongst positive changes made, how has the project implementation empowered the target group economically and socially?				
1.3.1	Do you think that nurses trained in SoN SJ and those trained in other SoN have similar capacity in terms of knowledge and skills?	Yes	40%	No 60%
1.3.2	Do you think that nurses trained in SoN SJ/ other SoN are sufficiently empowered to make decisions in patient care/emergency situations?	<b>NSN SJ</b>		<b>Other</b>
			Pt. Care/ Emerg.	Pt. care/ Emerg.
		Yes	100% 60%	81% 62%
	No	0% 40%	19% 38%	
1.3.3	In your opinion, what is the standard of nursing education at SoN SJ?	<b>Before 2001</b>		<b>After 2001</b>
		Very high	0%	0%
		High	50%	60%
		Appropriate	20%	20%
		Low	0%	10%
	Very low	10%	0%	
1.3.4	What are your future plans regarding professional development?	Higher education (B.Sc./M.Sc), International nursing, career progression, Skills development (Language/ Computer literacy)		



1.3.5	Do you see any difference in terms of efficiency and knowledge between nurses trained at SoN SJ and other SoN before the year 2001 and after the year 2001?	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Before 2001</th> <th>After 2001</th> </tr> <tr> <th></th> <th>NSN SJ</th> <th>Other</th> <th>NSNSJ</th> </tr> </thead> <tbody> <tr> <td><b>Other</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>80%</td> <td>10%</td> <td>50%</td> </tr> <tr> <td>10%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No</td> <td>20%</td> <td>90%</td> <td>50%</td> </tr> <tr> <td>90%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Before 2001, NSN SJ nurses had better English knowledge, better practical knowledge, higher discipline and good attitudes about nursing because they were trained by Japanese. Nurses trained in other SoN seem to have better practical knowledge</p>		Before 2001		After 2001		NSN SJ	Other	NSNSJ	<b>Other</b>				Yes	80%	10%	50%	10%				No	20%	90%	50%	90%			
	Before 2001		After 2001																											
	NSN SJ	Other	NSNSJ																											
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90%																														
1.4 (a) Has the project contributed to improved institutional capacity of the implementing agency? (b) Are there any cases of positive changes in other SoN as a result of the project?																														
1.4.1	Describe in which way the improvements have taken place? (mechanisms for continuous improvements)	<p><b>NSN SJ</b> - None  <b>SoN-Ku</b> - ILRC Buildings  WHO Books  Self funded/ Dotions - Computers , Field programmes  OUSL Staff development  Three SoNs obtained additional buildings</p>																												
1.4.2	What is the current tutor/ student ratio in the School?	<table border="1"> <thead> <tr> <th></th> <th>2005</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>1: 65</td> <td>1: 108</td> </tr> <tr> <td><b>SoN-Ku</b></td> <td>1: 71</td> <td></td> </tr> </tbody> </table> <p>Mean teacher student ratio for all SoN is 1: 68</p>		2005	2006	<b>NSN SJ</b>	1: 65	1: 108	<b>SoN-Ku</b>	1: 71																				
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1.4.3	What is the expected nursing cadre and the available cadre of the SJH?	<table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Available</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>585</td> <td>400</td> </tr> <tr> <td>2002</td> <td>585</td> <td>410</td> </tr> <tr> <td>2003</td> <td>600</td> <td>420</td> </tr> <tr> <td>2004</td> <td>600</td> <td>400</td> </tr> <tr> <td>2005</td> <td>650</td> <td>385</td> </tr> </tbody> </table>		Expected	Available	2001	585	400	2002	585	410	2003	600	420	2004	600	400	2005	650	385										
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1.4.4	Do you think you/ your staff needs further assistance/training to continue in your positions successfully?	Yes 100% A few Workshops were conducted after the termination of the Project. Attendance for in-service education programmes are low																		
1.4.5	What are the types of assistance/ training required?	<b>Training</b> - Speciality training/ Computer literacy/ Language skills/ In-service programmes/ Workshops/ Seminars/ Research skills. <b>Assistance</b> - AV materials/ computers/ books/ leave for further studies/ research funds																		
1.4.6	What percentage of your staff has computer literacy?	<b>NSN SJ</b> 30% <b>SoN-Ku</b> 5% Tutors are motivated to attend classes to acquire computer skills.																		
1.4.7	What is your view about the support that you are receiving from the teaching staff at your SoN?	<table border="0"> <tr> <td><b>NSN SJ</b></td> <td><b>SoN-Ku</b></td> <td></td> </tr> <tr> <td>More than expected</td> <td>13%</td> <td>0%</td> </tr> <tr> <td>As expected</td> <td>60%</td> <td>67%</td> </tr> <tr> <td>Little less</td> <td>27%</td> <td>33%</td> </tr> <tr> <td>Far less</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>No support</td> <td>0</td> <td>0</td> </tr> </table> <p>Due to large groups, limited time and high workload, students are unable to have close contacts with tutors and ward staff. No time to be exposed to a variety of clinical experiences.</p>	<b>NSN SJ</b>	<b>SoN-Ku</b>		More than expected	13%	0%	As expected	60%	67%	Little less	27%	33%	Far less	0%	0%	No support	0	0
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No support	0	0																		
1.4.8	What are the current strengths you have identified?	<p><b><u>NSNSJ</u></b> Well educated Principal and tutorial staff; Very good facilities and class rooms/ demonstration room; Very good clinical practicals at SJGH and CSTH; Good Library; Good discipline, rules and regulations; Calm quiet, and pleasant environment; Good hostel facilities</p> <p><b><u>SoN-Ku</u></b> Hospital is closer to School and have a good Director; Have better clinical practicals, Strict discipline; Good hostel facilities</p>																		

1.4.9	What are the weaknesses you have identified?	<p><b><u>NSNSJ</u></b>                  Large number of students and insufficient academic staff ; Heavy workload, too many assignments, and stress; good library without a librarian- and not time to use it; good demonstration room but no time to use it; learning process needs modernization; no time for clinical practicals in special wards; some equipment is out of order; no opportunities to learn English; learn in Sinhala but work in English; inadequate hostel facilities; inadequate transport facilities</p> <p><b><u>SoN-Ku</u></b>                  Poor clinical experiences due to large batches; inadequate guidance due to insufficient teaching staff in clinical field; not enough instruments for procedures in wards; old methods are still utilized; poor IT facilities; inadequate library facilities; lack of current nursing publications; no microscope; poor English language skills of students; hostel facilities are inadequate; less cooperation among different teams</p>
1.5 Are there any external factors that influence the achievement of the projects overall goal?		

1.5.1	Are there any external programs that contribute towards improving the quality of nursing in Sri Lanka in the past 5 years?	<p><b>SJH</b>                  In-service training programmes (JICA); Training programmes (MoH); Diploma in Management Lactation; 6 months Midwifery course; annual training in Kandy on Dialysis Update Training; 2 months Intensive Care Management in NHSL; Pre and post Management in Kidney Transplant</p> <p>Most of the tutors at SoN Ku have applied for B.Sc.Nursing Degree programme for this year. Almost all the staff at NSN SJ are either Graduates or undergraduates of the Open University of Sri Lanka.</p>
1.5.2	What are the external programs that contribute towards improving the quality of nursing services in Sri Lanka?	Workshops; Family Health Care; Premature Baby and well baby care, Higher education;

**2. Summary of Evaluation Questions and Answers to assess negative or positive changes direct or indirect produced by after termination if the Project (SUSTAINABILITY)**

Evaluation Questions		Answers		
2.1 Is the project management capable of maintaining the benefits accrued as a result of achieving the project purpose and overall goals?				
2.1.1	What efforts have been made to improve the facilities and management of the SoN in the past 5 years?	<b>NSN SJ</b> - None <b>SoN Ku</b> - Access to computers and teaching aids, Building facilities improved, Received furniture, Management training, Delegating managerial work		
2.1.2	What are the workshops, seminars, conferences that you have participated during the past 5 years?	Most of them didn't answer		
2.1.3	What professional support and training are provided to you and your staff?	None		
2.1.4	What academic development of staff is identifiable after termination of the project?	Motivated to higher education, to update knowledge/ professional growth		
2.2 What are the factors that have contributed or inhibited the sustainability of the project?				
2.2.1	What type of resources/ facilities are provided in supporting you/your staff?	<b>NSN SJ</b>	<b>Yes</b> 0%	<b>No</b> 100%
		<b>SoN Ku</b>	33%	67%
2.2.2	Are there mechanisms for continuous improvement?	None		

2.2.3	Is equipment provided by the Project maintained and in proper working order?	<p><b>NSN SJ</b> No</p> <p><b>SoN Ku</b> Yes 92% No 8%</p> <p>No technicians are appointed for these Schools. Equipment has to be send to Bio-Medical Engineering Services. It takes time to return. Sometimes equipment is sent back due to lack of spare parts.</p>																		
2.2.4	What is your view about their maintenance?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td>7%</td> <td>20%</td> </tr> <tr> <td>Very. Good</td> <td>7%</td> <td>47%</td> </tr> <tr> <td>Good</td> <td>13%</td> <td>13%</td> </tr> <tr> <td>Satisfactory</td> <td>13%</td> <td>20%</td> </tr> <tr> <td>Poor</td> <td>60%</td> <td>0</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	Excellent	7%	20%	Very. Good	7%	47%	Good	13%	13%	Satisfactory	13%	20%	Poor	60%	0
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Poor	60%	0																		
2.2.5	Name the collaborations, linkages, partnerships with other national/international institutes in relations to nursing education?	<p><b>NSN SJ</b> - Certificate in Counseling; Diploma in Counseling; B.Sc. in Nursing</p> <p><b>SoN Ku</b> - ILRC- Donations and teaching aids</p>																		
2.2.6	When there are vacancies in Tutorial Staff, what measures have been taken to replace them?	None																		
2.2.7	Are vacancies in teaching staff filled immediately?	No																		
2.2.8	What is your view on yours and your tutoring staffs' workload?	Very High 100% in both Schools																		
2.2.9	What are the areas you think need to be improved to effective training?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>Course materials</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Curriculum</td> <td>100%</td> <td>92%</td> </tr> <tr> <td>Learning environment</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Staff development</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Clinical labs</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	Course materials	100%	100%	Curriculum	100%	92%	Learning environment	100%	100%	Staff development	100%	100%	Clinical labs	100%	100%
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Clinical labs	100%	100%																		
2.3 Is the implementing agency receiving continued political support to sustain project?																				

2.3.1	Since the termination of the project, has the government allocated sufficient budget to SoN?	No  All the schools are given limited allocations. These go to the teaching hospital not directly to the SoN, and the Director makes decision on utilization									
2.3.2	Is the budget adequate to sustain the project?	No									
2.3.3	What kinds of institutional/ financial arrangements exist to sustain activities?	None There are no special arrangements.									
2.4 Are there any changes/alternations in relation to regulations since the termination of the project?											
2.4.1	Are there any new regulations formulated to support sustainability of activities on SoN SJ?	<b>NSN SJ</b> - None <b>SoN Ku</b> - Concept of 5 S Development programme with the Hospital, New calendar of recruitment at the MoH									
2.4.2	Are you actively involved in planning and decision-making?	<table border="1"> <thead> <tr> <th></th> <th><b>Yes</b></th> <th><b>No</b></th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>0%</td> <td>0%</td> </tr> <tr> <td><b>SoN Ku</b></td> <td>58%</td> <td>42%</td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	<b>NSN SJ</b>	0%	0%	<b>SoN Ku</b>	58%	42%
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<b>SoN Ku</b>	58%	42%									
2.5 Are there reliable efforts made to replicate outcomes of pilot sites?											
2.5.1	What are the changes made after the terminal evaluation?	Curriculum revision which included a tri-semester system to evaluate students formatively Because of the high failure rates in the final examination, MoH looked for a ways to evaluate students more often in order to identify weaknesses at the early stage without waiting until the end so that training could be supported.									

2.5.2	What are the facilities you have for successful training?	<table border="1"> <thead> <tr> <th></th> <th><b>Excel</b></th> <th><b>V. Good</b></th> <th><b>Good</b></th> <th><b>Satis.</b></th> <th><b>Poor</b></th> </tr> <tr> <th>(%)</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> </tr> </thead> <tbody> <tr> <td>Library</td> <td>0/ 0</td> <td>33/ 0</td> <td>33/ 40</td> <td>20/ 13</td> <td>14/ 47</td> </tr> <tr> <td>Cli. Lab Ins.</td> <td>27/ 0</td> <td>47/ 20</td> <td>13/ 7</td> <td>13/ 26</td> <td>0/ 47</td> </tr> <tr> <td>Print. Co.Books</td> <td>0/ 0</td> <td>7/ 0</td> <td>7/ 20</td> <td>26/ 13</td> <td>60/ 67</td> </tr> <tr> <td>CD-ROM</td> <td>0/ 0</td> <td>0/ 0</td> <td>0/ 13</td> <td>0/ 13</td> <td>100/74</td> </tr> <tr> <td>AV</td> <td>0/ 0</td> <td>0/ 0</td> <td>7/ 13</td> <td>7/ 0</td> <td>86/ 87</td> </tr> <tr> <td>Others</td> <td>0/ 0</td> <td>0/ 0</td> <td>13/ 20</td> <td>13/ 13</td> <td>74/ 67</td> </tr> </tbody> </table>		<b>Excel</b>	<b>V. Good</b>	<b>Good</b>	<b>Satis.</b>	<b>Poor</b>	(%)	SJ/ Ku	SJ/ Ku	SJ/ Ku	SJ/ Ku	SJ/ Ku	Library	0/ 0	33/ 0	33/ 40	20/ 13	14/ 47	Cli. Lab Ins.	27/ 0	47/ 20	13/ 7	13/ 26	0/ 47	Print. Co.Books	0/ 0	7/ 0	7/ 20	26/ 13	60/ 67	CD-ROM	0/ 0	0/ 0	0/ 13	0/ 13	100/74	AV	0/ 0	0/ 0	7/ 13	7/ 0	86/ 87	Others	0/ 0	0/ 0	13/ 20	13/ 13	74/ 67
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2.6 Is the organizational capacity sufficient to implement project activities after 2001?																																																		
2.6.1	What is the profile of staff in the SoN?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>Snr. Tutors</td> <td>4</td> <td>6</td> </tr> <tr> <td>Junior Tu.</td> <td>6</td> <td>11</td> </tr> <tr> <td>Clinical Instructors</td> <td></td> <td>3</td> </tr> </tbody> </table> <p>In all schools there are 161 tutors. Next group of tutor training will be selected in the second quarter of this year. It will take another 1 to 1 ½ years to fill the cadre vancancies</p>		<b>NSN SJ</b>	<b>SoN Ku</b>	Snr. Tutors	4	6	Junior Tu.	6	11	Clinical Instructors		3																																				
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2.6.2	Are there adequate resources and facilities in supporting you/your staff at work?	Various training programmes on specialty nursing																																																



2.6.3	How do you feel about your daily workload?	<table border="1"> <thead> <tr> <th></th> <th>Schools</th> <th>Nurses SJH</th> <th>Other Nurses</th> </tr> </thead> <tbody> <tr> <td>V.High</td> <td>60%</td> <td>14%</td> <td>0</td> </tr> <tr> <td>High</td> <td>30%</td> <td>48%</td> <td>60%</td> </tr> <tr> <td>Appropriate</td> <td>10%</td> <td>38%</td> <td>40%</td> </tr> <tr> <td>Low</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>V. Low</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>As the workload is very high, nurses are compelled to work overtime. Tutors are unable to cover the curriculum.</p>		Schools	Nurses SJH	Other Nurses	V.High	60%	14%	0	High	30%	48%	60%	Appropriate	10%	38%	40%	Low	0	0	0	V. Low	0	0	0
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2.7 Is there a sense of ownership towards the project by the implementing agency?																										
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2.7.2	Describe how staff are represented in decision-making process?	<b>NSN SJ</b> None <b>SoN Ku</b> : Staff meetings and discussions; progress review meetings with hospital Director; preparing action plans to increase the quality of learning																		
2.7.3	Have adequate number of staff members been allocated to the SoN management structure?	No																		
2.8 To what extent has curricula/ syllabi been improved to sustain project after termination?																				
2.8.1	Where SoN sets new courses other than those conducted during the Project, how are the new training courses; Initiated, Planned, Delivered?	<b>NSN SJ</b> - Midwifery training for nurses Midwifery training for Family Health Workers Initiated and planned by MoH Delivered to a large number of students and shortage of staff <b>SoN Ku</b> None																		
2.8.2	Are you satisfied with the current status of equipment provided by JICA?	<b>NSN SJ</b> No Some are out of order Some are outdated- impossible to repair <b>SoN Ku</b> Yes 92% No 8%																		
2.8.3	How useful are the equipment and other resources given by JICA for your learning?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>V. Useful</td> <td>60%</td> <td>80%</td> </tr> <tr> <td>Somewhat Useful</td> <td>20%</td> <td>13%</td> </tr> <tr> <td>Satisfactory</td> <td>13%</td> <td>7%</td> </tr> <tr> <td>Less Useful</td> <td>7%</td> <td>0%</td> </tr> <tr> <td>Not at all</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	V. Useful	60%	80%	Somewhat Useful	20%	13%	Satisfactory	13%	7%	Less Useful	7%	0%	Not at all	0	0
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2.8.4	How have the teaching materials and curricula been improved since the terminal evaluation?	Curriculum revision was done in 2003  No new course materials have been developed. When the time available is limited for teaching, no time to think of developing any course material.																		

## **2.2 Data Collection Methods**

This Study was undertaken to evaluate the present status of management and activities of the Nursing Education Project concluded in 2001. In order to carry out this evaluation, the members of the Team conducted visits to project sites, administering questionnaires, conducting interviews and focus group discussions with relevant personnel and parties connected with the Project. Project Cycle Management (PCM) was employed in this evaluation. Of the five evaluation categories (efficiency, effectiveness, impact, relevance, and sustainability) two categories (Impact and Sustainability) was used in this Study. In order to carry out this evaluation the members of the team visited the following project sites to collect data.

National School of Nursing- Sri Jayawardenapura  
School of Nursing- Kurunegala  
Sri Jayawardenapura Hospital  
Ministry of Health

### **2.2.1 Sample**

The sample consists of 90 informants including Principals, Tutors and final year Nursing Students (NSN SJ & SoN-Ku), Chief Nursing Officer and Ward Sisters. The informants from the MoH include Deputy Director General- Education, Training and Research (ETR), Deputy Director General- Planning, Director- Nursing Education (DNE), Director Nursing- Public Health (DNPH), and Chief Accountant- Finance. From the SJH, Chief Nursing Officer, Director and the Accountant were also included in this sample.

### **2.2.2 Data Collection**

Questionnaires (consisting of open ended & close ended questions), one to one interviews, focus group discussions and official records were used as instruments to collect data.

#### **2.2.2.1 Questionnaires**

90 Questionnaires were administered at the NSN SJ, SoN-Ku and SJH targeting:

- Students trained at NSNSJ / SoN-Ku
- Nurses trained in NSNSJ/ other SoN
- Chief Nursing Officers and Ward Sisters SJH
- Principals and Tutors (NSNSJ & SoN-Ku)

#### **2.2.2.2 Interviews**

One to one interviews were conducted with Principals of the Nursing Schools, Director and Accountant of SJH. In addition interviews were conducted with the following officials of the MoH. Deputy Director General (ETR), Deputy Director General (Planning), Director Nursing Education, Director Finance (Planning) and Director Finance (11).

#### **2.2.2.3 Focus Groups**

Five focus group discussions were held after completion of the questionnaires to clarify and validate the collected data. These were

conducted at the SoN-Ku, NSNSJ and SJH which included a wide cross section of the target group including School Principals, Tutors, Students, Chief Nursing Officer, Ward Sisters and Nurses.

#### **2.2.2.4 Official records survey**

In addition to the above data perusal was undertaken at the MoH to ascertain budget allocations over the last few years to obtain an understanding of government financial commitments particular in relation to the NSN-SJ.

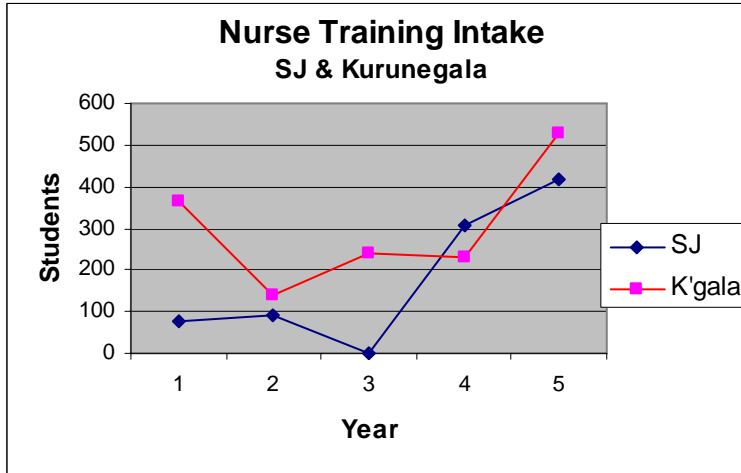
### **2.3 Restrictions and Limitations in Study**

- This evaluation study was conducted under a restricted time frame which was scheduled from 21<sup>st</sup> February but data collection was delayed and commenced on 25<sup>th</sup> February due to limitations in accessing respondents.
- Administering the questionnaires was conducted by two research assistants identified at the SJH. Despite the clarity of instructions, nurses trained in other SoNs were not correctly identified. The evaluation team were not physically present at all times when the questionnaires were being completed in SJH. Therefore the team could not accurately compare the differences in training between nurses trained in NSN SJ and other SoNs as expected.
- The team had limited time available to visit SoN out of Colombo. As a result the team were only able to undertake a visit to one nursing school out of Colombo to compare with NSN SJ. Data gathered would have been more accurate if the Team had the opportunity of visiting at least six nursing schools out of Colombo.
- Equipment was not checked physically by a technical expert.
- Finance and budget allocation data gathered was limited due to inability of officials to retrieve data from past years.

## Chapter 3. Evaluation Results

### 3.1 Impact

The overall goal of improving the quantity of nurses has been achieved and NSN SJ is responsible for providing 50% of trained nurses to SJH. However, SJH suffers from a



severe shortage of nursing staff due to the absence of recruiting batches of students for the year 2003. Data revealed that the shortage of nurses has increased (Figure 1) gradually from 31.6% in 2001 to 40.7% in 2005 (Table 1). After recruiting two batches of students in 2005, the number of students in NSNS SJ is currently 420 and at SoN Ku 540. The impact of

**Figure 1-Recruitment of students for training at NSN SJ and SoN Ku**

the increased student intakes will be discussed under planned outputs.

#### 3.1.1 Out put 1- Effective educational activities were conducted in the newly established nursing school

##### 3.1.1.1 Recruitment procedure and the annual calendar

Data collected revealed the existence of an annual calendar for recruiting students for training. Accordingly, students are recruited in month of March and November. MoH recruitment begins with a gazette notification whereas, the SJH advertises in the newspapers. Criteria for selection differ between MoH and SJH. Height: 4' 11", Age: 18 to 23, Qualifications: Advanced Level Science and pass for English Language at Ordinary Level are the requirements for MoH admissions. For SJH the requirements are; Height: 5' 2", Age: 18 to 23, Qualifications: Advanced Level Science and credit pass for English Language at Ordinary Level.

##### 3.1.1.2 Training Activities were conducted strictly based on the curricula

Curriculum revision was conducted in 1996, implemented in 1999 and continued until 2003. After identifying the low success rates in the final examination of students in all SoNs, curriculum revision was undertaken in collaboration with Thailand Nursing Educators in 2003 to strengthen nursing training and increase productivity. This was implemented in 2003 and is in practice to-date. The necessity for formative evaluation was identified as a mean for better summative evaluation. The revised curriculum provides an opportunity to evaluate the student at various stages of each course, in place of the annual evaluation

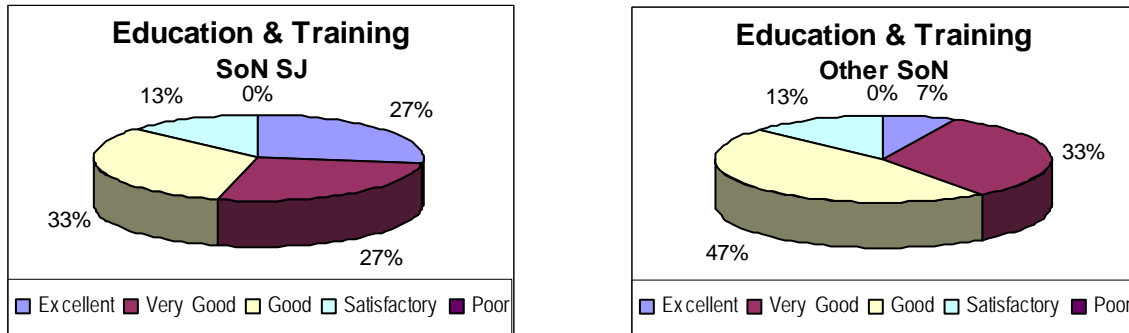
previously in place. Accordingly, a tri semester system is included and the student is evaluated at the end of each semester.

**3.1.1.3 Pass rates of final examination were improved**

Data revealed the opposite of this point. The failure rate of students increased gradually ranging from 42% to 49% for the year 2005. (2002 intake) According to available data, it is not possible to hold the teachers responsible entirely. This is a result of various factors such as decision-making without adequate assessment, inadequate planning, limited infrastructure, weak clinical supervision and limited opportunities for clinical practicals. Furthermore, the decision to increase student intake is made by non- nursing officials without taking into account availability of infrastructure facilities and tutorial staff. MoH do not have an annual calendar to train tutors, this decision is made only after identifying the shortage of Tutors. The examination to select candidates for tutor training, will be held in April 2006, whilst the applications to recruit 5000 students was called in March 2006. It will take another one and a half to two years for these tutors to be trained and placed in a SoN as a tutor thereby affecting the quality of training of the nursing students.

**3.1.1.4 Level of learner satisfaction is increased**

NSN SJ and SoN Ku students views about education and training are illustrated in the graph given in Figure 2. Nobody seems to be unhappy with the training they receive. 27% in NSN SJ and 7% of SoN-Ku rated the training as excellent, 27% of NSN SJ and 33% of SoN-Ku rated it as very good.



**Figure 2- Satisfaction of Education and Training**

Support received by the students seems to be good in both SoN. Despite their heavy workloads, tutors supported their students as expected. The following Figure 3 illustrates the views of students on the support they received from their teachers. 13% of NSN SJ students received more than expected and 60% of NSN SJ and 67% of SoN Ku received support as expected.. However students identified a communication gap between tutors and hospital staff which affects their overall training.

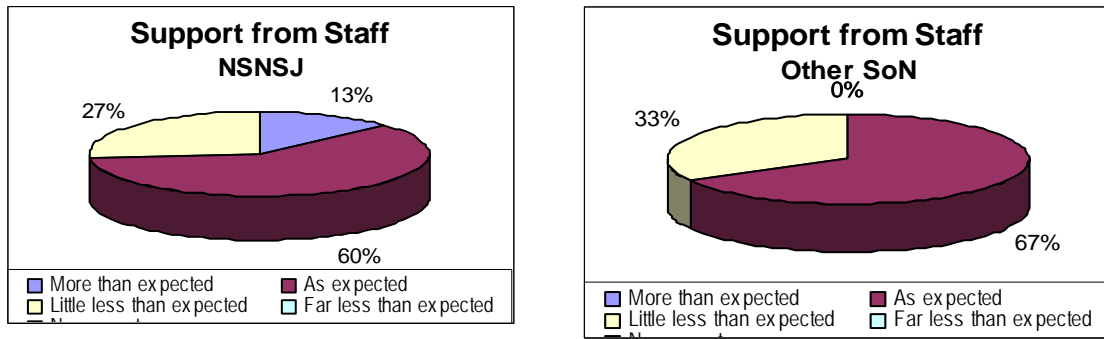


Figure - 3 Support from Staff for Learning

### 3.1.1.5 Educational activities are strengthened

Educational activities during the project period were higher than they are currently. There were regular meetings for Principals of all SoNs. Currently, meetings are limited due to busy work schedules and at most limited to two or three meetings per annum. However, data revealed that they would prefer to have seminars more regularly to update and exchange knowledge and experiences.

Educational activities of current students seem to be stressful due to shortage of staff. One group of students stated that they have to undertake a lot of self study to cover the curriculum. However, they indicated that the self study was good to develop their use of critical and analytical skills.

## 3.1.2 Out put 2- Capacity of teaching staff at 11 Nursing Schools was improved

### 3.1.2.1 Tutor manuals and other teaching materials

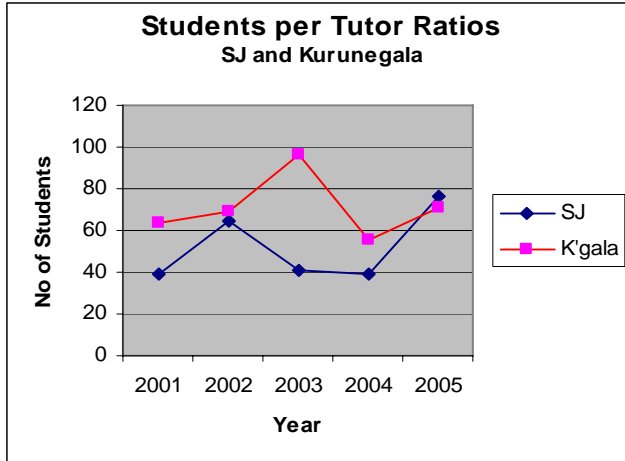
No new developments have been identified. The study guides prepared during the project period are in use by all schools. The Project has printed adequate stocks for NSN SJ.

### 3.1.2.2 Seminars related to educational methodology were conducted

Although there was a good practice during the project period, seminars and workshops are less after the termination of the project and limited to one or two per year. Teachers are overloaded with work and unable to find funding and organize workshops. However, some Schools have high levels of motivation and arrange classes and workshops within the school premises at their own expense.

**3.1.2.3 Teacher Student Ratio**

The teaching staff at all schools has almost doubled in 2004. However, numbers were not proportionate to the increased student population. Teacher student ratio in 2001 in NSN SJ was 1: 39. When compared with other Schools of Nursing, NSN SJ has the worst impact as three trained tutors had left NSN SJ and joined as Ward Sisters in SJH. Although some vacancies were filled by replacing tutors from other SoNs, the replacement staff have not arrived due to official commitments. With high annual intake of students, the ratio increased adversely to 1: 65 in 2002. Data from NSN SJ revealed that this number has further increased to 1: 76 in 2005 (Table 1). Discussions with the Principal and Tutors revealed that the intake of 150 midwifery students in two consecutive years along with the departure of two tutors in 2006 had increased



**Figure4- Comparison of teacher/ student ratio**

this ratio further to 1:108. The ratio is intended to rise further with the new intakes in 2006.

The teacher student ratio at the SoN Ku in 2001 was 1: 64 and decreased to 1: 55 students in 2004. However, as a result of foreign employment of two nursing tutors, the current ratio is 1: 71. The above Figure 4 illustrates the comparison of teacher/student ratios between NSN SJ and SoN-Ku. Currently, the increasing work load of tutors has resulted in increasing stress levels of nursing educators. Data also revealed that there are 161 SoN teaching staff under MoH across the island for 11003 students (see table below).



**Table - 1**

	Principal	Senior Tutors.	Junior Tutors.	2002 B	2003 A	2003 B	2004 A	2004 B
Colombo	01	04	16	118	121	221	?	?
NSN SJ	01	02	05	89	116	136	255	320
Kandana	01	05	08	126	114	185	?	?
Kurunegala	01	06	10	135	249	221	231	329
Ratnapura	01	01	10	85	79	131	?	?
Anuradhapura	01	03	10	88	98	150	?	?
Badulla	01	03	11	145	113	-	?	?
Galle	01	05	17	147	137	253	?	?
Kandy	01	10	14	148	141	316	192	?
Batticaloa	01	05	01	140	73	83	72	?
Jaffna	01	02	03	98	38	-	50	?
TOTAL	11	46	105	1319	1409	1759	4368	2148

According to this table, the island wide teacher/ student ratio is 1: 68. In the year 2005, with 5000 students for all 12 nursing schools (including Ampara), this ratio will be increased further. The requirements for additional teaching staff will only be met in another one and a half or two years.

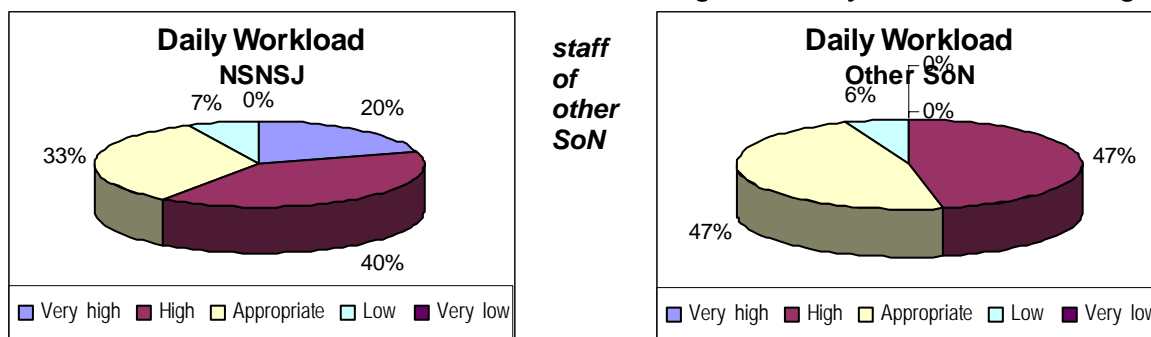
**3.1.2.4 Professional development of teachers is increased.**

Although there are less number of workshops and seminars organized, more and more tutors are motivated towards professional development. Currently most of the teachers are either graduates or undergraduates. Few tutors remain without motivation for higher education.

**3.1.2.5 Workload of teachers is at the optimal level**

As a result of the increased teacher/student ratio, the workload of tutors has increased. Data revealed that 20% of NSN SJ tutors experienced a very high workload. SoN-Ku have a higher number of tutors but 47% of them have high levels of workload. 33% of NSN SJ tutors and 47% of SoN-Ku tutors record appropriate levels. Figures 5 and 6 illustrate tutors perception of their workload.

**Figure - 5 Daily workload of teaching**



**Figure - 6 Daily workload of teaching staff NSN SJ**

### **3.1.3 Out put 3 - Management aspects of 11 Nursing Schools were improved**

#### **3.1.3.1 Regulatory rules for students were in practice**

As a result of the increased number of students, various issues have evolved. Although, regulatory rules for students were in practice, there are some weak areas that prevent the maintenance of strict orders of rules.

SoNs are not in a position to provide accommodation for the increased student population therefore some students have to live out of the School premises. Some of them stay with relatives and travel daily by bus. Due to transportation difficulties, some of the students are not able to reach the School on time. Although rules on punctuality exist they are not strictly enforced.

Students are required to complete clinical experience record books as part of their practical evaluation. However, due to high numbers of students assigned to Wards, some do not get the opportunity to practice the procedures in the Wards and find it difficult to maintain their workbooks.

#### **3.1.3.2 Job regulations for nursing staff were in practice**

Although there are job regulations for nurses, implementation seems to be difficult. Shortage of staff force nurses in practice to work overtime. Some of them have to work round the clock for 24 hours without a rest due to the shortage of nurses. Job regulations for tutorial staff are in practice as planned.

#### **3.1.3.3 Supportive environment for professional development is maintained**

Teachers received professional support during the project period. However with busy schedules, teachers are required to fulfill their responsibilities towards maintaining success rates in final examinations and have no time to further higher educational aspirations. No additional training programmes, scholarships, seminars or workshops have been introduced to support teachers in their professional development. Although enthusiastic about their professional development, teaching staff find it difficult to make time to pursue their academic needs.

#### **3.1.3.4 Adequate resources and facilities are provided for training of nurses**

Almost all schools have received some kind of aid in the form of material resources. Mainly donations from WHO and IFRC. Items include desktop computers, laptop computers, printers, photocopiers, books for the library, and vehicles. Some SoNs, (Kurunegala, Galle, Ampara) received buildings, mainly lecture halls. However, all currently available resources are not adequate to cater to the needs of the increased numbers of students. The following table illustrates the teachers' views on areas that need to be improved for effective training. Accommodation for students, which is the biggest issue, has not been taken into consideration by the authorities.

**Table 2- Areas required to be improved for effective training**

Area	NSN SJ	SoN Ku
Course Material	100%	100%
Curriculum	100%	92%
Learning Environment	100%	100%
Staff Development	100%	100%
Clinical Lab Facilities	100%	100%

**3.1.3.5 Teachers are involved in decision-making regarding nursing education.**

Principal and tutorial staff have the privilege of making minor decisions within the Schools but do not have any influence on policy decisions. Policy decisions are made at the Ministry level. Administrative decisions and planning at the Ministry are made by non-nursing officers without considering the availability of infra structure facilities and human resources in the discipline of nursing. Principals and tutors are compelled to implement planned projects with limited resources under difficult circumstances. Continuity of such disorganized plans result in reducing the standards and the quality of nursing care. Almost all the staff in the 11 Schools of Nursing appreciate the support given by the JICA Project to improve the quality and standards of nursing education.

**3.1.3.6 New regulations are implemented**

The evaluation team identified the bi-annual calendar for student intake in March and November as a new regulation by the MoH. Implementation of activities according to this regulation will increase the quantity of nursing personnel. However, in the absence of proper planning for developing infrastructure of SoNs and teaching hospitals, and human resource development, this regulation could aggravate current problems and adversely impact the quality of nursing education.

**3.1.4 Output 4- Clinical undergraduates training was improved**

**3.1.4.1 Practical nursing training was conducted in a proper way**

NSNS SJ was originally intended for 300 students but currently accommodates 420 students. Data revealed that all SoN are over crowded with students. Both MoH assigned and SJH assigned student training is conducted by the NSN SJ. However, the available facilities and accommodation is sufficient for only 300 students. In addition there are insufficient tutorial staff and inadequate infrastructure to meet the demands of the large number of students. Physical space and facilities in demonstration rooms, class rooms, and opportunities for clinical exposure etc. are limited and generally have a negative impact on training. Similarly, with the limited number of teaching staff and the shortage of nursing staff in wards, NSN SJ is unable to fulfill the requirement for providing quality clinical training in nursing. More over, the types of illnesses and variety of patients are limited at SJH. For example; as SJH and Colombo South Teaching Hospital (Kalubowila) do not have a Neuro-Surgical Ward, Accident and Emergency Care or Burns Unit, students assigned for clinical practice at SJH do not have an opportunity to be exposed to patients with these medical problems.

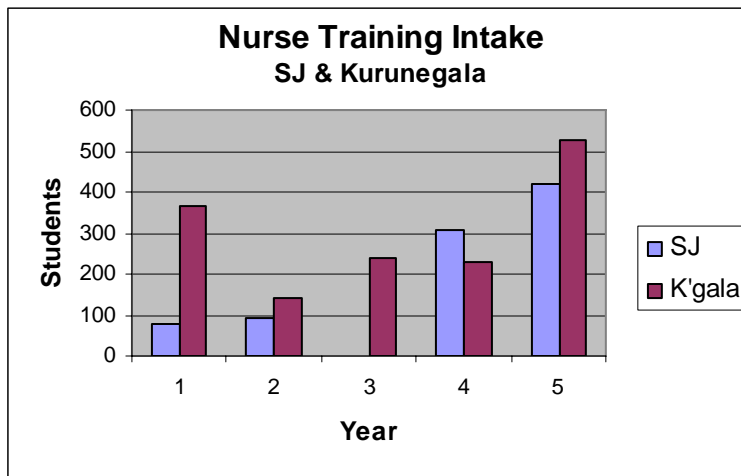
Furthermore, students selected by the SJH are given more privileges by the hospital than students selected by the MoH. For example; SJH selected students are given medical cover for self and parents but the MoH selected students have the benefit for self only and that too will be discontinued in the near future. With regard to hostel facilities, NSN SJ – SJH students are given facilities. (some are at NSN SJ hostel and the rest in the SJH nurse’s quarters) However, not all MoH students have the benefit of this facility and some of them have to find outside accommodation.

**3.1.4.2 Collaborative relationships between nursing schools and hospitals were used for practical training**

Whist collaborative relationships between some of the SoN and Teaching Hospitals exist successfully, there is a gradual deterioration of relationships in others due to lack of communication between tutors and ward nursing staff resulting in students experiencing difficulties during clinical training.

**3.1.4.3 Number of nurses trained per annum during the past five years has increased.**

The graphic presentation illustrates the number of students enrolled for training in

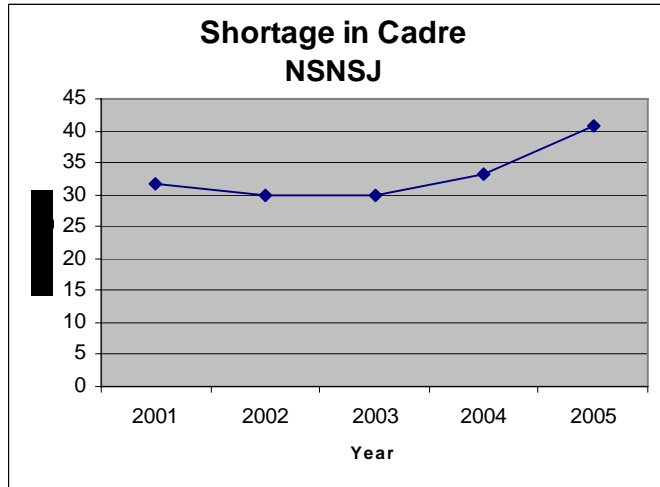


each year since 2001. There was no batch in 2003 but numbers have increased in 2004 to compensate for the previous year by reaching 305, a little over the maximum of 300. But for the year 2005, it has reached 420.

**Figure 7- Annual intake for training at NSN SJ and SoN-Ku**

**3.1.4.4 Cadre vacancies of SJH are filled**

Data revealed that the cadre vacancies of the SJH were not filled regularly. This is the result of the absence of an annual intake of students in 2003. Figure 7 illustrates that there was no intake for SJH in 2003. Hence, no new nurses were appointed to SJH in 2005 resulting in an increase in the shortage of cadre to 40.77%. (Figure 8)



*i*  
**Figure 8 – Shortage of Cadre in NSN SJ**

**3.1.4.5 Workload of nurses has decreased**

It was evident in the data collected that the workload of nurses working in SJH has increased. In 2006, SJH needs a minimum of 265 new nurses to fill existing cadre vacancies. Finding space for additional recruitments is impossible due to current student population, which is almost double the originally planned number of recruits and also due to limited facilities. Data collected revealed that 60 % of ward sisters identified nurses workload as very high.

Level	Yours	Your Nursing Staff
Very High	0%	60%
High	80%	30%
Appropriate	20%	10%
Low	0%	0%
Very Low	0%	0%

**Table 3- Workload of nurses**

**3.1.4.6 Nurses clinical decision making ability is improved**

As a result of the heavy workload, it is doubtful if nurses have adequate time to care for patients in accordance with the “Nursing Process”. It is therefore difficult to identify if their decision-making ability has in fact improved. In addition, data revealed that they all require further training or assistance to continue in their positions successfully. It was also revealed that the SJH continued to have in-service educational programmes for its nurses. However, attendance was poor due to staff shortages and heavy workloads.

**3.1.4.7 Job satisfaction of nurses are at higher level**

Almost all the nurses are satisfied with their working environment. SJH nurses benefited with a higher salary than MoH nurses and were entitled to medical

insurance facilities. However, many SJH nurses felt that they had a very high workload. (Figure 6)

### **3.1.5 Out put 5- Equipment, instruments and other related teaching materials were properly maintained.**

#### **3.1.5.1. Supply of equipment, instruments, and other related teaching materials was conducted as scheduled.**

All the SoN are short on supplies and limited to certain clinical lab equipment. However, most of the equipment given by JICA Project is still in use at most of the Schools and are properly maintained. Some of the equipment is not used due to lack of operational guidelines, despite the staff's interest to use them. Some of the original instruments provided by JICA are dysfunctional due to lack of spare parts and service agents in Sri Lanka. E.g. the public address system and television sets. Currently they have only one multi-media projector which is used reluctantly due to concerns on safety.

#### **3.1.5.2. Actions have been taken for maintenance and improvement of facilities for training.**

Since the termination of the Project, there have been virtually no improvements to facilities. Despite the existence of a group of maintenance staff including building engineers, foremen and technicians who could maintain the building and equipment, students, administrative and financial staff raised issues regarding the present status of the existing building at NSN SJ, which they stated was dangerous and life threatening. They also complained that many facilities connected with accommodation are not functioning such as water taps in bathrooms.

Currently NSN SJ have two electrical mechanics to attend to minor repairs, whilst more complex repairs have to be sent to the Bio Medical Engineering Services Department at the MoH. Data revealed that some equipment is lying idle due to qualified technicians or agents been unavailable.

#### **3.1.5.3 Sufficient budget allocations are available for further development**

As the NSN SJ is maintained under the MoH, budget allocations are also handled by the MoH. In other SoNs, the allocations go to the Director of the affiliated teaching hospital and he/she makes decisions on utilization. There is an Accountant and clerical staff appointed by the MoH for NSN SJ for finance related activities.

## **3.2 Sustainability**

NSN SJ and other 11 SoNs are continuously involved in activities connected with nurses training. However, there is a gradual decrease in facilities provided. In order to train more nurses to cope with the shortage of nurses, nursing education in Sri Lanka has to overcome many constraints related to infrastructure facilities, financial, material, and human resources. These should be proportionate to the increased number of enrollments of nursing students per year. Although the number of trained nurses is increased, the quality of their training is deteriorating due to inadequacy of resources.

### **3.2.1 Policies and Systems**

Currently students are recruited bi-annually in March and November for nursing training. The decision on the number of nurses to be trained is made at the ministry level. Whilst it is true that the country needs more nurses, what is required is nurses with good training and increased potential for practicing high quality nursing to develop a healthy nation.

Although a calendar for nurses training is maintained by MoH, there is no training calendar for tutor training. Tutors do not have sufficient time to supervise students, and as a result students are left alone with limited attention. This is seriously affecting the pass rate at the final examination. The issue of shortage of teaching staff is raised only after the recruitment of nursing students. Currently, there are plans to recruit 100 nurses (50 at a time x 2) for tutor training. It will take a minimum of one year to train these individuals. By the time they are ready to teach, it will be the end of 2007. For one and a half years, the Schools and students (2006 batches) will be affected due to lack of teaching staff, caused by improper planning.

### **3.2.2 Organizational and Financial Aspects.**

Organisational and financial management of NSN SJ is vested with both MoH and SJH. As a result NSN SJ students are faced with some difficulties such as receiving uniforms on time. Capital expenditure to NSN SJ are much less now than during the Project period but are in line with those allocated to other SoN. However recurrent expenditure in NSN SJ has increased significantly over the last few years, mainly due to an increase in salaries and allowances paid to trainees due to high student intakes. In 2005 the amount paid had increased almost four fold due to more batches of nursing students being recruited for training. Funds allocated for nursing schools are not directly given to the Principals of these Schools. Funds are allocated by MoH through the Directors of respective Teaching Hospitals. Then he/she decides on disbursement of funds without a proper needs assessment.

Almost all the schools have well stocked libraries with many books, further increased by recent donations from WHO. Due to unavailability of librarians to manage libraries and issue books, library hours are restricted in some SoNs. SoN-Ku have a librarian but In NSN SJ due to unavailability of a librarian, students keep books for about three months or exchange books among themselves.

### **3.2.3 Technological aspects**

Most of the instruments and equipment donated by the Project are still in use by many of the Schools and they are happy to have all of these for nursing education. All of the SoN have been given various types of equipment by other organizations such as the World Health Organization (WHO), to be used in nurses training. Some of the Schools were given building facilities by International Federation of Red Cross (IFRC).

### **3.3. Positive and Negative impacts of the Project**

Nursing education and maintaining quality nursing standards has been discussed for many years within the health care system in Sri Lanka. Policy decisions have been made at various levels without a positive impact on nursing services and nursing education. However, activities launched by the JICA Project paved a new way for nursing education and nursing services and have been an eye opener for the MoH. One of the main goals of the Project is to improve nursing services in Sri Lanka by

establishing a model school of nursing to enhance basic nursing education. Data has revealed that the Project has had more positive impacts than negative ones.

**3.3.1. Factors that have promoted the Project**

**3.3.1.1 Increased the number of nurses**

In order to achieve one of the Project goals, activities have focused on increasing the quantity of nurses. It was assumed that the model school will train a maximum of 100 students per annum. All the facilities and teaching staff were provided to attain this original goal. Sri Lanka received an additional training centre to train nurses as a mean of achieving the goal of having 35,000 nurses by the year 2010.

**3.3.1.2 Regular intake for nursing training was in practiced**

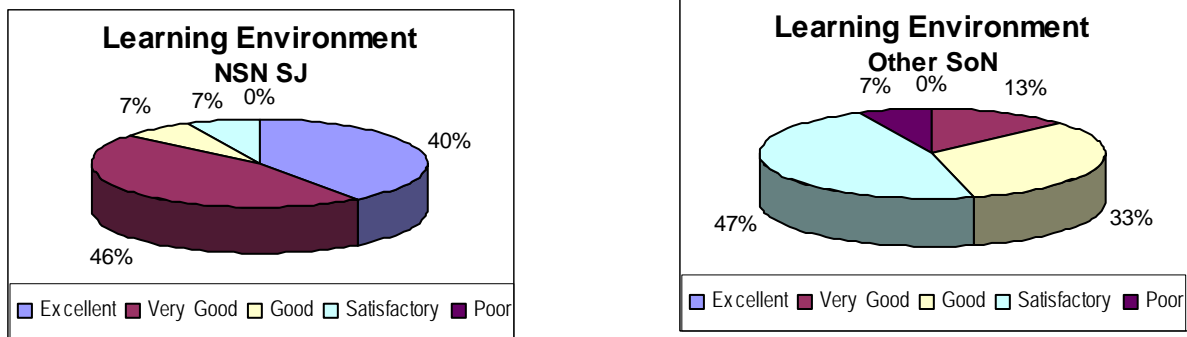
The MoH decided to have enrollments in March and November in order to fill the cadre vacancies in nursing services. All SoN are involved in training of large groups of nursing students and will be further increased in April 2006 with the scheduled new recruitment of 5000 new students.

**3.3.1.3 Teaching activities are based on the curricula**

The same curricula is in use in all of the schools with revision to include regular formative evaluation.

**3.3.1.4 Positive learning environment has been established in all schools and particularly in NSNSJ**

Students as well as tutors are stimulated with the environment provided by the Project for learning. Most of them were happy about their learning environment (Figure 9). Accordingly, NSN SJ students seem to be more satisfied than SoN-Ku, which leads to the assumption that the environment created by JICA is conducive for learning.



**Figure 9 - Level of Satisfaction on Learning Environment**

**3.3.1.5. Tutor manuals were properly used**

As the same manuals are used by all the SoNs, uniformity of training is maintained. It was useful for both tutors and teachers.



### **3.3.1.6 Professional development of teachers is increased**

The stimulated background provided by the Project through seminars and workshops have had a positive impact on professional development of teachers as well as nurses. Computer literacy has increased to 30% for NSN SJ teachers, where as it is 5% at SoN-Ku. The tutors who are not computer literate are motivated to improve their skill by attending special classes. In addition, most of the teachers are now either graduates or undergraduates and many have applied for enrollment in the B.Sc. Nursing degree program. This is clearly a positive impact of the Project.

### **3.3.1.7 Regulatory rules are in practiced**

Regulatory rules for students, tutors and nurses are in practice. However, the increased workload in all categories, may prevent the strict order of application of rules and regulations.

### **3.3.1.8 Collaborative relationships between schools and hospitals were maintained**

There are very good relationships between some hospitals and schools. However, this relationship is deteriorating due to various conflicts arising between hospital staff and teaching staff.

## **3.3.2 Factors that have inhibited the Project**

### **3.3.2.1 Increased number of student intake**

The model school was intended for the following:

- A maximum number of 300 students at any given time
- Students to be limited to females only
- Conduct basic nursing education

Currently, the numbers exceed the originally planned number of 300 female nursing trainees. Male students have been enrolled by the MoH. A midwifery training programme was started and currently there are two batches of midwifery students, totaling 150. These factors have had a negative impact on the quality of nursing education

### **3.3.2.2. Pass rates in final examination**

It was assumed that with new teaching methodologies and facilities, the pass rates will increase. However, limited exposure in the clinical fields due to large numbers and lack of individual attention has reduced the quality of training. As a result, the overall failure rate at the final examination was as high as 45% island-wide in 2005.

### **3.3.2.3. Barriers to strengthen educational activities at NSN SJ**

The goal of strengthening educational activities has only been partially achieved. Busy work schedules of teaching staff, inadequate physical, material and human resources and increased workload of nursing educators involved at various levels of training are all obstacles for effective training.

### **3.3.2.4. Lack of support for Professional development of teachers**

Professional development of the teachers are not taken in to consideration in

later years. Busy schedules and lack of funding has inhibited those professional developmental activities conducted for teachers by the MoH. Nursing educators are given very limited exposure to conduct educational activities in other countries.

**3.3.2.5. Inappropriate teacher student ratio**

The ratio has reached a higher level than expected, preventing teachers from paying close attention during practical training. Nurses are dealing with human subjects. Therefore, they need to be taught correct procedures. Without close attention, it is not possible to maintain standards and quality.

**3.3.2.6. Cadre vacancies of SJH are continued to be filled**

Due to shortcomings of some administrative activities at SJH, students were not recruited in 2003 and as a result they did not receive any trained nurses for the year 2005, resulting in a shortage of nurses (265 vacancies) at SJH. It could take upto three years to fill these vacancies

**3.3.2.7. Equipment was not maintained properly.**

Most of the equipment given by JICA cannot be repaired due to the absence of a service agent in Sri Lanka.

## **Chapter 4. Conclusions**

The model school of nursing at Sri Jayawardenapura, seems to be a very good resource for nurses and nursing education. Teaching material developments and equipment donated by the Project have given a new direction to nursing education in Sri Lanka. As originally planned, the Project ensures a regular intake of students thereby contributing to increasing the quantity of nurses. However, the increased intake of students is far more than was originally intended, adversely affecting the quality of training resulting in a decrease in the overall quality of nursing education.

Unfortunately, the expected activities and conditions at the model school for standardizing nursing education are not properly maintained. Instead, a gradual deterioration of the standards and quality has been identified by this Study. This identified general weakness is mainly due to the acute shortage of the nursing staff in the country. If NSN SJ had the opportunity to maintain standards as planned, the quality of the nurses trained in the school would have been very much higher.

The deterioration in the quality of training can be attributed to a number of factors:

### **Teacher Student ratio**

With the high student intakes, the tutor student ratio is much higher than the expected level and has a negative impact on the quality and standards of training. In Sri Lanka, the mean teacher student ratio is 1: 68. In NSN NJ it is currently 1:108.

### **Staff Shortage**

NSN SJ suffers from a sever shortage of staff and as a result existing staff are overworked, stressed and have little, if any, time for professional development. Although SJH conducts In- Service Education Programs, very few nurses seem to be attending due to increased shifts. The governing body of SJH has a concern of having the ownership of NSN SJ back to them as means of solving the shortage of nurses.

### **Limited Clinical Exposure**

NSN SJ nurses think that they are less competent in certain areas due to limited exposure to some health care areas such Neuro surgery, Emergency and Burns. Data revealed that conflicts between ward staff and teaching staff and staff shortages in wards affect students training and educational activities.

### **Pass rate**

A noteworthy factor is that the failure rate at the final exam is an alarming 45%. This could be due to a number of reasons; increased numbers of students and limited facilities, increased teacher student ratios, limited clinical exposure, limited access to library facilities and lack of language skills. Another factor that needs attention is that many publications are in English, language barriers could inhibit understanding the subject in greater detail. However, this Study revealed that inadequate supervision of students was an important factor affecting the pass rate at the final exam, resulting in producing inefficient nurses who lack self confidence which is adversely impacting on

the health of the nation. With the failure rate at the final exam being as high as 45% , SJH authorities pointed out the validity of calling NSN SJ a model school

The rate of failures needs attention of all concerned. As such there is need to find out why large number of students were unsuccessful at the final examination. This issue needs to be addressed to ensure the provision of quality nursing services whilst achieving the required target of increasing the total number of nurses annually. This needs to be monitored from the very inception of recruitment of student nurses.

### **Medium of Instruction and Referencing Facilities**

NSN SJ nurses expressed their concerns about the medium of instruction, which was English and later switched to Sinhala. They believe that English language would give them better access to updated nursing knowledge which would enhance the quality of nursing training and care. Although many schools have well stocked libraries access to is limited due to unavailability of librarians. The usage of library facilities due to lack of time and proper schedules to open the library at NSN SJ has a negative impact on referencing facilities. The responsibility of appointing a librarian lies with MoH and not with the teaching staff of NSN SJ. Referring to the period before 2001, SJH authorities state that the library was open even after classes enabling students to use facilities.

### **Technology**

Apart from technology donated by the JICA Project, very few new technologies have been introduced and students do not have time to use even the limited resources due to the shortage of staff. Whilst most of the equipment provided by the Project are in working order, some lie idle due to absence of operational guidelines. Some equipment which could be used after repairs also lie idle due to lack of spare parts in the absence of a local service agent.

Students and staff at the NSN SJ expressed concern on the condition of the building and other facilities in the School which requires serious attention and regular maintenance. It is the hospital authorities view that if MoH hands over the NSN SJ, they will be able to take care of its maintenance.

Many of the issues relating to nursing training and care arise from decision-making at the MoH. Although there are many B.Sc and M.Sc trained nurses and three Directors of Nursing are B.Sc qualified, they have very little, if an, participation in decision-making. Policy decisions are made by the MoH, mostly by non-nursing officials, whilst Nursing Directors are left to implement decisions with the limited resources available. In order to make a positive change and improve the quality of nursing education, nursing personnel should be given the power and authority to make and implement decisions regarding nursing training as they are the people who know what kind of training needs to be provided and what resources are required for that training.

Despite limited infrastructure, human resources and equipment, students at both NSN SJ and SoN Ku are satisfied with current activities, support, and learning environment. The number of M.Sc. qualified nurses in Sri Lanka has increased from 06 to 26 due to the support given through NSN SJ to access modern teaching methodologies and

information technology. Although available computers are limited, tutors are highly motivated to acquire computer literacy skills. They are also motivated towards higher education which could be achieved by affiliating SoN with universities which would require support from the MoH.

## **Chapter 5. Recommendations**

### **5.1 The quality and standards of nursing training**

**5.1.1** Curriculum should be reviewed periodically to suit both country needs as well as to be on par with international standards. The review of curriculum should be carried out in consultation with international experts. There were concerns as to whether JICA experts were consulted during the review of the curriculum carried out by the Thai expert. JICA should discuss this with the MoH and explore possibilities of involvement in the review of the curriculum. It is also important to involve Principals of SoN and Directors of Nursing in the decision making process with regard to nursing education as they are more familiar with the needs of patient care. It is recommended that Principals and Directors get involved in developing or reviewing the curriculum, enrolment of students and clinical practices.

**5.1.2** It is important to pay attention to the increased number of failures at the final examination. Whilst it is necessary to meet cadre requirements, it is crucial that quality of training should not be comprised merely to increase the quantity of nurses. This is a serious issue which needs to be impressed upon officials and politicians. MoH should be advised to undertake activities to find out reasons for the increased number of failures at the final examination and take all possible steps to reduce the failure rate and ensure the objectives of the Project are maintained.

**5.1.3.** It is important to reduce the teacher student ratio. MoH should be encouraged to adopt effective planning to increase the number of tutors by continuous tutor training and recruitment of qualified personal on part time basis to fulfill this need.

**5.1.4.** Clinical practices and exposure during training period has an impact on the quality of nursing training. As such MoH should be encouraged to provide better clinical exposure to students to enhance their knowledge. This Study revealed that due to lack of time to cover the curriculum, the number of hours allocated for specialized clinical training was reduced. Necessary steps should be taken to increase specialized training to ensure better quality and standard of training.

**5.1.5.** There is need to address the issue of communication between students, teachers and ward staff which could result in better utilisation of library facilities and support academic achievement.

### **5.2 A policy decision should be taken to maintain the teacher student ratio**

**5.2.1.** It is important that these policy decisions should be made in consultation with those involved in nursing training and also the Directors of Nursing. Not merely to achieve political agendas of providing employment. Proper assessments on class room facilities, tutorial staff, equipment, practical environment in the hospital, hostel facilities and other support services such as learning environments recreation etc should be made before enrolling students. MoH should be sensitized to the issues and encouraged to make necessary policy decisions to bring down the teacher student ratio.

**5.2.2.** The team is of the view that it would be more feasible to recruit smaller groups through out the year, increase clinical instructors and use Base Hospitals as well as Teaching Hospitals for a thorough clinical experience. It is recommended that the

smaller batches, improved facilities and clinical exposure would increase the overall pass rate at the final exam.

**5.2.3.** It is crucial to fill the cadre vacancies of all Schools and especially, NSN SJ. Currently, there are 210 B. Sc. Nursing graduates in Sri Lanka. MoH could utilize most of them with short term training (3 months) to train the newly recruited large groups of nursing students and overcome the current shortage of tutors.

### **5.3 Sufficient equipment, infrastructure facilities**

**5.3.1.** There is a need to streamline the process and to provide students with a better learning environment, which could have a positive impact on the final year results. In addition to supply of sufficient equipment, the maintenance of the equipment is also important. During the Study it was revealed that some of the equipment provided during the Project period were not used due to absence of proper maintenance. Although there are two television sets provided by the Project, only one is in working order. It was further revealed that the positioning of the white boards provided by the Project were ineffective to give all students maximum visibility. Some of the equipment lies idle due to lack of technicians to repair them. It is recommended that suitably trained technicians or service agents be appointed by the MoH to carry out regular maintenance to ensure students are able to have the full benefit of the equipment provided

**5.3.2.** The lack of hostel facilities was highlighted in this Study. The Director SJH stated that they have provided one of the nursing quarters to students recruited by them to cope with this situation. Considering the over crowding, which could have an impact on providing other support services such as sanitation, MoH should be made aware of the situation.

**5.3.3.** The condition of the existing building were described as being life threatening. It was also revealed there were security threats and issues relating to the maintenance of a healthy environment in the premises. These issues need to be addressed as immediate priority to ensure the students are provided with safe living environment.

**5.3.4.** To cope with the psychological stress, recreation facilities as well as time for such activities should be guaranteed. Students should be encouraged to engage in social events within the School as well as at inter- School levels to build and promote relationships and morale.

**5.3.5.** There is a need to bring attitudinal changes within NSN SJ. Students are concerned about two different recruitment criteria, MoH and SJH selected students, which has lead to the development of inferiority complexes amongst students and caused difficulties at management levels as well. Steps should be taken to provide equal access, equal opportunities and equal treatment for every student irrespective of whether the student was enrolled by SJH or MoH.

### **5.4 Arrangements should be made for students to be exposed to a variety of patient care settings.**

**5.4.1.** Providing necessary transport facilities would enable students to have access and exposure to more specialized medical institutions. The provision of an extra vehicle for the School would help accommodate more passengers. This was raised as an issue

during the Study. Students as well as the drivers of the available vehicles were concerned about safety of the passengers due to over loading of vehicles presently available.

**5.4.2.** MoH should be motivated to consider the possibility of providing students with greater exposure to cope with the increasing demands of nursing and serve the communities as effective nurses. Though the doctors diagnose and prescribe, it is the nurse who is with the patient through out the day and provides necessary care services, administers medicines, undertakes physiotherapy, and supports investigations, etc.

**5.4.3.** If many students are assigned in the same ward, practical exposure of each student will be limited. Lack of placement for practical exposure not only increase the failure rate but also has an impact on quality and standards of nursing cadre providing services after completion of their training period. MoH should pay attention to the issue and take all possible steps to provide students with necessary exposure in addition to increased number of enrolments.

**5.5 Action should be taken to fill the cadre vacancies of SJH.**

SoN SJH was started to train nurses for the Sri Jayawardenspura Hospital. Nurses who trained under MoH are appointed in all of the other hospitals but SJH receives a percentage of NSN SJ trained nurses only. Therefore, this issue should be addressed without further delay.

**5.6 Professional development**

**5.6.1.** More opportunities should be given to nursing personnel for professional development to give better services, to develop their capacities to be good administrators and participate in policy planning and decision- making at higher levels.

**5.6.2.** Annually, at least for 5 nurses (especially tutors) should be given opportunities to study for Masters Degree in Nursing in foreign universities. Nursing educators and ward managers should be provided opportunities to study for higher degrees in order to contribute to policy planning and decision- making at higher levels.

**5.6.3.** Although available computers are limited, tutors are highly motivated to acquire computer literacy skills. They are also motivated towards higher education which could be achieved by affiliating SoN with universities which would require support from the MoH.

**5.7 Specialized training as community health nurses**

**5.7.1** It is recommended that 10% of new recruits be assigned for Community Health Nursing / Public Health Nursing training. Shortage of nurses is due to overcrowded hospitals with patients. Positions of Community Health Nursing / Public Health Nursing should be established. It is crucial due to the increased number of HIV positive cases who need home base care services; comparatively high care services related to increasing elderly population; and driving society towards healthy well being; increased child and maternal malnutrition, Psychosocial support services, preventive and rehabilitative activities etc.



**5.7.2.** Schools should have Specialty nursing such as community health nursing, mental health nursing, geriatric nursing etc. to cater to the increasing health demands of the community. Then the concepts of “Health for All” will be well maintained while decreasing overcrowded patient population in hospitals. In addition, Family Health Officers should be up graded by providing nursing training and finally be appoint as Nurse-Midwife in the community.

**5.8 Recommendations of the Terminal Evaluation**

In the data collection process it was revealed that the recommendations of the Terminal Evaluation conducted in 2001 have not be carried out. The Team believe that the recommendations be put to action under a time bound action plan

## **Chapter 6. Lessons Learned**

### **6.1 Management of Training**

Factors such as curricula, learning environment, teacher student ratio and required facilities for training contribute to the standards and the quality of training. However, management of nursing training is not undertaken with proper care and attention in Sri Lanka. In the absence of necessary facilities, training should not be started as we are putting society at risk if the trained nurse is an inadequately trained one.

Increasing the number of students has negative impacts on the standards of training because of the lack of supervision. Increasing the number of recruits is not the way to manage the shortage of nurses because it increases the failure rates due to inadequate management of required resources for training. Increased intake may increase the quantity but may negatively impact on the quality of training. Consequently, the output will be ineffective and lack self confidence. In order to increase the quantity as well as the quality, small and manageable groups of new recruits should be taken along with the development of infrastructure, recruitments could take place quarterly.

If the NSN SJ is planned as a model school, MoH should allow it to function as a model school by maintaining the original objectives and conditions of the School

### **6.2 Recruitment criteria**

There are two criteria for recruitment at NSN SJ which adversely affect students and teachers. When there are two groups in the same classroom who are treated differently by both SJH and MoH, conflicting situations are unavoidable and may lead to an inferiority complex among some of the nursing students. Providing accommodations also creates a difficult situation for MoH students. When the SJH has a need for training more nurses, priority at the NSN SJ should be given to them. Decisions on these aspects should be made after careful evaluation as SJH authorities expressed their concerns of taking back the NSN SJ under their control.

### **6.3 Cadre requirements in nursing education**

Although increasing the quantity of nurses is planned, there is no policy regarding increasing teachers proportionately. There is 1 teacher for 15 students in Japan whereas in Sri Lanka currently, there is 1 teacher for 68 students, which means the delivery of nursing education suffers due to the shortage of teachers. At NSN SJ and other SoNs, measures must be taken to maintain standards of nursing education by providing required resources.

### **6.4 Equipment**

When providing equipment, there should be a method of continuing maintenance. When spare parts are not available, equipment that can be utilized is discarded. Every School should have a technician to maintain equipment. The other solution is to utilize locally available products.

### **6.5 Clinical training**

Clinical practical training needs close supervision. Shortage of nurses in the hospital results in inadequate clinical supervision of students. It is not an easy task to manage and supervise many students at the same time by one teacher or a nurse in a ward. If the numbers are limited, both tutors and nurses are able to guide and supervise the

students in a proper manner. In addition, limited clinical exposure in areas as emergency care, neurological nursing and pediatric nursing negatively affect on the competency and self confidence of these students. This issue of clinical exposure needs to be addressed in a proper manner as SJH do not have such wards.

#### **6.6 Inter- organizational relationship**

Limited communication between the two institutions has become a barrier for proper training. Nurses in wards want students' support to complete the tasks in the wards where as, tutors want students practice according to the procedure. This is an eternal conflict. This needs to be addressed properly through healthy interpersonal communication.

In addition, dominative personality of some doctors create conflicting situations between nurses and doctors and ultimately students suffers. In the MoH doctors are given the authority to make decisions regarding the direction to which nursing should move. Political decisions are supported by these non-nursing personnel, which are sometimes not in the best interest of nursing education and the nursing profession.

#### **6.7 In-service education**

Nurses of all categories have a problem with in-service education. Although there are educational sessions, they are not released from their wards to attend these sessions. Nurses in the MoH are given 20 days per annum for university education, but SJH nurses are not entitled for leave as SJH have a separate governing board. In general, almost all of the nurses do not have adequate opportunities to upgrade their knowledge. It is necessary for teachers to update and upgrade their knowledge to give the best for their students.

## ANNEXURES

### Annex 1: Project Design Matrix (PDM-ExP)

#### 1. Goal

To improve nursing services

##### **Indicators**

Quality and quantity of nurses will be improved

#### 2. Project Purpose

To establish a model nursing school suitable for Sri Lanka based on improving basic nursing education

##### **Indicators**

2.1 To complete establishment of a model nursing school suitable to Sri Lanka

2.2 The model nursing school is functioning properly

#### 3. Outputs

3.1 Effective educational activities were conducted in the newly established nursing school

3.2 Capacity of teaching staff at 11 nursing schools in the country including NSN SJ was improved

3.3 Managerial aspects of the 11 nursing schools were improved under the influence of the NSN SJ

3.4 Clinical undergraduate training of nurses was improved with the guidance of NSN SJ

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

##### **Indicators**

Output 3.1

##### **Effective educational activities were conducted in the newly established nursing school**

- Recruitment procedure and annual calendar is prepared
- Training activities were conducted strictly based on the curricula
- Pass rate of final examination is improved from 1996 to 2006
- Learner satisfaction level is increased
- Educational activities are strengthened by introducing/ sharing new teaching methodologies

Output 3.2

##### **Capacity of teaching staff at 11 nursing schools in the country including NSN SJ was improved**

- Tutors' manuals formulated by the teaching staff were properly used

- Seminars related to educational methodology were conducted
- Teacher student ratio is appropriate
- Professional development of teachers are increased
- Workload of the teachers are at the optimal level

Output 3.3

**Managerial aspects of the 11 nursing school were improved under the influence of the NSN SJ**

- Regulatory rules for students were in practice
- Job regulations for nursing staff were in practice
- Teachers received a satisfactory level of professional support
- Adequate resources and facilities are provided for training of nurses
- Teachers are involved in decision making regarding nursing education
- New regulations are implemented

Output 3.4

**Clinical undergraduate training of nurses was improved with the guidance of NSN SJ**

- Practical nurse training was conducted in a proper way
- Collaborative relationships between nursing schools and hospitals were used for practical nursing training
- Number of nurses trained per annum during the past five years is increased
- Cadre vacancies of SJH are filled
- Workload of staff nurses are decreased
- Nurses clinical decision making ability is improved
- Job satisfaction of nurses are at a higher level

Output 3.5

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

- Supply of the equipment instruments and other related teaching materials was conducted as scheduled
- Actions have been taken for maintenance and improvement of facilities for training
- Sufficient budget allocations are available for further development

**Annex 2: Main Interviewees**

1. Principal NSNSSJ
2. Principal SoN K
3. Director, SJH
4. Accountant, SJH
5. Administrative Staff SJH
6. Deputy Director General (ETR), MoH
7. Deputy Director General (Planning), MoH
8. Director Nursing Education, MoH
9. Director Finance (Planning), MoH
10. Director Finance (11), MoH

**Annex 3: Evaluation Grid**

Criteria	Evaluation Questions		Achievement Criteria/Measures	Data Needed	Data Sources	Data Collection Methods
	Main Questions	Sub-questions				
<b>IMPACT</b>	1. To what extent has the projects overall goal been achieved since the terminal evaluation?	<ul style="list-style-type: none"> <li>- How many nurses have been trained in the last 5 years?</li> <li>- Has the quality of services in SJH and other hospitals improved?</li> </ul>	Compare current data with pre 2001 records	<ul style="list-style-type: none"> <li>-Number of students trained in the past 5 years</li> <li>-No of nurses appointed in SJH and other hospitals</li> </ul>	<ul style="list-style-type: none"> <li>- Statistical records SoN-SJ</li> <li>-Statistics MoH</li> <li>Discussions</li> </ul>	Interviews, Focus group discussions, Questionnaires
	2 What positive and negative impacts has the project achieved besides what was originally intended?	<ul style="list-style-type: none"> <li>- Compare number of nurses who have gained higher positions in the merit list of the final exam, pre and post 2001</li> <li>- Are students in SoN SJ motivated towards higher education compared to those trained in other SoN</li> <li>- Are They satisfied with the teacher/student ratio after implementation of the project?</li> </ul>	Compare/analyse data pre and post 2001	<ul style="list-style-type: none"> <li>-Merit list of final exams</li> <li>-No of promotions</li> <li>-No of undergraduates, graduates</li> <li>- Teacher/student ratios</li> </ul>	<ul style="list-style-type: none"> <li>Statistical records MoH,</li> <li>Discussions with Principals and teachers SoN-SJ, CNO &amp; nurses SJH</li> </ul>	Document perusal, interviews, focus group discussions
	3. Amongst positive changes made, how has the project implementation empowered the target group	<ul style="list-style-type: none"> <li>- Do you feel you are more competent than other nurses trained in other SoN?</li> <li>- Are there visible</li> </ul>	Analyse positive changes	<ul style="list-style-type: none"> <li>-Identify level of self confidence</li> <li>-Identify visible changes</li> </ul>	<ul style="list-style-type: none"> <li>Discussions with nurses and students</li> </ul>	Interviews, Focus group discussions

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	economically and socially? Has the project contributed to improved institutional capacity of the implementing agency?	changes in other SoN as a result of this project?				
	4. Are there any cases of positive changes in other SoN as a result of the project?	- Do you feel you need further assistance/training to be on par with SoN? -Do you think you are sufficiently empowered to make decisions in an emergency situation compared to those trained in other SoN?	Analyse/compare data	-Past training programs -Self evaluation	Nurses trained in SoN SJ and other SoN	Interviews, Focus group discussions, Questionnaires
	5.Are there any external factors that influence the achievement of the project overall goal?	- Are there any other external programs contributing towards improving the quality of nursing in Sri Lanka? - Is SoN SJ adequately supported by the Ministry of Health?	-Compare /analyse present situation with past -Analyse impact on other institutions	-Allocation of funds -Capital expenditure -Recurrent expenditure	-Statistical records MoH - DNE, Budget SJH, Director, Accountant, Principal SoN SJ	Document perusal, Interviews, Questionnaires
<b>SUSTAINABILITY</b>	1. Is the project management capable of maintaining the benefits accrued as a result of achieving the project purpose and overall goals?	- Are the benefits aimed by the project continued in terms of overall goals and purpose?	-Compare new data with MoH and terminal report	- No of Tutors -annual nursing output -No of workshops held in last 5 years - Replacement of equipment	-Statistical records DNE- MoH, Director - SJH, Technical Assistants	Document search, Interviews, Questionnaires
	2.How likely are the project outputs to be	-What kinds of institutional/financial	Compare existing cadre of nursing tutors	-Government policy	Data related to cadre	-Document search



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	maintained?	arrangements exist to sustain activities? -Where teaching staff leave the institution, are there measures to replace them? - Are vacancies filled immediately? If not, what are the effects of prolonged vacancies? -	and technicians	-Cadre replacement -Maintenance activities -Availability of resources	management and replacement	Interviews Focus group discussions Questionnaires
	3. What are the factors that have contributed or inhibited the sustainability of the project?	- Have adequate number of staff members been allocated to the SoN management structure? What academic development of staff are identifiable after termination of the project?	Identify significant inhibitors and contributors, strengths and weaknesses	- Policy changes - Budget allocations	SoN SJ Curriculum, Principals & Tutors DNE-MoH, Director - SJH	Interviews, Focus group discussions, Document search
	4. Is the implementing agency receiving continued political support to sustain project?	- Since the termination of the project, has the government allocated sufficient budget to SoN? - Is the budget adequate to sustain the project?	Compare current data with past records	-Annual budget allocation -Policy changes	Director, Accountant – SJH, DNE-MoH & Principal SoN SJ	Document search, Interviews, Focus group discussions
	5. Are there any changes/alternations in relation to regulations since the termination of the project?	- What are the regulations and how do they affect sustainability of the activities of the SoN SJ?	Identify changes in regulations	Identify changes in regulations of MoH, SoN SJ	Principal SoN SJ, Director Nursing MoH, Director SJH	Document search, Interviews
	6. Are there reliable	- Have you been	Compare and analyse	-Past activities	Principal	Document

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	efforts made to replicate outcomes of pilot sites?	able share/exchange teaching methods and techniques with other SoN? -What are the changes made after the terminal evaluation?	current available resources with past records	conducted during the last 5 years (Workshops etc)	SoN SJ, Principal, Tutors SoN Kurunegala, DNE MoH	search, Interviews, Questionnaires
	7. Is the organizational capacity sufficient to implement project activities after 2001?	- What are the current staff profiles? - Are you actively involved in planning and decision making?	Discuss changes/improvements in human resources	Analysis of who makes decisions on staff replacements	DNE MoH, Principal SoN SJ, Director SJH	Document search, Interviews, Questionnaires
	8. Is there a sense of ownership towards the project by the implementing agency?	- To what extent are you consulted by project implementers to improve effective implementation of project?	Discuss developments	Analyse progress reports	DNE MoH, Principal SoN	Document search, Interviews, Questionnaires
	9. To what extent has curricula/syllabi been improved to sustain project after termination?	- Are those outputs still effective/ applicable to the current needs? -How have the teaching materials and curricula been improved since the terminal evaluation?	Discuss changes in teaching methods	-Teaching methods, Curricula and course materials	DNE MoH, Principal SoN, Principal and tutors of SoN SJ	Document search, Interviews, Questionnaires

**Annex 4: Data Collection and Analysis Results**

**1. Summary of Evaluation Questions and Answers to assess negative or positive changes direct or indirect produced by the Projects (*IMPACT*)**

Evaluation Questions		Answers
1.1 To what extent has the projects overall goal been achieved since the terminal evaluation?		
1.1.1	How many nurses have been trained in the last 5 years?	Approximately 4700 from all schools ( current students 10,210) NSN SJ 325 nurses, (current students 785). The total No of nurses in 2001 was.... and increased to .....In 2004
1.1.2	How does the School ensure a regular intake of students?	Before 2005 - No annual calendar. Decisions on training was taken at Ministry level in a haphazard manner. Currently - Two intakes per annum March and November The number of students is decided by MoH
1.1.3	What is the procedure for recruiting students?	For MoH – <u>before 2003</u> - Govt. Gazette notice/ Selection test/ Merit interview and Physical / Medical examination <u>Now</u> Govt. Gazette notice/ Interviews and Physical /Medical examination  <b>For SJH</b> - Newspaper advertisement/ Interview and Physical/ Medical examination
1.1.4	Has the quality of nursing services in SJH improved in the last 5 years?	<b>Yes</b> 90% <b>No</b> 10%
1.3 What positive and negative impacts has the project achieved besides what was originally intended?		

1.2.1	How many nurses have been appointed from your SoN to SJH and other hospitals?	2001	<b>To SJH</b>	<b>Other</b>	--	--
		2002	53		26	
		2003	42		39	
		2004	29		47	
		2005	--		89	
1.2.2	How do you feel about the education and training you are currently receiving?	<b>Students</b>	<b>NSN SJ</b>	<b>SoN Ku.</b>		
		Excellent	27%	7%		
		Very good	27%	33%		
		Good	33%	47%		
		Satisfactory	13%	13%		
		Poor	0%	0%		
1.2.3	What are the resources you have for teaching and learning in your SoN and who are the main users?		<b>NSN SJ</b>	<b>SoN Ku</b>		
		Clinical Lab Ins.	Yes	Very limited		
		Books	Yes	Adequate		
		CD-ROM	No	No		
		AV	TV/ OHP/ Epidioscope	TV/OHP		
		Computer	Yes	Yes		
		Clinical lab equipment and books are used by students/ tutors				
		Other items only by tutors				
		It was stated that these resources are not adequate to train large groups.				
1.2.4	What are the new and appropriate technologies used for sufficient and effective teaching/learning?	Computers, slides, models, visual aids No power point presentations. Some of the Televisions are out of order				
1.2.5	Are you satisfied with your working environment?	<b>SJH</b>	Yes	100%		
	Do you feel that nurses trained in other SoN are more competent?		Yes	76%	No	24%

1.2.6	What is your view about the learning environment?	<b>NSN SJ Students</b>		<b>SoN-Ku</b>
1.2.7		<b>Students</b>		
		Excellent	40%	0%
		Very good	46%	13%
		Good	7%	33%
		Satisfactory	7%	47%
		Poor	0%	7%
		Due to large groups, students are not able to use the available resources and they felt that individual attention is inadequate due to large student groups and less tutors.		
1.3 Amongst positive changes made, how has the project implementation empowered the target group economically and socially?				
1.3.1	Do you think that nurses trained in SoN SJ and those trained in other SoN have similar capacity in terms of knowledge and skills?	Yes	40%	No 60%
1.3.2	Do you think that nurses trained in SoN SJ/ other SoN are sufficiently empowered to make decisions in patient care/emergency situations?	<b>NSN SJ</b> Pt. Care/ Emerg.		<b>Other</b> Pt. care/ Emerg.
		Yes	100% 60%	81% 62%
		No	0% 40%	19% 38%
1.3.3	In your opinion, what is the standard of nursing education at SoN SJ?	<b>Before 2001</b>		<b>After 2001</b>
		Very high	0%	0%
		High	50%	60%
		Appropriate	20%	20%
		Low	0%	10%
		Very low	10%	0%
1.3.4	What are your future plans regarding professional development?	Higher education (B.Sc./M.Sc), International nursing, career progression, Skills development (Language/ Computer literacy)		

1.3.5	Do you see any difference in terms of efficiency and knowledge between nurses trained at SoN SJ and other SoN before the year 2001 and after the year 2001?	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Before 2001</th> <th>After 2001</th> </tr> <tr> <th></th> <th>NSN SJ</th> <th>Other</th> <th>NSNSJ</th> </tr> </thead> <tbody> <tr> <td><b>Other</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>80%</td> <td>10%</td> <td>50%</td> </tr> <tr> <td>10%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No</td> <td>20%</td> <td>90%</td> <td>50%</td> </tr> <tr> <td>90%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Before 2001, NSN SJ nurses had better English knowledge, better practical knowledge, higher discipline and good attitudes about nursing because they were trained by Japanese. Nurses trained in other SoN seem to have better practical knowledge</p>		Before 2001		After 2001		NSN SJ	Other	NSNSJ	<b>Other</b>				Yes	80%	10%	50%	10%				No	20%	90%	50%	90%			
	Before 2001		After 2001																											
	NSN SJ	Other	NSNSJ																											
<b>Other</b>																														
Yes	80%	10%	50%																											
10%																														
No	20%	90%	50%																											
90%																														
1.4 (a) Has the project contributed to improved institutional capacity of the implementing agency? (b) Are there any cases of positive changes in other SoN as a result of the project?																														
1.4.1	Describe in which way the improvements have taken place? (mechanisms for continuous improvements)	<p><b>NSN SJ</b> - None  <b>SoN-Ku</b> - ILRC Buildings  WHO Books  Self funded/ Dotions - Computers , Field programmes  OUSL Staff development  Three SoNs obtained additional buildings</p>																												
1.4.2	What is the current tutor/ student ratio in the School?	<table border="1"> <thead> <tr> <th></th> <th>2005</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>1: 65</td> <td>1: 108</td> </tr> <tr> <td><b>SoN-Ku</b></td> <td>1: 71</td> <td></td> </tr> </tbody> </table> <p>Mean teacher student ratio for all SoN is 1: 68</p>		2005	2006	<b>NSN SJ</b>	1: 65	1: 108	<b>SoN-Ku</b>	1: 71																				
	2005	2006																												
<b>NSN SJ</b>	1: 65	1: 108																												
<b>SoN-Ku</b>	1: 71																													
1.4.3	What is the expected nursing cadre and the available cadre of the SJH?	<table border="1"> <thead> <tr> <th></th> <th>Expected</th> <th>Available</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>585</td> <td>400</td> </tr> <tr> <td>2002</td> <td>585</td> <td>410</td> </tr> <tr> <td>2003</td> <td>600</td> <td>420</td> </tr> </tbody> </table>		Expected	Available	2001	585	400	2002	585	410	2003	600	420																
	Expected	Available																												
2001	585	400																												
2002	585	410																												
2003	600	420																												

		2004      600                      400 2005      650                      385
1.4.4	Do you think you/ your staff needs further assistance/training to continue in your positions successfully?	Yes 100%  A few Workshops were conducted after the termination of the Project. Attendance for in-service education programmes are low
1.4.5	What are the types of assistance/ training required?	<b>Training</b> - Speciality training/ Computer literacy/ Language skills/ In-service programmes/ Workshops/ Seminars/ Research skills. <b>Assistance</b> - AV materials/ computers/ books/ leave for further studies/ research funds
1.4.6	What percentage of your staff has computer literacy?	<b>NSN SJ</b> 30% <b>SoN-Ku</b> 5% Tutors are motivated to attend classes to acquire computer skills.
1.4.7	What is your view about the support that you are receiving from the teaching staff at your SoN?	<b>NSN SJ</b> <b>SoN-Ku</b> More than expected      13%                      0% As expected                      60%                      67% Little less                      27%                      33% Far less                      0%                      0% No support                      0                      0 Due to large groups, limited time and high workload, students are unable to have close contacts with tutors and ward staff. No time to be exposed to a variety of clinical experiences.
1.4.8	What are the current strengths you have identified?	<b>NSNSJ</b> Well educated Principal and tutorial staff; Very good facilities and class rooms/ demonstration room; Very good clinical practicals at SJGH and CSH; Good Library; Good discipline, rules and regulations; Calm quiet, and pleasant

		<p>environment;                  Good hostel facilities  <u><b>SoN-Ku</b></u>                  Hospital is closer to School and have a good Director;                  Have better clinical practicals, Strict discipline; Good hostel facilities</p>
1.4.9	What are the weaknesses you have identified?	<p><u><b>NSNSJ</b></u>                  Large number of students and insufficient academic staff ;                  Heavy workload, too many assignments, and stress; good library without a librarian- and not time to use it; good demonstration room but no time to use it; learning process needs modernization; no time for clinical practicals in special wards; some equipment is out of order; no opportunities to learn English; learn in Sinhala but work in English; inadequate hostel facilities; inadequate transport facilities</p> <p><u><b>SoN-Ku</b></u>                  Poor clinical experiences due to large batches; inadequate guidance due to insufficient teaching staff in clinical field; not enough instruments for procedures in wards; old methods are still utilized; poor IT facilities; inadequate library facilities; lack of current nursing publications; no microscope; poor English language skills of students; hostel facilities are inadequate; less cooperation among different teams</p>



1.5 Are there any external factors that influence the achievement of the projects overall goal?		
1.5.1	Are there any external programs that contribute towards improving the quality of nursing in Sri Lanka in the past 5 years?	<p><b>SJH</b></p> <p>In-service training programmes (JICA); Training programmes (MoH); Diploma in Management Lactation; 6 months Midwifery course; annual training in Kandy on Dialysis Update Training; 2 months Intensive Care Management in NHSL; Pre and post Management in Kidney Transplant</p> <p>Most of the tutors at SoN Ku have applied for B.Sc.Nursing Degree programme for this year. Almost all the staff at NSN SJ are either Graduates or undergraduates of the Open University of Sri Lanka.</p>
1.5.2	What are the external programs that contribute towards improving the quality of nursing services in Sri Lanka?	Workshops; Family Health Care; Premature Baby and well baby care, Higher education;

**3. Summary of Evaluation Questions and Answers to assess negative or positive changes direct or indirect produced by after termination if the Project (SUSTAINABILITY)**

Evaluation Questions		Answers		
2.1 Is the project management capable of maintaining the benefits accrued as a result of achieving the project purpose and overall goals?				
2.1.1	What efforts have been made to improve the facilities and management of the SoN in the past 5 years?	<b>NSN SJ</b> - None <b>SoN Ku</b> - Access to computers and teaching aids, Building facilities improved, Received furniture, Management training, Delegating managerial work		
2.1.2	What are the workshops, seminars, conferences that you have participated during the past 5 years?	Most of them didn't answer		
2.1.3	What professional support and training are provided to you and your staff?	None		
2.1.4	What academic development of staff is identifiable after termination of the project?	Motivated to higher education, to update knowledge/ professional growth		
2.2 What are the factors that have contributed or inhibited the sustainability of the project?				
2.2.1	What type of resources/ facilities are provided in supporting you/your staff?	<b>NSN SJ</b>	<b>Yes</b> 0%	<b>No</b> 100%
		<b>SoN Ku</b>	33%	67%
2.2.2	Are there mechanisms for continuous improvement?	None		

2.2.3	Is equipment provided by the Project maintained and in proper working order?	<p><b>NSN SJ</b> No</p> <p><b>SoN Ku</b> Yes 92% No 8%</p> <p>No technicians are appointed for these Schools. Equipment has to be send to Bio-Medical Engineering Services. It takes time to return. Sometimes equipment is sent back due to lack of spare parts.</p>																		
2.2.4	What is your view about their maintenance?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>Excellent</td> <td>7%</td> <td>20%</td> </tr> <tr> <td>Very. Good</td> <td>7%</td> <td>47%</td> </tr> <tr> <td>Good</td> <td>13%</td> <td>13%</td> </tr> <tr> <td>Satisfactory</td> <td>13%</td> <td>20%</td> </tr> <tr> <td>Poor</td> <td>60%</td> <td>0</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	Excellent	7%	20%	Very. Good	7%	47%	Good	13%	13%	Satisfactory	13%	20%	Poor	60%	0
	<b>NSN SJ</b>	<b>SoN Ku</b>																		
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Very. Good	7%	47%																		
Good	13%	13%																		
Satisfactory	13%	20%																		
Poor	60%	0																		
2.2.5	Name the collaborations, linkages, partnerships with other national/international institutes in relations to nursing education?	<p><b>NSN SJ</b> - Certificate in Counseling; Diploma in Counseling; B.Sc. in Nursing</p> <p><b>SoN Ku</b> - ILRC- Donations and teaching aids</p>																		
2.2.6	When there are vacancies in Tutorial Staff, what measures have been taken to replace them?	None																		
2.2.7	Are vacancies in teaching staff filled immediately?	No																		
2.2.8	What is your view on yours and your tutoring staffs' workload?	Very High 100% in both Schools																		
2.2.9	What are the areas you think need to be improved to effective training?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>Course materials</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Curriculum</td> <td>100%</td> <td>92%</td> </tr> <tr> <td>Learning environment</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Staff development</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Clinical labs</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	Course materials	100%	100%	Curriculum	100%	92%	Learning environment	100%	100%	Staff development	100%	100%	Clinical labs	100%	100%
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Learning environment	100%	100%																		
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Clinical labs	100%	100%																		

2.3 Is the implementing agency receiving continued political support to sustain project?											
2.3.1	Since the termination of the project, has the government allocated sufficient budget to SoN?	No  All the schools are given limited allocations. These go to the teaching hospital not directly to the SoN, and the Director makes decision on utilization									
2.3.2	Is the budget adequate to sustain the project?	No									
2.3.3	What kinds of institutional/ financial arrangements exist to sustain activities?	None There are no special arrangements.									
2.5 Are there any changes/alternations in relation to regulations since the termination of the project?											
2.4.1	Are there any new regulations formulated to support sustainability of activities on SoN SJ?	<b>NSN SJ</b> - None <b>SoN Ku</b> - Concept of 5 S Development programme with the Hospital, New calendar of recruitment at the MoH									
2.4.2	Are you actively involved in planning and decision-making?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>0%</td> <td>0%</td> </tr> <tr> <td><b>SoN Ku</b></td> <td>58%</td> <td>42%</td> </tr> </tbody> </table>		Yes	No	<b>NSN SJ</b>	0%	0%	<b>SoN Ku</b>	58%	42%
	Yes	No									
<b>NSN SJ</b>	0%	0%									
<b>SoN Ku</b>	58%	42%									
2.5 Are there reliable efforts made to replicate outcomes of pilot sites?											
2.5.1	What are the changes made after the terminal evaluation?	Curriculum revision which included a tri-semester system to evaluate students formatively Because of the high failure rates in the final examination, MoH looked for a ways to evaluate students more often in order to identify weaknesses at the early stage without									

		waiting until the end so that training could be supported.																																																
2.5.2	What are the facilities you have for successful training?	<table border="1"> <thead> <tr> <th></th> <th><b>Excel</b></th> <th><b>V. Good</b></th> <th><b>Good</b></th> <th><b>Satis.</b></th> <th><b>Poor</b></th> </tr> <tr> <th>(%)</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> <th>SJ/ Ku</th> </tr> </thead> <tbody> <tr> <td>Library</td> <td>0/ 0</td> <td>33/ 0</td> <td>33/ 40</td> <td>20/ 13</td> <td>14/ 47</td> </tr> <tr> <td>Cli. Lab Ins.</td> <td>27/ 0</td> <td>47/ 20</td> <td>13/ 7</td> <td>13/ 26</td> <td>0/ 47</td> </tr> <tr> <td>Print. Co.Books</td> <td>0/ 0</td> <td>7/ 0</td> <td>7/ 20</td> <td>26/ 13</td> <td>60/ 67</td> </tr> <tr> <td>CD-ROM</td> <td>0/ 0</td> <td>0/ 0</td> <td>0/ 13</td> <td>0/ 13</td> <td>100/74</td> </tr> <tr> <td>AV</td> <td>0/ 0</td> <td>0/ 0</td> <td>7/ 13</td> <td>7/ 0</td> <td>86/ 87</td> </tr> <tr> <td>Others</td> <td>0/ 0</td> <td>0/ 0</td> <td>13/ 20</td> <td>13/ 13</td> <td>74/ 67</td> </tr> </tbody> </table>		<b>Excel</b>	<b>V. Good</b>	<b>Good</b>	<b>Satis.</b>	<b>Poor</b>	(%)	SJ/ Ku	SJ/ Ku	SJ/ Ku	SJ/ Ku	SJ/ Ku	Library	0/ 0	33/ 0	33/ 40	20/ 13	14/ 47	Cli. Lab Ins.	27/ 0	47/ 20	13/ 7	13/ 26	0/ 47	Print. Co.Books	0/ 0	7/ 0	7/ 20	26/ 13	60/ 67	CD-ROM	0/ 0	0/ 0	0/ 13	0/ 13	100/74	AV	0/ 0	0/ 0	7/ 13	7/ 0	86/ 87	Others	0/ 0	0/ 0	13/ 20	13/ 13	74/ 67
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2.5.3	Is there a proper equipment maintenance system established?	<table border="1"> <thead> <tr> <th></th> <th><b>Yes</b></th> <th><b>No</b></th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>0%</td> <td>0%</td> </tr> <tr> <td><b>SoN Ku</b></td> <td>42%</td> <td>58%</td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	<b>NSN SJ</b>	0%	0%	<b>SoN Ku</b>	42%	58%																																							
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2.6 Is the organizational capacity sufficient to implement project activities after 2001?																																																		

2.6.1	What is the profile of staff in the SoN?	<table border="0"> <tr> <td></td> <td style="text-align: center;"><b>NSN SJ</b></td> <td style="text-align: center;"><b>SoN Ku</b></td> </tr> <tr> <td>Snr. Tutors</td> <td style="text-align: center;">4</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Junior Tu.</td> <td style="text-align: center;">6</td> <td style="text-align: center;">11</td> </tr> <tr> <td>Clinical Instructors</td> <td></td> <td style="text-align: center;">3</td> </tr> </table> <p>In all schools there are 161 tutors. Next group of tutor training will be selected in the second quarter of this year. It will take another 1 to 1 ½ years to fill the cadre vancancies</p>		<b>NSN SJ</b>	<b>SoN Ku</b>	Snr. Tutors	4	6	Junior Tu.	6	11	Clinical Instructors		3												
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Clinical Instructors		3																								
2.6.2	Are there adequate resources and facilities in supporting you/your staff at work?	Various training programmes on specialty nursing																								
2.6.3	How do you fell about your daily workload?	<table border="0"> <tr> <td></td> <td style="text-align: center;"><b>Schools</b></td> <td style="text-align: center;"><b>Nurses SJH</b></td> <td style="text-align: center;"><b>Other Nurses</b></td> </tr> <tr> <td>V.High</td> <td style="text-align: center;">60%</td> <td style="text-align: center;">14%</td> <td style="text-align: center;">0</td> </tr> <tr> <td>High</td> <td style="text-align: center;">30%</td> <td style="text-align: center;">48%</td> <td style="text-align: center;">60%</td> </tr> <tr> <td>Appropriate</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">38%</td> <td style="text-align: center;">40%</td> </tr> <tr> <td>Low</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>V. Low</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table> <p>As the workload is very high, nurses are compelled to work overtime. Tutors are unable to cover the curriculum.</p>		<b>Schools</b>	<b>Nurses SJH</b>	<b>Other Nurses</b>	V.High	60%	14%	0	High	30%	48%	60%	Appropriate	10%	38%	40%	Low	0	0	0	V. Low	0	0	0
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2.6.4	How do you feel about your daily workload as a student?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>V.High</td> <td>20%</td> <td>0%</td> </tr> <tr> <td>High</td> <td>40%</td> <td>47%</td> </tr> <tr> <td>Appropriate</td> <td>33%</td> <td>47%</td> </tr> <tr> <td>Low</td> <td>7</td> <td>6%</td> </tr> <tr> <td>V.Low</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>The demonstration rooms are equipped with essential instruments and other resources, but students do not have time to use resources due to the workload. Only 10 months remaining for the final exam. They are worried about the exam.</p>		<b>NSN SJ</b>	<b>SoN Ku</b>	V.High	20%	0%	High	40%	47%	Appropriate	33%	47%	Low	7	6%	V.Low	0	0
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2.9 Is there a sense of ownership towards the project by the implementing agency?																				
2.7.1	Are you actively involved in planning decision-making?	<table border="1"> <thead> <tr> <th></th> <th><b>Yes</b></th> <th><b>No</b></th> </tr> </thead> <tbody> <tr> <td><b>NSN SJ</b></td> <td>0%</td> <td>0%</td> </tr> <tr> <td><b>SoN Ku</b></td> <td>58%</td> <td>42%</td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	<b>NSN SJ</b>	0%	0%	<b>SoN Ku</b>	58%	42%									
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<b>SoN Ku</b>	58%	42%																		
2.7.2	Describe how staff are represented in decision-making process?	<p><b>NSN SJ</b> None</p> <p><b>SoN Ku</b> : Staff meetings and discussions; progress review meetings with hospital Director; preparing action plans to increase the quality of learning</p>																		
2.7.3	Have adequate number of staff members been allocated to the SoN management structure?	No																		
2.10 To what extent has curricula/ syllabi been improved to sustain project after termination?																				

2.8.1	Where SoN sets new courses other than those conducted during the Project, how are the new training courses; Initiated, Planned, Delivered?	<p><b>NSN SJ</b> - Midwifery training for nurses                      Midwifery training for Family Health Workers                      Initiated and planned by MoH                      Delivered to a large number of students and shortage of staff  <b>SoN Ku</b> None</p>																		
2.8.2	Are you satisfied with the current status of equipment provided by JICA?	<p><b>NSN SJ</b> No Some are out of order                      Some are outdated- impossible to repair  <b>SoN Ku</b> Yes 92% No 8%</p>																		
2.8.3	How useful are the equipment and other resources given by JICA for your learning?	<table border="1"> <thead> <tr> <th></th> <th><b>NSN SJ</b></th> <th><b>SoN Ku</b></th> </tr> </thead> <tbody> <tr> <td>V. Useful</td> <td>60%</td> <td>80%</td> </tr> <tr> <td>Somewhat Useful</td> <td>20%</td> <td>13%</td> </tr> <tr> <td>Satisfactory</td> <td>13%</td> <td>7%</td> </tr> <tr> <td>Less Useful</td> <td>7%</td> <td>0%</td> </tr> <tr> <td>Not at all</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		<b>NSN SJ</b>	<b>SoN Ku</b>	V. Useful	60%	80%	Somewhat Useful	20%	13%	Satisfactory	13%	7%	Less Useful	7%	0%	Not at all	0	0
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2.8.4	How have the teaching materials and curricula been improved since the terminal evaluation?	<p>Curriculum revision was done in 2003</p> <p>No new course materials have been developed. When the time available is limited for teaching, no time to think of developing any course material.</p>																		



**Annex 5: Questionnaire Analysis Table**

Table 1 Nurses training intake NSNSJ and Kurunegala

Year	SJ	K'gala
2001	1 : 39	1 : 64
2002	1 : 65	1 : 69
2003	1 : 41	1 : 96
2004	1 : 39	1 : 55
2005	1 : 76	1 : 71

Table 2 Satisfaction on education and training

Quality	SoN SJ	Other SoN
Excellent	27%	7%
Very Good	27%	33%
Good	33%	47%
Satisfactory	13%	13%
Poor	0	0%

Table 3- Support from Staff

Level of support	SoN SJ	Other SoN
More than expected	13%	0%
As expected	60%	67%
Little less than expected	27%	33%
Far less than expected	0%	0%
No support	0%	0%

Table 4 – Teacher/ Student Ratio

Year	SJ	K'gala
2001	1 : 39	1 : 64
2002	1 : 65	1 : 69
2003	1 : 41	1 : 96
2004	1 : 39	1 : 55
2005	1 : 76	1 : 71

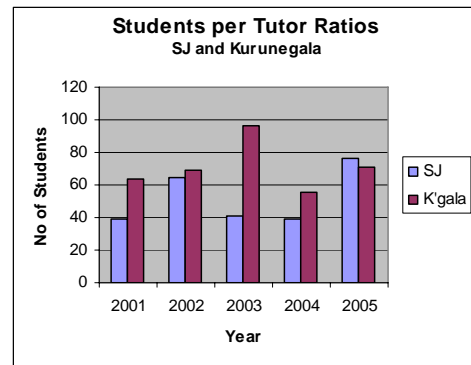


Table 5- Daily Work Load of Nurses

Level	Yours	Your Nursing Staff
Very High	0%	60%
High	80%	30%
Appropriate	20%	10%
Low	0%	0%
Very Low	0%	0%

Table 6- Daily Workload of Students

<b>Level</b>	<b>SoN SJ</b>	<b>Other SoN</b>
<b>Very high</b>	20%	0%
<b>High</b>	40%	47%
<b>Appropriate</b>	33%	47%
<b>Low</b>	7%	6%
<b>Very low</b>	0%	0%

Table 7- Expected and Available cadre at SJH

<b>Year</b>	<b>Expected Cadre</b>	<b>Available Cadre</b>	<b>Shortage</b>	<b>Shortage%</b>
2001	585	400	185	31.62
2002	585	410	175	29.91
2003	600	420	180	30.00
2004	600	400	200	33.33
2005	650	385	265	40.77

Table 8- Satisfaction on learning environment

<b>Quality</b>	<b>SoN SJ</b>	<b>Other SoN</b>
<b>Excellent</b>	40%	0%
<b>Very Good</b>	46%	13%
<b>Good</b>	7%	33%
<b>Satisfactory</b>	7%	47%
<b>Poor</b>	0%	7%

**Annex 6: Sample Questionnaire**

**Principals and Tutors**

Please fill the spaces in the relevant box or write in the space provided to indicate your opinion/data

**SECTION A: Demographic Details**

1. Your designation :
2. Place of work :
3. Age :
4. Number of years of experience :
5. Professional/ Educational Qualifications :
6. Name of institution where you were trained :

**SECTION B: Impact**

7. How many nurses have been trained in the past 5 years?

Year	Intake	Output
2001		
2002		
2003		
2004		
2005		

8. What is the procedure for recruiting students?

.....  
 .....

9. How does the school ensure a regular intake of students?

.....  
 .....

10. What is the current tutor student ratio at your school?

Year	No of students	No of Tutors
2001		
2002		
2003		
2004		
2005		

11. How many nurses have been appointed from your SoN to SJH and other hospitals?

Year	Nurses SJH	To Other Ministry of Health Hospitals
2001		
2002		
2003		
2004		
2005		

12. Do you think you/ your staff need further assistance/ training to continue in your positions successfully?

	Yes	No
You		
Your Staff		

13. What are the types of assistance/ training required?

- (1) .....
- (2) .....
- (3) .....
- (4) .....

14. What are the resources you have for teaching and learning in your SoN and who are the main users?

Item	Before 2001	Main Users(Yes/No)		After 2001	Main Users (Yes/No)	
		Teachers	Students		Teachers	Students
Equipment for clinical Learning						
Library Books						
CD ROM						
AV Material						
Computers						
Others						

15. What are the new and appropriate technologies used for sufficient and effective teaching/ learning? Provide details.

- 1.....
- 2.....
- 3.....
- 4.....

16. What percentage of your staff has computer literacy?

.....

17. Are there any other external programs that contribute towards improving the quality of nursing in Sri Lanka?

- (1)..... (2) .....
- (3)..... (4).....

**SECTION C: Sustainability**

17. What efforts have been made to improve the facilities and management of the SoN in the past 5 years? Provide details

Facilities	Management
1.	1.
2.	2.
3.	3
4.	4.

19. Are there any mechanisms for continuous improvement?

Yes  No

If yes, what are they?

- (1).....
- (2).....
- (3).....
- (4).....

20. What is the profile of staff in the SoN?

Staff	Before 2001		After 2001	
	PB Diploma	Graduates/ Undergraduates	PB Diploma	Graduate/ Undergraduates
Senior Tutors				
Junior Tutors				
Clinical Instructors				
Technical Staff				
Administrative staff				
Support staff				
Others				

21. When there are vacancies in Tutorial Staff, what measures have been taken to replace them?

- (1).....
- (2).....
- (3).....
- (4).....

22. What are the areas you think need to be improved for effective training?

- Course material
- Curriculum
- Learning environment
- Staff development
- Clinical lab facilities

23. What are the workshops/ seminars/ conferences that you have participated during the past 5 years?

Name of workshop	Year	Organised by	Funded by

24. Name the collaborations/ linkages/ partnerships with other national/ international institutes, in relation to nursing education?

Year	Name of the Institute	Type of the Program

25. What is your view on yours and your tutoring staffs' workload?

	You	Your Staff
Very High		
High		
Appropriate		
Low		
Very Low		

26. What are the professional support services and training provided to you/ your staff after 2001?

	You	Your Staff
1.		
2.		
3.		
4.		

27. Are there adequate resources and facilities in supporting you/your staff at work?

	You	Your Staff
Yes		
No.		

28. Since the termination of the Project, has sufficient government budget been allocated to SoN SJ?

Yes  No

29. What are the new regulations formulated to support the sustainability of activities of SoN SJ?

(1)..... (2) .....  
 (3) ..... (4) .....

30. How are the SoN resource persons trained through the JICA Project making use of their skills and knowledge?

1.....  
 2.....  
 3.....  
 4.....

31. Have an adequate number of staff been allocated to the management structure?

Yes  No

32. Are vacancies in the teaching staff filled immediately?

Yes  No

If not, what the impacts of such delay on teaching?

1.....  
 2.....  
 3.....  
 4.....

33. Are you actively involved in planning and decision making?

Yes  No

34. Describe how staff is represented in decision making processes?

1.....  
 2.....  
 3.....  
 4.....

35. Where SoN sets out new courses other than those conducted during the Project, how are the new training courses:

Initiated:

.....  
.....

Planned:

.....  
.....

Delivered:

.....  
.....

36. Are you satisfied with the current status of equipment provided by JICA?

Yes

No

37. Is there a proper equipment maintenance system established at the SoN?

Yes

No

Thank you.



**Chief Nursing Officer and Ward Sisters**

Please fill the spaces in the relevant box or write in the space provided to indicate your opinion/ data.

**SECTION A : Demographic Details**

1. Designation :
2. Place of Work :
3. Age:
4. Number of years of experience :
5. Professional/Educational Qualifications :
6. Name of institutions where you have trained :

**SECTION B: Impact**

7. What is the expected nursing cadre and the available cadre of the SJH?

Year	Expected Cadre	Available Cadre
2001		
2002		
2003		
2004		
2005		

8. Has the quality of nursing services in SJH improved in the last 5 years?

Yes  No

9. Please describe in which way the improvements have taken place?

- 1.....
- 2 .....
- 3 .....
- 4 .....

10. In your opinion, what is the standard of nursing education at Son SJ?

	Very High	High	Appropriate	Low	Very Low
Before 2001					
After 2001					

11. Do you think you/ your staff needs further assistance/ training to continue in the current position successfully?

Yes  No

If yes, what kind of assistance/ training do they required?

- (1) .....
- (2) .....
- (3) .....
- (4) .....

12. Do you see any difference in terms of efficiency and knowledge between nurses trained at SoN SJ and other SoN s before the year 2001 and after the year 2001?

	Before 2001		After 2001	
	SoN SJ	Other SoN	SoN SJ	Other SoN
Yes				
No				

If yes, what are they

.....

.....

.....

13. Do you think that nurses trained in SoN SJ and those trained in other SoN have similar capacity in terms of knowledge and skills?

Yes  No

14. How many nurses trained in Son SJ are appointed to SJH?

Year	SJH
2001	
2002	
2003	
2004	
2005	

15. Are there any external programs that contribute towards improving the quality of nursing in Sri Lanka for the past five years? Please provide details.

- 1 .....
- 2 .....
- 3 .....
- 4 .....

16. What is your view on the work load of your/ your nursing staff?

	Yours	Your Nursing Staff
Very High		
High		
Appropriate		
Low		
Very Low		

**SECTION C: Sustainability**

17. Are there any mechanisms for continuous assessment?

Yes  No

If yes, what are they?

- 1.....
- 2.....
- 3.....
- 4.....

18. In your opinion, what types of assistance/ training is required for further improvement of skills and knowledge of your nursing staff?

- (1)..... (2).....
- (3)..... (4).....

19 Have you participated in any workshops/ seminars/ conferences during the last 5 years?

Yes  No

20. What professional support and training is provided to you/ your staff before 2001 and after 2001?

Period	Type of support/ Training
Before 2001	
After 2001	

21. Are there adequate resources/ facilities to support you/ your staff?

Yes  No

Thank you

**Nurses trained in the School of Nursing Sri Jayawardenapura /  
Nurses trained in Other SoN**

Please fill the spaces in the relevant box or write in the space provided to indicate your opinion/ data.

**SECTION A**

1. Designation :
2. Place of Work :
3. Age :
4. Number of Years of Experience :
5. Professional/Educational Qualification :
6. Name of Institution where you trained :

**SECTION B**

7. Do you feel that nurses trained in other SoN are more competent?

Yes

No

8. Do you think that nurses trained in other SoN are sufficiently empowered to make decisions in patient care/ emergency situations?

	Patient care	Emergency situations
Yes		
No		

1. Do you feel that you need further assistance/ training to be skilful and efficient in your area of work?

Yes

No

If yes, what are the types of assistance/ training that required?

	Training	Assistance
1.		
2.		
3.		
4.		

10. What are the external programs that contribute towards improving the quality of nursing services in Sri Lanka?

- (1).....
- (2) .....
- (3) .....
- (4) .....

11. What professional support and training are provided to you/ your staff?

Type of support	Before 2001	After 2001
1.		
2.		
3.		
4.		

12. What type of resources/ facilities are provided in supporting your nursing activities?

	Resources	Facilities
1.		
2.		
3.		
4.		
5.		
6.		

13. List the workshops/ seminars/ conferences you have participated during the past 5 years?

Year	Name of Workshop	Organised by	Funded by
2001			
2002			
2003			
2004			
2005			

14. How do you feel about your daily workload?

Very high  High  Appropriate  Low  Very low

15. What are your future plans regarding professional development?

- 1 .....
- 2 .....
- 3 .....

16. Are you satisfied with your working environment?

Yes  No

Thank you

**Student Nurses - School of Nursing Sri Jayawardenapura /  
Student Nurses – Other Schools of Nursing**

Please fill the spaces in the relevant box or write in the space provided to indicate your opinion/ data

**SECTION A**

1. Designation :
2. Age :
3. Your Home Town:
4. The Name of the Last School:
5. Educational Qualification :
6. Additional Qualifications:
7. Level of study in the Nursing Training Program :

**SECTION B**

8. How do you feel about the education and training you are currently receiving?

Excellent	
Very Good	
Good	
Satisfactory	
Poor	

9. What is your view about the learning environment?

Excellent	
Very Good	
Good	
Satisfactory	
Poor	

10 What is your view about the support you receive from the teaching staff at your SoN?

More than expected	
As expected	
Little less than expected	
Far less than expected	
No support	

11. What are the strengths you have identified in your program?

- 1 .....
- 2 .....
- 3 .....
- 4 .....

12 What are the weaknesses you have identified in your program?

- 1 .....
- 2 .....
- 3 .....
- 4 .....

13. What are the facilities you have for successful training?

	Excellent	Very good	Good	Satisfactory	Poor
1. Library facilities					
2. Clinical lab facilities					
3. Printed course materials					
4. CD-ROM					
5. AV materials					
6. Others					

14. How useful are the equipment and other resources given by the JICA project for your learning?

Very useful	
Somewhat useful	
Satisfactory	
Less useful	
Not at all	

15. What is your view about the maintenance of those items?

Excellent	
Very Good	
Good	
Satisfactory	
Poor	

16. How do you feel about your daily workload as a student?

Very high  High  Appropriate  Low  Very low

17. What are your future plans regarding professional development?

- 1 .....
- 2 .....
- 3 .....

Thank you





**Annex 7: List of Collected Literature and Documents**

Minutes of Discussions between Japanese Evaluation Mission and Government Authorities of Sri Lanka pertaining to the Japanese Technical Cooperation Project for Nursing Education in Sri Lanka, April 2001

Minutes of Meeting between Japanese Advisory Team and the Authorities Concerned of Sri Lanka on the Japanese Technical Cooperation Project for Nursing Education in Sri Lanka, January 1998

Records of Discussions between the Japanese Implementation Study Team and the Authorities concerned of the Government of Sri Lanka on the Japanese Technical Cooperation Project for Nursing Education in Sri Lanka, May 1996

Annual Budget Allocations for Capital Expenditure, 200-2006, Ministry of Health

Recurrent Expenditure for National School of Nursing, Sri Jayawardenapura, 2004, 2005, Ministry of Health

**Third Party Review**

Reviewer: Prof. Diyanath Smarasinghe  
 Department of Psychiatry  
 Faculty of Medicine, Colombo

	Issues	Rating
1. Terms Parts of evaluation study		
2. Study design		
Comments		

Note: This final report was revised reflecting comments given in this third party review.

Thus, some comments in this review are not applicable to the final version of the report.

	Issues	Rating
1. Evaluation questions		
2. Data collection		
3. Measurement of results		
4. Examination of causal relationship		
Comments		
<p>1. Questions to assess impact seem to rely on the judgement of respondents. ("Do you feel nurses trained in Sri Lanka School of Nursing are more competent?" or "Do you need further assistance training to be efficient and efficient in your work?") There is a need for a rational comparison with a normative or "standard" measure of quality. In addition to this,</p> <p>Questions to address the issue of sustainability are mostly about support and further training. But it was necessary to have more open questions (in addition to filling of vacancies and budgetary allocations) to see whether there have been generally unexpected declines in any other aspects after 2001.</p> <p>Sustainability of the equipment side cannot be assessed simply by checking out the use and maintenance of the equipment provided during the project. Plans or potential for replacement when needed, also must be examined.</p> <p>2. There was no evidence of any modification of originally planned data collection, or of follow up, based on any new or unexpected information that was obtained.</p> <p>4. Examination of a causal relationship does not entirely rise to the information provided.</p>		

**THIRD PARTY REVIEW**  
of  
**EX-POST EVALUATION FINAL REPORT**  
**ON PROJECT FOR NURSING EDUCATION**  
**AT NATIONAL SCHOOL OF NURSING, SRI JAYAWARDENEPURA**

**1. Evaluation Framework**

Issue	Rating
1. Time frame of evaluation study	B
2. Study team	B
<i>Comment</i>	

**2. Data collection and analysis**

Issue	Rating
1. Evaluation questions	C
2. Data collection	B
3. Measurement of results	B
4. Examination of causal relationship	C
<i>Comment</i>	
<p>1. Questions to assess impact seem to rely on the judgement of respondents. ('Do you feel nurses trained in Sri J School of Nursing are more competent?' or 'Do you need further assistance/ training to be skillful and efficient in your work?') There is a need for a critical comparison with a normative or 'standard' measure of quality, in addition to this.</p> <p>Questions to address the issue of sustainability are mostly about support and further training. But it was necessary to have more open questions (in addition to filling of vacancies and budgetary allocation) to see whether there have been presently unspecified <i>declines</i>, in any other aspects, after 2001.</p> <p>Sustainability of the equipment side cannot be assessed simply by checking out the use and maintenance of the equipment provided during the project. Plans or potential for replacement, when needed, also must be examined.</p> <p>2. There was no evidence of any modification of originally planned data collection, or of follow up, based on any new or unexpected information that was obtained.</p> <p>4. Examination of a causal relationship does not strictly arise on the information provided.</p>	

### 3. Evaluation Results

Issue	Rating
1. Impact	C
2. Sustainability	B
3. Factors promoting sustainability and impact	B
4. Factors inhibiting sustainability and impact	B
5. Recommendations	C
6. Lessons learned	C
<p><i>Comment</i></p> <p>1. The overall goal against which the results are presented should have been in relation to, 'improve <b>both the quantity and quality of nurses</b> etc.' But the report emphasizes the numbers or quantity element and pays too little attention to the quality element (see 3.1). More attention was needed to data in relation to the <i>quality</i> of training and of the trained.</p> <p>5. The recommendations could be made sharper. Some of them are cliché and could have been made without doing the evaluation at all.</p> <p>6. The thrust of 'Lessons learned' relate to nursing education in general and to the Ministry of Health and the hospital. 'Lessons learned' has not paid enough attention to <i>project</i> matters – which would have been of interest to JICA, the agency commissioning the report.</p>	

### 4. Structure of Report

Issue	Rating
1. Writing manner	B
2. Presentation of primary data and utilization of figures	B
<p><i>Comment</i></p>	

### 5. Overall Review

Issue	Rating
1. Usefulness	C
2. Impartiality and independence	B
3. Credibility	B
4. Participation of partner countries	C
<p><i>Comment</i></p> <p>1. Usefulness is impaired given the relative neglect of quality issues – which was a fundamental gain to be expected from the project.</p> <p>4. The evidence does not show significant participation.</p>	

## 6. Overall comment

The study has delivered reasonably well what it was asked to do. Quality of training, and resultant improvements in the trainees, is relatively weakly covered. But this is generally a difficult matter to evaluate, anyway.