

ラオス人民民主共和国  
母子保健人材開発プロジェクト  
終了時評価調査報告書

平成 28 年 3 月  
(2016 年)

独立行政法人国際協力機構  
人間開発部

人間
JR
16-038

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## 序 文

ラオスにおける5歳未満児死亡率（/出生 1,000）の指標は、170（1993年）から71.4（2013年）に、また妊産婦死亡率（/出生 100,000）は、796（1995年）から220（2013年）まで大幅に改善されてきていますが、東南アジア地域の中で最も低い水準にあり、依然として母子保健の改善は急務とされています。

母子保健サービスの効果的な実施に向けて、ラオスの保健人材の不足はとりわけ主要な課題の1つとなっています。またラオスの保健人材の育成機関では、統一したカリキュラムや国家試験が存在しないため、現場でのサービスが均質に行われられないという問題があり、保健人材の質の向上も課題の1つとして挙げられています。

それら課題に対応するため、ラオス保健省は「母子保健人材開発プロジェクト」の実施を要請し、独立行政法人国際協力機構（JICA）は2012年2月から4年間の計画で本プロジェクトを実施してきました。

本プロジェクトは、主に保健省及び保健科学大学等の保健人材育成機関、並びに教育病院を対象として、①看護教育の基準となるシステムの開発・制度化、②保健人材育成機関が良質な人材育成プログラムを実施するための能力強化、③保健人材育成プログラムを効果的に実施するための関係者間の調整メカニズムの強化を通じて、ラオス全国において均質で質の高いサービスを提供するための保健人材育成システムを強化することを目的としています。

本報告書は、プロジェクト開始以来これまでの協力の投入・成果を確認し、プロジェクトの終了に向けての提言、及び類似の協用に活用可能な教訓を導き出すことを目的に実施された終了時評価調査について取りまとめたものです。

ここに、本調査にあたりご協力いただきました関係者の方々に対し、心からの感謝の意を表しますとともに、引き続き一層のご支援をお願い申し上げます。

平成28年3月

独立行政法人国際協力機構

人間開発部長 戸田 隆夫

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# プロジェクト位置図



写 真



マホソット病院の視察（看護記録の確認）



保健省ヘルスケア局との協議



ブンコン保健省副大臣へのインタビュー



保健科学大学の視察（供与機材の状況確認）



JCCでの調査報告



ミニッツ署名式

## 略 語 表

略 語	正式名称	日 本 語
AEC	ASEAN Economic Community	アセアン経済共同体
CHIPU	Complex of Hospital, Institute, Project and University	医療サービス提供機関、医学教育研究機関（大学、医学専門学校等）、開発パートナーの連携を進め、保健人材の能力強化を推進する構想
CHS	College of Health Science	保健科学短大（3年課程）
C/P	Counterpart	カウンターパート
DHC	Department of Health Care, MOH	（保健省）ヘルスケア局
DTR	Department of Training and Research, MOH	（保健省）研修研究局
EDC	Education Development Center	教育開発センター
FON	Faculty of Nursing	看護学部
GHWA	Global Health Workforce Alliance	グローバルヘルスワークアライアンス
HRH	Human Resources for Health	保健人材
HRH-TWG	Human Resources for Health Technical Working Group	保健人材テクニカル・ワーキング・グループ
HSDP	Health Sector Development Plan	保健セクター開発計画
JCC	Joint Coordinating Committee	合同調整委員会
JICA	Japan International Cooperation Agency	国際協力機構
JOCV	Japan Overseas Cooperation Volunteer	青年海外協力隊
JPY	Japanese Yen	日本円
M&E	Monitoring and Evaluation	モニタリング評価
MCH	Maternal and Child Health	母子保健
MDGs	Millennium Development Goals	ミレニアム開発目標
MM	Man Month	人/月
MMR	Maternal Mortality Rate	妊産婦死亡率
MNCH	Maternal, Neonatal, and Child Health	母性・新生児・小児保健（母子保健で統一）
MOE	Ministry of Education	教育省
MOH	Ministry of Health	保健省
MRA	Mutual Recognition Arrangement	相互承認枠組み協定
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee	経済協力開発機構－開発援助委員会
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス



PHO	Provincial Health Office	県保健局
PHS	Public Health School	保健学校（2.5年課程）
PO	Plan of Operations	プロジェクトの年次活動計画
R/D	Record of Discussions	討議議事録
SBA	Skilled Birth Attendant	助産専門技能者
TOT	Training of Trainers	トレーナー研修
UHS	University of Health Science	保健科学大学
UNFPA	United Nations Population Fund	国際連合人口基金
UNICEF	United Nations Children's Fund	国際連合児童基金
U5MR	Under-5 Mortality Rate	乳幼児（5歳未満児）死亡率
WHO	World Health Organization	世界保健機構

## 評価調査結果要約表

<b>1. 案件の概要</b>	
国名：ラオス人民民主共和国	案件名：母子保健人材開発プロジェクト
分野：保健医療・母子保健	援助形態：技術協力プロジェクト
所轄部署：JICA 人間開発部	協力金額（本調査時点）：約 2 億 3,600 万円
協力期間：2012 年 2 月～2016 年 2 月	先方関係機関：保健省研修研究局（DTR）及びヘルスケア局（DHC）
	日本側協力機関：厚生労働省、国立国際医療研究センター、国立看護大学校
	他の関連協力： 看護助産人材育成強化プロジェクト（2005～2010 年）
<b>1-1 協力の背景と概要</b>	
<p>ラオス人民民主共和国（以下、「ラオス」と記す）における妊産婦死亡率（Maternal Mortality Rate：MMR）と 5 歳未満児死亡率（Under-5 Mortality Rate：U5MR）はともに改善されてきているものの、MMR は 220（対出生 10 万、2013 年）及び U5MR は 71.4（対出生 1,000、2013 年）と、東南アジア地域のなかで最も高く、依然として母子保健の改善は急務である。また、母子保健サービスの効果的な実施に向けて、保健人材の不足はとりわけ主要な課題の 1 つである。</p> <p>保健医療人材育成強化を目的とした、国際的アライアンスである Global Health Workforce Alliance（GHWA）は、人口約 1,000 人当たりの保健人材配置が 2.3 人以下の国々を危機的状況にあたるとし、当該国における保健人材育成を重視しているが、ラオスでは同数値が 0.53 人とどまっている状態にある。また、保健人材の質の向上も課題の 1 つとして挙げられる。看護師や助産師を育成する保健科学大学（University of Health Science：UHS）や保健科学短大（College of Health Science：CHS）、保健学校（Public Health School：PHS）では、統一したカリキュラムや国家試験が存在しないため、現場でのサービスが均質に行われないという問題があり、そのための適切な保健サービスを提供する専門職人材の確保・質の向上が依然として課題となっている。</p> <p>ラオス保健省（Ministry of Health：MOH）は保健人材育成強化に向け、中長期的戦略である「保健人材戦略 2020」を策定し、保健人材テクニカル・ワーキング・グループ（Human Resources for Health Technical Working Group：HRH-TWG）等を設置し、保健人材育成機関の教育機能、技術水準、管理能力の強化を通じた教育の質の改善と、中央と地方の連携のもとに行われる計画的な人材育成が、重要な活動計画として位置づけられた。しかしながら、保健人材育成機関の教育機能、技術水準、管理能力はいまだ不十分であり、策定された計画・戦略に基づく効率的・効果的な実施運営ができていないと難しい。</p> <p>これらの背景に基づき、ラオス政府は 2009 年 7 月に「母子保健人材の持続可能な開発プロジェクト」の要請を挙げ、本プロジェクトは 2012 年 2 月～2016 年 2 月の 4 年間の予定で開始された。本プロジェクトは、保健省研修研究局（Department of Training and Research, MOH：DTR）及びヘルスケア局（Department of Health Care, MOH：DHC）をカウンターパート（Counterpart：C/P）機関とし、DTR、DHC、UHS、5 カ所の中央病院、3 カ所の CHS 及び PHS（以下、保健人材育成機関）、12 カ所の県病院を対象として、①看護教育の基準となるシステムの開発・制度化、②保健人材育成機関が良質な人材育成プログラムを実施するための能力強化、③保健人材育成プログラムを効果的に実施するための関係者間の調整メカニズムの強化を通じて、ラオス全国において均質で質の高いサービスを提供するための保健人材育成システムを強化する</p>	

ことを目的とする。プロジェクトの終了が 2016 年 2 月に予定されていることから、プロジェクトの目標達成見込みや成果等を分析するとともにプロジェクトの残りの期間への課題や今後の方向性について確認し、具体的な提言とともに報告書に取りまとめ合意することを目的として、今般終了時評価調査を実施した。

## 1-2 協力内容

- (1) 上位目標：母子保健サービスの改善のために質の高い保健人材が育成される。
- (2) プロジェクト目標：CHIPU<sup>1</sup>コンセプトに基づき、均質で質の高いサービスを提供するための保健人材育成システムが強化される。
- (3) アウトプット：
1. 看護教育の基準となるシステムが開発・制度化される。
  2. 保健人材育成機関の良質な人材育成プログラム実施能力が強化される。
  3. 保健人材育成システムを効果的に改善するために関係機関間の調整メカニズムが強化される。
- (4) 投入（2015 年 9 月現在）
- 1) 日本側
    - ・ 専門家派遣  
長期専門家：延べ 5 名、短期専門家：12 名（延べ 16.5 人/月）、第三国専門家：3 名（2.1 人/月）
    - ・ 研修/ワークショップ参加者数：延べ 22 名（本邦）、延べ 51 名（タイ、インドネシア、中国）
    - ・ 在外事業強化費：418,996.48USD
    - ・ 機材供与：145,582.60USD 相当
  - 2) ラオス側
    - ・ C/P 配置：MOH より 6 名
    - ・ プロジェクト事務所スペース：MOH 内に提供
    - ・ オフィス設備：インターネット、電話、プリンター、ファックス、コピー機等

## 2. 終了時評価調査団の概要

調査団	担当分野	氏名	所属
	総括	相賀 裕嗣	JICA 人間開発部 国際協力専門員
	母子保健 (技術参与)	仲佐 保	国立国際医療研究センター 国際医療協力局 運営企画部長
	看護教育 (技術参与)	田村 やよひ	国立看護大学校 大学校長
	協力企画	岸田 菜見	JICA 人間開発部 保健第四チーム副調査役
	評価分析	田中 祐子	合同会社適材適所 コンサルタント
調査期間	2015 年 9 月 6 日～2015 年 9 月 19 日		評価種類：終了時評価調査

<sup>1</sup> Complex of Hospital, Institute, Project and University [医療サービス提供機関、医学教育研究機関（大学、医学専門学校等）、開発パートナーの連携を進め、保健人材の能力強化を推進する構想]

### 3. 評価結果の概要

#### 3-1 実績の確認

##### (1) プロジェクト目標の達成見込み

プロジェクト目標：CHIPU コンセプトに基づき、均質で質の高いサービスを提供するための保健人材育成システムが強化される。

プロジェクト終了までにプロジェクト目標を達成する見込みは中程度に高いと判断された。

CHIPU コンセプトは 2011 年に MOH で導入され、「保健人材開発戦略 2020」と「第 7 次保健セクター開発 5 カ年計画」の双方で言及されている。2012 年の MOH 組織再編の後には CHIPU という用語自体は広く使われていないが、学校・病院・MOH、開発パートナー等の連携に基づき保健人材強化を図るという考え方自体は引き継がれていることが確認された。

コンピテンシーと看護業務範囲を現場で実践するためのマネジメントツールは、以下のさまざまな活動、すなわち、①モデル病棟での活動、②マホソット病院看護師を対象とした看護ケア向上のための TOT、③看護教育のサポータティブスーパービジョン等を通じて普及されてきた。またプロジェクトでは 2015 年 10 月～12 月にモデル病棟のマネジメントツール（患者基礎情報シート、アセスメントシート、看護ケア計画シート等を用いた看護ケアの質向上への取り組み）を普及するためのワークショップを計画している（指標 1）。他方、すべての対象学校と病院でマネジメントツールが普及され、さらに活用されていくためには、さらなるフォローアップをしていくことが必要である。

コンピテンシーに基づく看護教育（指標 2）に関し、MOH は 2014 年 10 月に上級ディプロマのコンピテンシーに基づくカリキュラムの導入を承認し、2015 年 3 月に右カリキュラムは MOH と教育省（Ministry of Education : MOE）の最終承認を受けた。コンピテンシーに基づく上級ディプロマカリキュラムは 2014 年 10 月より 3 県の CHS とビエンチャン看護学校（ブリッジコース）で導入され、UHS と PHS では 2015 年 10 月より導入予定である。

国家免許制度の枠組み（指標 3）に関しては、看護師の国家試験制度を含む国家免許制度の詳細な枠組みはプロジェクトで策定した「ラオス国保健専門職の免許制度戦略（案）」のなかで記載されており、右草案は 2015 年 10 月には承認プロセスに提出される見込みである。2015 年 12 月には MOH に正式承認される予定であることが報告された。

##### (2) 各アウトプットの達成状況

アウトプット 1：看護教育の基準となるシステムが開発・制度化される。

アウトプット 1 はおおむね達成された。協力期間の前半には「資格をもつ看護師の国家コンピテンシー（National Competencies for Licensed Nurses）」（以下、看護師の国家コンピテンシー）が策定され、看護専門職の質管理に関連する中心的なコンセプトとして位置づけられている。「看護業務範囲ガイドライン」の改訂に向けプロジェクトでは右ガイドラインの適用に関する現状調査を実施し、その結果に基づきガイドラインを改訂し 2015 年 4 月に MOH の承認を受けた。その後、プロジェクトでは改訂ガイドラインを普及するワークショップを実施している（指標 1-1）。

「看護助産学校管理ガイドライン」については、DTR と連携し改訂作業を進めており、2015 年末には改訂作業を完了予定である（指標 1-2）。「看護助産規則」の改訂については 2015 年 8 月に主な改訂論点について内部で協議し、今後関係者ととも詳細について協議をもつ予定である。

国家免許制度の制定プロセスでは、MOH や UHS の主要関係者がタイ、インドネシア、日本等を訪問し、各国の国家免許制度について学ぶ機会をもった。さらに日本からは複

数回にわたり短期専門家が投入され、ラオスの国家試験・免許制度に関する検討や協議が重ねられてきた。国家試験を含む国家免許制度の枠組み（指標 1-3）を明確にするため、プロジェクトでは数度にわたる会合の結果「ラオス国における保健人材免許システム戦略」草案を策定した。

標準看護ケアのための取り組みとして、新たな看護記録フォーマットはマホソット病院の外科 4 病棟（泌尿器、腹部、小児、整形）のモデル病棟に導入されている。2013 年 8 月の MOH による正式承認を経て、プロジェクトではロードマップ、ゴール、指標を設定しモデル病棟での活動を開始した。プロジェクト前半期にはオーダーリングフォームが導入され、現在でもモデル病棟の医師らにより広く使用されている。2014 年 6 月からは新しい看護記録の様式として基礎情報シート、アセスメントシート、看護ケア計画シートが導入され、モデル病棟内の看護師により使用開始された。これら活動のフォローアップを目的として短期専門家が投入されたほか、プロジェクトではマホソット病院に派遣中の JICA シニアボランティア（SV）の看護師<sup>2</sup>の協力によりモデル病棟の活動を日々フォローアップすることができた。看護記録の質改善に関しプロジェクトではマホソット病院看護部と看護師 SV の協力の下で調査を実施し、新しい看護記録を導入した直後（2014 年 7 月）のベースラインに比較して看護記録の質が向上したことが確認された。新しい看護記録は今後も継続的にモデル病棟で使用される予定であり、看護の質のさらなる向上のために適切な評価や指導が今後も継続してなされることが期待される。

アウトプット 2：保健人材育成機関の良質な人材育成プログラム実施能力が強化される。

アウトプット 2 はおおむね達成されており、プロジェクト終了までには達成する見込みである。協力期間の前半では、コンピテンシーに基づく看護教育カリキュラム委員会が MOH、中央及び県の実習病院、UHS と CHS 教員をメンバーとして設立された。2013 年 5 月～2014 年 12 月の間に 16 回の委員会を開催し、上級ディプロマ看護コースのカリキュラムとシラバスが策定された（指標 2-2）。

また、CHS のある 3 県から 25 名の教員及び実習指導担当者がタイ・ブラパ大学の教員研修コースに参加している。その後プロジェクトでは UHS/CHS/PHS の看護教員と実習病院の指導担当者を対象に、①コンピテンシーに基づく教育と、②標準看護ケアに関する理解を深めるための普及ワークショップを複数回実施し、①については対象者の 62.4%、②については 36.2%が研修を受講している（指標 2-1）。プロジェクトは今後も上記②「標準看護ケア」に係る研修を MOH とマホソット病院との連携により実施し、教員及び実習病院指導担当者の理解を深める予定である。

教育環境の改善（指標 2-3）については、プロジェクトでは 2012 年と 2014 年にニーズ調査を実施し、9 つの学校と実習病院における教育教材・機材の必要性を把握した。これらの調査結果に基づき、プロジェクトでは教育用機材として実習機材や教科書等を 5 つの学校及び 13 の実習病院に対し供与し、これらの学校・実習病院で上級ディプロマ看護コースを実施すべく環境改善を行った。このほか、MOH では独自の予算で 2014/15 年度に教材を提供したほか、2015/16 年度にも教育環境改善のための予算を申請している。さらに、改訂カリキュラムを効率的かつ効果的に実施するため、プロジェクトでは MOH、UHS、中央病院から成るメンバーで看護教育に係るサポーターズスーパービジョンチームを設立した。右チームは 2015 年 3 月～5 月に 3 県の CHS と実習病院を訪問し、看護助産学校管理ガイドラインに規定された基準を基に看護教育の質評価を実施した。DTR で

<sup>2</sup> SV看護師の派遣期間は2011年9月～2014年3月であり、その後同じSV看護師が2015年1月から2年間の任期で再赴任している。

は2016年度も本活動の継続を希望しており、2016年度の予算計画にも本活動を含めて申請中である。

アウトプット3:保健人材育成システムを効果的に改善するために関係機関間の調整メカニズムが強化される。

アウトプット3は中程度に達成されている。UHSと3県のCHSはそれぞれ年間計画を作成し、実習病院との調整会議にて関係者〔県保健局(Provincial Health Office:PHO)等〕とも共有されている(指標3-1)。学校と実習病院はコンピテンシーに基づくカリキュラムを導入するために調整メカニズムを改善しつつあることが報告された。

学校はほぼ年に1度MOHとPHOに報告書を提出しているが、現行の学校管理ガイドライン上では年に2度の報告が規定されており、その規定は遵守されていないのが現状である(指標3-2)。

MOHから学校に対するフィードバックは年に1度の学校管理者会議のなかですべての学校に対して一斉に実施しており、そのなかで看護教育の環境改善のために必要なアクションについても言及している(指標3-3)。このほか、各学校に対するフィードバックについては必要に応じ電話等での対応がなされている。プロジェクトではフィードバックを強化するためにMOH、UHS、中央病院のメンバーから成る看護教育のサポータースーパービジョンをCHSのある3県(ルアンパバーン、サバナケット、チャンパサック)で試験的に実施した。

他方、年次報告書がすべての学校から提出されているにもかかわらず、DTR内の報告書管理は十分とはいえない状況である。プロジェクトではこの状況を改善するため、報告とフィードバック体制の手順をDTR内で明確化し、その手順は改訂された看護助産学校管理ガイドラインの施行と同時に導入される予定である。

### 3-2 評価結果の要約

#### (1) 妥当性

プロジェクトの妥当性は以下の理由から高いと判断された。

- ・プロジェクトの計画はラオス保健セクターの上位政策である「保健人材開発戦略2020」や「第7次保健セクター開発5カ年計画(2011~2015)」と合致しており、これら戦略・計画のなかでは保健人材の強化やそのための関連機関(MOH、学校、病院)の連携強化の必要性が掲げられている。なかでも、「第7次保健セクター開発5カ年計画(2011~2015)」では、保健システムの強化により保健サービスの質をASEANひいては国際レベルにまで向上することが記載されている。
- ・プロジェクトは日本の対ラオス国別援助方針とも合致している。本プロジェクトは重点課題「保健医療サービスの改善」のなかの「母子保健システム改善プログラム」に位置づけられており、母子保健人材のなかで看護職の占める割合が大きいことにかんがみると看護教育に特化した協力内容も適切であるといえる。さらに、2013年1月には日本の厚生労働省とラオスMOHとの間に覚書が締結され、「人材開発:例えば、医師・看護師・保健師等の訓練プログラム」を含む医療分野での協力を進めることについて検討すること<sup>3</sup>を合意した。
- ・ASEAN Economic Community 統合に向け、関連する相互承認枠組み協定に準拠していくため、MOHとしても国家コンピテンシーや国家免許制度の確立が喫緊の課題である。

<sup>3</sup> 「日本国厚生労働省とラオス人民民主共和国保健省との医療分野の覚書【仮訳】」より引用。  
<http://www.mhlw.go.jp/stf/houdou/0000031301.html> (2015年9月17日にアクセス)

- ・母子保健分野の改善は、ミレニアム開発目標にも掲げられている。

## (2) 有効性

プロジェクトの有効性はプロジェクト目標の達成見込み同様、以下の理由により中程度に高いと判断された。

- ・「保健専門職の国家免許制度に係る戦略」草案は2015年12月をめぐりMOHより承認される予定である。
- ・マホソット病院の看護実践モデルの病院内外への普及はプロジェクトにとって残された課題の1つである。今後計画どおり右モデルの普及ワークショップが他病院に対しても実施され、マネジメントツールが対象となるすべての学校・病院で活用し始めた場合には、本プロジェクトの有効性をさらに高めることができる。

## (3) 効率性

プロジェクトの効率性は以下の観点から中程度に高いと判断された。

- ・効率性に貢献する要因として、タイの第三国専門家の活用が挙げられる。第三国専門家は、看護師の国家コンピテンシーの開発や、コンピテンシーに基づくカリキュラムの策定、モデル病棟での看護記録の改善等に対しても支援を行った。また、2014年2月よりタイのブラパ大学で第三国研修も開始され、これまで5回にわたり実施している。二国間では、言語や文化の障壁が少ないこともあり、ラオス側教員や実習指導担当者の能力強化を効率的に実施することができた。
- ・プロジェクトの後半期には日本側の長期専門家は2名から3名に増員され、短期専門家も数多く投入された。設定されたプロジェクト目標を期間内に達成するために人員配置の側面が強化された。
- ・2012年2月のプロジェクト開始以降、PDMの修正は3回実施された。PDM (Ver.1)は2013年7月の運営指導調査時に、PDM (Ver.2)は2014年3月の中間レビュー調査時にそれぞれ合意され、指標2-1 (アウトプット2)のターゲット値を追加することで現行のPDM (Ver.3)が2015年4月に合意された。これらの軌道修正とともに、プロジェクトは想定された成果を得るために効果的な活動推進が可能となった。

## (4) インパクト

上位目標「母子保健サービスの改善のために質の高い保健人材が育成される」の達成見込みは、中程度であると判断された。新規卒業生を対象とした国家免許制度のための国家試験は、3年後をめぐり実施されると考えられ、国家免許制度の事務局業務を担う予定である保健専門職カウンシルの組織化は、今後国家免許制度の開発過程でより進められるものと判断される。

上位目標以外のインパクトとしては、以下の点が挙げられる。

- ・国家免許制度の開発過程では、看護師のみならず医師や歯科医師も活動に関与した。このため、国家免許制度開発に係るプロジェクトの成果は、他の保健職種へもプラスのインパクトが見込まれる。
- ・4つのPHSにおけるディプロマ看護コース (2.5年)カリキュラムは、2015年10月よりコンピテンシーに基づく上級ディプロマ看護コース (3年)にアップグレードされる見通しである。また、このカリキュラムは、助産カリキュラムの改訂にあたっても参考文書として活用された。

プロジェクト実施による負のインパクトは、現時点で確認されていない。

## (5) 持続性

### 1) 政策面

政策面の観点からの持続性は以下の理由から高いと判断された。

- ・保健人材の育成は今後もラオス保健セクターの重点課題として位置づけられる可能性が高い。「保健人材開発戦略 2020」では学校・病院・MOH 等関係機関の連携強化を通じた保健人材の能力強化の必要性が挙げられている。
- ・「第 8 次保健セクター開発 5 年計画 (2016~2020)」<sup>4</sup>では、①保健サービスの質の担保や②保健システム開発の強化に関する目標が記載されている。
- ・改訂保健法は 2014 年 12 月に国会に承認され、2015 年 5 月に施行された。改訂保健法のなかには、国家免許制度が保健専門職カOUNシルの役割・責務として記載されている。さらに、「ラオス国保健専門職の免許制度に係る戦略 (案)」は策定され、承認手続きのために 2015 年 10 月に提出される計画である。

### 2) 組織・財政面

組織・財政面の観点からの持続性の評価は以下のその持続性に貢献し得る要素もいくつか確認されたが、終了時評価時点では以下の理由により、その持続性を検討するには時期尚早と判断された。

- ・9 カ所の学校に対し、教材の提供や看護教育のサポータースーパービジョンを実施するため、DTR ではこれらの必要経費を 2015/16 年度の予算申請に計上している。
- ・「保健ケア改革計画 (2016~2020)」によれば、「公的・民間セクターの保健専門職の登録に係る国家試験制度開発プロジェクト」と題されたプロジェクトが、668,100 USD の見込み予算額とともにリストアップされている。
- ・マホソット病院の副院長は、プロジェクトによりモデル病棟で導入した看護記録の新しい様式をプロジェクト終了後も継続して活用していきたい意向をもつとともに、今後モデル病棟以外の病棟に対しても、これらの看護記録の様式を普及させていきたいと考えている。
- ・他方、保健専門職カOUNシルの組織的構造については、終了時評価調査時点では十分に明確になされていない。

### 3) 技術面

技術面の観点からの持続性は、以下の理由により中程度に高いと判断された。

- ・コンピテンシーに基づく上級ディプロマコースは 3 県の CHS で既に導入されており、教員達は標準シラバスを策定するとともに新しいカリキュラムを実施するための教授法について学んだ。これらの教育を強化するために、学校と実習病院に対して教材や教育用機材等も提供された。
- ・モデル病棟では看護記録の改善が少しずつみられている。2014 年 6 月より新しい看護記録のフォーマットが導入され、モデル病棟の看護師たちからはプロジェクト終了後もこれらを継続して使用する意向が確認された。
- ・モデル病棟の活動を普及するため、マホソット病院のモデル病棟とモデル病棟以外の看護師約 20 名が TOT を受講し、普及ワークショップの講師となる準備を進めている。
- ・看護教育委員会 (UHS、CHS、及びその実習病院関係者から成る) は DTR が今後コンピテンシーに基づくカリキュラム改訂等、必要に応じて招集した際には集まる仕組みとなっている。看護教育のサポータースーパービジョンの継続にあたっては、これまでの研修やマニュアルの策定によりスーパーバイザーたちは今後独自に

<sup>4</sup> 2014年10月6日付のUnofficial translationより抜粋。



サポーターズスーパービジョンを実施する準備ができている。

## (6) 効果発現に係る貢献・阻害要因

### 1) 貢献要因

- ・プロジェクトの活動は、マホソット病院に配属された看護師 SV との密な連携の下に実施された。モデル病棟の看護記録の改善に係る活動は、SV の配属期間中には日常的にフォローアップされてきた。さらに、県・郡レベルの病院に配属された JICA 青年海外協力隊（Japan Overseas Cooperation Volunteer : JOCV）も、プロジェクトで実施する国家コンピテンシー、コンピテンシーに基づくカリキュラム、看護業務範囲ガイドライン、機材の維持管理等に関するワークショップに配属先の看護スタッフと参加し、これらの事項に関する理解を深めてきた。
- ・看護業務範囲ガイドラインや看護師の国家コンピテンシーを効果的に普及するにあたり、医師や病院の管理職（院長、副院長、看護師長等）の巻き込みは重要であった。プロジェクトではこれらの関係者をガイドラインや規定、マネジメントツールの普及に係るワークショップで可能な限り招待し、関係者の理解醸成に努めた。
- ・アウトプット 1 と 2 の活動を強化するため、タイの第三国専門家が投入された。そのうち 1 人は定期的にラオスを訪問し、看護教育カリキュラム開発等の支援を行うほか、タイのブラパ大学では第三国研修も実施された。これらの経験は、二国間で言語的・文化的な障壁が低いこともありラオス側の教員や実習担当者の理解を効率的に向上させることができた。
- ・インドネシアへのスタディビジットは、ラオス側 C/P の国家免許制度に関する議論の活性化につながった。スタディビジットの結果は、MOH の管理職を含む関係者に共有され、帰国後まもなく「ラオス国保健専門職の免許制度に係る政策戦略(案)」が策定された。

### 2) 阻害要因

- ・MOH の保健ケア専門職室は、国家免許制度の開発を主管する部署であるが、同室は感染症対策も兼務している。室内の人員はこれら多様な責務を同時遂行するには十分ではなく、結果として国家免許制度の開発に必要な時間を十分に割くことができなかった。
- ・プロジェクト開始後初期の段階では MOH 内に看護課が存在していたが、2012 年 7 月の MOH 再編により看護課の職務は DHC 内の他部署に統合された。その結果、現在では看護の専門職や看護ケアサービスの質に関し特化して管理する部署が存在しない状況となった。

## 3-3 結論

プロジェクトは順調な進捗をみせており、アウトプット 1 と 2 はともにおおむね達成、アウトプット 3 は中程度に達成されていると判断された。プロジェクト終了までにプロジェクト目標を達成する見込みは中程度に高いと判断される。プロジェクトにより、理論面、及び臨床と教育のすべての現場でコンピテンシーに基づく看護教育の基盤強化が図られた。評価 5 項目の観点からの分析結果として、妥当性は高く、有効性と効率性は中程度に高いと判断された。インパクトの見込みは現時点では中程度と判断されたが、上位目標以外のインパクトもいくつか確認された。持続性については、政策面では高く、組織・財政面の観点からの評価は現時点では時期尚早と判断され、技術面では中程度に高いと判断された。

### 3-4 提言と教訓

#### 3-4-1 提言

調査結果に基づき、調査団は以下のとおり提言を行った。

##### 【プロジェクト期間中に対する提言】

1. 国家免許制度に係る戦略の円滑な提出及び承認のために必要なアクションと調整がなされること。
2. 看護実践モデルのさらなる改善に向け、モデル病棟での看護ケアの質が継続的に強化されるよう必要な努力を進めること。
3. 看護実践モデルに関する知識の普及にあたっては、ワークショップ前後にテストを実施するなどして知識の増加を計測すること。
4. 看護ケアマネジメントツールの普及ワークショップへは管理職の参加を促し、トップレベルからこれらのツールを活用するよう動機づけを行うこと。
5. 看護実践モデルの普及プロセスにおいては、今後もより一層 JOCV 人材を活用していくこと。
6. 学校報告制度に関し、プロジェクトは適切な報告頻度を再度検証し、その結果を改訂された学校管理ガイドラインに反映すること。
7. 看護教育のサポータブスーパービジョンの実施にあたっては、年に 2 回の報告書を事前にレビューし、その内容に対するフィードバックを実施する機会としてとらえるべきである。なお、緊急な対応が必要な場合には、適宜従来どおり電話等での対応も行うこと。
8. 国家免許制度を計画どおりに制定し実施するために、MOH は保健ケア専門職室の職員が免許制度に係る職務に専任できる環境を整備すること。

##### 【プロジェクト終了後に対する提言】

1. 看護実践モデルの戦略的なスケールアップにあたっては、MOH は看護修士を保有するスタッフを戦略的にリーダーとして配置するなどし、看護実践モデルの導入にあたり適切な助言や指導がなされる体制を整備すること。
2. 看護助産規則改訂の作業を進めるにあたっては、MOH は関係する看護・助産のステークホルダーを巻き込んで実施すること。
3. サポータブスーパービジョンの継続にあたっては、スーパーバイザーチームのメンバー構成をより簡易な形態に見直すこと。
4. 今後の疫学的・社会人口学的な変遷により、コンピテンシーに基づくカリキュラムは必要に応じてレビューまたは改訂すること。

#### 3-4-2 教訓

プロジェクトの実施プロセスにおいては、グッドプラクティスや教訓となり得る経験が確認された。今後類似の技術協力プロジェクトのデザイン検討や計画策定を行う場合には、以下の教訓を適用またはその適用可能性について検討することが望ましい。

1. 看護実践モデルの他病院への普及にあたっては、マネジメントツールの紹介や説明だけでなく、トップレベルのコミットメントと継続的な指導があって初めて実践可能なものである。看護実践モデルを導入するにあたっての行動変容を起こすには一定期間が必要である。
2. 第三国専門家や第三国研修を戦略的に活用することで、プロジェクト効果の貢献要因となり得る。
3. 特定の技術分野で優先度の高い必要性が生じたときには、プロジェクトスコープ内に新

しい要素を取り入れ対応するなど、プロジェクトのデザインを柔軟に変更することも重要である。

4. 保健職のなかでも占める割合が高く、多様な教育背景をもつ看護専門職をターゲットとして教育システムや関連規定・制度開発を進めることで、その経験を他職種に対しても適用することが可能となる。
5. 保健人材（**Human Resources for Health : HRH**）の育成に関し、①看護教育、②看護サービス、③関連規定の整備を行う包括的なデザインにより、HRH をとりまく複雑な課題に多面的に取り組み、それぞれの領域で関連性のある成果を上げることにつながった。

## Summary of the Terminal Evaluation Results

1. Outline of the Project	
Country: Lao PDR	Project title: Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services in Lao PDR
Issue/Sector: Maternal and Child Health	Cooperation scheme: Technical Cooperation
Division in charge: Human Development Department, JICA	Total cost (as of Sep 2015) : 236 million yen
Period of Cooperation: February, 2012 – February, 2016	Partner Country's Implementing Organisations: Department of Training and Research (DTR) , MOH and Department of Health Care (DHC) , MOH
	Japanese Cooperating Organisation (s) : <ul style="list-style-type: none"> <li>▪ Ministry of Health, Labor and Welfare</li> <li>▪ National Center for Global Health and Medicine</li> <li>▪ National College of Nursing, Japan</li> </ul>
	Related Cooperation: <ul style="list-style-type: none"> <li>• Project for Human resource Development of Nursing/Midwifery</li> </ul>
<p><b>1-1 Background of the Project</b></p> <p>Since mid-1980s, Lao People's Democratic Republic (Lao PDR) has made considerable progress in improving the health of its population. However, it faces the most prominent challenges among the states of South East Asian Region in reaching the Millennium Development Goals (MDGs) 4 and 5. The Maternal Mortality Ratio per 100,000 live births is still at 580 and the Under Five Mortality Rate per 1,000 births is 61<sup>5</sup>. Moreover, in 2009, the number of health workers (medical doctors, nurses and midwives with middle and high level professional education) was 3,385, equal to 0.53 health workers per 1,000 populations which is significantly lower than the Global Health Work Alliance (GHWA) recommended standard of 2.3 health workers per 1,000 populations. The quality of health services is another challenge. Nursing and midwifery schools (both university and Colleges) do not have unified curriculum nor national level exams; as a result, quality of health services is often not standardized or equitable.</p> <p>To overcome these challenges, a comprehensive national policy 'Health Strategy up to the Year 2020 (May 2000) ' was established to bring the health sector in Lao PDR out of the least developed status and to achieve the MDGs. Under this master plan, 'Health Personnel Development Strategy By 2020 (Nov.2010) ' was elaborated and the Human Resources for Health Technical Working Group (HRH-TWG) was formulated in order to enhance capacities of training institutions for health both in terms of quantity and quality.</p> <p>JICA carried out 'The Project for Human Resource Development of Nursing/Midwifery (2005-2010) ' to enhance a nursing education system by laying foundation for human resource development of nursing and midwifery staff. Through this project, "Nursing and Midwifery Regulations", "Guidelines for the Scope of Nursing Practice" and "Nursing/Midwifery School Management and Implementation Guidelines" were elaborated. Although this project developed sets of legal framework for nursing and midwifery education, the overall system for licensing based on national examination, capacity of trainers for nursing education, and/or coordination among schools and hospitals both at the central and the provincial levels still need to be strengthened.</p> <p>Based on the above background, the Government of Lao PDR submitted an official request to Japan for the 'Project for Sustainable Development of Human Resources for Health to Improve Maternal, Neonatal, and Child Health Services' in July 2009.</p> <p>The Project began in February 2012 for four years of cooperation period (till February 2016) . The counterpart (C/P) of the Project is Department of Training and Research (DTR) and Department of Health Care (DHC) of the Ministry of Health (MOH) , and it targets University of Health Science (UHS) , five central hospitals, 8 colleges and schools, and 12 provincial hospitals. The Project aims to reinforce</p>	

<sup>5</sup> The State of the World's Midwifery 2011

systems for developing human resources for health in order to provide standard and quality services through 1) development of standard systems for nursing education, 2) Strengthening capabilities of training institutions to implement quality educational programs, and 3) Strengthening coordination among relevant departments and organizations to improve the educational systems. Since the Project cooperation period will end in February 2016, the Terminal Evaluation Team was dispatched to review the progress and the achievement and to discuss and agree on the countermeasure to solve the challenges if any.

#### 1-2 Project Overview

- (1) Overall Goal: Qualified human resources for health are developed to improve MNCH Services.
- (2) Project Purpose: Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU (Complex Hospital Institute Project University) .
- (3) Outputs:
  1. Standard systems for nursing education are developed and/or institutionalized.
  2. Capacities of training institutions to implement quality educational programs are strengthened.
  3. Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems.
- (4) Inputs (as of Sep 2015)
  - Japanese side:
    - Japanese experts
      - Long-term: 5 persons; Short-term: 12 persons (16.5MM) ,
      - Third-country experts: 3 persons (2.1MM)
    - Training/workshops: 22 participants (in Japan) , 51 participants (in Thailand, Indonesia and China)
    - Local Cost: USD 418,996.48
    - Equipment: USD145,582.60
  - Lao side:
    - Assignment of C/P: 6 personnel from MOH
    - Project Office: office space within MOH
    - Office facilities: access to the computer network, telephone line, printer, fax and photocopy

#### 2. Outline of the Terminal Evaluation Team

Terminal Evaluation Team	<ol style="list-style-type: none"> <li>1. Team Leader, Dr. Hirotugu Aiga, Senior Advisor on Health &amp; Nutrition, Japan International Cooperation Agency (JICA)</li> <li>2. Human Resource for MCH, Dr. Tamotsu Nakasa, Director, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine</li> <li>3. Nursing Education, Dr. Yayoi Tamura, President, National College of Nursing, Japan</li> <li>4. Cooperation Planning, Ms. Nami Kishida, Deputy Assistant Director, Health Division 4, Human Development Department, JICA</li> <li>5. Evaluation Analysis, Ms. Yuko Tanaka, Consultant, Tekizaitekisho LLC.</li> </ol>	
Period	September 6, 2015 – September 19, 2015	Type of Evaluation: Terminal Evaluation

#### 3. Summary of Terminal Evaluation Results

##### 3-1 Achievements

- (1) Likelihood of Achieving the Project Purpose

Project Purpose: Systems to develop human resources for health are reinforced to provide standard and

quality services based on the concept of CHIPU (Complex Hospital Institute Project University) .

The concept of CHIPU was introduced during the former health administration, and it is stated both in “Health Personnel Development Strategy by 2020” and “The VII<sup>th</sup> Five Year Health Sector Development Plan (2011~2015)”. After the reorganisation of Ministry of Health in 2012, the term CHIPU itself is not utilised although the essence is still recognised. The Team notes that the concept of CHIPU is to promote development of human resources for health through partnership among schools, hospitals, and the MOH and development partners.

The possibility of achieving the Project Purpose by the end of the Project is moderately high. Management tools to put “competency” and “scope of nursing practice” into practice have been disseminated through various activities such as i) activities in model wards, ii) Training of trainers for improvement of nursing care for nurses in Mahosot Hospital, and iii) planning and implementation of supportive supervision for nursing education (indicator 1) . Moreover, the Project plans to conduct series of workshops during October-December 2015 in order to disseminate management tools (i.e. practice of nursing process using patients’ information sheet, assessment sheet and nursing care plan sheet etc.) in model wards. In order to effectively apply management tools in all target schools and hospitals, additional follow-up would be necessary.

As for the competency based nursing education (indicator 2) , the MOH approved the introduction of competency based curriculum for higher diploma nurses in October 2014. Final approval from the MOH and MOE were made in March 2015. The competency based curriculum was introduced from Oct 2014 in three CHS and Vientiane nursing school (continuing education) . UHS and four PHS plan to start utilising the competency based curriculum for its higher diploma nurses from October 2015.

Regarding the framework of the national licensing system (indicator 3) , detailed framework of the national licensing system including national examination for nurses has been discussed and the “Strategies of Health Professional Licensing System in Lao PDR” drafted by the Project will be submitted for approval by October 2015. It is reported that the Strategy shall be approved by the MOH by December 2015.

## (2) Level of Achievements: Outputs

Output 1: Standard systems for nursing education are developed and/or institutionalized.

Output 1 is mostly achieved. During the first half of the cooperation period, the “National Competencies for Licensed Nurses” was developed under Output 1 as a key concept related to quality of nursing professions. For revising the Guidelines for the Scope of Nursing Practice, the Project conducted studies to assess situation of application of guidelines. Based on studies, the Project revised the guidelines and it was officially approved by Minister of Health in April 2015. The Project conducted series of workshops in order to disseminate revised/developed guidelines mentioned above (indicator 1-1) .

As for the Nursing/Midwifery School Management and Implementation Guidelines, the Project, in coordination with DTR, started revising the guidelines, and it is expected to be completed by the end of 2015 (indicator 1-2) . The Project had an internal meeting in August 2015 to discuss about the main points to be reviewed within the existing “Nursing and Midwifery Regulations”, and more details will be discussed among key stakeholders.

During the elaboration process of the framework of the national licensing system, some core personnel from the MOH and UHS were invited to learn about national licensing systems in Thailand, Indonesia and Japan. Short-term experts were also dispatched various times in order to enhance understanding and stimulate discussion on national examination and licensing system in Lao PDR (see section 3.1.1 and Annex 4 for details of training and short-term experts) . Regarding the development of a national licensing system including national examination (indicator 1-3) , the Project is currently developing a “Draft of Minister of Health Agreement on Strategies of Health Professional Licensing System in Lao PDR” as a result of various meetings.

Standards for nursing care are also introduced within four model wards in the surgery department (i.e. Urology, Abdominal, Pediatric and Plastic surgery) of Mahosot Hospital. With the formal approval by the MOH for the introduction of the Guidelines in Aug 2013 (No.1896/MOH) , the Project developed a road

map, goals and indicators in order to undertake activities. Ordering form was introduced at the earlier stage of the Project and is widely used by medical doctors in model wards. From June 2014 set of new forms for nursing records, including basic information sheet, assessment sheet, and nursing care plan sheet were introduced and started to be utilized by nurses in mentioned model wards. Several short-term experts were dispatched to follow-up and to conduct several assessments. Moreover, the Project could also benefit from collaboration of JICA senior volunteer, who follow-up activities of nursing process improvement at model wards on daily basis<sup>6</sup>.

Quality of nursing documentation is assessed by the Project in collaboration with nursing department of Mahosot Hospital and a senior volunteer from JICA dispatched to the hospital. The result of the study shows there is an improvement of quality of nursing documentation compared to the baselines taken in July 2014.

Output 2: Capacities of training institutions to implement quality educational programs are strengthened.

Output 2 is mostly achieved and it will be achieved by the end of the Project. During the first half of the cooperation period, the competency based nursing education curriculum committee was formulated with members from the MOH, teaching hospitals (central and provincial levels) , UHS and three CHS. The 16 committee meetings were held in May 2013 - December 2014 to develop competency based curriculum and syllabus for higher diploma nurses (indicator 2-2) .

25 teachers and clinical trainers from three provinces were also sent to participate in teachers' training course in Burapha University in Thailand. The Project then provided number of dissemination workshops targeting nursing teachers and clinical trainers of the hospitals in order to enhance their understanding of 1) competency based education and 2) standards of nursing care. Out of all target nursing teachers and clinical trainers, 62.4% trained on 1) competency-based education and 36.2% on 2) standard of nursing care (indicator 2-1) . The Project will continue dissemination of "standards of nursing care" in coordination with the MOH and Mahosot Hospital in order to enhance understanding of teachers and clinical trainers on nursing care.

As for the improvement of education environment (indicator 2-3) , the Project conducted needs assessments in 2012 and 2014 for teaching materials covering nine schools and teaching hospitals. Based on the results of needs assessments, the Project provided teaching materials (such as equipment for clinical practice, textbooks, etc.) to five schools and 13 teaching hospitals in order to effectively implement the revised curriculum for HDN. Further, the MOH provided teaching materials in 2014/15 and is also applying budget for the improvement of teaching environment in 2015/16.

As part of its activities to support efficient and effective implementation of the revised curriculum, the Project set up a team of supportive supervision for nursing education, composed of members from the MOH, UHS and central hospitals. The team visited CHS and their teaching hospitals in three provinces during March- May 2015 in order to assess quality of nursing education by utilizing criteria stipulated within Nursing/Midwifery School Management and Implementation Guidelines. DTR is willing to continue this activity for the next year as they include supportive supervision for nursing activity in their annual budget planning

Output 3: Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems.

Output 3 is moderately achieved. UHS and three CHS develop each annual plan and they are shared among stakeholders (PHO etc.) during coordination meetings with their teaching hospitals (indicator 3-1) . Schools and hospitals adjusted the coordination mechanism to improve clinical teaching in hospitals by incorporating competency based curriculum.

School sends report to PHO and the MOH almost once a year, while the current Nursing/Midwifery School Management and Implementation Guidelines regulate to submit bi-annual reports (indicator 3-2) .

Feedback from the MOH to schools is made once a year to all health schools in the country during the school management annual meeting, including necessary actions to be taken in order to improve nursing

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<sup>6</sup> The senior volunteer (SV) nurse was dispatched during September 2011- March 2014, and the same SV nurse was re-assigned from January 2015 for two years.

education environment (indicator 3-3) . In order to provide feedback, supportive supervision for nursing education composed of a team from the MOH, UHS and central hospitals were conducted on a pilot basis in three provinces (LPB, SVK, CPS) .

Even though annual reports are submitted from every school, management of reports within DTR is not strong enough to keep track of reports. The Project clarified the procedure for reporting and feedback system within DTR and the procedure will be utilized once revised Nursing/Midwifery School Management and Implementation Guidelines is enacted.

### 3-2 Results as per Five Evaluation Criteria

#### (1) Relevance

The relevance of the Project is high for the following reasons:

- The Project design is in line with national policies of Lao PDR, namely “Health Personnel Development Strategy by 2020” and “The VII<sup>th</sup> Five Year Health Sector Development Plan (2011~2015) ” both of which elaborate the needs of improvement of human resources for health through collaboration and partnership among schools, hospitals and the MOH. Improvement of the quality of health service to the level of ASEAN and International by improving health system is also mentioned in above “VII<sup>th</sup> Five Year Health Sector Development Plan<sup>7</sup>”
- The Project is consistent with priority areas for Japan’s Assistance Strategy to Lao PDR. The Project is under the “Maternal and Child Health Improvement Program” of the priority area “improvement of healthcare services”. The nursing personnel make up large number of maternal and child health care personnel hence target of the Project to focus on the nursing education is appropriate. More recently, “Memorandum of Cooperation in the Field of Healthcare” between Ministry of Health, Labour and Welfare of Japan and the MOH of Lao PDR” was signed in November 2013. Cooperation in the field healthcare in area of “human resource development such as training programs for medical practitioners, nurses and public health practitioners” were one of the five fields specified in the memorandum.
- In relation to preparatory arrangement for integration into ASEAN Economic Community (AEC) by the end of 2015, the MOH is required to develop National Competency and national licensing system.
- Improvement of MCH is also included in Millennium Development Goals.

#### (2) Effectiveness

The effectiveness of the Project is considered to be moderately high for the following reasons:

- The possibility of achieving the Project Purpose by the end of the Project is considered to be moderately high.
- Dissemination of the model nursing practices in Mahosot Hospital to both within and outside the hospital is another challenge for the Project. The effectiveness of the Project would increase if the Project implements series of workshops as planned, and management tools are started to be utilized in all target schools and hospitals.
- The “Strategies of Health Professional Licensing System” is planned to be approved by December 2015.

#### (3) Efficiency

Overall, the level of efficiency of the Project is considered to be moderately high for the following reasons:

- Third country experts from Thailand are continuously dispatched during the cooperation period. The third country experts helped with development of national competency for licensed nurses, development of competency based curriculum, as well as improvement of nursing records in model wards. In addition, five training courses for teachers and clinical trainers are implemented from February 2014 in Burapha University in Thailand. The utilization of experts from Thailand enabled the Project to efficiently implement capacity building of Lao counterparts, since there are less language and cultural barriers between two countries.
- The Project increased the number of Japanese long-term experts from two to three in the

<sup>7</sup> Page 24 of the VII<sup>th</sup> Five Year Health Sector Development Plan (2011-2015)



latter half of the cooperation period. A greater number of short-term experts were also dispatched (see Table 3-1 for details) . The increased number of experts by Japan enhanced the Project to achieve the Project Purpose specified in PDM before its end.

- Modifications of PDM were made three times since the initiation of the Project in February 2012. PDM (Ver.1) was agreed during the Project Consulting Mission in July 2013, followed by PDM (Ver. 2) during the Mid-term Review in March 2014. The Project then made effect of PDM (Ver. 3) in April 2015 by adding target numbers for indicator 2-1 (Output 2) . As a result of modifications, the Project efficiently implements activities to achieve expected outcomes.

#### (4) Impact

As for the achievement of Overall Goal “Qualified human resources for health are developed to improve MNCH Services”, the Team considers that the probability of achieving mentioned Overall Goal within three to five years is moderate. National licensing examination for new graduates is expected to start within three years. Organizing Health Professional Council will be promoted in the process of developing the national licensing system. Impacts other than Overall Goal include the following:

- During the development process of national licensing system, the Project involves medical doctors and dentists, let alone nurses. The outcome of the Project regarding the national licensing system would also affect other health professionals.
- Curriculum for diploma nurses program (2.5 years) in four PHS is planned to be upgraded to competency based curriculum for higher diploma nurses (3 years) in October 2015. Moreover, this curriculum was also utilized as a reference purpose during the development of revised midwifery curriculum.

No negative impacts have been identified so far.

#### (5) Sustainability

##### 1) Policy aspects

The sustainability of the Project from policy aspects is considered to be high for the following reasons:

- Development of human resources for health is likely to remain one of the priority areas of health sectors in Lao PDR. “Health Personnel Development Strategy by 2020” emphasizes the importance to enhance capacity of human resources for health through better coordination and partnership among schools, hospitals and the MOH.
- “Directions and Functions of the VIII<sup>th</sup> Five Year Health Sector Development Plan (HSDP) (2016~2020)<sup>8</sup> includes objectives related to i) ensure quality of health services and ii) strengthen health system development.
- Revised Law on Health Care is approved by the congress in December 2014 and it was enacted in May 2015. Licensing system including national examination is added in the revised Law within the roles and duties of Health Professional Council. Additionally, the “Strategies of Health Professional Licensing System in Lao PDR” is drafted and expected to be submitted for approval before Oct 2015.

##### 2) Institutional and financial aspects

In terms of organizational and financial aspects, it is premature to determine level of sustainability of the effect of the Project.

- Budget for providing educational materials and supportive supervision are proposed from DTR for the year 2015/16 in order to improve nursing education in nine schools.
- According to Health Care Reformative Plan (2016~2020) , “the project on the national examination for health professional registration in both public and private sectors” is listed with estimated budget required USD668,100.
- Deputy Director of Mahosot Hospital assures that nursing records introduced by the Project in model wards shall be utilized after the end of the Project. It was also implied that Mahosot Hospital is willing to disseminate these nursing records to non-model wards.
- Institutional structure of Health Professional Council is not yet sufficiently determined at

<sup>8</sup> Dated 6 October 2014, unofficial translation.

the time of terminal evaluation.

### 3) Technical aspects

The sustainability of the Project from technical aspects is considered to be moderately high for the following reasons:

- Competency based curriculum for higher diploma nurses is introduced in three CHS and teachers prepared standard syllabus and learned about the teaching methods to implement the new curriculum. Educational materials were also provided to schools and teaching hospitals to enhance their teaching.
- Improvement of nursing care records is gradually observed in model wards. Set of new forms for nursing records are utilized since June 2014 and nurses in model wards report that they will continue utilizing these forms.
- Moreover, 20 nurses from both model wards and non-model wards in Mahosot Hospital are prepared to become trainers for dissemination of model wards' activities.
- Nursing education committee (composed of teachers from UHS, CHS and teaching hospitals) will be available whenever required by DTR, such as revising the competency based curriculum etc. For the continuation of supportive supervision for nursing education, supervisors are prepared to conduct supportive supervision through trainings as well as development of manual.

### (6) Factors that promoted/ inhibited realization of effects

#### 1) Promoting factors:

- The Project activities have also been carried out in close coordination with a JICA senior volunteer who is dispatched to Mahosot Hospital. Activities for the improvement of nursing records in model wards are followed-up on a daily basis during the placement of the senior volunteer. In addition, Japan Overseas Cooperation Volunteers (JOCVs) dispatched to provincial and district level hospitals also joined some of the workshops together with nursing staff from respective hospitals to learn about National Competency, Competency based curriculum, Guidelines for the Scope of Nursing Practice and management of educational equipment.
- Involvement of medical doctors and senior management (directors, deputy directors, head of nursing division etc.) of hospitals was an important promoting factor to effectively disseminate Guidelines for the Scope of Nursing Practice and National Competencies for Licensed Nurses. The Project made frequent effort to invite medical doctors and senior management of the hospitals in workshops to disseminate guidelines and management tools.
- The Project dispatched third country experts from Thailand in order to enhance activities under Output 1 and 2. One third country expert visits Lao PDR on regular basis to support conducting workshops for nursing education curriculum development, and the third country trainings including teacher training program in Burapha University were implemented in Thailand. These experience enhanced understanding of teachers and clinical trainers in Lao PDR since there are less linguistic and cultural barrier between two countries.
- Study visit to Indonesia stimulate discussions among Lao counterpart regarding the national licensing system. The result of the visit was also reported to senior management of the MOH. The initial draft for "Policies and Strategies of Health Professional Licensing System" was developed shortly after this visit.

#### 2) Inhibiting factors:

- Office of Health Care Professional is in charge of development of national licensing system and infection control. Human resources of the office are not sufficient to implement these multiple responsibilities, therefore could not sufficiently concentrate on development of national licensing system.
- Specified division in nursing was existed at the initial stage of the Project. As a result of institutional reform of the MOH in 2012, role of Nursing Division was integrated into other divisions in DHC. Consequently, there is no section exclusively in charge of managing nursing profession and quality of nursing care services.

### 3-3 Conclusion

The Project is making good progress. Regarding level of achievements, both Outputs 1&2 are

considered to be mostly achieved, and Output 3 is moderately achieved. The possibility of achieving the Project Purpose by the end of the Project is moderately high. The Project enhanced the foundation for competency based nursing education by integrating theoretical concept, clinical practice and education. In terms of five evaluation criteria, relevance is considered to be high, both effectiveness and efficiency are considered to be moderately high. The impact of the Project is moderate. There are several impacts observed in addition to Overall Goals. In terms of sustainability, it is considered to be high from the policy aspect, premature to determine from organizational and financial aspects, and moderately high from technical aspects.

### 3-4 Recommendations and Lessons learned

#### 3-4-1 Recommendations

On the ground of the results of the study summarised above, the Terminal Evaluation Team has made the following recommendations to the Project.

<Recommendations to be considered during the Project period>

- 1) Smoother submission and approval of National Licensing Strategy
- 2) Further improvement of the model nursing practices
- 3) Ensuring knowledge about the model nursing practices
- 4) Senior management's participation in nursing care management tool workshops
- 5) Involvement of JOCVs in dissemination process of the model nursing practices
- 6) Need for assessing reporting frequency
- 7) Synergizing between supportive supervision and bi-annual reports
- 8) : Increasing in the number of staff at Office of Health Care Professional

< Recommendations to be considered after the completion of the Project>

- 1) Strategic scaling-up of the model nursing practices
- 2) Consultative revision process for Nursing and Midwifery Regulations
- 3) Adjustment of supportive supervision mission
- 4) Revision of competency based curriculum

#### 3-4-2 Lessons learned

In the process of implementation of the Project, a few good practices and lessons learnt were identified. They could be applied or at least considered, when designing and planning for an upcoming technical cooperation project.

- 1) Challenges in behavior changes for the model nursing practices
- 2) Leveraging third-country expert and training
- 3) Flexibly adjusted project design
- 4) Nursing-professional-targeted intervention as a key trigger
- 5) A comprehensive package of Human Resources for Health interventions

# 第1章 終了時評価調査の概要

## 1-1 調査団派遣の経緯

ラオス人民民主共和国（以下、「ラオス」と記す）における5歳未満児死亡率（/出生1,000）の指標は、170（1993年）から71.4（2013年）に、また妊産婦死亡率（/出生100,000）は、796（1995年）から220（2013年）まで大幅に改善されてきているが、東南アジア地域の中で最も低い水準にあり、依然として母子保健の改善は急務とされている。また、母子保健サービスの効果的な実施に向けて、保健人材の不足はとりわけ主要な課題の1つである。

保健医療人材育成強化を目的とした、国際的アライアンスであるGlobal Health Workforce Alliance（GHWA）は、人口約1,000人当たりの保健人材配置が2.3人以下の国々を危機的状況にあたりし、当該国における保健人材育成を重視しているが、ラオスでは同数値が0.53人とどまっている状態にある。また、保健人材の質の向上も課題の1つとして挙げられる。看護師や助産師を育成する保健科学大学（University of Health Science: UHS）や保健科学短大（College of Health Science: CHS）、保健学校（Public Health School: PHS）では、統一したカリキュラムや国家試験が存在しないため、現場でのサービスが均質に行われられないという問題があり、そのための適切な保健サービスを提供する専門職人材の確保・質の向上が依然として課題となっている。

ラオス保健省（Ministry of Health: MOH）は保健人材育成強化に向け、中長期的戦略である「保健人材戦略2020」を策定し、保健人材テクニカル・ワーキング・グループ（Human Resources for Health Technical Working Group: HRH-TWG）等を設置し、保健人材育成機関の教育機能、技術水準、管理能力の強化を通じた教育の質の改善と、中央と地方の連携のもとに行われる計画的な人材育成が、重要な活動計画として位置づけられた。しかしながら、保健人材育成機関の教育機能、技術水準、管理能力はいまだ不十分であり、策定された計画・戦略に基づく効率的・効果的な実施運営ができていないと難しい。

かかる状況の下、JICAは2005～2010年までの5年間「ラオス看護人材育成強化プロジェクト」を実施し、看護・助産の人材開発に係る基盤を構築し、看護教育体制の強化を支援した。同プロジェクトを通じ「看護助産規則」及び「看護助産業務範囲ガイドライン」、並びに「看護助産学校管理ガイドライン」を作成・整備した。しかし、同プロジェクトによって看護助産人材育成に係る制度的枠組みは一部整備されたものの、それらに基づく国家試験制度の未整備や看護研修の担当者・教員の育成、中央・地方の連携及び教育機関である学校と病院の連携不足といった課題が残された。

これらの背景に基づき、ラオス政府は2009年7月に「母子保健人材の持続可能な開発プロジェクト」の要請を挙げ、本プロジェクトは2012年2月～2016年2月の4年間の予定で開始された。本プロジェクトは、保健省研修研究局（Department of Training and Research, MOH: DTR）及びヘルスケア局（Department of Health Care, MOH: DHC）をカウンターパート（Counterpart: C/P）機関とし、DTR、DHC、UHS、5カ所の中央病院、全国3カ所のCHS及びPHS（以下、保健人材育成機関）、12カ所の県病院を対象として、①看護教育の基準となるシステムの開発・制度化、②保健人材育成機関が良質な人材育成プログラムを実施するための能力強化、③保健人材育成プログラムを効果的に実施するための関係者間の調整メカニズムの強化を通じて、ラオス全国において均質で質の高いサービスを提供するための保健人材育成システムを強化することを目的とする。プロジェクトの終了が2016年2月に予定されていることから、プロジェクトの目標達成

見込みや成果等を分析するとともにプロジェクトの残りの期間への課題や今後の方向性について確認し、具体的な提言とともに報告書に取りまとめ合意することを目的として、今般終了時評価調査を実施した。

## 1-2 調査団派遣の目的

本プロジェクトは上述した経緯も踏まえつつ、以下の目的のため終了時評価調査を実施した。

1. Project Design Matrix（以下、PDM）（Ver. 3）及び活動計画（Plan of Operations : PO）に基づき、プロジェクトの投入・活動実績や成果・目標の達成状況を確認するとともに、実施プロセス上の留意点や貢献・阻害要因を分析する。
2. 評価5項目（妥当性、有効性、効率性、インパクト、持続性）の観点から、プロジェクトを分析する。
3. 上記分析結果に基づき、プロジェクト後半期への課題やその対応策、方向性について提言として取りまとめる。必要に応じて、PDMの修正を行う。
4. 上記の結果を終了時評価調査報告書（英文）に取りまとめ、ミニッツ協議を通じてラオス国側関係者と合意形成を行う。

## 1-3 調査団の構成

### (1) 日本側

担当分野	氏名	所属	期間
総括	相賀 裕嗣	JICA 人間開発部 国際協力専門員	2015/9/13～9/19
母子保健 (技術参与)	仲佐 保	国立国際医療研究センター 国際医療協力局 運営企画部長	2015/9/14～9/19
看護教育 (技術参与)	田村 やよひ	国立看護大学校 大学校長	2015/9/13～9/19
協力企画	岸田 菜見	JICA 人間開発部 保健第四チーム 副調査役	2015/9/13～9/19
評価分析	田中 祐子	合同会社適材適所 コンサルタント	2015/9/6～9/19

### (2) ラオス側

氏名	所属
Dr. Somchan XAYSIDA	Acting Director of DTR, MOH
Assoc. Prof. Dr. Bounnack SAYSANASONGKHAM	Deputy Director of DHC, MOH
Ms. Sengmany KHAMBOUNHEUANG	Chief of Professional Division, DTR
Ms. Phengdy INTHAPHANTH	Chief of Office of Health Care Professional, DHC, Person in charge of ASEAN MRA for Nurse

## 1-4 調査日程

現地調査は2015年9月6日から9月19日までの期間で実施された。調査日程の詳細は、付属資料1の協議議事録 Annex 1 を参照。

## 1-5 評価項目・方法

### 1-5-1 評価手法

本評価調査は、「新 JICA 事業評価ガイドライン 第1版(2010年6月)」に基づき、PDM を用いた評価手法に則って実施された。PDM Ver. 3 (付属資料1の協議議事録 Annex3 参照) を評価の枠組みとして適用し、ラオス側関係者及び JICA 専門家に対して質問票・インタビューを通して以下の概要にて情報収集を行った。

- ・既存資料レビュー (プロジェクト報告書・各種資料、等)
- ・アンケート調査 (JICA 専門家、MOH、UHS、CHS、中央・県の実習病院)
- ・キーインフォーマント・インタビュー (JICA 専門家、MOH、UHS、マホソット病院、チャンパサック保健科学短期大学、チャンパサック県病院等)

質問票は MOH (DTR、DHC)、UHS、中央病院、3 県の CHS とその実習病院、派遣中の長期専門家に対して計 43 通が配付され、33 通が回収された (回答率は 76.7%)。

### 1-5-2 評価項目

#### (1) プロジェクトの実績

プロジェクトの実績は投入、アウトプット及びプロジェクト目標の各項目について、PDM (Ver. 3) にある指標を基にその達成状況 (または達成見込み) が確認された。

#### (2) 実施プロセス

関係者間のコミュニケーション、モニタリング、活動のアプローチ等実施プロセス上のさまざまな観点に基づき、プロジェクトが適切に運営されたかどうかにつき検証するとともに、プロジェクトの効果発現に係る貢献要因と阻害要因を分析した。

#### (3) 評価5項目に基づく評価

上記2つの項目における検証結果に基づき、プロジェクトは評価5項目の観点から検証された。評価5項目の各項目の定義は表1-1のとおりである。

表 1-1 評価 5 項目の定義

評価 5 項目		JICA 事業評価ガイドラインによる定義
1.	妥当性	プロジェクトのめざしている効果（プロジェクト目標や上位目標）が受益者のニーズに合致しているか、問題や課題の解決策として適切か、対象地域と日本側の政策との整合性はあるか、プロジェクトの戦略・アプローチは妥当か、公的資金である ODA で実施する必要があるかなどといった「援助プロジェクトの正当性・必要性」を問う視点。
2.	有効性	プロジェクトの実施により、本当に受益者もしくは社会への便益がもたらされているのか（あるいはもたらされるのか）を問う視点。
3.	効率性	主にプロジェクトのコスト及び効果の関係に着目し、資源が有効に活用されているか（あるいはされるか）を問う視点。
4.	インパクト	プロジェクトが実施によりもたらされる、より長期的、間接的効果や波及効果をみる視点。この際、予期しなかった正・負の効果・影響も含む。
5.	持続性	協力が終了しても、プロジェクトで発言した効果が持続しているか（あるいは持続の見込みはあるか）を問う視点。

出所：「新 JICA 事業評価ガイドライン第 1 版（2010 年 6 月）」

## 第2章 プロジェクトの概要

PDM (Ver. 3) に基づくプロジェクトの概要を以下に示す。

### 2-1 上位目標

母子保健サービスの改善のために質の高い保健人材が育成される。

### 2-2 プロジェクト目標

CHIPU コンセプトに基づき、均質で質の高いサービスを提供するための保健人材育成システムが強化される。

### 2-3 アウトプット

1. 看護教育の基準となるシステムが開発・制度化される。
2. 保健人材育成機関の良質な人材育成プログラム実施能力が強化される。
3. 保健人材育成システムを効果的に改善するために関係機関間の調整メカニズムが強化される。



## 第3章 プロジェクトの実績と実施プロセス

### 3-1 プロジェクトの投入実績

#### 3-1-1 日本側投入実績

##### (1) 専門家派遣

本プロジェクト開始以降、長期専門家は5名が「チーフアドバイザー」「看護教育」「業務調整/組織連携」の指導分野で派遣された（表3-1参照）。さらに、短期専門家は12名が派遣され、合計16.5人/月が投入された。短期専門家の主な指導分野と各分野の派遣回数は、表3-2のとおりである。

専門家派遣実績の詳細については、付属資料1の協議議事録 Annex 4を参照。

表3-1 長期専門家の担当分野と派遣期間

担当分野	期間
チーフアドバイザー	2012年5月～2014年5月
チーフアドバイザー	2014年5月～現在
看護教育	2014年8月～現在
業務調整/組織連携	2012年7月～2014年8月
業務調整/組織連携	2014年8月～現在

出所：プロジェクト提供データ

表3-2 短期専門家の派遣分野と人/月

担当分野/TOR	人/月
人材育成機関強化	1.7
看護管理	6.3
看護行政	1.9
院内管理	0.3
看護教育	2.3
統計デザイン	3.9
合計	16.5

出所：プロジェクト提供データ

プロジェクトでは、タイの第三国専門家として3名を合計2.1人/月投入した。第三国専門家は計22回ビエンチャンを訪問し、1回当たりの平均滞在期間は0.1人/月となっている（表3-3参照）。

表 3-3 第三国専門家（タイ）投入実績

担当分野/TOR	人/月
看護教育	1.2
看護師のコンピテンシー/看護教育	0.1
看護教育/看護管理	0.6
看護管理	0.2
合 計	2.1

出所：プロジェクト提供データ

専門家派遣実績の詳細については、付属資料 1 の協議議事録 Annex 4 を参照。

(2) 海外研修・ワークショップ

2015 年 9 月時点で延べ 22 名の C/P が本邦研修に参加した。参加者の内訳は、MOH14 名（副大臣含む）及びマホソット病院 8 名となっている。本邦研修の受入れ概要は表 3-4 のとおりである。

表 3-4 本邦研修概要

研修コース名	参加者数	期 間
第 2 回看護助産に係る東南アジアワークショップ	4	2012 年 10 月 23～28 日
C/P 研修（保健人材育成）	4	2013 年 11 月 6～16 日
C/P 研修（臨床コース）	9	2013 年 11 月 6～22 日
看護教育の質向上に係る C/P 研修	5	2015 年 5 月 10 日～16 日

出所：プロジェクト提供データ

上記本邦研修に加え、プロジェクトではタイ、中国及びインドネシアで第三国研修を実施し延べ 49 名が参加した。参加者の内訳は MOH が 17 名、UHS が 6 名、中央病院（マホソット、ミタパープ）が 2 名、CHS が 16 名（ルアンパバーン、サバナケット、チャンパサック）、県病院 8 名（ルアンパバーン、サバナケット、チャンパサック）である（表 3-5 参照）。

表 3-5 第三国研修概要

研修コース名	参加者数	期 間
バンコクスタディツアー	7	2012 年 11 月 15 日～17 日
第 7 回保健人材に関するアジア太平洋アライアンス会議 (AAAH)	4	2012 年 12 月 4 日～7 日
タイ マヒドン王子賞会議 2014	5	2014 年 1 月 26 日～31 日
ブラパ大学 HRH 教員養成臨床看護・管理研修	3	2014 年 2 月 9 日～3 月 1 日
教員研修プログラムモニタリング	3	2014 年 2 月 25 日～26 日
第 2 回ブラパ大学 HRH 教員養成臨床看護・管理研修	5	2014 年 5 月 1 日～22 日
第 3 回ブラパ大学 HRH 教員養成臨床看護・管理研修	5	2014 年 8 月 31 日～9 月 20 日
第 8 回アジア太平洋保健人材連盟 (AAAH) 会議 (中国)	1	2014 年 10 月 26 日～11 月 2 日
国家試験・免許制度に係るインドネシアスタディツアー	6	2015 年 1 月 27 日～30 日
第 4 回ブラパ大学 HRH 教員養成臨床看護・管理研修	6	2015 年 4 月 19 日～5 月 5 日
第 5 回ブラパ大学 HRH 教員養成臨床看護・管理研修	6	2015 年 9 月 2 日～20 日

出所：プロジェクト提供データ

このほか、プロジェクトからの技術・資金的協力の下ラオス国内での研修・ワークショップが数多く実施された。ラオス国内での研修・ワークショップの概要は表 3-6 のとおりである。

表 3-6 ラオスの研修・ワークショップ概要

研修コース名	コース数	対象機関	参加者数
看護コンピテンシーの開発	22	MOH、病院、UHS	316
コンピテンシーに基づく看護教育カリキュラム及びシラバス策定	21	MOH、病院、UHS、CHS	793
看護管理	14	MOH、病院	871
免許制度と登録/国家試験	14	MOH、病院、UHS、CHS、EDC	467
看護業務範囲ガイドラインの改訂	9	MOH、病院、UHS、CHS	320
看護助産学校管ガイドラインの改訂	11	MOH	87
モニタリング及びサポーティブスーパービジョン	8	MOH、病院、UHS、CHS	137
MOH の年次会合の部分的支援	2	MOH、病院、UHS、CHS	314
機材維持管理	1	MOH、病院、UHS、CHS	43
ブラパ大学及び本邦研修の振り返り研修	1	MOH、病院、UHS、CHS	37
その他	1	MOH、UHS	2

出所：プロジェクト提供データ

日本、タイ、ラオスにおける研修・ワークショップの概要は付属資料 1 の協議議事録 Annex 4 を参照。

### (3) ローカルコスト

プロジェクトのローカルコストとして 2015 年 9 月現在 418,996.48USD を支出した。主な内訳は航空賃（国際・国内）、技術・事務経費、会議費、運営費等である。ローカルコストの概要を表 3-7 に示す。

表 3-7 ローカルコストの概要

会計年度	項目					小計
	Travel	Fees	Meeting Cost	Operational cost		US\$
FY2011 (Feb 2012 - Mar 2012)	0.00	0.00	0.00	0.00		US\$0.00
FY2012 (Apr 2012 - Mar 2013)	21,776.32	14,532.03	669.38	30,272.42		US\$67,250.15
FY2013 (Apr 2013 - Feb 2014)	47,050.88	43,931.23	1,118.70	27,623.56	(5806 for BUU training)	US\$119,724.37
FY2014 (Apr 2014 - Mar 2015)	72,056.24	32,076.80	6,619.39	62,667.25	(15,220 for BUU training)	US\$173,419.68
FY2015 (Apr 2015 - July 2015)	22,329.06	9,242.18	682.38	26,348.66	(7152.00 for BUU training)	US\$58,602.28
Sub-Total (Type)	\$163,213	\$99,782	\$9,090	\$146,912		US\$418,996.48

(4) 機材供与

日本側からは合計 145,582.60USD 相当の機材として、パソコン、プリンター、プロジェクター、本棚、椅子等が供与された。さらに、教育環境改善のため学校や実習病院に対して教科書や実習教材（解剖学的モデルやチャート、シミュレーター、マネキン等）が供与された。供与機材の詳細については、付属資料 1 の協議議事録 Annex 4 を参照。

3-1-2 ラオス側投入実績

(1) C/P の配置

本プロジェクトでは、MOH より計 6 名の C/P が配置されている（2015 年 9 月時点）。6 名の内訳はプロジェクトディレクター 1 名、プロジェクトマネジャー 2 名、コーディネーター 3 名である。さらに、MOH の 2 部署（DTR 及び DHC）からプロジェクトの C/P が配置された。C/P リストの詳細については付属資料 1 の協議議事録 Annex 4 を参照。

(2) 事務所スペースの供与

ラオス側からは、MOH 内に JICA 専門家の執務スペースが供与されたほか、プロジェクト活動実施のためにインターネット、電話、プリンター、FAX、コピー機などへのアクセスが提供された。

### 3-2 活動と成果の実績

#### 3-2-1 活動実績

活動は現行の PDM (Ver. 3) 及び PO に基づき、ほぼ計画どおりに実施された。

#### 3-2-2 各アウトプットの達成状況

アウトプット 1: 看護教育の基準となるシステムが開発・制度化される。

PDM の指標に照らしてのアウトプット 1 の達成状況は表 3-8 に示すとおりである。

表 3-8 指標に照らした達成状況 (アウトプット 1)

PDM (Ver. 3) の指標	主な実績	達成度
1-1 改訂/策定されたガイドライン等 (すなわち「看護業務範囲 GL」と「看護師の国家コンピテンシー」) がすべての保健人材育成機関と実習病院に普及する <sup>9</sup>	<ul style="list-style-type: none"> <li>・「看護業務範囲ガイドライン」: 10 回以上にわたる内部協議や 4 回の改訂委員会、コンサルテーションワークショップを経て、ガイドラインは改訂され 2015 年 4 月に MOH の承認を得、2015 年 4 月に省令として発効された。</li> <li>・2015 年 7 月に改定ガイドラインの普及ワークショップを実施し、MOH や各県関係者 134 名の参加を得た。</li> <li>・「看護師の国家コンピテンシー」: 普及のためのワークショップは 4 県 (ビエンチャン、ルアンパバーン、サバナケット、チャンパサック) で開催され、MOH、Provincial Health Office (PHO)、CHS とその実習病院から 259 名が参加した。</li> </ul>	達成
1-2 既存の 2 つの GL・規則 (「看護助産学校管理 GL」と「看護助産規則」) の改訂に必要な箇所がリスト化され取りまとめられる	<ul style="list-style-type: none"> <li>・「看護助産学校管理ガイドライン」: ガイドラインの改訂は DTR との連携により 2015 年 6 月に開始された。改訂版は 2015 年 12 月に完成する予定である。</li> <li>・「看護助産規則」: 2015 年 8 月に内部協議を経て改正論点を以下の方向にて検討した。①看護の現状と将来の方向性を反映、②免許制度に関する規定の追加、③各関連法規との整合性、④専門職規定法 (看護助産師法) への上位法改正の検討、⑤看護・助産の分断の検討等。</li> </ul>	中程度に達成
1-3 看護師の国家試験を含む国家免許制度の枠組みが明確になる	<ul style="list-style-type: none"> <li>・改訂保健法は 2015 年 5 月に施行され、国家免許制度に関する記載の追加や保健専門職カOUNシルの役割等が明記された。</li> <li>・内部協議や検討委員会、コンサルテーション会議を経て、「ラオス国保健専門職の国家免許制度に係る戦略 (案)」が策定された。</li> </ul>	達成

<sup>9</sup> アウトプット 1 の指標で使用する「普及する (disseminate)」とは、3 県の学校及び実習病院に対しこれらのガイドラインの配付とともにガイドライン適用に向けたガイダンスを提供することを意図している。

<p>1-4 マホソット病院の4モデル病棟で看護記録の質が向上する</p>	<ul style="list-style-type: none"> <li>・基礎情報シート、アセスメントシート、看護ケア計画シートが導入され、マホソット病院の4モデル病棟の看護師達によって使用開始された。</li> <li>・モデル病棟の看護記録の質については、2015年3月の調査で30事例がチェックリストに基づいて検証された。その結果、患者のアセスメントや看護ケア計画の記載ぶりなどについて2014年7月のベースラインに比較して改善があったことが確認された。</li> <li>・2015年5月に4モデル病棟の看護師長を対象に上記チェックリストを用いて評価する方法に関する研修を実施した。その後、モデル病棟で看護記録の評価が実施されている。</li> </ul>	<p>達成</p>
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アウトプット1はおおむね達成された。協力期間の前半には「資格をもつ看護師の国家コンピテンシー (National Competencies for Licensed Nurses)」(以下、看護師の国家コンピテンシー)が策定され、看護専門職の質管理に関連する中心的なコンセプトとして位置づけられている。「看護業務範囲ガイドライン」の改訂に向けプロジェクトでは右ガイドラインの適用に関する現状調査を実施し、その結果に基づきガイドラインを改訂し2015年4月にMOHの承認を受けた。その後、プロジェクトでは改訂ガイドラインを普及するワークショップを実施している(指標1-1)。

「看護助産学校管理ガイドライン」については、DTRと連携し改訂作業を進めており、2015年末には改訂作業を完了予定である(指標1-2)。「看護助産規則」の改訂については2015年8月に主な改訂論点について内部で協議し、今後関係者ととも詳細について協議をもつ予定である。

国家免許制度の制定プロセスでは、MOHやUHSの主要関係者がタイ、インドネシア、日本等を訪問し、各国の国家免許制度について学ぶ機会をもった。さらに日本からは複数回にわたり短期専門家が投入され、ラオスの国家試験・免許制度に関する検討や協議が重ねられてきた。国家試験を含む国家免許制度の枠組み(指標1-3)を明確にするため、プロジェクトでは数度にわたる会合の結果「ラオス国における保健人材免許システム戦略」草案を策定した。

標準看護ケアのための取り組みとして、新たな看護記録フォーマットはマホソット病院の外科4病棟(泌尿器、腹部、小児、整形)のモデル病棟に導入されている。2013年8月のMOHによる正式承認を経て、プロジェクトではロードマップ、ゴール、指標を設定しモデル病棟での活動を開始した。プロジェクト前半期にはオーダーリングフォームが導入され、現在でもモデル病棟の医師らにより広く使用されている。2014年6月からは新しい看護記録の様式として基礎情報シート、アセスメントシート、看護ケア計画シートが導入され、モデル病棟内の看護師により使用開始された。これら活動のフォローアップを目的として短期専門家が投入されたほか、プロジェクトではマホソット病院に派遣中のJICAシニアボランティア(SV)の看護師<sup>10</sup>の

<sup>10</sup> SV看護師の派遣期間は2011年9月～2014年3月であり、その後同じSV看護師が2015年1月から2年間の任期で再赴任している。

協力によりモデル病棟の活動を日々フォローアップすることができた。

看護記録の質改善に関しプロジェクトではマホソット病院看護部と看護師 SV の協力の下で調査を実施し、新しい看護記録を導入した直後（2014年7月）のベースラインに比較して看護記録の質が向上したことが確認された（詳細は表3-9を参照のこと）。新しい看護記録は今後も継続的にモデル病棟で使用される予定であり、看護の質のさらなる向上のために適切な評価や指導が今後も継続してなされることが期待される。

表3-9 看護記録の質向上比較

項目		2014年7月 (n=20) * ベースライン (新フォーム導入1か月)					2015年3月 (n=28)					
		モデル病棟				合計 (%)	モデル病棟				合計 (%)	
		整形	腹部	泌尿器	小児		整形	腹部	泌尿器	小児		
看護ケア 計画の表 現の適切さ	日付	記載あり	0%	86%	0%	0%	21%	75%	50%	80	50%	64%
	ゴール	看護の問題を適切に 記載	20%	0%	33%	0%	13%	50%	0%	0%	100%	21%
		明確で理解しやすい 記載内容	20%	0%	33%	0%	13%	75%	20%	40%	100%	46%
		具体的に記載	20%	0%	33%	0%	13%	75%	20%	30%	100%	43%
	計画	記載あり	100%	100%	100%	100%	100%	100%	60%	100%	100%	86%
		問題解決のために適 切な計画を記載	40%	0%	17%	25%	20%	75%	90%	10%	25%	50%
		明確で理解しやすい 記載内容	40%	14%	17%	25%	24%	100%	20%	90%	75%	64%
		計画が具体的	40%	14%	17%	25%	24%	100%	20%	60%	75%	54%
		計画が個別的	20%	0%	17%	0%	9%	25%	10%	30%	50%	25%
	標準看護計画の 使用有無	使用あり	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

出所：プロジェクト提供データ

さらに2015年3月にはマホソット病院の看護ケアの質を検証するため患者満足度調査を実施した。対象としたのはモデル病棟及びモデル病棟以外に3日以上滞在するすべての患者で、以下の5つの観点、すなわち、①看護師の態度、②アセスメントとコミュニケーション、③看護実践、④教育的関わり（退院指導）、⑤周手術期患者への指導、説明の観点から分析した。このなかで、②アセスメントとコミュニケーション、及び⑤周手術期患者への指導の項目に含まれる質問に対し、モデル病棟の患者がモデル病棟以外の患者よりも満足度が高いと回答した旨確認された<sup>11</sup>。

2015年9月には看護教育と看護サービスに関するすべての規則やガイドラインを集めた「看護助産教育及び実践に係る規定集」が参考資料として発行された。右規定集はこれまでのガイドライン同様、MOHとすべての県の学校及び実習病院に配付される予定である。

アウトプット2：保健人材育成機関の良質な人材育成プログラム実施能力が強化される。

<sup>11</sup> 短期専門家山本容子氏の報告書（2015年4月）及びプロジェクトからの報告による。

PDMの指標に照らしてのアウトプット2の達成状況は表3-10に示すとおりである。

表3-10 指標に照らした達成状況（アウトプット2）

PDM (Ver. 3) の指標	主な実績	達成度
2-1 UHS、3CHS、及び実習病院に対しては (1) コンピテンシーに基づく看護教育に関する研修を受講した教員・実習担当者の割合 (60%) (2) 標準看護ケアに関する研修を受講した教員・実習担当者の割合 (60%)	<ul style="list-style-type: none"> <li>・UHS、3つのCHSの学校教員と実習病院の指導者の62.4%がコンピテンシーに基づく教育に関する研修を受講した。</li> <li>・上記学校教員と実習病院指導者のうち、標準看護ケアの研修を受けたのは36.2%である。</li> <li>・プロジェクトでは2015年10月から標準看護ケアの研修をマホソット病院のモデル事例を用いて実施する計画であり、これによりターゲット値である60%の教員及び実習病院担当者が本トピックについての研修を受講する予定である。</li> </ul>	中程度に達成しており、終了までに達成見込み
2-2 コンピテンシーに基づくカリキュラムによる上級ディプロマ看護コースのすべてのシラバスが作成される	<ul style="list-style-type: none"> <li>・看護教育委員会のメンバーによりコンピテンシーに基づく上級ディプロマ看護コースの標準シラバスが開発された。</li> <li>・各学校で上記標準シラバスは適宜学校の現状に修正し、活用されることが推奨されている。</li> </ul>	達成
2-3 保健人材育成機関の教育環境が改善する（参考書の供与、教育機材等）	<ul style="list-style-type: none"> <li>・プロジェクトでは5つの学校と13実習病院に対し上級ディプロマ看護コースを効果的に実施するために教材（実習教材や教科書等）を供与した。</li> <li>・教材や資機材の維持管理に関する研修が2015年7月に実施された。</li> <li>・MOHは2014/15年度に独自予算でも教材を提供し、2015/16年度には教育環境のさらなる改善のための予算申請を行っている。</li> </ul>	達成

アウトプット2はおおむね達成されており、プロジェクト終了までには達成する見込みである。協力期間の前半では、コンピテンシーに基づく看護教育カリキュラム委員会がMOH、中央及び県の実習病院、UHSとCHS教員をメンバーとして設立された。2013年5月～2014年12月の間に16回の委員会を開催し、上級ディプロマ看護コースのカリキュラムとシラバスが策定された（指標2-2）。

CHSのある3県から25名の教員及び実習指導担当者がタイ・ブラパ大学の教員研修コースに参加している〔詳細は表3-5及び付属資料1の協議議事録Annex4を参照〕。

その後プロジェクトではUHS/CHS/PHSの看護教員と実習病院の指導担当者を対象に、①コンピテンシーに基づく教育と、②標準看護ケアに関する理解を深めるための普及ワークショップを複数回実施した（指標2-1）。これらのワークショップに参加した教員・実習指導者の割合を表3-11に示す。



表 3-11 プロジェクトによる当該ワークショップ受講者

	受講者合計	受講者* <sup>1</sup>	受講者* <sup>2</sup>
学校教員 (UHS、3CHS)	102	83	0
実習病院指導担当者 (5 中央病院、3 県病院)	188	98	105
合計	290	181 (62.4%)	105 (36.2%)

注：\*<sup>1</sup> コンピテンシーに基づく教育の研修、\*<sup>2</sup> 標準看護ケアに係る研修

プロジェクトは今後も上記\*2「標準看護ケア」に係る研修を MOH とマホソット病院との連携により実施し、教員及び実習病院指導担当者の理解を深める予定である。

教育環境の改善（指標 2-3）については、プロジェクトでは 2012 年と 2014 年にニーズ調査を実施し、9 つの学校と実習病院における教育教材・機材の必要性を把握した。これらの調査結果に基づき、プロジェクトでは教育用機材として実習機材や教科書等を 5 つの学校及び 13 の実習病院に対し供与し、これらの学校・実習病院で上級ディプロマ看護コースを実施すべく環境改善を行った。このほか、MOH では独自の予算で 2014/15 年度に教材を提供したほか、2015/16 年度にも教育環境改善のための予算を申請している。

改訂カリキュラムを効率的かつ効果的に実施するため、プロジェクトでは MOH、UHS、中央病院から成るメンバーで看護教育に係るサポータティブスーパービジョンチームを設立した。右チームは 2015 年 3 月～5 月に 3 県の CHS と実習病院を訪問し、看護助産学校管理ガイドラインに規定された基準を基に看護教育の質評価を実施した。DTR では 2016 年度も本活動の継続を希望しており、2016 年度の予算計画にも本活動を含めて申請中である。

アウトプット 3：保健人材育成システムを効果的に改善するために関係機関間の調整メカニズムが強化される。

PDM の指標に照らしてのアウトプット 3 の達成状況は表 3-12 に示すとおりである。

表 3-12 指標に照らした達成状況（アウトプット 3）

PDM (Ver. 3) の指標	主な実績	達成度
3-1 中央と県レベルの関係機関の連携によって共有された保健人材育成施設の年間計画	・UHS と 3 県の CHS はそれぞれ年間計画を作成し、実習病院との調整会議にて関係者とも共有されている。	達成
3-2 各保健人材育成機関から MOH または PHO に報告書が半年に 1 度提出される	・学校はほぼ年に 1 度 MOH と PHO に報告書を提出しているが、現行の学校管理ガイドライン上では年に 2 度の報告が規定されており、その規定は遵守されていない。	部分的に達成

<p>3-3 上記の報告に対し、MOH や PHO が各施設の教育環境改善に向けたフィードバックを行う</p>	<ul style="list-style-type: none"> <li>・ MOH から学校に対するフィードバックは年に 1 度の学校管理者会議のなかですべての学校に対して 1 度を実施しており、そのなかで看護教育の環境改善のために必要なアクションについても言及されている。</li> <li>・ フィードバックの一環として MOH、UHS、中央病院のメンバーから成る看護教育のサポーターズスーパービジョンを CHS のある 3 県（ルアンパバーン、サバナケット、チャンパサック）で試験的に実施した。</li> </ul>	<p>中程度に達成</p>
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アウトプット 3 は中程度に達成されている。UHS と 3 県の CHS はそれぞれ年間計画を作成し、実習病院との調整会議にて関係者（PHO 等）とも共有されている（指標 3-1）。学校と実習病院はコンピテンシーに基づくカリキュラムを導入するために調整メカニズムを改善しつつあることが報告された。

学校はほぼ年に 1 度 MOH と PHO に報告書を提出しているが、現行の学校管理ガイドライン上では年に 2 度の報告が規定されており、その規定は遵守されていないのが現状である（指標 3-2）。

MOH から学校に対するフィードバックは年に 1 度の学校管理者会議のなかですべての学校に対して一斉に実施しており、そのなかで看護教育の環境改善のために必要なアクションについても言及している（指標 3-3）。このほか、各学校に対するフィードバックについては必要に応じ電話等での対応がなされている。プロジェクトではフィードバックを強化するために MOH、UHS、中央病院のメンバーから成る看護教育のサポーターズスーパービジョンを CHS のある 3 県（ルアンパバーン、サバナケット、チャンパサック）で試験的に実施した。

他方、年次報告書がすべての学校から提出されているにもかかわらず、DTR 内の報告書管理は十分とはいえない状況である。プロジェクトではこの状況を改善するため、報告とフィードバック体制の手順を DTR 内で明確化し、その手順は改訂された看護助産学校管理ガイドラインの施行と同時に導入される予定である。

### 3-2-3 プロジェクト目標の達成見込み

プロジェクト目標：CHIPU コンセプトに基づき、均質で質の高いサービスを提供するための保健人材育成システムが強化される。

PDM の指標に照らしてのプロジェクト目標の達成状況は表 3-13 に示すとおりである。

表 3-13 指標に照らした達成状況（プロジェクト目標）

PDM (Ver. 3) の指標	主な実績	達成度
1. 「コンピテンシー」及び「看護業務範囲」を実践するためのマネジメントツールがすべてのターゲット学校及び病院に普及している	<ul style="list-style-type: none"> <li>・マネジメントツールは、以下のさまざまな活動、すなわち、①モデル病棟での活動、②マホソット病院看護師を対象とした看護ケア向上のための TOT、③看護教育のサポータティブスーパービジョン等を通じて普及されてきた。</li> <li>・2015年10月～12月にモデル病棟のマネジメントツールを普及するためのワークショップを計画している。</li> </ul>	中程度に達成、他病院への普及を強化する必要がある。
2. コンピテンシーに基づく看護教育が UHS、3CHS、実習病院で開始している	<ul style="list-style-type: none"> <li>・MOH は 2014 年 10 月に上級ディプロマのコンピテンシーに基づくカリキュラムの導入を承認し、2015 年 3 月に右カリキュラムは MOH と MOE の最終承認を受けた。</li> <li>・コンピテンシーに基づく上級ディプロマカリキュラムは 2014 年 10 月より 3 つの CHS とビエンチャン看護学校（ブリッジコース）で導入された。</li> </ul>	達成
3. 看護師の国家試験を含む国家免許制度の枠組み案が承認手続きへ提出される	<ul style="list-style-type: none"> <li>・看護師の国家試験制度を含む国家免許制度の詳細な枠組みはプロジェクトで策定した「ラオス国保健専門職の免許制度戦略(案)」のなかで記載されており、右草案は 2015 年 10 月には承認プロセスに提出される見込みである。</li> <li>・右草案は 2015 年 12 月には MOH に正式承認される予定であることが報告された。</li> </ul>	中程度に達成しており、プロジェクト終了までには達成見込み

CHIPU コンセプトは 2011 年に MOH で導入され、「保健人材開発戦略 2020」と「第 7 次保健セクター開発 5 年計画」の双方で言及されている。2012 年の MOH 組織再編の後は CHIPU という用語自体は広く使われていないが、学校・病院・MOH、開発パートナー等の連携に基づき保健人材強化を図るという考え方自体は引き継がれていることが確認された。

プロジェクト終了までにプロジェクト目標を達成する見込みは中程度に高いと判断された。コンピテンシーと看護業務範囲を現場で実践するためのマネジメントツールは、以下のさまざまな活動、すなわち、①モデル病棟での活動、②マホソット病院看護師を対象とした看護ケア向上のための TOT、③看護教育のサポータティブスーパービジョン等を通じて普及されてきた。またプロジェクトでは 2015 年 10 月～12 月にモデル病棟のマネジメントツール（患者基礎情報シート、アセスメントシート、看護ケア計画シート等を用いた看護ケアの質向上への取り組み）を普及するためのワークショップを計画している（指標 1）。他方、すべての対象学校と病院にマネジメントツールを普及するためには、さらなるフォローアップをしていくことが必要である。

コンピテンシーに基づく看護教育（指標 2）に関し、MOH は 2014 年 10 月に上級ディプロマのコンピテンシーに基づくカリキュラムの導入を承認し、2015 年 3 月に右カリキュラムは MOH

と MOE の最終承認を受けた。コンピテンシーに基づく上級ディプロマカリキュラムは 2014 年 10 月より 3 県の CHS とビエンチャン看護学校（ブリッジコース）で導入され、UHS と PHS では 2015 年 10 月より導入予定である。

国家免許制度の枠組み（指標 3）に関しては、看護師の国家試験制度を含む国家免許制度の詳細な枠組みはプロジェクトで策定した「ラオス国保健専門職の免許制度戦略（案）」のなかで記載されており、右草案は 2015 年 10 月には承認プロセスに提出される見込みである。右草案は 2015 年 12 月には MOH に正式承認される予定であることが報告された。

### 3-3 実施プロセスにおける特記事項

本プロジェクトの実施プロセス上における特記事項として、以下の点が挙げられる。

- ・プロジェクトは 2011 年 7 月に詳細計画策定調査を実施し、オリジナルの PDM (Ver.0) が策定された。その後プロジェクトの開始以降、PDM の修正は 3 度行われた。PDM (Ver.1) は 2013 年 7 月の運営指導調査により合意され、PDM (Ver.2) は 2014 年 3 月の中間レビュー調査で合意された。プロジェクトでは、その後アウトプット 2 の指標 2-1 のターゲット値を追加し PDM (Ver.3) を 2015 年 4 月に導入した。
- ・アセアン経済共同体（ASEAN Economic Community : AEC）統合に向けた相互承認枠組み協定（Mutual Recognition Arrangement : MRA）との兼ね合いにより、MOH は看護師の国家コンピテンシーの制定や保健専門職の国家免許制度を早急に制定する必要性が生じた。このため、プロジェクトでは上述の AEC への必要性を満たすためにプロジェクトのアウトプット 1 や 2 の協力内容を軌道修正した。

### 3-4 効果発現に貢献した要因

プロジェクトの効果発現に貢献した要因として以下が挙げられる。

- ・プロジェクトの活動は、マホソット病院に配属された看護師 SV との密な連携の下に実施された。モデル病棟の看護記録の改善に係る活動は、SV 隊員の配属期間中には日常的にフォローアップされてきた。さらに、県・郡レベルの病院に配属された JICA 青年海外協力隊 (Japan Overseas Cooperation Volunteer : JOCV) も、プロジェクトで実施する国家コンピテンシー、コンピテンシーに基づくカリキュラム、看護業務範囲ガイドライン、機材の維持管理等に関するワークショップに配属先の看護スタッフと参加し、これらの事項に関する理解を深めてきた。
- ・看護業務範囲ガイドラインや看護師の国家コンピテンシーを効果的に普及するにあたり、医師や病院の管理職（院長、副院長、看護師長等）の巻き込みは重要であった。プロジェクトではこれらの関係者をガイドラインや規定、マネジメントツールの普及に係るワークショップで可能な限り招待し、関係者の理解醸成に努めた。
- ・アウトプット 1 と 2 の活動を強化するため、タイの第三国専門家が投入された。そのうち 1 人は定期的にラオスを訪問し、看護教育カリキュラム開発等の支援を行うほか、タイのブラパ大学では第三国研修も実施された。これらの経験は、二国間で言語的・文化的な障壁が低いこともありラオス側の教員や実習担当者の理解を効率的に向上させることができた。
- ・インドネシアへのスタディビジットは、ラオス側 C/P の国家免許制度に関する議論の活性化につながった。スタディビジットの結果は、MOH の管理職を含む関係者に共有され、帰国

後まもなく「ラオス国保健専門職の免許制度に係る政策戦略（案）」が策定された。

### 3-5 問題点及び問題を惹起した要因

プロジェクトの効果発現の妨げとなった要因として以下が挙げられる。

- MOH の保健ケア専門職室は、国家免許制度の開発を主管する部署であるが、同室は感染症対策も兼務している。室内の人員はこれら多様な責務を同時遂行するには十分ではなく、結果として国家免許制度の開発に必要な時間を十分に割くことができなかった。
- プロジェクト開始後初期の段階では MOH 内に看護課が存在していたが、2012 年 7 月の MOH 再編により看護課の職務は DHC 内の他部署に統合された。その結果、現在では看護の専門職や看護ケアサービスの質に関し特化して管理する部署が存在しない状況となった。

## 第4章 評価5項目による評価結果

### 4-1 妥当性

プロジェクトの妥当性は以下の理由から高いと判断された。

- ・プロジェクトの計画はラオス保健セクターの上位政策である「保健人材開発戦略 2020」や「第7次保健セクター開発5カ年計画（2011～2015）」と合致しており、これら戦略・計画のなかでは保健人材の強化やそのための関連機関（MOH、学校、病院）の連携強化の必要性が掲げられている。なかでも、「第7次保健セクター開発5カ年計画（2011～2015）」では、保健システムの強化により保健サービスの質を ASEAN ひいては国際レベルにまで向上することが記載されている。
- ・プロジェクトは日本の対ラオス国別援助方針とも合致している。本プロジェクトは重点課題「保健医療サービスの改善」のなかの「母子保健システム改善プログラム」に位置づけられており、母子保健人材のなかで看護職の占める割合が大きいことにかんがみると看護教育に特化した協力内容も適切であるといえる。さらに、2013年1月には日本の厚生労働省とラオス MOH との間に覚書が締結され、「人材開発：例えば、医師・看護師・保健師等の訓練プログラム」を含む医療分野での協力を進めることについて検討すること<sup>12</sup>を合意した。
- ・AEC 統合に向け、関連する相互承認枠組み協定（Mutual Recognition Arrangement：MRA）に準拠していくため、MOH としても国家コンピテンシーや国家免許制度の確立が喫緊の課題である。
- ・母子保健分野の改善は、ミレニアム開発目標にも掲げられている。

### 4-2 有効性

プロジェクトの有効性はプロジェクト目標の達成見込み同様、以下の理由により中程度に高いと判断された。

- ・「保健専門職の国家免許制度に係る戦略」草案は 2015 年 12 月をめどに MOH より承認される予定である。
- ・マホソット病院の看護実践モデルの病院内外への普及はプロジェクトにとって残された課題の1つである。今後計画どおり右モデルの普及ワークショップが他病院に対しても実施され、マネジメントツールが対象となるすべての学校・病院で活用し始めた場合には、本プロジェクトの有効性をさらに高めることができる。

### 4-3 効率性

プロジェクトの効率性は以下の観点から総合的に分析した結果、中程度に高いと判断された。

- ・効率性に貢献する要因として、タイの第三国専門家の活用が挙げられる。第三国専門家は、看護師の国家コンピテンシーの開発や、コンピテンシーに基づくカリキュラムの策定、モデル病棟での看護記録の改善等に対しても支援を行った。また、2014年2月よりタイのブラパ大学で第三国研修も開始され、これまで5回にわたり実施している。二国間では、言語や文

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<sup>12</sup> 「日本国厚生労働省とラオス人民民主共和国保健省との医療分野の覚書【仮訳】」より引用。  
<http://www.mhlw.go.jp/stf/houdou/0000031301.html>（2015年9月17日にアクセス）

化の障壁が少ないこともあり、ラオス側教員や実習指導担当者の能力強化を効率的に実施することができた。

- ・プロジェクトの後半期には日本側の長期専門家は2名から3名に増員され、短期専門家も数多く投入された（詳細は表3-1を参照）。設定されたプロジェクト目標を期間内に達成するために人員配置の側面が強化された。
- ・2012年2月のプロジェクト開始以降、PDMの修正は3回実施された。PDM（Ver.1）は2013年7月の運営指導調査時に、PDM（Ver.2）は2014年3月の中間レビュー調査時にそれぞれ合意され、指標2-1（アウトプット2）のターゲット値を追加することで現行のPDM（Ver.3）が2015年4月に合意された。これらの軌道修正とともに、プロジェクトは想定された成果を得るために効果的な活動推進が可能となった。

#### 4-4 インパクト

インパクトとは、「プロジェクト実施の結果、予期されたまたは予期されなかった長期的な波及効果が生じるか」を問う視点である。PDM上に規定される上位目標はプロジェクト終了後3年～5年間で達成が見込まれる目標であるが、これはインパクトの1つとして位置づけられる。

上位目標「母子保健サービスの改善のために質の高い保健人材が育成される」の達成見込みは、中程度であると判断された。新規卒業生を対象とした国家免許制度のための国家試験は、3年後をめどに実施されると考えられ、国家免許制度の事務局業務を担う予定である保健専門職カウンセルの組織化は、今後国家免許制度の開発過程でより進められるものと判断される。

上位目標以外のインパクトとしては、以下の点が挙げられる。

- ・国家免許制度の開発過程では、看護師のみならず医師や歯科医師も活動に関与した。このため、国家免許制度開発に係るプロジェクトの成果は、他の保健職種へもプラスのインパクトが見込まれる。
- ・4つのPHSにおけるディプロマ看護コース（2.5年）カリキュラムは、2015年10月よりコンピテンシーに基づく上級ディプロマ看護コース（3年）にアップグレードされる見通しである。また、このカリキュラムは、助産カリキュラムの改訂にあたっても参考文書として活用された。

プロジェクト実施による負のインパクトは、現時点で確認されていない。

#### 4-5 持続性

##### 4-5-1 政策面

政策面の観点からの持続性は以下の理由から高いと判断された。

- ・保健人材の育成は今後もラオス保健セクターの重点課題として位置づけられる可能性が高い。「保健人材開発戦略2020」では学校・病院・MOH等関係機関の連携強化を通じた保健人材の能力強化の必要性が挙げられている。
- ・「第8次保健セクター開発5カ年計画（2016～2020）」<sup>13</sup>では、①保健サービスの質の担保や②保健システム開発の強化に関する目標が記載されている。
- ・改訂保健法は2014年12月に国会に承認され、2015年5月に施行された。改訂保健法のな

<sup>13</sup> 2014年10月6日付のUnofficial translationより抜粋。

かには、国家免許制度が保健専門職カOUNシルの役割・責務として記載されている。さらに、「ラオス国保健専門職の免許制度に係る戦略（案）」は策定され、承認手続きのために2015年10月に提出される計画である。

#### 4-5-2 組織・財政面

組織・財政面の観点からは、以下のとおりその持続性に貢献し得る要素もいくつか確認されたが、終了時評価時点では以下の理由により、その持続性を検討するには時期尚早と判断された。

- ・9カ所の学校に対し、教材の提供や看護教育のサポーターズスーパービジョンを実施するため、DTRではこれらの必要経費を2015/16年度の予算申請に計上している。
- ・「保健ケア改革計画（2016～2020）」によれば、「公的・民間セクターの保健専門職の登録に係る国家試験制度開発プロジェクト」と題されたプロジェクトが、668,100 USDの見込み予算額とともにリストアップされている。
- ・マホソット病院の副院長は、プロジェクトによりモデル病棟で導入した看護記録の新しい様式をプロジェクト終了後も継続して活用していきたい意向をもつとともに、今後モデル病棟以外の病棟に対しても、これらの看護記録の様式を普及させていきたいと考えている。
- ・他方、保健専門職カOUNシルの組織的構造については、終了時評価調査時点では十分に明確になされていない。

#### 4-5-3 技術面

技術面の観点からの持続性は、以下の理由により中程度に高いと判断された。

- ・コンピテンシーに基づく上級ディプロマ看護コースは3県のCHSで既に導入されており、教員達は標準シラバスを策定するとともに新しいカリキュラムを実施するための教授法について学んだ。これらの教育を強化するために、学校と実習病院に対して教材や教育用機材等も提供された。
- ・モデル病棟では看護記録の改善が少しずつみられている。2014年6月より新しい看護記録のフォーマットが導入され、モデル病棟の看護師たちからはプロジェクト終了後もこれらを継続して使用する意向が確認された。
- ・モデル病棟の活動を普及するため、マホソット病院のモデル病棟とモデル病棟以外の看護師約20名がTOTを受講し、普及ワークショップの講師となる準備を進めている。
- ・看護教育委員会（UHS、CHS、及びその実習病院関係者から成る）はDTRが今後コンピテンシーに基づくカリキュラム改訂等、必要に応じて招集した際には集まる仕組みとなっている。看護教育のサポーターズスーパービジョンの継続にあたっては、これまでの研修やマニュアルの策定によりスーパーバイザーたちは今後独自にサポーターズスーパービジョンを実施する準備ができています。



## 第5章 結論、提言及び教訓

### 5-1 結論

プロジェクトは順調な進捗をみせており、アウトプット1と2はともにおおむね達成、アウトプット3は中程度に達成されていると判断された。プロジェクト終了までにプロジェクト目標を達成する見込みは中程度に高いと判断される。プロジェクトにより、理論面、及び臨床と教育のすべての現場でコンピテンシーに基づく看護教育の基盤強化が図られた。評価5項目の観点からの分析結果として、妥当性は高く、有効性と効率性は中程度に高いと判断された。インパクトの見込みは現時点では中程度と判断されたが、上位目標以外のインパクトもいくつか確認された。持続性については、政策面では高く、組織・財政面の観点からの評価は現時点では時期尚早と判断され、技術面では中程度に高いと判断された。

### 5-2 提言

前章までにみた調査結果に基づき、プロジェクトの後半期の活動に対し以下のとおり提言を行う。

#### 5-2-1 プロジェクト期間中に対する提言

##### 1. 国家免許制度に係る戦略の円滑な提出及び承認

「保健専門職の国家免許制度に係る戦略（案）」はプロジェクトに残された課題の1つである。現地調査では副大臣により右戦略は2015年10月に提出、2015年12月にはMOHにより承認される計画であることが確認されたため、MOHではこの提出及び承認プロセスを円滑に進めるべく必要なアクションと調整がなされることを提言する。なお、本戦略の承認は上位目標の達成見込みを向上させるのみならず、2015年のAEC統合にかんがみ、MRA準拠への課題を満たすことにもつながる。

##### 2. 看護実践モデルのさらなる改善

モデル病棟の看護実践モデルは今後も継続して改善される必要がある。このため、プロジェクトではモデル病棟での看護ケアの質が継続的に強化されるよう必要な努力を進めること（例：内部のピア記録・評価、モニタリング等）。

##### 3. 看護実践モデルに関する知識の普及

マホソット病院の看護実践モデルの他病院に対する普及にあたっては、コンピテンシーに基づく看護は十分に浸透していない可能性があるため、その背景にある知識も伝える必要がある。そのために、ワークショップ前後にテストを実施するなどして知識の増加を計測すること。

##### 4. 看護ケアマネジメントツールの普及ワークショップへの管理職の参加

マネジメントツールの普及ワークショップには、病院及び学校の管理職からも参加を促し、トップレベルからこれらのツールを活用するよう動機づけを行うこと。プロジェクトでは彼らの参加を適宜促すための必要な手段を講じることを提言する。

##### 5. 看護実践モデルの普及プロセスにおけるJOCVとの連携

県・郡レベルの病院に配属されているJOCV看護師隊員は、マネジメントツールを活用して看護記録の改善を図るための知識と経験をもっている。プロジェクトは今後もより一層これらの人材を活用し、看護実践のモデルの普及を図ることが望ましい。

## 6. 学校報告制度における報告頻度の検証

学校によっては年に 2 回の報告義務の必要性に対し理解を示していないところも見受けられ、実際に多くの学校からは年に 1 度の報告があるのみである。この状況を踏まえ、プロジェクトは適切な報告頻度を再度検証するとともに、その結果を改訂された看護助産学校管理ガイドラインに反映することが望まれる。

## 7. 年 2 回報告内容の看護教育のサポータティブスーパービジョンへの活用

CHS からの年に 2 回の報告書はサポータティブスーパービジョンを提供するうえで有益となる情報（看護教育の課題や弱点等）を含むべきものである。サポータティブスーパービジョンの実施にあたっては、事前に報告書をレビューし、その内容に対するフィードバックを実施する機会としてとらえるべきである。なお、緊急な対応が必要な場合には、適宜従来どおり電話等での対応も行うこと。

## 8. 保健ケア専門職室人員の増員

国家免許制度の制定と保健専門職カOUNシルの設立のために、MOH は保健専門職室の人員を緊急に増員させる必要がある。国家免許制度を計画どおりに制定し実施するためには、同室の職員が免許制度に係る職務に専任できる環境を整備すること。

### 5-2-2 プロジェクト終了後に対する提言

#### 1. 看護実践モデルの戦略的なスケールアップ

看護実践モデルのマホソット病院内外のスケールアップに向けては、対象となる病院のそれぞれの能力や実践状況に合わせて細やかな指導の下導入されることが望ましい。例えば、MOH は看護修士課程を保有するスタッフを戦略的にリーダーとして配置し、看護実践モデルの導入にあたり適切な助言や指導がなされる体制を整備すること。

#### 2. 看護助産規則改訂プロセスにおける協議

看護助産規則の改訂にあたっては、プロジェクトでは主な改訂論点を内部協議したが、今後改訂作業を進めるにあたり MOH は関係する看護・助産のステークホルダーを巻き込んで実施すること。

#### 3. サポータティブスーパービジョンチームの調整

サポータティブスーパービジョンの継続にあたり、スーパーバイザーチームのメンバー構成を見直すこと。理由としては、①DTR としてこれまでどおりの規模のメンバー構成で実施するには関係者の調整が困難であると予想されること、②長期的にサポータティブスーパービジョンの実施にあたる予算がどの程度確保されるかが明確でないこと、③学校管理ガイドライン及び看護師のコンピテンシーに基づく教育が実施されている状況下では、比較的簡易な形態でのサポータティブスーパービジョンが適切だと判断されるためである。

#### 4. コンピテンシーに基づくカリキュラムの改訂

今後の疫学的、社会人口学的な変遷により、コンピテンシーに基づくカリキュラムは必要に応じてレビューまたは改訂すること。

### 5-3 教訓

プロジェクトの実施プロセスにおいては、グッドプラクティスや教訓となり得る経験が確認された。今後類似の技術協力プロジェクトのデザイン検討や計画策定を行う場合には、以下の教訓

を適用またはその適用可能性について検討することが望ましい。

1. 看護実践モデルのための行動変容への課題

マネジメントツールの紹介と説明だけでは、対象病院である他病院にて看護実践モデルを導入することは難しい。トップレベルのコミットメントや継続的な指導、人材があつて初めて看護実践モデルを実践する行動変容を起こすことができる。ラオスや他国で看護実践モデルの実践をめざすプロジェクトを形成するにあたっては、この点を考慮する必要がある。

2. 第三国専門家/研修の活用

第三国専門家や第三国研修の実施は戦略的に活用することでプロジェクト効果の貢献要因となり得る。

3. プロジェクトデザインの柔軟な軌道修正

特定の技術分野で優先度の高い必要性が生じたときには、プロジェクトのスコープ内に新しい要素を取り入れ対応するなど、プロジェクトのデザインを柔軟に変更することも重要である。プロジェクトでは、看護師のコンピテンシーと国家免許制度の制定という新たなニーズに対して成功裏にこれらの要素をプロジェクトデザインに取り込むことができた。

4. 看護専門職をターゲットとすることによる効果

すべての国で看護職は保健職種の中かで多くの割合を占め、その教育バックグラウンドも多様である。看護の教育システムや関連規定・制度の開発を進めることで、その経験を他職種に対しても適用することが可能となる。

5. 保健人材（Human Resources for Health : HRH）の育成に係る包括的な協力

プロジェクトは保健人材の育成に関し①看護教育、②看護サービス、③関連規定の整備を行う包括的なデザインであった。その困難だがやりがいもあるデザインのゆえに HRH をとりまく複雑な課題に多面的に取り組み、それぞれの領域で関連性のある成果を上げることにつながった。

## 第6章 技術参与、団長所感

### 6-1 技術参与所感

#### 6-1-1 母子保健技術参与所感

本プロジェクトの目標は、質の高いサービスを提供するために保健人材開発のシステムを強化することである。ラオスの状況としては、まだまだ、母子保健関連の指標である乳幼児死亡、妊産婦死亡とも高く、国連ミレニアム開発目標（MDGs）、特にゴール4.5の達成も難しい状況であり、その最大の原因が、母子保健人材、特に看護人材の量と質の不足であるといえる。しかしながら、量的にも増やすとともに、その質を担保するためにも、規定や基準が整っていないなかでの学校での教育、目標が明確でない病院での卒後研修の強化をすることが必要となった。また、プロジェクト開始後に ASEAN 地域の経済連携（AEC）における保健医療人材の域内での相互交流のために、2015年までに各国における国家試験と免許制度の確立を整備することが求められ、本プロジェクトの役割が大きくなった。

本プロジェクトでは、成果1として、人材育成の基盤である法及び基準や規定の整備、マホソット病院における基準や規定を使う実施モデルの強化が行われた。当初は、マホソット病院においてのモデル実施が可能かどうかの不安が多かったものの、タイからの第三国専門家の派遣、シニアボランティアの支援もあり、順調にすすんだ。成果2としてマホソット病院の経験の他施設の移転が研修等を通じて、その導入が行われる。成果3として、これらの研修を効果的にすすめるための各関係諸機関の調整、カリキュラム実施強化のためのサポーターズスーパービジョンも開始された。また、これと並行して同時に、保健医療人材（医師、歯科医師、看護）の認証のためのカウンシルのシステムも確立される予定となった。

今後の課題：

- ・ ASEAN に向けての体制を表向きには設立してしまうものの、カウンシルの実質的な体制、具体的内容が整わない可能性があり、本プロジェクトで実施しているコンピテンシーを基本概念とした看護人材育成の内容が整い、それに即した国家試験が実施されることの実現には組織的な持続性に課題があり、特にこれを選任とした人員体制の補充が望まれる。また、プロジェクト終了後には、人材育成に関心をもつアジア開発銀行や WHO との協調した活動が必要である。
- ・ 母子保健人材の育成では、看護人材、助産人材の共通の概念の下に、体制を整えていく必要がある。MOH としてはこれを望んではいないものの、実現のためには UNFPA との調整が必要である。

#### 6-1-2 看護教育技術参与所感

筆者は2013年7月の運営指導調査、2014年3月の中間レビュー調査に続いて、今回は終了時評価調査に参加し、4年にわたるプロジェクト活動の変遷と成果、そしてラオスの看護を観察する機会を与えられた。また2005～10年までの看護助産人材強化プロジェクトの初期にも2度、短期専門家としてラオスの看護助産規則の策定にかかわった経験もあるので、それらを含めて所感としたい。

JCC の場でも述べたように、2005年の時点から考えればこの10年間の変化は遅々としてい

るが、「夜明け前」からは脱したと思える。具体的に述べれば、看護助産規則、看護業務範囲 GL、助産業務範囲 GL、“National Competencies for Licensed Nurses in Lao P.D.R” 策定、これに基づく看護教育課程の編成と教育の開始、学内実習機材の充実、教員教育、マホソット病院モデル病棟での看護業務範囲 GLに基づく実践とその記録作成、これらの普及のための人材育成、国家試験と免許制度の構築に向けた“Strategy”の検討など、2つのプロジェクトの成果は、この国の看護の基盤形成に大きな成果を上げたといえる。以下、ミニッツには触れていない点を中心に課題等を記しておくこととする。

### 1. 自主的な看護の研究会・学会の組織化

看護教育を担う教員の質は教育の質を改善するためには極めて重要である。教員については、前プロジェクトでの支援から始まって、10年間で看護学修士、看護学士の学位取得者が生まれた。現在は看護教員として配置されている者も多いとのことである。ラオスが社会主義国であるため、自主的な集団の形成に制約があるのかもしれないが、今後は修士の教員を中心に、看護教育研究会・学会の組織化を図っていくべきである。これは、いつまでも看護教育が国主導、外国の支援主導でなく、ラオス人看護師が後輩をどのように育てるのかを考え、試みていく道筋として重要である。

このことは病院の看護に携わっている修士の看護師たちにもいえることで、看護管理研究会・学会が自主的に組織化されることが望まれる。その結果は、モデル病棟の看護の普及にも大きな力になるに違いない。

### 2. 国会試験・免許制度構築への継続支援の必要性

保健副大臣によれば、国家試験と免許制度の構築に向けた“Strategy”は遅くとも2015年12月までに承認されるということであったが、その具体的運用、基盤になるカウンシル制度の構築などには多くの時間とエネルギーが必要である。現在のMOHの力量では困難が予測される。カウンシルに関する2007年の大臣令の改正、医師や看護師等の部門ごとの組織化、事務局の体制、免許の前提となる公正な国家試験の実施・合格基準策定のための体制整備、これらのための予算獲得等、課題は挙げればきりが無い。筋道を立ててこれらを動かすためには、日本を含めて国際的な技術的、経済的支援がまだ必要であると思われる。

ASEAN 諸国相互承認枠組み協定(Mutual Recognition Arrangement: MRA)があることから、中間レビューの際にも試験・免許制度構築は急いでいることが理解されていたはずであるが、この1年半の動きはあまりにも遅い。自らやる気があるのかどうかさえも疑いたくなるような状況である。今後の支援を検討するにあたっては、大臣令の改正とカウンシル体制の基本骨格の明確化を前提としてはいかがかと思っている。

### 3. 若い人材の登用について

10年間全般を通じて考えると、プロジェクトの進展にも大きな影響を与えているMOH内の人材の課題が極めて大きい。プロジェクトの掲げている課題の大きさに比べ、C/Pが少ないえに若い人材の登用が少ない。ラオスの看護師は約5,000人とのことであり、うち50人、ちょうど1%は修士取得者である。彼らの配置をどのように考えているのか、その看護師たちが行使できる権限はどの程度のものか。10年を超えてMs.PhengdyがMOHの看護リーダーになぜ、とどまっているのか。

JICAとしては、このような人事への介入は難しいだろうが、この国のあり方を飛躍的に発展させていくには、将来を囑望できる若い人材を思いきって登用する人事当局の決断が必要

なのではないかと思われる。

## 6-2 団長所感

2005年に開始された先行事業から今回の本プロジェクトの終了時評価まで10年が経過した。その間、保健人材分野における対ラオスのJICAの支援が継ぎ目なく行われ着実に成果を上げてきている。他方、ラオス国MOHのJICAに対する依存心を、醸成した一面があるかもしれない。今回、MOH高官との面談のなかで、免許制度の戦略承認プロセスというJICA介入の範囲を超えた部分の遅延についても、「JICA 専門家を増やして対応してほしい」という発言があった。この発言は、ラオスMOHの主体性の弱さと援助依存性を象徴するものとして、小職としては大変驚いたとともに看過できない一言であった。これまでJICAが支援してきた手法を否定する意図は全くないものの、今後の事業の進め方やアプローチには一定の工夫をするべきではないかと考える。例えば、本プロジェクト終了後に後継案件として要請されている看護師免許制度整備の技術協力案件の採択は、本プロジェクトの残り6カ月間の進捗にかんがみて行う予定であるとラオスMOH側に通告するのも一考ではないであろうか。特に2015年12月までの完了をコミットした、①看護師免許制度の戦略書(案)の承認、②保健人材評議会(Health Professional Council)の委員構成や責務の明確化—の2点の進捗と結果については注視すべきだ。もし可能なら上記2点を後継案件実施の判断材料の一部に、すべきであろう。

提言にも記載されているとおり、本プロジェクトは、①卒前教育、②継続教育、③看護職等にかかわる法制度整備の三位一体の包括的なデザインとなっている。JICAに限らず開発パートナーの支援は上記の①～③の一部を切り取って支援することが一般的であるなか、さまざまな要因が複雑に交絡する保健人材の課題を包括的にとらえ正面から立ち向かった事業として評価したい。デザインがやや野心的であることは否めないものの、結果としては長期・短期そして日本・第三国の専門家の効果的かつ適時的な投入により最大限に近いアウトプットを創出したといってもよいだろう。ただし、本プロジェクトでは、当初MNCH分野の保健人材の強化に焦点を置いていたが、MRA参画等のラオス側の置かれる状況の変化によりコンピテンシー策定や看護職免許制度への道筋づくりといった重要項目が事業開始後に追加された。いわば、後づけで、より包括的なデザインへ進化していったといえよう。今後は、この教訓に学びJICAは可能な限り事業のデザインの時点で対象国の保健人材の現状をより詳細に分析し、より戦略的に包括的なデザインをめざすことも検討してみたいであろうか。

ラオスは、人口1,000人当たりの主要な保健専門職人材(医師・看護師・助産師)数は2.17人と国際的な基準2.3人を満たしておらず、“World Health Report 2006”(WHO)発刊以来、保健人材の危機的状況が継続している。そのような状況のなか、保健人材の事業を実施したことの意義は大きい。その点でも、大変筋の良い事業であるといえよう。しかしながら、MRAにより周辺国を含めた域内での保健人材の流動性を高めることは、保健人材危機国の立場にあるラオスにとっては十分かつ細心の注意を払うべきである。MRA参画は、周辺国からの資格不十分な保健人材の流入阻止という当面の課題については有効な対策となる一方、将来ラオス国内で質の高い人材が育成されるにつれ周辺国へ保健人材の流出の引き金となりかねない。いわば諸刃の剣ともなり得るリスクを現時点で認識するべきであろう。

## 付 属 資 料

1. 協議議事録 (M/M)
2. 評価グリッド
3. 質問票集計結果

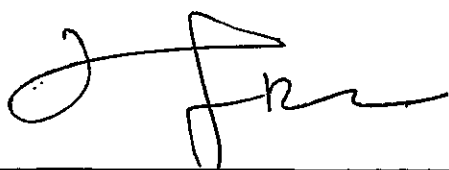
MINUTES OF MEETINGS  
BETWEEN  
THE TERMINAL EVALUATION TEAM  
AND  
THE MINISTRY OF HEALTH  
THE GOVERNMENT OF LAO PEOPLE'S DEMOCRATIC REPUBLIC  
ON  
THE PROJECT FOR SUSTAINABLE DEVELOPMENT OF HUMAN  
RESOURCE FOR HEALTH TO IMPROVE MATERNAL, NEONATAL  
AND CHILD HEALTH SERVICES

The Terminal Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") visited Lao People's Democratic Republic (hereinafter referred to as "Lao PDR") from 6 September to 18 September, 2015 to conduct the Joint Terminal Evaluation for the Project for Sustainable Development of Human Resource for Health to Improve Maternal, Neonatal and Child Health Services (hereinafter referred to as "the Project"), which was requested by the Government of Lao PDR.

During its stay in Lao PDR, the Team had a series of meetings and interviews with the relevant Lao organization concerning the Project activities to examine the levels of achievements of the Project.

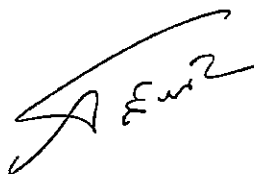
Based on the discussions both the Team and the Lao side reached common understanding and agreed upon the matters referred to in the documents attached hereto.

Vientiane, 18 September 2015



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Dr. Hirotsugu AIGA  
Team Leader,  
Terminal Evaluation Team  
Japan International Cooperation Agency  
Japan



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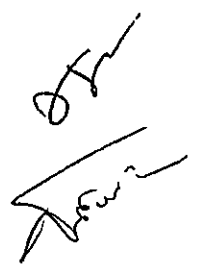
Dr. Somchanh XAYSIDA  
Acting Director  
Department of Training and Research  
Ministry of Health  
Lao People's Democratic Republic



**Terminal Evaluation Report  
on Japanese Technical Cooperation  
for  
Sustainable Development of Human Resources for Health  
to Improve Maternal, Neonatal and Child Health Services  
in Lao PDR**

**Japan International Cooperation Agency  
and  
Ministry of Health**

**September 2015**

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### ANNEX LIST

Annex 1	Schedule of the Terminal Evaluation
Annex 2	List of Persons Interviewed
Annex 3	PDM ver.3
Annex 4	Lists of Inputs

## LIST OF ABBREVIATIONS

AEC	ASEAN Economic Community
CHIPU	Complex of Hospital, Institute, Project and University
CHS	College of Health Science
C/P	Counterpart
DHC	Department of Health Care, MOH
DTR	Department of Training and Research, MOH
EDC	Education Development Center
FON	Faculty of Nursing
GHWA	Global Health Work Alliance
HRH	Human Resources for Health
HRH-TWG	Human Resources for Health Technical Working Group
HSDP	Health Sector Development Plan
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
JPY	Japanese Yen
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MM	Man-Month
MNCH	Maternal, Neonatal, and Child Health
MOE	Ministry of Education
MOH	Ministry of Health
MRA	Mutual Recognition Arrangement
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PDM	Project Design Matrix
PHO	Provincial Health Office
PHS	Public Health School
PO	Plan of Operations
R/D	Record of Discussions
SBA	Skilled Birth Attendance
SV	Senior Volunteer (JICA)
TOT	Training of Trainers
UHS	University of Health Science
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USMR	Under-5 Mortality Rate
WHO	World Health Organization

### Name of target provinces

LPB	Luang Prabang Province	CPS	Champasak Province
SVK	Savannakhet Province	VTE	Vientiane Province

# 1. OUTLINE OF THE TERMINAL EVALUATION STUDY

## 1.1 Background of the Terminal Evaluation

Since mid-1980s, Lao People's Democratic Republic (Lao PDR) has made considerable progress in improving the health of its population. However, it faces the most prominent challenges among the states of South East Asian Region in reaching the Millennium Development Goals (MDGs) 4 and 5. The Maternal Mortality Ratio per 100,000 live births is still at 580 and the Under Five Mortality Rate per 1,000 births is 61<sup>1</sup>. Moreover, in 2009, the number of health workers (medical doctors, nurses and midwives with middle and high level professional education) was 3,385, equal to 0.53 health workers per 1,000 populations which is significantly lower than the Global Health Work Alliance (GHWA) recommended standard of 2.3 health workers per 1,000 populations. The quality of health services is another challenge. Nursing and midwifery schools (both university and Colleges) do not have unified curriculum nor national level exams; as a result, quality of health services is often not standardized or equitable.

To overcome these challenges, a comprehensive national policy 'Health Strategy up to the Year 2020 (May 2000)' was established to bring the health sector in Lao PDR out of the least developed status and to achieve the MDGs. Under this master plan, 'Health Personnel Development Strategy By 2020 Nov.2010)' was elaborated and the Human Resources for Health Technical Working Group (HRH-TWG) was formulated in order to enhance capacities of training institutions for health both in terms of quantity and quality.

JICA carried out 'The Project for Human Resource Development of Nursing/Midwifery (2005-2010)' to enhance a nursing education system by laying foundation for human resource development of nursing and midwifery staff. Through this project, "Nursing and Midwifery Regulations", "Guidelines for the Scope of Nursing Practice" and "Nursing/Midwifery School Management and Implementation Guidelines" were elaborated. Although this project developed sets of legal framework for nursing and midwifery education, the overall system for licensing based on national examination, capacity of trainers for nursing education, and/or coordination among schools and hospitals both at the central and the provincial levels still need to be strengthened.

Based on the above background, the Government of Lao PDR submitted an official request to Japan for the 'Project for Sustainable Development of Human Resources for Health to Improve Maternal, Neonatal, and Child Health Services' in July 2009.

The Project began in February 2012 for four years of cooperation period (till February 2016). The counterpart (C/P) of the Project is Department of Training and Research (DTR) and Department of Health Care (DHC) of the Ministry of Health (MOH), and it targets University of Health Science (UHS), five central hospitals, 8 colleges and schools, and 12 provincial hospitals. The Project aims to reinforce systems for developing human resources for health in order to provide standard and quality services through 1) development of standard systems for nursing education, 2) Strengthening capabilities of training institutions to implement quality educational programs, and 3) Strengthening coordination among relevant departments and organizations to improve the educational systems. Since the Project cooperation period will end in February 2016, the Terminal Evaluation Team was dispatched to review the progress and the achievement and to discuss and agree on the countermeasure to solve the challenges if any.

## 1.2 Objectives of the Terminal Evaluation

The Objectives of the Terminal Evaluation are as follows;

- (1) To verify the level of achievement of the Outputs and the Project Purpose summarized in the Project

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<sup>1</sup> The State of the World's Midwifery 2011

Design Matrix (PDM);

- (2) To identify the factors that promoted or inhibited the effects of the Project if any;
- (3) To analyze the JICA's technical cooperation based on the five evaluation criteria; and
- (4) To identify recommendations for the Project and lessons learned for similar technical cooperation.

### 1.3 Members of the Terminal Evaluation Team

The Terminal Evaluation Team consists of the following members:

#### 1.3.1 Japanese Side:

Name	Designation	Position, Organisation
1 Dr. Hirotsugu Aiga	Team Leader	Senior Advisor on Health & Nutrition, Japan International Cooperation Agency (JICA)
2 Dr. Tamotsu Nakasa	Human Resource for MCH	Director, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine
3 Dr. Yayoi Tamura	Nursing Education	President, National College of Nursing, Japan
4 Ms. Nami Kishida	Cooperation Planning	Deputy Assistant Director, Health Division 4, Human Development Department, Japan International Cooperation Agency (JICA)
5 Ms. Yuko Tanaka	Evaluation Analysis	Consultant, Tekizaitekisho LLC

#### 1.3.2 Lao Side:

Name	Position, Organisation
1 Dr. Somchanh XAYSIDA	Acting Director, Department of Training and Research, MOH
2 Assoc. Prof. Dr. Bounnack SAYSANASONGKHAM	Deputy Director, Department of Health Care, MOH
3 Ms. Sengmany KHAMBOUNHEUANG	Chief of Professional Division, Department of Training and Research, MOH
4 Ms. Phengdy INTHAPHANTH	Chief of Office of Health Care Professional, the Project Coordinator, Person in charge of ASEAN MRA for Nurse, Department of Health Care, MOH

### 1.4 Schedule of the Terminal Evaluation

The detailed schedule of the Terminal Evaluation is attached as Annex 1.

### 1.5 Stakeholders Consulted/Interviewed

The stakeholders who were consulted or interviewed for the Terminal Evaluation consisted mainly of the following:

- JICA experts assigned to the Project
- Counterparts (C/Ps) from Ministry of Health (MOH)
- University of Health Science (UHS)
- Central and Provincial Hospitals (Mahosot, Settatirath, CPS Provincial Hospital)
- Development Partners (UNFPA)

The detailed list of the persons consulted is attached as Annex 2.

## 1.6 Methodology of the Terminal Evaluation

### 1.6.1 Procedure

The PDM ver. 3 (see Annex 3) is adopted as a framework of the Terminal Evaluation. The Terminal Evaluation Team (hereinafter referred to as “the Team”) conducted surveys by questionnaires and interviewed the counterparts (hereinafter referred to as “C/P”) and the JICA experts as well as those officials concerned with the Project. Both quantitative and qualitative data were gathered and utilised for analysis.

Data collection methods used for the evaluation were as follows:

- Literature/Documentation Review;
- Questionnaires;
- Individual and/or group interviews;
- Direct Observations

Altogether 43 Questionnaire were sent to the MOH (DTR, DHC), UHS (FON), central hospitals, three Colleges of Health Science (CHS) and their teaching hospitals as well as long-term Japanese experts assigned to the Project. Respondent rate of the questionnaire is 76.7% (33 questionnaires answered).

### 1.6.2 Items of the Terminal Evaluation

#### (1) Achievement of the Project

Achievement of the Project is measured in terms of Inputs, Outputs, and the Project Purpose, with reference to the Objectively Verifiable Indicators identified in the PDM ver. 3.

#### (2) Implementation Process

Implementation process of the Project is reviewed from the various viewpoints, including communication among stakeholders, monitoring and project management etc., in order to identify promoting and/or inhibiting factors for the project effects.

#### (3) Analysis based on the Five Evaluation Criteria

Based on the observations made under the previous two items, the Project is assessed from the viewpoint of Five Evaluation Criteria, defined by JICA which was originally proposed by DAC (OECD)<sup>2</sup> shown in Table 1-1.

Table 1-1 Definition of the Five Evaluation Criteria

Five Evaluation Criteria		Definitions as per JICA Evaluation Guidelines
1.	Relevance	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with the Government development policy and the needs of the target group and/or ultimate beneficiaries in Lao PDR.
2.	Effectiveness	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
3.	Efficiency	Efficiency of the Project implementation is analysed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
4.	Impact	Impact of the Project is assessed in terms of positive/negative, and

<sup>2</sup> DAC website on Criteria for Evaluating Development Assistance (accessed on 29 August, 2015)  
<http://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

		intended/unintended influence caused by the Project.
5.	Sustainability	Sustainability of the Project is assessed in terms of institutional, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.

Source: JICA Project Evaluation Guidelines (June 2010), JICA

## 2. OUTLINE OF THE PROJECT

The outline of the Project summarized in the PDM (ver. 3) is as follows. The Project Purpose is the aim to be achieved during the cooperation period; while the Overall Goal is the aim to be achieved within three to five years after the completion of the Project<sup>3</sup>.

### 2.1 Overall Goal

Qualified human resources for health are developed to improve MNCH Services.

### 2.2 Project Purpose

Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU (Complex Hospital Institute Project University)

### 2.3 Outputs

1. Standard systems for nursing education are developed and/or institutionalized.
2. Capacities of training institutions to implement quality educational programs are strengthened.
3. Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems.

## 3. ACHIEVEMENT AND IMPLEMENTATION PROCESS

### 3.1 Inputs

Inputs to the Project as of September 2015 since its inception are as follows:

#### 3.1.1 Japanese Side

##### a) Dispatch of the JICA experts

Long-term Experts: A total of five long-term experts were assigned to the Project since its commencement. The areas of expertise as well as contract period of long-term experts are shown in the following table.

Table 3-1 Summary of Long-term Experts

Areas of Expertise	Contract Period
Chief Advisor	May 2012 - May 2014
Chief Advisor	May 2014 - Present
Nursing Education	August 2014 - Present
Project Coordinator / Organizational Coordination	July 2012 - August 2014
Project Coordinator / Organizational Coordination	August 2014 - Present

Source: Data provided by the Project

Short-term Experts (Japan): A total of 16.5 man-months (MM) were allocated for the assignment of 12 short-term experts from Japan. As of September 2015, 21 visits were made by short-terms experts from

<sup>3</sup> According to JICA Project Evaluation Guidelines (June 2010)

Japan with average length of stay being 0.8 month/visit (see Table 3-2).

**Table 3-2 Summary of Short-term Experts (Japan)**

Areas of Expertise / Terms of Reference (TOR)	MM
Training Institutes Improvement	1.7
Nursing Management	6.3
Nursing Administration	1.9
Hospital Management	0.3
Nursing Education	2.3
Designing of Survey	3.9
Total	16.5

Source: Data provided by the Project

Short-term Experts (Thailand): A total of 2.1 man-months (MM) were allocated for the assignment of three short-term experts from Thailand. As of September 2015, 22 visits were made by short-term experts from Thailand with average length of stay being 0.1 month/visit (see Table 3-3).

**Table 3-3 Summary of Short-term Experts (Thailand)**

Areas of Expertise / Terms of Reference (TOR)	MM
Nursing Education	1.2
Nurse's Competency/Nursing Education	0.1
Nursing Education / Nursing Management	0.6
Nursing Management	0.2
Total	2.1

Source: Data provided by the Project

The detailed lists of the experts are attached as Annex 4.

**b) Workshop in Japan and/or Thailand**

As of September 2015, a total of 22 counterparts participated Training/Workshop in Japan. The participants are 14 from the MOH (including Vice minister) and eight from Mahosot Hospital. The overview of the mentioned training/workshop is shown below.

**Table 3-4 Summary of the Training/Workshop in Japan**

Name of the Training/Workshop	Number of Participants	Duration
The second Southeast Asia Workshop on Nursing and Midwifery in Tokyo	4	23-28 Oct. 2012
Group Training Course in Counterpart training in Japan (1) HRH Management	4	6-16 Nov. 2013
Group Training Course in Counterpart training in Japan (2) Clinical course	9	6-22 Nov. 2013
Group Training Course in Counterpart training in Japan Licensing system and quality assurance in nursing education	5	10-16 May 2015

Source: Data provided by the Project

In addition to the training/workshop in Japan, five training/workshops were held overseas such as Thailand, China and Indonesia with 49 participants in total. The accumulative number of participants are 17 from the MOH, six from UHS, two from Central Hospitals (Mahosot, Mittaphap), 16 from CHS (LPB, SVK, CPS),



and 8 from provincial hospitals (LPB, SVK, CPS).The following tables summarise the outlines of these training/workshops.

**Table 3-5 Summary of the Training/Workshop Overseas**

Name of the Workshop	Number of Participants	Duration
Bangkok Study Tour in Thailand	7	15-17 November 2012
7th Asia-Pacific Action Alliance on Human Resources for Health(AAAH) in Thailand	4	4-7 December 2012
Prince Mahidol Award Conference 2014	5	26-31 January 2014
JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	3	9 February – 1 March 2014
Monitoring of Education Teacher training Program in Thailand	3	25-26 February 2014
2nd JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	5	1-22 May 2014
3rd JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	5	31 August-20 September 2014
8th Asia-Pacific Action Alliance on Human Resources for Health (AAAH) in China	1	26 October-2 November 2014
Study tour for Indonesia (National Examination and License)	6	27-30 January 2015
4th JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	6	19 April-5 May 2015
5th JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	6	2-20 September 2015

Source: Data provided by the Project

Additionally, number of training/workshops was provided in Lao PDR with technical and financial support from the Project. The following table summarizes the overview of the in-country training programs.

**Table 3-6 Summary of the Training/Workshop in Lao PDR**

Main Topics	No. of Courses	Target Institutions	Accumulated No. of Participants
Development of Nursing Competency	22	MOH, Hospitals, UHS	316
Competency Based Nursing Education Curriculum & Syllabus	21	MOH, Hospitals, UHS, Colleges	793
Nursing Management	14	MOH, Hospitals	871
Licensing System / National Examination	14	MOH, UHS, Hospitals, Colleges, EDC	467
Revision of Guidelines for the Scope of Nursing Practice (SNP)	9	MOH, Hospitals, UHS, Schools	320
Revision of Nursing/Midwifery School Management and Implementation Guidelines	11	MOH	87

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Monitoring & Supportive Supervision	8	MOH, UHS, School, Hospitals	137
Partial support of annual meeting, MOH	2	MOH, Hospitals, UHS, Schools	314
Equipment management	1	MOH, UHS, Schools, Hospitals	43
Review meeting of training in Brapha and Japan	1	MOH, UHS, Schools, Hospitals	37
Others	1	MOH, UHS	2

Source: Data provided by the Project

The detailed lists of the training/workshops held in Japan, Thailand and/or Lao PDR are attached as Annex 4.

### c) Local Expenses

A total of US\$418,996.48 were provided by Japanese side as a local cost. The local cost includes domestic and international travel costs, local payment for technical and administrative assistances, meeting expenses and operational cost. The summary of the local expenses are shown in the following table.

Table 3-7 Summary of Local Expenses

Fiscal Year/ Expenditure Type	CLASSIFICATION				Sub Total (FY)
	Travel	Fees	Meeting Cost	Operational cost	US\$
FY2011 (Feb 2012 - Mar 2012)	0.00	0.00	0.00	0.00	US\$0.00
FY2012 (Apr 2012 - Mar 2013)	21,776.32	14,532.03	669.38	30,272.42	US\$67,250.15
FY2013 (Apr 2013 - Feb 2014)	47,050.88	43,931.23	1,118.70	27,623.56 (5806 for BUU training)	US\$119,724.37
FY2014 (Apr 2014 - Mar 2015)	72,056.24	32,076.80	6,619.39	62,667.25 (15,220 for BUU training)	US\$173,419.68
FY2015 (Apr 2015 - July 2015)	22,329.06	9,242.18	682.38	26,348.66 (7152.00 for BUU training)	US\$58,602.28
Sub-Total (Type)	\$163,213	\$99,782	\$9,090	\$146,912	US\$418,996.48

Source: Data provided by the Project

### d) Equipment

A total of US\$145,582.60 worth of equipment were provided by Japanese side. It includes office PCs, photo copy, printers, projectors bookshelf and chairs etc. Some textbooks and teaching materials (such as anatomical model or charts, simulators, manikins etc.) were also provided to schools and teaching hospitals in order to improve educational environment. The detailed list of equipment is attached as Annex 4.

## 3.1.2 Lao Side

### a) Appointment of Counterpart

As of September 2015, a total of six personnel from the MOH are assigned as the core C/Ps to the Project.

They are one Project Director, two Project Managers and three Project Coordinators. In addition, staff members from the following organizations are assigned as the Project C/Ps.

- Division of Professional Education, Department of Training and Research for Health
- Office of Health Care Professional, Department of Health Care
- Division of Central Hospital, Department of Health Care

List of counterparts are attached as Annex 4.

### b) Provision of Facilities for Project Operations

The Lao side secured office spaces within the MOH for JICA experts. In addition, facilities such as access to the computer network, telephone line, printer, fax and photocopy were provided for the Project operations.

## 3.2 Achievement of the Project

### 3.2.1 Activities

Most of the Project’s activities, as specified in the PDM (ver. 3) and the Project’s Plan of Operation (PO) were implemented as planned.

### 3.2.2 Outputs

**Output 1:** Standard systems for nursing education are developed and/or institutionalized.

The Table 3-8 below shows the level of achievements of Output1 with reference to indicators specified in PDM (ver. 3).

**Table 3-8 Level of achievement with reference to Indicators (Output 1)**

Indicators as per PDM (ver. 3)	Major achievements	Level of Achievement
1-1 Revised/developed guidelines are disseminated <sup>4</sup> to all training institutions/ education hospitals (“Guidelines for the Scope of Nursing Practice” and “National Competencies for Licensed Nurses”)	<ul style="list-style-type: none"> <li>● Guidelines for the Scope of Nursing Practice: As a result of internal meetings (more than 10 times), the Guidelines revising Committees (four times), and a consultation WS, the Guidelines was revised and approved by the Minister of Health in April 2015 and issued as part of ministerial order (April 2015). Dissemination workshop for the revised Guidelines was held in July 2015 with total number of 134 stakeholders coming from each province (including Minister of Health, the MOH, directors/head of nursing departments from central/provincial hospitals, Directors from PHO, etc.)</li> <li>● National Competency for Licensed Nurses: Dissemination workshops were conducted in four provinces (VTE, LPB, SVK, CPS) with total numbers of 259 participants from the MOH, PHO, CHS, teaching hospitals etc.</li> </ul>	Achieved
1-2. Revision points are compiled on two existing guidelines /regulation (“Nursing/ Midwifery School Management and	<ul style="list-style-type: none"> <li>● Nursing/Midwifery School Management Guidelines: Revision of the guidelines is started in collaboration with DTR in June 2015. The revision is expected to be completed by the end of 2015.</li> <li>● Nursing and Midwifery Regulations: Internal meeting were held in August 2015 to discuss about the main points for revising Nursing and Midwifery Regulations. These include: 1) Current situation and future direction of nursing, 2) Additional description of national licensing</li> </ul>	Moderately Achieved

<sup>4</sup> The Team confirms that “disseminate” means to distribute and to provide guidance on guidelines to schools and teaching hospitals in three provinces.

Implementation Guidelines” and “Nursing and Midwifery Regulations”).	system, 3) consistency with related laws and regulations, etc.	
1-3 The framework of the national licensing system including national examination for nurses is clarified.	<ul style="list-style-type: none"> <li>● Revised Law on Health Care was enacted in May 2015, with additional description about the national licensing system as well as the role of Health Professional Council (to issue and revise regulations regarding health professions)</li> <li>● As a result of internal meetings (more than 10 times), committees (three times), a consultation meeting chaired by the vice minister of Health in July 2015, and a consultation meeting in August 2015, a draft of “Minister of Health Agreement on Strategies of Health Professional Licensing System in Lao PDR” is currently being developed.</li> </ul>	Achieved
1-4. Quality of nursing documentation is improved in 4 model wards.	<ul style="list-style-type: none"> <li>● Basic information sheet, assessment sheet, and nursing care plan sheet were introduced and started to be utilized by nurses in four model wards, of Mahosot Hospital.</li> <li>● The quality of nursing documentation in model ward was assessed (30 cases) by utilizing the check list of nursing record developed in March 2015. The result shows that contents of nursing record such as patient’s assessment and nursing care plan has been improved its quality compared to the baseline July 2014.</li> <li>● Training was conducted in May 2015 to head nurse of four model wards in order to conduct assessment utilizing the “check list” mentioned above. The assessment of nursing documents at ward level is introduced since then.</li> </ul>	Achieved

Output 1 is mostly achieved. During the first half of the cooperation period, the “National Competencies for Licensed Nurses” was developed under Output 1 as a key concept related to quality of nursing professions. For revising the Guidelines for the Scope of Nursing Practice, the Project conducted studies to assess situation of application of guidelines. Based on studies, the Project revised the guidelines and it was officially approved by Minister of Health in April 2015. The Project conducted series of workshops in order to disseminate revised/developed guidelines mentioned above (indicator 1-1).

As for the Nursing/Midwifery School Management and Implementation Guidelines, the Project, in coordination with DTR, started revising the guidelines, and it is expected to be completed by the end of 2015 (indicator 1-2). The Project had an internal meeting in August 2015 to discuss about the main points to be reviewed within the existing “Nursing and Midwifery Regulations”, and more details will be discussed among key stakeholders.

During the elaboration process of the framework of the national licensing system, some core personnel from the MOH and UHS were invited to learn about national licensing systems in Thailand, Indonesia and Japan. Short-term experts were also dispatched various times in order to enhance understanding and stimulate discussion on national examination and licensing system in Lao PDR (see section 3.1.1 and Annex 4 for details of training and short-term experts). Regarding the development of a national licensing system including national examination (indicator 1-3), the Project is currently developing a “Draft of Minister of Health Agreement on Strategies of Health Professional Licensing System in Lao PDR” as a result of various meetings.

Standards for nursing care are also introduced within four model wards in the surgery department (i.e. Urology, Abdominal, Pediatric and Plastic surgery) of Mahosot Hospital. With the formal approval by the MOH for the introduction of the Guidelines in Aug 2013 (No.1896/MOH), the Project developed a road map,

goals and indicators in order to undertake activities. Ordering form was introduced at the earlier stage of the Project and is widely used by medical doctors in model wards. From June 2014 set of new forms for nursing records, including basic information sheet, assessment sheet, and nursing care plan sheet were introduced and started to be utilized by nurses in mentioned model wards. Several short-term experts were dispatched to follow-up and to conduct several assessments. Moreover, the Project could also benefit from collaboration of JICA senior volunteer, who follow-up activities of nursing process improvement at model wards on daily basis<sup>5</sup>.

Quality of nursing documentation is assessed by the Project in collaboration with nursing department of Mahosot Hospital and a senior volunteer from JICA dispatched to the hospital. The result of the study shows there is an improvement of quality of nursing documentation compared to the baselines taken in July 2014 (see Table 3-9 for details).

**Table 3-9 Comparison regarding the Quality of Nursing Documentation**

Category			July, 2014 (n=20) * Baseline (one month after intervention)					March, 2015 (n=28)				
			Model wards				Total (%)	Model wards				Total (%)
			Plastic	Abdominal	Urology	Pediatric		Plastic	Abdominal	Urology	Pediatric	
Appropriate expression of nursing care plan	Date	Written	0%	86%	0%	0%	21%	75%	50%	80%	50%	64%
	Goal	Written appropriately for nursing problems	20%	0%	33%	0%	13%	50%	0%	0%	100%	21%
		Clear and easy to understand	20%	0%	33%	0%	13%	75%	20%	40%	100%	46%
		Specifically written	20%	0%	33%	0%	13%	75%	20%	30%	100%	43%
	Plan	Written	100%	100%	100%	100%	100%	100%	80%	100%	100%	86%
		plans is appropriate for the problem	40%	0%	17%	25%	20%	75%	90%	10%	25%	50%
		Clear and easy to understand	40%	14%	17%	25%	24%	100%	20%	90%	75%	64%
		Plan is specific	40%	14%	17%	25%	24%	100%	20%	60%	75%	54%
		Plan is Individual	20%	0%	17%	0%	9%	25%	10%	30%	50%	25%
	utilization of standard nursing care plan	Yes	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Source: Data provided by the Project

The Project also conducted a study regarding patients' satisfaction about the quality of nursing care in Mahosot Hospital in March 2015. The target of the study was those patients who stay more than three days in either model wards or non-model wards. Patients' satisfaction was assessed from five categories, namely i) Nurse's attitude, ii) Assessment and communication, iii) Nursing practice, iv) Discharge orientation, and v) pre-post operation orientation. More patients from model wards answered positively than patients from non-model wards for several questions categorized into ii) Assessment and communication and v) pre-post operation orientation<sup>6</sup>.

"Regulation Book for Nursing/Midwifery Education and Practice" is published in September 2015 by

<sup>5</sup> The senior volunteer (SV) nurse was dispatched during September 2011- March 2014, and the same SV nurse was re-assigned from January 2015 for two years.

<sup>6</sup> Report of short-term expert Ms. Yoko Yamamoto dated April 2015 and a report from the Project.

compiling all regulations and guidelines regarding nursing education and nursing services for reference purpose. The Book will be distributed to the MOH, schools and teaching hospitals in all provinces, as well as other guidelines.

**Output 2:** Capacities of training institutions to implement quality educational programs are strengthened.

The level of achievements of Output 2 with reference to indicators identified in PDM is shown in the table below.

**Table 3-10 Level of achievement with reference to Indicators (Output 2)**

Indicators as per PDM (ver. 3)	Major achievements	Level of Achievement
2-1 As for UHS/3CHSs and their training hospitals: 1) 60% of school teachers and clinical trainers for nursing are trained on competency based education, 2) 60% of school teachers and clinical trainers are trained on standards for nursing care	<ul style="list-style-type: none"> <li>● 62.4% of school teachers and clinical trainers in UHS, three CHS and their teaching hospitals are trained on competency based education.</li> <li>● 36.2% of the teachers and clinical trainers in mentioned schools and hospitals are trained on standards of nursing care.</li> <li>● The Project plans to implement series of trainings on standard of nursing care by utilizing case studies from Mahosot Hospital from October 2015. With these training, target number (60%) of teachers and clinical trainers will be trained on this subject.</li> </ul>	Moderately achieved but will be fulfilled by the end of the Project
2-2 All the syllabus for competency based curriculum for higher diploma nursing is developed.	<ul style="list-style-type: none"> <li>● The nursing education committee members developed standard syllabus for competency based curriculum for higher diploma nurses (HDN)</li> <li>● Each school is encouraged to modify the standard syllabus mentioned above to fit into situation of each school.</li> </ul>	Achieved
2-3 Improvement of education environment of training institutions (provision of reference books, educational equipment etc.)	<ul style="list-style-type: none"> <li>● The Project provided teaching materials (such as equipment for clinical practice, textbooks, etc.) to five schools and 13 teaching hospitals in order to effectively implement the revised curriculum for HDN.</li> <li>● Workshop for management of teaching materials was conducted for UHS and three CHS in July 2015.</li> <li>● the MOH provided teaching materials in 2014/15 and is also applying budget for the improvement of teaching environment in 2015/16</li> </ul>	Achieved

Output 2 is mostly achieved and it will be achieved by the end of the Project. During the first half of the cooperation period, the competency based nursing education curriculum committee was formulated with members from the MOH, teaching hospitals (central and provincial levels), UHS and three CHS. The 16 committee meetings were held in May 2013 - December 2014 to develop competency based curriculum and syllabus for higher diploma nurses (indicator 2-2).

25 teachers and clinical trainers from three provinces were also sent to participate in teachers' training course in Burapha University in Thailand (see Table 3-5 and Annex 4 for details).

The Project then provided number of dissemination workshops targeting nursing teachers and clinical trainers of the hospitals in order to enhance their understanding of 1) competency based education and 2) standards of nursing care (indicator 2-1).

The following table shows the proportion of teachers and clinical trainers targeted by the Project who undertook mentioned training courses.

**Table 3-11 Number of teachers and clinical trainers trained by the Project**

	Total number	Number trained (1)	Number trained (2)
School teachers (UHS, three CHS)	102	83	0
Clinical trainers (five central hospitals, three provincial hospitals)	188	98	105
<b>TOTAL</b>	<b>290</b>	<b>181(62.4%)</b>	<b>105 (36.2%)</b>

Note: (1) competency based education, (2) standards of nursing care

The Project will continue dissemination of “standards of nursing care” in coordination with the MOH and Mahosot Hospital in order to enhance understanding of teachers and clinical trainers on nursing care.

As for the improvement of education environment (indicator 2-3), the Project conducted needs assessments in 2012 and 2014 for teaching materials covering nine schools and teaching hospitals. Based on the results of needs assessments, the Project provided teaching materials (such as equipment for clinical practice, textbooks, etc.) to five schools and 13 teaching hospitals in order to effectively implement the revised curriculum for HDN. Further, the MOH provided teaching materials in 2014/15 and is also applying budget for the improvement of teaching environment in 2015/16.

As part of its activities to support efficient and effective implementation of the revised curriculum, the Project set up a team of supportive supervision for nursing education, composed of members from the MOH, UHS and central hospitals. The team visited CHS and their teaching hospitals in three provinces during March- May 2015 in order to assess quality of nursing education by utilizing criteria stipulated within Nursing/Midwifery School Management and Implementation Guidelines. DTR is willing to continue this activity for the next year as they include supportive supervision for nursing activity in their annual budget planning.

**Output 3:** Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems.

The level of achievements of Output 3 with reference to indicators identified in PDM is shown in the table below.

**Table 3-11 Level of achievement with reference to Indicators (Output 3)**

Indicators as per PDM (ver. 3)	Major achievements	Level of Achievement
3-1 Annual plan of each school is developed and shared after coordination among organizations	<ul style="list-style-type: none"> <li>UHS and three CHS develop each annual plan and they are shared among stakeholders (PHO etc.) during coordination meetings with their teaching hospitals.</li> </ul>	Achieved
3-2 bi-annual report of each school is submitted to the MOH and PHOs	<ul style="list-style-type: none"> <li>School sends report to Provincial Health Office (PHO) and the MOH almost once a year, while the current Nursing/Midwifery School Management and Implementation Guidelines recommend to submit reports twice a year.</li> </ul>	Partially achieved
3-3 Feedback from the MOH and PHOs on biannual reports is	<ul style="list-style-type: none"> <li>Feedback from the MOH and PHO is once a year to all health schools in the country during the school</li> </ul>	Moderately Achieved

*Deni*

made in order to take actions	management annual meeting, including necessary actions to be taken in order to improve nursing education environment. ● In order to provide feedback, supportive supervision for nursing education composed of a team from the MOH, UHS and central hospitals were provided on a pilot basis in three provinces (LPB, SVK, CPS).	
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Output 3 is moderately achieved. UHS and three CHS develop each annual plan and they are shared among stakeholders (PHO etc.) during coordination meetings with their teaching hospitals (indicator 3-1). Schools and hospitals adjusted the coordination mechanism to improve clinical teaching in hospitals by incorporating competency based curriculum.

School sends report to PHO and the MOH almost once a year, while the current Nursing/Midwifery School Management and Implementation Guidelines regulate to submit bi-annual reports (indicator 3-2).

Feedback from the MOH to schools is made once a year to all health schools in the country during the school management annual meeting, including necessary actions to be taken in order to improve nursing education environment (indicator 3-3). In order to provide feedback, supportive supervision for nursing education composed of a team from the MOH, UHS and central hospitals were conducted on a pilot basis in three provinces (LPB, SVK, CPS).

Even though annual reports are submitted from every school, management of reports within DTR is not strong enough to keep track of reports. The Project clarified the procedure for reporting and feedback system within DTR and the procedure will be utilized once revised Nursing/Midwifery School Management and Implementation Guidelines is enacted.

### 3.2.3 Project Purpose

**Project Purpose:** Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU (Complex Hospital Institute Project University).

The level of achievements of Project Purpose with reference to indicators identified in PDM is shown in the table below.

**Table 3-12 Level of achievement with reference to Indicators (Project Purpose)**

Indicators as per PDM (ver. 3)	Major achievement	Level of Achievement
1. Management tools to put “competency” and “scope of nursing practices” into practice are disseminated <sup>7</sup> to all the target schools and hospitals.	<ul style="list-style-type: none"> <li>● Management tools were disseminated through various activities such as i) activities in model wards, ii) Training of trainers for implementation of nursing process to nurses in Mahosot Hospital, and iii) planning and implementation of supportive supervision for nursing education.</li> <li>● The Project plans to conduct series of workshops during Oct-Dec 2015 in order to disseminate management tools of nursing process in model ward of Mahosot Hospital.</li> </ul>	Moderately achieved, still needs to strengthen for other hospitals

<sup>7</sup> “Management tools” means tools developed by the Project such as ordering form, patients’ assessment sheet, nursing care sheet, checklist for nursing records, standards of nursing care, nursing care manual, supportive supervision checklist and so on. “Disseminate” means to apply and utilise the management tools into practice.



<p>2. Competency based nursing education is started in UHS, 3CHS, and their teaching hospitals.</p>	<ul style="list-style-type: none"> <li>● Vice minister of the MOH approved the introduction of competency based curriculum for higher diploma nurses (HDN) in October 2014. The final approval from the MOH and MOE were made in March 2015.</li> <li>● The competency based curriculum was introduced from Oct 2014 in three CHS and Vientiane nursing school (continuing education).</li> </ul>	<p>Achieved</p>
<p>3. The framework of the national licensing system including national examination for nurses is submitted for approval.</p>	<ul style="list-style-type: none"> <li>● framework of the national licensing system including national examination for nurses<sup>8</sup> has been discussed and will be submitted for approval by October 2015 and will be approved by the MOH by December 2015</li> </ul>	<p>Moderately achieved, but will be achieved by the end of the Project</p>

The concept of CHIPU was introduced during the former health administration, and it is stated both in “Health Personnel Development Strategy by 2020” and “The VII<sup>th</sup> Five Year Health Sector Development Plan (2011-2015)”. After the reorganisation of Ministry of Health in 2012, the term CHIPU itself is not utilised although the essence is still recognised. The Team notes that the concept of CHIPU is to promote development of human resources for health through partnership among schools, hospitals, and the MOH and development partners.

The possibility of achieving the Project Purpose by the end of the Project is moderately high. Management tools to put “competency” and “scope of nursing practice” into practice have been disseminated through various activities such as i) activities in model wards, ii) Training of trainers for improvement of nursing care for nurses in Mahosot Hospital, and iii) planning and implementation of supportive supervision for nursing education (indicator 1). Moreover, the Project plans to conduct series of workshops during October-December 2015 in order to disseminate management tools (i.e. practice of nursing process using patients’ information sheet, assessment sheet and nursing care plan sheet etc.) in model wards. In order to effectively apply management tools in all target schools and hospitals, additional follow-up would be necessary.

As for the competency based nursing education (indicator 2), the MOH approved the introduction of competency based curriculum for higher diploma nurses in October 2014. Final approval from the MOH and MOE were made in March 2015. The competency based curriculum was introduced from Oct 2014 in three CHS and Vientiane nursing school (continuing education). UHS and four PHS plan to start utilising the competency based curriculum for its higher diploma nurses from October 2015.

Regarding the framework of the national licensing system (indicator 3), detailed framework of the national licensing system including national examination for nurses has been discussed and the “Strategies of Health Professional Licensing System in Lao PDR” drafted by the Project will be submitted for approval by October 2015. It is reported that the Strategy shall be approved by the MOH by December 2015.

### 3.3 Implementation Process

#### 3.3.1 Specific Issues regarding Implementation Process

The following are some issues of importance regarding the implementation process of the Project:

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<sup>8</sup> The framework of the national licensing system including national examination for nurses is clarified in “Strategies of Health Professional Licensing System in Lao PDR” drafted by the Project.

- Detailed Planning Survey of the Project was conducted in June/July 2011 and the original PDM (version 0) was elaborated. After initiation of the Project, modification of PDM was made three times during the implementation process. PDM (ver.1) was agreed during the Project Consulting Mission in July 2013, followed by PDM (ver. 2) during the Mid-term Review in March 2014. The Project then made effect of PDM (ver. 3) in April 2015 by adding target numbers for indicator 2-1 (Output 2).
- The requirement from ASEAN Economic Community (AEC) for mutual recognition arrangement is a driving force for the MOH to urgently develop National Competency for Licensed Nurses, and a national examination and licensing system for health professionals. Consequently, the Project modified its scope of Output 1 and 2 to comply with AEC requirements.

### **3.3.2 Promoting Factors for the Realization of the Project's Effects**

The following are promoting factors for the realization of the Project effects:

- The Project activities have also been carried out in close coordination with a JICA senior volunteer who is dispatched to Mahosot Hospital. Activities for the improvement of nursing records in model wards are followed-up on a daily basis during the placement of the senior volunteer. In addition, Japan Overseas Cooperation Volunteers (JOCVs) dispatched to provincial and district level hospitals also joined some of the workshops together with nursing staff from respective hospitals to learn about National Competency, Competency based curriculum, Guidelines for the Scope of Nursing Practice and management of educational equipment.
- Involvement of medical doctors and senior management (directors, deputy directors, head of nursing division etc.) of hospitals was an important promoting factor to effectively disseminate Guidelines for the Scope of Nursing Practice and National Competencies for Licensed Nurses. The Project made frequent effort to invite medical doctors and senior management of the hospitals in workshops to disseminate guidelines and management tools.
- The Project dispatched third country experts from Thailand in order to enhance activities under Output 1 and 2. One third country expert visits Lao PDR on regular basis to support conducting workshops for nursing education curriculum development, and the third country trainings including teacher training program in Burapha University were implemented in Thailand. These experience enhanced understanding of teachers and clinical trainers in Lao PDR since there are less linguistic and cultural barrier between two countries.
- Study visit to Indonesia stimulate discussions among Lao counterpart regarding the national licensing system. The result of the visit was also reported to senior management of the MOH. The initial draft for "Policies and Strategies of Health Professional Licensing System" was developed shortly after this visit.

### **3.3.3 Inhibiting Factors for the Realization of the Project's Effects**

The following are inhibiting factors for the realization of the Project effects:

- Office of Health Care Professional is in charge of development of national licensing system and infection control. Human resources of the office are not sufficient to implement these multiple responsibilities, therefore could not sufficiently concentrate on development of national licensing system.
- Specified division in nursing was existed at the initial stage of the Project. As a result of institutional reform of the MOH in 2012, role of Nursing Division was integrated into other divisions in DHC. Consequently, there is no section exclusively in charge of managing nursing profession and quality of nursing care services.

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## 4. EVALUATION RESULTS BY FIVE EVALUATION CRITERIA

### 4.1 Relevance

The relevance of the Project is high for the following reasons:

- The Project design is in line with national policies of Lao PDR, namely “Health Personnel Development Strategy by 2020” and “The VII<sup>th</sup> Five Year Health Sector Development Plan (2011-2015)” both of which elaborate the needs of improvement of human resources for health through collaboration and partnership among schools, hospitals and the MOH. Improvement of the quality of health service to the level of ASEAN and International by improving health system is also mentioned in above “VII<sup>th</sup> Five Year Health Sector Development Plan<sup>9</sup>”
- The Project is consistent with priority areas for Japan’s Assistance Strategy to Lao PDR. The Project is under the “Maternal and Child Health Improvement Program” of the priority area “improvement of healthcare services”. The nursing personnel make up large number of maternal and child health care personnel hence target of the Project to focus on the nursing education is appropriate. More recently, “Memorandum of Cooperation in the Field of Healthcare” between Ministry of Health, Labour and Welfare of Japan and the MOH of Lao PDR” was signed in November 2013. Cooperation in the field healthcare in area of “human resource development such as training programs for medical practitioners, nurses and public health practitioners” were one of the five fields specified in the memorandum.
- In relation to preparatory arrangement for integration into ASEAN Economic Community (AEC) by the end of 2015, the MOH is required to develop National Competency and national licensing system.
- Improvement of MCH is also included in Millennium Development Goals.

### 4.2 Effectiveness

The effectiveness of the Project is considered to be moderately high for the following reasons:

- The possibility of achieving the Project Purpose by the end of the Project is considered to be moderately high.
- Dissemination of the model nursing practices in Mahosot Hospital to both within and outside the hospital is another challenge for the Project. The effectiveness of the Project would increase if the Project implements series of workshops as planned, and management tools are started to be utilized in all target schools and hospitals.
- The “Strategies of Health Professional Licensing System” is planned to be approved by December 2015.

### 4.3 Efficiency

Overall, the level of efficiency of the Project is considered to be moderately high for the following reasons:

- Third country experts from Thailand are continuously dispatched during the cooperation period. The third country experts helped with development of national competency for licensed nurses, development of competency based curriculum, as well as improvement of nursing records in model wards. In addition, five training courses for teachers and clinical trainers are implemented from February 2014 in Burapha University in Thailand. The utilization of experts from Thailand enabled the Project to efficiently implement capacity building of Lao counterparts, since there are less language and cultural barriers

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<sup>9</sup> Page 24 of the VII<sup>th</sup> Five Year Health Sector Development Plan (2011-2015)

between two countries.

- The Project increased the number of Japanese long-term experts from two to three in the latter half of the cooperation period. A greater number of short-term experts were also dispatched (see Table 3-1 for details). The increased number of experts by Japan enhanced the Project to achieve the Project Purpose specified in PDM before its end.
- Modifications of PDM were made three times since the initiation of the Project in February 2012. PDM (ver.1) was agreed during the Project Consulting Mission in July 2013, followed by PDM (ver. 2) during the Mid-term Review in March 2014. The Project then made effect of PDM (ver. 3) in April 2015 by adding target numbers for indicator 2-1 (Output 2). As a result of modifications, the Project efficiently implements activities to achieve expected outcomes.

#### 4.4 Impact

Impact is a viewpoint that asks “whether expected or unexpected long-term effects are brought about as a result of the Project”. Overall Goal, which is expected to be achieved within three to five years after the Project completion, is one of the expected impacts of the Project.

As for the achievement of Overall Goal “Qualified human resources for health are developed to improve MNCH Services”, the Team considers that the probability of achieving mentioned Overall Goal within three to five years is moderate. National licensing examination for new graduates is expected to start within three years. Organizing Health Professional Council will be promoted in the process of developing the national licensing system.

Impacts other than Overall Goal include the following:

- During the development process of national licensing system, the Project involves medical doctors and dentists, let alone nurses. The outcome of the Project regarding the national licensing system would also affect other health professionals.
- Curriculum for diploma nurses program (2.5 years) in four PHS is planned to be upgraded to competency based curriculum for higher diploma nurses (3 years) in October 2015. Moreover, this curriculum was also utilized as a reference purpose during the development of revised midwifery curriculum.

No negative impacts have been identified so far.

#### 4.5 Sustainability

##### 4.5.1 Policy Aspects

The sustainability of the Project from policy aspects is considered to be high for the following reasons:

- Development of human resources for health is likely to remain one of the priority areas of health sectors in Lao PDR. “Health Personnel Development Strategy by 2020” emphasizes the importance to enhance capacity of human resources for health through better coordination and partnership among schools, hospitals and the MOH.
- “Directions and Functions of the VIII<sup>th</sup> Five Year Health Sector Development Plan (HSDP)(2016-2020)<sup>10</sup> includes objectives related to i) ensure quality of health services and ii) strengthen health system

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<sup>10</sup> Dated 6 October 2014, unofficial translation.

development.

- Revised Law on Health Care is approved by the congress in December 2014 and it was enacted in May 2015. Licensing system including national examination is added in the revised Law within the roles and duties of Health Professional Council. Additionally, the “Strategies of Health Professional Licensing System in Lao PDR” is drafted and expected to be submitted for approval before Oct 2015.

#### 4.5.2 Organizational and Financial Aspects

In terms of organizational and financial aspects, it is premature to determine level of sustainability of the effect of the Project.

- Budget for providing educational materials and supportive supervision are proposed from DTR for the year 2015/16 in order to improve nursing education in nine schools.
- According to Health Care Reformative Plan (2016-2020), “the project on the national examination for health professional registration in both public and private sectors” is listed with estimated budget required USD668,100.
- Deputy Director of Mahosot Hospital assures that nursing records introduced by the Project in model wards shall be utilized after the end of the Project. It was also implied that Mahosot Hospital is willing to disseminate these nursing records to non-model wards.
- Institutional structure of Health Professional Council is not yet sufficiently determined at the time of terminal evaluation.

#### 4.5.3 Technical Aspects

The sustainability of the Project from technical aspects is considered to be moderately high for the following reasons:

- Competency based curriculum for higher diploma nurses is introduced in three CHS and teachers prepared standard syllabus and learned about the teaching methods to implement the new curriculum. Educational materials were also provided to schools and teaching hospitals to enhance their teaching.
- Improvement of nursing care records is gradually observed in model wards. Set of new forms for nursing records are utilized since June 2014 and nurses in model wards report that they will continue utilizing these forms.
- Moreover, 20 nurses from both model wards and non-model wards in Mahosot Hospital are prepared to become trainers for dissemination of model wards’ activities.
- Nursing education committee (composed of teachers from UHS, CHS and teaching hospitals) will be available whenever required by DTR, such as revising the competency based curriculum etc. For the continuation of supportive supervision for nursing education, supervisors are prepared to conduct supportive supervision through trainings as well as development of manual.

## 5. CONCLUSION AND RECOMMENDATIONS

### 5.1 Conclusion

The Project is making good progress. Regarding level of achievements, both Outputs 1&2 are considered to be mostly achieved, and Output 3 is moderately achieved. The possibility of achieving the Project Purpose by the end of the Project is moderately high. The Project enhanced the foundation for competency based nursing education by integrating theoretical concept, clinical practice and education. In terms of five

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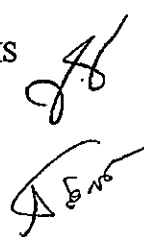
evaluation criteria, relevance is considered to be high, both effectiveness and efficiency are considered to be moderately high. The impact of the Project is moderate. There are several impacts observed in addition to Overall Goals. In terms of sustainability, it is considered to be high from the policy aspect, premature to determine from organizational and financial aspects, and moderately high from technical aspects.

## 5.2 Recommendations

On the ground of the results of the study summarized above, the Terminal Evaluation Team has made the following recommendations to the Project.

### 5.2.1 Recommendations to be considered during the Project period

- **Smoothen submission and approval of National Licensing Strategy:** Submission of the National Licensing Strategy (draft) is one of few the Project's outstanding tasks. The Project highly appreciated clear commitment expressed by Dr. Bounkong, Vice Minister, that the Strategy is scheduled to be submitted to the Minister's office in October 2015 and approved by December 2015. The MOH is requested to take all the actions and arrangements necessary for smoother submission and approval process (e.g. presenting microplanning for the procedure, advanced notification of call for the Steering Committee meeting). Approval of the Strategy is a key not only to increase the likelihood of achievement of overall goal, but to enabling the MOH to surely meet AEC-MRA requirements in a timely manner.
- **Further improvement of the model nursing practices:** There is a need for further continuous improvement in the model nursing practices at model wards. While recognizing a significant improvement in the model nursing practices at the time of the terminal evaluation, there remains room for improvement towards its full practices. Therefore, the Project is advised to make further efforts to ensure the full practices (e.g. internal peer record auditing and monitoring), for continuous improvement of quality of nursing care.
- **Ensuring knowledge about the model nursing practices:** Dissemination of the model nursing practices is aimed at equipping nursing staff of hospitals other than Mahosot Hospital with the related knowledge. As attitude for and practices of competency based nursing cannot be expected and required, its knowledge need to be ensured. Therefore, pre- and post- workshop tests should be conducted as a minimum requirement to measure the level of increasing the knowledge to be gained.
- **Senior management's participation in nursing care management tool workshops:** It is highly recommended that senior management of hospitals and schools proactively participate in a series of management tool workshops, to effectively motivate them to start applying the tools. The Project should take necessary measures to adequately encourage them to participate in the workshops (e.g. invitation letter)
- **Involvement of JOCVs in dissemination process of the model nursing practices:** JOCV nurses working in the target hospitals have knowledge and experience of nursing care by utilizing management tools. The Project should attempt to involve them in deeper dissemination of the model nursing practices.
- **Need for assessing reporting frequency:** Some schools have not been adequately convinced of bi-annual reporting requirement. Moreover, it is reality that majority of them submit the report only on an annual basis. In view of this, the Project should re-assess and determine the optimal frequency of reporting and further describe it the revised Nursing/Midwifery School Management and Implementation Guidelines. The Project is advised to enforce the reporting system.
- **Synergizing between supportive supervision and bi-annual reports:** Bi-annual reports from CHS



could serve as the critical sources of information that indicates specific points of supportive supervision (i.e. challenges and weaknesses). Therefore, it is highly recommended that every supportive supervision mission review the semi-annual report prior /during mission areas for ensuring the mission's quality and significance. Note that supportive supervision is precious opportunity to provide a face-to-face feedback to supervise schools. Yet, to ensure timely supervising, coaching and guidance, immediate feedback (e.g. through phone call, email and fax) should be provided in relation to urgent issues.

- **Increasing in the number of staff at Office of Health Care Professional:** For establishment of National licensing system and Health Professional Council, the MOH should urgently increase the number of staffs at Office of Health Care Professional. To enable the national licensing system to be developed and implemented as scheduled, the MOH should advise the staff to exclusively focus on its related tasks.

### 5.2.2 Recommendations to be considered after the completion of the Project

- **Strategic scaling-up of the model nursing practices:** As introduction of the model nursing practices in clinical wards, careful and detailed guidance and coaching are crucial. Thus, for its internal scaling-up to other wards of Mahosot Hospital and external scaling-up to other hospitals, gradual steps should be taken, by customizing the introduction approach in accordance with the level of the current capacity and practices at respective hospitals. It is suggested that the MOH consider and explore the possibilities that those with master degree in nursing are strategically assigned as the leader, mentor or guide in successfully introducing and sustaining the model nursing practices.
- **Consultative revision process for Nursing and Midwifery Regulations:** The Project will have listed key revision points of Nursing and Midwifery Regulations. When revising the Nursing and Midwifery Regulations based on the revision points, the MOH should undertake a thorough consultation process with relevant stakeholders.
- **Adjustment of supportive supervision mission:** To sustain supportive supervision practices, its mission team membership should be reviewed and flexibly adjusted for the following three reasons. First, it could be challenging for the DTR to ensure the organization of a supportive supervision mission composed of its complete/full members due to their conflicting duties and commitments. Second, it is not clear to what extent the DTR has supportive supervision sufficiently budgeted on a long-term basis. Third, relatively light supervision could be appropriate, given that Nursing/Midwifery School Management and Implementation Guidelines and nursing competencies will have been fully disseminated and reasonably practiced by the completion of the Project. Strategic or innovative approach should be explored to sustain supportive supervision (e.g. integration of supportive supervision mission into other duty travels).
- **Revision of competency based curriculum:** In view of epidemiologic transition and socio-demographic changes in Laos, competency based curriculum should be reviewed and, if needed, revised.

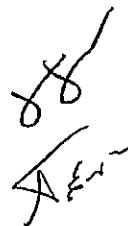
### 5.3 Lessons Learned

In the process of implementation of the Project, a few good practices and lessons learnt were identified. They could be applied or at least considered, when designing and planning for an upcoming technical cooperation project.

- **Challenges in behavior changes for the model nursing practices:** Distribution of and guidance on

related technical tools were not inputs substantial enough to enable hospitals to induce the model nursing practices. Only when strong leadership and coherent coaching are readily available at hospitals, would the model nursing practices be taken into action. Note that behavior change towards the model nursing practices requires certain duration along with capable human resources. This point should be thoroughly considered, when designing a project aimed at the model nursing practices in Lao PDR and other countries.

- **Leveraging third-country expert and training:** It is worth exploring the possibilities of recruiting and assigning third-country experts and/or of organizing third-country training programs. The Project, for instance, assigned a short-term expert and training in Thailand. In view of this good practice, more strategic use of third-country expert and training should be considered in technical cooperation projects.
- **Flexibly adjusted project design:** To timely respond to an emerging need for external assistance in specific technical areas related to an ongoing project, the project is often expected to include new element(s) in its scope. The Project underwent emerging needs for technical assistance in developing: (i) nursing competencies; and (ii) national licensing system in 2012. The Project successfully included these two new elements, by adjusting and revising the Project's design.
- **Nursing-professional-targeted intervention as a key trigger:** In all countries, nursing professionals account for the greatest proportion of health workforces, having been composed of those with the most diversified education background. Thus, success in strengthening nursing education and developing nursing regulatory frameworks often increases likelihood of success in those for other health professional groups. This is underpinned by the realities that less investments, efforts, and coordination are necessary for those for other professional groups
- **A comprehensive package of Human Resources for Health interventions:** The Project is composed of several key Human Resources for Health (HRH) components: i.e. (i) nursing education; (ii) nursing services; and (ii) their related legislation. Despite its ambitious and challenging design, the Project uniquely addresses complex and multifaceted HRH issues in parallel. This way of encompassing several different HRH dimensions significantly contributed to inducing synchronous output achievements in a synergetic manner.







## ANNEX 2 LIST OF PERSONS INTERVIEWED

	Organization	Position/Title	Name	Interview	Questionnaire	
					No.	Collection
Japanese Experts/Volunteer						
1	HRH Project	Chief Advisor	Ms. Miwa SONODA	○	(1)	○
2	HRH Project	Project Coordinator	Ms. Kazuo SONE	○	(1)	○
3	HRH Project	Technical Advisor	Ms. Yumiko YAMASHITA	○	(1)	○
4	CDSWC2 Project	Chief Advisor	Mr. Shinichiro NODA	○	-	-
5	JICA Senior Volunteer	JICA Senior Volunteer	Ms. Junko MATSUO	○	-	-
Development Partner						
8	UNFPA	SBA Technical Specialist	Ms. Anna AFGGLAS	○	-	-
7	WHO		Ms. Monica Fong	○	-	-
Third Country Expert						
8	Burapha University, Faculty of Nursing	Expert in Nursing, Burapha University	Assoc. Prof. Dr. Puangrui BOONYANURAK	○ Telephone	-	-
Lao Counterpart						
9	MOH	Vice Minister	Assoc. Prof. Dr. Bounkong SIHAVONG	○	-	-
10	Department of Training and Research, MOH	Acting Director of DTR, Project Manager	Dr. Somchanh XAYSIDA	○	(2)	-
11	Department of Training and Research, MOH	Chief of Professional Division, Project Coordinator	Ms. Sengmany KHAMBOUNHEUANG	○	(2)	○
12	Department of Training and Research, MOH	Technical staff of Professional Division	Mr. Ammaline PHONGSAVATH	○	(2)	○
13	Department of Health Care, MOH	Director	Assoc. Prof. Dr. Chanphomma VONGSAMPHANH	○	-	-
14	Department of Health Care, MOH	Deputy Director, General Secretary for Health Care Professional Council	Dr. Phitsith PHOUTSAVATH	-	(2)	-
15	Department of Health Care, MOH	Deputy Director, Project Manager	Assoc. Prof. Dr. Bounnack SAYSANASONGKHAM	○	(2)	-
16	Department of Health Care, MOH	Chief of Office of Health Care Professional, Project Coordinator, Person in charge of AEAN MRA for Nurse	Ms. Phengdy INTHAPHANTH	○	(2)	○
17	Department of Health Care, MOH	Technical staff of Central Hospital and Center Division	Ms. Somsanuck SINGKHAM	○	(2)	○
18	University of Health Sciences, Faculty of Nursing	Deputy Dean	Mr. Souksavan PHANPASEUTH	○	(3)	-
19	University of Health Sciences, Faculty of Nursing	Technical Staff	Ms. Tephachan	○	(3)	○
20	University of Health Sciences, Faculty of Nursing	Technical Staff	Ms. Dalasouk PANYALUTH	○	(3)	○
21	University of Health Science, Faculty of Medicine	Vice Dean for Research Affairs, Person in charge of AEAN MRA for Medical Dr	Assoc. Prof. Dr. Niranh PHOUMINDR	○	-	-
22	University of Health Science, Faculty of Dentist	Associate Dean, Person in charge of AEAN MRA for Dentist	Dr. Bounhong SIDAPHONE	○	-	-
23	Education Development Center (EDC)	Director	Dr. Kolsomsouk BOUPHAVANH	○	-	-
24	Mahosot Hospital	Deputy Director	Ms. Aphone VISATHEP	○	(5)	○
25	Mahosot Hospital, Nursing Department	Vice Chief	Ms. Bouavan PATHOUMTHONG	○	(5)	○
26	Mahosot Hospital, Nursing Department	Technical Staff	Ms. Dasavanh BOUNMANY	-	(5)	○
27	Mahosot Hospital, Nursing Department	Technical Staff	Ms. Phonsavanh MOUIJODMETH	○	(5)	○
28	Mahosot Hospital, Urology Ward	Director	Dr. Khamouane KITIPHANH	○	(5)	○
29	Mahosot Hospital, Urology Ward	Head Nurse	Ms. Oulayvanh Sayavong	○	(5)	○
30	Mahosot Hospital, Abdominal Surgery	Director	Dr. Phouvang VONGPHAKDY	○	(5)	○
31	Mahosot Hospital, Abdominal Surgery	Head Nurse	Ms. Duangphanya SENSOUFON	○	(5)	○
32	Mahosot Hospital, Pediatric Surgery	Director	Dr. Sivlang SOYSOUVANH	-	(5)	○
33	Mahosot Hospital, Pediatric Surgery	Head Nurse	Ms. Sorapin KHANDALERN	○	(5)	○

34	Mahosot Hospital, Plastic Surgery	Director Vice Chief of Plastic Surgery	Dr. Keulmy KHANSOULVONG (interview) Dr. Khamphaly PHIMPAPHAN (Questionnaire)	○	(5)	○
35	Mahosot Hospital, Plastic Surgery	Head Nurse	Mr. Khamking KEOVILAYVANH	○	(5)	○
36	Sattalirath Hospital, Nursing Department	Chief	Ms. Kamla	○	(5)	○
37	Sattalirath Hospital, Nursing Department	Deputy Chief	Ms. Pindavone PHASAYAVONG	○	(5)	-
38	Mittapharb Hospital, Nursing Department	Chief	Ms. Lerdmany SYSOUPHANTHAVONG	-	(5)	○
39	Mittapharb Hospital, Nursing Department	Deputy Chief	Ms. Sivanh SIBOUNHEUANG	-	(5)	○
40	Molher and Child Hospital, Nursing Department	Deputy Chief	Ms. Somphone PANYALUTH	-	(5)	○
41	Children Hospital, Nursing Department	Chief	Ms. Bounmala SORPASEUTH	-	(5)	○
42	Champasak College of Health Sciences	Vice Director	Ms. Timith SOUVANNA	○	(4)	○
43	Champasak College of Health Sciences	Chief of Academic Administration Affair	Ms. Phonephoulak BOUALAVONG	○	(4)	○
44	Champasak College of Health Sciences	Head of Nursing Unit	Ms. Douangphaihai PUENGCHANTEE	○	(4)	○
45	Champasak Provincial Hospital	Deputy Chief of Nursing Dept.	Ms. Phongsamout THONGKHAMHAN	○	(5)	○
46	Champasak Provincial Hospital	Clinical Instructor (BUU Trainee) (s)		-	(6)	-
47	Savannakhet College of Health Sciences	Vice Director	Ms. Phounnimit VONGVATH	-	(4)	○
48	Savannakhet College of Health Sciences	Head of Nursing Unit		-	(4)	-
49	Savannakhet College of Health Sciences	Deputy Head of Academic Affair	Ms. Manlhone TOULABOUTH	-	(4)	-
50	Savannakhet Provincial Hospital	Chief of Nursing Dept.		-	(6)	○
51	Savannakhet Provincial Hospital	Head of OPD	Ms. Phethmany SOUVANNAMALY	-	(6)	-
52	Luang Prabang College of Health Sciences	Director	Dr. Sichanh	-	(4)	○
53	Luang Prabang College of Health Sciences	Head of Academic Administration Affair	Mr. Paseuth BOUPHA	-	(4)	○
54	Luang Prabang College of Health Sciences	Head of Nursing Unit	Ms. Viada KOUNLAVOUD	-	(4)	○
55	Luang Prabang Provincial Hospital	Chief of Nursing Dept.	Ms. Pheisangoune PHENGAROUNE	-	(6)	○
56	Luang Prabang Provincial Hospital	Technical Staff (BUU Trainee)	Ms. Leulphana PHANALAY	-	(8)	-

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**Annex 3 Project Design Matrix ver.3 (as of April 7, 2015)**

**Project title:** Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services

**Project period:** February 22, 2012 to February 22, 2016 (Four Years)

**Participating organizations:** MOH (DTR, DHC), UHS, 5 central hospitals and 12 provincial hospitals, 3 colleges of HS (LPB, SVK, CPS) and 5 PHSs (ODX, XKG, VTE, KHM, SLV)

**Target groups:** Teachers and students in the University of Health Science (UHS), 3 Colleges of Health Science (CHS), 5 Public Health Schools (PHS), staff working in 5 central hospitals, 12 provincial hospitals, provincial health offices, and staff from MOH (DTR and DHC)

Narrative Summary	Objectively verifiable indicators	Means of verification	Important assumptions
<b>Overall goals:</b> Qualified human resources for health are developed to improve MNCH Services	Increase of the number of human resources for health who have licenses	Records of licensing by MOH	
<b>Project purpose:</b> Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU* (Complex Hospital Institute Project University)	<ol style="list-style-type: none"> <li>1. Management tools to put “competency” and “scope of nursing practices” into practice are disseminated to all the target schools and hospitals.</li> <li>2. Competency-based nursing education is started in UHS, 3CHS, and their teaching hospitals.</li> <li>3. The framework of the national licensing system including national examination for nurses is submitted for approval.</li> </ol>	<ol style="list-style-type: none"> <li>1. Project report; developed management tools</li> <li>2. Project report; Interview with UHS, 3CHS, and hospitals</li> <li>3. Project report</li> </ol>	<ul style="list-style-type: none"> <li>• Approval process for national licensing system including examination is conducted smoothly and timely.</li> </ul>
<b>Outputs:</b> <ol style="list-style-type: none"> <li>1. Standard systems for nursing education are developed and/or institutionalized.</li> </ol>	1-1 Revised/developed guidelines are disseminated to all training institutions/ education hospitals. (“Guidelines for the Scope of Nursing Practice” and “National Competencies for Licensed Nurses”)	1-1 Project report	<ul style="list-style-type: none"> <li>• The concept of CHIPU is continuously promoted by MOH.</li> </ul>

<p>2. Capabilities of training institutions to implement quality educational programs are strengthened.</p> <p>3. Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems.</p>	<p>1-2. Revision points are compiled on two existing guidelines /regulation ("Nursing/ Midwifery School Management and Implementation Guidelines" and "Nursing and Midwifery Regulations").</p> <p>1-3 The framework of the national licensing system including national examination for nurses is clarified.</p> <p>1-4. Quality of nursing documentation is improved in 4 model wards.</p> <p>2-1 As for UHS/3CHSs and their training hospitals: 1) 60% of school teachers and clinical trainers for nursing are trained on competency based education, 2) 60% of school teachers and clinical trainers are trained on standards for nursing care</p> <p>2-2 All the syllabus for competency based-curriculum for higher diploma nursing is developed.</p> <p>2-3 Improvement of education environment of training institutions (provision of reference books, educational equipment etc.)</p> <p>3-1 Annual plan of each school is developed and shared after coordination among organizations</p> <p>3-2 bi-annual report of each school is submitted to MOH and PHOs</p> <p>3-3 Feedback from MOH and PHOs on biannual reports is made in order to take actions</p>	<p>1-2 Project report ( List of clarified issues to be revised)</p> <p>1-3 Project report</p> <p>1-4 Review report of nursing documentation</p> <p>2-1 Project report/endline survey</p> <p>2-2 Syllabus and curriculum for higher diploma nursing</p> <p>2-3 Report of training institutions</p> <p>3-1 Interview with DTR, DHC, UHS, PHD, PH and schools</p> <p>3-2 Records of the schools</p> <p>3-3 Record of Annual meetings of school management; interview with MOH</p>	
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<p><b>Activities:</b></p> <ol style="list-style-type: none"> <li>1.1. To compile all the relevant rules and regulations regarding the quality of nursing, midwifery and facilities as inventory</li> <li>1.2. To assess the gaps between the current situation and the quality required under the Nursing and Midwifery Regulations, and Nursing/Midwifery School Management and Implementation Guidelines</li> <li>1.3. To review the guidelines for the scope of nursing practice to see if these guidelines fit the situations and conditions of different health facilities (CH, PH, DH, HC)</li> <li>1.4. To develop the national competency for nurses</li> <li>1.5. To support and develop standards for nursing care in line with Guidelines for the Scope of the Nursing Practice (including standard nursing care plan, nursing record forms, self-assessment sheet for competency) in the Mahosot Hospital as a role model for professional nurses</li> <li>1.6. To review nursing documentation to monitor activities in model wards for professional nursing practices for further actions</li> <li>1.7. To support the development of framework of national licensing system including national examination for nurses</li> <li>1.8. To update and/or revise the regulation and guidelines</li> </ol>	<p><b>Inputs:</b></p> <p>Lao side:</p> <ol style="list-style-type: none"> <li>1. Project Director</li> <li>2. Project Manager</li> <li>3. Land, facilities</li> <li>4. Equipment</li> <li>5. Local Costs</li> </ol> <p>Japanese side:</p> <ol style="list-style-type: none"> <li>1. Long Term Experts; Chief Advisor Project Coordinator/ Organizational Collaboration Nursing</li> <li>2. Short Term Experts; Nursing Administration Nursing Management Nursing Education Designing of Survey Training Institution Improvement</li> <li>3. Training of counterpart personnel in Japan and/or third country</li> <li>4. In-country training</li> <li>5. Provision of machinery and equipment</li> <li>6. Local expenses for the Project activities</li> </ol>	<ul style="list-style-type: none"> <li>• HRH-TWG meeting is periodically held.</li> <li>• The number of health facilities that take trainees for clinical training will not drastically increase.</li> </ul> <p><b>Preconditions</b></p> <ul style="list-style-type: none"> <li>• Two coordinators (or focal persons), one from</li> </ul>
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<p>1.9. To organize seminars to disseminate developed/revised regulation and guidelines</p> <p>2.1 To conduct and review the results of capacity assessment study of the schools as well as the hospitals that provide clinical training</p> <p>2.2 To examine priorities and possible solutions to improve educational environment of higher diploma and diploma nursing courses</p> <p>2.3 To distribute fundamental nursing guidebook , necessary books and educational equipment to provide quality nursing education in schools and hospitals</p> <p>2.4 To develop a standardized competency-based curriculum for higher diploma nursing</p> <p>2.5 To develop syllabus and supportive supervision tool for competency-based curriculum for higher diploma</p> <p>2.6 To disseminate competency-based nursing curriculum (UHS, 3CHS, 5PHS, teaching hospitals at central/provincial levels, provincial health offices)</p> <p>2.7 To train teachers and persons in charge of clinical practice for higher diploma nursing education to provide competency based education and better clinical training</p> <p>2.8 To monitor, implement supportive supervision and review competency-based education</p> <p>3.1 To strengthen communication and coordination mechanism among relevant</p>		<p>DTR and the other from DHC, will be assigned for the smooth operation of the project.</p> <ul style="list-style-type: none"><li>• The sufficient number of technical counterparts (the central trainer level and NTSC members can participate in the project.</li><li>• The sufficient number of nursing staff is allocated to Department of Health Care, Nursing Division.</li></ul>
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<p>organizations at local level (e.g. annual work plan and bi-annual meeting)</p> <p>3.2 To strengthen communication and coordination among schools (e.g. annual meeting of school management)</p> <p>3.3 To strengthen communication and coordination between central and local level (e.g. reporting system from school to MOH, feedback on report in annual meeting of school management)</p> <p>3.4 To actively participate in HRH-TWG to improve the quality of nursing education including educational environment</p> <p>3.5 To collaborate and share the Project's outputs with the Educational Development Center (EDC)</p>		
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Note: CHIPU is a concept, attitude, and institution that centered by concerned faculty to integrate of hospital, institute, project school, university.  
(Agreement of Health Minister on CHIPU, No.896/MOH, dated 3/6/2011)





## Annex 4 Lists of Inputs

List of Japanese Experts Allocated to JICA HRH

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service to Improve MNCH Services  
 Duration of Review: Feb 2012 ~ Aug 2015



**Long Term Experts**

No.	Name	Designation	Period	Period (from)	Period (to)	Duration	Re.
1	Ms. Mayumi Hashimoto	Chief Adviser	22 May 2012 ~ 22 May 2014	22-5-12	22-5-14	24.0 Month(s)	
2	Ms. Miwa Sonoda	Chief Adviser	15 May 2014 ~ Present	15-5-14	22-2-16	21.2 Month(s)	Planned to serve up to Feb. 2016 (the Project closing date)
3	Ms. Yumiko Yamashita	Nursing Education	31 August 2014 ~ Present	31-8-14	22-2-16	17.7 Month(s)	Planned to serve up to Feb. 2016 (the Project closing date)
4	Mr. Masaki Aoki	Project Coordinator/ Organizational Collaboration	15 July 2012 ~ 15 August	15-7-12	15-8-14	25.0 Month(s)	
5	Ms. Kazuo Sone	Project Coordinator/ Organizational Collaboration	7 August 2014 ~ Present	07-8-14	22-2-16	18.5 Month(s)	Planned to serve up to Feb. 2016 (the Project closing date)
<b>LONG TERM EXPERTS TOTAL (In Months)</b>						<b>106.5 Month(s)</b>	

**Short Term Japanese Experts**

No.	Name	Designation	Period	Period (from)	Period (to)	Duration	Re.
<b>FY 2012</b>							
1	Ms. Chie Honda (System Science Consultants Inc.)	Training Institutes Improvement	22 February 2012 ~ 13 April 2012	22-2-12	13-4-12	1.7 Month(s)	Assessed the current situation in health educational institutions <sup>2</sup> (CHS and PHS) as the first step of the activities planned
2	Ms. Chie Asanuma	Nursing Management	1 December 2012 ~ 23 December 2012	01-12-12	23-12-12	0.7 Month(s)	Supported to strengthen implementation of the Guideline for the Scope of Nursing Practice
3	Ms. Kazuko Iwasawa	Nursing Administration	2 January 2013 ~ 9 January 2013	02-1-13	09-1-13	0.2 Month(s)	Supported preparation for the national exams
<b>FY 2013</b>							
4	Ms. Chiyo Hashimoto	Nursing Management	29 May 2013 ~ 19 Jun 2013	29-5-13	19-6-13	0.7 Month(s)	Advised to Model Ward Committee for implementation of the Scope of Guidelines. To support the workshops for making staffs understand the Guidelines / and discussion for next activities or timetable
5	Dr. Minoru Akiyama	Hospital Management	5 Jun 2013 ~ 15 Jun 2013	05-6-13	15-6-13	0.3 Month(s)	Supported development of Ordering form. To support the workshops for making staffs understand the Guidelines / and discussion for next activities or timetable from the view point of doctor.
6	Ms. Mayumi Shimizu	Nursing Education	4 September 2013 ~ 19 October 2013	04-9-13	19-10-13	1.5 Month(s)	Supported revision of the curriculums based on the National Competency for Professional Nurse
7	Dr. Yuko Otomo (IC Net Limited)	Designing of Survey	18 Sep 2013 ~ 16 November 2013	18-9-13	16-11-13	1.9 Month(s)	Investigated the gaps between the official standards and the actual current standards of designated items from the Guidelines for the Scope of Nursing Practice at Mahoto Hospital
8	Ms. Mari Sato	Nursing Administration	15 December 2013 ~ 10 January 2014	15-12-13	10-1-14	0.8 Month(s)	Gathered and analyzed information regarding national exams
9	Dr. Kazuko Iwasawa	Nursing Administration	1 January 2014 ~ 7 January 2014	01-1-14	07-1-14	0.2 Month(s)	Supported to establish national exams

10	Ms. Chiyoko Hashimoto	Nursing Management	16 Feb 2014 ~ 7 Mar 2014	16-2-14	07-3-14	0.7 Month(s)	Supported development manuals in line with Guidelines for the Scope of the Nursing Practice at Model ward
11	Dr. Yuko Otomo (IC Net Limited)	Designing of Survey	10 Feb 2014 ~ 10 Apr 2014	10-2-14	10-4-14	2.0 Month(s)	Investigated the gaps between the official standards and the actual current standards of designated items from the Guidelines for the Scope of Nursing Practice at Central/District/ HP/HC
<b>FY 2014</b>							
12	Ms. Chiyoko Hashimoto	Nursing Management	24 June 2014 ~ 18 July 2014	24-6-14	18-7-14	0.8 Month(s)	Advised to Model Ward activity in Mahosot Hospital
13	Ms. Junko Sato (TAC International Inc.)	Nursing Management	17 August 2014 ~ 14 September 2014	07-8-14	14-9-14	1.2 Month(s)	Investigated the gaps between the official standards and the actual current standards of designated items from the Guidelines for the Scope of Nursing Practice at 4 Central hospital
14	Ms. Mizue Hiura	Nursing Education	25 August 2014 ~ 5 September 2014	25-8-14	05-9-14	0.3 Month(s)	Advised and improved teaching method of Nursing Process in Mahosot Model Ward
15	Ms. Saeko Yamamoto	Nursing Management	17 December 2014 ~ 10 January 2015	17-12-14	10-1-15	0.8 Month(s)	Advised Model Ward activity to improve Nursing Process, and made a plan for dissemination to other hospitals
16	Ms. Kazuko Iwasawa	Nursing Administration	4 January 2015 ~ 10 January 2016	04-1-15	10-1-15	0.2 Month(s)	Supported to prepare national Licensing system
17	Ms. Saeko Yamamoto	Nursing Management	11 March 2016 ~ 28 March 2016	11-3-16	28-3-16	0.6 Month(s)	Investigated the result of model ward activity
18	Ms. Yoko Yamamoto	Nursing Management	1 March 2016 ~ 27 March 2016	01-3-16	27-3-16	0.9 Month(s)	Investigated the result of model ward activity
<b>FY 2015</b>							
19	Ms. Kazuko Iwasawa	Nursing Administration	28 April 2016 ~ 6 May 2016	28-4-16	06-5-16	0.3 Month(s)	Supported to prepare national Licensing system
20	Ms. Mizue Hiura	Nursing Education	11 August 2016 ~ 26 August 2016	11-8-16	26-8-16	0.5 Month(s)	Advised and improved teaching method of Nursing Process in Mahosot Model Ward
21	Ms. Kazuko Iwasawa	Nursing Administration	14 August 2016 ~ 19 August 2016	14-8-16	19-8-16	0.2 Month(s)	Supported to prepare national Licensing system
<b>SHORT TERM EXPERTS: TOTAL DURATION</b>						<b>10.8 Month(s)</b>	
<b>SHORT TERM EXPERTS: TOTAL NUMBER of EXPERTS</b>						<b>12 Persons</b>	
<b>SHORT TERM EXPERTS: TOTAL NO. of VISITS</b>						<b>21 Visits</b>	
<b>SHORT TERM EXPERTS: AVERAGE DURATION per VISIT</b>						<b>0.8 Month(s)</b>	

List of Thai Experts Allocated to JICA HRH

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service to improve MNCH Services

Duration of Review: Feb 2012 – Aug 2015

**Thai Experts**

No.	Name	Designation	Period	Period (from)	Period (to)	Duration	Re.
<b>FY 2012</b>							
1	Dr. Puangrat Booyanurak	Nursing Education	25 November 2012 ~ 27 November 2012	25-11-12	27-11-12	0.1 Month(s)	Assisted development of Nurse's Competency
2	Dr. Puangrat Booyanurak	Nursing Education	21 January 2013 ~ 24 January 2013	21-1-13	24-1-13	0.1 Month(s)	Assisted development of Nurse's Competency
3	Dr. Puangrat Booyanurak	Nursing Education	11 February 2013 ~ 14 February 2013	11-2-13	14-2-13	0.1 Month(s)	Assisted development of Nurse's Competency
4	Dr. Puangrat Booyanurak	Nursing Education	11 March 2013 ~ 14 March 2013	11-3-13	14-3-13	0.1 Month(s)	Assisted development of Nurse's Competency
<b>FY 2013</b>							
5	Dr. Puangrat Booyanurak	Nurse's Competency/Nursing Education	1 April 2013 ~ 4 April 2013	01-4-13	04-4-13	0.1 Month(s)	Assisted development of Nurse's Competency
6	Dr. Puangrat Booyanurak	Nursing Education	26 May 2013 ~ 28 May 2013	26-5-13	28-5-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
7	Dr. Puangrat Booyanurak	Nursing Education / Nursing Management	2 Jun 2013 ~ 7 Jun 2013	02-6-13	07-6-13	0.2 Month(s)	Assisted revision of nursing curriculum for College of Health Science/ implementation of Scope of Guidelines
8	Dr. Puangrat Booyanurak	Nursing Education	8 July 2013 ~ 11 July 2013	08-7-13	11-7-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
9	Dr. Puangrat Booyanurak	Nursing Management	12 August 2013 ~ 15 August 2013	12-8-13	15-8-13	0.1 Month(s)	Assisted implementation of Scope of Guidelines
10	Dr. Puangrat Booyanurak	Nursing Education / Nursing Management	9 September 2013 ~ 13 September 2013	09-9-13	13-9-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science/ implementation of Scope of Guidelines
11	Dr. Puangrat Booyanurak	Nursing Education	7 October 2013 ~ 10 October 2013	07-10-13	10-10-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
12	Dr. Puangrat Booyanurak	Nursing Management	21 October 2013 ~ 23 October 2013	21-10-13	23-10-13	0.1 Month(s)	Assisted implementation of Scope of Guidelines
13	Dr. Puangrat Booyanurak	Nursing Education	25 November 2013 ~ 28 November 2013	25-11-13	28-11-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
14	Dr. Puangrat Booyanurak	Nursing Management	18 December 2013 ~ 20 December 2013	18-12-13	20-12-13	0.1 Month(s)	Assisted implementation of Scope of Guidelines
15	Dr. Puangrat Booyanurak Dr. Manasaporn Vitoornmetha Ms. Malee Vichaidiat	Nursing Education / Nursing Management	23 December 2013 ~ 27 December 2013	23-12-13	27-12-13	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science/ Lectured Nursing process and Nursing diagnosis
16	Dr. Puangrat Booyanurak	Nursing Education / Nursing Management	13 January 2014 ~ 17 January 2014	13-1-14	17-1-14	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science / implementation of Scope of Guidelines
<b>FY 2014</b>							
17	Dr. Puangrat Booyanurak	Nursing Education	29 April, 2014-30 April, 2014	14-Jul-14	16-Jul-14	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
18	Dr. Puangrat Booyanurak	Nursing Education	21 May, 2014 ~ 23 May, 2014	21-May-14	23-May-14	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
19	Dr. Puangrat Booyanurak	Nursing Education	15 Jun, 2014 ~ 18 Jun, 2014	15-Jun-14	18-Jun-14	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
20	Dr. Puangrat Booyanurak	Nursing Education	13 July, 2014 ~ 16 July, 2014	13-Jul-14	16-Jul-14	0.1 Month(s)	Assisted revision of nursing curriculum for College of Health Science
21	Dr. Puangrat Booyanurak	Nursing Education	26 November 2014 ~ 28 November 2014	26-11-14	28-11-14	0.1 Month(s)	Assisted development of Monitoring tool
22	Dr. Puangrat Booyanurak	Nursing Education	2 February 2015 ~ 4 February 2015	02-2-15	04-2-15	0.1 Month(s)	Assisted development of Monitoring tool
<b>FY 2015</b>							
						0.0 Month(s)	
<b>SHORT TERM EXPERTS: TOTAL DURATION</b>						1.6 Month(s)	
<b>SHORT TERM EXPERTS: TOTAL NUMBER of EXPERTS</b>						3 Persons	
<b>SHORT TERM EXPERTS: TOTAL NO. of VISITS</b>						22 Visits	
<b>SHORT TERM EXPERTS: AVERAGE DURATION per VISIT</b>						0.1 Month(s)	

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List of Equipment procured for the Project

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service  
Duration of Review: Feb 2012 – Aug 2015

No.	NAME (Specification)	Model	Maker	Qty	Total Price (US\$)	Date of Arrival	Installed at:	Working Condition	Utilisation	Remarks
<b>FY2012</b>										
1	Desktop PC	M1930-212G1T00m/T001	ACER	2	\$1,187.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
2	Laptop PC	430-990TU	HP	2	\$705.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
3	Color Photo copy	2030H	Canon	1	\$5,950.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
4	Printer	Phaser 3435DN	FujiXerox	1	\$650.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
5	Printer	MF4550	Canon	1	\$355.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
6	LCD Projector	EB-1760W	Epson	1	\$920.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
7	Shredder	B22	SECURIO	1	\$567.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
8	UPS	BR 500VA	APC	2	\$80.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
9	Stabilizer	SH-2000	Licoa	3	\$146.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
10	Digital Camera	IXUS 115HS	Canon	1	\$256.00	Apr. 2012	Ministry of Health Project Office	Working without Problem	Few times (3-11 times per year)	
11	Car	Prado	Toyota	1	\$31,187.62	Dec. 2012	Ministry of Health Project Office	Working without Problem	Everyday	
12	Digital White Board	UB-2328C	Panasonic	1	\$3,300.00	Nov. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
13	Guide system (Speaker)	WM2100	TOA	2	\$500.00	Oct. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
14	Guide system (receiver)	WT2100	TOA	10	\$410.00	Oct. 2012	Ministry of Health Project Office	Working without Problem	Regularly (1-3 times per week)	
15	Safe	SDL 9051553	Leeco	1	US\$373.00	Oct. 2013	Ministry of Health Project Office	Working without Problem	Everyday	
<b>FY2013</b>										
16	Fundamental Nursing Training Guide Book			500	US\$5,000.00	Mar. 2013	MOH, Hospitals,			
17	Nursing Text book (19 in Thai, 7 in English)			26	US\$974.00	Dec. 2013	MOH, Hospitals,			
<b>FY2014</b>										
18	Locker	LEECO: LK118 TAIYO: LK18D	LEECO	3		Mar-15	Schools	Working without Problem	Everyday	
19	Bookshelf	TAIYO: S-317	LEECO	4		Mar-15	Schools	Working without Problem	Everyday	
20	Office Cabinet	LEECO FS0410	LEECO	2		Mar-15	Schools	Working without Problem	Everyday	
21	Chair	AP: C-102	LEECO	38		Mar-15	Schools	Working without Problem	Everyday	
22	Folding Table	TF-3060	LEECO	3		Mar-15	Schools	Working without Problem	Everyday	
23	Open Locker (wood)			4		Mar-15	Schools	Working without Problem	Everyday	
24	Open Cabinet (wood) Set - Part1			2		Mar-15	Schools	Working without Problem	Everyday	
25	Open Cabinet (wood) Set - Part2			2		Mar-15	Schools	Working without Problem	Everyday	
26	Open Cabinet (wood) Set - Part3			1		Mar-15	Schools	Working without Problem	Everyday	
27	Open Cabinet (wood) Set - Part4			1		Apr-15	Schools	Working without Problem	Everyday	
18-27 Subtotal				60	\$5,704.46					
28	Notebook Computer	Dell Inspiron 5437	Dell, HP, Leno vo, Acer, Toshi ba or other	20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	

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29	Soft ware OS	Windows 8	Microsoft	20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	
30	Soft ware Office	Microsoft office 2013 Business	Microsoft	20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	
31	Lao script	Lao script licensed		20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	
32	Anti virus	Free unlimited period		20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	
33	Anti-theft Wire	Long apx.180cm, Round key		20		Apr-15	MOH, Schools, Hospitals	Working without Problem	Everyday	
34	Multimedia Projector	Resolution SVG 4:3, 3LCD	EPSON S03	19		Apr-15	Schools, Hospitals	Working without Problem	Regularly (1-3 times per week)	
35	Wall Projector Screen	100"	SCREEN BOY	11		Apr-15	Schools, Hospitals	Working without Problem	Regularly (1-3 times per week)	
36	Printer	Resolution 600X600C2dpi	FP Pro 1102	9		Apr-15	Schools, Hospitals	Working without Problem	Everyday	
37	Toner for Printer	For HP Pro 1102	HP CE285A	9		Apr-15	Schools, Hospitals		Few times (3-11 times per year)	
38	Printer (multi-functional)	EPSON: M200	EPSON L550	3		Apr-15	Schools	Working without Problem	Everyday	
39	Ink for Printer (multi-functional)	For EPSON L550	EPSON	3		Apr-15	Schools		Few times (3-11 times per year)	
40	FAX	Panasonic KX FP701	Panasonic KX FT701CX	1		Apr-15	School	Working without Problem	Everyday	
28-40 Subtotal				175	\$30,709.00					
41	Anatomical Model of Embryo	Pregnancy Series - 5 models of embryo 1:1102	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
42	Anatomical Charts - The Human Skelton	VR1113L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
43	Anatomical Charts - Human Masculature	VR1118L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
44	Anatomical Charts - Spinal Column	VR1152L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
45	Anatomical Charts - Respiratory Tract Infections	VR1253L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
46	Anatomical Charts - The Skin	VR1283L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
47	Anatomical Charts - The Human Heart	VR1334L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
48	Anatomical Charts - The Vascular System	VR1353L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
49	Anatomical Charts - Clinically Important Blood Vessel and Nerve Pathways	VR1359L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
50	Anatomical Charts - Deep Vein Thrombosis	VR1368L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
51	Anatomical Charts - The Liver	VR1425L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
52	Anatomical Charts - The Stomach	VR1426L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
53	Anatomical Charts - Colon Cancer	VR1432L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
54	Anatomical Charts - The Urinary Tract	VR1514L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
55	Anatomical Charts - The Female Breast	VR1556L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
56	Anatomical Charts - Human Brain	VR1615L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
57	Anatomical Charts - Stroke	VR1627L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
58	Anatomical Charts - The Respiratory System	VR1322L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
59	Anatomical Charts - The Gastrointestinal System	VR1422L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
60	Anatomical Charts - Nervous System	VR1620L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
61	Anatomical Charts - Decubitus Ulcers	VR1717L	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
62	Decubitus Treatment Simulator (Foot)	W44757 [1013058]	3B Scientific	1		May-15	School	Working without Problem	Few times (3-11 times per year)	
63	Childbirth Simulator	W45025 [1005790]	3B Scientific	1		May-15	Hospital	Working without Problem	Regularly (1-3 times per week)	
64	Patient Care Manikin	W45011 [1005785]	3B Scientific	1		May-15	School	Working without Problem	Regularly (1-3 times per week)	

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65	Child Patient Care Manikin	W45085 [1005808]	3B Scientific	1	May-15	Hospitalo	Working without Problem	Regularly (1-3 times per week)
66	IV Injection Simulator Arm	P50	3B Scientific	10	May-15	Schools, Hospitals	Working without Problem	Regularly (1-3 times per week)
67	IM Injection Simulator Buttock	W4404	3B Scientific	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
68	IV & IM Injection Simulator Arm	W45092	3B Scientific	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
69	Urine Catheterization Simulator, Male	W44005	3B Scientific	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
70	Urine Catheterization Simulator, Female	W44006	3B Scientific	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
71	Oxygen Set - (1) Oxygen Tank		Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
72	Oxygen Set - (2) Oxygen Tank Carrier	K-112B	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
73	Oxygen Set - (3) Oxygen Gauge	K-112C	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
74	Oxygen Set - (4) Oxygen Flowmeter	K-112C	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
75	Oxygen Set - (5) Humidifier Bottle	K-112C	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
76	Oxygen Set - (6) Oxygen Mask for Adult with tube	SM-051	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
77	Oxygen Set - (7) Oxygen Mask for Child with tube	SM-052	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
78	Oxygen Set - (8) Nasal Oxygen Canula with tube	SM-053	Meline	1	May-15	School	Working without Problem	Regularly (1-3 times per week)
79	Mercury Sphygmomanometer	BK1001	BOKANG	13	May-15	Schools	Working without Problem	Regularly (1-3 times per week)
80	Aneroid Sphygmomanometer	AK2-0811 KT-A02	BOKANG	5	May-15	School	Working without Problem	Regularly (1-3 times per week)
81	Aneroid Sphygmomanometer for child	KT-A02	BOKANG	2	May-15	School	Working without Problem	Regularly (1-3 times per week)
82	Stethoscope	KT-105A	BOKANG	8	May-15	School	Working without Problem	Regularly (1-3 times per week)
83	Stethoscope (dual-head sets)	SB27331U	BOKANG	2	May-15	School	Working without Problem	Regularly (1-3 times per week)
84	Oral Thermometer		BOKANG	10	May-15	Schools	Working without Problem	Regularly (1-3 times per week)
85	Rectal Thermometer		BOKANG	10	May-15	Schools	Working without Problem	Regularly (1-3 times per week)
86	Fingertip Pulse Oxymeter	Zondan A-3	BOKANG	2	May-15	Schools	Working without Problem	Regularly (1-3 times per week)
87	Adult Physical Assessment Set (1) Aneroid Sphygmomanometer	AK2-0811 KT-A02	BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
88	Adult Physical Assessment Set (2) Stethoscope	KT-105A	BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
89	Adult Physical Assessment Set (3) Thermometer		BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
90	Adult Physical Assessment Set (4) Tongue Depressor	M017	BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
91	Adult Physical Assessment Set (5) Knee Hammer	Taylor 02-010	BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
92	Adult Physical Assessment Set (6) Medical Pen Torch		BOKANG	30	May-15	Hospitals	Working without Problem	Few times (3-11 times per year)
93	Pediatric Physical Assessment Set (1) Aneroid Sphygmomanometer for child	KT-A02	BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
94	Pediatric Physical Assessment Set (2) Stethoscope for child	Storkie-I F400	BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
95	Pediatric Physical Assessment Set (3) Thermometer		BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
96	Pediatric Physical Assessment Set (4) Tongue Depressor	M017	BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
97	Pediatric Physical Assessment Set (5) Knee Hammer	Taylor 02-010	BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
98	Pediatric Physical Assessment Set (6) Medical Pen Torch		BOKANG	2	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
99	Resuscitation Set for Child	SR-002	Topster	1	May-15	Hospital	Working without Problem	Few times (3-11 times per year)
100	Suturing Set (1) No.3 Scalpel handle suitable for #10-#15 blades	08-063		22	May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)

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101	Suturing Set (2) Dressing scissors 5" sharp	10-032		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
102	Suturing Set (3) Iris scissors 4.5" straight	10-390		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
103	Suturing Set (4) Kilner needle holder TC Gold	22-250		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
104	Suturing Set (5) Crile Wood needle holder 6"	22-300		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
105	Suturing Set (6) Gillies dissecting forcep 6" 1:2 teeth	12-350		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
106	Suturing Set (7) Iris dissecting forcep 4.5" curved	42-973		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
107	Suturing Set (8) Halsted-Mosquito artery forcep 5" curved	14-061		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
108	Suturing Set (9) Halsted-Mosquito artery forcep 5" straight	14-060		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
109	Suturing Set (10) Dressing Forceps 18cm	12-040		44		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
110	Suturing Set (11) Gauze, 4" x 4" 12ply	NangMoor-4"x4"		132		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
111	Suturing Set (12) Towel, 13" x 19"			22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
112	Suturing Set (13) Cotton ball			132		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
113	Suturing Set (14) Kidney Dish, 10"	Magnate '0267		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
114	Suturing Set (15) Instrument Tray, 12" x 8" x 2"	Magnate '0162		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
115	Suturing Set (16) Iodine Cup, 2oz	Magnate '0351		44		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
116	Suturing Set (17) Forceps Jar, 4 1/2"	Magnate '0212		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
117	Suturing Set (18) Dressing Jar, 4" x 3"	Magnate '0394		22		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
118	Suturing Set (19) Cloth (for wrapping sterilized instrument)			44		May-15	Schools, Hospitals	Working without Problem	Few times (3-11 times per year)	
119	Nasogastric Catheter Set (1) Forceps, Tube Occluding			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
120	Nasogastric Catheter Set (2) Aseptosyringe			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
121	Nasogastric Catheter Set (3) Stomach tube 14Fr			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
122	Nasogastric Catheter Set (4) Stomach tube 16Fr			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
123	Nasogastric Catheter Set (5) Stomach tube 18Fr			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
124	Nasogastric Catheter Set (6) Tongue Depressor	M017		2		May-15	School	Working without Problem	Few times (3-11 times per year)	
125	Nasogastric Catheter Set (7) Kidney Dish, 10"			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
126	Nasogastric Catheter Set (8) Plaster			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
127	Nasogastric Catheter Set (9) Vaseline			2		May-15	School	Working without Problem	Few times (3-11 times per year)	
128	Folding Stretcher	YXH-1F1 YDC-1A9	EMS Rescue Marsha	2		May-15	Schools	Working without Problem	Few times (3-11 times per year)	
129	Wheelchairs	K-44		2		May-15	Schools	Working without Problem	Few times (3-11 times per year)	
130	Medical Cabinet for Equipment			1		May-15	Schools	Working without Problem	Everyday	
131	Medical Cart for Equipment (S)	K-53		2		May-15	Schools	Working without Problem	Everyday	
132	Medical Cart for Equipment (L)	K-55		1		May-15	Schools	Working without Problem	Everyday	
133	Patient Bed	SC-MB02M		3		May-15	Schools	Working without Problem	Everyday	
134	Bed Linen Set (1) Mattress	ARI-M3		3		May-15	Schools	Working without Problem	Everyday	
135	Bed Linen Set (2) Bed Cover	ARI-M3		3		May-15	Schools	Working without Problem	Everyday	
136	Bed Linen Set (3) Pillow	ARI-M3		3		May-15	Schools	Working without Problem	Everyday	
137	Bed Linen Set (4) Bedsheet	ARI-M3		3		May-15	Schools	Working without Problem	Everyday	

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138	Bed Linen Set (5) Pillow Case	ARI-M3		3		May-15	Schools	Working without Problem	Everyday	
139	Electronic Suction Device	YB-SXT-1		1		May-15	School	Working without Problem	Regularly (1-3 times per week)	
41-139 Subtotal				1041	\$41,430.80					
140	Textbook for Nursing education			769	\$14,246.72	Apr-15	Schools, Hospitals			
141	Notebook computer	Inspiron W560948TH-3442	DELL	1	\$931.00	Mar-15	MOH Project Office	Working without Problem	Everyday	
FY2015										
TOTAL (in US\$) US\$145,582.60										

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*DEW*



**Japanese Contribution to the JICA HRH's Local Expense Support**

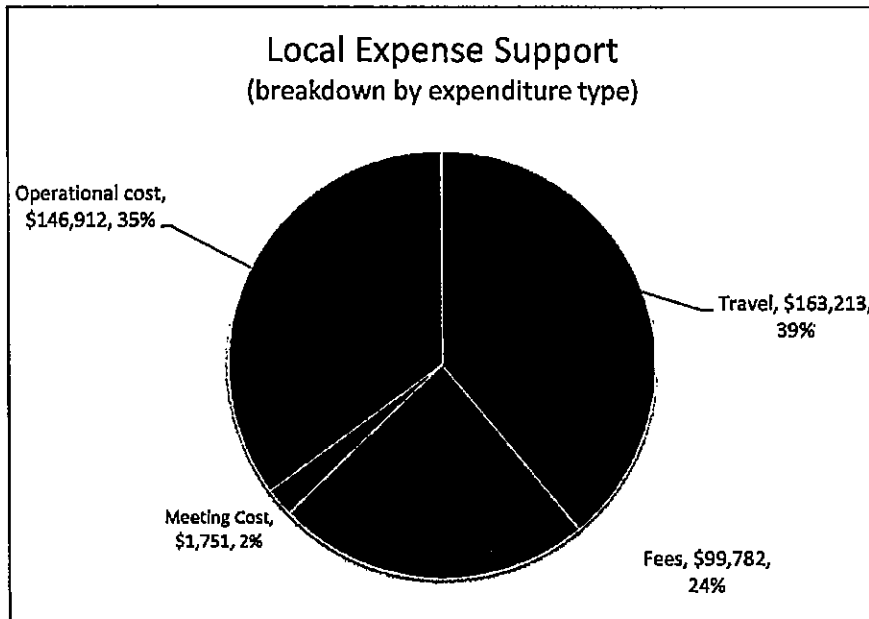
Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service  
Duration of Review: Feb 2012 ~ July 2015

Breakdown by Expenditure Type

Fiscal Year/ Expenditure Type	CLASSIFICATION				Sub Total (FY)
	Travel	Fees	Meeting Cost	Operational cost	US\$
FY2011 (Feb 2012 - Mar 2012)	0.00	0.00	0.00	0.00	US\$0.00
FY2012 (Apr 2012 - Mar 2013)	21,776.32	14,532.03	669.38	30,272.42	US\$67,250.15
FY2013 (Apr 2013 - Feb 2014)	47,050.88	43,931.23	1,118.70	27,623.56 (5806 for BUU training)	US\$119,724.37
FY2014 (Apr 2014 - Mar 2015)	72,056.24	32,076.80	6,619.39	62,667.25 (15,220 for BUU training)	US\$173,419.68
FY2015 (Apr 2015 - July 2015)	22,329.06	9,242.18	682.38	26,348.66 (7152.00 for BUU training)	US\$58,602.28
<b>Sub-Total (Type)</b>	<b>\$163,213</b>	<b>\$99,782</b>	<b>\$9,090</b>	<b>\$146,912</b>	<b>US\$418,996.48</b>

Please provide US dollar or Japanese Yen-Lao Kip conversion rate here.

FY	2011	2012	2013	2014	2015
Rate (/USD)	7995 kip	7988 kip	7843 kip	8045 kip	8104 kip



Note:

Travel: domestic and international travel costs

Fees: Local payment for technical and administrative assistances, interpreter and lecturer

Meeting Cost: Coffee/Tea, snack or meal serving expenses

Operational cost: Supply and service purchases, security and maintenance, or printing and publishing cost, etc.

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**List of Counterparts Assigned at the Coordination Unit**

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service  
Duration of Review: February 2012 ~ Aug 2015

#	Name	Title, Department/Designation	From	To	Duration	Remarks
<b>A. Ministry of Health</b>						
1	Assoc.Prof. Dr. Sing Menorath	(Project Director) Director of the Training and Research Department	10-12	May-14	19 Month(s)	The former Project Director was Mr. Khamphone Phouthavong (Director, Department of Organization and Personnel)
2	Dr. Somchanh Xaysida	(Project Manager) Deputy Director of the Training and Research Department	10-12	Present	34 Month(s)	The former Project Manager was Dr. Phouthone Vankonvilay (Deputy Director, Department of Organization and Personnel)
3	Assoc.Prof. Dr. Bounnaek Saysanasongkham	(Project Manager) Deputy Director of the Department of Health Care	10-12	Present	34 Month(s)	The former Project Manager was Dr. Chanphomma Vongsamphanh (Deputy Director, Department of Health Care)
4	Ms. Sengmany Khambounhuang	(Project Coordinator) Head of Division of Professional Education, Department of Training and Research	10-12	Present	34 Month(s)	The division name changed from "Development and Training Nurse and Midwifery" to "Undergraduate Education", and finally to "Professional Education"
5	Ms. Phengdy Inthaphanith	(Project Coordinator) Head of Office of Health Care Professional Management, Department of Health Care	2-12	Present	34 Month(s)	She is a former Head of Nursing Department, DHC.
6	Ms. Somsanouck Singkham	(Project Coordinator) Staff of Division of Central Hospital and Special Treatment Center, Department of Health	26-7-13	Present	34 Month(s)	She was assigned after JICA Advisory Mission in July 2013.
<b>B. Project counterpart</b>						
		Staff of Division of Professional Education, Department of Training and Research for Health				
		Staff of Office of Health Care Professional Management, Department of Health Care				
		Staff of Unit of Nursing, Division of Central Hospital				
		Staff of Division of Professional Education,, Department of Training and Research for Health				
		Staff of Office of Health Care Professional Management, Department of Health Care				
		Staff of Unit of Nursing, Division of Central Hospital				
<b>C. Committee (Central Level)</b>						
		Division of Undergraduate Education, Department of Training and Research for Health				
		Office of Health Care Professional Management, Department of Health Care				
		University of Health Sciences, Medical faculty				
		University of Health Sciences, Dentistry faculty				
		University of Health Sciences, Nursing faculty				
		Five central hospitals' directors: Mahosot Hospital, Mittapharb Hospital, Mother Hospital, Child Hospital and Sethathirath Hospital.				
<b>C. Committee (Provincial Level)</b>						
		Three colleges of Health Sciences' directors: Luangpabang, Savannaketh, Champasak.				
		Five schools of Health Sciences' directors: Oudomxay, Xiengkhuang, Vientiane province, Khammuan, Salavanh.				

**List of Training in country Supported by the Project**

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service  
Duration of Review: February 2012 ~ Aug 2015

Name of Training	Type of Support by the Project	Type of People Trained	Number Trained	MMM-YY	Duration
<b>Development of Nursing Competency</b>					
Oriantation Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	14	Oct-12	2 days
2nd Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	14	Nov-12	1day
3rd Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	11	Nov-12	1day
4th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	16	Nov-12	2 days
5th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	7	Jan-13	1day
6th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	20	Jan-13	3 days
7th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	11	Feb-13	1day
8th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	22	Feb-13	1day
9th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	17	Feb-13	1day
10th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	21	Feb-13	1day
1st Technical Comment Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	37	Feb-13	1day
11th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	8	Feb-13	1day
12th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	17	Mar-13	1day
13th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	5	Mar-13	1day
14th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	11	Mar-13	1day
15th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	11	Mar-13	1day
2nd Technical Comment Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	31	Mar-13	1day
16th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	12	Mar-13	1day
17th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	11	Mar-13	1day
18th Workshop on Nurse's Competency	Technical & Financial	Staff of; MOH, Hospitals, UHS	10	Mar-13	1day
1st Workshop on the application of the Competency to Nursing Education	Technical & Financial	Staff of; MOH, Hospitals, UHS	5	Apr-13	1day
2nd Workshop on the application of the Competency to Nursing Service	Technical & Financial	Staff of; MOH, Hospitals, UHS	5	Apr-13	1day
<b>Competency Based Nursing Education Curriculum &amp; Syllabus</b>					
Oriantation Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	29	May-13	2 days
1st Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	18	Jun-13	1day
2nd Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	55	Jul-13	3 days
3rd Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	44	Sep-13	3 days
4th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	37	Oct-13	3 days
5th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	40	Nov-13	3 days
6th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	46	Dec-13	2 days
7th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	98	Dec-13	4 days
8th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	23	Jan-14	4 days
9th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	26	Feb-14	5 days

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Name of Training	Type of Support by the Project	Type of People Trained	Number Trained	MMM-YY	Duration
10th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	20	May-14	2days
11th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	20	Jun-14	3days
12th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	20	Jul-14	3days
13th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	22	Aug-14	2days
14th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	9	Sep-14	4days
15th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	20	Nov-14	1day
16th Workshop on CBN	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges	14	Dec-14	1day
Dissemination Workshop for Competency based curriculum in Vientian Capital	Technical & Financial	Staff of; MOH, Hospitals, UHS, Colleges, School,(VP), DPs, PHO	72	Sep-14	1day
Dissemination Workshop for Competency based curriculum in SVK	Technical & Financial	Staff of; MOH, Hospitals(SVK,BLK,KMV), UHS, Colleges, Schools(KMV)DPs, PHO	56	Sep-14	1day
Dissemination Workshop for Competency based curriculum in CPS	Technical & Financial	Staff of; MOH, Hospitals(ATP,CPS,SLV), UHS, Colleges, centers (STP,SLV) PHO	62	Oct-14	1day
Dissemination Workshop for Competency based curriculum in LPB	Technical & Financial	Staff of; MOH, Hospitals(ODX, XKH.LPB), UHS, Colleges, Schools (ODY, XKH) PHO	62	Oct-14	1day
<b>Nursing Management</b>					
Sharing of JICA Group Training	Technical & Financial	Staff of; MOH, Hospitals	70	Aug-12	1day
Workshop for Nursing Management	Technical & Financial	Staff of; MOH, Hospitals	121	Dec-12	2 days
1st Committee Meeting for Implementing Scope of Nursing Practice (Model Ward at Mahosot Hospital)	Technical Only	Staff of; MOH, Hospitals	14	May-13	1day
Kick-off Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	215	Jun-13	7 days
Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	37	Aug-13	3 days
Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	47	Sep-13	1day
Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	27	Oct-13	2 days
Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	99	Dec-13	3 days
Workshop on Model Ward	Technical & Financial	Staff of; MOH, Hospitals	69	Jan-14	2 days
TOT for Nursing process 1	Technical Only	Nurses in Mahosot hospital	18	Jan-15	1day
TOT for Nursing process 2	Technical Only	Nurses in Mahosot hospital	18	Jan-15	1day
TOT for Nursing process 3	Technical Only	Nurses in Mahosot hospital	16	Feb-15	1day
Workshop for Nursing record	Technical & Financial	Nurses in Mahosot hospital	60	Mar-15	1day
Workshop on reporting study result (Model ward study)	Technical & Financial	MOH, Nurses in Mahosot hospital	60	Mar-15	1day
<b>Licensing System / National Examination</b>					
Workshop on Licensing and Registration system	Technical & Financial	Staff of; MOH, Hospitals	32	Jan-13	1day
Workshop on Regulatory System for Health Care Professional	Technical & Financial	Staff of; MOH, UHS, Hospitals	41	Jan-14	1day
Workshop on Licensing system and National Examination in Future	Technical & Financial	MOH, Schools, UHS, Hospitals	22	Aug-14	1day
Workshop on Licensing system and National Examination in Future	Technical & Financial	MOH, UHS, Hospitals, Lecturer from Vietnam	20	Nov-14	1day
Workshop on Licensing system and National Examination in Laos in SVK	Technical & Financial	Staff of; MOH, Hospitals(SVK,BLK,KMV), UHS, Colleges, Schools(KMV)DPs, PHO	56	Sep-14	1day
Workshop on Licensing system and National Examination in Laos in CPS	Technical & Financial	Staff of; MOH, Hospitals(ATP,CPS,SLV), UHS, Colleges, centers (STP,SLV) PHO	62	Oct-14	1day
Workshop on Licensing system and National Examination in Laos in LPB	Technical & Financial	Staff of; MOH, Hospitals(ODX, XKH.LPB), UHS, Colleges, Schools (ODY, XKH) PHO	62	Oct-14	1day

Name of Training	Type of Support by the Project	Type of People Trained	Number Trained	MMM-YY	Duration
Nation Examination and Licensing system for Lao nurses	Technical & Financial	MOH, UHS, Hospitals,	31	Jan-15	1day
Review Meeting on Study visit on Licensing system in Jakarta Indonesia	Technical & Financial	Minister, Vice minister, DHC, DHP, DTR,Cabinet, UHS,	17	Feb-15	1day
Meeting on Licensing system in Thalat 1	Technical & Financial	DHC,DTR,UHS,EDC, Hospitals,	27	Mar-15	2days
Meeting on Licensing system in Thalat 2	Technical & Financial	DHC,DTR,UHS,EDC, Hospitals,	27	May-15	2days
Meeting on national examination for nurses	Technical & Financial	MOH, UHS, Hospitals	17	Aug-15	1day
Comment Workshop on the draft of policy for licensing system	Technical & Financial	DHC,DTR,UHS,EDC, Hospitals,Regal sector	26	Aug-15	1day
<b>Revision of Guidline for the Scope of Nursing Practice (SNP)</b>					
1st Workshop on SNP	Technical Only	MOH, Hospitals	30	Dec-14	1day
2nd Workshop on SNP	Technical Only	MOH, Hospitals	30	Jan-15	1day
3rd Workshop on SNP	Technical Only	MOH, Hospitals	18	Feb-15	1day
4th Workshop on SNP (Comment Workshop)	Technical & Financial	MOH, Hospitals, Schools, UHS, Health centers, District Hospitals	61	Mar-15	1day
5th Workshop on SNP	Technical Only	MOH, Hospitals	10	Mar-15	1day
6th Workshop on SNP(1st preparation )	Technical Only	MOH, Hospitals	19	Apr-15	1day
2nd preparation meeting for Dissemination WS	Technical Only	MOH, Hospitals	9	Jul-15	1day
3rd preparation meeting for Dissemination WS	Technical Only	MOH, Hospitals	9	Jul-15	1day
7th Workshop on SNP (Dissemination)	Technical & Financial	MOH, Hospitals, PHOs, UHS, Schools	134	Jul-15	1day
<b>Revision of School Mangement Implementation Guideline (SMIG)</b>					
1st Workshop on SMIG	Technical Only	MOH	10	Jun-15	1day
2nd Workshop on SMIG	Technical Only	MOH	9	Jun-15	1day
3rd Workshop on SMIG	Technical Only	MOH	10	Jun-15	1day
4th Workshop on SMIG	Technical Only	MOH	9	Jul-15	1day
5th Workshop on SMIG	Technical Only	MOH	8	Jul-15	1day
6th Workshop on SMIG	Technical Only	MOH	8	Jul-15	1day
7th Workshop on SMIG	Technical Only	MOH	4	Jul-15	1day
8th Workshop on SMIG	Technical Only	MOH	8	Aug-15	1day
9th Workshop on SMIG	Technical Only	MOH	8	Aug-15	1day
10th Workshop on SMIG	Technical Only	MOH	8	Aug-15	1day
11th Workshop on SMIG	Technical Only	MOH	5	Aug-15	1day
<b>Monitoring &amp; Supportive Supervision (Monitoring SS)</b>					
1st Workshop on Monitoring SS	Technical & Financial	MOH, UHS, School, Hospitals	62	Nov-14	2days
2nd Workshop on Monitoring SS	Technical & Financial	MOH, UHS, School, Hospitals	25	Feb-15	2days
Preparation workshop for Trial visit for monitoring SS	Technical Only	MOH, UHS, School, Hospitals	10	Mar-15	1day
Supportive supervision training	Technical & Financial	MOH, UHS, School, Hospitals	12	Feb-15	3days
Supportive supervision trial visit (LPB)	Technical & Financial	MOH, UHS, School, Hospitals	6	Mar-15	3days
Supportive supervision trial visit (SVK)	Technical & Financial	MOH, UHS, School, Hospitals	6	Mar-15	3days
Supportive supervision trial visit (CPK)	Technical & Financial	MOH, UHS, School, Hospitals	6	May-15	3days
Central Supervisor Workshop	Technical Only	MOH, UHS, School, Hospitals	10	Jun-15	1day

Name of Training	Type of Support by the Project	Type of People Trained	Number Trained	MMM-YY	Duration
<b>Partial support of Annual meeting, MOH</b>					
School Management meeting (DTR annual meeting)	Technical & Financial	MOH, hospitals, UHS, School, others	180	Jan-15	3days
Health Care meeting (DHC annual meeting)	Technical & Financial	MOH, Hospitals, PHOs	134	Jul-15	2days
<b>Equipment management</b>					
Equipment management training	Technical & Financial	MOH, UHS, Schools, Hospitals	43	Jul-15	2days
<b>Review meeting for training in Burapha and Japan</b>					
Review meeting of Training in Burapha and Japan	Technical & Financial	MOH, UHS, Schools, Hospitals	37	Feb-15	1day
<b>Others</b>					
6th Lao National Health Research Forum in Savannakhet	Financial Only	MOH, UHS	2	Sep-12	2 days

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List of Training at Abroad Inputs

Project: The Project for Sustainable Development of Human Resources for Health to Improve MNCH Service  
Duration of Review: February 2012 ~ Aug 2014

**Training**

No.	Name of Training	Period	Period (from)	Period (to)	Duration	Trainees	Contents
<b>FY2012</b>							
1	The second Southeast Asia Workshop on Nursing and Midwifery in Tokyo	23-28 Oct. 2012	2012/10/23	2012/10/28	0.2 Month(s)	4 from MOH	The qualification and registration of nurses and midwives in southeast asia countries
2	Bangkok Study Tour in Thailand	15-17 Nov. 2012	2012/11/15	2012/11/17	0.1 Month(s)	5 from MOH, 1 from UHS, 1 from Mittaphap HP	Learning the regulating systems of quality of nursing in Thailand
3	7th Asia-Pacific Action Alliance on Human Resoueces for Health(AAAH) in Thailand	4-7 December 2012	2012/12/4	2012/12/7	0.1 Month(s)	3 from MOH, 1 from UHS	One of the of the major constraints to achieving a well-functioning health system is a lack of leadership in building up sound Human Resources for Health (HRH)
<b>FY2013</b>							
4	Group Training Course in Counterpart training in Japan (1) HRH Management (Course No. J13-22152)	6-16 Nov 2013	2013/11/6	2013/11/16	0.3 Month(s)	4 form MOH	Outline of health governance in Japan, especially in Nursing issues. And field visiting
5	Group Training Course in Counterpart training in Japan (2) Clinical course (Course No. J13-22153)	6-22 Nov. 2013	2013/11/6	2013/11/22	0.5 Month(s)	8 from Mahosot Hospital, 1 from MOH	Outline of health governance in Japan, especially in Nursing issues. And field visiting. Outline of implementation of the "Guideline for the Scope of Nursing Practice"
6	Prince Mahidol Award Conference 2014	26-31 Jan. 2014	2014/1/26	2014/1/31	0.1 Month(s)	3 persons from MOH, 1 persons from UHS, 1 persons from Mahosot HP	Transformative Learning for Health Equity
7	1st JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	9 Feb-1 Mar. 2014	2014/2/25	2014/3/1	0.2 Month(s)	1from LPB College, 1 from CPS College, 1 from CHP Provincial HP	Gaining experiences in clinical teaching methods, knowledge in nursing curriculum / instruction and quality auditing and monitoring "Adult Nursing"
8	Monitoring of Education Teacher training Program in Thailand	25-26 Feb. 2014	2014/2/25	2014/2/26	0.1 Month(s)	1from MOH, 1 from UHS, 1 from LPB College	Monitoring the Education Teacher Training and Discussion the next taining Program
<b>FY2014</b>							
9	2nd JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	1-22 May 2014	2014/5/1	2014/5/22	0.7 Month(s)	1from LPB College, 1 from CPS College, 2 from SVK college	Gaining experiences in clinical teaching methods, knowledge in nursing curriculum / instruction and quality auditing and monitoring "Fundamental Nursing"

10	3rd JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	31 Aug -20 Sep 2014	2014/8/31	2014/9/20	0.7 Month(s)	1 from LPB College, 1 from LPB Hospital, 1 from SVK college, 1 from CPS College	Gaining experiences in clinical teaching methods, knowledge in nursing curriculum / instruction and quality auditing and monitoring "MNCH"
11	8th Asia-Pacific Action Alliance on Human Resoueces for Health(AAAH) in China	26 Oct - 2 Nov	2014/10/26	2014/11/2	0.2 Month(s)	1 from MOH (DTR)	Presented project activities on "Developing Competency-based Associate Degree Nursing (AND) Curriculm in Lao PDR" at the conference. Sharing information and making specific discussion for Human Resource development among member countries
12	Study tour for Indonesia (National Examination and License)	27 Jan -30 Jan	2015/1/27	2015/1/30	0.1 Month(s)	3 from DHC, 1 from DTR, 2 from UHS	Learning the systems for National Licensing and Examination system, especially for Nurse, Physician and Dentist.
<b>FY2015</b>							
13	Group Training Course in Counterpart training in Japan - Licensing system and quality assurance in nursing education (Course No. J15-21250)	10 May - 16 May	2015/5/10	2015/5/16	0.2 Month(s)	Vice minister MOH, 2 from DHC, 2 from DTR	Outline of health governance in Japan, especially in Licensing ssystem, quality assurance in nursing education, and field visiting
14	4th JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	19 Apr -5 May	2015/4/19	2015/5/5	0.5 Month(s)	1 from college and 1 from Hospital in LPB, SVK, CPS	Gaining experiences in clinical teaching methods, knowledge in nursing curriculum / instruction and quality auditing and monitoring "Community Nursing"
15	5th JICA HRH Education Teacher Training Program on Clinical Nursing Teaching and Supervision for Nursing Student at Burapha Univ. in Thailand	2 Sep - 20 Sep	2015/9/2	2015/9/20	0.6 Month(s)	1 from college and 1 from Hospital in LPB, SVK, CPS	Gaining experiences in clinical teaching methods, knowledge in nursing curriculum / instruction and quality auditing and monitoring "Psychiatric Nursing"
<b>Training TOTAL (in Months)</b>					<b>1.6 Month(s)</b>		

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1. ACHIEVEMENT — To what extent the Project have made its achievements so far?

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
1-1 Input	Extent and adequacy of the Inputs made so far by JICA	Dispatch of Japanese Experts, C/P training in Japan, Provision of Equipments, Local Cost	Project Reports, JE, C/P	Document Review
	Extent and adequacy of the Inputs made so far by the counterpart government	Assignment of counterparts, Budgetary allocation for Project activities, Spaces and facilities provided for project activities.	Project Reports, JE, C/P	Document Review
1-2 Achievement of Outputs	Outputs 1. Standard systems for nursing education are developed and/or institutionalized. 看護教育の基準となるシステムが開発・制度化される。	Indicators as per PDM (version 2) 1-1 Revised/developed guidelines are disseminated to all training institutions/ education hospitals. ("Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") 1-2. Revision points are compiled on two existing guidelines /regulation ("Nursing/ Midwifery School Management and Implementation Guidelines" and "Nursing and Midwifery Regulations"). 1-3 The framework of the national licensing system including national examination for nurses is clarified. 1-4. Quality of nursing documentation is improved in 4 model wards.	Project Reports, JE, C/P	Document Review
	2. Capabilities of training institutions to implement quality educational programs are strengthened. 保健人材育成機関の良質な人材育成プログラム実施能力が強化される。	2-1 As for UHS/3CHSs and their training hospitals: 1) 60% of school teachers and clinical trainers for nursing are trained on competency based education, 2) 60% of school teachers and clinical trainers are trained on standards for nursing care 2-2 All the syllabus for competency based-curriculum for higher diploma nursing is developed. 2-3 Improvement of education environment of training institutions (provision of reference books, educational equipment etc.)	Project Reports, JE, C/P	Document Review, Interview, Questionnaire
	3. Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems. 保健人材育成システムを効果的に改善するために関係機関間の調整メカニズムが強化される。	3-1 Annual plan of each school is developed and shared after coordination among organizations 3-2 bi-annual report of each school is submitted to MOH and PHOs 3-3 Feedback from MOH and PHOs on biannual reports is made in order to take actions	Project Reports, JE, C/P	Document Review
1-3 Achievement of the Project Purpose	Project Purpose Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU (Complex Hospital Institute Project University)	Indicators as per PDM (version 2) 1. Management tools to put "competency" and "scope of nursing practices" into practice are disseminated to all the target schools and hospitals. 2. Competency-based nursing education is started in UHS, 3CHS, and their teaching hospitals. 3. The framework of the national licensing system including national examination for nurses is submitted for approval.	Project Reports, JE, C/P	Document Review, Interview, Questionnaire

**2. IMPLEMENTATION PROCESS — How has the process of implementation been going?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
2-1 Progress of Activities	Has the activities been implemented as planned? What are the reasons for modification of the Plan, if any?	Progress of activities, reasons for modification	Project Reports, JE, C/P	Document Review, Interview, Questionnaire
2-2 Monitoring	In what process has the modification of PDM been made so far? Are the indicators identified in PDM appropriate to measure level of achievement of Outputs/Project Purpose?	method and process of PDM modification, logic of PDM (narrative summary, indicators etc.)	Project Reports, JE, C/P	Document Review, Interview
2-3 Decision Making Process	Has the participatory approach of the Project been useful/effective in order to achieve the effects of the project?	decision-making process	Project Reports, JE, C/P	Document Review, Interview
2-4 Communications among stakeholders	Has there been good communication among Japanese experts/counterparts/any related agencies? How was the communication with other stakeholders?	frequency and method of communication, feedback system etc,	JE, C/P, Central and Provincial level	Interview, Questionnaire
2-5 Others	Are there any issues/problems identified in the process of implementation? What are the causes?	issues/problems raised so far	Project Reports, JE, C/P	Document Review, Interview, Questionnaire

**3. RELEVANCE — To what extent is the Project justifiable and/or needed?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
3-1 Necessity	Do the Project objectives and strategies still match the needs of target groups or society?	needs/issues in the relevant sector in Lao PDR	C/P, JE, Central and Provincial levels	Document Review, Interview, Questionnaire
3-2 Priority	Is the Project still consistent with the policies and programs of partner country?	National development plan of the Lao government	C/P, JE, other related institutions	Document Review, Interview, Questionnaire
	Is the Project still consistent with the Japan's foreign assistance policy/country program for the partner country?	Japan's Cooperation Policy to Lao PDR	Japan's Assistance Strategy for Lao PDR	Document Review
3-3 Adequacy of means	Is the Project approach adequate in order to tackle issues of Protection of trafficked persons in Lao PDR?	application of existing know-how in both Japan and Lao PDR, adequacy of methodology	Ex-ante Evaluation Report, JE, C/P, other related institutions	Document Review, Interview, Questionnaire

**4. EFFECTIVENESS — To what extent has the Project been effective in producing the intended effects?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
4-1 Likelihood of the project purpose to be achieved	Is the Project purpose likely to be achieved by the end of the Project?	level of achievement of project purpose	Examine with reference to section 1-3	Document Review, Questionnaire
4-2 Causal relationships (Extent to which the outputs are being converted into the results)	Do all the outputs contribute and/or sufficient enough to the achievement of the Project purpose?	relationships between project purpose and outputs	Project Reports, JE, C/P	Document Review, Interview
	Are the indicators for Outputs and/or Project Purpose appropriately identified in PDM?	logic of PDM (narrative summary, indicators etc.)	Project Reports, JE, C/P	Document Review, Interview
	Are there any other factors that promote and/or hinder the realization of the Project purpose?	If any, examine corresponding cases	Project Reports, JE, C/P	Document Review, Interview

**5. EFFICIENCY — Has the Project been implemented efficiently?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
5-1 Level of achievement of Outputs	Is the level of achievement of outputs adequate? (in comparison with the level of inputs)	level of achievements of each output	Examine with reference to section 1-2	
5-2 Causal relationships	Have the sets of activities and/or inputs sufficient to produce outputs?	Likelihood of achieving each Output by implementation of Project's activities as planned.	JE, C/P	Interview
	Are there any hindering factors for attaining the outputs?	corresponding cases, if any	JE, C/P	Questionnaire, Interview
5-3 Appropriateness of inputs	Are the size/quantity and the quality of inputs appropriate? Were inputs delivered in an appropriate time frame?	quantity and quality of inputs timing of inputs deliverance	JE, C/P	Questionnaire

**6. IMPACT — Has there been any positive/negative long-term effects of the Project?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
6-1 Likelihood of Achieving Overall Goal	Overall Goals Qualified human resources for health are developed to improve MNCH Services	Indicators as per PDM (version 2) Increase of the number of human resources for health who have licenses	JE, C/P, Central and Provincial levels	Questionnaire
6-2 Causal relationships	Is the overall goal consistent with the project purpose?	logic of the PDM, influence of important assumptions, promoting/inhibiting factors etc.	JE, C/P	Interview
6-3 Other effects	Is there any other positive/negative impacts caused by the implementation of the Project?	If any, examine corresponding cases. * Impact to other central hospitals, provincial hospitals (in terms of their clinical training) * Any difference in terms of quality of human resources for health who undertake new curriculum (competency-based).	JE, C/P, Central and Provincial Levels	Interview

**7. SUSTAINABILITY — To what extent will the effects of the Project be sustained after the period of cooperation is completed?**

Items of Study	Evaluation Questions	Information to be collected	Data Source	Means of Analysis
7-1 Policy aspects	Will the development policy of the government of Lao PDR regarding the Project likely to continue after the Project is ended?	Positioning (priorities) of National Policies	JE, C/P, Central and Provincial levels	Interview, Questionnaire
	Does the government (especially MOH) possess any mechanism or system to diffuse the effects of the Project?	* Concrete measures to apply successful cases (such as Mahosot Hosp.) to other provinces in/outside Lao PDR	JE, C/P	Interview, Questionnaire
7-2 Organisational and financial aspects	Is the institutional capacity of MOH and related organizations at both central and provincial levels sufficient in order to implement activities after the termination of the project? (human allocations, budget planning etc.)?	Institutional capacity of central/provincial levels (human resources, budgets etc.)	JE, C/P	Interview, Questionnaire
	Is the budget for activities at central and provincial levels secured through its own and/or external sources?	Budget planning for central/provincial levels	JE, C/P	Interview, Questionnaire
7-3 Technical Aspects	Do counterpart institutions (MOH and related organizations) have sufficient technical capacity to continue and/or develop activities in order to sustain the effects of the Project?	* Capacity of teachers/teaching hospitals to introduce competency based curriculum etc. * Any measures to disseminate model case (Mahosot) to other central/provincial hospitals.	JE, C/P	Interview

Notes: 1. C/P stands for counterparts assigned to the Project.  
2. JE stands for Japanese experts assigned to the Project.

*Questionnaire for the Terminal Evaluation (counterpart members from MOH) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

**Achievement of Project Purpose:** Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU\* (Complex Hospital Institute Project University) (as of PDM ver. 3)

**This section is outside my task within the project so I will skip this section (please tick if applicable).**

QUESTIONS	Your ANSWER					Don't know	Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less			Very much		
	1	2	3	4	5	6	
1-1 Is content of the "Project Purpose" mentioned above relevant to the needs of MOH?					4		
1-2 Are management tools (such as National Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated <u>to all target schools</u> (i.e. UHS, 3CHS, 5PHS)?					4		Completed the dissemination
1-3 Are management tools (such as National Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated <u>to all target hospitals</u> (i.e. 5 central hospitals and 12 provincial hospitals)?					3	1	Completed the dissemination
1-4 Is the competency-based nursing education started in UHS, 3 CHS as well as in their teaching hospitals?					3		
1-5 Is the framework of the national licensing							(please state, if any, remaining task on this issue)

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system including national examination system for nurses (such as "Policy and Strategy of Health Professional Licensing System") is likely submitted for approval before the end of the Project (Feb 2016)?				1		1	Recently, drafting the strategies of the health care licensing system and also will revise the organizational structure of the Health Professional council as well as to the regulations of Health professional council along with the drafting of strategies
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**Section 1. Achievement of Outputs:**

Output 1: "Standard systems for nursing education are developed and/or institutionalized".

- (1) Dissemination of "National Competencies for Licensed Nurse" and revised "Guidelines for the Scope of nursing practice"
- (2) Compilation of revision points on other regulations and guidelines (such as "Nursing and Midwifery Regulations", "Nursing/Midwifery School Management Guidelines" etc.)
- (3) Clarification of the framework of National Licensing System including national examination for nurses

**This section is outside my task within the project so I will skip this section (please tick if applicable).**

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all	←	More or less	→	Very much	Don't know	
1-1 Are activities of the Output 1 mentioned above (1)-(3) all relevant to the needs of MOH?	1	2	3	4	5	6	
				4			
1-2 Is the quality of nursing documentation improved in 4 model wards of Mahosot Hospital?	1	2	3	4	5	6	
			2	1	1		
1-3 Are revised/developed guidelines (i.e. "Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to all training institutions?	1	2	3	4	5	6	
				4			
1-4 Are revised/developed guidelines (i.e.	1	2	3	4	5	6	

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"Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to all teaching hospitals?					3		
1-5 Is the framework of the national licensing system including national examination for nurses clarified as a result of the Project?	1	2	3	4	5	6	Recently being revised again, the president and board will not be the Ministers, to nominate the out sider to be president
				1	3		

Output 2: "Capacities of training institutions to implement quality educational programs are strengthened."

- (1) Development of Competency Based Nursing Education Curricula for Higher Diploma
- (2) Implementation of competency based nursing education
- (3) Improvement of educational environment of schools and teaching hospitals.

**This section is outside my task within the project so I will skip this section (please tick if applicable).**

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.	
	Not at all		More or less	Very much	Don't know		
2-1 Are activities of the Output 2 mentioned above (1)-(3) all relevant to the needs of MOH?	1	2	3	4	5	6	
					3		
2-2 Is all syllabus for competency based curriculum for higher diploma nursing developed?	1	2	3	4	5	6	
					3		
2-3 Is the improvement of education environment of training institutions (UHS, 3 CHS etc.) made sufficiently? (for example, provision of reference books, educational equipment etc.)	1	2	3	4	5	6	
					2		

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2-4 Upon completion of the Project, is MOH confident enough to secure budget necessary for the sustainability of the Project effects mentioned above (1) – (3)?	1	2	3	4	5	6	
				2	1		

Output 3: "Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems".

**This section is outside my task within the project so I will skip this section (please tick if applicable).**

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.	
	Not at all	More or less	Very much	Don't know			
3-1 Are activities of strengthening coordination system among MOH/schools/ teaching hospitals relevant to the needs of MOH?	1	2	3	4	5	6	
					3		
3-2 Is the annual plan of each school prepared and shared with respective department(s) within MOH?	1	2	3	4	5	6	
					2		
3-3 Are bi-annual reports from each school submitted timely to respective department(s) within MOH?	1	2	3	4	5	6	
			1	1			
3-4 Is MOH provide enough support/guidance in order to improve teaching environment of each school?	1	2	3	4	5	6	(If there is any example of improvement of teaching environment made recently, please describe more in details).
				2			



*Questionnaire for the Terminal Evaluation (counterpart members from MOH) for the  
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**Section 2. Implementation Process**

Items	QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less			Very much	Don't know	
		1	2	3	4	5	6	
2-1 Progress of activities	2-1-1 Have almost all the activities been implemented as planned?					3		
2-2 Technical transfer	2-2-1 Have technical transfers from JICA expert(s) been adequately made?	1	2	3	4	5	6	
						3		
2-3 Communication among stakeholders	2-3-1 Have communications among counterparts and JICA experts, as well as other related stakeholders been smooth and effective?	1	2	3	4	5	6	
						3		

***Thank you very much for your cooperation! If you have any other comments regarding the Project, please write them below:***

- This project generated so much benefits to nursing professional development, to move forward in the right direction in the future such as: at the mass level, legislations, guidelines and administrative tools have been developed. In education, the curriculums have been revised to be consistent with nursing competencies. In service, model wards are developed and all are in the processes, some activities are done at the beginning and some are being proceeded. If possible, I would like to suggest for the continuing of the project for at least 2 years. It would help us to gain more understanding and able to continue sustainably.
- Suggest the project to continue supporting the revision of the Health Educational Institute Management Guideline to be fully completed.

-end of the questionnaire-

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

**Achievement of Project Purpose:** Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU\* (Complex Hospital Institute Project University) (as of PDM ver. 3)

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less			Very much	
	1	2	3	4	5	6
1-1 Is content of the "Project Purpose" mentioned above relevant to the needs of your school?			1	3	3	✓ Is able to response to the development plan of the Ministry of Health ✓ The project purposes are to emphasize, to respond the standardized and qualified services, particularly sustainability strengthened us very much. ✓ The project purpose is very necessary to the promotion for the standardized and qualified service responding, particularly the sustainability of mother and child health, to empower them further more
1-2 Are management tools (such as National Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated to your school?				4	3	✓ Administration tools are well developed, however the implementation is not yet well done ✓ The competencies have been applied for teachers in the college particularly teachers who are nurses. Besides the competencies have been applied in the Higher diploma of Nursing curriculum. ✓ The revised scope of nursing practice is disseminated to teachers who are nurses, doctors and midwives.
1-3 Is the competency-based nursing education started in your school?			2	3	2	✓ Not yet bring in implementation

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

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**Section 1. Achievement of Outputs:**

Output 1: *"Standard systems for nursing education are developed and/or institutionalized"*.

- (1) Dissemination of "National Competencies for Licensed Nurse" and revised "Guidelines for the Scope of nursing practice"
- (2) Compilation of revision points on other regulations and guidelines (such as "Nursing and Midwifery Regulations", "Nursing/Midwifery School Management Guidelines" etc.)
- (3) Clarification of the framework of National Licensing System including national examination for nurses

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all	2	3	4	5	6	
1-1 Are activities of the Output 1 mentioned above (1)-(3) all relevant to the needs of your school?	1						✓ Activities 1-3 help improving education matters, from teachers to students ✓ Output 1 is relevant to the needs of our school
			2	1	4		
1-2 Are revised/developed guidelines (i.e. "Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to your school?	1						✓ The Guidelines for Scope of Nursing Practice was disseminated completely on 3/9/2015 with the participation of nursing and Primary health care teachers ✓ The National Competencies for Licensed was disseminated during 2013-2014 (could not remember the date) ✓ Disseminated contents to teachers, staffs and taught students ✓ The scope of nursing practice guideline and competencies are disseminated to teachers, for student, they are composed in the nursing curriculums particularly in the nursing ethic
				4	3		





*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
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3-4 Does your school receive any support/guidance from MOH or PHD (Provincial Health Department) in order to improve teaching environment in your school?	1	2	3	4	5	6	(If there is any example of improvement of teaching environment made recently, please describe more in details). ✓ The proposed budgets some were dismissed due to the lack budget form the Ministry, however this year we got some budget from province and the project but not enough ✓ For example, improvement of library, demonstration room and education quality assurance system and offices of teachers and staffs
			1	1	3		

**Section 2. Implementation Process 1**

Items	QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less	Very much			Don't know	
2-1 Progress of activities	2-1-1 Have almost all the activities been implemented as planned?	1	2	3	4	5	6	Activities have been implemented well as planned
				2	2	1		
2-2 Technical transfer	2-2-1 Have technical transfers from JICA expert(s) been adequately made?	1	2	3	4	5	6	✓ Require to increase more frequency and duration of trainings ✓ Suggest to enhance more to develop the works because there are changing all the time
			1	2	2			
2-3 Communication among stakeholders	2-3-1 Have communications among counterparts and JICA experts, as well as other related stakeholders been smooth and effective?	1	2	3	4	5	6	Well collaboration because there are detailed planning together
				1	2	2		

**Section 3. Additional Questions**

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments (compulsory)
	Not at all	More or less	Very much			

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*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

	1	2	3	4	5	6	
3-1 Is the revised HDN curriculum (competency-based) implemented without any major obstacles?			1	1	1		<ul style="list-style-type: none"> <li>✓ Shortage of teacher and textbook, some subjects have no complete</li> <li>✓ Initial understanding was not in detail therefore there are some troubles in the implementations.</li> <li>✓ In the developing of Higher Diploma of Nursing curriculum, there were some troubles, particularly the experts are not yet clarified therefore it took long time.</li> </ul>
3-2 Is equipment provided by the Project (such as books and equipment) actively utilized and maintained properly in your school?			1	1	4		<ul style="list-style-type: none"> <li>✓ Simulator body and demonstration room are not yet sufficiently responded</li> <li>✓ There is place to store and there is staff taking responsible</li> <li>✓ For those books and equipment provided from the project, our college allocated them correctly according to the systems and apply into teaching-learning, also with maintenance system</li> </ul>
3-3 Does your school seek for any additional budget (other than MOH, PHD) to improve nursing education environment?			3	1	2		<ul style="list-style-type: none"> <li>✓ Received from province, received the support from Vietnam, neighboring countries and projects such as: simulation body, demonstration room equipment, library improvement</li> <li>✓ There is improvement every year</li> <li>✓ The college receive supports from other organizations to improve the library.</li> </ul>
3-4 Regarding the training in Brapha Univ. in Thailand, do you utilize what you've learned during the program in order to improve clinical teaching at your school?				4	2	1	<ul style="list-style-type: none"> <li>✓ Improved</li> <li>✓ Able to bring back lessons to teach students and teachers in the major</li> <li>✓ Receiving scholarship from the project for the Burapha training is a very good opportunity as being able to exchange lessons regarding teaching-learning in clinical and bring back those lessons to apply in teaching-learning for nursing students Bach 4 and the next Bach as well.</li> </ul>
3-5 Do you implement activity plan							There is committee from DTR and JICA who supported the

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developed during the "supportive supervision"?			1	2	2		supportive supervision activity, resulted the acknowledgment of the points that the college need to improve more
3-6 Through "supportive supervision", do you consider that capacity on clinical nursing education has been strengthened (both in terms of yourself, and your school?)	1	2	3	4	5	6	Please write in detail, in terms of i) your own capacity and ii) capacity as a whole of your school. Has been strengthened, however there is limitation of number of teacher that is few and students are much. Teachers at the college are not enough empowered
3-7 Do activities of nursing education committee (such as curriculum revision) enhanced capacity of nursing education of yourself as a teacher?	1	2	3	4	5	6	Bring the revision results of each time to disseminate to teachers
3-8 Do activities of nursing education committee (such as curriculum revision) promoted coordination with related stakeholders?	1	2	3	4	5	6	
3-9 Is the report system on school management (twice a year) strengthened as a result of the Project?	1	2	3	4	5	6	The project well emphasized each school
3-10 Is the coordination meeting between school and teaching hospital strengthened as a result of the Project?	1	2	3	4	5	6	
3-11 Do you actively utilize "Revised Guidelines for the Scope of Nursing Practice" in your school? (including the implementation of action plan developed during the workshop)	1	2	3	4	5	6	
3-12 Do you refer and utilize to the	1	2	3	4	5	6	✓ Applied into the Higher Diploma of Nursing Bach 4, and will



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"National Competency for Licensed Nurses" in your teaching program?			3	1	2	1	apply in the following Bach as well.
3-13 Are you confident enough to continue all above activities after the end of the Project (in terms of technical, institutional and financial aspects)?	1	2	3	4	5	6	✓ Recommend for the continuing of the project, particularly technical support for teachers and supports of teaching-learning equipment and books for library ✓ For technical, it is able to be continue ✓ For budget, require the higher level to support
		1	2	1	1		
3-14 Please describe briefly any impact brought by nursing teachers who were involved in Project's activities to other teachers and their educational activities.	The participants got improved for work management, for academic and be able to apply the knowledge in self-development, to develop teachers in the college and to develop the college						

*Thank you very much for your cooperation! If you have any other comments regarding the Project, please write them below:*

# I observed that the project well implements the activities and those are very important in nursing education in our country, to develop and improve the teaching-learning system to be standardized and qualified for nursing and midwifery students.

# From the participating in activities of the project, I gained very much lessons, knowledge, experiences both in terms of academic and administration and sustainability. To those that I gained from the project I will apply continuously and improve more.

-end of the questionnaire-

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Achievement of Project Purpose: Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU\* (Complex Hospital Institute Project University) (as of PDM ver. 3)

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all	2	3	4	Very much	Don't know	
1-1 Is content of the "Project Purpose" mentioned above relevant to the needs of your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Relevant</li> <li>✓ The title mentioned above is relevant to our hospital, because it makes nursing personnel to be qualified in mother and child health service and health promotion</li> <li>✓ It is very excellent project to upgrade the knowledge and capacity for personnel</li> </ul>
1-2 Are management tools (such as National Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated to your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Management tools are appropriately applied to nursing care in the hospital</li> <li>✓ Mainly the management tools have been disseminated in hospital, but they are not yet covered all divisions. The actual practice of nurses are sometimes out of scope such as: writing the drug prescription and blood transfusion without doctors presenting and etc.</li> </ul>
1-3 Is the competency-based nursing education is incorporated within the teaching program in your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Nursing perception is applied and taught in the hospital</li> <li>✓ It has been incorporated in the teaching program , however it is not yet covered enough, and it is required to cover more</li> </ul>

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Section 1. Achievement of Outputs:

Output 1: "Standard systems for nursing education are developed and/or institutionalized".

- (1) Dissemination of "National Competencies for Licensed Nurse" and revised "Guidelines for the Scope of nursing practice"
- (2) Compilation of revision points on other regulations and guidelines (such as "Nursing and Midwifery Regulations", "Nursing/Midwifery School Management Guidelines" etc.)
- (3) Clarification of the framework of National Licensing System including national examination for nurses

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all		More or less		Very much	Don't know	
1-1 Are activities of the Output 1 mentioned above (1)-(3) all relevant to the needs of your hospital?	1	2	3	4	5	6	✓ Activities 1-3 mentioned above are all necessary for the hospital as to make the same standard for nursing ✓ It is relevant to the needs, and require this project to be sustainable with our hospital
1-2 Are revised/developed guidelines (i.e. "Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to your hospital?			1		11		✓ It is the revision on nursing development in the hospital. ✓ They have been disseminated to our hospital, however they are required to organize regularly trainings/or workshop for disseminating these guidelines.
1-3 Is the quality of nursing documentation improved as a result of the Project activities?				1	1		(If yes, please explain in details). ✓ There are many improvements such as: Patient's admission sheets and nursing record. ✓ Agree for the development of nursing document through the project activities (the project support budget for the improvement) ✓ This project, the quality of nursing documentation is improved for the better and with proper knowledge and capacity.

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Output 2: "Capacities of training institutions to implement quality educational programs are strengthened."

- (1) Development of Competency Based Nursing Education Curricula for Higher Diploma
- (2) Implementation of competency based nursing education
- (3) Improvement of educational environment of schools and teaching hospitals.

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less			Very much	
	1	2	3	4	5	6
2-1 Are activities of the Output 2 mentioned above (1)-(3) all relevant to the needs of your hospital?					111	<ul style="list-style-type: none"> <li>✓ The clinical practice of students at the hospital, it is observed that the students from many programs are practicing in the same time resulted learning of the students are not sufficient, clinical teachers are taking many responsibilities.</li> <li>✓ They are relevant to the needs and require for the better and better improvement.</li> </ul>
2-2 Does your hospital have enough clinical trainers for nursing trained on competency based education and/or standards for nursing care?		1	1	1		<ul style="list-style-type: none"> <li>✓ Clinical teachers have been trained on competency based nursing educations, however the training on nursing standard are not sufficient.</li> <li>✓ Previously there were lecture, but not yet any training</li> <li>✓ The clinical instructors are not enough, some of them are technical nurses, and they need to have training to upgrade clinical teachers.</li> </ul>
2-4 Is the improvement of education environment of your hospital made sufficiently? (for example, provision of reference books, educational equipment etc.)	1			11		<ul style="list-style-type: none"> <li>✓ Our hospital improved and opened for nurses and clinical practicing students to utilize books at nursing department (some books are composed for the education of clinical teachers and students during their clinical practicing at hospital, however the books are not distributed to wards.)</li> <li>✓ For students who are practicing, the hospital doesn't offer any document or educational equipment to them, in any possibility we would like to have those things.</li> </ul>

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
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Output 3: "Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems".

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all		More or less		Very much	Don't know	
3-1 Are activities of strengthening coordination system among MOH/schools/ teaching hospitals relevant to the needs of your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ School and clinical practice hospital are not yet being consistent because there are many programs; some clinical teachers are in the low level.</li> <li>✓ Teachers from school are not continuously following up students</li> <li>✓ The strengthening of coordination among MOH, nursing school and teaching hospitals, it needs the teachers from school to help teaching more. MOH has the monitoring and evaluation system aim to assure the quality of students</li> <li>✓ The coordination is not properly strengthened and it is not clear.</li> </ul>
			1	1			
3-2 Does your hospital coordinate with school (i.e. UHS or CHS) to produce annual plan of teaching program?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Hospital and school are having well collaboration.</li> <li>✓ The hospital coordinate with school through attending annual teachers meeting to gain lesson and make a plan together</li> <li>✓ The coordination to make plan is not strong. Teachers are not properly following up the students during their practicing. Teachers don't attend any evaluation exam at the wards</li> </ul>
		1			11		
3-3 Does your hospital receive any support/guidance from MOH or PHD (Provincial Health Department) in order to improve teaching environment in your hospital?	1	2	3	4	5	6	<p>(If there is any example of improvement of teaching environment made recently, please describe more in details).</p> <ul style="list-style-type: none"> <li>✓ Only DTR, MOH provided opportunities for clinical teachers to go for training, however not yet covered (require for another clinical teacher training) in order to teacher students in practical effectively</li> </ul>
			1	1		1	

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Section 2. Implementation Process

Items	QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less			Very much	Don't know	
2-1 Progress of activities	2-1-1 Have almost all the activities been implemented as planned?	1	2	3	4	5	6	✓ Most of activities have been implemented as planned
				11	1			
2-2 Technical transfer	2-2-1 Have technical transfers from JICA expert(s) been adequately made?	1	2	3	4	5	6	✓ Requiring for the nurses to have specialist nursing training
				11		1		
2-3 Communication among stakeholders	2-3-1 Have communications among counterparts and JICA experts, as well as other related stakeholders been smooth and effective?	1	2	3	4	5	6	✓ There are well collaborations among counterparts and JICA experts as well as other related stakeholders
					11	1		

Section 3. Additional Questions

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments (compulsory)
	Not at all	More or less			Very much	Don't know	
3-1 Is the revised HDN curriculum (competency-based) implemented without any major obstacles?	1	2	3	4	5	6	✓ There were some trouble of revising the curriculum, for example to name the curriculum
				1	1	1	
3-2 Is equipment provided by the Project (such as books and equipment) actively utilized and maintained properly in your hospital?	1	2	3	4	5	6	✓ Equipment such as: books and those equipment are being utilized effectively and maintained well. ✓ The equipment received from the project are maintained very well
				11	1		

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

3-3 Does your hospital seek for any additional budget (other than MOH, PHD) to improve nursing education environment?	1	2	3	4	5	6	✓ The hospital still have shortage of budget to promote nursing education
		1		1		1	
3-4 Regarding the training in Brapha Univ. in Thailand, do you utilize what you've learned during the program in order to improve clinical teaching at your hospital?	1	2	3	4	5	6	✓ Clinical teaching-learning is well improved (After coming back from the training at Burapha University) ✓ After the midwifery staff came back from training at Burapha University, Thailand. We conduct meeting among nurses. We apply thai recording sheet
	1			1	1		
3-5 Do you implement activity plan developed during the "supportive supervision"?	1	2	3	4	5	6	✓ Implemented ✓ We developed the pre-post delivery monitoring sheet for students to record
			1	1	1		
3-6 Through "supportive supervision", do you consider that capacity on clinical nursing education has been strengthened ( <u>both in terms of yourself, and your hospital?</u> )	1	2	3	4	5	6	Please write in detail, in terms of i) your own capacity and ii) capacity as a whole of your hospital. ✓ Has been strengthened ✓ Have been supervised. To monitor clinical teacher together with school in order to help developing education
				11	1		
3-7 Do activities of clinical teaching in nursing enhanced capacity of nursing education of <u>yourself</u> as a clinical trainer?	1	2	3	4	5	6	✓ The nursing communication capacity of clinical teachers are enhanced
			1	1	1		
3-8 Do activities of clinical teaching in nursing promoted coordination with related stakeholders?	1	2	3	4	5	6	✓ Participated
			11	1			
3-9 Is the coordination meeting between school and teaching hospital strengthened as a result of the Project?	1	2	3	4	5	6	✓ Yes (very good)
				111			
3-10 Do you actively utilize "Revised Guidelines	1	2	3	4	5	6	✓ Utilized

*Questionnaire for the Terminal Evaluation (counterpart members from provincial hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

for the Scope of Nursing Practice" in your hospital? (including the implementation of action plan developed during the workshop)				111			
3-11 Do you refer and utilize to the "National Competency for Licensed Nurses" in your teaching program?	1	2	3	4	5	6	✓ Utilized
			1	1			
3-12 Are you confident enough to continue all above activities after the end of the Project (in terms of technical, institutional and financial aspects)?	1	2	3	4	5	6	✓ To continue implement the projects' activities ✓ I am personally confident to continue the activities mentioned above whether the project will terminate
			1	11			
3-13 Please describe briefly any impact brought by nurses who were involved in Project's activities to other nurses and their educational activities.	✓ Some nurses are still using cell phone which disturbing concentrations of the others and themselves as well, they won't understand the lessons.						

*Thank you very much for your cooperation! If you have any other comments regarding the Project, please write them below:*

- Thank you very much to organizations of all levels and JICA Project for the supports, If possible I am expecting for the project to continue in the next phase.
- I have involved the JICA HRH project since 3/2015 in the revision of higher diploma of nursing curriculum, revision of nursing regulation in 2015. I disseminated competencies to midwifery staffs to know and to apply. The new revised nursing regulation is disseminated to nurses in districts, some health care centers. The coordination among school/hospital and the responsibility on students in practicing (in any possibility, I suggest the project to be continue)
- This is a very good project for the better development, improvement, upgrade the capacity and knowledge of health personnel. To this evaluation questionnaire, some questions are difficult to understand.

-end of the questionnaire-



*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Achievement of Project Purpose: Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU\* (Complex Hospital Institute Project University) (as of PDM ver. 3)

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER					Don't know	Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less			Very much		
	1	2	3	4	5	6	
1-1 Is content of the "Project Purpose" mentioned above relevant to the needs of your school?					2		<ul style="list-style-type: none"> <li>✓ The purpose is very good as for the human resource development for health it is very necessary to have sustainability from the schools and hospital; because the important point of clinical practice is "hospital"</li> <li>✓ The project purpose is very good for the school as the place of producing health personnel, for students to graduate with the qualified knowledge.</li> </ul>
1-2 Are management tools (such as National Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated to your school?				1	1		<ul style="list-style-type: none"> <li>✓ The competency is already disseminated however scope of nursing practice is not yet, expecting to disseminate to students during the teaching</li> <li>✓ The management tools are very good because, nurses when they graduated and become staff they will be working in accordance with competencies in order to assure the safety for clients.</li> <li>✓ The scope of nursing practices and competencies are disseminated to some students</li> </ul>
1-3 Is the competency-based nursing education started in your school?				1	1		<ul style="list-style-type: none"> <li>✓ Started using the curriculum and immersed into teaching plans</li> <li>✓ The nursing education is disseminated to the last year students who will graduate and bring to apply in the actual work.</li> </ul>

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

**Section 1. Achievement of Outputs:**

Output 1: *"Standard systems for nursing education are developed and/or institutionalized"*.

- (1) Dissemination of "National Competencies for Licensed Nurse" and revised "Guidelines for the Scope of nursing practice"
- (2) Compilation of revision points on other regulations and guidelines (such as "Nursing and Midwifery Regulations", "Nursing/Midwifery School Management Guidelines" etc.)
- (3) Clarification of the framework of National Licensing System including national examination for nurses

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less			Very much	Don't know	
	1	2	3	4	5	6	
1-1 Are activities of the Output 1 mentioned above (1)-(3) all relevant to the needs of your school?				1	1		In the above 1-3 are very necessary for our school for students to know that they will be working correctly
1-2 Are revised/developed guidelines (i.e. "Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to your school?				1	1		The revised guideline I am not sure that the academic affair section has disseminated to students yet or not.

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Output 2: *"Capacities of training institutions to implement quality educational programs are strengthened."*

- (1) Development of Competency Based Nursing Education Curricula for Higher Diploma
- (2) Implementation of competency based nursing education
- (3) Improvement of educational environment of schools and teaching hospitals.

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.	
	Not at all	More or less			Very much		Don't know
	1	2	3	4	5	6	
2-1 Are activities of the Output 2 mentioned above (1)-(3) all relevant to the needs of your school?					1		For 1-3 are very necessary for the higher diploma students because the students will know the competency
2-2 Is all syllabus for competency based curriculum for higher diploma nursing developed?				1	1		Course syllabus of the higher education is applied according to the curriculum developed by DTR
2-3 Does your school have enough teachers trained on competency based education and/or standards for nursing care?			1		1		For teachers, the training on competency based education and standards for nursing care are not yet enough, some teachers not yet
2-4 Is the improvement of education environment of your school made sufficiently? (for example, provision of reference books, educational equipment etc.)			1		1		For school, there are lack of teaching-learning equipment, not sufficient with the number of students such as textbooks and books

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Output 3: "Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems".

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER					6 Don't know	Please explain reasons for your answer and/or any additional comments.
	Not at all		More or less		Very much		
3-1 Are activities of strengthening coordination system among MOH/schools/teaching hospitals relevant to the needs of your school?	1	2	3	4	5	6	For clinical practice facilities, hospitals, institutes are very necessary for students
					2		
3-2 Is the annual plan of your school prepared and shared with respective department(s) within MOH?	1	2	3	4	5	6	Annual plan of the school is made and there is annual summary of teaching-learning as well as evaluation in each year
					1		
3-3 Are bi-annual reports from your school submitted timely to respective department(s) within MOH?	1	2	3	4	5	6	The report of the school was submitted to UHS and MOH bi-annually
					1		
3-4 Does your school receive any support/guidance from MOH or PHD (Provincial Health Department) in order to improve teaching environment in your school?	1	2	3	4	5	6	(If there is any example of improvement of teaching environment made recently, please describe more in details).

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

**Section 2. Implementation Process**

Items	QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less			Very much	Don't know	
2-1 Progress of activities	2-1-1 Have almost all the activities been implemented as planned?	1	2	3	4	5	6	Activities have been implemented as planned
						1		
2-2 Technical transfer	2-2-1 Have technical transfers from JICA expert(s) been adequately made?	1	2	3	4	5	6	Technical transfers from JICA experts are not yet sufficient
					1	1		
2-3 Communication among stakeholders	2-3-1 Have communications among counterparts and JICA experts, as well as other related stakeholders been smooth and effective?	1	2	3	4	5	6	Implemented smoothly and effectively
					1	1		

**Section 3. Additional Questions**

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments (compulsory)
	Not at all	More or less			Very much	Don't know	
3-1 Is the revised HDN curriculum (competency-based) implemented without any major obstacles?	1	2	3	4	5	6	The developing of HDN curriculum base on the competency there were no problem
	1				1		
3-2 Is equipment provided by the Project (such as books and equipment) actively utilized and maintained properly in your school?	1	2	3	4	5	6	Equipment and textbooks are well utilized and well maintained
			1		1		

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

3-3 Does your school seek for any additional budget (other than MOH, PHD) to improve nursing education environment?	1	2	3	4	5	6	Beside the budgets from Ministry, the school is also seeking for additional budgets from projects
3-4 Regarding the training in Brapha Univ. in Thailand, do you utilize what you've learned during the program in order to improve clinical teaching at your school?	1	2	3	4	5	6	Have been applied in our school
					1		
3-5 Do you implement activity plan developed during the "supportive supervision"?	1	2	3	4	5	6	
					1		
3-6 Through "supportive supervision", do you consider that capacity on clinical nursing education has been strengthened (both in terms of yourself, and your school?)	1	2	3	4	5	6	Please write in detail, in terms of i) your own capacity and ii) capacity as a whole of your school.
3-7 Do activities of nursing education committee (such as curriculum revision) enhanced capacity of nursing education of yourself as a teacher?	1	2	3	4	5	6	previously I have been upgraded the capacity in nursing education regularly for short terms
					1		
3-8 Do activities of nursing education committee (such as curriculum revision) promoted coordination with related stakeholders?	1	2	3	4	5	6	Regarding the activities of nursing education committee such as: the revision of curriculums, there is the strengthening and collaboration with the project
					2		
3-9 Is the report system on school management (twice a year) strengthened as a result of the Project?	1	2	3	4	5	6	
					1		
3-10 Is the coordination meeting between	1	2	3	4	5	6	Something have been achieve through this project

*Questionnaire for the Terminal Evaluation (counterpart members from CHS) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

school and teaching hospital strengthened as a result of the Project?					2		
3-11 Do you actively utilize "Revised Guidelines for the Scope of Nursing Practice" in your school? (including the implementation of action plan developed during the workshop)	1	2	3	4	5	6	
					1		
3-12 Do you refer and utilize to the "National Competency for Licensed Nurses" in your teaching program?	1	2	3	4	5	6	There are questions to put in the licensing examination
					1		
3-13 Are you confident enough to continue all above activities after the end of the Project (in terms of technical, institutional and financial aspects)?	1	2	3	4	5	6	After finishing of the project, the technical and financial sections of the school will continue
					2		
3-14 Please describe briefly any impact brought by nursing teachers who were involved in Project's activities to other teachers and their educational activities.							

*Thank you very much for your cooperation! If you have any other comments regarding the Project, please write them below:*

-end of the questionnaire-

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Achievement of Project Purpose: Systems to develop human resources for health are reinforced to provide standard and quality services based on the concept of CHIPU\* (Complex Hospital Institute Project University) (as of PDM ver. 3)

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all	More or less				Very much	
	1	2	3	4	5	6	
1-1 Is content of the "Project Purpose" mentioned above relevant to the needs of your hospital?				1	15		<ul style="list-style-type: none"> <li>✓ The project purpose is relevant to the service quality of the hospital</li> <li>✓ Very much related because it is to emphasize the qualified service</li> <li>✓ Because it makes nursing to be qualified</li> <li>✓ It is very important to the personnel development in the professional service</li> <li>✓ Very important regarding the technical and management personnel development</li> <li>✓ Previously we didn't implement in detail, Recently we are implementing systematically, therefore have more momery</li> <li>✓ Relevant to the needs of nursing to be reference to practice nursing activities in hospital</li> <li>✓ The project purpose mentioned above is very relevant to the hospital, because it is an evidence for nursing in practicing nursing activities</li> <li>✓ Because there is the improvement of service system in hospital. The hospital needs continuing personnel development system in order to improve the service in hospital for the better quality</li> <li>✓ Is the important matter, shoud be improved for the continuing development</li> </ul>
1-2 Are management tools (such as National	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ It is to determine competency into practice</li> </ul>



*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
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Competency on Licensed Nurses, competency-based curriculum etc.) to put "competency" and "scope of nursing practices" into practice disseminated to your hospital?		2	2	2	10		<ul style="list-style-type: none"> <li>✓ Disseminated, because it is an indicator to evaluate the knowledge, capacity of nurses in their work</li> <li>✓ Only model wards know about competency because participating in the teaching-learning processes</li> <li>✓ Already disseminated to nurses who are involving in the model wards project and some chief of units during the coming of expert from Thailand, but not yet disseminated to every nurses in the hospital</li> <li>✓ It makes nurses to know about doctor's works and nurse's work clearly</li> <li>✓ Been invited to participate in the discussion, the technical contribution</li> <li>✓ Disseminated regarding technical cooperation</li> <li>✓ Participated in the competency workshop and contributed the technical work</li> <li>✓ Occasionally be suggested</li> <li>✓ The dissemination is not yet covered, some people don't know in detail</li> <li>✓ Disseminated but not continuously</li> <li>✓ Disseminated and applied in the nursing practice and disseminated to every nurses and doctors to know.</li> <li>✓ Competency and scope of nursing practices are disseminated</li> <li>✓ Disseminated competency an scope of nursing practices</li> <li>✓ Not yet disseminate fully, especially to the new coming nurses</li> <li>✓ Competency is disseminated with in our hospital, it is an important tool because there are different levels of nurses. Will be disseminated periodically</li> </ul>
1-3 Is the competency-based nursing education	1	2	3	4	5	6	✓ Already be included, because hospital is the place for clinical

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

is incorporated within the teaching program in your hospital?			3	4	8	1	<ul style="list-style-type: none"> <li>✓ practice as well as tasks and competency practice for students</li> <li>✓ Got Patient's nursing care manuals in model wards                             <ul style="list-style-type: none"> <li>1. Pre-post operation nursing care manual</li> <li>2. Discharge patient nursing care manual</li> </ul> </li> <li>✓ During the training for nurses, the teaching of student we immersed nursing competency in those</li> <li>✓ new about management/ Leading/ Using of nursing process/ Giving consultation</li> <li>✓ Medical students passed the nursing theory section and nursing practicum in their 3<sup>rd</sup> and 1<sup>st</sup> year</li> <li>✓ Nursing education is incorporated within the teaching program and will be an evidence for nursing education in school and hospital according to the objectives of school on the clinical practicing</li> <li>✓ Competency is incorporated within the teaching in hospital according to the objectives of school on what the nurse are required to have.</li> <li>✓ During the student practicing at the hospital, the clinical teachers base on competency as the guideline provided by the project and mainly apply during the teaching in clinical practice</li> <li>✓ Yes, because it is the basic in teaching-learning program</li> </ul>
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Section 1. Achievement of Outputs:

Output 1: "Standard systems for nursing education are developed and/or institutionalized".

- (1) Dissemination of "National Competencies for Licensed Nurse" and revised "Guidelines for the Scope of nursing practice"
- (2) Compilation of revision points on other regulations and guidelines (such as "Nursing and Midwifery Regulations", "Nursing/Midwifery School Management Guidelines" etc.)
- (3) Clarification of the framework of National Licensing System including national examination for nurses

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER	Please explain reasons for your answer and/or any additional comments.
	Not at all      More or less      Very much      Don't know 	

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

1-1 Are activities of the Output 1 mentioned above (1)-(3) all relevant to the needs of your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Very much related from 1-3</li> <li>✓ Very necessary because some nurses still practice out of their scope</li> <li>✓ Relevant to nursing matter and able to apply in the actual work</li> <li>✓ 1-3 are relevant to the needs of our hospital. Because they are the base for nurse to work</li> <li>✓ Relevant to the needs of the hospital , because they are the reference for nurses to work in hospital</li> <li>✓ The dissemination activities of scope of nursing practices, is periodically disseminated along with the reviewing of regulation and guidelines. Relevant</li> </ul>
		1	1	2	11		
1-2 Are revised/developed guidelines (i.e. "Guidelines for the Scope of Nursing Practice" and "National Competencies for Licensed Nurses") disseminated to your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ The guideline of scope of Nursing Practice and Competencies for Licensed Nurses have been utilized as the references</li> <li>✓ Already disseminated</li> <li>✓ The same question as above</li> <li>✓ Disseminated however not yet covered, some people not yet know in details</li> <li>✓ Disseminated to doctors and nurses to know and to able to separate right and scope of nursing.</li> <li>✓ The new revised scope of nursing practices is disseminated, however not yet covered</li> <li>✓ Disseminated to some sections</li> <li>✓ Disseminated</li> </ul>
	1	1		7	7		
1-3 Is the quality of nursing documentation improved as a result of the Project activities?	1	2	3	4	5	6	(If yes, please explain in details). <ul style="list-style-type: none"> <li>✓ We have used the patient's assessment sheet, from this project that supported to revise for our hospital</li> <li>✓ Well improved especially, nursing record document in model wards</li> <li>✓ Received supports in developing nursing care manual of the specific disease and manual of pre-post operation nursing care and before discharging patient's nursing care</li> <li>✓ Well arrangement/ Clearly</li> <li>✓ Well arranged, saving time for doctor's order</li> </ul>
				3	11		



*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

2-2 Does your hospital have enough clinical trainers for nursing trained on competency based education and/or standards for nursing care?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Definitely have. We as an education team with the clear organizational structure, we assign the responsibilities to each other on the clinical teaching and at the UHS</li> <li>✓ Not sufficient</li> <li>✓ Not yet sufficient, still need more</li> <li>✓ Not for clinical teacher, Only head nurse read from books and explain to members</li> <li>✓ In the hospital, there are the continuing nursing education committee where the clinical teachers organized nursing education training and disseminate competency and other training at school in addition</li> <li>✓ Clinical teachers for nursing are not yet sufficiently trained on nursing education</li> <li>✓ Clinical teacher training, the hospital send for the training once a year</li> <li>✓ To the nurses in our hospital, it is not efficient. Therefore, some clinical teachers are still diploma nurse however they have been trained on nursing education</li> </ul>
			6	5	5		
2-4 Is the improvement of education environment of your hospital made sufficiently? (for example, provision of reference books, educational equipment etc.)	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ there are improvements- there are some documents+equipment supported by HRH project</li> <li>✓ Still have some limitations. There are some few.</li> <li>✓ Improved teaching-learning environment for nurses, especially, the guideline on scope of nursing practices are distributed to nurses, head nurses, vice head nurses, chief of unit, deputy director of departments in hospital</li> <li>✓ Distributed equipment to each units, for instance fundamentals of nursing manual for every units</li> <li>✓ The improvement of educational environment is done through the supports from project in terms of educational equipment and textbooks</li> <li>✓ Our hospital facilitates other hospitals in practical teaching The equipment, got some support (books) but not enough</li> </ul>
	2	1	5	1	5		

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Output 3: "Good coordination is strengthened among relevant departments and organizations to effectively improve the educational systems".

This section is outside my task within the project so I will skip this section (please tick if applicable).

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
	Not at all		More or less		Very much	Don't know	
3-1 Are activities of strengthening coordination system among MOH/schools/ teaching hospitals relevant to the needs of your hospital?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Relevant, because of implementing in accordance with the same goal and objective among school and hospital</li> <li>✓ Students learn the theories and apply actually in their professions</li> <li>✓ Students learn theories /Practicum</li> <li>✓ The coordination among MOH and hospital is well done. Require to strengthen more regarding the documents circulation that is not covered</li> <li>✓ The coordination among MOH/school/hospital in clinical practicing is very relevant to the needs of the hospital</li> <li>✓ There is the coordination before sending students for clinical practice in the hospital</li> <li>✓ Relevant</li> </ul>
			5	4	8		
3-2 Does your hospital coordinate with school (i.e. UHS or CHS) to produce annual plan of teaching program?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Collaborate each other</li> <li>✓ Jointly making plan, but not usual</li> <li>✓ To be in line with the theory learning</li> <li>✓ When student came on clinical practice, It will be in line with theories they learnt</li> <li>✓ There are coordination and making plan in details while the students come for clinical practice</li> <li>✓ Don not coordinate to make annual plan on teaching</li> <li>✓ There is no coordination with school regarding the making annual plan of teaching program</li> <li>✓ Coordinate every year</li> </ul>
			6	6	3	1	

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

3-3 Does your hospital receive any support/guidance from MOH or PHD (Provincial Health Department) in order to improve teaching environment in your hospital?	1	2	3	4	5	6	(If there is any example of improvement of teaching environment made recently, please describe more in details). <input checked="" type="checkbox"/> Be instructed <input checked="" type="checkbox"/> Require to have a clear plan, to strengthen more upgrading nurses in hospital <input checked="" type="checkbox"/> Received supports/guidance from MOH <input checked="" type="checkbox"/> There is meeting for improvement every year
	1	2	3	7	3		

Section 2. Implementation Process

Items	QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less			Very much	Don't know	
2-1 Progress of activities	2-1-1 Have almost all the activities been implemented as planned?	1	2	3	4	5	6	<input checked="" type="checkbox"/> The activities have been implemented as planned, we have the continuously collaboration with the chief advisor of the project and coordinators <input checked="" type="checkbox"/> Implemented as planned <input checked="" type="checkbox"/> Sometimes we not yet implement according to the plan because the responsible persons of each activities are not enough therefore some are delay <input checked="" type="checkbox"/> There are many concentration and efforts in the implementation <input checked="" type="checkbox"/> Well implemented as planned , in the implementation of activities with patients <input checked="" type="checkbox"/> Activities well achieved because the activities with patients are more active and know more how to making nursing plan for patients <input checked="" type="checkbox"/> Implemented as planned, but sometimes not because of attending other technical meeting, however still implementing to achieve the goal <input checked="" type="checkbox"/> The activities have been implement as planned <input checked="" type="checkbox"/> It is observed that the activities have been implemented
				1	6	10		

*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Items	QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less	Very much	Don't know		
							as planned ✓ Implemented as planned
2-2 Technical transfer	2-2-1 Have technical transfers from JICA expert(s) been adequately made?	1	2	3 2	4 6	5 9	6 ✓ We received supports from the project and short term experts regularly in providing instruction and coaching ✓ Very sufficient ✓ Gained knowledge and experiences more from JICA experts ✓ There are effective results which are the basic ✓ Still want more advise in nursing technical ✓ Not yet sufficient, require the project to be continue. There are time limitation in technical dissemination, therefore not yet covered. Require experts to organize more training at hospital on nursing ✓ The technical transferring from JICA experts is enough ✓ Regarding technical transferring, it is observed that the project put efforts to nursing personnel through organizing technical trainings ✓ Have been transferred and supported well
2-3 Communication among stakeholders	2-3-1 Have communications among counterparts and JICA experts, as well as other related stakeholders been smooth and effective?	1	2	3 1	4 5	5 11	6 ✓ Well communications ✓ Very much advantaged ✓ We have well collaboration ✓ Implemented by understanding and unity according to the actual situation ✓ There are so much advantages for nursing ✓ Very good, suggest to have the continue of the project regarding nursing for the better improvement ✓ The coordination are well done. It could be observed in



*Questionnaire for the Terminal Evaluation (counterpart members from 5 central hospitals) for the  
"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

Items	QUESTIONS	Your ANSWER					Please explain reasons for your answer and/or any additional comments.
		Not at all	More or less			Very much	
							the document delivery, there is confirmation phone call after the document is delivered. ✓ The coordination with the related stakeholders is done well and effectively ✓ Good result

Section 3. Additional Questions

QUESTIONS	Your ANSWER						Please explain reasons for your answer and/or any additional comments (compulsory)
	Not at all	More or less				Very much	
3-1 Is the revised HDN curriculum (competency-based) implemented without any major obstacles?	1	2	3	4	5	6	✓ We have the participatory with the nursing department in the revision of HDN ✓ Don't understand the question (major obstacles)?? ✓ Don't understand what do major obstacles mean ✓ Implemented according to every procedures of learning guideline ✓ Do not specify in nursing ✓ Didn't involve in the revision of HDN curriculum ✓ Didn't involve in the developing of curriculum ✓ Relevant to the needs of hospital in the actual work ✓ Good
	2		2	1	4	5	
3-2 Is equipment provided by the Project (such as books and equipment) actively utilized and maintained properly in your hospital?	1	2	3	4	5	6	✓ We gained many advantages from utilizing book and equipment, beside the hospital staffs the clinical practicing students are also utilizing ✓ Smoothly – well problem solving ✓ We keep the equipment provided by the project as references for everyone ✓ Could not observe/know all about the project
			2	2	13		

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"Project for Sustainable Development of Human Resources for Health to improve Maternal, Neonatal and Child Health Services"*

							<ul style="list-style-type: none"> <li>✓ There is few equipment</li> <li>✓ Because they are good textbooks and the equipment to be used correctly for activities</li> <li>✓ Teaching equipment is utilized during the clinical practice of students, and in the practical orientation for new nurses</li> <li>✓ The equipment received from the project is properly maintained.</li> <li>✓ The equipment is utilized during the clinical practice of students in the hospital, well maintain after using</li> <li>✓ very advantaged for staffs including student of all fields (however some are not enough)</li> </ul>
3-3 Through "supportive supervision", do you consider that capacity on clinical nursing education <u>of yourself</u> has strengthened?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Comparing the before and after the implementation with the project, the changings are observed</li> <li>✓ Be improved and be strengthened than before</li> <li>✓ Studied continuing nursing to become clinical nurse</li> <li>✓ Because it could be transferred to other people</li> <li>✓ do not evaluate nursing matter</li> <li>✓ Clinical teachers are strengthened because there are new teaching equipment received and within the hospital there is nursing education committee</li> <li>✓ My capacity on clinical nursing education has been strengthened</li> <li>✓ Has strengthened</li> <li>✓ have been strengthened because there is good management</li> </ul>
3-4 Through "supportive supervision", do you consider that capacity on clinical nursing education <u>of your hospital</u> has been strengthened?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ We received supports from the project to strengthen nurses who are clinical teachers</li> <li>✓ Be improved and be strengthened than before</li> <li>✓ Self-training to become clinical teacher who is equal and be strengthened</li> <li>✓ There is the continuing learning</li> <li>✓ I think the are better improvement</li> <li>✓ There is coordination with doctors. Nurses also put efforts in clinical practice teaching-learning</li> </ul>

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							<ul style="list-style-type: none"> <li>✓ The capacity on clinical nursing education of our hospital has been strengthened</li> <li>✓ Has been strengthened</li> <li>✓ That is right</li> </ul>
3-5 Do activities of clinical teaching in nursing enhanced capacity of nursing education of yourself as a clinical trainer?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ It is observed that they enhanced capacity and knowledge as a clinical teacher</li> <li>✓ Upgraded learning as well as practicum</li> <li>✓ Implemented, however not yet enough/ Will put more effort to continue</li> <li>✓ Do not know about nursing curriculum</li> <li>✓ Strengthen clinical teachers by providing knowledge more</li> <li>✓ Because I am learning new techniques and this is self-development</li> <li>✓ Clinical teachers are capable in implementation and able to make self-decision because they have been trained in school and hospital as well</li> <li>✓ Clinical teaching in nursing enhanced capacity of nursing education as a clinical teacher</li> <li>✓ Enhanced capacity of nursing education as a clinical teacher</li> <li>✓ The activities are relevant to each others</li> </ul>
				6	10	1	
3-6 Do activities of clinical teaching in nursing promoted coordination with related stakeholders?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Promoted the well coordination</li> <li>✓ Well collaborate with other sections</li> <li>✓ Regularly collaborate, if there is problem then require for advise</li> <li>✓ There is coordination between doctor and nurse</li> <li>✓ There is coordination especially with school on sending students for clinical practice</li> <li>✓ The clinical teaching in nursing promoted coordination with the related stakeholders</li> <li>✓ There is promotion of teaching-learning in clinical</li> <li>✓ There is good coordination</li> </ul>
				5	10		
3-7 Is the coordination meeting between school	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Exactly, very much strengthened</li> </ul>

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and teaching hospital strengthened as a result of the Project?				6	10		<ul style="list-style-type: none"> <li>✓ Is the results from this project</li> <li>✓ Because, we use the guidelines provided from the project to guide students</li> <li>✓ I think this project develop nursing very much</li> <li>✓ It is strengthened as a result of the project. It is an indicator in the activities implementation, aiming for nurses' works to be consistent with the actual situation.</li> <li>✓ The coordination meeting among school and teaching hospital is strengthened a result of the project</li> <li>✓ the coordination among school and hospital before clinical practicing is strengthened and become realistic because of the guidance of this project</li> </ul>
3-8 Do you actively utilize "Revised Guidelines for the Scope of Nursing Practice" in your hospital? (including the implementation of action plan developed during the workshop)	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Exactly, we utilized and explained constantly some articles such as: article 3 and 4 as much as we have chance for nurses to have deeply understanding</li> <li>✓ Apply regularly in the working procedure</li> <li>✓ Everyday, we have to explain to nurses to conduct under the guideline of scope of practicing</li> <li>✓ Regularly disseminate to doctors about scope of nursing practice</li> <li>✓ Disseminate to nurses regularly about scope of nursing practices</li> <li>✓ Applied in the nursing practice in the hospital. Organized training for every nurses to know role and responsibilities of themselves in the implementation.</li> <li>✓ I periodically utilize the scope of nursing practice, mainly focusing in the nursing conference</li> <li>✓ The hospital mainly use scope of nursing practices in work</li> <li>✓ Actually applied</li> </ul>
			1	4	12		
3-9 Do you refer and utilize to the "National Competency for Licensed Nurses" in your teaching program?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ Initial level, I think there are so much importance because we have a plan to conduct examination for licensing</li> <li>✓ There is no teaching-learning curriculum</li> <li>✓ Recently there is no professional licensing system for nurse, however</li> </ul>
	1		1	4	10		

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							<ul style="list-style-type: none"> <li>working according to the responsibilities</li> <li>✓ Acknowledged, refer to MOH to implement</li> <li>✓ Referred</li> <li>✓ Referred</li> <li>✓ It is a necessary standard</li> </ul>
3-10 Are you confident enough to continue all above activities after the end of the Project (in terms of technical, institutional and financial aspects)?	1	2	3	4	5	6	<ul style="list-style-type: none"> <li>✓ There is necessity to continue</li> <li>✓ Recently there is report of the project outcomes to the specific responsible person of the hospital to prepare supporting after the project terminated</li> <li>✓ Confidentially to continue this work for further more</li> <li>✓ Will continue implement tasks the project assigned for</li> <li>✓ Do not sure 100%</li> <li>✓ Require for the continue of the activities according to the really condition in the hospital that are responsible</li> <li>✓ Have so much confident</li> <li>✓ Strongly agree for this project to continue all activities above in order to further develop nursing personnel to have more capacity</li> <li>✓ Be confident because there are legislations as mentioned and they are legal references with the force</li> </ul>
			3	5	9		
3-11 Please describe briefly any impact brought by nurses who were involved in Project's activities to other nurses and their educational activities.	<ul style="list-style-type: none"> <li>✓ We observed that nurses in model wards were strengthened in nursing</li> <li>✓ Explained, emphasized and encourage nurses who has no motivation, for them to have good encouragement and for those who have not enough basic knowledge we are trying to support them.</li> <li>✓ Don't understand the question</li> <li>✓ Impacts brought by nurses who were involved in Project's activities to other nurses, who do other nurses here refer to, don't understand</li> <li>✓ No any impact</li> <li>✓ No any problem because the project facilitates and helps everything</li> <li>✓ I believe that at the beginning of involving this project there were difficulties. However, now we actual work with the project and it could exactly make nursing care for patients gets better in result, comparing to the previous</li> <li>✓ Makes nurses to be more qualified</li> </ul>						

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	<ul style="list-style-type: none"> <li>✓ For other nurses to use as model /For other nurses to have more knowledge</li> <li>✓ Resulted the systematical nursing process/ Know about responsibilities and scope of their role</li> <li>✓ Because of the nurses that involve this project are having knowledge and understanding more than others, they could be the good model and transfer lessons to other nurses as well as to know about their scope and duties</li> <li>✓ Request for the project activities to be continue because they are indicators for nursing education to be consistent with the real practice and will be evidences for the implementation in the hospital</li> <li>✓ There is no any impact, but it strengthened the nurses</li> <li>✓ Because there are different levels of nurses, those who involved in the activities of the project some may not understand deeply. Therefore the involvement in the activities should be continuously to enhance their learning.</li> </ul>
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*Thank you very much for your cooperation! If you have any other comments regarding the Project, please write them below:*

<ul style="list-style-type: none"> <li>➤ I observed that there are more strengthening, Please help to support by continuing the project to develop nurses in hospital further more</li> <li>➤ Some questions are not understandable therefore I could not offer the detailed information, if possible the questions should be more understandable.</li> <li>➤ I am very appreciated and thankful for this project providing supports in to the development of this work to be sustainable and be strengthened</li> <li>➤ Thank you very much the project for supporting and development for nurses getting better</li> <li>➤ All nurses should be trained continuously, those who are not yet trained will be considered as non update</li> <li>➤ This project is very important for nursing, it enhances the higher roles of nurses</li> <li>➤ For any possibility to extend the project on human resource development for nursing particularly in guideline for health education providing, diet therapy for specific disease and care for cancer patients, diet therapy for pregnant women and malnutrition child.</li> <li>➤ This project play a very important role in health care service improvement for patients, in supporting to improve staffs particularly nurses. I agree of there is the continue of this project and remain , in order to develop from individual to community to be better.</li> </ul>
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-end of the questionnaire-

