

**Japan International Cooperation Agency (JICA)**

**Terminal Evaluation Study Report on  
the Third Country Training Program:  
'DIPLOMA COURSE IN DERMATOLOGY'**

**July 2003**

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## Photos



Trainees of Laos with study members



Study Team and Institute Staff at the Institute



Clinical Training for trainees



Signing of Minutes of Meetings

## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
DTEC	Department of Technical and Economic Cooperation, Ministry of Foreign Affairs
IOD	Institute of Dermatology
JFY	Japanese Fiscal Year
JICA	Japan International Cooperation Agency
Lab	Laboratory
PCM	Project Cycle Management
PDM	Project Design Matrix
Ph.D.	Philosophy Doctor
WHO	World Health Organization

## Executive Summary

I. Outline of the Project	
Country: Thailand	Title: Dermatology
Field: Health Care	Scheme: Third Country Training Program
Division in Charge: 2 <sup>nd</sup> Southeast Asia Division, Regional Department 1	Expenses: Approximately one hundred million
Period of Cooperation	(R/D): 1998-2003
	(Extension):
	(F/U):
Implementing Agency: Institute of Dermatology, Ministry of Health Department of Technical and Economic Cooperation, Ministry of Foreign Affairs	
Supporting organization in Japan: JUNTENDO University	
Related Cooperation: Long-term Study Program in Japan	
1 Background and Outline of Cooperation	
<p>The Institute of Dermatology, a Thai national institute, was established in 1972 by the assistance of WHO and other donors including the Government of Japan as a centre of research, education and medical treatment in the field. From 1976 to 1983, three-month dermatologist-training courses used to be conducted yearly. Along with the advancement of the course, The Royal Thai Government has requested the Government of Japan to co-sponsor a diploma course as a 'Third Country Training Program'. Program March 1984, a ten-month diploma course started for providing participants with an opportunity to get familiar with common skin diseases and how to explore the problems, diagnostic approaches and management. Evaluation studies were conducted every five years, in 1988, 1993 and 1998, to review the course, and based upon the results of evaluation, both the Japanese and Thai sides agreed on the extension of the cooperation period every time. In 2003, the fourth phase (20th batch) of the course is being conducted in Bangkok.</p>	
2 Contents of the Cooperation	
(1) Overall Goal	
Participants continue the study of dermatology on their own in respective countries after completion of the Course. Participants retain good relationship among doctors from invited countries	
(2) Project Purpose	
Opportunity to upgrade techniques and knowledge in the field of dermatology is provided	
(3) Outputs	
Participants are familiarized with common skin diseases and how to explore the problems, diagnostic approaches and management	
Capacity of the Institute of Dermatology to sustainably manage the Course is improved.	
(4) Input	
Japanese Side:	
Dispatch of Short-Term Expert	50 persons (10/year)
Bearing of Local Cost	About fifty million yen
Long-Term Training in Japan(Related Cooperation)	7 persons
Thai side:	
Provision of training facilities and equipment	
Bearing of local cost	About six million Bahts

(5) Recipient (Invited) Countries Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Laos, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam, Thailand		
II. Outline of the Evaluation Study		
Team Member	Team Leader: Ms. Michiko UMEZAKI Director, 2 <sup>nd</sup> Southeast Asia Division, Regional Department I, Japan International Cooperation Agency Technical Evaluation: Mr. Hachiro TAGAMI Professor Emeritus, Tohoku University, Japan Evaluation Analysis: Ms. Yoko OGAWA Researcher, Social Development Dept., Global Link Management Evaluation Planning: Ms. Chieko KATO Staff, 2 <sup>nd</sup> Southeast Asia Division, Regional Department I, Japan International Cooperation Agency	
Period of the Study	From June 6 to June 20, 2003	Type of Evaluation: Terminal Evaluation
III. Outline of the Result of Evaluation		
1.-1 Affirmation of the Outcome Human resource development in the dermatology field has been successfully done, with due implementation of the course with sufficient management/operational capacity of the Institute, provision of the opportunity of the training that fits the needs and endeavor of the participants to utilize and transfer knowledge and techniques that they gain through the training.		
1.-2 Summary of the Evaluation (1) Relevance Relevance of the Program/Project is high in some countries and not so high in other countries. Relevance of the Program/Project is not very high in some countries such as Bangladesh where they have a well-structured system of human resource development in the field. On the other hand, relevance is high in other less developed countries such as Laos and Cambodia where there is no such a system or institution. Demands for specialists in any field of medicine are high in many countries, and demands for specialist services in dermatology are confirmed with prevailed dermatologically-related diseases such as leprosy, scabies, venereal diseases, though it is not as prioritized as obstetrics-gynecology, pediatrics and surgery. As for conducting the Project/Program in Thailand, and in the Institute of Dermatology, relevance is very high, in terms of its geo-medical, social and cultural conditions and its levels of medical technology.		

## (2) Effectiveness

The effectiveness of the Program/Project is high. The Project Purpose was set at the level of “*providing opportunities to upgrade techniques and knowledge in the field of dermatology*”. Thus, it could be achieved by due implementation of the Course with participation from selected countries. With regards to Output (1), almost all the participants acquire Diploma, and more than 94% of them value that they well acquire knowledge and technique that they can utilize in their home countries. This greatly contributed to the achievement of the Project Purpose. Regarding Output (2), though management/operational capacity of the Institute is sufficient, technical and financial capacity is not so high, with much of the basic science part relied upon Japanese lecturers and small budgetary share by the Thai side; 30% budgetary share by DTEC and little share by the Institute. The institute hasn't come to the point of providing the training by itself, and this doesn't contribute in a great amount to the achievement of the Project Purpose. However, it was more preferable that the Project Purpose be set at the point of utilizing or applying the knowledge/techniques gained at the training than be set at simply providing the opportunity of the training. Project Purpose was rather improperly targeted from the first beginning.

## (3) Efficiency

Efficiency of the Program/Project is not so high. Provision of training facilities, equipment and staff by the Institute was considered to be appropriate in quantity, quality and timeliness of provision. However, not all the inputs were utilized fully for the intended output, such as the Long-term Study Program in Japan which was supposed to be made use for improvement of the Institute's technology, but the Institute's lecturers were too busy to participate and the participants couldn't return their fruits to the Institute. Ex-participants were most interested in acquiring practical skills, so sufficient outputs may have been attained without bringing in Japanese short-term experts, who teach basic science, with the number, currently ten persons per year.

## (4) Impact

Impact of the Program/Project is very high in some countries and not so high in other countries.

All of the participants applied the newly-acquired skills to their course of duty, and more than half of them were eager to transfer skills and knowledge to other medical personnel. Besides, most of them retained frequent relationship with ex-participants from their own country. It is also suggested that there are many observable changes in the ex-participants attitude and /behavior as well as skills.

However, some ex-participants seem to have feelings of frustration over non-changed accreditation or status levels given in return for their Diploma degree acquired in Thailand.

## (5) Sustainability

Sustainability of the Program/Project at the time of evaluation is generally not high. Sufficient management/operational capacity of the Institute to conduct the Program/Course has long been established through 19 years of experiences. However, financial sustainability of the Program/Course was arranged in a way to depend extensively on both DTEC and Japanese ODA funds, but not on that of the Institute. Technical capacity of the Institute especially in basic science is rather weak, if it were to maintain the same technical levels in basic science modules which are currently covered by Japanese lecturers.

## 2. Factors promoting Cooperation Efforts

### (1) Factors relating to Program/Project Design

Through over 19 years of cooperation, the Institute established sufficient operational/managerial know-how and training resources, including training facilities/ equipment and network with other medical/ academic institutions. In addition, the Institute also holds many Board-certified experts and attracts numerous and diverse skin patients. All these have contributed to successful implementation of the Course for the review period.

### (2) Factors relating to Program/Project Implementation

Involving enthusiastic and committed lecturers and participants has contributed to successful implementation of the Course. Those participants who received official appointment/selection by their organization or government seem to enjoy better encouragement from the management to apply and transfer their skills. Thus this kind of selection process contributed a lot to manifestation of the outcomes.

## 3. Factors Inhibiting Cooperation Efforts

### (1) Factors relating to Program/Project Design

Consensus building and consultation among concerned parties (JICA, DTEC, the Institute and Japanese lectures) regarding the project formulation and project monitoring processes were inadequate. Project plans were formulated rather illogically, lacking coherence among Overall Goal, Project Purpose and Outputs. These led to a mere logistical implementation of the training courses; Concerned parties didn't pay attention to the improvement of the Program or the establishment of sustainability, or a monitoring system didn't work well. Moreover, selection of target countries was not reviewed in an accorded way with the current conditions of each country, and in some countries, Diploma obtained in Thai was not accredited and this inhibits participants from positive utilization of their knowledge/techniques.

### (2) Factors relating to Program/Project Implementation

As mentioned, the monitoring structure was not clear, and this led to little follow-up of what was put up as improvement in the last evaluation carried out in 1998. Many stakeholders also raised language barrier as a limiting factor in securing quality and quantity of learning effects of the Course. In addition to that, country-specific conditions that surround participants, such as non-accreditation of Diploma and available resources (e.g. medication, equipment, supporting paramedical, learning materials and information), are found to have major influence on the impacts of the Program/Project.

## 4. Conclusion

Overall, the Program/Course was implemented very satisfactorily with good results, where course management was fine, ex-participants applied the newly acquired skills to their clinical work, and some further transferred the skills to wider beneficiaries. More than 500 people have been trained in the Program for the past 20 years, which has greatly contributed to human resource development in the field over the region. However, in less developed countries, such as Laos, where there is no academic system or institution for human resource development in the dermatological field, professional dermatologists are all Thai Diploma holders, and the course is their only resort to gain specialties in the field. In this context, the need for the dermatology training course in surrounding countries is still high.

On the other hand, some challenges need to be tackled with, such as adjusting to changes in target countries, strengthening sustainability, and improving the monitoring structure.

## 5. Recommendations

Human resource in the dermatological field in less developed countries throughout Asia and the Pacific is still insufficient, and relevance of and necessity for continuing the development of human resource in the field are confirmed. When considering future cooperation projects, the points below are to be noted.

- (1) Plan formulation, project monitoring and all other details are to be based upon consultation and agreement among concerned parties.
- (2) Measures to improve technical and financial sustainability of the Institute should be considered and implemented. In such process, it is recommended to identify what the Thai side can deal with on its own and to what extent continuous technical support from Japan is needed, which leads to reducing reliance on Japan.
- (3) Selection of target countries is necessary to be coherent with the situation of the countries.
- (4) JICA Offices in beneficiary countries are encouraged to obtain minimal information from the organization dealing with the selection process, and inform participants of the availability of follow-up activities.

## 6 . Lessons Learned

- (1) When implementing a Third Country Training Program, there is a tendency to entirely focus on routine management of a course. It is necessary to clarify how we consider broad benefits to target countries and capacity development of implementing agencies. Strategies to attain objectives need to be built in the project plan.
- (2) It is necessary to organize an efficient monitoring structure among concerned parties.
- (3) Staff from DTEC and the Institute has partly participated in the evaluation study. It induces more proactive behavior, and leads to more efficient project implementation. In a Third Country Training Program, it is recommended to jointly conduct project formulation, implementation and evaluation between Japan and the implementing country.

## 7. Follow-up Activities

After the terminal evaluation, the Thai government raised a request for extension of the Project for the next five years, and the Japanese government accepted the request. In the next phase, it is decided to put emphasis on decreasing reliance on Japanese experts, improving technical capacity of the institute and letting the Institute make efforts in obtaining self-funded students so that the course be sustainable without assistance from outside. Moreover, it is planned to establish such monitoring system among concerned parties as to conduct effective and efficient monitoring throughout the Program.





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# **Chapter 1**

## **Outline of the Evaluation Study**

### **1.1 Background of the Evaluation Study**

The Institute of Dermatology, a governmental organization under the supervision of the Department of Medical Services, Ministry of Public Health, was established in 1972 by the assistance of WHO and other donors, including the Government of Japan, as a centre of research, education and medical treatment in the dermatology field. From 1976 to 1983, three-month dermatologist-training courses were conducted yearly. Along with the advancement of the course, the Royal Thai Government requested the Government of Japan to co-sponsor a diploma course as a 'Third Country Training Program'. In March 1984, a ten-month diploma course started for providing participants with an opportunity to get familiar with common skin diseases and how to explore the problems, diagnostic approaches and management. Evaluation studies were conducted every five years, in 1988, 1993 and 1998, to review the course, and based upon the results of evaluation, both the Japanese and Thai sides agreed on the extension of the cooperation period every time. In 2003, the fourth phase (20th batch) of the course is being conducted in Bangkok.

### **1.2 Objectives of the Evaluation Study**

The major objectives of the evaluation study are as follows:

- (1) To evaluate the course by reviewing the curriculum, course operation and management, achievement, and other aspects of the course on the basis of the five evaluation criteria, namely relevance, efficiency, effectiveness, impact and sustainability.
- (2) To examine the relevance of the course by analysing how ex-participants apply the knowledge and techniques they acquired through the course to their course of duty, and also to review the situation and demands in the field of beneficiary countries.
- (3) To obtain lessons learned from the evaluation of the course, and recommendations for the future cooperation.

### 1.3 Members of the Evaluation Study

- 1) Ms. Michiko UMEZAKI                      Director  
2<sup>nd</sup> Southeast Asia Division, Regional Department I,  
Japan International Cooperation Agency
- 2) Mr. Hachiro TAGAMI                      Professor Emeritus  
Tohoku University, Japan
- 3) Ms. Chieko KATO                          Staff  
2<sup>nd</sup> Southeast Asia Division, Regional Department  
Japan International Cooperation Agency
- 4) Ms. Yoko OGAWA                          Researcher  
Social Development Dept., Global Link Management

NOTE: During the evaluation study in Bangladesh and Lao PDR, the following staff from the implementing and executing agencies, namely, the Institute, DTEC and JICA Thailand Office also took part in the data gathering process.

- 1) Dr. Ratsanee AKARAPHANTH              Dermatology Staff    Level 9  
(Researcher major areas in Phototherapy,  
photo-chemotherapy, photo-sensihre  
disease)  
Institute of Dermatology
- 2) Ms. Hataichanok SIRIWADHANAKUL      Programme Officer  
Trilateral Cooperation Sub-division 1,  
External Cooperation Division 1,  
Department of Technical and Economic  
Cooperation, Ministry of Foreign Affairs
- 3) Ms. Somsri SUKUMPANTANASAN          Third Country Programme Officer  
Planning and Implementation Section,  
JICA Thailand Office

### 1.4 Period of the Evaluation Study

6/June –20/June (15 days)    Bangladesh: 6/June – 10/June (5 days )  
Laos: 11/June – 14/June (4days)  
Thailand: 15/June – 20/June (6days)

\*\* As for the detailed schedule of the study, please refer to ANNEX II

## **Chapter 2**

### **Outline of the Training Program**

#### **2.1 Background of the Training Program**

Dermatological disease is one of the most common diseases in Asia and the Pacific; In Thailand, the statistics reveals that skin problems rank the fourth all over the country; In Bangladesh, the prevalence of skin diseases is high, in that scabies ranked tenth of the leading causes of morbidity; In Laos, demands for dermatological treatments are still high especially in rural areas, including two provinces with still at least one leprosy case per 10,000 population, and with prevalence of other skin and venereal diseases such as psoriasis, scabies, eczema, and gonorrhoea. It is considered that demands for dermatological treatments are still high especially in rural areas of those countries, and it is the same as for the demands for training specialists in dermatology.

The Institute of Dermatology was established in 1973, as a center of the field in the Asia and Pacific region. It is an education, research, medical services and training center, as well as a coordination center for national and international scientific interests.

At present there are 230 personnel that include 15 dermatologists, 41 nursing staff members, 25 scientists and laboratory technicians, 16 pharmaceutical technicians and 133 administration officers. There are about 500 outpatients treated each day in the general skin clinic and other specialty clinical services, and there are 43 inpatient beds. Approximately 600 cases of skin surgeries are provided monthly. The Institute is also equipped with special laboratories that provide investigations, research facilities, and the library that provides 40 journals and 2,000 books in every dermatological subspecialty.

The Institute offers six training courses in dermatology every year:

1. Four-year residency training course
2. One-month dermatology training course
3. Two-day refresher course
4. Ten-month diploma course in dermatology
5. One-week training course for nurses
6. Two-week training course for laboratory technicians

The Diploma Course in Dermatology was established in 1984, as an advanced course of the three-month course that had been conducted yearly from 1976 to 1983. It is the first international dermatology training course in Asia and the Pacific, which has

provided basic skills and knowledge of the field, and train participants to become familiar with both clinical and research skills. More than 500 participants have completed the course, with some going for further studies as board certified dermatologists and others applying their skills attained to their course of duty as general practitioners in their respective countries.

## 2.2 Summary of the Training Program Plan

(1) Program Title	Third Country Training Program ' DIPLOMA COURSE IN DERMATOLOGY'
(2) Recipient (Invited) Country	Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Laos, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam, Thailand
(3) Implementing Country	Thailand
(4) Sector	Medical Cooperation
(5) Cooperation Scheme	Third Country Training Program
(6) Cooperation Period	JFY 1998 to 2003
(7) Implementing Agency in Recipient Country	Institute of Dermatology, Ministry of Public Health
(8) Other Organization Concerned	DTEC a. Cost sharing with JICA b. Selection of participants c. Management of the Program
(9) Contents of Cooperation	** "Contents of Cooperation" is formulated based on the R/D and the Minutes of Discussion dated 22nd Oct., 1998.
a. Overall Goal	1. Participants continue the study of dermatology on their own in respective countries after completion of the Course. 2. Participants retain good relationship among doctors from invited countries.
b. Project Purpose	Opportunity to upgrade techniques and knowledge in the field of dermatology is provided
c. Output	1. Participants are familiarized with common skin diseases and how to explore the problems, diagnostic approaches and management 2. Capacity of the Institute of Dermatology to sustainably manage the Course is improved.
d. Activities	1-1 Institute of Dermatology to formulate the curriculum 1-2 The Institute to select participants for the Course. 1-3 The Institute to arrange domestic study tour(s) as a part of the Course, if necessary. 2-1 Train prospective Thai lecturers in the field of dermatology in Japan 2-2 The Institute to invite ex-participants of the Course as lecturers. 0-1 The Institute to make a list of ex-participants. 0-2 The Institute to issue newsletters. 0-3 The Institute to conduct conferences in Thailand. 0-4 The Institute to encourage ex-participants to organize alumni associations.

e. Input

Thai Side

1. Provision of counterparts (Management staff, lecturers)
2. Provision of training facilities
3. Provision of equipment
4. Running expenses

Japanese Side

1. Dispatch of overseas lecturers ( 10 persons x 2 weeks x 5 courses)
2. Long-term training program in Japan (Related Cooperation)
3. Provision of equipment (earlier batches)
4. Cost sharing for expenses

(10) Contents of the Program

a. Period of the Course

Ten (10) Months (from May to March yearly)

b. Qualifications for Participants

Applicants for the course are:

1. to be nominated by their governments in accordance with the procedure stipulated below;
2. to have completed a degree in a medical science;
3. to have at least one (1) year working experience in the field of dermatology and preferably in the government organizations;
4. to be under forty-five (45) years of age;
5. to have good command of spoken and written English. If English is not their countries' official language, candidates' English language certificates should also be submitted for reference;
6. to be in good health both physically and mentally; each participant should have a health certificate provided by an authorized physician. This form is also attached together with the nomination form. Pregnancy is regarded as a disqualifying condition for participation in the course.

c. Curriculum Outline

(1) Lectures

1. Introduction to dermatology
2. Bacteriology
3. Clinical research
4. Contact dermatitis
5. Cosmetic dermatology
6. Connective tissue diseases
7. Disease of hair
8. Disease of nails
9. Dermatitis and eczema
10. Erythema group
11. Environmental dermatology
12. Geriatric dermatology
13. Genetics
14. Genodermatosis
15. Histopathology & Electron microscopy
16. Immunology
17. Leprosy
18. Mycology
19. Occupational dermatosis
20. Parasitology & Arthropods

	<ul style="list-style-type: none"> <li>21. Pharmacology</li> <li>22. Papulosquamous eruption</li> <li>23. Pigmentation</li> <li>24. Pediatric dermatology</li> <li>25. Photobiology</li> <li>26. Skin signs in systemic disease</li> <li>27. Tumors</li> <li>28. Virology</li> <li>29. Venereal diseases</li> <li>30. Vesiculobullous eruption</li> <li>(2) Clinical dermatology <ul style="list-style-type: none"> <li>1. Clinical demonstration</li> <li>2. O.P.D.</li> <li>3. I.P.D. and ward round</li> <li>4. Symposium</li> <li>5. Clinico-pathological conference</li> <li>6. Journal club</li> <li>7. Subspecialty clinics (Immunology clinic, Contact clinic, Mycology, Photobiology clinic )</li> </ul> </li> <li>(3) Field trips <ul style="list-style-type: none"> <li>1. Chiang Mai province</li> </ul> </li> <li>(4) Subspecialties <ul style="list-style-type: none"> <li>1. Mycology</li> <li>2. Dermatopathology</li> <li>3. Immunology</li> <li>4. Contact dermatitis</li> <li>5. Photobiology</li> </ul> </li> </ul>
d. Participants seat	The number of participants from the invited countries shall not exceed fourteen (14) in total. And the number of participants from Thailand shall not exceed seven (7).
e. Diploma	The Diploma in Dermatology from the Institute of Dermatology is approved by the Ministry of University Affairs and the Civil Services Commission of Thailand. Participants who have sufficient amount of academic attendance and successfully pass the examination will be awarded the Diploma in Dermatology.
f. Examination	<ul style="list-style-type: none"> <li>1. There is the examination in theory, clinical procedures, and laboratory methods at the middle and at the end of each semester.</li> <li>2. The final examination consists of a writing paper on clinical and laboratory examination.</li> <li>3. The diploma is presented to a participant who attains an average score of 60%.</li> </ul>
(11) Relevant Cooperation	a. Long-term Training Program in Japan (Two participants each year, who are expected to pursue PhD in the research field in Dermatology )

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## **Chapter 3**

### **Methodology of the Evaluation Study**

#### **3.1 Evaluation by ‘Project Cycle Management’ Method**

In line with the JICA Project Evaluation Guideline, the Third Country Training Program: “Diploma Course in Dermatology,” was evaluated using the JICA Project Cycle Management Method. The Project Design Matrix for final evaluation (hereinafter referred to as “PDMe”: Annex 6), was formulated based on the contents in the Record of Discussions and the Minutes of Discussions signed on 22<sup>nd</sup> October 1998, and served as a basis for this evaluation. In addition, this evaluation design also drew from Kirkpatrick’s Four-Level Model of Evaluation, in order to fill in the performance measurement of the Training Program.

Performance of the Project was studied by collecting data on the verifiable indicators set in the PDMe, operational and effects indicators identified through Four-Level Model, and other relevant information. Data collection and analysis were carried out through questionnaire survey, interviews, and desk review of relevant documentations. Representatives from the Thai-side implementing agencies (namely, DTEC and the Institute of Dermatology), as well as JICA Thai Office took active part in the data collection survey conducted in Bangladesh and Laos.

Based on the study conducted in Bangladesh, Laos and Thailand, the Team formulated an interim report, with tentative conclusion and recommendations of the Course. Contents of the interim report were agreed upon among the Joint Evaluation Team (List of members is attached in Annex 2).

This report was compiled based on the above interim results as well as on additional information obtained through questionnaire survey conducted in 15 participating countries.

#### **3.2 Criteria of Evaluation (Five Evaluation Criteria)**

The evaluation was conducted based on the following five (5) criteria, which are the major points of consideration when assessing the value of a development project.

- (1) Relevance: The question whether the “Overall Goal” and “Project Purpose,” as stipulated in the agreed PDMe, are still in line with the policy directions of both the donor and recipient countries, the needs of the target group, and external conditions, such as the social environment, at the time of evaluation.

- (2) Effectiveness: The question to what extent the Project has achieved its Purpose, and clarification of the relationship between that Purpose and Outputs.
- (3) Efficiency: The question on the degree to which Inputs have been converted into intended Outputs, and examination of Inputs in terms of its timing, quality and quantity.
- (4) Impact: The question what changes, whether positive/negative or anticipated/unanticipated, have been produced as a result of the implementation of the Project.
- (5) Sustainability: The question on self-reliance of the Project in terms of organizational, financial and technical aspects; whether the benefits of the Project will continue after the discontinuation of external assistance.

### **3.3 Steps of the Evaluation Study**

The process of the Evaluation followed four stages as described below:

**Stage 1) Agreement on Evaluation Design:** Agreement on Evaluation Design, especially on the Project Design Matrix for final evaluation (hereinafter referred to as “PDMe”), was made among the JICA Evaluation Team, JICA Thailand Office and the Implementing Agencies of the Program (namely, DTEC and the Institute of Dermatology).

**Stage 2) Collection of Data by the Evaluation Team:** In order to assess the progress and achievement of the Program activities, the Evaluation Team gathered data through questionnaire, interviews, and desk review of relevant documentations.

**Stage 3) Analysis of data:** The Evaluation Team analyzed the data gathered in Stage (2). The analysis was made in accordance with the five evaluation criteria described above. An Evaluation Grid (See Annex V) was used to guide the process of analysis.

**Stage 4) Reaching Conclusion of the Evaluation:** Based on the analysis made in Stage (3), the Evaluation Team drew conclusion of the evaluation, based on which future recommendations to this Project as well as some useful lessons learnt for similar projects will be drawn.

### **3.4 Research/Study Items and Methods of Information/Data Gathering**

#### **3.4.1 Research/Study Items**

The followings are the main objects of inquiry for this evaluation study:

- (1) Achievements,

(2) Implementation process, and,

(3) Information required for determining five evaluation criteria.

Details of the above items can be referred to in the List of Research Items as well as the Evaluation Grid attached in Annex 8).

### 3.4.2 Methods of Information/Data Gathering

Information/data gathering required for the final evaluation was performed by the Evaluation Team, in collaboration with the DTEC and JICA Thailand Office. Data/Information Gathering Methods/Tools employed during the evaluation study are summarized in the table below in accordance with the study sites.

Table \*: Methods of Information/Data Gathering

<b>Study Sites</b>	<b>Methods/Tools</b>	<b>Employed to:</b>
<b>15 Countries</b>	Questionnaire	<ul style="list-style-type: none"> <li>■ Ex-participants of the Course (XVI to XIX)</li> <li>■ Managers of ex-participants</li> </ul>
<b>Japan</b>	Questionnaire	<ul style="list-style-type: none"> <li>■ Course lecturers (Short-term Experts)</li> </ul>
	Semi-structured Interviews	<ul style="list-style-type: none"> <li>■ Selected lecturers</li> </ul>
	Desk Review	Refer to ANNEX 8: Evaluation Grid
<b>Bangladesh and Laos</b>	Semi-structured Interviews	<ul style="list-style-type: none"> <li>■ Ministry of Health</li> <li>■ Ministry of Finance</li> <li>■ Selected ex-participants</li> <li>■ Managers of ex-participants</li> <li>■ WHO</li> </ul>
	Desk Review	Refer to ANNEX 8: Evaluation Grid
<b>Thailand</b>	Questionnaire	<ul style="list-style-type: none"> <li>■ Course lecturers</li> <li>■ Institute of Dermatology</li> </ul>
	Semi-structured Interview	<ul style="list-style-type: none"> <li>■ Ministry of Public Health</li> <li>■ DTEC</li> <li>■ Focal point of TCTP in JICA Thailand Office</li> <li>■ Selected ex-participants</li> <li>■ Managers of ex-participants</li> <li>■ Course lecturers in the Institute</li> </ul>
	Desk Review	Refer to ANNEX 8: Evaluation Grid

### 3.5 Limiting Conditions for the Evaluation Study

Project Design: At the time when the Program/Project was planned (October 1998), the logical framework approach (PDM) was not applied to the designing of the Program/Project. Sets of objectives and targets found in the R/D and M/M of October 1998 was not arranged in sequential cause-and-effect order. While this allowed analysis on logicity of the project design *per se*, this also limited drawing valid conclusion on effectiveness of the Program/Project.

Evaluation Design: Another limitation may be caused by the scope of evaluation. As this was a Final Evaluation, the Team restricted a review period be within the past four or five years (1999/2000 ~ 2003/4), while the entire Program/Project has been a continuous engagement lasting almost 20 years (1983/4~2003/4).

Quality of Collected Data: The Team limited its physical visit to Bangladesh, Laos and Thailand, three (3) out of fifteen (15) participating countries. Conclusion on the relevance of the Program/Project was drawn largely from the information collected in these three countries. As for the questionnaire response, the summary is shown in the table below. Valid response was gathered from ten (10) out of fifteen (15) countries. The response rate was weak at 22% from the managers of the ex-participants.

Table O: Questionnaire Collection Result

PARTICIPANTS DURING 16 <sup>th</sup> - 19th Course (1999/2000-2003/4)	Participants#	#	#	%	%
	Total	Collected	Collected	Collected	Collected
	4 Years	Ex-Part.	Manager	Ex-Part.	Manager
<b>BANGLADESH</b>	10	6	5	60%	50%
<b>BHUTAN</b>	3	0	0	0%	0%
<b>CAMBODIA</b>	8	7	0	88%	0%
<b>CHINA</b>	7	6	0	86%	0%
<b>FIJI</b>	1	0	0	0%	0%
<b>INDONESIA</b>	3	2	2	67%	67%
<b>LAOS</b>	5	5	2	100%	40%
<b>MALDIVES</b>	1	0	0	0%	0%
<b>MYANMAR</b>	1	1	1	100%	100%
<b>NEPAL</b>	4	0	0	0%	0%
<b>PAKISTAN</b>	13	0	0	0%	0%
<b>PHILIPPINES</b>	3	1	0	33%	0%
<b>SRI LANKA</b>	4	4	4	100%	100%
<b>VIET NAM</b>	6	5	5	83%	83%
<b>THAILAND</b>	34	10	4	29%	12%
<b>TOTAL (target countries)</b>	<b>103</b>	<b>47</b>	<b>23</b>	<b>46%</b>	<b>22%</b>

## Chapter 4

### Implementation and Performance of the Project

#### 4.1 Implementation Process

When looking at the implementation process of this Program/Project, it should be noted that neither Project Design Matrix nor Plan of Operations was prepared at the inception of the Program/Project<sup>1</sup>. R/D and M/M signed in October 1998 defined the objectives of the Program/Course, as well as some logistical responsibilities among DTEC, the Institute and JICA.

The Program, as a Diploma Course in Dermatology as stipulated in the General Information, was implemented as planned and quite satisfactorily. However, the Program, more as a Project as stipulated in the R/D and M/M, which entailed beyond mere implementation of the Program as a Course, the implementation process was rather inadequate and less than satisfactory, chiefly due to unclear definition of the monitoring structure. Details are shown below.

STUDY ITEM	STUDY RESULTS	
<b>0. Planning Process</b>	<b>0.1 Adequacy of Planning Process</b>	
	<ul style="list-style-type: none"> <li>- Framework of the Training Program was formulated and agreed upon through discussions held among the JICA Implementation Team, representatives of the DTEC, JICA Thailand Office and the Institute of Dermatology, which was stipulated in the R/D and M/M. However, the conditions agreed upon in the M/M in order to strengthen the sustainability of the Course did not seem to have been based on realistic assessment of the situations and interests of different stakeholders. Furthermore, objectives setting was rather inadequate within the framework, as it did not clearly define the intended outcomes and effects to be brought to by the Program/Project.</li> </ul>	R/D and M/M (October 1998)  Discussions with DTEC staff  Discussions with the Institute of Dermatology
	<ul style="list-style-type: none"> <li>+ The Medical and Academic Committee of the Institute routinely reviews and monitors the content of the Course/Program based on feedbacks obtained from the past and present participants in order to improve its contents. Such routine reviews, nevertheless, were not informed by objective assessments of the conditions in individual beneficiary countries that influence effects or impacts.</li> </ul>	Questionnaire survey of the Final Evaluation (Institute and Thai Lecturers)  Interview with the Institute staff

<sup>1</sup> Preparation of a PDM/PO was not a requirement for the Third Country Training Program scheme supported by JICA at the time when the Program was designed in October 1998.

STUDY ITEM	STUDY RESULTS	
<b>1. Implementation Process</b>	<b>1.1 Implementation as per the plan</b> + Implementation of the Course was considered adequate both by Thai lecturers and the management of the Institute, which could be attributed to the Institute's good experiences in handling the same Course for more than 15 years.	Questionnaire survey of the Final Evaluation (Institute and Thai Lecturers)
<b>2. Monitoring of the Program/Project</b>	<b>2.1 Monitoring Structure (Within the Institute)</b> + The Medical and Academic Committee Meeting of the Institute regularly did monitoring of the Course/Program.	Questionnaire survey of the Final Evaluation (Institute and Thai Lecturers)
	<b>2.2 Monitoring Structure (Involving wider stakeholders)</b> – There seems to be no good definition of responsibilities among concerned stakeholders to oversee the progress of the Program/Project in accordance with the official agreements in the R/D and M/M.	Discussions with DTEC, JICA Thailand Office and the Institute
	<b>2.3 Monitoring Process</b> – Performance monitoring in terms of the set objectives of the Program/Project was not conducted properly, largely due to the lack of monitoring structure, and the lack of clear objectives set at the planning stage. Few stakeholders, including JICA Thailand Office, DTEC and the Institute, referred to or made actions to follow the contents/targets stipulated in the R/D and M/M (October 1998) of the Program/Project. An interim evaluation, which was proposed in the M/M, was never conducted as it coincided with the transfer of this project from one division to another.	Discussions with DTEC, JICA Thailand Office and the Institute  R/D and M/M (October 1998)  Information from the JICA Hqrs
<b>3. Communication among concerned parties</b>	<b>3.1 Adequacy of Communication</b> + Communication among concerned parties, namely, the Institute, JICA Thailand Office, DTEC, the Thai lecturers, the Japanese lecturers, and the Course participants, was considered mostly adequate. The Japanese Course Organizer kept close communication with both the director of the Institute and Japanese lecturers, which promoted smoother organization of the Course operations. JICA Thailand Office, DTEC and the Institute staff not only hold annual Program review meetings, but also kept close communication to discuss pertinent logistical issues of the Course.	Questionnaire survey of the Final Evaluation (Institute, Japanese and Thai Lecturers)  Discussions with DTEC, JICA Thailand Office and the Institute

STUDY ITEM	STUDY RESULTS	
<b>4. Management Mechanism</b>	<b>4.1 Decision-making procedures and structures of the Program</b> +/- There were several decision-making forums and procedures in the Program/Project, depending on the nature of decisions to be made. For the matters that could be internally dealt with, the Medical and Academic Committee of the Institute serves as a decision-making body. Decisions that concern Japanese experts are dealt with through discussions between the Japanese Course Organizer and the Director of the Institute. Decisions that involve finance and matters concern the direction of the Program/Project are made and discusses in a forum that involves three parties, namely DTEC, JICA Thailand Office and the Institute. The Director of the Institute is the only one involved in almost all the processes, and thus played a role as a hinge to connect all the forums.	Questionnaire survey of the Final Evaluation (Institute, Japanese and Thai Lecturers)  Discussions with DTEC, JICA Thailand Office and the Institute
	<b>4.2 Adequacy of decision-making</b> + Decision-making process of the Course/Program was considered adequate by the management of the Institute, Thai lecturers and Japanese experts. Difficulties around decision-making rarely occurred during the review period.	Questionnaire survey of the Final Evaluation (Institute, Japanese and Thai Lecturers)
<b>5. Extent of Ownership of the Thai Stakeholders</b>	<b>5.1 Ownership of the Course by the Institute</b> + Ownership of the Course/Program by the Institute was adequate. The Course was organized and implemented as regular routine activities of the Institute, and it allocated sufficient staff, lecturers and facilities with the support from DTEC and JICA, and maintains and utilizes donated equipment mostly well.	Questionnaire survey of the Final Evaluation (Institute, Japanese and Thai Lecturers)
	<b>5.2 Ownership of the Course by DTEC</b> +/- DTEC also sees the Course/Program as one of their Third Country Training Programs, and as a joint collaborative activity with JICA. Amidst of its financial difficulty, the Department increased its portion of cost sharing from 22% in 1999 to 33% in 2003. On the other hand, DTEC expects the Institute to eventually assume the full ownership and financial responsibility of the Program.	Discussions with DTEC, JICA Thailand Office and the Institute  Information from DTEC

## 4.2 Performance of the Program/Project

Overall performance of the Third Country Training Program, “Diploma Course in Dermatology,” as a “training course” was found to be very satisfactory, while performance of the Program as a “project” was not so satisfactory. As an officially funded development “project,” the R/D and M/M signed in October 1998 set several targets, such as strengthening self-sufficiency of the Institute by decreasing the number of Japanese Experts and by increasing Thai side contributions to the costs. Nevertheless, the implementing agency focused their efforts, as it has done in the past 10 years, more on better and quality implementation of the Training Program *per se*, rather than achieving the Project’s targets.

Details of the Program/Project performance are described in two types of Achievement Grids: One based on PDMe and its Verifiable Indicators, and the other based on the Four-level Effects Model and its performance indicators.

### 4.2.1 Achievement Grid based on the PDMe

#### 4.2.1.1 Achievement of Inputs and Activities

Overall, sufficient and adequate inputs were made in terms of quality and timing to smoothly conduct planned activities. Some inputs were not made in accordance with the agreement in the M/M, such as the number of Japanese experts and amount of local cost sharing.

Most of the activities were carried out as planned. Activities that were not adequately carried out include: 2.1 “*Train prospective Thai lecturers in the field of dermatology in Japan*”; 2.2 “*The Institute to invite ex-participants of the Course as lecturers*”; and 0.4 “*The Institute to encourage ex-participants to organize alumni associations.*” In the case of 2.1, the scheme, Long-term Study Program in Japan, was not consistent with the needs of Thai lecturers, and hence the opportunities were given to ex-participants from Thailand. In the case of 2.2, it was not considered as that the Institute could secure enough lecturers within Thailand. 0.4 was not followed, as the Institute already has the Alumni Association of their graduates/ex-trainees.

Details of the achievement of each input are described below.



Narrative Summary of PDM	Verifiable Indicators		Data Sources/References															
Activities	Inputs																	
1.1 Institute of Dermatology to formulate the curriculum.	R/D and M/M as of October 1998	Achievement as of July 2003																
1.2 The institute to select participants for the Course.	<b><u>Thai side</u></b> <b>1. Provision and maintenance of building and facilities</b> <ul style="list-style-type: none"> <li>• The Institute to provide building and faculties for the Course.</li> </ul>	<b><u>Thai side</u></b> <b>1. Provision and maintenance of building and facilities</b> <ul style="list-style-type: none"> <li>• The Institute sufficiently and adequately provided the building and faculties for the Course.</li> </ul>	R/D and M/M (Oct. 1998)															
1.3 The Institute to arrange domestic study tour(s) as a part of the Course, if necessary.	<b>2. Allocation of C/P and Administrative personnel</b> <ul style="list-style-type: none"> <li>• The Institute to assign an adequate number of its staff as lecturers/instructors for the Course</li> </ul>	<b>2. Allocation of C/P and Administrative personnel</b> <ul style="list-style-type: none"> <li>• The Institute assigned 124 (cumulative: 20~38 per year) lecturers/instructors during the review period.</li> <li>• The management and operational activities were incorporated in the routine activities of the Institute.</li> </ul>	Questionnaire Survey of Final Evaluation (Ex-participants, Thai, Japanese Lecturers)															
2.1 Train prospective Thai lecturers in the field of dermatology in Japan	<b>3. Provision of machinery, equipment</b> <ul style="list-style-type: none"> <li>• The Institute to provide machinery, equipment</li> </ul>	<b>3. Provision of machinery, equipment</b> <ul style="list-style-type: none"> <li>• The Institute purchased from <u>the local cost (4.)</u> and utilized nine pieces of machinery and equipment during the review period.</li> <li>• (Total <u>7,086,435</u> Baht)</li> </ul>	R/D and M/M (Oct. 1998)															
2.2 The Institute to invite ex-participants of the Course as lecturers.	<b>4. Supporting Local Cost</b> <ul style="list-style-type: none"> <li>• Total "equal share" (50%) between Japan and Thailand</li> </ul>	<b>4. Supporting Local Cost</b> <ul style="list-style-type: none"> <li>• Total <u>9,053,924</u> Bahts</li> </ul> <table border="1" data-bbox="845 1612 1212 1769"> <thead> <tr> <th></th> <th>Thai side</th> <th>Japanese side</th> </tr> </thead> <tbody> <tr> <td>1999</td> <td>21%</td> <td>79%</td> </tr> <tr> <td>2000</td> <td>26%</td> <td>74%</td> </tr> <tr> <td>2001</td> <td>27%</td> <td>73%</td> </tr> <tr> <td>2002</td> <td>33%</td> <td>67%</td> </tr> </tbody> </table>		Thai side	Japanese side	1999	21%	79%	2000	26%	74%	2001	27%	73%	2002	33%	67%	Course Reports by the Institute
	Thai side	Japanese side																
1999	21%	79%																
2000	26%	74%																
2001	27%	73%																
2002	33%	67%																
※ <sup>1</sup>			Questionnaire Survey of Final Evaluation (The Institute)															
○.1 The Institute to make a list of ex-participants.			Documents of DTEC															
○.2 The Institute to issue newsletters.																		
○.3 The Institute to conduct conferences in Thailand.			R/D and M/M (Oct. 1998)															
○.4 The Institute to encourage ex-participants to organize alumni associations.			Documents of DTEC															

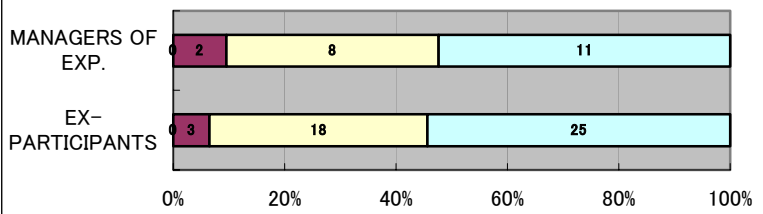
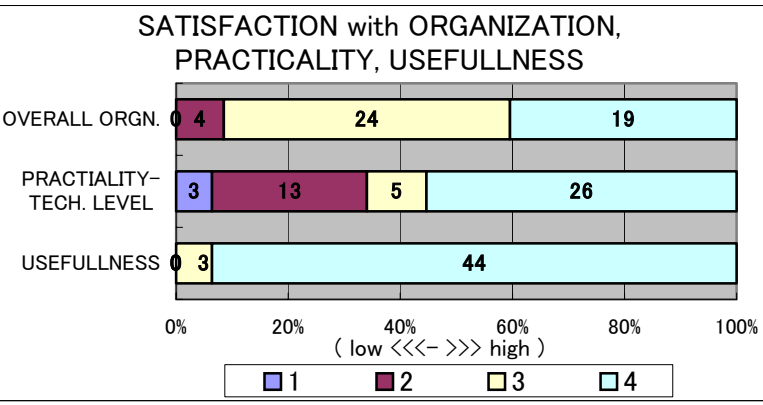
<sup>1</sup> These activities, drawn from the M/M of October 1998, are not corresponding to any Outputs, but rather linked directly to Overall Goals.

Narrative Summary of PDM	Verifiable Indicators		Data Sources/References															
	<p><u>Japanese side</u></p> <p><b>1. Dispatch of Japanese Short-term Experts</b></p> <ul style="list-style-type: none"> <li>Reduce the number during the period of 1999 ~ 2004</li> </ul>	<p><u>Japanese side</u></p> <p><b>1. Dispatch of Japanese Short-term Experts</b></p> <ul style="list-style-type: none"> <li>10 per year (1999~2003)</li> </ul>	<p>R/D and M/M (Oct. 1998)</p> <p>Information from JICA Hqrs.</p>															
	<p><b>2. Long-term Training Program in Japan (Related Cooperation)</b></p> <ul style="list-style-type: none"> <li>More than one person per year (1999~2004)</li> </ul>	<p><b>2. Long-term Training Program in Japan (Related Cooperation)</b></p> <ul style="list-style-type: none"> <li>2 per year (1999~2003)</li> </ul>	<p>R/D and M/M (Oct. 1998)</p> <p>Information from JICA Hqrs.</p>															
	<p><b>3. Provision of machinery, equipment and their maintenance</b></p> <ul style="list-style-type: none"> <li>Medical equipment needs for the Course to be consulted with JICA Thailand Office.</li> </ul>	<p><b>3. Provision of machinery, equipment and their maintenance</b></p> <ul style="list-style-type: none"> <li>No equipment was provided through direct purchase from Japan during the review period (1999~2003).</li> </ul>	<p>R/D and M/M (Oct. 1998)</p> <p>Information from JICA Hqrs.</p>															
	<p><b>4. Supporting Local Cost</b></p> <ul style="list-style-type: none"> <li>Total "equal share" (50%) between Japan and Thailand</li> </ul>	<p><b>4. Supporting Local Cost</b></p> <ul style="list-style-type: none"> <li>Total <u>23,215,483</u> Bahts</li> </ul> <table border="1" data-bbox="847 1200 1214 1402"> <thead> <tr> <th></th> <th>Thai side</th> <th>Japanese side</th> </tr> </thead> <tbody> <tr> <td>1999</td> <td>22%</td> <td>78%</td> </tr> <tr> <td>2000</td> <td>26%</td> <td>74%</td> </tr> <tr> <td>2001</td> <td>27%</td> <td>73%</td> </tr> <tr> <td>2002</td> <td>32%</td> <td>68%</td> </tr> </tbody> </table>		Thai side	Japanese side	1999	22%	78%	2000	26%	74%	2001	27%	73%	2002	32%	68%	<p>R/D and M/M (Oct. 1998)</p> <p>Documents provided by DTEC</p>
	Thai side	Japanese side																
1999	22%	78%																
2000	26%	74%																
2001	27%	73%																
2002	32%	68%																
	<p><b>5. Other expenses by the Japanese side</b></p> <ul style="list-style-type: none"> <li>Dispatch of Mid-term Evaluation Team</li> <li>Dispatch of Final Evaluation Team</li> </ul>	<p><b>5. Other expenses by the Japanese side</b></p> <ul style="list-style-type: none"> <li>No Mid-term Evaluation was conducted.</li> <li>Dispatch of Final Evaluation Team, Total <u>5,510,000</u> JPY (= <u>        </u> Baht.)</li> <li>Supports for Joint Evaluation Team, Total <u>174,270</u> Baht</li> </ul>	<p>R/D and M/M (Oct. 1998)</p> <p>Information from JICA Hqrs.</p>															

#### 4.2.1.2 Achievement of Outputs

Output 1) was sufficiently achieved, while the achievement of Output 2) was rather limited. Details of the achievement measured against Verifiable Indicators are described below.

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References								
<p>Outputs</p> <p>Output 1) Participants are familiarized with common skin diseases and how to explore the problems, diagnostic approaches and management</p>	<p><b>1.1 % of Course participants granted with the Diploma in dermatology.</b> <i>(Performance)</i></p> <ul style="list-style-type: none"> <li>• According to the Course Reports, all the participants, who completed the Course work, were granted with the Diploma during 1999/2000~2002/3.</li> <li>• There were a few cases where participants decided to discontinue their enrollment in the Course. Those numbers were not recorded.</li> </ul>	<p>Report/docume ntations provided by the Institute of Dermatology</p>								
	<p><b>1.2 All the Course participants score average 60% or above in the tests during the Course.</b> <i>(Performance)</i></p> <ul style="list-style-type: none"> <li>• Almost all the participants averaged above 60% in their tests conducted during the Course. In the 18<sup>th</sup> Course, two participants had an average of 60%.</li> <li>• Those scores were not reported in the 19<sup>th</sup> Course Report.</li> </ul> <table border="1" data-bbox="544 1171 1074 1305"> <tbody> <tr> <td>1999/2000</td> <td>100%</td> </tr> <tr> <td>2000/2001</td> <td>100%</td> </tr> <tr> <td>2001/2002</td> <td>96%</td> </tr> <tr> <td>2002/2003</td> <td>N/A</td> </tr> </tbody> </table>	1999/2000	100%	2000/2001	100%	2001/2002	96%	2002/2003	N/A	<p>Report/docume ntations provided by the Institute of Dermatology</p>
	1999/2000	100%								
2000/2001	100%									
2001/2002	96%									
2002/2003	N/A									
<p><b>1.3 % of Course participants who acknowledge contribution of this Course to their upskilling.</b> <b>1.4 % of managers of the ex-participants who acknowledge contribution of this Course to their upskilling.</b> <i>(Performance)</i></p> <ul style="list-style-type: none"> <li>• 90% and 94% of the participants and their managers (who responded to the questionnaire), respectively, acknowledged that the Course has contributed, to a VERY and FAIRLY GOOD EXTENT, to ex-participants' upskilling. The rest assessed the extent of the contribution as "MORE or LESS."</li> </ul>	<p>Questionnaire Survey of the Evaluation Study (Ex-participants and Managers)</p>									

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References																				
	<p style="text-align: center;"><b>CONTRIBUTION TO SKILL UPGRADE?</b></p> <p style="text-align: center;"> <span style="color: blue;">■</span> MUCH LESS    <span style="color: maroon;">■</span> MORE or LESS    <span style="color: yellow;">■</span> FAIRLY GOOD    <span style="color: cyan;">■</span> VERY GOOD </p>  <table border="1" style="display: none;"> <caption>Contribution to Skill Upgrade Data</caption> <thead> <tr> <th>Group</th> <th>MUCH LESS</th> <th>MORE or LESS</th> <th>FAIRLY GOOD</th> <th>VERY GOOD</th> </tr> </thead> <tbody> <tr> <td>MANAGERS OF EXP.</td> <td>0</td> <td>2</td> <td>8</td> <td>11</td> </tr> <tr> <td>EX-PARTICIPANTS</td> <td>0</td> <td>3</td> <td>18</td> <td>25</td> </tr> </tbody> </table>	Group	MUCH LESS	MORE or LESS	FAIRLY GOOD	VERY GOOD	MANAGERS OF EXP.	0	2	8	11	EX-PARTICIPANTS	0	3	18	25						
Group	MUCH LESS	MORE or LESS	FAIRLY GOOD	VERY GOOD																		
MANAGERS OF EXP.	0	2	8	11																		
EX-PARTICIPANTS	0	3	18	25																		
<p>Output 2) Capacity of the Institute of Dermatology to sustainably manage the Course is improved.</p>	<p><b>2-1. % of students satisfied with the contents of the Course (Performance)</b></p> <ul style="list-style-type: none"> <li>Average level of satisfaction (in percentage) was 88% among ex-participants who responded to the questionnaire, ranging from 70% to 100%.</li> <li>Most of the participants highly evaluated the overall organization of the Course as well as the usefulness of its contents. Nevertheless, in terms of its practicality of the technical level, more than 30% of respondents said the level was RATHER HIGH/SPECIALIZED or TOO HIGH/SPECIALIZED.</li> <li>When asked if their government officially accredits the Diploma, 43% answered NO while the other 57% said YES.</li> </ul>  <table border="1" style="display: none;"> <caption>Satisfaction with Organization, Practicality, Usefulness Data</caption> <thead> <tr> <th>Category</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr> <td>OVERALL ORGN.</td> <td>0</td> <td>4</td> <td>24</td> <td>19</td> </tr> <tr> <td>PRACTICALITY-TECH. LEVEL</td> <td>3</td> <td>13</td> <td>5</td> <td>26</td> </tr> <tr> <td>USEFULNESS</td> <td>0</td> <td>0</td> <td>3</td> <td>44</td> </tr> </tbody> </table>	Category	1	2	3	4	OVERALL ORGN.	0	4	24	19	PRACTICALITY-TECH. LEVEL	3	13	5	26	USEFULNESS	0	0	3	44	<p>Questionnaire Survey of the Evaluation Study (Ex-participants )</p>
Category	1	2	3	4																		
OVERALL ORGN.	0	4	24	19																		
PRACTICALITY-TECH. LEVEL	3	13	5	26																		
USEFULNESS	0	0	3	44																		
	<p><b>2-2. % of participants in the long-term study program and in the C/P Training Program who performs as lecturers in the Course (Performance)</b></p> <ul style="list-style-type: none"> <li>Among twelve doctors in the Institute of Dermatology who participated in the C/P Training Program between 1960 and 1985, six (50%) served as lecturers in the Course. This rather low rate is attributed to the fact that seven (68%) ex-trainees left the Institute for other career/academic opportunities.</li> </ul>	<p>Course Reports and documents/ information provided by the Institute</p>																				
	<p><b>2-3. # of ex-participants of the Course invited as Lectures in the Course per year (Performance)</b></p> <ul style="list-style-type: none"> <li>There was not yet a case where ex-participants were invited from participating countries, as lecturers in the Course, mostly because their</li> </ul>	<p>M/M (Oct. 1998)</p>																				

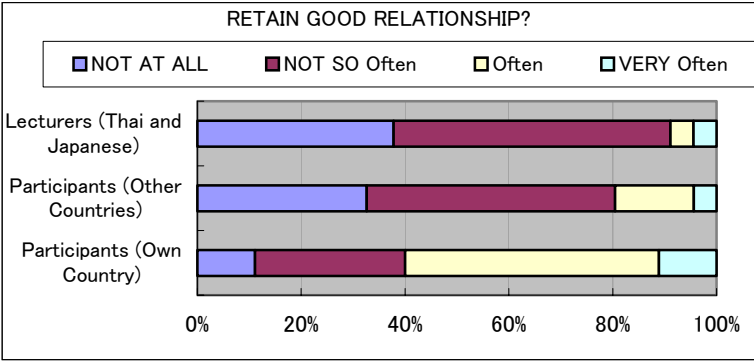
Narrative Summary of PDM	Verifiable Indicators	Data Sources/References																	
	<p>technical levels were not yet as appropriate for lecturing. "The plan" in the M/M (Oct. 1998) suggested this idea, most probably to decrease the dependency on Japanese experts, but it was rather unrealistic.</p> <p><b>2-4. # of lecturers from relevant Thai institutions participated in the Course</b> (Performance)</p> <ul style="list-style-type: none"> <li>• Out of 221 lecturers/instructors locally secured, 97 (44%) were from other relevant Thai institutions during the review period</li> <li>• (1999/2000~2002/3) (annual breakdown given below). The number includes lecturers from Iran, Singapore and the U.S.A. (most based in Thailand).</li> <li>• While this was in an effort to improve the contents of the Course, it did not contribute to replacement and reduction of Japanese Experts.</li> </ul> <div data-bbox="419 835 1203 1167" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">LOCAL/THAI LECTURERS (breakdown)</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">■ Institute</td> <td style="text-align: center;">■ Others</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Institute</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>2002/03</td> <td>20</td> <td>25</td> </tr> <tr> <td>2001/02</td> <td>29</td> <td>28</td> </tr> <tr> <td>2000/01</td> <td>37</td> <td>17</td> </tr> <tr> <td>1999/2000</td> <td>38</td> <td>27</td> </tr> </tbody> </table> </div>	■ Institute	■ Others	Year	Institute	Others	2002/03	20	25	2001/02	29	28	2000/01	37	17	1999/2000	38	27	<p>Course Reports</p> <p>Course Reports and documents provided by the Institute of Dermatology</p>
■ Institute	■ Others																		
Year	Institute	Others																	
2002/03	20	25																	
2001/02	29	28																	
2000/01	37	17																	
1999/2000	38	27																	
	<p><b>2-5. # of Japanese lecturers per course is gradually decreased</b> (Performance)</p> <ul style="list-style-type: none"> <li>• During the review period, Japanese lecturers per course remained the same at 10.</li> </ul> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>1999/2000</td> <td>10</td> </tr> <tr> <td>2000/2001</td> <td>10</td> </tr> <tr> <td>2001/2002</td> <td>10</td> </tr> <tr> <td>2002/2003</td> <td>10</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• This was due to the fact that NO LOCAL lecturers, in and outside of the Institute, were available to provide the similar lectures in basic science if the same technical depth and updated information were sought. The plan to replace the Japanese lecturers with those who participated in the PhD program in Japan did not function and thus did not contributed to the intended decrease.</li> </ul>	1999/2000	10	2000/2001	10	2001/2002	10	2002/2003	10	<p>Information provided by the JICA Hqrs.</p> <p>Interview from professors in Mahidol University and the Institute of Dermatology</p>									
1999/2000	10																		
2000/2001	10																		
2001/2002	10																		
2002/2003	10																		

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References																		
	<p><b>2-6. % of costs expended by Thai sources is increased to 50%</b> (Performance)</p> <ul style="list-style-type: none"> <li>Efforts have been made by the Thai side to increase cost-sharing portion over the year despite the financial difficulty, from 21% in 1999 to 33% in 2003. For the whole period (1999~2003), 28% was borne by DTEC. The target, as it was stipulated in the M/M, was an “equal share.” The reason for not-reaching the target was explained by the lack of budget on DTEC’s side due to Country’s economic recession. However, it is also to note that there seems not to have been a full agreement/understanding between DTEC and JICA on the target of cost-sharing portions: The R/D signed between DTEC and JICA did not set the target, while the M/M signed between the Institute and JICA did.</li> </ul> <div data-bbox="526 743 1206 1057" style="text-align: center;"> <table border="1" style="margin: 0 auto;"> <caption>PORTION OF COST SHARING</caption> <thead> <tr> <th>Year</th> <th>Thailand Total (%)</th> <th>Japan Total (%)</th> </tr> </thead> <tbody> <tr> <td>1999/2000</td> <td>21</td> <td>79</td> </tr> <tr> <td>2000/01</td> <td>25</td> <td>75</td> </tr> <tr> <td>2001/02</td> <td>25</td> <td>75</td> </tr> <tr> <td>2002/03</td> <td>33</td> <td>67</td> </tr> <tr> <td>2003/04</td> <td>33</td> <td>67</td> </tr> </tbody> </table> </div> <p>※ The amount excludes costs borne by JICA for the dispatch of Japanese Short-term Experts, Long-term Study Program in Japan and for the dispatch of Implementation study teams and for the Final Evaluation.</p>	Year	Thailand Total (%)	Japan Total (%)	1999/2000	21	79	2000/01	25	75	2001/02	25	75	2002/03	33	67	2003/04	33	67	<p>M/M and R/D (Oct. 1998)</p> <p>Financial Reports from DTEC</p>
Year	Thailand Total (%)	Japan Total (%)																		
1999/2000	21	79																		
2000/01	25	75																		
2001/02	25	75																		
2002/03	33	67																		
2003/04	33	67																		

#### 4.2.1.3 Achievement of Project Purpose and Overall Goals

Project Purpose was mostly achieved. Overall Goal (1) is sufficiently achieved while Overall Goal (2)’s achievement was rather limited. Details of the achievement measured against Verifiable Indicators are described below.

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References
<p>Project Purpose</p> <p>Opportunity to upgrade techniques and knowledge in the field of dermatology is provided</p>	<p><b>i. A 10-month course is annually provided for selected applicants from 16 countries</b> (Performance)</p> <ul style="list-style-type: none"> <li>10-month Course was provided annually to 15 out of 17 selected countries between 1999/2000 and 2002/3, and the 20<sup>th</sup> Course (2003/4) is currently underway. During the review period (1999/2000~2002/2003), NO participants were observed from 2 out of 17 selected countries, namely, India and Papua New Guinea.</li> <li>Total of 78 doctors from 15 countries, including Thailand, made use of this opportunity, and 23 more doctors are currently participating from 9 out of 17 selected countries in the Course.</li> </ul>	<p>Report/documen tations provided by the Institute of Dermatology</p>
<p>Overall Goal</p>	<p><b>1-1. % of Course participants who continued their study</b> (Performance)</p>	

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References																				
<p>1) Participants continue the study of dermatology on their own in respective countries after completion of the Course.</p>	<ul style="list-style-type: none"> <li>• 96% of the participants who responded to the questionnaire answered that they continued their study in dermatological field.</li> <li>• All (100%) of the managers who responded to the question answered that their staff CONTINUED the STUDY in DERMATOLOGY, while 92% of the ex-participants said they did. While there might be variance in the degree, most of the participants seem to have continued pursuing study in the area.</li> <li>• Among them, some pursued Residency Training Program in their own country, or self-study in subspecialty fields, while others pursued higher degrees such as MSc in Dermatology or PhD in related fields.</li> </ul> <table border="1" data-bbox="520 748 1198 846"> <thead> <tr> <th></th> <th>MANAGERS(N=19)</th> <th>EX-PARTICIPANTS(N=38)</th> </tr> </thead> <tbody> <tr> <td>NO(%)</td> <td>0%</td> <td>8%</td> </tr> <tr> <td>YES(%)</td> <td>100%</td> <td>92%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• When asked if further study is required for the ex-participants to perform their current duty, about 95% of respondents, both ex-participants and their managers, answered yes.</li> </ul>		MANAGERS(N=19)	EX-PARTICIPANTS(N=38)	NO(%)	0%	8%	YES(%)	100%	92%	<p>Questionnaire Survey of the Evaluation Study (Ex-participants and Managers)</p>											
	MANAGERS(N=19)	EX-PARTICIPANTS(N=38)																				
NO(%)	0%	8%																				
YES(%)	100%	92%																				
<p>Overall Goal</p> <p>2) Participants retain good relationship among doctors from invited countries.</p>	<p><b>2-1. % of ex-participants who retained good relationship among doctors from invited countries</b> (Performance)</p> <ul style="list-style-type: none"> <li>• Almost 60% of the ex-participants (27 out of 47 respondents) retained frequent relationship with ex-participants from their own country, while less frequent with those from other countries and with lecturers.</li> <li>• Some ex-participants, although very few, collaborated together to perform training for non-participant medical personnel in their own countries, while many others used this personal network to consult difficult, rare and/or interesting cases together.</li> </ul>  <table border="1" data-bbox="419 1397 1177 1756"> <caption>RETAIN GOOD RELATIONSHIP?</caption> <thead> <tr> <th>Group</th> <th>NOT AT ALL (%)</th> <th>NOT SO Often (%)</th> <th>Often (%)</th> <th>VERY Often (%)</th> </tr> </thead> <tbody> <tr> <td>Lecturers (Thai and Japanese)</td> <td>~38</td> <td>~52</td> <td>~10</td> <td>~0</td> </tr> <tr> <td>Participants (Other Countries)</td> <td>~32</td> <td>~48</td> <td>~18</td> <td>~2</td> </tr> <tr> <td>Participants (Own Country)</td> <td>~10</td> <td>~30</td> <td>~55</td> <td>~5</td> </tr> </tbody> </table>	Group	NOT AT ALL (%)	NOT SO Often (%)	Often (%)	VERY Often (%)	Lecturers (Thai and Japanese)	~38	~52	~10	~0	Participants (Other Countries)	~32	~48	~18	~2	Participants (Own Country)	~10	~30	~55	~5	<p>Questionnaire Survey of the Evaluation Study (Ex-participants )</p>
Group	NOT AT ALL (%)	NOT SO Often (%)	Often (%)	VERY Often (%)																		
Lecturers (Thai and Japanese)	~38	~52	~10	~0																		
Participants (Other Countries)	~32	~48	~18	~2																		
Participants (Own Country)	~10	~30	~55	~5																		
	<p><b>2-2. % of ex-participants who are the members of the International Alumni Association</b> (Performance)</p> <p>There is not an International Alumni Association of this particular Diploma Course <i>per se</i>. Nevertheless, those who took part in the Diploma Course will automatically become members of the Alumni Association of the Institute of Dermatology, and receives</p>	<p>Interview with the Institute of Dermatology</p>																				

Narrative Summary of PDM	Verifiable Indicators	Data Sources/References
	<p>newsletters published twice a year by the Institute as far as personal contacts remain valid.</p> <p><b>2-3. # of countries which has an Alumni Association, or organize some activities among ex-participants of the Course</b></p> <p><i>(Performance)</i></p> <ul style="list-style-type: none"> <li>• According to the questionnaire survey to the ex-participants of the Course by the Japanese Course Organizer, five out of 17 participating countries may have alumni associations of the Thai Diploma Course (or more respondents answered YES to the question).</li> <li>• Questionnaire Survey of the Evaluation Study (July 2003), nevertheless, could not found enough evidence to verify the existence of such associations. Nature of the activities, conducted together among ex-participants, appears more personal and informal than collectively organized one.</li> </ul>	<p>Report of the Course Organizer (March 2002)</p> <p>Questionnaire Survey of the Evaluation Study (Ex-participants )</p>



#### 4.2.2 Achievement Grid based on the Four Levels of Effects (KIRKPATRICK'S MODEL)

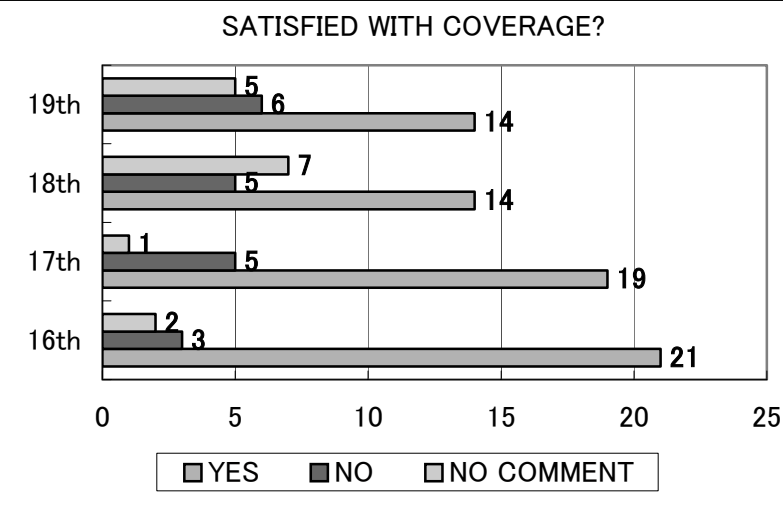
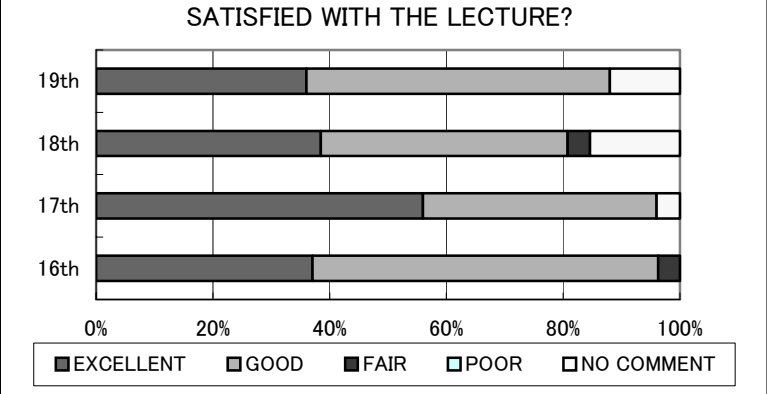
This section mainly deals with performance measurement of the Training Program/Course itself. The purpose of this section is to fill in some information on effects of the Program/Project, which were not specified as intended objectives in the PDMe.

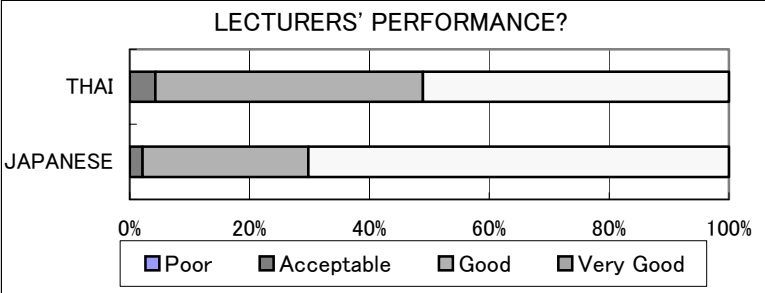
##### 4.2.2.1 Level I: Reaction of Ex-participants

This level, reaction, attempts to measure how, positively or otherwise, learners reacted to the Program/Course.

Generally, ex-participants reacted fairly positively to the content levels as well as coverage of the Program/Course at the time of completion, which were confirmed again through the survey conducted by the Evaluation Study Team. Details of the performance levels were described below.

PERFORMANCE INDICATORS	SOURCE																																			
<p><b>I-1. % of the ex-participants satisfied with overall content of the Course</b> <i>Performance)</i></p> <p>At the end of the Course, more than 80% of the participants on average (89%[16<sup>th</sup>], 96%[17<sup>th</sup>], 65%[18<sup>th</sup>] 84%[19<sup>th</sup>]) said the Course was well planned in terms of the level of the content, with the exception of the 18<sup>th</sup> Course (where five did not answered).</p> <p>At the end of the Course, most of the participants were satisfied with the coverage of the Course. Most of those who answered NO said they wanted more depth and time-length in each subspecialty.</p> <div data-bbox="252 1263 1002 1637" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">SATISFIED WITH THE CONTENT LEVEL?</p> <table border="1" style="width: 100%; text-align: center; font-size: small;"> <thead> <tr> <th>Course</th> <th>WELL PLANNED</th> <th>TOO COMPLICATED</th> <th>TOO BASIC</th> <th>NOT MET OBJECTIVE</th> <th>OTHER</th> <th>NO COMMENT</th> </tr> </thead> <tbody> <tr> <td>19th</td> <td>84%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>16%</td> </tr> <tr> <td>18th</td> <td>65%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>35%</td> </tr> <tr> <td>17th</td> <td>96%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>4%</td> </tr> <tr> <td>16th</td> <td>89%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>0%</td> <td>11%</td> </tr> </tbody> </table> </div>	Course	WELL PLANNED	TOO COMPLICATED	TOO BASIC	NOT MET OBJECTIVE	OTHER	NO COMMENT	19th	84%	0%	0%	0%	0%	16%	18th	65%	0%	0%	0%	0%	35%	17th	96%	0%	0%	0%	0%	4%	16th	89%	0%	0%	0%	0%	11%	<p>Report/documentations provided by the Institute of Dermatology</p> <p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>
Course	WELL PLANNED	TOO COMPLICATED	TOO BASIC	NOT MET OBJECTIVE	OTHER	NO COMMENT																														
19th	84%	0%	0%	0%	0%	16%																														
18th	65%	0%	0%	0%	0%	35%																														
17th	96%	0%	0%	0%	0%	4%																														
16th	89%	0%	0%	0%	0%	11%																														

PERFORMANCE INDICATORS	SOURCE																														
<p style="text-align: center;"><b>SATISFIED WITH COVERAGE?</b></p>  <table border="1" data-bbox="236 315 1023 824"> <caption>SATISFIED WITH COVERAGE?</caption> <thead> <tr> <th>Year</th> <th>YES</th> <th>NO</th> <th>NO COMMENT</th> </tr> </thead> <tbody> <tr> <td>19th</td> <td>14</td> <td>6</td> <td>5</td> </tr> <tr> <td>18th</td> <td>14</td> <td>5</td> <td>7</td> </tr> <tr> <td>17th</td> <td>19</td> <td>5</td> <td>1</td> </tr> <tr> <td>16th</td> <td>21</td> <td>3</td> <td>2</td> </tr> </tbody> </table> <p>After going back to their country, the level of satisfaction expressed among the participants (in 100% scale) averaged 88% (ranging from 70 to 100%). 94% of the respondents said that most of the contents was useful for their work, while 6% said some of the contents were useful.</p> <p>On the other hand, when practical application in their country settings were considered, 34% of the respondents found that the technical level of the Course contents was either TOO specialized or RATHER specialized, while the other 66% said it was NOT TOO specialized or ADEQUATE LEVEL.</p>	Year	YES	NO	NO COMMENT	19th	14	6	5	18th	14	5	7	17th	19	5	1	16th	21	3	2											
Year	YES	NO	NO COMMENT																												
19th	14	6	5																												
18th	14	5	7																												
17th	19	5	1																												
16th	21	3	2																												
<p><b>I-2. % of students satisfied with the materials used in the Course</b> (Performance)</p> <p>78% of the respondents found the TEXTBOOK to be either GOOD or Very GOOD, while for the HANDOUTS and VISUAL AIDS, almost all (96%) the respondents said that be either HELPFUL or Very HELPFUL. 17% and 4% of the respondents, however, found the TEXTBOOK to be merely ACCEPTABLE or POOR, respectively.</p>	<p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>																														
<p><b>I-3. % of Course participants satisfied with the lecturers of the Course</b> (Performance)</p> <p>At the end of the Course, most of the Course participants expressed their satisfaction over the contents of the lectures.</p> <p style="text-align: center;"><b>SATISFIED WITH THE LECTURE?</b></p>  <table border="1" data-bbox="244 1570 1015 1962"> <caption>SATISFIED WITH THE LECTURE?</caption> <thead> <tr> <th>Year</th> <th>EXCELLENT</th> <th>GOOD</th> <th>FAIR</th> <th>POOR</th> <th>NO COMMENT</th> </tr> </thead> <tbody> <tr> <td>19th</td> <td>35%</td> <td>50%</td> <td>10%</td> <td>5%</td> <td>0%</td> </tr> <tr> <td>18th</td> <td>38%</td> <td>45%</td> <td>10%</td> <td>7%</td> <td>0%</td> </tr> <tr> <td>17th</td> <td>55%</td> <td>35%</td> <td>5%</td> <td>5%</td> <td>0%</td> </tr> <tr> <td>16th</td> <td>35%</td> <td>55%</td> <td>5%</td> <td>5%</td> <td>0%</td> </tr> </tbody> </table>	Year	EXCELLENT	GOOD	FAIR	POOR	NO COMMENT	19th	35%	50%	10%	5%	0%	18th	38%	45%	10%	7%	0%	17th	55%	35%	5%	5%	0%	16th	35%	55%	5%	5%	0%	<p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>
Year	EXCELLENT	GOOD	FAIR	POOR	NO COMMENT																										
19th	35%	50%	10%	5%	0%																										
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17th	55%	35%	5%	5%	0%																										
16th	35%	55%	5%	5%	0%																										

PERFORMANCE INDICATORS	SOURCE												
<p>At the time of evaluation, almost all the Course participants assessed both Thai and Japanese Lecturers' performance as GOOD and Very GOOD. Both Thai and Japanese lecturers were valued as very knowledgeable with the subjects as well as helpful to support their learning.</p> 													
<p><b>I-4. % of Course participants satisfied with organization of the Course</b> (Performance)</p> <p>At the time of evaluation, most of the participants who responded the question said the overall Course organization was GOOD (51%) or Very GOOD (40%).</p> <table border="1" data-bbox="156 947 1098 1070"> <thead> <tr> <th>Poor</th> <th>Acceptable</th> <th>Good</th> <th>Very Good</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>24</td> <td>19</td> </tr> <tr> <td>0%</td> <td>9%</td> <td>51%</td> <td>40%</td> </tr> </tbody> </table>	Poor	Acceptable	Good	Very Good	0	4	24	19	0%	9%	51%	40%	<p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>
Poor	Acceptable	Good	Very Good										
0	4	24	19										
0%	9%	51%	40%										
<p><b>I-5. % of Course participants satisfied with equipment / facilities of the Course</b> (Performance)</p> <p>At the time of evaluation, the ex-participants who responded to the question mostly showed satisfaction to the quantity (94%), quality (83%) and the acquired knowledge (81%) on the laboratory and medical equipment of the Course.</p> <p>Some noted that the time was too short to acquire enough knowledge and the opportunity to actually employ the equipment was limited, while others mentioned that some of the equipment is not available in their workplace.</p> <p>As for facilities, most of the ex-participants recalled that both the classrooms (96%) and accommodation (83%) were FAIRLY or VERY adequate, indicating good satisfaction levels.</p>	<p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>												

PERFORMANCE INDICATORS	SOURCE
<p style="text-align: center;"><b>LAB/MED EQUIPMENT</b></p>	

#### 4.2.2.2 LEVEL II: Learning

This level, learning, attempts to assess the extent ex-participants have advanced in techniques and/or knowledge.

Overall, sufficient amounts of learning took place in the Program/Course, judging from the fact that almost all the participants scored above 60% in examinations and were granted with the Diploma. Details are shown in Output-level Verifiable Indicators 1.1 and 1.3.

PERFORMANCE INDICATORS (LEVEL II: LEARNING)	SOURCE
<p><b>II-1. % of the Course participants granted with the Diploma in dermatology</b> (Performance)</p> <ul style="list-style-type: none"> <li>See Verifiable Indicators 1.1 {in the Outputs 1}}, in the PDMe Achievement Grid</li> </ul>	
<p><b>II-2. All the Course participants scored average 60% or above in the tests during the Course</b> (Performance)</p> <ul style="list-style-type: none"> <li>See Verifiable Indicators 1.2 {in the Outputs 1}}, in the PDMe Achievement Grid</li> </ul>	

#### 4.2.2.3 LEVEL III: Changes in Behavior

This level measures the transfer that has occurred to ex-participants' behaviors due to the Training Program/Course. Generally, changes in behavior occurred to almost all ex-participants in the form of application of improved clinical skills and some in the form of improved attitude. Details are given below.

PERFORMANCE INDICATORS	SOURCE
<p><b>III-1. % of the Course participants who continued their study (self-assessment, manager's assessment)</b> (Performance)</p> <p>See Verifiable Indicators 1.1 (in Overall Goal 1), in the PDMe Achievement Grid</p>	

PERFORMANCE INDICATORS	SOURCE															
<p><b>III-2~3. % of the Course participants and managers who attribute the ex-participants upskilling to the Course</b>  <i>(Performance)</i>            See Verifiable Indicators 1.3 and 1.4 {in the Outputs 1}}, in the PDMe Achievement Grid</p>																
<p><b>III-4~5. % of learners who apply the newly-acquired skills to their duties (self-assessment, managers' assessment)</b>  <i>(Performance)</i></p> <ul style="list-style-type: none"> <li>100% of the respondents of the question said they apply the newly-acquired skills to their course of duty, while two did not answer. 100% of the respondents among the managers also said their staff applied the new skills to their duties.</li> <li>Most applied their skills through their everyday clinical practices as a doctor, while about half of them also transferred the knowledge to others and used the knowledge as a basis of further study. Some applied the knowledge as a basis of further research. This shows that about half of the ex-participants apply their skills for the purpose other than clinical services provision, while 43 out of 47 (92%) of the respondents are clinicians/doctors. Some do perform a lecturer task either full-time or part-time (about six persons: 13%).</li> </ul> <div data-bbox="225 996 1034 1361"> <p style="text-align: center;"><b>HOW EX-PARTICIPANTS APPLIED NEW SKILLS</b></p> <table border="1"> <caption>HOW EX-PARTICIPANTS APPLIED NEW SKILLS</caption> <thead> <tr> <th>Category</th> <th>Managers (%)</th> <th>Ex-Participants (%)</th> </tr> </thead> <tbody> <tr> <td>1. Transfer of Knowledge to Others</td> <td>53%</td> <td>63%</td> </tr> <tr> <td>2. Clinical Application</td> <td>85%</td> <td>89%</td> </tr> <tr> <td>3. Basis of Further Study</td> <td>47%</td> <td>47%</td> </tr> <tr> <td>4. Basis of Further Research</td> <td>30%</td> <td>47%</td> </tr> </tbody> </table> </div>	Category	Managers (%)	Ex-Participants (%)	1. Transfer of Knowledge to Others	53%	63%	2. Clinical Application	85%	89%	3. Basis of Further Study	47%	47%	4. Basis of Further Research	30%	47%	<p>Questionnaire Survey of the Evaluation Study (Ex-participants and Managers)</p>
Category	Managers (%)	Ex-Participants (%)														
1. Transfer of Knowledge to Others	53%	63%														
2. Clinical Application	85%	89%														
3. Basis of Further Study	47%	47%														
4. Basis of Further Research	30%	47%														
<p><b>III-6. % of the managers of the ex-participants who acknowledge positive changes in them</b>  <i>(Performance)</i></p> <ul style="list-style-type: none"> <li>This indicator could not be measured as an exact percentage. Response as seen in the questionnaires suggests that there are many observable positive changes in the ex-participants. Those are mostly significant improvements in effective and confident diagnosis and treatment skills as well as in knowledge in dermatology-related areas, but also extended to, among others: 1) motivation to pursue higher degrees; 2) improved attitudes to patient care; 3) proactiveness in taking leadership roles as well as teaching roles; and, 4) improvement in professional behaviors and/or academic approaches. Some also opened a private skin clinic, while others receive improved trusts from their patients.</li> </ul>	<p>Questionnaire Survey of the Evaluation Study (Managers)</p>															

#### 4.2.2.3 LEVEL IV: Results

This level attempts to assess the success of the program in terms of increased benefits brought by the learners to the beneficiaries / institutions, who are to receive his/her services.

The main benefit brought to the beneficiaries/ institutions by the ex-participants is provision of more effective and better quality services to patients with skin conditions. Other major benefits reported include transfer of skills/ knowledge to other medical personnel, but with limited quantity.

PERFORMANCE INDICATORS					SOURCE
<p><b>IV-1. # of beneficiaries of technical transfer by the Course participants (self assessment)</b>  <i>(Performance)</i>            Among those who replied they transfer their newly-acquired skills (25 out of 47: 53%), on-the-job personal contact was the most popular medium of knowledge transfer (21), while college/university classes as well as short seminars (18) are also frequently utilized. A few (4) transcend knowledge to others via publications.</p> <p>The number of people reached by an ex-participant varied, depending on different forms of technical transfer, and perhaps the nature of the setting in which it occurred.</p>					<p>Questionnaire Survey of the Evaluation Study (Ex-participant)</p>
FORMS of TECH. TRANSFER	1. College Classes	2. Short Seminars	3. On-the-Job Contacts	4. Publication	
# of respondents	18	18	21	4	
# reached (range)	20~5,000	20~300	5~1,000	10~1,000	
<p><b>IV-2. # of beneficiaries of technical transfer by the Course participants (manager's assessment)</b>  <i>(Performance)</i>            According to the managers' assessment, on-the-job personal contact was also the most popular medium of knowledge transfer (8), while college/university classes as well as short seminars (7) are also utilized. Four (4) transcend knowledge to others via publications.</p> <p>The number of people who reached by ex-participants also varied but far less than the participants themselves estimated.</p> <p>Some of the factors that are said to be promoting the application of the skills include: 1) working in teaching hospitals where many medical students learn; 2) engaging in teaching career in medical college/universities; 3) working in a national institute whose mandates include technical training for provincial medical/technical staff; and, 4) organizational/managers' encourage and substantial supports.</p> <p>Some of the factors that inhibited the further technical transfer include: 1) lack of resources (financial, human and material) for training activities; 2) lack of accreditation/status given to the Thai Diploma holders; 3) lack of teaching materials; and 4) limited extent of knowledge as felt by the participants.</p>					<p>Questionnaire Survey of the Evaluation Study (Managers)</p>

PERFORMANCE INDICATORS					SOURCE								
FORMS of TECH. TRANSFER	1. College Classes	2. Short Seminars	3. On-the-Job Contacts	4. Publication									
# of respondents	7	7	8	4									
# reached (range)	30~many	50~many	3~585	many									
<p>※ Quality of data for this particular answer may not be as good, as those who did not select the "1. Transfer of knowledge," answered this question.</p>													
<p><b>IV-3~4. % of the Course participants and their managers who recommended the Course to their colleagues/staff</b>  <i>(Performance)</i></p> <p>Among the Ex-participants who responded to the question, all (100%) said they did recommend the Course to their colleagues, while that rate was 89% among the managers who responded to the question.</p> <p>The reasons why some of the managers did not recommend the Course include 1) the absence of government accreditation to the Diploma; 2) the availability of similar diploma courses in their own country; and, 3) the absence of individual discretion.</p>					Questionnaire Survey of the Evaluation Study (Ex-participants and Managers)								
<table border="1"> <thead> <tr> <th></th> <th>YES (%)</th> <th>NO (%)</th> </tr> </thead> <tbody> <tr> <td>EX-PARTICIPANTS (N=45)</td> <td>100%</td> <td>0</td> </tr> <tr> <td>MANAGERS ASSESSMENT (N=19)</td> <td>89%</td> <td>11%</td> </tr> </tbody> </table>							YES (%)	NO (%)	EX-PARTICIPANTS (N=45)	100%	0	MANAGERS ASSESSMENT (N=19)	89%
	YES (%)	NO (%)											
EX-PARTICIPANTS (N=45)	100%	0											
MANAGERS ASSESSMENT (N=19)	89%	11%											

### 4.3 Results of the Study in Bangladesh, Lao PDR and Thailand

#### 4.3.1 Relevance

Bangladesh	Laos	Thailand
<i>Consistency with the national human resource development agenda in each country</i>		
<ul style="list-style-type: none"> <li>■ Relevance of providing the Diploma course as it is may not be as high as in the past in Bangladesh since the country is progressed to the stage to strengthen its capacity to offer several in-country diploma courses in dermatology. In addition, Thai Diploma does not enjoy official accreditation.</li> <li>■ Furthermore, dermatology is not a specialty which retains utmost and urgent attention in the health sector.</li> </ul>	<ul style="list-style-type: none"> <li>■ Relevance of the course is confirmed, with the absence of diploma-level in-country training<sup>1</sup> and having only 12 specialists of dermatology in the country (all Thai Diploma holders).</li> <li>■ Although dermatology is not the most prioritized field within the health sector, the Ministry's strategy in human resource development is to encourage general practitioners to pursue further studies and strengthen specialization.</li> </ul>	<ul style="list-style-type: none"> <li>■ Relevance of the course still holds in that population in provinces/rural areas still do not enjoy access to quality services provided by doctors with specialized training, although it was not the field which enjoys utmost and urgent attention by the authority.</li> </ul>
<i>Adequacy of Selection Process of Candidates in each country</i>		
<ul style="list-style-type: none"> <li>■ National authorities dealing with the selection of participants, mainly the Ministry of Health and Family Welfare, has not been taking proactive role, as they have just checked consistency with the GI criteria, but not ensuring consistency with their human resource development strategy/plan.</li> </ul>	<ul style="list-style-type: none"> <li>■ Selection process in Laos can be considered appropriate. It was rather a selective appointment by the authority, namely, the National Center for Dermatology, than an open application based on individuals' free will.</li> <li>■ Nevertheless, this process turned out to be quite effective to ensure appropriate deployment and utilization of the ex-participants.</li> </ul>	<ul style="list-style-type: none"> <li>■ Selection process of participants was adequate; with applicants pre-screened by the institutions undergo language/qualification screening by DTEC, then final selection by the Institute of Dermatology.</li> </ul>
<i>Consistency with the demand in the Field in each country</i>		
<ul style="list-style-type: none"> <li>■ Demand for training specialists in dermatology is confirmed; in that prevalence of skin diseases are high (scabies</li> </ul>	<ul style="list-style-type: none"> <li>■ Demands for dermatological treatments are still high especially in rural areas, with two provinces still above 1</li> </ul>	<ul style="list-style-type: none"> <li>■ Demands for dermatological treatments are confirmed in that skin diseases are still common among lower</li> </ul>

<sup>1</sup> The National Centre for Dermatology organizes two-to-four-week course annually in dermatological diseases for provincial doctors and nurses, in which the ex-participants of the Thai Diploma Course (including ones from 11<sup>th</sup> ~ 15<sup>th</sup> Courses) perform as lecturers/teachers.



<b>Bangladesh</b>	<b>Laos</b>	<b>Thailand</b>
ranked 10th in the leading causes of morbidity; BBS, 1999), as serious and complicated cases are prevalent due to weak general diagnostic and treatment services.	leprosy case per 10,000 population, and with prevalence of other skin and venereal diseases such as psoriasis, scabies, eczema, and gonorrhoea.	socio-economic strata as well as HIV patients, and increase in contact dermatitis and atopic dermatitis among people living in industrial areas.
<i>Adequacy of the technical levels of the Program/Course in each country</i>		
<ul style="list-style-type: none"> <li>■ Technical level/content of Thai Diploma Course is responding to the needs of Bangladeshi doctors, as it offers more detailed contents in subspecialties, rich clinical exposure with similar cases as in the country, as well as more in-depth basic science when compared with the Diploma Course offered in Bangladesh.</li> </ul>	<ul style="list-style-type: none"> <li>■ Technical level and contents of the Course are seen as adequate and quite useful by the participants, including the profound knowledge in basic science, which provided a sound basis for them to develop an approach to inquiring medical conditions.</li> <li>■ However, lack of adequate laboratory support and unavailability of some medicines are often limiting factors for them to provide quality diagnostic and treatment services.</li> </ul>	<ul style="list-style-type: none"> <li>■ Technical level of the Course is seen as adequate and quite useful by the participants, including the profound knowledge in basic science, which provided a sound basis for them to develop an approach to inquiring medical conditions.</li> </ul>
<i>Consistency with the Japanese technical assistance strategy in each country</i>		
<ul style="list-style-type: none"> <li>■ The Third-Country Training Program on the Diploma in Dermatology does not fall under any of the five priority areas of ODA assistance to Bangladesh, namely, 1) Agriculture and Rural Development, 2) Arsenic Mitigation (Environment and Health), 3) Reproductive Health, 4) Power Supply, and 5) Primary Education (Science and Mathematics), simply due to the fact that formulation of the former preceded the latter.</li> </ul>	<ul style="list-style-type: none"> <li>■ This Third-Country Training Program does not fall under any of the five priority areas of ODA assistance to Lao PDR, namely, 1) Agriculture and Rural Development, 2) Arsenic Mitigation (Environment and Health), 3) Reproductive Health, 4) Power Supply, and 5) Primary Education (Science and Mathematics).</li> </ul>	<ul style="list-style-type: none"> <li>■ Conducting the Third-Country Training Programs are consistent with the strategy of ODA assistance to Thailand.</li> </ul>

### 4.3.2 Effectiveness

<b>Bangladesh</b>	<b>Laos</b>	<b>Thailand</b>
<ul style="list-style-type: none"> <li>■ The project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved in Bangladesh, with 10 participants who completed the Course, and 3 more expected to do so.</li> <li>■ All of the participants got familiar with common diseases and how to explore the problems, diagnostic approaches and management at the time of completion of the Course.</li> <li>■ Most of them apply what they acquired in the Course to their work as clinician as well as in their off-duty clinics, acknowledging significant improvement in quality of service and confidence level. This was verified through interviews with their managers.</li> </ul>	<ul style="list-style-type: none"> <li>■ The project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved as planned, with 5 participants obtained diploma from the course. However, National Center of Dermatology in Laos, an organization which selects candidates for the course, did not receive invitation and G.I. in 2003, resulting in not being able to send any participants in the 20th (2003/4) Course.</li> <li>■ All the ex-participants became familiar with common skin diseases and how to explore the problems, diagnostic approaches and management at the time of the course completion.</li> <li>■ Furthermore, all the ex-participants and their managers acknowledged their knowledge and diagnostic and treatment skills have improved, with which they provide better quality services to their patients.</li> </ul>	<ul style="list-style-type: none"> <li>■ The project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved as planned, with 34 participants (among which 10 are self-financed) who obtained Diploma from the Course, and 10 (3 self-financed) more expected to do so. All the ex-participants acknowledged significant improvement in their knowledge, diagnostic and treatment skills, and/or research methods, with which they provide better quality services to their clients.</li> </ul>

### 4.3.3 Efficiency

Bangladesh	Laos	Thailand
<ul style="list-style-type: none"> <li>■ Textbooks and extensive use of visual aids were very much appreciated as contributing to their better understanding of the subjects.</li> <li>■ Some of the ex-participants feel that contents, e.g. components in basic science, may have been too deep, while others appreciated the contents in basic science. Emphasis in clinical practical aspects, as well as detailed coverage in some of sub-specialties, e.g. photo-therapy, dermato-surgery, on the other hand, were very much appreciated.</li> </ul>	<ul style="list-style-type: none"> <li>■ Although Lao participants would have participated without the presence of Japanese lecturers, most of them acknowledged that having international lecturers (including Swiss, Germany, Singapore) are much better as basic scientific knowledge is essential in further developing investigative skills, and exposure to various disciplines and specialized knowledge are necessary to satisfy trainees with broad interests. For Lao participants with rather compromised English skills, visual aids are of crucial factors to promote better learning.</li> </ul>	<ul style="list-style-type: none"> <li>■ While most ex-participants see that they would have participated in the Course without Japanese lecturers, they maintain that their profound knowledge in basic science, which was taught based on rich experiences, inspired their interests in furthering scientific knowledge.</li> </ul>

### 4.3.4 Impact

Bangladesh	Laos	Thailand
<ul style="list-style-type: none"> <li>■ Overall Goal (1) was partially attained, in that activities such as mutual consultation on clinical diagnosis and treatment, as well as some social gatherings were observed within country. However, others, mostly those living away from the capital city, were not involved much in those activities, and exchanges with lecturers and ex-participants outside of Bangladesh were very limited.</li> <li>■ Overall Goal (2) was mostly attained, as all of ex-participants continued studying the field and applied the newly-acquired knowledge through clinical practices.</li> <li>■ Non-accreditation and partial recognition has to some extent</li> </ul>	<ul style="list-style-type: none"> <li>■ Overall Goal 1 is partially attained, as three (3) staff/ex-participants from the National Center of Dermatology closely exchange practical information in order to train provincial health workers and doctors. However, due to limited access to communication infrastructure, professional exchanges between two (2) ex-participants placed at provincial level and national level staff are limited.</li> <li>■ Overall Goal 2 is likely to be attained if more supportive environment is given to ex-participants. Most of the ex-participants continued self-study in the field, without relevant and optimal educational materials and</li> </ul>	<ul style="list-style-type: none"> <li>■ Overall Goal 1 is partially attained, as ex-participants of the same class closely kept contact with one another, and some of them occasionally exchange clinical information and negotiating patient referrals. Some also attend conferences organized by the Dermatology Association once or every two months, in which they can refresh their knowledge in the dermatological field. However, this personal network rarely goes beyond the boarder.</li> <li>■ Overall Goal 2 is mostly attained, with varying degrees among individuals. Most of the ex-participants expressed their desires for, and/or actually started continuous study, some in scientific research,</li> </ul>

<b>Bangladesh</b>	<b>Laos</b>	<b>Thailand</b>
<p>limited the impact of this Project, in that it limits deployment to proper post or opportunities to pursuing higher degrees in national or other educational institutions.</p>	<p>libraries available to them. Most of them identified topics/sub-specialties they wish to pursue further, and have desire to strengthen their knowledge/techniques further.</p> <ul style="list-style-type: none"> <li>■ Significant efforts have been made and results achieved by all of ex-participants to disseminate their knowledge/techniques to benefit other medical practitioners in the country, let alone providing improved specialized services to patients. However, medical support services such as simple laboratory equipments, medicines, laboratory technicians and nurses are still weak, limiting their performance in clinical practice.</li> <li>■ Resources for expand training in support personnel, as well as securing proper educational materials are found to be major inhibiting factors for them to further creating impact.</li> </ul>	<p>some for higher recognition as a specialist in dermatology, while other in further clinical skills in specific subspecialty.</p> <ul style="list-style-type: none"> <li>■ Furthermore, all the ex-participants acknowledged their performance improvement, most of them as clinicians, one as a consultant for clinical research, another as a pathologist. Efforts have been made by some of ex-participants to disseminate their knowledge/techniques to benefit other medical practitioners in the country.</li> </ul>

#### 4.3.5 Sustainability

<b>Bangladesh</b>	<b>Laos</b>	<b>Thailand</b>
<ul style="list-style-type: none"> <li>■ There is a potential of cost recovery of tuition fees, as some of the candidates from Bangladesh are able to bare the costs on their own.</li> </ul>	<ul style="list-style-type: none"> <li>■ Potential for recovering costs (tuition fees) from Lao participants is slim, as neither the government institute nor candidates has yet to secure the budget.</li> </ul>	<ul style="list-style-type: none"> <li>■ Potential for recovering costs (tuition fees) from Thai participants is confirmed, from private sources but not from public sources. During the five-year period, 13 out of 44 participants attended the Course with private funding (6,000 US\$ or equivalent).</li> <li>■ However, one participant sees that if the Course loses international lecturers, she would rather attend the Course in Boston or elsewhere abroad.</li> </ul>

## Chapter 5 Results of the Evaluation

### 5.1 Evaluation by Five Criteria

#### 5.1.1 Relevance

Relevance of the Program/Project is rather high in some countries and not high in others.

Demands for specialist services in dermatology are confirmed in Bangladesh, Laos and Thailand, with the rise of AIDS epidemic allowing increase in skin-related opportunistic infections (mostly in Thailand), and with persisting high numbers of complicated cases due to misdiagnosis and treatment by poorly-trained general practitioners. The Course has played a significant role in developing human resources in the field of clinical dermatology for many years.

However, in the countries we visited, namely, Bangladesh and Laos, the local JICA offices and the concerned government ministries, as well as WHO, did not perceive the provision of specialist training in dermatology field as their priority in health-sector human development, as opposed to obstetrics-gynecology, pediatrics and surgery. Besides, lack of coherence with JICA's country assistance strategies denies "programmability," or collaboration of the potential follow-up activities involving the ex-participants with other JICA-supported projects in each country.

In some countries, such as Bangladesh, where it reached the stage of strengthening their own structure of nurturing dermatology specialists, sending entry-level doctors to a diploma course abroad is rather seen as an obsolete strategy and thus of low relevance as an officially-funded program. On the other hand, relevance is high in countries, such as Laos, where it does not otherwise have access to similar opportunities and the government still resorts to sending doctors abroad for training.

As for conducting the Project/Program in Thailand, and in the Institute of Dermatology, relevance is very high, in terms of its convenience in transportation, the reasonable price level, its geo-medical conditions and its levels of medical technology.

#### 5.1.2 Effectiveness

The effectiveness of the Program/Project is high.

The Project Purpose is sufficiently achieved. The Project Purpose was set at the level of "*providing opportunities to upgrade techniques and knowledge in the field of dermatology,*" instead of at a certain point of outcomes/changes to be brought about by offering such opportunities. Thus, it could be achieved by due implementation of

the Course with participation from selected countries. Output 1) *“Participants are familiarized with common skin diseases and how to explore the problems, diagnostic approaches and management,”* contributed and was also attributed to the achievement of the Project Purpose. Achievement of the Output 2) *“Capacity of the Institute of Dermatology to sustainably manage the Course is improved,”* was rather limited, but directly contributed to the achievement of the Project Purpose as well.

### 5.1.3 Efficiency

Efficiency of the Program/Project is not so high.

Provision of training facilities, equipment and staff by the Institute was considered to be appropriate in quantity, quality and timeliness of provision. However, not all the Inputs were utilized fully for the intended Output: Intention to link the Long-term Study Program in Japan (equivalent to 21% of the total Program/Project costs) with the enhancement of the Institute’s technical capacity was found to be weak. The number of trainees and contents of the counterpart (C/P) training (in the form of Long-term Study Program) in Japan were seen as not so adequate by Thai lecturers. In addition, past C/P training participants were not utilized to a full extent due to their leaving from the Institute for other organizations or institutions.

Sufficient Outputs may have been attained without bringing in Japanese short-term experts (equivalent to 23% of the total Program/Project costs) with the number currently invested, although the quality of which would be rather compromised as compared to the current achievement: Many participants site comparative advantages of this particular Course as the grant scholarship, proximity to home, intensive exposures to clinical practices and similarity in geo-medical conditions. Ex-participants were most interested in acquiring practical skills (74%), followed by teaching skills (16%) and research skills (12%). Nevertheless, the presence of Japanese lecturers certainly add, to the eyes of ex-participants, values to this Diploma Course, as 57% responded they would not have participated in the Course if there were no Japanese lecturers (for the managers, 94% think that it does not matter).

### 5.1.4 Impact

Impact of the Program/Project is very high in some countries and not so high in others.

Almost 60% of the ex-participants retained frequent relationship with ex-participants from their own country, while less frequent ones with those from other countries (19%) and with lecturers (8%).

In all the countries<sup>1</sup>, all the ex-participants of the Course applied the newly acquired skills to their course of duty, the most popular way of application being, naturally, clinical practice.

More than half of the ex-participants engaged in transferring skills/knowledge to other medical personnel, which was also confirmed by their managers. More active technical transfer to other medical practitioners was observed in countries where opportunities to obtain such techniques/ knowledge are relatively scarce within the country, such as Laos, Viet Nam, and China.

Furthermore, the managers suggest that there are many observable positive changes in the ex-participants' attitudes/behaviors. Those are not limited only to improvements in skills, but also extended to: 1) motivation to pursue higher degrees; 2) improved attitudes to patient care; 3) proactiveness in taking leadership roles as well as teaching roles; and, 4) improvement in professional behaviors and/or academic approaches. Some also published articles to academic journals, opened private skin clinics, and received improved trusts from their patients.

Although negative impact were not reported, some of ex-participants seem to have feelings of frustration over non-changed accreditation or status levels given in return for their felt improvement of performance.

#### 5.1.5 Sustainability

Sustainability of the Program/Project at the time of evaluation is generally not high, despite that this five-year period (1999-2003) was defined as a transitional period for establishing sustainability.

Sufficient management/operational capacity of the Institute to conduct the Program/Course has long been established through 19 years of experiences.

Financial sustainability of the Program/Course was arranged in a way to depend extensively on both DTEC and Japanese ODA funds, but not on that of the Institute, and considered to be a major challenge for the Program/Course to sustain. There is, nevertheless, a potential for a cost-recovery system of the Course from participants, seeing that 28 out of 103 (13 Thai and 15 non-Thai) ex-participants bearing the entire expenses during the review period (1999 to 2003). At the same time, 60% of the ex-participants and 47% of the managers are willing to pay part of the fee.

Technical capacity of the Institute to provide the Course is rather weak, if it were to maintain the same technical levels in basic science modules. In the course of twenty years, modules in basic science/medicine have been fully borne by the Japanese

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<sup>1</sup> No questionnaire response was obtained from Bhutan, Fiji, Nepal, and Pakistan. Feedback from Maldives could not be counted as only a manager returned the questionnaire.

experts. Research capacity in the field of basic science/medicine relating to dermatology has not been developed in Thailand as yet, and it is, and will be for some time to come, difficult for the Institute as well as other Thai academic institutions to substitute lecturers in basic science/medicine without compromising quality/contents. However, the Institute staff is in the opinion that their staff, if trained for several months in Japan on basic scientific research, would be able to teach modules in basic science/medicine with an optimal standard.

As for the benefits brought to participating countries through ex-participants, an optimal enabling environment seems to hold a key for the benefits to sustain, inferring from the fact that higher impact was observed in cases where organizational supports were provided.

## **5.2 Conclusion**

### **5.2.1 Factors promoting cooperation efforts**

#### **5.2.1.1 Factors relating to Program/Project design**

Selection of a capable institution as a counterpart for the Training Program: Through over 19 years of cooperation, the Institute established sufficient operational/managerial know-how and training resources, including training facilities/ equipment and network with other medical/ academic institutions. In addition, the Institute also holds many Board-certified experts and attracts numerous and diverse skin patients. All these have contributed to successful implementation of the Course for the review period.

#### **5.2.1.2 Factors relating to Program/Project Implementation**

Involving enthusiastic and committed lecturers and participants: This was frequently raised as a promoting factor for enhancing quality and quantity of learning effects of the Course.

#### **5.2.1.3 Conditions that surround participants in participating countries**

Selection Process: Those participants who received official appointment/selection by their organization or government seem to enjoy better encouragement from the management to apply and transfer their skills, than self-selected participants.

### **5.2.2 Factors inhibiting cooperation efforts**

#### **5.2.2.1 Factors relating to Program/Project design**

Lack of consensus building and situation analysis: Some action items and their targets stipulated in the M/M (October 1998) were found to be unrealistic, including 1) having DTEC to share half the local costs, and 2) providing a PhD opportunity to



the Institute staff to replace Japanese lecturers within 5 years. Thus, stakeholders seemed not to have ownership over those action items and targets, which may explain why they were not followed.

Lack of logical and coherent project design: Planning of the Program/Project was not based on logical analyses of objectives. This resulted in indefinable direction setting of the Program/Project, and unclear link between the objectives of the Program as a Course and the objectives of the Program as a Project. In addition, benefits described in these objectives did not go beyond those of the Course Participants and the Institute of Dermatology, despite the fact that stakeholders had in mind the benefits for the participating countries.

Lack of selection criteria in selecting the target countries: Diversity of environments and conditions in target countries hold implications for relevance and impacts of the Program/Project. Nevertheless, official review of target countries conducted throughout the Program/Project period, in view of these country-specific conditions, and/or changes thereof.

#### 5.2.2.2 Factors relating to Program/Project implementation

Lack of clear monitoring system: As mentioned, monitoring structure was not clear. As a result, none took responsibility to secure due implementation of the contents agreed upon in the R/D and M/M of October 1998. Furthermore, the Mid-term Evaluation, which was stipulated in the R/D, was never conducted.

Language barrier: This was also raised by many stakeholders as limiting factor in securing quality and quantity of learning effects of the Course.

Weak involvement by JICA field Offices in participating countries: It turned out that some follow-up activities, which could have been provided to the ex-participants who returned and assumed their duties by JICA Office, would have promoted their application and dissemination of newly-acquired knowledge/ techniques to wider beneficiaries. However, current recruiting and selection process, which go through Thai diplomatic channel and involved focal organizations of the participating countries, made it rather difficult for JICA Offices in those countries to get involved and gain information, for them to provide efficient follow-up activities.

#### 5.2.2.3 Conditions that surrounds participants in participating countries

Country-specific conditions that surround participants, such as accreditation and available resources (e.g. medication, equipment, supporting paramedical, learning materials and information), are found to have major influence on the impacts of the Program/Project.

### 5.2.3 Conclusion

Overall, the Program/Course was implemented very satisfactorily with good results, where ex-participants applied the newly-acquired skills to their clinical work, and some further transferred the skills to wider beneficiaries.

When looking at the Program as an officially-funded Project, however, relevance, efficiency and sustainability aspects left some questions to be answered, as well as improvement in project planning and monitoring.

Challenges ahead include: 1) reviewing the beneficiary countries based on realistic assessments<sup>2</sup>; 2) examining costs versus effects/ benefits; 3) strengthening financial sustainability of the Course; and, 4) improving project planning/ design.

Fourth item, improvement in project planning/design, entails setting of clear objectives and directions, the process of which is to be shared by all the stakeholders, as well as clear demarcation of monitoring responsibilities among stakeholders.

Other challenges may have to be tackled fully, retaining delicate balance between the cost and effect, and/or cost and benefit. That is to examine the following conditions: Enhancing financial sustainability of the Course requires efforts to improve Course's attractiveness to private participants. Decreasing number of Japanese experts potentially serve as decrease in such comparative advantage particularly to private participants. On the other hand, those countries where relevance to be supported by an official development assistance is, high are less likely to attract private participants.

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<sup>2</sup> Annex 10: "Some Guide to Conduct Needs Assessment" is attached to assist the stakeholders to conduct such a review.

## **Chapter 6**

### **Recommendation**

#### **6.1 Recommendations**

Provided that human resources in the field are still lacking in surrounding countries, it is relevant to continuously address it upon partnership between Japan and Thailand who intends to develop its way to a donor country. If the cooperation in the field is to continue, the following recommendations should be taken notice of.

- (1) In the stage of designing the Project, setting up of objectives should come along with how TCTP disseminates its outcomes to ultimate beneficiaries, and activities to achieve those objectives should be clarified, and agreed upon by concerned parties.
- (2) Each concerned party should take a proactive role in every stage of the Project, such as formulation, implementation, monitoring and evaluation. It is advisable to set up Joint Coordination Committee among the Institute, DTEC and JICA for this purpose.
- (3) In view of diminishing resources for development assistance, it is not realistic for JICA and DTEC to continue supports indefinitely to the Diploma Course without setting the point of completion. In order for the Institute to continue offering the International Diploma Course for surrounding Asian and Pacific countries, it is recommended for the Institute to find a way to sustain the Course in a more self-reliant manner. In so doing, it is suggested that the Institute, through concrete and realistic assessment, identifies what the Thai side can deal with on its own and to what extent continuous technical supports from Japan are needed. In this regard, the following ideas expressed by the Institute are highly appreciated by the Team:
  - ✓ For those areas which are currently covered by the Japanese, but which could potentially be taken up by Thai lecturers, the Short-term Training in Japan for the Institute staff to pursue basic scientific research to be provided in order to reinforce its technical capacity; and,
  - ✓ The staff trained through the Short-term Training in Japan is expected to replace Japanese lecturers, hence, reducing reliance on Japanese experts.
- (4) It is necessary to select target countries through taking into consideration the conditions such as demands in the human resource development in the field and available in-country training courses. Needs assessment can be implemented fairly through JICA offices, using criteria in all candidate

countries. At the same time, selection of participants should be done in accordance with the objectives. It is necessary to set up precise qualification/criteria and sketch out methods so that the objects be achieved.

- (5) JICA offices in beneficiary countries are encouraged to obtain minimal information from organization dealing with selection process, and inform ex-participants of availability of follow-up activities.
- (6) As proactive role of the Thai side is established and target countries are narrowed down, it is desired for the Japanese side to gradually fade out, with due consideration to the extent of capacity being built with Thai side.
- (7) It takes a considerably long time to have tangible impacts from the development of human resources. If we are to look into the impact of long-lasting training course of this kind of field, it will give us in-depth view of the value of the course, leading us to clearer image of the future cooperation. Hence, it is advisable to conduct ex-post evaluation to review activities and results of the past twenty-year cooperation.

## **6.2 Lessons Learned**

### **6.2.1 Analyses on the Technical Aspect of the Training Program**

Skin diseases are common and visible to everybody. In fact, it can be said that there is no person who has never suffered from any skin diseases or problems in his or her life. Most of these skin diseases are easily cured if treated properly by a skin specialist. However, if these patients see a doctor who are not trained in this field well, they may have to suffer from a bad experience for an unreasonably long period of time, which causes not only physical but also mental discomforts, needless to say about their unnecessary economical expenses.

In South Asian countries there are many patients suffering from various common skin infections and skin problems produced under the influence of the hot tropical or subtropical environment. However, the number of skin specialists is so limited there. Moreover, such doctors are mostly concentrated in big cities. Therefore, it is important to increase the number of local physicians who are familiar with the treatment of common skin diseases by appropriate training conducted in a rather short time period, because such physicians have a greater reach of the community than the skin specialists.

This time, as a dermatologist, I have a chance to meet some of these local doctors who

have been intensively trained during the Diploma Course of Dermatology conducted at the Institute of Dermatology in Bangkok. It was impressive for me that not only these doctors themselves but also their supervisors are quite satisfied with the results of this Diploma Course; their subsequent medical activities in the field of dermatology seem to be remarkable. They seem to be highly motivated in this field after attending this Course. It is their unanimous comments that the clinical training program is well organized, being carried out by the Thai staff of the Institute of Dermatology. Moreover, they also highly evaluated the series of lectures given by the Japanese professors, because these lectures are efficient enough to help them to understand the basic mechanisms underlying various common skin disease as well as the modern therapeutic techniques. The curriculum seems to be composed to consolidate their expertise in dermatology at an up-to-date level.

Our interview with the staff at the Institute of Dermatology has clarified that they do not have enough confidence to provide these students with a sufficient and solid background of basic sciences that are rapidly progressing daily. They also highly appreciate the participation of the Japanese professors in this course.

Through these interviews I have obtained an impression that it might be quite hard for the clinicians who are engaging in busy daily clinical works to give lectures on the topics of investigative dermatology, because their sufficient understanding requires not only the past experience of constant engagement in the skin research but also the experience of actively publishing many articles with a wide perspective view in the field of science. Even though they can give a synoptic overview, their lecture may be just like a cursory description of those textbooks where we can find only a superficial overview of each topic. I think that this Diploma Course has been quite unique and successful to motivate young local physicians, because it has provided them effectively both clinical training and basic scientific lectures, being carried out by different groups of international physicians.

Furthermore, judging from the collected data in Laos and Bangladesh, I think that there is a great difference in the medical situation even among Asian countries. Therefore, I would like to stress the importance of the selection process of the participants from those applicants who hope to attend this course. It should be carried out in a much more efficient way to answer the local needs to cope with the situation of lack of dermatologists in certain areas.

## 6.2.2 Remarks by the Team Leader

- (1) TCTP is a joint program between Japan and Thailand, participation of the Thai side (DTEC and the Institute) to a part of the Evaluation Study was really appreciated. Their participation was quite effective; they saw by themselves how the result of the training program they were dealing with was utilized, and seemed to notice a lot of things as subjective evaluators. We would like to propose that this approach should be taken in TCTP evaluations, and DTEC's effort to bear expenses of the Thai side will be welcomed.
- (2) In the evaluation, it was a point well taken whether continuing training program for such a long period of time, say twenty years, was relevant or not. If we put implementing training as such as a target, it is not appropriate to continue the very same training for good and all, with limited budget. However, when we consider implementing training as a measure to solve the problems, it can be relevant to continue the same training as long as the problems exist. In this regard, underlying assumption that the needs for dermatological treatment is confirmed and prioritized should be taken into consideration.
- (3) From the above point of view, direct technical transfer to the Thai implementing organization would not be an objective. It is advisable to get together what Japanese side and Thai side bear, and implement the Program jointly. From this standpoint, it is not necessarily important to reduce the number of Japanese lecturers and let Thai lecturers to replace them. In Thailand, opportunity to pursue basic scientific research is quite limited, which made them almost impossible to take over the part of Japanese lecturers. We must admit that the agreement five years ago to reduce the number of Japanese lecturers without any concrete plan to beef up the basic science aspect of the Thai side was rather unrealistic.
- (4) Meanwhile, although DTEC value this Course as effective and fine, they seem not to be all that happy with continuing the program for a long period of time, which means continuous burden share for them. It is likely that it might be difficult for them to become an independent donor, which is why they need to turn to the idea of 'partnership'. Though they value the ability of the Institute as high, it is time for DTEC to stop the support when JICA begins to phase out. In this sense, this course will stop as JICA phase out, unless the Institute tries to enforce its ability and improve visibility of the Course to attract participants who

are funded by other donors or self-funded. This shows an important implication of 'sustainability' of TCTP.

- (5) When we look back on the past five years, what needs to be deeply reflected is lack of sense of involvement and responsibility for JICA and DTEC. Mid-term evaluation was not conducted as planned, and most of the management except for logistics was left to the Institute and the Japanese support group. This is partly because implementation of the training as such became whole intention. When continuing the next phase, we have to set clear objectives, and conduct appropriate monitoring along with the objectives. It is strongly recommended that JICA Thailand Office be proactive in planning and managing the Program.
- (6) In the previous evaluation study and preparation study conducted in 1998, 'equal cost sharing' of the Diploma Course between the Japanese side and the Thai side was proposed in the M/M as of 22<sup>nd</sup> October 1998, which was signed between JICA and the Institute, not between JICA and DTEC who bears the responsibility of cost-sharing. It was not appropriate to make agreement without the concerned parties, and it is needed to discuss and agree any matter among concerned parties for the next phase.
- (7) The first thing to do after the evaluation is to design and form the next phase. The next phase is preferably to be formed as a technical cooperation project which is designed to achieve the Project Purpose and a combination of the main TCTP, C/P training (country-focused training), dispatching of short-term Japanese experts with flexible operating cost and a long-term training program targeted at graduates. All the concerned parties should work on the formulation process closely, and holding PCM workshop will be a help to let them understand the structure of project formulation and monitoring. In addition to that, we have to take the schedule of request survey into consideration, establish a realistic work schedule and prepare in an effective manner.
- (8) After project formulation, it is important to establish a structure of implementation and monitoring of the Project. Establishing a year-round time schedule reflecting annual fiscal cycle of Thailand and Japan and implementing cycle of the training will make implementation efficient and effective.

- Annex 1 Schedule of the Evaluation Study
- Annex 2 List of Major Interviewees
- Annex 3 Results of the Joint Evaluation Meeting
- Annex 4 Minutes of Meetings of the Evaluation Study
- Annex 5 Record of Discussions of the Training Program (1998)
- Annex 6 Minutes of Meetings of the Implementation Survey (1998)
- Annex 7 Project Design Matrix for Evaluation (PDMe)
- Annex 8 Evaluation Grid
- Annex 9 Results of the Analysis of Questionnaires
- Annex 10 Some Guide to Conduct Needs Assessment



## Annex 1: Schedule of the Evaluation Study

Bangladesh: June 6 –10 (5 days)

Laos: June 11–14 (4days)

Thai: June 16 –20 (5days)

June 6 (Fri.)	Team Meeting
June 7 (Sat.)	Interview with ex-participants and their managers
June 8 (Sun.)	Meeting with JICA Bangladesh Office Courtesy call on the Economic Relations Division (ERD) Courtesy call on the Ministry of Health & Family Welfare
June 9 (Mon.)	Interview with ex-participants and their managers Courtesy call on WHO
June 10 (Tue.)	Leave Dhaka for Bangkok
June 11 (Wed.)	Leave Bangkok for Vientiane Courtesy call on JICA Laos Office Courtesy call on Department of Asia, Pacific region, MOFA Courtesy call on WHO
June 12 (Thu.)	Courtesy call on the Department of International Cooperation, Committee for Planning and Cooperation. Courtesy call on the Cabinet, Ministry of Health Courtesy call on the National Center for Dermatology Interview with ex-participants and their managers Report to JICA
June 13 (Fri.)	Interview with ex-participants and their managers (In Xiengkhouang and Savannakhet)
June 14 (Sat.)	Team meeting
June 15 (Sun.)	Leave Vientiane for Bangkok Team meeting
June 16 (Mon.)	Courtesy call on JICA Thailand Office Courtesy call on the Department of Medical Service, Ministry of Public Health Courtesy call on DTEC
June 17 (Tue.)	Courtesy call on the Institute of Dermatology Interview with ex-participants and their managers Interview with Thai lecturers
June 18 (Wed.)	Interview with ex-participants and their managers Interview with Thai lecturers
June 19 (Thu.)	Discussion with DTEC Joint evaluation meeting (List of Attendants in Annex I) Drafting of the Minutes of Meetings
June 20 (Fri.)	Signing of the Minutes of Meetings

## Annex 2: List of Major Interviewees

### Bangladesh

Interview with ex-participants	
Dr. Md. Golam Kibria Khan Mr. Md. Sirajul Islam	OPD Department, SSMC and Mitford Hospital Dermatology Department, Shaheed Suhrawardi Hospital
Dr. H. M. Khalilur Rahman	Dermatology Department, Shaheed Suhrawardi Hospital
Mr. Kazi Zainal Abedin	Assistant Registrar, Ward-2 Department of Dermatology & Venereology, Chittagong Medical College Hospital
Mr. Md. Shafique Ahammed Khan	Dermatology Department, Shaheed Suhrawardi Hospital
Dr. Md. Golam Kibria Khan	Junior Consultant, Skin and Venereal Disease Department, Narayanganj General Hospital, Narayanganj
JICA Bangladesh Office	
Ms. Ito Mari Ms. Fiona Mirza	Deputy Resident Representative Assistant Director
Japan Branch, Ministry of Finance	
Mr. Iqbal Mahmood	Deputy Secretary, Japan Branch
Ministry of Health and Family Welfare	
Dr. Rana Begum Prof. Md. Shahid Ullah	Deputy Secretary, Medical Education division Professor of Dermatology & STDs, Sir Salimullah Medical College (1st Course Participant)
WHO	
Dr. Sumini Acharya	WHO Representative and Chief of Mission to Bangladesh

## Annex 2: List of Major Interviewees

Lao PDR

JICA Laos Office	
Mr. Hidetaka Nishiwaki	Resident Representative
Ms. Miori Ogawa	Project Formulation Advisor
Mr. Sophonh Kousonsavath	Senior Program Officer
Ministry of Foreign Affairs	
Nilahath Sayarath	Deputy Director General, Asia - Pacific and Africa Department
Pheuiphet Sadaoheung,	Japan Desk Officer, Asia - Pacific Department
WHO	
Dr. Giovanni Deodato	WHO Representative
Ministry of Health	
Mrs. Chanthanon Manodham,	Deputy Director, Cabinet Office
Committee for Planning and Cooperation, Department of International Cooperation	
Prof. Dr. Bounmtheuang Mounlasy,	Director General, DIC, CPC
Ms. Souksavanh Sithivong,	Desk Officer, DIC, CPC
Ex-participant	
Mr. Boudda Bounmyviset	Doctor, National Center for Dermatology
Miss. Vanhmaniphet Keomounkhoun	Doctor, National Center for Dermatology
Miss Ammala Philavanh	Doctor, National Center for Dermatology
Ms. Phonesy Lathsuline	Dermatology Section, Savannaket Provincial Hospital
Mr. Khamphay Inthavongsa	Dermatology Section, Department of Public Health, Xiengkhouang Province
Managers of ex-participants	
Dr. Buman Keson	Director, National Center for Dermatology
Mrs. Litnarone Yootrichanthachack	Vice Director, National Center for Dermatology
Mr. Kinta Vaiyavong	Director, Provincial Health Department, Savannalet Province
Mr. Vinyinh Cher-yagquijou	Deputy Director of Provincial Health Department, Xiengkhouang Province

## Annex 2: List of Major Interviewees

### Thailand

JICA Thailand Office	
Mr. Shinya Nakai Mr. Shoichi Okumura Mr. Yuichi Ohashi Ms. Somsri Sukumpantanasan	Resident Representative Deputy Resident Representative, Planning and Implementation Section, Assistant Resident Representative Planning and Implementation Section Third Country Program Officer Planning and Implementation Section,
DTEC	
Ms. Panorsi Kaewlai Mr. Banchong Amornch Ms. VerayaJaru-ampornpun Ms. Hataichanok Siriwadhanakul	Director, External Cooperation Division 1 Chief, Japan-Subdivision, External Cooperation Division 1 Chief Trilateral Cooperation Subdivision 2, External Cooperation Division 1 Program Officer Trilateral Cooperation Subdivision 2, External Cooperation Division 1
Institute of Dermatology	
Dr. Pimonpan Gritiyarangsana Ms. Arporn Givaganont Ms. Supamas Suwannamek Dr. Rutsanee Akaraphanth Ms. Daungporn Wongsakornpatana Dr. Imelda Daungdeeden	Director Public Health Officer Health Education Officer Chief Training & Education Department Coordinator of the Diploma Course Coordinator of the Diploma Course
Lecturers	
Dr. Rataporn Ungpakorn Dr. Jinda Rojanamatin Dr. Pooglin Tresukosol, Dr. Walaorn Pratchyapruit Dr. Prayoon Erpaiboon Dr. Jirotsindhvananda,	Head of Mycology Division Head of Dermato-surgery Head of OPD, Contact Clinic Head of Research and Technology Assessment Researcher in Dermato-pathology Researcher in Photobiology Unit
Ministry of Health	
Mr. Serre Tuchinda	Director General, Department of Medical Services
Ex-participants	
Dr. Parassaya Cheevapruik Col. Dr. Prajak Boonjitpimol Dr. Thep Chalermchai Dr. Dussadee Sakolaya Dr. Narumol Sawanpanyalert	Health Center 24 Bangkhen Education Department, Medical Division Armed Force Bamrasnaradura Hospital, Center of Disease Control Division Department of Clinical Sciences, Faculty of Medicine, Thammasart University Bureau of Medical Technical Development, Department of Medical Services, Ministry of Public Health
Manager of Ex-participants	
Maj. Gen. Yosaphom Saenphot Col. Tipsuree Narkprasit	Director, Medical Office of Supreme Command, Supreme Command Head Office Deputy Director General, Medical Office of Supreme Command, Supreme Command Head Office

## **Annex 3: Results of the Joint Evaluation Meeting**

### Results of the JOINT EVALUATION MEETING

June 19, 2003

The Evaluation Team held the 'Joint Evaluation Meeting' with the Institute and DTEC, to report an outline of the results of the evaluation in Bangladesh, Lao PDR and Thailand, and explain conclusions and recommendations derived from the results. In the meeting, three parties discussed as below, and results of discussions were shaped into the 'Minutes of Meetings', which were signed and exchanged on June 20<sup>th</sup>.

#### (1) Financial sustainability of the Training Program

In the previous evaluation study and preparation study conducted in 1998, it was proposed to the Thai side to raise the financial sustainability. Although 'equal cost sharing' of the Diploma Course between the Japanese side and Thai side was not achieved as proposed in the M/M as of 22<sup>nd</sup> October 1998 (which was signed between JICA and the Institute, not between JICA and DTEC who bears the responsibility of cost sharing), DTEC gradually increased its share of cost year by year. In the phase ahead, it is also important to beef up the financial sustainability of the Institute in order to achieve 'financial sustainability of the course'.

#### (2) Long-term study program in Japan

The long-term study program in Japan (PhD Course) was first designed to develop the human resource of the Institute, encourage them to contribute to filling in the Japanese experts and reducing reliance on Japanese experts. However, no one has ever applied the program in the Institute, simply because it was difficult to discharge lecturers for such a long time, and because lecturers with enough expertise feel little incentive of obtaining PhD in Japan, hence the Institute was not involved in the selection process of the long-term study program. In the phase ahead, it is desirable to conduct short-term training in Japan, and beef up human resources in each specialty. It is still effective as a follow-up activity for the graduates of diploma to provide them opportunities of obtaining PhD in Japan, it is advisable to continue the program as it is. It is also desired to utilize the graduates of the course who obtained PhD in Japan or Board certificates in Thailand.

#### (3) Management structure of the Training Program

The management structure of the Program was not well established especially for JICA and DTEC, since they didn't take a proactive role beyond logistical administration of the

### **Annex 3: Results of the Joint Evaluation Meeting**

course. It is necessary to share the objective, clarify the demarcation of responsibilities and establish a management structure among concerned parties.

#### **(4) Setting the objective as TCP**

Engagements of concerned parties were limited with the objective of managing the training course. It is necessary to start with needs assessment of beneficial countries, and then try to clarify the objectives and activities from the viewpoint of managing a 'technical cooperation project'. It is advisable for JICA, DTEC and the Institute to jointly conduct those processes including needs assessment.

#### **(5) Sustainability of the Training Program**

It is unrealistic to consider that JICA and DTEC sponsor the Diploma Course semi-permanently. When it comes to conducting TCTP in general, setting up of clear objectives and period of cooperation should take place in the first place, bringing self-reliance of the organization in the view. In order for the Institute to continue the training program for surrounding countries, it is necessary to raise technical and financial sustainability of the Institute. The Institute is advised to try to cover those areas that could potentially be taken up by them, expectedly decreasing support and the number of experts from Japan.

## Annex 4 Minutes of Meetings of the Evaluation Study

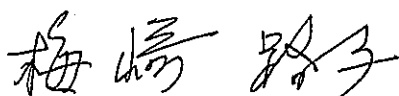
### MINUTES OF MEETINGS BETWEEN THE JAPANESE EVALUATION TEAM AND THE AUTHORITIES CONCERNED OF THE KINGDOM OF THAILAND ON THE THIRD COUNTRY TRAINING PROGRAMME ' DIPLOMA COURSE IN DERMATOLOGY'

The Japanese Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Ms. Michiko UMEZAKI, have visited Bangladesh, Lao PDR and Thailand from June 6th to 20th for the purpose of evaluating the Third Country Training Program, 'Diploma Course in Dermatology' (hereinafter referred to as "the Course"), which has been implemented by Institute of Dermatology (hereinafter referred to as 'the Institute') in Thailand since 1998, 5 courses in total ( 20 courses altogether since 1984) .

During the course of the evaluation study, the Team had a series of discussions with representatives of Thai concerned organizations such as the Institute and Department of Technical and Economic Cooperation (hereinafter referred to as 'DTEC') with respect to the progress and achievement of the Course.

As a result of discussions in the joint evaluation meeting held on June 19, the participants shared a unified view that the Course has contributed to the development of human resources in the field in the Asian and Pacific countries, and agreed as stated in the Summary Report of the evaluation study which is attached herewith. It should be noted that the Summary Report reflects the results of the evaluation study only in Thailand, Bangladesh and Lao PDR. The final report of the evaluation will be completed after compiling the result of questionnaires distributed to all the participating countries.

Bangkok, 20 June 2003

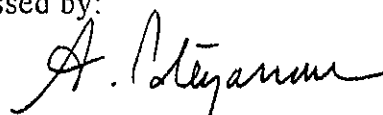


Ms. Michiko UMEZAKI  
Head of the Evaluation Team  
Japan International Cooperation Agency



Ms. Pimonpan GRITIYARANGSAN  
Director  
Institute of Dermatology

Witnessed by:



(Apinan Phatarathiyanon)  
Senior Expert on Technical and Economic Cooperation  
for Director-General  
Department of Technical and Economic Cooperation

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## I. SUMMARY REPORT OF THE EVALUATION STUDY

### 1. Background of the Evaluation

The Institute of Dermatology, a Thai national institute, was established in 1973 under the supervision of Department of Medical Services, Ministry of Public Health, as a centre, as a centre of research, education and medical treatment in the field. From 1976 to 1983, three-month dermatologist-training courses had been conducted yearly. Along with the advancement of the course, The Royal Thai Government has requested the Government of Japan to co-sponsor a diploma course as a 'Third Country Training Programme'. In March 1984, a ten-month diploma course started for providing participants with an opportunity to get familiar with common skin diseases and how to explore the problems, diagnostic approaches and management has started. Evaluation studies were conducted every five years, in 1988, 1993 and 1998, to review the course, and based upon the results of evaluation, both Japanese and Thai sides agreed on the extension of the cooperation period every time. In 2003, the forth phase (20th batch) of the course is being conducted in Bangkok.

### 2. Members of the Japanese Evaluation Team

- 1) Ms. Michiko UMEZAKI      Director  
2<sup>nd</sup> Southeast Asia Division, Regional Department I,  
Japan International Cooperation Agency
  
- 2) Mr. Hachiro TAGAMI      Professor Emeritus  
Tohoku University, Japan
  
- 3) Ms. Chieko KATO          Staff  
2<sup>nd</sup> Southeast Asia Division, Regional Department  
Japan International Cooperation Agency
  
- 4) Ms. Yoko OGAWA          Researcher  
Social Development Dept., Global Link Management

NOTE: During the evaluation study in Bangladesh and Lao PDR, the following staff from the implementing and executing agencies, namely, the Institute, DTEC and JICA Thailand office also took part in data gathering process.

- 1) Dr.Ratsanee AKARAPHANTH      Dermatology Staff    Level 9  
(Researcher major areas in Phototherapy,  
photo-chemotherapy,      photo-sensihre  
disease)  
Institute of Dermatology
  
- 2)Ms.Hataichanok SIRIWADHANAKUL    Programme Officer  
Trilateral Cooperation Sub-division 1,  
External Cooperation Division 1,  
Department of Technical and Economic  
Cooperation, Ministry of Foreign Affairs
  
- 3) Ms.Somsri SUKUMPANTANASAN      Third Country Programme Officer  
Planning and Implementation Section,  
JICA Thailand Office

### **3. Schedule of the Study**

6/June –20/June (15 days)	Bangladesh : 6/June – 10/June (5 days )
	Laos :      11/June – 14/June (4 days)
	Thailand :    15/June – 20/June (6 days)

\*\* As for the detailed schedule of the study, please refer to ANNEX II

### **4. Objectives of the Evaluation**

The major objectives of the evaluation study are as follows:

- (1) To evaluate the course by reviewing the curriculum, course operation/management, achievement, and other aspects of the course on the basis of the five evaluation criteria, namely relevance, efficiency, effectiveness, impact and sustainability.
- (2) To examine the relevance of the course by analysing how ex-participants apply the knowledge and techniques acquired through the course to their course of duty, and also

to review the situation and demands in the field of beneficiary countries.

(3) To obtain lessons learned from the evaluation of the course, and recommendations for the future cooperation.

### **5. Methodology of the Evaluation**

At the preparation stage of the study in Japan, the team confirmed a framework of the Third Country Training Programme being described in R/D and M/M signed in 1998, and reviewed documents relating to the Programme. Project Design Matrix (PDM) was not formulated at the beginning of the Programme. In undertaking final evaluation of the Programme in line with the new JICA Evaluation Guidelines, however, it was considered necessary to perceive the Programme as a "project," an undertaking for the purpose of achieving established objectives, within a given budget and time period. Thus, the team formulated the PDM for Evaluation ( hereinafter referred to as 'PDMe') shown in ANNEX III, based on the R/D and M/M signed in 1998, for assessing the Project/Programme achievement and progress. Then the team conducted the evaluation study in Bangladesh, Laos and Thailand, on the basis of questionnaire and interview points drawn by the evaluation grid. The team analysed the result of interviews with organizations concerned (JICA office, DTEC, Institute, Ministry of Health, other donors) and ex-participants and their managers, and also data such as course reports and reports of Japanese lecturers.

The Project/Programme has been analysed the results of interviews in accordance with the five evaluation criteria using the Project Cycle Management method.

The description of the five evaluation criteria and PDMe (Project Design Matrix for Evaluation) are attached as ANNEX III.

\*\*As for results of the evaluation in Bangladesh, Laos and Thailand, please refer to ANNEX IV.

### **6. Project Achievements and Input**

During the four-year cooperation period, Eighty one (81) participants from fifteen (15) countries have successfully graduated the course, and seventeen (17) participants are now on the last batch of the training of a five-year cooperation period of the forth phase. The expenses of the course are jointly borne by DTEC and JICA. Approximately, JICA bears 70% of the total budget, and DTEC bears 30% of that yearly.

Japanese overseas lecturers participated the course yearly, 10 lecturers for about two weeks each.

As for the achievements and inputs of the cooperation, please refer to ANNEX V.

## **7. Results of the evaluation**

### 1. Relevance

- Project formulation and review process was not adequate. There were shared intended objectives among stakeholders, perhaps existing for the period of nineteen (19) years, which were never written or not clearly stipulated in official agreements. These are, “to improve the standard of dermatological health care in Southeast Asia and the Pacific Region,” and “to encourage participants to pursue higher degree of education.” Routine and regular monitoring activities in light of agreed targets in M/M, such as Mid-Term Evaluation, were not sufficiently conducted, due to structural changes in JICA headquarters, and due to weakly defined responsibilities to conduct them.
- Relevance of the course still holds in terms of providing opportunity for entry-level doctors to be more familiar with specialized knowledge/techniques in the field of dermatology, although it was not a priority area within health sector in Bangladesh, Laos and Thailand. However, importance of providing assistance to the 17 beneficiary countries may vary, in terms of availability of similar course(s) in each country, country’s human resource development strategy/plan, changing patterns of morbidity, as well as demands for specialists with dermatological skills. There was not apparent and intentional review of target countries conducted in view of these country-specific conditions, and/or changes thereof, over time.
- Adequacy of technical level and content of the Course may vary, depending on country-specific conditions such as nature of demands in dermatological treatment, types and numbers of doctors/researchers she requires, availability of material, human and organizational supports in applying those technology, as well as participants’ individual interests.

### 2. Effectiveness

- Output 1 is mostly achieved, with only a few ex-participants scored below 60% in written examination, and 99% granted with Diploma. Improvement of skills was

further confirmed through interviews with managers and ex-participants during the evaluation study. Major promoting factors for this achievement was explained as exceptional enthusiasm to teach and learn by lecturers and participants.

- Output 2 is mostly not achieved: The Institute of Dermatology to sustainably manage the Course is still weak in terms of technical and financial capacity. Reasons for limited achievement are:
  - 1) The framework/target (decreasing number of Japanese expert, increasing cost sharing portion borne by Thai side, utilising Long-term training Programme as technical capacity building) to strengthen technical and financial capacity of the Institute were rather unrealistic;
  - 2) Undefined monitoring resulted in delayed/non detection of the problem and subsequent revision of the project framework; and,
  - 3) Efforts have been made by DTEC to increase cost-sharing: However due to economic recession, it did not reach expected level.
- Project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved as planned despite limited results obtained in Output 2, with selected doctors from 14 countries and Thailand participated in the Course.

### 3. Efficiency

- Provision of training facilities, equipment and staff by the Institute was mostly considered adequate by the Institute Staff, JICA, Thai and Japanese Lecturers, as well as by participants in Bangladesh, Laos and Thailand.
- Efforts have been made from Thai side to increase cost-sharing portion over the year, from 21% in 1999 to 33% in 2003. For the whole period (1999~2003), 28% and 72% in average were borne by DTEC and JICA. However, even 33% of cost sharing of DTEC is below equal share as noted in the M/M as of 22 October 1998, signed between the Institute and JICA.
- Number of Japanese lecturers remained 10 per year and did not decrease as planned, due to unavailability of Thai lecturers to provide the same contents in basic science without compromising quality. This is due to a clear demarcation of roles between Thai Lecturers and Japanese Lecturers, with the former providing practical clinical aspects and the latter providing basic scientific knowledge relating to those clinical aspects. The combination created synergic effects, as the latter promoted better understanding of the former.

- Inputs into Long-term Training (PhD) Programme in Japan did not produce desired outputs, as three ex-participants of the Programme did not contribute to the Diploma Course as lecturers. It is due to the fact that the length and nature of the Programme were not adequate/suitable for the Institute staff to participate in. Furthermore, the Institute was not involved in the selection of the PhD Programme, nor could they give mandates to lecture in the Course.
- Limited results in efficiency can be attributed to the lack of well-defined management/monitoring structure in order to secure adequacy of inputs and its utilisation. Contrary to the proposition made in the M/M signed between JICA and the Institute, 'a plan for sustainable management,' which was to be formulated by the Institute, was not submitted to JICA Thailand Office. Moreover, an interim evaluation to monitor the progress of 'the plan,' which was also proposed in the M/M, was never conducted, as it was coincided with the transfer of this project from one division to the other.
- Recruitment and selection process of the participants has room for improvement, as creating alternative channel in addition to the official/diplomatic one may sometimes create confusion and unnecessary administrative works. The necessity of all involved parties (Royal Thai Embassy, Concerned Ministries, JICA Thai Office and JICA field office in respective countries) to understand and respect the authorised channel is perceived, as well as leaving a room for an alternative route to trouble-shoot the delay and/or troubles. In some cases, JICA field offices were not involved with trouble-shooting in recruitment/selection process, nor did they keep records of ex-participants in the Course.

#### 4. Impact

- Overall Goal 1 is partially attained, as some social and professional exchanges among ex-participants are observed in each country. However, professional exchanges between/among those placed at provincial areas and capital areas are limited, and international exchange was rarely conducted. There were no national alumni associations organised in Bangladesh and Laos. Two (2) newsletters per year are sent to all the ex-participants by the Institute despite difficulty in updating records of ex-participants' contacts.
- Overall Goal 2 is likely to be attained, varying its extent depending on individual aspiration and environment given to them. Most of the ex-participants continued self-study in the field, some without relevant and optimal educational materials and

libraries available to them. Most of them identified topics/sub-specialties they wish to pursue further, and have desire to strengthen their knowledge/techniques further. Some of the participants showed their desire to study in Japan for PhD programme.

- Most of ex-participants interviewed provide improved specialised services to patients. However, medical support services such as simple laboratory equipments, medicines, laboratory technicians and nurses are still weak, limiting their performance in clinical practice. Efforts have also been made and results achieved by some of the ex-participants to disseminate their knowledge/techniques to benefit other medical practitioners in respective country, with varying degrees. Resources to expand training in support personnel, as well as securing proper educational materials are found to be major inhibiting factors for them to further creating impact.

#### 5. Sustainability

- Organisational sustainability is mostly confirmed, with nineteen-year experiences, network with other health service providers under the Ministry of Public Health, and well-established administrative and operational system of the Institute to run the Diploma Course effectively.
- Equal cost sharing of the Diploma Course between Japan and Thai side was not achieved as envisaged in the M/M as of 22<sup>nd</sup> October 1998, although efforts were made by DTEC to increase the share from 21% in 1999 to 33% in 2003. This is to some extent attributable to difficult budget situation of the Royal Thai Government affected by the Asian economic crisis in 1997. On the other hand, the strategy/plan for reinforcing financial sustainability of the Programme was inadequate and unrealistic: The strategy/plan to secure funding was to almost completely rely on external resources (DTEC and JICA) to conduct the Course, and neglected its focus on strengthening financial capacity of the implementing organization. On the other hand, the Institute has cost-recovery potentials and income to consider cost sharing on this Course.
- Technical sustainability was not established as planned, with the Institute relying on the same number of Japanese experts to cover basic scientific components. Long-term Training Programme did not contribute to fill in the Japanese Experts, nor strengthen Institute's technical capacity, simply because it was not suited for researchers/lecturers in the Institute and was never utilised. On the other hand, participation by the Japanese Lecturers is considered to be essential and quite

valuable for this Course to maintain comparative advantage. As such, an interest to decrease the number of Japanese lecturers was rather low, and there was not a party, which monitored and made sure of executing the reduction in accordance with M/M agreements.



## II. CONCLUSIONS AND RECOMMENDATIONS

### 1. Conclusions

- (1) Dermatological disease is not recognized as a priority area of health sector development strategies in Thailand, Bangladesh and Lao PDR. However, it is important to develop human resources in the medical field, especially the clinicians and specialists who are more trained than general practitioners, in any of medical disciplines. The Course has played a significant role in developing human resources in the field of dermatology for many years.
- (2) It is true that past cooperation successfully produced much needed human resources in the clinical dermatology. Most of the ex-participants have been applying their attained skills in the Course to their course of duty, disseminating knowledge/techniques to other medical practitioners, and contributing to the improvement of the dermatological clinical services in each country. On the other hand, some of them have difficulty in applying their knowledge, major inhibiting factors being surrounding environments such as inadequate assignment to an appropriate position, and the lack of very basic equipment and so on.
- (3) Despite changes in demands and conditions of beneficiary countries over the past twenty years, selection of target countries has not been appropriately done in accordance with these changes.
- (4) The Institute is recognized as an experienced organization in terms of conducting the course.
- (5) This five-year period (1999-2004) was defined as a transitional period for establishing sustainability, and thus target was set to increase budget portion borne by Thai side, as well as reduction of the number of Japanese lecturers. However, being preoccupied with routine management of the course, hardly any strategies or activities for realizing sustainability were concretely maneuvered. In addition, neither appropriate monitoring nor mid-term evaluation were implemented.
- (6) To attain the objective of the course that is to enable participants to acquire basic knowledge/techniques in clinical practice as well as basic medicine including laboratory, investigation and recent research activities, it is needed to provide education in both clinical aspect and basic medicine, in which Japanese lecturers played a significant role. In the course of twenty years, basic medicine has been fully borne by Japanese experts. The research capacity in the field of basic science has not been developed in Thailand yet, and it is, and will be for some time to come, difficult for Thai side to substitute lectures in basic science without compromising quality/contents. The Long-term (PhD) Training Programme in Japan was proposed for training Thai lecturers of the Institute to be capable of substituting Japanese lecturers. However, due to the difficulty in discharging them

for such a long time, expected results have not been obtained. The plan for building-up sustainability made five years ago was rather unrealistic.

- (7) Consultations among concerned parties (especially JICA and DTEC) in designing the project, monitoring progress of the program with reference to the R/D and M/M was rather weak. Monitoring activities by DTEC and JICA were rather limited to logistic procedures of the Course, than substantial discussions regarding the project. As a result, the Mid-Term Evaluation was not conducted as proposed in the M/M as of 22<sup>nd</sup> October 1998.
- (8) The objectives agreed in the Record of Discussion signed in 1998 were mainly focused on the outcome of the implementation of the course. The ultimately targeted beneficiaries and objectives (to improve the basic dermatological clinical services in beneficial countries through dissemination of knowledge/techniques) were not explicitly clarified among concerned parties, nor agreed upon. That made the objective unclear, resulted in failure of setting up of appropriate activities/outputs and adequate implementation.
- (9) Follow-up activities offered by JICA would have been helpful to ex-participants for applying and disseminating their knowledge/techniques. However, current recruiting and selecting process, which went through Thai diplomatic channel and involved focal organizations of the participating countries, made it rather difficult for JICA offices in those countries to get involved and gain information, for them to provide follow-up activities efficiently.

## 2. Recommendations

Provided that human resources in the field are still lacking in surrounding countries, it is relevant to continuously address it upon partnership between Japan and Thailand who intends to develop its way to a donor country. If the cooperation in the field is to continue, following recommendations should be taken notice.

- (1) In the stage of designing the project, setting up of objectives should come along with how TCTP disseminate its outcomes to ultimate beneficiaries, and activities to achieve those objectives should be clarified, and agreed upon by concerned parties.
- (2) Each concerned party should take proactive role in every stage of the project, such as formulation, implementation, monitoring and evaluation. It is advisable to set up Joint Coordination Committee among the Institute, DTEC and JICA for this purpose.
- (3) In view of diminishing resources for development assistance, it is not realistic for JICA and DTEC to continue supports indefinitely to the Diploma Course without setting the point of completion. In order for the Institute to continue offering the

International Diploma Course for surrounding Asian and Pacific countries, it is recommended for the Institute to find a way to sustain the Course in more self-reliant manner. In so doing, it is suggested that the Institute, through concrete and realistic assessment, identifies what the Thai side can deal with on its own and to what extent continuous technical supports from Japan are needed. In this regard, the following ideas expressed by the Institute are highly appreciated by the Team:

- ✓ For those areas which are currently covered by the Japanese, but which could potentially be taken up by Thai lecturers, the Short-Term Training in Japan for the Institute staff to pursue basic scientific research to be provided in order to reinforce its technical capacity; and,
  - ✓ The staff trained through the Short-Term Training in Japan is expected to replace Japanese lecturers, hence, reducing reliance on Japanese experts.
- (4) It is necessary to select target countries through taking into consideration the conditions such as demands in the human resource development in the field and available training courses in-country. Needs assessment can be implemented fairly through JICA offices, using criteria in all candidate countries. At the same time, selection of participants should be done in accordance with the objectives. It is necessary to set up precise qualification/criteria and sketch out methods so that the objects be achieved.
- (5) JICA offices in beneficiary countries are encouraged to obtain minimal information from organization dealing with selection process, and inform ex-participants of availability of follow-up activities.
- (6) As proactive role of Thai side is established and target countries are narrowed down, it is desired for Japanese side to gradually fade out, with due consideration to the extent of capacity being built with Thai side.
- (7) It takes a considerably long time to have tangible impacts from the development of human resources. If we are to look into the impact of long-lasting training course of this kind of field, it will give us in-depth view of the value of the course, leading us to clearer image of the future cooperation. Hence, it is advisable to conduct ex-post evaluation to review activities and results of the past twenty-year cooperation.

ANNEX I  
LIST OF ATTENDANTS  
OF  
JOINT EVALUATION MEETING

1) Japanese side

Ms. Michiko UMEZAKI	Director 2 <sup>nd</sup> Southeast Asia Division, Regional Department I, Japan International Cooperation Agency
Mr. Hachiro TAGAMI	Professor Emeritus, Tohoku University, Japan
Ms. Yoko OGAWA	Researcher Social Development Dept., Global Link Management
Ms. Chieko KATO	Staff 2 <sup>nd</sup> Southeast Asia Division, Regional Department I, Japan International Cooperation Agency
Mr. Yuichi OHASHI	Staff Planning and Implementation Section, JICA Thailand Office
Ms. Somsri SUKUMPANTANASAN	Third Country Programme Officer . Planning and Implementation Section, JICA Thailand Office

2) Thai side

Dr. Pimonpan Gritiyarangsarn	Director Institute of Dermatology
Ms. Arporn Givaganont	Public Health Officer Institute of Dermatology
Ms. Supamas Suwannamek	Health Education Officer Institute of Dermatology

Ms. Panorsi Kaewlai  
Director  
External Cooperation Division 1,  
Department of Technical and Economic Cooperation,  
Ministry of Foreign Affairs

Mr. Banchong Amornchewin  
Chief  
Japan-Subdivision, External Cooperation Division 1,  
Department of Technical and Economic Cooperation,  
Ministry of Foreign Affairs

Ms. VerayaJaru-ampompun  
Chief  
Trilateral Cooperation Subdivision 2, External Cooperation  
Division 1,  
Department of Technical and Economic Cooperation,  
Ministry of Foreign Affairs

Ms. Hataichanok Siriwadhanakul  
Programme Officer  
Trilateral Cooperation Subdivision 2, External Cooperation  
Division 1,  
Department of Technical and Economic Cooperation,  
Ministry of Foreign Affairs

ANNEX II  
SCHEDULE OF THE EVALUATION STUDY

Bangladesh : June 6 -10 (5 days )

Laos: June 11-14 (4 days)

Thai: June 15 -20 (6 days)

June 6 (Fri.)	Team Meeting
June 7 (Sat.)	Interview with ex-participants and their Managers
June 8 (Sun.)	Meeting with JICA Bangladesh Office Courtesy call on Economic Relations Division ( ERD ) Courtesy call on Ministry of Health & Family Welfare
June 9 (Mon.)	Interview with ex-participants and their managers Courtesy call on WHO
June 10 (Tue.)	Leave Dhaka for Bangkok
June 11 (Wed.)	Leave Bangkok for Vientiane Courtesy call on JICA Laos Office Courtesy call on Department of Asia, Pacific region, MOFA Courtesy call on WHO
June 12 (Thu.)	Courtesy call on Department of International Cooperation, Committee for Planning and Cooperation. Courtesy call on Cabinet, Ministry of Health Courtesy call on National Center for Dermatology Interview with ex-participants and their managers Report to JICA
June 13 (Fri.)	Interview with ex-participants and their managers ( In Xiengkhouang and Savannakhet)
June 14 (Sat.)	Team meeting
June 15 (Sun.)	Leave Vientiane for Bangkok Team meeting
June 16 (Mon.)	Courtesy call on JICA Thailand office Courtesy call on Department of Medical Service, Ministry of Public Health Courtesy call on DTEC
June 17 (Tue.)	Courtesy call on Institute of Dermatology Interview with ex-participants and their managers Interview with Thai lecturers
June 18 (Wed.)	Interview with ex-participants and their managers Interview with Thai lecturers
June 19 (Thu.)	Discussion with DTEC Joint evaluation meeting (List of Attendants in ANNEX I ) Drafting of Minutes of Meetings
June 20 (Fri.)	Signing of Minutes of Meetings

ANNEX III  
DESCRIPTION OF EVALUATION CRITERIA  
and PDMe

(1) Description of Evaluation Criteria

Relevance: The question whether the "Overall Goal" and "Project Purpose," as stipulated in the agreed PDMe, are still in line with the policy directions of both the donor and recipient countries, the needs of the target group, and external conditions, such as the social environment, at the time of evaluation.

Effectiveness: The question as to what extent the Project has achieved its Purpose, and clarification of the relationship between that Purpose and Outputs.

Efficiency: The question on the degree to which Inputs have been converted into intended Outputs, and examination of Inputs in terms of its timing, quality and quantity.

Impact: The question on what changes, whether positive/negative or anticipated/unanticipated, have been produced as a result of the implementation of the Project.

Sustainability: The question on self-reliance of the Project in terms of organizational, financial and technical aspects: whether the benefits of the Project will continue after the discontinuation of external assistance.

**PROJECT DESIGN MATRIX for EVALUATION (PDMe)**

This PDMe is formulated based on the contents of the RID and Minutes of 22nd Oct., 1998.

Project Name: Third Country Training Programme on Diploma Course in Dermatology in the Kingdom of Thailand  
Target Area: Selected 16 Asian Countries

Duration: 1st April 1999 ~ 31st March 2003

Target Group: The Institute of Dermatology and Dermatologists in 16 countries

Ver. No. PDMe (25 May 2003)

OVERALL GOAL	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<p><b>NARRATIVE SUMMARY</b></p> <p>These Overall Goals are formulated based on the</p> <ul style="list-style-type: none"> <li>- Participants continue the study of dermatology own their own in respective countries after completion of the Course.</li> <li>- Participants retain good relationship among doctors from invited countries.</li> </ul>	<p>Objectives of the Course stipulated in the RID of 22nd Oct., 1998.</p> <ul style="list-style-type: none"> <li>- Percentage of Course participants who continued their study</li> <li>- Percentage of ex-participants who retained good relationship among doctors from invited countries.</li> <li>- Percentage of ex-participants who are the members of the International Alumni Association.</li> <li>- Number of countries which has Alumni Association, or organise some activities among ex-participants of the Course.</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluation Study</li> <li>- ditto ~</li> <li>- Reports from The Institute</li> <li>- Evaluation Study</li> </ul>	
<p><b>PROJECT PURPOSE</b> ← This Project Purpose is drawn from the purpose of the Course stipulated in the RID of 22nd Oct., 1998.</p> <p>Opportunity to upgrade techniques and knowledge in the field of dermatology is provided</p>	<p>A 10-month course is annually provided for selected applicants from 16 countries</p>	<ul style="list-style-type: none"> <li>- Reports from The Institute</li> </ul>	
<p><b>OUTPUTS</b> ← These Outputs are formulated based on the Objectives of the Course stipulated in the RID and the Minutes of Discussion of 22nd Oct., 1998.</p> <ol style="list-style-type: none"> <li>Participants are familiarised with common skin diseases and how to explore the problems, diagnostic approaches and management</li> <li>Capacity of the Institute of Dermatology to sustainably manage the Course is improved.</li> </ol>	<p>1-1 Percentage of Course participants granted with the Diploma in dermatology</p> <p>1-2 All the Course participants scores average 60% and above in the tests during the Course</p> <p>1-3 Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades.</p> <p>1-4 Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades.</p> <p>2-1 Percentage of students satisfied with the content of the Course.</p> <p>2-2 Percentage of participants in the long-term study programme and in the C/P training programme who performs as lecturers in the Course is increased annually</p> <p>2-3 Number of ex-participants of the Course invited to perform as Lectures in the Course is increased</p> <p>2-4 Number of lecturers from relevant Thai institutions participated in the Course</p> <p>2-5 Number of Japanese lecturers per course is gradually decreased</p> <p>2-6 Percentage of costs (excluding costs for Japanese experts and for students enrolled in long-term study programme) expended by Japanese ODA sources is decreased to 50%.</p>	<ul style="list-style-type: none"> <li>- Reports from The Institute</li> <li>- ditto ~</li> <li>- Evaluation Study</li> <li>- ditto ~</li> <li>- Reports from The Institute / Evaluation Study</li> <li>- ditto ~</li> <li>- ditto ~</li> <li>- ditto ~</li> <li>- ditto ~</li> <li>- Reports from JICA Hqrs.</li> </ul>	<ul style="list-style-type: none"> <li>- Financial conditions of DTEC does not significantly deteriorate.</li> </ul>
<p><b>ACTIVITIES</b> ← drawn from the RID and the Minutes.</p> <ol style="list-style-type: none"> <li>Institute of Dermatology to formulate the curriculum.</li> <li>The institute to select participants for the Course.</li> <li>The Institute to arrange domestic study tour(s) as a part of the Course, if necessary.</li> </ol> <p>Train prospective Thai lecturers in the field of dermatology in Japan.</p> <ol style="list-style-type: none"> <li>The Institute to invite ex-participants of the Course as lecturers.</li> </ol> <ol style="list-style-type: none"> <li>The Institute to make list of ex-participants.</li> <li>The Institute to issue newsletter.</li> <li>The Institute to conduct conferences in Thailand.</li> <li>The Institute to encourage ex-participants to organize alumni associations.</li> </ol>	<p><b>INPUTS</b></p> <p>Japanese Side</p> <ol style="list-style-type: none"> <li>Dispatch of Short-Term Experts.                     <ul style="list-style-type: none"> <li>- administrative staff</li> <li>- course instructors/lecturers</li> </ul> </li> <li>Long-term training in Japan</li> <li>Cost Sharing for Local Expenses</li> </ol> <p>Thai Side</p> <ol style="list-style-type: none"> <li>Provision of counterparts</li> <li>Provision of Training Facilities</li> <li>Provision of Equipment</li> <li>Running expenses</li> </ol>	<ul style="list-style-type: none"> <li>- Staff turnover in the Institute of Dermatology is not significantly worsen.</li> </ul>	<p><b>PRECONDITIONS</b></p>



ANNEX IV  
COUNTRY-SPECIFIC RESULTS OF THE EVALUATION

**[1] Bangladesh**

1. Relevance

- Relevance of providing the Diploma course as it is may not be as high as in the past in Bangladesh, as the country is progressed to the stage to strengthen its capacity to offer several in-country diploma courses in dermatology. In addition, Thai Diploma does not enjoy official accreditation.
- National authorities dealing with the selection of participant, mainly the Ministry of Health and Family Welfare, has not been taking proactive role, as they have just checked consistency with the GI criteria, but not ensuring consistency with their human resource development strategy/plan.
- Demand for training specialists in dermatology is confirmed, in that prevalence of skin diseases are high (scabies ranked 10<sup>th</sup> of the leading causes of morbidity; BBS, 1999), as serious and complicated cases are prevalent due to weak general diagnostic and treatment services. However, dermatology is not a specialty, which retains at most and urgent attention in the health sector.
- Technical level/content of Thai Diploma Course is responding to needs of Bangladeshi doctors, as it offers more detailed contents in sub-specialties, rich clinical exposure with similar cases as in the country, as well as more in-depth basic science.
- In terms of consistency with Japanese assistance strategy, this Third-Country Training Programme is not consistent with five priority areas of ODA assistance to Bangladesh, namely, 1) Agriculture and Rural Development, 2) Arsenic Mitigation (Environment and Health), 3) Reproductive Health, 4) Power Supply, 5) Primary Education (Science and Mathematics), simply due to the fact that formulation of the former preceded the latter.

2. Effectiveness

- Project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved in Bangladesh, with 10 participants graduated the course, and 3 more is expected to do so.
- All of the participants got familiar with common diseases and how to explore the problems, diagnostic approaches and management at the time of completion of the Course.
- Most of them apply what they acquired in the Course to their work as clinician as well as in their off-duty clinics, acknowledging significant improvement in quality of service and confidence level. This was verified through interviews with their managers.

### 3. Efficiency

- Textbooks and extensive use of visual aids were very much appreciated as contributing to their better understanding of the subjects.
- Some of the ex-participants feel that contents, e.g. components in basic science, may have been too deep, while others appreciated the contents in basic science. Emphasis in clinical practical aspects, as well as detailed coverage in some of sub-specialties, e.g. photo-therapy, dermato-surgery, on the other hand, were very much appreciated.

### 4. Impact

- Overall goal (1) was partially attained, in that activities such as mutual consultation on clinical diagnosis and treatment, as well as some social gatherings were observed within country. However, others, mostly those living away from the capital city, were not involved much in those activities, and exchanges with lecturers and ex-participants outside of Bangladesh were very limited.
- Overall goal (2) was mostly attained, as all of ex-participants continued studying the field and applied the newly acquired knowledge through clinical practices.
- Non-accreditation and partial recognition has to some extent limited the impact of this project, in that it limits deployment to proper post or opportunities to pursuing higher degrees in national or other educational institutions.

### 5. Sustainability

- There is a potential to cost recovery of tuition fees, as some of the candidates from Bangladesh are able to bare the costs on their own.

## [2] Lao PDR

### 1. Relevance

- Relevance of the course is confirmed, with the absence of diploma-level in-country training<sup>1</sup> and having only 12 specialists of dermatology in the country (all Thai Diploma holders). Although dermatology is not the most prioritised field within the health sector, the Ministry's strategy in human resource development is to encourage general practitioners to pursue further studies and strengthen specialisation.
- Selection process in Laos can be considered appropriate, taking into consideration management styles of the Ministry of Health. It was rather selective appointment by the authority, namely,

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<sup>1</sup> The National Centre for Dermatology organises two-to-four-week course annually in dermatological diseases for provincial doctors and nurses, in which the ex-participants of the Thai Diploma Course (including ones from 11<sup>th</sup> ~ 15<sup>th</sup> Course) perform as lecturers/teachers.

National Centre for Dermatology, than an open application based on individuals' free will. Nevertheless, this process as a result was effective to ensure adequate utilisation of trained human resources in that all the ex-participants were deployed to appropriate posts.

- Demands for dermatological treatments are still high especially in rural areas, with two provinces still above 1 leprosy case per 10,000 population, and with prevalence of other skin and venereal diseases such as psoriasis, scabies, eczema, and gonorrhoea.
- Technical level and content of the Course are seen as adequate and quite useful by participants, including the profound knowledge in basic science, which provided sound basis for them to develop an approach to inquiring medical conditions. However, lack of adequate laboratory support and unavailability of some medicines are often limiting factors for them to provide quality diagnostic and treatment services.

## 2. Effectiveness

- Project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved as planned, with 5 participants obtained diploma from the course. However, National Centre of Dermatology in Laos, an organisation which selects candidates for the course, did not receive invitation and G.I. in 2003 from Ministry of Health in Laos, resulting in not being able to send any participants in the 20<sup>th</sup> (2003/4) course.
- All the ex-participants became familiar with common skin diseases and how to explore the problems, diagnostic approaches and management at the time of course completion. Furthermore, all the ex-participants and their managers acknowledged their knowledge, diagnostic and treatment skills have improved, with which they provide better quality services to their patients. Their skills and knowledge were also transferred to other medical personnel, including laboratory technicians, nurses and other medical doctors, through lectures in university/colleges and on-the-job trainings.

## 3. Efficiency

- Although Lao participants would have participated without the presence of Japanese lecturers, most of them acknowledged that having international lecturers (including Swiss, Germany, Singapore) are much better as basic scientific knowledge is essential in further developing investigative skills, and exposure to various disciplines/specialised knowledge are necessary to satisfy trainees with broad interests. For Lao participants with rather compromised English skills, visual aids are of crucial factors to promote better learning.

## 4. Impact

- Overall Goal 1 is partially attained, as three (3) staff/ex-participants from National Centre of

Dermatology closely exchange practical information in order to train provincial health workers and doctors. However, due to limited access to communication infrastructure, professional exchanges between/among two (2) ex-participants placed at provincial level and national level staff are limited.

- Overall Goal 2 is likely to be attained if more supportive environment are given to ex-participants. Most of the ex-participants continued self-study in the field, without relevant and optimal educational materials and libraries available to them. Most of them identified topics/sub-specialties they wish to pursue further, and have desire to strengthen their knowledge/techniques further.
- Significant efforts have been made and results achieved by all of ex-participants to disseminate their knowledge/techniques to benefit other medical practitioners in the country, let alone providing improved specialised services to patients. However, medical support services such as simple laboratory equipments, medicines, laboratory technicians and nurses are still weak, limiting their performance in clinical practice. Resources for expand training in support personnel, as well as securing proper educational materials are found to be major inhibiting factors for them to further creating impact.

#### 5. Sustainability

- Potential for recovering costs (tuition fees) from Lao participants is slim, as neither the government, institute nor candidates has yet to secure the budget.

### [3] Thailand

This results of evaluation here is drawn looking at Thailand as beneficiary countries.

#### 1. Relevance

- Relevance of the course still holds in that population in provinces/rural areas still do not enjoy access to quality services provided by doctors with specialised training, although it was not the field which enjoys at most and urgent attention by the authority. Demands for dermatological treatments are confirmed in that skin diseases are still common among lower socio-economic strata as well as HIV patients, and increase in contact dermatitis and atopic dermatitis among people living in industrial areas.
- Selection process of participants was adequate; with applicants pre-screened by the institutions undergo language/qualification screening by DTEC, then final selection by the Institute of Dermatology.
- Technical level of the Course is seen as adequate and quite useful by participants, including the profound knowledge in basic science, which provided sound basis for them to develop an approach to inquiring medical conditions.

## 2. Effectiveness

- Project purpose 'to provide opportunity to upgrade techniques and knowledge in the field of dermatology' is achieved as planned, with 34 participants (among which 10 are self-financed) obtained diploma from the course, and 10 (3 self-financed) more expected to do so. All the ex-participants acknowledged significant improvement in their knowledge, diagnostic and treatment skills, and/or research methods, with which they provide better quality services to their clients.

## 3. Efficiency

- While most ex-participants see that they would have participated in the Course without Japanese lecturers, they maintain that their profound knowledge in basic science, which was taught based on rich experiences, inspired their interests in furthering scientific knowledge.

## 4. Impact

- Overall Goal 1 is partially attained, as ex-participants of the same class closely kept contact with one another, and some of them occasionally exchange clinical information and negotiating patient referrals. Some also attend conferences organised by Dermatology Association once or every two months, in which they can refresh their knowledge in dermatological field. However, this personal network rarely go beyond the boarder.
- Overall Goal 2 is mostly attained, with varying degrees among individuals. Most of the ex-participants expressed their desires for, and/or actually started continuous study, some in scientific research, some for higher recognition as a Specialist in Dermatology, while other in further clinical skills in specific sub-specialty.
- Furthermore, all the ex-participants acknowledged their performance improvement, most of them as clinicians, one as a consultant for clinical research, another as a pathologist. Efforts have been made by some of ex-participants to disseminate their knowledge/techniques to benefit other medical practitioners in the country.

## 5. Sustainability

- Potential for recovering costs (tuition fees) from Thai participants is confirmed, from private source but not from public sources. During the five-year period, 13 out of 44 participants attended the Course with private funding (6,000 US\$ equivalent). However, one participant sees that if the Course loses international lecturers, she would rather attend the Course in Boston or elsewhere abroad.

(2) Inputs

Thai Side	Japanese Side
1. Provision of Counterparts (Management Staff, Lecturers)	1. Dispatch of Overseas Lecturers ( 10 persons × 2 weeks × 5 courses)
2. Provision of Training Facilities	2. Long-term Training Program in Japan
3. Provision of Equipment	3. Provision of Equipment (earlier batches)
4. Running expenses	4. Cost sharing for expenses

(3) Record of cost sharing between JICA and DTEC

	Grand Total of the Budget	JICA	%	DTEC	%
1999	5,165,160	4,040,400	78.22	1,124,760	21.78
2000	6,809,161	5,046,891	74.12	1,762,270	25.88
2001	6,942,764	5,006,178	72.11	1,936,586	27.89
2002	6,596,561	4,507,328	68.33	2,089,232	31.67
2003	6,876,762	4,635,685	67.42	2,241,076	32.58
TOTAL	32,390,406	23,236,482	71.74	9,153,924	28.26

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ANNEX V  
ACHEVEMENTS AND INPUTS OF THE COOPERATION

(1) Numbers of ex-participants

Invited Countries	The Number of Participants					Sub-Total
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	
Bangladesh	2	2	-	2	2	8
Bhutan	-	1	1	1	-	3
Cambodia	2	1	1	3	2	9
China	2	2	2	1	-	7
Indonesia	1	-	1	-	-	2
Laos	1	1	1	2	-	5
Pakistan	3	2	2	2	1	10
Nepal	-	2	-	-	1	3
Philippines	-	-	2	-	2	4
Sri Lanka	1	1	2	1	-	5
Viet Nam	-	1	2	3	1	7
Maldives	-	1	-	-	-	1
Myanmar	1	-	-	-	-	1
Fiji	1	-	-	-	1	2
Thailand	7	6	5	6	7	30
Total	21	20	19	21	17	98

Annex 5 Record of Discussions of the Training Program (1998)

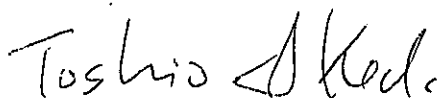
THE RECORD OF DISCUSSIONS  
BETWEEN  
THE JAPANESE IMPLEMENTATION SURVEY TEAM AND  
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE KINGDOM OF THAILAND  
ON THE THIRD COUNTRY TRAINING PROGRAMME

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Toshio IKEDA visited the Kingdom of Thailand from 19 October, 1998 to 22 October, 1998 for the purpose of discussing the extension and the successful implementation of the course (hereinafter referred to as "the Course") in the field of dermatology at Institute of Dermatology, Department of Medical Services, Ministry of Public Health, under JICA's Third Country Training Programme.

During its stay in the Kingdom of Thailand, the Team had series of discussions with the authorities concerned of the Government of the Kingdom of Thailand with the desirable measures to be taken by both Governments to ensure the successful implementation of the course.

As a result of the discussions, the Team and the authorities concerned of the Government of the Kingdom of Thailand agreed to recommend to their respective Governments the matters referred to in the documents attached hereto.

Bangkok, 22 October, 1998



Mr. Toshio IKEDA

Head of the Japanese Preliminary Survey  
Team



Mr. Kittipan KANJANAPIPAKUL

Director - General

Department of Technical and Economic  
Cooperation

Witnessed by



Ms. Preya KULLAVANIJAYA

Director

Institute of Dermatology,

Department of Medical Services

Ministry of Public Health



## ATTACHED DOCUMENT

The Government of Japan and the Government of the Kingdom of Thailand will cooperate with each other in organizing a training course in the field of dermatology under JICA's Third Country Training Programme.

The Government of the Kingdom of Thailand will conduct the Course with the support of the technical cooperation scheme of the Government of Japan. The Course will be held once a year from the Japanese Fiscal Year (JFY) 1999 to JFY 2003, subject to annual consultations between both Governments.

The Course will be conducted in accordance with the followings ;

1. TITLE

The Course will be entitled "Diploma Course in Dermatology".

2. PURPOSE

The purpose of the Course is to provide the participants with an opportunity to upgrade techniques and knowledge in the field of dermatology.

3. OBJECTIVES

At the end of the Course, the participants are expected to have ;

3-1 been familiar with common skin diseases and how to explore the problems, diagnostic approaches and management,

3-2 executed the study of dermatology by themselves in respective countries, and

3-3 retained good relationship among doctors from invited countries.

4. DURATION

The duration of the Course will be approximately ten (10) months and the Course for JFY 1999 (hereinafter referred to as "the first Course") will be held from May 10, 1999 to March 3, 2000.

5. CURRICULUM

The tentative curriculum outline of the first Course is attached as Annex I ;

6. INVITED COUNTRIES

The Governments of the following countries will be invited to apply by nominating their applicant(s) for the Course:

Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Laos, Maldives,

Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam.

7. NUMBER OF PARTICIPANTS

The number of participants from the invited countries shall not exceed fourteen (14) in total. And the number of participants from Thailand shall not exceed seven (7).

8. QUALIFICATION FOR APPLICANTS

Applicants for the Course are :

- 8-1 to be nominated by their respective Governments in accordance with the procedure stipulated in 10-1 below,
- 8-2 to have completed the degree in medical doctor,
- 8-3 to have at least one (1) year of working experience in the field of dermatology and preferably in the government organizations,
- 8-4 to be under forty five (45) years of age in principle,
- 8-5 to have a good command of spoken and written English, and
- 8-6 to be in good health, both physically and mentally, in order to complete the Course.

9. FACILITIES AND INSTITUTIONS

The Course will be given at the Institute of Dermatology, Department of Medical Services, Ministry of Public Health, Thailand.

10. APPLICATION PROCEDURE

- 10-1 A Government applying for the Course on behalf of its nominee(s) shall forward three (3) copies of the prescribed application form for each nominee to the Kingdom of Thailand through its diplomatic channels not later than sixty (60) days before the commencement of the Course.
- 10-2 The Government of the Kingdom of Thailand will inform the applying Governments, whether or not the applicant(s) is/are accepted to the Course not later than thirty (30) days before the commencement of the Course.

11. MEASURES TO BE TAKEN BY THE GOVERNMENT OF JAPAN AND THE GOVERNMENT OF THE KINGDOM OF THAILAND

In organizing and implementing the Course, both Governments will take the following measures in accordance with the relevant laws and regulations in force in each country.

The schedule of the first Course operation is attached as Annex II.

11-1 The Government of the Kingdom of Thailand

- 11-1-1 Department of Technical and Economic Cooperation (DTEC)

- (1) To forward the general information brochures (G.I.) to the Governments of invited countries through its diplomatic channels and to the JICA Thailand Office (hereinafter referred to as " the JICA Office ").
- (2) To receive application forms and to forward them to Institute of Dermatology.
- (3) To notify the results of the selection of participants to the respective Governments through its diplomatic channels and to the JICA Office .
- (4) To arrange accommodations for participants
- (5) To arrange international air tickets for the participants from invited countries and to meet and see them off at the airport
- (6) To bear some portion of the following expenses, to be consulted between both Governments each year. Throughout the cooperation period, the Government of Thailand will make efforts to increase its level of cost-share gradually subject to budget availability.
  - a) Expenses relevant to participants from invited countries such as international economy-class flight fare, accommodation, per-diem and medical treatment for participants.
  - b) Expenses relevant to Institute of Dermatology such as study tour(s), texts, teaching aids, expendable supplies, copies and honoraria for external lecturer(s).
- (7) To submit a bill of estimate for the expenses to be borne by the Government of Japan to the JICA Office not later than sixty (60) days before the commencement of the Course.
- (8) To submit a statement of expenditure to the JICA Office within forty-five (45) days after the termination of the Course.

11-1-2 Institute of Dermatology

- (1) To formulate the curriculum based on ANNEX I.
- (2) To draft and print the G.I.
- (3) To assign an adequate number of its staff as lecturers / instructors for the Course.
- (4) To provide training facilities and equipment for the Course.
- (5) To select participants for the Course
- (6) To arrange domestic study tour(s) as a part of the Course, if necessary.
- (7) To issue certificates to the participants who successfully completed the Course.
- (8) To evaluate participants' achievement, course content, curriculum and administrative performance

- (9) To submit a course report to the JICA Office and DTEC within thirty (30) days after the termination of the Course.
- (10) To coordinate any matters related to the Course.

#### 11-2 The Government of Japan

- (1) To dispatch Japanese short-term expert(s), in accordance with the normal procedures of its technical cooperation scheme, who will give advice to Institute of Dermatology and deliver some lectures. This, however, is subject to the availability of the JICA budget for this purpose and the number of suitable expert(s) in Japan. Institute of Dermatology is expected to pre-inform the request for the JICA short-term expert(s) to JICA Office not later than the annual consultation.
- (2) To bear some portion of the following expenses, to be consulted between both Governments each year, through JICA.
  - a) Expenses relevant to participants from invited Countries, such as international economy-class air fare, accommodation, per-diem and medical Treatment for participants.
  - b) Expenses relevant to Institute of Dermatology such as study tour(s), texts, teaching aids, expendable supplies, copies and honoraria for external lecturer(s).

#### 12. PROCEDURE FOR REMITTANCE AND EXPENDITURE

Remittance of funds for the expenses to be borne by the Government of Japan and through JICA expenditure thereof will be arranged in accordance with the following procedures:

- 12-1 DTEC will open a bank account in the Kingdom of Thailand to receive the funds remitted by JICA, and inform the JICA office of the name of the bank, the account code number and the name of the account holder.
- 12-2 DTEC will submit to the JICA Office a bill of estimate for the expenses to be borne by the Government of Japan not later than sixty (60) days before the commencement of the Course.
- 12-3 JICA will assess the bill of estimate and remit the approved amount of expenses to the account mentioned in 12-1 above within thirty (30) days after receipt of the bill of estimate.
- 12-4 DTEC will submit to the JICA Office a statement of expenditure within forty-five (45) days after the treatment of the Course.
- 12-5 In case there is any unspent remainder of the amount remitted by JICA, DTEC will reimburse the unspent amount to JICA in accordance with the advice given by JICA. The fund allocated for the flight fare, accommodation, per-diem and medical insurance premiums shall not be appropriated for any other purposes.

12-6 JICA requests that DTEC makes available for JICA's reference all the receipts and other documentary evidence necessary to verify the expenditures stated in 12-4 above.

13. OTHERS

This attached document and the following Annexes attached hereto shall be deemed to be part of the Record of Discussions:

ANNEX 1: Tentative Curriculum of the Course (for JFY 1999).

ANNEX 2: Schedule of the Course Implementation (for JFY 1999).

The Institute of Dermatology  
16<sup>th</sup> Diploma Course in Dermatology  
First term : May 10, 1998 - October 8, 1998

1<sup>st</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 10 May 99	DTEC	DTEC
Tue. 11 May 99	Registration	Registration
Wed. 12 May 99	Orientation to the course & Institute of Dermatology Dr.Preya                      Dr.Imelda	Pre - test Dr.Preya                      Dr.Imelda
Thu. 13 May 99	9.00-11.00 Basic structure and function of the skin I Dr.Artit	Principles of dermatology Dr.Prayoon
Fri. 14 May 99	Clinical demonstration Dr.Kittisak	

2<sup>nd</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 17 May 99	Clinical demonstration Dr.Pimonpun	Biology of skin Dr.Ogawa
Tue. 18 May 99	Keratin, Keratinization; CHI Quiz Dr.Ogawa	Biology & treatment of dyskeratotic disorder Dr.Ogawa
Wed. 19 May 99	Host-parasite relationship of fungus diseases Dr.Ogawa	Biology role of proteases and their inhibitors in skin Dr.Ogawa
Thu. 20 May 99	Pathogenesis & treatment of autoimmune blister disease Dr.Ogawa	Congenital blister disease Dr.Ogawa
Fri. 21 May 99	New procedures for the treatment of autoimmune disease. Skin surgery up to date Dr.Ogawa	Evening Opening ceremony

3<sup>rd</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 24 May 99	Clinical demonstration Dr.Thada	Eczema Dr. Preya
Tue. 25 May 99	Basic immunology Dr. Stitaya	Viral skin diseases Dr. Krisada
Wed. 26 May 99	Clinical demonstration Dr. Poohglin	Superficial mycosis I Dr. Viboon
Thu. 27 May 99	Clinical demonstration Dr.Imelda	Microscopic operation Mr. Thongbai      Mr. Somchai
Fri. 28 May 99	Immunology : Cell mediated immunology Dr.Pornchai	

4<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 31 May 99	I.P.D. Dr. Preya	Papulosquamous diseases I Dr. Pimonpun
Tue. 1 June 99	Clinical demonstration Dr.Krisada	Vesiculobullous diseases Dr.Pravit
Wed. 2 June 99	Clinical demonstration Dr.Prayoon	13.00-15.00 Basic structure and function of the skin II Dr.Artit
Thu. 3 June 99	9.00-11.00 Derm.path.: Terminology and normal structure of the skin Dr.Yaovares	Mycology lab. I (Superficial mycoses I) Dr.Rataporn      Miss.Suthirat
Fri. 4 June 99	Clinical demonstration Dr.Parichat	

5<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 7 June 99	Clinical demonstration Dr.Rataporn	Microbacteriology : Bacteriology, laboratory method and interpretation Dr.Chaivej
Tue. 8 June 99	Clinical demonstration Dr.Chuchai	Basic immunodermatology Dr.Pravit
Wed. 9 June 99	Clinical demonstration Dr.Patcharin	Superficial mycoses II Dr.Viboon
Thu. 10 June 99	9.00-11.00 Basic structure and function of the skin III Dr.Artit	
Fri. 11 June 99	Parasitic skin diseases Dr.Chaisin	Mycology lab. II (Superficial mycoses I) Dr.Rataporn                      Miss.Suthirat

6<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 14 June 99	O.P.D. Dr.Pimonpun	Connective tissues diseases Dr.Wiwat
Tue. 15 June 99	O.P.D. Dr.Chuchai	Acne and facial dermatosis Dr.Rutsanee
Wed. 16 June 99	Contact dermatitis Dr.Suwirakorn	Immunology lab. I Mr.Paisal                      Mr.Somchai
Thu. 17 June 99	9.00-11.00 Derm.path.: Superficial perivascular infiltration Dr.Yaovares	Mycology lab. III (Superficial mycoses II) Dr.Rataporn                      Miss.Suthirat
Fri. 18 June 99	O.P.D. Dr.Kittisak	



7<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 21 June 99	O.P.D. Dr.Parichat	Mycology lab. IV Dr.Rataporn                  Miss.Suthirat
Tue. 22 June 99	O.P.D. Dr.Krisada	Pediatric dermatology I Dr.Srisupaluk
Wed. 23 June 99	O.P.D. Dr.Patcharin	Lupus erythematosus Dr.Thada
Thu. 24 June 99	I.P.D. Dr.Poohglin	Immunology lab. II Mr.Paisal                  Mr.Somchai
Fri. 25 June 99	Topical therapy Dr.Preya	

8<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 28 June 99	O.P.D. Dr.Thada	Occupational dermatitis Dr.Suwirakorn
Tue. 29 June 99	O.P.D. Dr.Prayoon	Hand dermatitis Dr.Poohglin
Wed. 30 June 99	Antihistamine Dr.Nopadon	13.00-15.00 Papulosquamous diseases II Dr.Porntip
Thu. 1 July 99	O.P.D. Dr.Poohglin	Drug eruptions Dr.Chasuree
Fri. 2 July 99	Tuberculosis of the skin Dr.Supriya	

9<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 5 July 99	13.00-15.00 Basic principles in photomedicine Dr.Rutsanee	SLE Dr.Valee
Tue. 6 July 99	Scleroderma Dr.Valee	Dermatomyositis Dr.Valee
Wed. 7 July 99	Official holiday (วันอาสาฬหบูชา)	
Thu. 8 July 99	Official holiday (วันเข้าพรรษา)	
Fri. 9 July 99	Vasculitis Dr.Valee	

10<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 12 July 99	Paper exam. (Mid 1 <sup>st</sup> term)	
Tue. 13 July 99	O.P.D. Dr.Rutsanee	13.00 -15.00 Photodiagnosis, solar urticaria Dr.Vichit
Wed. 14 July 99	O.P.D. Dr.Imelda	13.00 -15.00 Papulosquamous diseases III Dr.Porntip
Thu. 15 July 99	O.P.D. Dr.Nucha	Introduction to primary health care in Thailand Dr.Boonyium
Fri. 16 July 99	Atypical mycobacterium Dr.Supriya	

11<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 19 July 99	O.P.D. Dr.Imelda	Light and electron microscopy in Dermatology cutaneous cell biology Part I Dr.Suzuki
Tue. 20 July 99	I.P.D. Dr.Prayoon	Cutaneous cell biology Part II Dr.Suzuki
Wed. 21 July 99	O.P.D. Dr.Patcharin	Nevus Ota and the other discoloration diseases on the face. Diagnosis and treatment Dr.Suzuki
Thu. 22 July 99	O.P.D. - Chulalongkorn Hospital gr.III,IV Dr.Nopadon - Institute of Dermatology gr.I,II,V,VI Dr.Pimonpun	Pigmentary disorders Diagnosis and treatment Dr.Suzuki
Fri. 23 July 99	Merkel cell and Merkel cell carcinoma Dr.Suzuki	

12<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 26 July 99	O.P.D. Dr.Yupin	Epidermal keratinocyte and keratinizing disorders Part I Dr.Suzuki
Tue. 27 July 99	O.P.D. Dr.Krisada	Epidermal keratinocyte and keratinizing disorders Part II Dr.Suzuki
Wed. 28 July 99	O.P.D. Dr.Imelda	Cutaneous appendages and their disorders Dr.Suzuki
Thu. 29 July 99	O.P.D. - Chulalongkorn Hospital gr.V,VI Dr.Nopadon - Institute of Dermatology gr.I,II,III,IV Dr.Chuchai	Contact dermatitis due to metal Dr.Suzuki
Fri. 30 July 99	Dermis and dermal disorders Dr.Suzuki	

13<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 2 Aug. 99	I.P.D. Dr.Preya	13.00-15.00 Derm.path.: Deep perivascular infiltration Dr.Yaovares
Tue. 3 Aug. 99	O.P.D. - Ramathibodi Hospital gr.III,IV - Rajvithi Hospital gr.I,II - Self study gr.V,VI Dr.Penwadee Dr.Yupin	13.00-15.00 Idiopathic photodermatoses Dr.Pimonpun
Wed. 4 Aug. 99	O.P.D. Dr.Prayoon	Symposium on Psoriasis Dr.Preya
Thu. 5 Aug. 98	O.P.D. - Chulalongkorn Hospital gr.I,II - Institute of Dermatology gr.III,IV,V,VI Dr.Nopadon Dr.Patcharin	Panel discussion on antibiotics Dr.Amorn Dr.Nalinee Dr.Surapol
Fri. 6 Aug. 99	Vasculitis and paniculitis Dr.Nopadon	

14<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 9 Aug. 99	O.P.D. Dr.Yupin	Inflammation and cell mediator Dr.Puan
Tue. 10 Aug. 99	O.P.D. - Ramathibodi Hospital gr.I,II - Rajvithi Hospital gr.III,IV - Self study gr.I,II Dr.Penwadee Dr.Yupin	Symposium on urticaria Dr.Thada
Wed. 11 Aug. 99	Leprosy I Dr.Prasert	Pigmentation Dr.Kanokvalai
Thu. 12 Aug. 99	Official holiday (วันเฉลิมพระชนมพรรษา)	
Fri. 13 Aug. 99	O.P.D. Dr.Chuchai	

15<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 16 Aug. 99	I.P.D. Dr.Rutsanee	Cell-cell junctions and variety of autoimmune bullous diseases; Molecular biology, histopathology and clinical manifestations. Dr.Kitajima
Tue. 17 Aug. 99	O.P.D. - Ramathibodi Hospital gr.I,II - Rajvithi Hospital gr.III,IV - Self study gr.V,VI Dr.Penwadee Dr.Yupin	Dermal-epidermal junctions and a variety of autoimmune bullous diseases; Molecular biology, histopathology and clinical manifestations. Dr.Kitajima
Wed. 18 Aug. 99	O.P.D. Dr.Pooghlin	Amyloidosis; clinical manifestations, histopathology, and basic science. Dr.Kitajima
Thu. 19 Aug. 99	Leprosy II Dr.Prasert	Fungal structure and biochemistry for the better understanding of the action mode of anti-fungal agents. Dr.Kitajima
Fri. 20 Aug. 99	Clinics and pathophysiology of psoriasis in terms of abnormal control for the keratinocyte differentiation. Dr.Kitajima	

16<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 23 Aug. 99	O.P.D. Dr.Thada	Clinical and pathophysiology of psoriasis in terms of abnormal control for the keratinocyte differentiation. Dr.Kitajima
Tue. 24 Aug. 99	Subspecialty: - Surgery gr.I Dr.Parichat - Immunology lab. gr.II Mr.Paisal, Mr.Somchai - Mycology lab. gr.III Miss.Supimol, Miss.Suthirat - Clinical microscopy lab. gr.IV Mr.Thongbai	Clinical and pathophysiology of psoriasis in terms of inflammation and immune reactions. Dr.Kitajima
Wed. 25 Aug. 99	Subspecialty: - COD clinic gr.II Dr.Pooghlin - Surgery gr.III Dr.Kittisak - Clinical microbiology gr.IV Miss.Daungporn - Histopathology lab. gr.I Dr.Prayoon, Mr.Tipaporn	Action mode of retinoids and vitamin D <sub>3</sub> for the treatment of psoriasis Dr.Kitajima
Thu. 26 Aug. 99	Leprosy III Dr.Kovit	- A logical and schematic way for the better understanding of the cutaneous signs (eruptions) in term of pathophysiology, immunology and molecular biology. - Questions and summary for the present weeks. Dr.Kitajima
Fri. 27 Aug. 99	Prapradang Hospital Dr.Prasert	

17<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 30 Aug. 99	O.P.D. Dr.Yupin	Histology of normal skin A: Lecture B: Practical observation Dr.Ono
Tue. 31 Aug. 99	Subspecialty: - Surgery gr.II Dr.Parichat - Immunology lab. gr.III Mr.Paisal, Mr.Somchai - Mycology lab. gr.IV Dr.Rataporn, Miss.Suthirat - Clinical microscopy lab. gr.I Mr.Thongbai	Fundamental pathologic changes A: Lecture B: Practical observation Dr.Ono
Wed. 1 Sept. 99	Subspecialty : - COD clinic gr. III Dr.Poohglin - Surgery gr.IV Dr.Kittisak - Clinical microbiology lab. gr.I Miss.Daungporn - Histopathology lab. gr.II Dr.Prayoon, Miss.Tipaporn	Disorders of epidermis and appendages A: Lecture B: Practical observation Dr.Ono
Thu. 2 Sept. 99	9.00-12.00 Derm.path.: Vesiculobullous diseases Dr.Yaovares	Disorders of melanocytes A: Lecture B: Practical observation Dr.Ono
Fri. 3 Sept. 99	Disorders of fibrous components and ground substances A: Lecture B: Practical observation Dr.Ono	

18<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 6 Sept. 99	I.P.D. Dr.Preya	CHI Quiz discussion Dr.Ono
Tue. 7 Sept. 99	Subspecialty: - Surgery gr.III Dr.Parichat - Immunology lab. gr.IV Mr.Paisal, Mr.Somchai - Mycology lab. gr.I Dr.Rataporn, Miss.Suthirat - Clinical microscopy lab. gr.II Mr.Thongbai	Disorders of vascular and neural element A: Lecture B: Practical observation Dr.Ono
Wed. 8 Sept. 99	Subspecialty : - COD clinic gr. IV Dr.Poohglin - Surgery gr.I Dr.Kittisak - Clinical microbiology lab. gr.II Miss.Daungporn - Histopathology lab. gr.III Dr.Prayoon, Miss.Tipaporn	Granulomatous disease A: Lecture B: Practical observation Dr.Ono
Thu. 9 Sept. 99	O.P.D. Dr.Nucha	Blistering and pustular disorders A: Lecture B: Practical observation CHI Quiz and discussion Dr.Ono
Fri. 10 Sept. 99	O.P.D. Dr.Kittisak	

19<sup>th</sup> week1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 13 Sept. 99	O.P.D. Dr.Parichat	Symposium on photoaging Dr.Rutsanee
Tue. 14 Sept. 99	Subspecialty: - Surgery gr.IV Dr.Parichat - Immunology lab. gr.I Mr.Paisal, Mr.Somchai - Mycology lab. gr.II Dr.Rataporn, Miss.Suthirat - Clinical microscopy lab. gr.III Mr.Thongbai	13.00-15.00 Cytokines and application Dr.Wiwat
Wed. 15 Sept. 99	Subspecialty : - COD clinic gr. I Dr.Poohglin - Surgery gr.II Dr.Kittisak - Clinical microbiology lab. gr.III Miss.Daungporn - Histopathology lab. gr.IV Dr.Prayoon, Miss.Tipaporn	13.00-15.00 Phototoxic and photoallergy Dr.Porntip
Thu. 16 Sept. 99	Clinical discussion Dr.Preya Dr.Imelda	Contact dermatitis III (Latex allergy and contact urticaria syndrome, ACD medicament) Dr.Chuchai
Fri. 17 Sept. 99	Clinical discussion Dr.Preya Dr.Imelda	

20<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 20 Sept. 99		
Tue. 21 Sept. 99	Case exam.	
Wed. 22 Sept. 99	Lab. exam. & Spot slide exam.	
Thu. 23 Sept. 99	Paper exam.	
Fri. 24 Sept. 99		

21<sup>st</sup> week

1<sup>st</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 27 Sept. 99		
Tue. 28 Sept. 99		
Wed. 29 Sept. 99	Vacation	
Thu. 30 Sept. 99		
Fri. 1 Oct. 99		

22<sup>nd</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 4 Oct. 99		
Tue. 5 Oct. 99		
Wed. 6 Oct. 99	Vacation	
Thu. 7 Oct. 99		
Fri. 8 Oct. 99		



**The Institute of Dermatology**  
**16<sup>th</sup> Diploma Course in Dermatology**  
**Second term : October 11, 1999 - March 3, 2000**

1<sup>st</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 11 Oct. 99	O.P.D. Dr. Yupin	Introduction to surgery Dr.Parichat
Tue. 12 Oct. 99	O.P.D. Dr.Pimonpun	Painful tumors of the skin Dr.Imelda
Wed. 13 Oct. 99	O.P.D. Dr.Poohglin	Vasculitis Dr.Kanokvalai
Thu. 14 Oct. 99	O.P.D. Dr.Patcharin	Diseases of mucous membranes Dr.Krisada
Fri. 15 Oct. 99	Derm. path.: Genodermatoses Dr.Niwat	

2<sup>nd</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 18 Oct. 99	O.P.D. Dr.Rutsanee	Cell biology of the skin (Epidermis) Dr.Kanzaki
Tue. 19 Oct. 99	O.P.D. Dr.Prayoon	Cell biology of the skin (Dermis) Dr.Kanzaki
Wed. 20 Oct. 99	O.P.D. Dr.Rataporn	Benign tumors (Keratinocytes) Dr.Kanzaki
Thu. 21 Oct. 99	Benign tumors (Dermis) Dr.Kanzaki	Malignants tumors (Keratinocytes) Dr.Kanzaki
Fri. 22 Oct. 99	O.P.D. Dr.Parichat	

3<sup>rd</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 25 Oct. 99	O.P.D. Dr.Patcharin	Malignants tumors (Dermis) Dr.Kanzaki
Tue. 26 Oct. 99	O.P.D. Dr.Chuchai	Malignant lymphoma including ATL Dr.Kanzaki
Wed. 27 Oct. 99	O.P.D. Dr.Patcharin	Biochemistry and metabolic diseases Dr.Kanzaki
Thu. 28 Oct. 99	O.P.D. Dr.Nucha	Derm. path.: Granuloma Dr.Chasuree
Fri. 29 Oct. 99	Diseases of hair and nails Dr.Somyot	

4<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 1 Nov. 99	I.P.D. Dr.Preya	Vasculitis Dr.Imamura
Tue. 2 Nov. 99	O.P.D. - Pramongkut Klao Hospital gr.I,II,III Dr.Chasuree - Institute of Dermatology gr.IV,V,VI Dr.Krisada	Erythematous dermatoses Dr.Imamura
Wed. 3 Nov. 99	O.P.D. - Siriraj Hospital gr.IV,V,VI Dr.Patcharee - Institute of Dermatology gr.I,II,III Dr.Thada	Lupus erythematosus Dr.Imamura
Thu. 4 Nov. 99	O.P.D. Dr.Rataporn	Contact dermatitis, urticaria, atopic dermatitis Dr.Imamura
Fri. 5 Nov. 99	Hand eczema, SDT including, AIDS Dr.Imamura	

5<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 8 Nov. 99	O.P.D. Dr.Yupin	New diseases, CHI Quiz Dr.Imamura
Tue. 9 Nov. 99	O.P.D. - Pramongkut Klao Hospital gr.IV,V,VI Dr.Chasuree - Institute of Dermatology gr.I,II,III Dr.Rutsanee	New treatments Dr.Imamura
Wed. 10 Nov. 99	O.P.D. - Siriraj Hospital gr.I,II,III Dr.Apichati - Institute of Dermatology gr.IV,V,VI Dr.Prayoon	Molecular biology in Dermatology Dr.Imamura
Thu. 11 Nov. 99	Pediatric dermatology II Dr.Srisupaluk	Parapsoriasis & mycoses fungoides Dr.Thada
Fri. 12 Nov. 99	Pharmaco. Cytotoxic drug and antianxiety drugs Dr.Oraphan	

6<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 15 Nov. 99	Travel from Bangkok → Chiang Mai	
Tue. 16 Nov. 99	Field study	Field study
Wed. 17 Nov. 99	Lecture : Immunology Dr.Vicharn	Lecture : Infection in AIDS Dr.Teera
Thu. 18 Nov. 99	Clinical demonstration at Maharaj Nakorn Chiangmai Hospital Dr.Chartchai	
Fri. 19 Nov. 99	Travel from Chiang Mai → Bangkok	

7<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 22 Nov. 99	O.P.D. Dr.Rutsanee	I.P.D. Dr.Rataporn
Tue. 23 Nov. 99	O.P.D. Dr.Krisada	Advanced immunodermatology Dr.Pravit
Wed. 24 Nov. 99	O.P.D. Dr.Thada	13.00-15.00 Phototherapy and photochemotherapy Dr.Natta
Thu. 25 Nov. 99	O.P.D. Dr.Nucha	Deep mycoses Dr.Wannasri
Fri. 26 Nov. 99	Bio-engineering of the skin Dr.Apicharti	

8<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 29 Nov. 99	O.P.D. Dr.Pimonpun	Cosmetic abuse Dr.Preya
Tue. 30 Nov. 99	Clinical dermatology Dr.Imelda	Skin signs in systemic diseases Dr.Krisada
Wed. 1 Dec. 99	Laser surgery (lecture) Dr.Lim	Laser surgery (demonstration) Dr.Lim
Thu. 2 Dec. 99	Laser surgery (Practice) Dr.Lim	Laser surgery Dr.Nivat P.
Fri. 3 Dec. 99	O.P.D. Dr.Parichat	Sexually transmitted diseases I Dr.Anupong

9<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 6 Dec. 99	Official holiday (ชดเชยวันเฉลิมพระชนมพรรษา)	
Tue. 7 Dec. 99	O.P.D. Dr.Rataporn	Symposium on androgenetic alopecia Dr.Prayoon
Wed. 8 Dec. 99	O.P.D. Dr.Thada	Aging of the skin Dr.Imelda
Thu. 9 Dec. 99	Vasculitis and panniculitis Dr.Nopadon	Sexually transmitted diseases II and AIDS Dr.Anupong
Fri. 10 Dec. 99	Official holiday (วันรัฐธรรมนูญ)	

10<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 13 Dec. 99	I.P.D. Dr.Preya	Symposium on drugs Dr.Patcharin
Tue. 14 Dec. 99	O.P.D. Dr.Prayoon	Contact dermatitis IV (non eczematous) Dr.Poohglin
Wed. 15 Dec. 99	O.P.D. Dr.Poohglin	Mycology lab. V Dr.Rataporn                  Miss.Suthirat
Thu. 16 Dec. 99	O.P.D. Dr.Nucha	Subcutaneous mycoses Dr.Wannasri
Fri. 17 Dec. 99	9.00-11.00 Photodermatoses - metabolic and genetic disorders Dr.Jirot	

11<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 20 Dec. 99	Paper exam. (Mid. 2 <sup>nd</sup> term)	
Tue. 21 Dec. 99	O.P.D. Dr.Krisada	Introduction & Allergic inflammation Dr.Miyachi
Wed. 22 Dec. 99	O.P.D. Dr.Patcharin	Mast cell biology Dr.Miyachi
Thu. 23 Dec. 99	Reactive oxygen species I Dr.Miyachi	Reactive oxygen species II Dr.Miyachi
Fri. 24 Dec. 99	Photobiology & sun protection Dr.Miyachi	

12<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 27 Dec. 99	I.P.D. Dr.Parichat	Pustular vasculitis & GVHD Dr.Miyachi
Tue. 28 Dec. 99	O.P.D. Dr.Pimonpun	Dry skin and skin care & Pressure sores Dr.Miyachi
Wed. 29 Dec. 99	Clinical application of immunomodulating drugs Dr.Patcharin	Dermal connective tissues metabolism in photoaging Dr.Krisada
Thu. 30 Dec. 99	O.P.D. Dr.Poohglin	
Fri. 31 Dec. 99	Official holiday (วันสิ้นปี)	

13<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 3 Jan. 00	I.P.D. Dr.Preya	Solar radiation - biological effect of UV on cells and skin Dr.Ichihashi
Tue. 4 Jan. 00	O.P.D. Dr.Patcharin	Photosensitive diseases I (diagnosis and treatment) Photocontact dermatitis, PLE, CAD, porphyria, CHI Quiz Dr.Ichihashi
Wed. 5 Jan. 00	O.P.D. Dr.Parichat	Photosensitive diseases II XP, Cockayne's syndrome, CHI Quiz Dr.Ichihashi
Thu. 6 Jan. 00	O.P.D. Dr.Pooghlin	UV carcinogenesis I epidemiological and experimental studies Dr.Ichihashi
Fri. 7 Jan. 00	UV carcinogenesis II molecular aspect Dr.Ichihashi	

14<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 10 Jan. 00	O.P.D. Dr.Yupin	Photoimmunology CHS, DHS, effect of immunity on tumor development Dr.Ichihashi
Tue. 11 Jan. 00	O.P.D. Dr.Prayoon	Thermal neutron capture therapy for malignants tumors Dr.Ichihashi
Wed. 12 Jan. 00	O.P.D. Dr.Rataporn	Mycology lab. VI Dr.Rataporn Miss.Suthirat
Thu. 13 Jan. 00	O.P.D. Dr.Nucha	Symposium on Dr.Pooghlin
Fri. 14 Jan. 00	Clinical dermatology Dr.Imelda	

15<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 17 Jan. 00	O.P.D. Dr. Yupin	Symposium on skin sign in internal malignancy Dr.Parichat
Tue. 18 Jan. 00	Subspecialty: - Surgery gr.I Dr.Parichat - Immunology lab. gr.II Mr.Paisal, Mr.Somchai - Mycology lab. gr.III Dr.Rataporn, Miss.Suthirat - Clinical microscopy lab. gr.IV Mr.Thongbai	Introduction to Th1, Th2 Dr.Shimada
Wed. 19 Jan. 00	Subspecialty: - COD clinic gr.IV Dr.Suwirakorn, Dr.Poohglin - Surgery gr.III Self study - Clinical microbiology lab. gr.II Miss.Daungporn - Histopathology lab. gr.I Dr.Prayoon, Miss.Tipaporn	Atopic dermatitis, Fc receptor Dr.Shimada
Thu. 20 Jan. 00	O.P.D. Dr.Chuchai	TCR-MHC interaction, Cell adhesion Molecules Dr.Shimada
Fri. 21 Jan. 00	O.P.D. Dr.Parichat	

16<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 24 Jan. 00	O.P.D. Dr.Pimonpun	Langerhans cells, contact sensitivity Dr.Shimada
Tue. 25 Jan. 00	Subspecialty: - Surgery gr.II Dr.Parichat - Immunology lab. gr.III Mr.Paisal, Mr.Somchai - Mycology lab. gr.IV Dr.Rataporn, Miss.Suthirat - Clinical microscopy lab. gr.I Mr.Thongbai	Immunology of keratinocytes Dr.Shimada
Wed. 26 Jan. 00	Subspecialty: - COD clinic gr.III Dr.Poohglin - Surgery gr.II Self study - Clinical microbiology lab. gr.I Miss.Daungporn - Histopathology lab. gr.IV Dr.Prayoon, Miss.Tipaporn	T cell development, $\gamma$ $\delta$ T cells Dr.Shimada
Thu. 27 Jan. 00	Tumor Immunology, Gene therapy Dr.Shimada	CD molecules Dr.Shimada
Fri. 28 Jan. 00	O.P.D. Dr.Chuchai	



17<sup>th</sup> week2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 31 Jan. 00	O.P.D. Dr.Poohglin	Clinical dermatology Dr.Imelda
Tue. 1 Feb. 00	Subspecialty: - Surgery gr. III Dr.Parichat - Immunology lab. gr.IV Mr.Paisal, Mr.Somchai - Mycology lab. gr.I Dr.Rataporn, Miss.Suthirat - Clinical microscopy. gr.II Mr.Thongbai	Symposium on antifungal agent Dr.Rataporn
Wed. 2 Feb. 00	Subspecialty: - COD clinic gr.II Dr.Poohglin - Surgery gr.I Self study - Clinical microbiology gr.IV Miss.Daungporn - Histopathology lab. gr.III Dr.Prayoon, Miss.Tipaporn	Childhood exanthem Dr.Preya
Thu. 3 Feb. 00	O.P.D. Dr.Nucha	Symposium on acne treatment Dr.Imelda
Fri. 4 Feb. 00	O.P.D. Dr.Thada	

18<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 7 Feb. 00	O.P.D. Dr.Rutsanee	Surgery for leukoderma Dr.Parichat
Tue. 8 Feb. 00	Subspecialty: - Surgery gr. IV Dr.Parichat - Immunology lab. gr.I Mr.Paisal, Mr.Somchai - Mycology lab. gr.II Dr.Rataporn, Miss.Suthirat - Clinical microscopy. gr.III Mr.Thongbai	Dermatoses of pregnancy Dr.Pravit
Wed. 9 Feb. 00	Subspecialty: - COD clinic gr.I Dr.Poohglin - Surgery gr.II Self study - Clinical microbiology gr.III Miss.Daungporn - Histopathology lab. gr.IV Dr.Prayoon, Miss.Tipaporn	Self study
Thu. 10 Feb. 00	Self study	Self study
Fri. 11 Feb. 00	Self study	Self study

19<sup>th</sup> week

2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 14 Feb. 00		
Tue. 15 Feb. 00	Case exam.	
Wed. 16 Feb. 00	Lab. exam. & Slide quiz	
Thu. 17 Feb. 00	Paper exam	
Fri. 18 Feb. 00		

20<sup>th</sup> week

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 21 Feb. 00		
Tue. 22 Feb. 00		
Wed. 23 Feb. 00		Re - Exam.
Thu. 24 Feb. 00		
Fri. 25 Feb. 00		

21<sup>st</sup> week

2<sup>nd</sup> term : 16<sup>th</sup> D.C.D.

Time Date	9.00 - 12.00	13.00 - 16.00
Mon. 28 Feb. 00		
Tue. 29 Feb. 00		
Wed. 1 Mar. 00	Oral exam. and final evaluation Dr.Preya                      Dr.Ogawa	Oral exam. and final evaluation Dr.Preya                      Dr.Ogawa
Thu. 2 Mar. 00	Oral exam. and final evaluation Dr.Preya                      Dr.Ogawa	
Fri. 3 Mar. 00		Closing Ceremony



## SCHEDULE OF THE COURSE IMPLEMENTATION (FOR JAPANESE JFY 1999)

MONTH	THAI SIDE	JAPANESE SIDE
October 1998	1. Signing of the Record of Discussions 2. Preparation of G.I.	1. Signing of the Record of Discussions
November 1998	1. DISTRIBUTION OF G.I. and Application Form	1. Recruitment of Expert(s)
April/March 1998	2. Submission of Form A-1 1. Submission of Bill of Estimate 2. Selection of and Notification of Participants	1. Remittance of Expenses 2. Submission of Form B-1
May 1999	1. Implementation of the Course	1. Dispatch of Expert(s)
March 2000	1. Submission of Statement of Expenditures 2. Submission of Course Report	

## Annex 6 Minutes of Meetings of the Implementation Survey (1998)

### MINUTES OF DISCUSSIONS BETWEEN JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF THAILAND ON THE THIRD COUNTRY TRAINING PROGRAMME

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and Department of Technical and Economic Cooperation (hereinafter referred to as "DTEC") signed the Record of Discussions (hereinafter referred to as R/D) on the Japanese Technical Cooperation for the Third Country Training Programme in "Diploma in Dermatology" course (hereinafter referred to as "the Course") which is witnessed by Institute of Dermatology, Department of Medical Services, Ministry of Public Health.

The following Minutes of Discussions are intended to record the understanding reached between the both sides in regard to the provisions stipulated in the R/D.

During its stay in the Kingdom of Thailand, the Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Kingdom of Thailand.

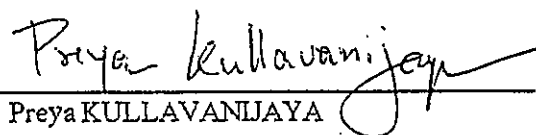
As a result of the discussions, both sides came to reach a common understanding concerning the matters referred to in the document attached hereto.

Bangkok, 22 October, 1998



Mr. Toshio IKEDA

Head of the Japanese Preliminary Survey  
Team



Ms. Preya KULLAVANIJAYA

Director  
Institute of Dermatology,  
Department of Medical Services  
Ministry of Public Health

## ANNEX

### 1) Sustainability

Since this course has been conducted successfully for 15 years with Japanese assistance, the Team pointed out this new extension period from 1999 to 2003 as the important period in which both Governments should establish a system to secure sustainable management of the Course.

### 2) Expenses

Based on the spirits of Japan Thai Partnership Programme and the necessity of securing the sustainability of the course, the Team proposed that both Governments share the equal amount of necessary cost for the Course. However, considering the serious constraint on budget of DTEC and Institute of Dermatology, the Team, DTEC and Institute of Dermatology agreed to implement the Course in 1999 with the tentative estimate of the expenses attached as ANNEX II.

This measure is exclusively for the Course in 1999. For the Courses from 2000 to 2003, the Government of the Kingdom of Thailand will make efforts to increase its share of the expenses subject to its budget availability.

### 3) Plan

The Team proposed that Institute of Dermatology will make a plan for sustainable management of the Course during the Japanese cooperation period from 1999 to 2003 consulting with DTEC and JICA Thailand Office (hereinafter referred to as "the Plan").

Institute of Dermatology agreed to elaborate and submit the Plan to JICA office by September 1999 considering the level of the course and following three points.

#### i) Japanese Experts

To promote sustainable management of the Course, the Team proposed to reduce number of Japanese experts during the period of Japanese cooperation.

#### ii) Counterpart training

To foster the human resource who address the lectures for the Course, the Team pointed out that JICA consider the possibility of continuing the counterpart training for a person per year from Institute of Dermatology or relevant organization in Thailand, on the request of the Government of the Kingdom of Thailand. When it is regarded as necessary, the Team pointed out that JICA consider the possibility of carrying out the counterpart training for more than one person per year and this issue can be included into the Plan.

Institute of Dermatology stated the necessity of carrying out counterpart training with duration of 2 years. The Team commented that this can be included into the Plan.

The Team proposed that Institute of Dermatology make efforts to assign the counterparts who have attended and will attend the counterpart training in Japan to address lectures for the Course for certain period of time.

iii) Invitation of ex-participant

The Team proposed to invite the ex-participant from Asian countries for conducting lectures.

4) Equipment

Institute of Dermatology addressed the needs of medical equipment for the training course. The Team suggested that Institute of Dermatology consults with JICA office in Thailand.

5) Alumni Association

Institute of Dermatology explained that it organizes Alumni Association for the course. The Alumni Association make list of ex-participants, issue news letter and conduct conferences in Thailand.

6) Mid Term Evaluation

To evaluate the progress of the Plan made by Institute of Dermatology, JICA will organize an interim evaluation team after the termination of the second course. ;

Tentative Estimate of Expenses for Japanese Fiscal Year 1999

Course Title 16th Diploma Course in Dermatology

Period May 10, 1999 - March 3, 2000

ANNEX II

Description	JICA Budget	DTEC Budget	Breakdown	Total	Remark
1) INVITATION EXPENSES					
1 International Airfare	420,000		3000x14persons	420,000	
Domestic Airfare	46,200		3,300x14persons	46,200	
2 Airport Tax		8,260	(500x14persons)+(60x21persons)	8,260	
3 Living Allowances for Invited Participants					
- Accommodation	840,000		6000x14personsx10 months	840,000	
- Per Diem	980,000		7000x14personsx10 months	980,000	
4 Accomodation and perdium for study tour	70,000		1000x14personsx5days	70,000	
5 Living Allowances for Thai Participants		910,000	13000x7personsx10 months	910,000	
6 Travelling Expenses for Thai Participants		8,400	1200x7persons	8,400	
7 Accomodation and perdium for study tour for Thai Participants		35,000	1000x7personsx5days	35,000	
8 Book Allowances and Training Materials for Participants	14,000	7,000	(1000x14persons)+(1000x7persons)	21,000	



9 Medical Insurance	85,400	-	6100x14persons	85,400	
10 Visa on Arrival, Extend Visa & Others	-	9,100	(300x7persons) + (500x14persons)	9,100	
11 Travelling Expenses (Airport-Hotel-Airport) and Others	36,800		(600x14personsx2 times) + others20,000	36,800	
Sub-total I	2,492,400	977,760		3,470,160	

Tentative Estimate of Expenses for Japanese Fiscal Year 1999

Course Title 16th Diploma Course in Dermatology

Period May 10, 1999 - March 3, 2000

Description	JICA Budget	DTEC Budget	Breakdown	Total	Remark
II) TRAINING EXPENSES					
1 Honoraria for External & Internal Lecturers	271,000	147,000	(1000x198hrs.)+(500x144hrs.)+(500x53hrs.)+(250x483hr	418,000	
2 Staff Employment Fee	12,000			12,000	
3 Transportation-Gasoline - Bus rental	95,000		(5000x10months)+(9000x5days)	95,000	
4 Expendable Supplies & Materials	575,000			575,000	
5 Meeting Expenses	60,000			60,000	
6 G.I. and Certificate printing	60,000			60,000	
7 Textbook & Journal	420,000			420,000	
8 Expenses for study tour for coordinators	45,000			45,000	
9 Miscellaneous	10,000			10,000	
Sub-total II	1,548,000	147,000		1,695,000	
<b>TOTAL</b>	<b>4,040,400</b>	<b>1,124,760</b>		<b>5,165,160</b>	

78.22

21.78

100.00

**Annex 7: Project Design Matrix for Evaluation (PDMe)**

This PDMe is formulated based on the contents of the R/D and Minutes of 22nd Oct., 1998.

Project Name: Third Country Training Program on Diploma Course in Dermatology in the Kingdom of Thailand  
Target Area: 16 selected Asian countries

Duration : 1st April, 1999 to 31st March 2003  
Target Group : The Institute of Dermatology and Dermatologists in 16 countries

Ver. No. PDMe (25 May, 2003)

NARRATIVE SUMMARY		OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<p><b>OVERALL GOAL</b> ← These Overall Goals are formulated based on the Objectives of the Course stipulated in the R/D of 22nd Oct., 1998.</p> <ul style="list-style-type: none"> <li>- Participants continue the study of dermatology on their own in their respective countries after completion of the Course.</li> <li>- Participants retain good relationship among doctors from invited countries.</li> </ul>		<ul style="list-style-type: none"> <li>- Percentage of Course participants who continued their study</li> <li>- Percentage of ex-participants who retained good relationship among doctors from invited countries.</li> <li>- Percentage of ex-participants who are the members of the International Alumni Association.</li> <li>- Number of countries which have Alumni Association, or organize some activities among ex-participants of the Course.</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluation Study</li> <li>- ditto -</li> <li>- Reports from the Institute</li> <li>- Evaluation Study</li> </ul>	
<p><b>PROJECT PURPOSE</b> ← This Project Purpose is drawn from the purpose of the Course stipulated in the R/D of 22nd Oct., 1998.</p> <ul style="list-style-type: none"> <li>Opportunity to upgrade techniques and knowledge in the field of dermatology is provided</li> </ul>		<ul style="list-style-type: none"> <li>- A 10-month course is annually provided for selected applicants from 16 countries</li> </ul>	<ul style="list-style-type: none"> <li>- Reports from the Institute</li> </ul>	<ul style="list-style-type: none"> <li>- Financial conditions of DTEC does not significantly deteriorate.</li> </ul>
<p><b>OUTPUTS</b> ← These Outputs are formulated based on the Objectives of the Course stipulated in the R/D and the Minutes of Discussion of 22nd Oct., 1998.</p> <ol style="list-style-type: none"> <li>1 Participants are familiarised with common skin diseases and how to explore the problems, diagnostic approaches and management</li> <li>2 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.</li> </ol>		<ol style="list-style-type: none"> <li>1-1 Percentage of Course participants granted with the Diploma in dermatology</li> <li>1-2 All the Course participants score average 60% or above in the tests during the Course</li> <li>1-3 Percentage of Course participants who acknowledge contribution of the Course to their upskilling.</li> <li>1-4 Percentage of managers of the ex-participants of the Course who acknowledge contribution of the Course to their upskilling.</li> <li>2-1 Percentage of students satisfied with the content of the Course.</li> <li>2-2 Percentage of participants in the Long-term Study Program and in the C/P training program who perform as lecturers in the Course increases annually</li> <li>2-3 Number of ex-participants of the Course invited to perform as lectures in the Course increases</li> <li>2-4 Number of lecturers from relevant Thai institutions participated in the Course</li> <li>2-5 Number of Japanese lecturers per course gradually decreases</li> <li>2-6 Percentage of costs (excluding costs for Japanese experts and for students enrolled in the Long-term Study Program) expended by Japanese ODA sources decreases to 50%.</li> </ol>	<ul style="list-style-type: none"> <li>- Reports from the Institute</li> <li>- ditto -</li> <li>- Evaluation Study</li> <li>- ditto -</li> <li>- Reports from the Institute/ Evaluation Study</li> <li>- ditto -</li> <li>- ditto -</li> <li>- ditto -</li> <li>- ditto -</li> <li>- Reports from JICA Hqrs.</li> </ul>	
<p><b>ACTIVITIES</b> ← Driven from the R/D and the Minutes.</p> <ol style="list-style-type: none"> <li>1-1 Institute of Dermatology to formulate the curriculum.</li> <li>1-2 The institute to select participants for the Course.</li> <li>1-3 The Institute to arrange domestic study tour(s) as a part of the Course, if necessary.</li> <li>2-1 Train prospective Thai lecturers in the field of dermatology in Japan.</li> <li>2-2 The institute to invite ex-participants of the Course as lecturers.</li> <li>O-1 The institute to make a list of ex-participants.</li> <li>O-2 The institute to issue newsletters.</li> <li>O-3 The institute to conduct conferences in Thailand.</li> <li>O-4 The institute to encourage ex-participants to organize alumni associations.</li> </ol>		<p><b>INPUTS</b></p> <p>Japanese Side</p> <ol style="list-style-type: none"> <li>1 Dispatch of Short-Term Experts.</li> <li>2 Long-term training in Japan</li> <li>3 Cost Sharing for Local Expenses</li> </ol> <p>Thai Side</p> <ol style="list-style-type: none"> <li>1 Provision of counterparts                             <ul style="list-style-type: none"> <li>- administrative staff</li> <li>- course instructors/lecturers</li> </ul> </li> <li>2 Provision of training facilities</li> <li>3 Provision of equipment</li> <li>4 Running expenses</li> </ol>	<ul style="list-style-type: none"> <li>- Staff turnover in the Institute of Dermatology has not significantly worsened.</li> </ul>	<p>PRECONDITIONS</p>

Annex 8: Evaluation Grid

1. RELEVANCE

Evaluation Questions	Results	Data Sources/ References
1.0 Relevance of project design	1.0.1 Appropriateness of the TCTP scheme to the intended objectives of the Project	
	<ul style="list-style-type: none"> <li>+ Conducting this Training Course in Thailand is found to be appropriate, as the medical technological levels offered in Thailand are modestly higher than those of surrounding countries, and yet not too advanced. In addition, dermatological cases found in Thailand are similar to those of participating countries, providing a hands-on learning environment for the participants. Logistical convenience factors, such as transportation and the reasonable price level also provide comparative advantages for the Course to be located in Thailand.</li> </ul>	Ex-participants, Managers of Ex-participants (Interview and Questionnaire)
	1.0.2 Appropriateness of Objectives in R/D and M/M	
	<ul style="list-style-type: none"> <li>- Objectives stipulated in R/D and M/M were rather objectives of the Diploma Course itself than objectives of a Project/Program. For example, benefits to be brought about as a result of implementing the Course did not go beyond the Course Participants and the Institute of Dermatology, nor did they address substantial results of practical application of learned skills by ex-participants.</li> </ul>	R/D and M/M (October 1998)
	1.0.3 Coherence of Objectives stipulated in the R/D and M/M with the stakeholders' views on Project's Objectives	
	<ul style="list-style-type: none"> <li>- It was revealed that stakeholders of the Project/Programme did have their own and/or shared opinions on what should come out as a result of the Course implementation, some of which were not included in the R/D or M/M. Japanese lecturers expected this Course to produce leading scientists in the field of dermatology. DTEC expected to have a certain positive impacts on invited countries. The Institute of Dermatology expected the followings: 1) to encourage education for dermatologists to improve their knowledge and skills in diagnosis and management of the skin diseases as well as in knowledge in basic science, laboratory investigation, and research methodology; 2) to promote the Institute of Dermatology in Thailand, as centre of dermatological training in Southeast Asia; 3) to give participants chances to pursue for higher degrees in education; 4) to promote leadership among regional dermatologists; and 5) to improve the standard of dermatological health care in Southeast Asia and Pacific region.</li> </ul>	Institute of Dermatology, DTEC, Thai Experts (Interview) Japanese Experts (Questionnaire) Video Clip provided by the Institute
	1.0.4 Process of designing the Project	
	<ul style="list-style-type: none"> <li>± At the time of planning of the Project twenty years ago, as well as on the occasion of the review five years ago, the Project Cycle Management Method was not applied to designing of the Project/Program, simply because it did not exist or was not a requirement. Thus, problems/objectives analysis were not conducted as in the Method nor was the PDM prepared for ex-ante evaluation.</li> </ul>	JICA Hqrs. (Interview)
	<ul style="list-style-type: none"> <li>- This seems to have contributed to the situation where different stakeholders of the Project/Program (Course staff, Thai lecturers, Japanese lecturers, DTEC) did not share the Project's exact vision.</li> </ul>	The Institute, Japanese lecturers, DTEC, Thai lecturers (Interview and Questionnaire)
	1.0.5 Process of managing the Project/Program	
	<ul style="list-style-type: none"> <li>± The Medical and Academic Committee of the Institute routinely reviews and monitors the content of the Course/Program based on feedbacks obtained from the past and present participants in order to improve the contents.</li> </ul>	The Institute (Interview and Questionnaire)
	<ul style="list-style-type: none"> <li>- There seems not to be a good definition of responsibilities among concerned stakeholders to oversee the progress of the Program/Project in accordance with the</li> </ul>	DTEC, JICA Thailand Office, the Institute

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
1.1 Relevance of the Project to the needs of recipient countries	<p>1.1.1 Adequacy of target countries</p> <p>i) Selection process/criteria of Thailand</p> <ul style="list-style-type: none"> <li>+ This cooperation derived, 20 years ago, from friendship between a Japanese professor and a Thai professor. However the way it started, Thailand is still an adequate project site for the reasons mentioned in 1.0.1.</li> </ul> <p>ii) Selection of beneficiary countries</p> <ul style="list-style-type: none"> <li>- It turned out that different environments and conditions of each country either promote and/or inhibit effects of the Program/Project, as well as determining relevance of the Program/Project to be offered in certain countries. Nevertheless, official review of target countries was conducted throughout the Program/Project period, in view of these country-specific conditions, and/or changes thereof.</li> </ul>	<p>Japanese Experts and the Institute (Interview)</p> <p>DTEC, The Institute, Ex-participants and Managers (Interview and Questionnaire)</p>
	<p>1.1.2 Adequacy of target groups (participants of the Course)</p> <p>i) Selection process/criteria of Course Participants</p> <ul style="list-style-type: none"> <li>± In some countries such as Laos and Vietnam, selection was carried out by an officially-appointed national institute specialized in the field, in which participants are appointed by the institutions that they belong. Other countries such as Bangladesh and Thailand, recruitment is publicly open to those who wish to apply, followed by the official body, the Ministry of Health or the Institute (in the case of Thailand), to conduct selection. Those participants who received official appointment/selection by their organization or government seem to enjoy better encouragement from the management to apply and transfer their skills, than self-selected participants.</li> </ul> <p>ii) Selection process/criteria of Long-term Study Program in Japan</p> <ul style="list-style-type: none"> <li>- The Institute of Dermatology was not involved in the selection process of candidates for the Long-term Study Program in Japan, as it was considered for the ex-participants and not for the Institute staff.</li> </ul>	<p>Foreign Ministries, Ministry of Health, Managers and Ex-participants (Interview)</p> <p>The Institute (Interview)</p>
	<p>1.1.3 Consistency with the development priorities/challenges of recipient countries</p> <ul style="list-style-type: none"> <li>+ Demands for specialist services in dermatology exist in Bangladesh, Laos and Thailand, with the rise of AIDS epidemic allowing increase in skin-related opportunistic infections (mostly in Thailand), and with persisting high numbers of complicated cases due to misdiagnosis and treatment by poorly-trained general practitioners. The Program/Course has played a significant role in developing human resources in the field of clinical dermatology for many years.</li> <li>- In Bangladesh and Laos, concerned government ministries as well as the WHO did not perceive the provision of specialist training in the dermatology field as their priority in health-sector human development. Other certain fields such as obstetrics-gynecology, pediatrics, surgery, ENT and ophthalmology have more priority.</li> <li>- In Bangladesh, where it reached the stage of strengthening their own structure of nurturing dermatology specialists, sending entry-level doctors to a diploma course abroad is rather seen as an obsolete strategy and thus of low relevance as an officially-funded Program.</li> <li>+ In Laos, the government still resorts to sending doctors abroad for training, as there are not similar opportunities available in the country.</li> </ul>	<p>Ex-participants and Managers (Interview)</p> <p>Ministry of Health in Bangladesh and Laos (Interview)</p> <p>WHO Bangladesh (Interview)</p> <p>WHO Laos and the National Institute of Dermatology Laos (Interview)</p>
	1.1.4 Adequacy of technical level of the Course	

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
	<ul style="list-style-type: none"> <li>± Technical level/content of Thai Diploma Course is considered practical and adequate by many participants, but slightly more than 30% replied Rather High or Too High, possibly reflecting technological level of each country. For those 30+% of the ex-participants, lack of adequate laboratory support, equipment support and unavailability of some medicines in their country seem to be the major inhibiting factors to apply their newly-acquired skills.</li> <li>+ Thai lecturers' wealth of practical experiences in various cases with use of sophisticated equipments are valued by the ex-participants. Clinical skills and profound knowledge in each sub-specialty are very useful for both an entry-level specialists and experienced specialists.</li> <li>+ Japanese experts' profound yet easily-explained coverage in basic science are very much appreciated, and seen as value-added portion of the Course. Exposure to experienced international lecturers (Thailand, Japan, Singapore, Germany and the United States) are also seen as comparative advantage, let alone being able to learn from "world-renowned" professors from Thailand and Japan.</li> </ul>	<p>Ex-participants (Interview and Questionnaire)</p> <p>Ex-participants (Interview and Questionnaire)</p> <p>Ex-participants, Managers (Interview and Questionnaire)</p>
<p>1.2 Relevance of the project as a Japanese development assistance</p>	<p>1.2.1 Consistency of the Project with Japan's country-specific strategies</p> <ul style="list-style-type: none"> <li>- Neither in Bangladesh nor Laos was a priority in human resource development in dermatology in Japan's country-specific assistance strategy. Lack of coherence with JICA's country assistance strategies denies "programmability," or collaboration of the potential follow-up activities involving the ex-participants with other JICA-supported projects in each country.</li> </ul> <p>1.2.2 Likelihood of fair dissemination distribution of benefits (techniques/knowledge)</p> <ul style="list-style-type: none"> <li>+ As doctors rarely change their profession, the likelihood of benefits to be brought to patients are very high.</li> </ul> <p>1.2.3 Japan &amp; Thailand's comparative advantages regarding the technology transferred through the Project</p> <ul style="list-style-type: none"> <li>+ As explained in 1.1.4, Japanese and Thai lecturers hold comparative advantages regarding the technology transferred through the Project.</li> </ul>	<p>JICA Bangladesh and Laos Office (Interview)</p> <p>Ex-participants and Managers (Interview and Questionnaire)</p> <p>Ex-participants and Managers (Interview and Questionnaire)</p>

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
<b>2. EFFECTIVENESS</b>		
Evaluation Questions	Results	Data Sources/ References
2.1 Achievement of Outputs	2.1.1 Achievement of each Output	
	OPT1 Participants are familiarized with common skin diseases and how to explore the problems, diagnostic approaches and management.	
	+ Output 1) is mostly achieved, with almost all the participants averaged more than 60% in the score, and was granted with diploma. 90% and 94% of the ex-participants and their managers, respectively, acknowledged that their skills were upgraded. In their practical clinical application, they can diagnose and treat more accurately and confidently.	Ex-participants (Interview) (questionnaire) Managers of ex-participants (interview)
	OPT2 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.	
	- The achievement of Output 2) was rather limited, as the Institute is still depending on the same number of Japanese experts. Some strategies such as sending the Institute staff for the Long-term Study Program in Japan and invitation of the Ex-participants of the Course as lecturers did not work largely due to unrealistic nature of the strategies.	The Institute (Course Reports) Ex-participants (Questionnaire)
2.2 Achievement of Project Purpose	2.2.1 Achievement of the Project Purpose	
	PP Opportunity to upgrade knowledge and techniques in the field of dermatology is provided.	
	+ Project Purpose is achieved, with the 10-month Course provided annually to 15 out of 17 selected countries between 1999/2000 and 2002/3, and the 20th Course (2003/4) is currently underway. During the review period (1999/2000 to 2002/2003), however, NO participants were observed from 2 out of 17 selected countries, namely, India and Papua New Guinea. A total of 78 doctors from 15 countries, including Thailand, made use of this opportunity, and 23 more doctors are currently participating from 9 out of 17 selected countries in the Course.	The Institute (Statistical Report)
2.3 Contribution of the Project to the achievement of the Project Purpose	2.3.1 Contribution of Outputs to the achievement of Project Purpose	
	i) Contribution of upgraded knowledge and techniques of participants (Output 1)	
	± This has some contribution to the Project Purpose in that ex-participants played a role to disseminate both intendedly and unintendedly the information on the Course, which motivated other doctors to participate in the Course.	Ex-participants, Managers (questionnaire) (interview)
	ii) Contribution of improved management capacity of the Institute of Dermatology (Output 2)	
	± The achievement of Output 2) was limited mostly in inputs not efficiently converted into outputs. However, such low achievement was made up for by inviting the same number of Japanese experts, and JICA affording more costs than half of the budget. With that covered, Output 2 has contributed to the achievement of the Project Purpose.	Thai lecturers (Interview) The Institute (Interview)
2.4 Presence of factors that inhibited Outputs to lead to the Project Purpose.	2.4.1 Fulfillment of important assumptions and emergence of other inhibiting factors	
	i) Trend of counterpart turnover rate	
	- Turnover rate for the Institute staff who are trained by the Japanese assistance is rather high. 68% of those who were trained through the C/P training in the past (1960 to 1985) left the Institute, and only half serves as lecturer during the review period.	The Institute (Course Report and Interview)
	ii) Emergence of other inhibiting factors	
	- English language, both on lecturers' and participants' sides, were cited as limiting factors for effective learning. Some Japanese lecturers view it as an inhibiting factor that the Institute's research support environment does not allow staff members to do research in basic science and medicine, as opposed to practical clinical research.	Ex-participants Thai lecturers Japanese lecturers (Questionnaire)

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/References
<b>3. EFFICIENCY</b>		
Evaluation Questions	Results	Data Sources/References
3.1 Appropriateness of the Japanese Inputs	3.1.1 Quality and quantity of Japanese Short-term Experts <ul style="list-style-type: none"> <li>+ The number of Japanese lecturers remained 10 per year and did not decrease as planned, due to unavailability of Thai lecturers to provide the same contents in basic science without compromising quality. This is due to a clear demarcation of roles between Thai lecturers and Japanese lecturers, with the former providing practical clinical aspects and the latter providing basic scientific knowledge relating to those clinical aspects. The combination produced synergic effects, as the latter promoted better understanding of the former.</li> <li>- Many participants cite comparative advantages of the Course as the grant scholarship, proximity to home, an intense exposure to clinical practices and similarity in geo-medical conditions. Ex-participants were most interested in acquiring practical skills (74%), followed by teaching skills (16%) and research skills (12%).</li> <li>+ Nevertheless, the presence of Japanese lecturers certainly add, to the eyes of ex-participants, values to this Diploma Course, as 57% of responded they would not have participated in the Course if there were no Japanese lecturers (for the managers, 94% thinks that it does not matter).</li> </ul>	<p>The Institute, Thai lecturers, Japanese lecturers, Mahidol University (Course Report, Interview, Questionnaire)</p> <p>Ex-participants (Questionnaire and Interview)</p> <p>Ex-participants (Questionnaire and interview)</p>
	3.1.2 Quality and quantity of Long-term Study Program <ul style="list-style-type: none"> <li>- Intention to link the Long-term Study Program in Japan, which intended to enhance the Institute's technical capacity was found weak. The number of trainees and contents of the counterpart training (the Long-term Study Program) in Japan were seen as not so adequate by Thai lecturers. In addition, past C/P training participants were not utilized to a full extent due to their leaving from the Institute for another. The Institute was not involved with the selection of candidates for the Long-term Study Program in Japan.</li> </ul>	The Institute, Thai and Japanese lecturers (Course Report, Interview and Questionnaire)
	3.1.3 Timeliness of Japanese Inputs <ul style="list-style-type: none"> <li>+ Japanese Inputs were considered to be appropriate in terms of its timeliness.</li> </ul>	The Institute, Thai and Japanese lecturers
	3.1.4 Quality and quantity of equipment <ul style="list-style-type: none"> <li>- No equipment was provided through direct purchase from Japan during this review period (1999/2000 to 2003/4). However, purchase of nine (9) pieces of medical equipment was made from the local costs (under the item: expendable supplies) which amounted to 2,469,141Bhat (=7,086,435 JPY; 27% of Total Local Cost).</li> </ul>	DTEC, the Institute and JICA Hqrs. (Documentation)
	3.2 Appropriateness of the Thai Inputs	3.2.1 Quality of Thai lecturers, equipments/facilities and staff <ul style="list-style-type: none"> <li>+ Provision of training facilities, equipment and staff by the Institute were considered appropriate in quantity, quality and timeliness of provision by the Institute staff, JICA, Thai and Japanese lecturers, as well as by participants from Bangladesh, Laos and Thailand. However, many equipment which they became familiar with during the Course is not available in the ex-participants workplace and thus applying a certain diagnostic and treatment skills could not be utilized.</li> </ul>
	3.2.2 Timeliness of Thai Inputs <ul style="list-style-type: none"> <li>+ Timeliness of Thai Inputs are seen as adequate.</li> </ul>	The Institute, Thai and Japanese lecturers
3.3 Utilization of Inputs	3.3.1 Use of Inputs <ul style="list-style-type: none"> <li>± Most of the Inputs were used to achieve the Outputs, while some Inputs were not converted to the Outputs, such as the Long-term Study Program.</li> </ul>	The Institute (Interview)



Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/References
3.4 Influence of the inhibiting/promoting factors	3.4.1 Inhibiting factors - The fact that some Inputs were not used for the planned Purpose can be attributed to the lack of consensus among stakeholders on propositions stated in the R/D and M/M of October 1998. First of all, the plan was either unrealistic or inadequate, and secondly, definition of responsibility to monitor the objectives set in the R/D and M/M had been weak.	The Institute, DTEC, JICA Thailand Office (Interview and Questionnaire)
	3.4.2 Promoting factors + It is often cited that enthusiasm of Thai and Japanese lecturers and participants is the major promoting factors for the better learning. Wealth of the Institute's resources to provide practical learning environment can also be attributed to the better learning environment. Some ex-participants, especially those with poor English capacity, raised the use of visual presentations in lecturers as extremely helpful for their learning.	The Institute, Japanese experts, Ex-participants (Interview and Questionnaire)

4. IMPACT

Evaluation Questions	Results	Data Sources/References
4.1 Impact of the Project Purpose on the Overall Goal	4.1.1 Achievement of the Overall Goals OG1 Participants retain good relationship among doctors from invited countries.	
	± Mixed results are obtained in likely attainment of the good relationship among participants/lecturers. Generally, relationship between the ex-participants and the lecturers was meager. For those ex-participants in the same organization or in the same city, they retained good working relationship among ex-participants of the Course. Bangladeshi ex-participants are also planning to have an alumni association soon. For those who have been assigned to remote areas [e.g. district hospital], ex-participants could not exchange experiences and cases amongst members effectively.	Ex-participants, Managers, Japanese experts (Questionnaire, Interview)
	OG2 Participants continue the study of dermatology on their own in their respective countries after completion of the Course.	
	+ Enough impact is observed in this regard in all participating countries. All the ex-participants replied that they continued their study, which was verified by some managers, and almost all of them feel necessity for further study.	Ex-participants, Managers (Questionnaire, Interview)
	4.1.2 Contribution of the Project Purpose to Overall Goals + Project Purpose has contributed to the attainment of the Overall Goals: if it were not the course, ex-participants may have not been actively exchanging information among themselves on cases, nor have they not been so empowered to study more.	Ex-participants (Interview) Manager of ex-P (Interview) Observation
	4.1.2 Other factors contributed to a positive result of the Overall Goal ± Not much other factors could be found, except ex-participants' natural strong interests/enthusiasm in deepening their knowledge in sub-specialty.	Observation
	4.1.3 Intended Overall Goals which were never stipulated in R/D - Different expectations to the outcomes and/or effects of the Program were observed, mostly between Japanese experts and Thai lecturers. Thai lecturers see the Course as an entry-level diploma course that shall produce doctors with the aptitude level between general practitioners and specialists in dermatology. On the other hand, most of the Japanese experts view the Course as a nurturing ground for future leaders of Asian scientists in dermatology-related field, and thus expect the Course to maintain highly scientific contents taught by quality scientists with rich research background.	Thai and Japanese lecturers, the Institute (Questionnaire, Interview)

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
4.2 Emergence of unintended positive impacts	<p>4.2.1 Any positive impact on policies, laws/ordinance, and institutions?</p> <ul style="list-style-type: none"> <li>+ The National Center for Dermatology in Laos organizes two-to-four-week course annually in dermatological diseases for provincial doctors and nurses, and make use of the ex-participants of the Thai Diploma Course (including ones from 11th to 15th Course) to perform as lecturers/teachers.</li> </ul>	Ex-participants and Managers (Interview)
	<p>4.2.2 Any positive impact on technological advancement?</p> <ul style="list-style-type: none"> <li>+ Some hospitals introduced simple surgical equipment (such as electric cautery) as they considered their staff is now capable of making them into effective use, while others established a skin clinic in dermatology within the hospitals/health centers, following the receipt of their staff returned with the Diploma.</li> </ul>	Ex-participants (Interview) Manager of ex-P (Interview) Observation
	<p>4.4.4 Eagerness to learn more</p> <ul style="list-style-type: none"> <li>+ Participation in the Course seems to have given intellectual stimulation to some participants. Many ex-participants showed their eagerness to study and upgrade their skill levels more. For instance, those who attended the Course in the past (1960 to 1998) pursued research/teaching activities, which resulting in publication of articles in academic journals and/or obtaining professorship in the academic institutions.</li> </ul>	Ex-participants and Managers (Interview, Questionnaire)
4.3 Emergence of unintended negative impacts	<p>4.3.1 Any negative impact on policies, laws/ordinance, and institutions?</p> <ul style="list-style-type: none"> <li>- Not-so-subtle rivalry seems to exist between national diploma holders and Thai (and any foreign) diploma holders, affecting their participation in Dermatological Society of Bangladesh.</li> </ul>	Manager of ex-P (interview) Professor of University (interview)
	<p>4.3.2 Any negative impact on technological advancement?</p> <ul style="list-style-type: none"> <li>± No negative impact was observed on technological advancement due to the Program/Project implementation.</li> </ul>	The Institute, Thai and Japanese lecturers, Ex-participants, Managers (Questionnaire and Interview)
4.4 Influence of the inhibiting/promoting factors	<p>4.4.1 Institutional support for the returned ex-participants</p> <ul style="list-style-type: none"> <li>- An optimal enabling environment seems to hold a key for the ex-participants to bring benefits to their patients and their fellow doctors, laboratory technician and nurses, including managers' encouragement, physical supports such as medical/laboratory equipment, medicine and training resources.</li> </ul>	Ex-participants, Managers (Questionnaire and Interview)
	<p>4.4.2 Non-accreditation and partial recognition by authorities</p> <ul style="list-style-type: none"> <li>± In Bangladesh, automatic accreditation has not been given to the Thai Diploma holders since 1995, as opposed to the recognition given to those with Bangladesh, UK and Indian Diplomas. Short duration (10 month instead of 1 full academic year), absence of competitive examination for entry, as well as absence of academic assessment administered by higher educational institution at the completion of the Course, seem to be contributing factors for the lack of recognition by the national authority and Dermatological Society of Bangladesh. This inhibited participants from being assigned to dermatology-related posts, appointment as consultant/senior consultant, proceed to higher degrees or register in the Dermatology Society of Bangladesh. The same conditions were observed through questionnaires in many countries.</li> </ul>	Professor of Medical College in Bangladesh (interview) Manager of ex-participants (interview) Ex-participants (Questionnaire)
	<p>4.4.2 Limited resources to support further learning and improvement of skills</p> <ul style="list-style-type: none"> <li>- Having too few staff to release, and the lack of resources for further training seems to be a major limiting factor for many ex-participants to pursue their studies and re-training opportunities. This was especially true in those assigned in rural areas. In addition, for some countries such as Laos, self-learning environment is even meager: they lack in textbooks and has no library.</li> </ul>	Ex-participants and Managers (Questionnaire)

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
<b>5. SUSTAINABILITY</b>		
Evaluation Questions	Results	Data Sources/ References
5.1 Organizational sustainability	<p>5.1.1 Mandate to train dermatologists from surrounding countries by the Ministry</p> <p>± It is considered that the present mandate to train enough quality dermatologists in Thailand will continue to be given by the Ministry of Public Health to the Institute. However, whether the mandate extended to wider Asia and Pacific regions will be financially supported by the authority is not certain.</p> <p>5.1.2 Administrative and operational system of providing diploma courses at the Institute</p> <p>+ The Institute has long been established through 19 years of experiences, sufficient management/operational capacity of the Institute to conduct the Program/Course .</p> <p>5.1.3 Sufficient support from other concerned organizations for the Institute to continue the 10-month Diploma Course</p> <p>± This was considered rather weak by the Thai and Japanese lecturers, insisting further external support should be crucial for the Institute to be self-reliant. Enough technical collaboration, nevertheless, is secured from other Thai academic and clinical institutes in terms of lecturers and training sites.</p>	<p>Ministry of Public Health (Interview) The Institute and Thai lecturers (Questionnaire)</p> <p>The Institute, Thai and Japanese lecturers, Ex-participants (Questionnaire and Course Report)</p> <p>The Institute, Thai and Japanese lecturers (Questionnaire) (Course Report)</p>
5.2 Financial viability	<p>5.2.1 Likelihood for the DTEC and the government of Thailand to continue financial support to the Institute for the Diploma Course</p> <p>± DTEC would like the Institute to be financially self-reliant in operations of the Diploma Course, but would continue supports for a few years while the Institute is working to establish financial sustainability.</p> <p>5.2.2 Likelihood of facilities and equipment to be well maintained and renewed/replenished</p> <p>- It is likely that the Institute will maintain, renew and replenish needed equipment to serve its trainees and clients even without external support. However, some most advanced equipment especially for advanced scientific research, which exceeds their capacity, and may not be properly maintained nor renewed.</p> <p>5.2.3 Likelihood of securing tuition from participants</p> <p>+ There is a potential for cost-recovery from participants, seeing that 28 out of 103 (13 Thai and 15 non-Thai) ex-participants bearing the entire expenses during the review period (1999 to 2003). At the same time, 60% of the ex-participants and 47% of the Managers are willing to pay part of the fee. The extent of this "willingness to pay," naturally vary among countries: Majority of the ex-participants feel that the Government resources cannot be utilized and thus expressed the extent they can afford from their private resources. Those in the government sector or in rural areas would probably the least likely to finance on their own, as opposed to those living in the city and have better opportunities to earn enough income from private practices.</p>	<p>DTEC (Interview)</p> <p>The Institute, Thai and Japanese lecturers (Questionnaire) (Interview)</p> <p>Ex-participants (interview, Questionnaire) Manager of ex-P (interview, Questionnaire)</p>
5.3 Technical sustainability	<p>5.3.1 Institute's ability to secure adequate lecturers (number/quantity) from the next Course?</p> <p>± Neither LTSP nor invitation of the ex-participants resulted in securing enough lecturers to replace Japanese lecturers. This is due to unrealistic and inadequate strategy set in the R/D and M/M in October 1998. Nevertheless, the Institute has established a good collaboration with other Thai academic and clinical institutions to serve better for the needs of the participants of the Diploma Course.</p>	<p>The Institute (Interview and Questionnaire) (Course Reports)</p>

Annex 8: Evaluation Grid

Evaluation Questions	Results	Data Sources/ References
	<p>5.3.2 Collaboration with participants in the Long-term Study Program in Japan</p> <ul style="list-style-type: none"> <li>- As pointed out in 3.3.1, the Institute was not involved in the selection of candidates for the Long-term Study Program in Japan, and those who participated in the Program was not invited to provide lectures in the Course. However, there is a hope that the Institute is going to invite them to lecture in the Course in the future.</li> </ul>	<p>The Institute (Interview and Questionnaire) (Course Reports)</p>
	<p>5.3.3 Modules of the curriculum required to rely on external resources</p> <ul style="list-style-type: none"> <li>- Modules in basic science/medicine have been fully borne by the Japanese experts for the past 20 years, while practical clinical modules have been allocated to Thai lecturers from the Institute as well as from other academic/clinical institutions in Thailand. The team observed wider consensus through interviews from professors in Mahidol University, Thai lecturers, the management of the Institute and the Japanese experts that basic science/medicine modules are best taught by the Japanese experts with rich research experiences in basic science. Not much research activities in basic science/medicine relating to dermatology have been conducted in any Thai institutions, as opposed to clinical practical research activities. However, the Institute staff is in the opinion that their staff, if trained for several months in Japan on basic scientific research, would be able to teach modules in basic science/medicine with the standard appropriate for diploma level.</li> </ul>	<p>Mahidol University, the Institute, Thai lecturers, Japanese lecturers (Interview and Questionnaire)</p>

**RESULT of QUESTIONNAIRE for the (EX)-PARTICIPANTS of the DIPLOMA COURSE in DERMATOLOGY  
INSTITUTE OF DERMATOLOGY/JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

Total number surveyed:  Number of respondents:  Still working in the dermatology field:   
Still working in the same Institution:

## Institution type (now):

Research Institutes	Public Offices	Schools/Universities	Hospitals/Clinics	Others
14 (29.8 %)	2 (4.3 %)	9 (19.1 %)	41 (87.2 %)	0 (.0 %)

## Profession type (now):

Researcher	Administrator	Lecturer	Clinician/Doctor	Tech. Adviser
1 (2.1 %)	1 (2.1 %)	6 (12.8 %)	43 (91.5 %)	1 (2.1 %)

Those who changed institution type: Those who changed profession type: 

## Training course their staff attended:

16th (1999/2000)	17th (2000/01)	18th (2001/02)	19th (2002/03)	20th (2003/04)
11 (23.4 %)	10 (21.3 %)	12 (25.5 %)	13 (27.7 %)	0 (.0 %)

Age (mean):  Age (range):  Sex:

### 0 Participants' Expectation

#	Focus	Grades				Comments
0	0.1 Before applying for the Course, WHAT was your major MOTIVATION to do so? (Circle all that apply.)	Told by your supervisor	To open your own clinic	To obtain the Diploma	To upgrade your skills / knowledge	Other
		1	2	15	44	1
	0.2 Before applying for the Course, WHICH SKILLS / KNOWLEDGE were you most INTERESTED in? (Circle all that apply.)	Practical clinical skills	Research skills	Knowledge for teaching	Other	
		35	12	16		
	0.3 WHY did you SELECT this particular Course in Thailand? Please list all reasons (cost, better opportunities, proximity to home, contents, etc.)					

74%

26%

36%

### 1 Satisfaction level of the Course

1	1.1 How do you rate your SATISFACTION with the Diploma Course at the Institute of Dermatology, Thailand in 100% scale?	(range)	70~100 %	(mean)	88%	
	1.2 Are the contents (techniques / knowledge) acquired in the Diploma Course USEFUL? (circle one)	NOT USEFUL	MOST of the content was NOT USEFUL	SOME of the content was USEFUL	MOST of the content was USEFUL	
		0	0	3	44	
	1.3 Considering PRACTIAL APPLICATION of the techniques in your country, are the TECHNICAL LEVEL of the Diploma Course too SPECIALISED (HIGH)? (circle one)	TOO specialised (high)	RATHER specialised (high)	NOT TOO specialised (high)	ADEQUATE	
		3	13	5	26	
	1.4 Does your government/relevant authorities give ACCREDITATION to the DIPLOMA awarded by the Institute?	YES	NO	If NO, please mention other merits, if any, of having this Diploma from the Institute:		
		26	21	55%	45%	
	1.5 Was the 10-month Training Programme WELL ORGANISED as a whole?	Poor	Acceptable	Good	Very good	
		0	4	24	19	

Annex 9: Results of Questionnaire Survey (Ex-Participants)

#	Focus					Grades	Comments
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**2 Course lecturers (Thai & Japanese)**

	2.1 Were the JAPANESE lecturers KNOWLEDGABLE about the subject? (circle one)		NOT SO knowledgable	MORE or LESS knowledg-able	Knowledg-able	VERY knowledgable	
			0	0	9	37	
	2.2 Were the THAI lecturers KNOWLEDGABLE about the subject? (circle one)		NOT SO knowledgable	MORE or LESS knowledg-able	Knowledg-able	VERY knowledgable	
			0	2	15	30	
	2.3 Were the JAPANESE lecturers HELPFUL to support the learning of the Course participants? (circle one)		NOT SO helpful	MORE or LESS helpful	Helpful	VERY helpful	
			0	1	14	32	
	2.4 Were the THAI lecturers HELPFUL to support the learning of the Course participants? (circle one)		NOT SO helpful	MORE or LESS helpful	Helpful	VERY helpful	
			0	3	20	24	
2	2.5 How would you rate JAPANESE lecturers in overall PERFORMANCE? (circle one)		Poor	Acceptable	Good	Very good	
			0	1	13	33	
	2.6 How would you rate THAI lecturers in overall PERFORMANCE? (circle one)		Poor	Acceptable	Good	Very good	
			0	2	21	24	
	2.7 What are the STRENGTHS, if any, among Japanese lecturers?		Please comment freely:				
	2.8 What are POINTS, if any, that Japanese lecturers can IMPROVE?		Please comment freely:				
	2.9 What are the STRENGTHS, if any, among Thai lecturers?		Please comment freely:				
	2.10 What are POINTS, if any, that Thai lecturers can IMPROVE?		Please comment freely:				

**3 Laboratory/medical equipment used in the Course**

	3.1 Did you acquire ENOUGH knowledge / techniques on the use of laboratory / medical equipment? (circle one)		NOT AT ALL	NOT VERY enough	FAIRLY enough	ENOUGH	
			0	9	20	18	
3	3.2 Were laboratory / medical equipment used in the Course ADEQUATE in QUALITY for your practical learning and application at home? (circle one)		NOT AT ALL	NOT VERY adequate	FAIRLY adequate	Adequate	
			0	8	12	27	
	3.3 Were laboratory / medical equipment used in the Course ADEQUATE in QUANTITY for your practical learning? (circle one)		NOT AT ALL	NOT VERY adequate	FAIRLY adequate	VERY adequate	
			0	3	29	15	

Annex 9: Results of Questionnaire Survey (Ex-Participants)

#	Focus					Grades	Comments
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**4 Teaching materials, teaching aides**

4	4.1 How do you rate the QUALITY of the TEXTBOOK used in the Course? (circle one)		Poor	Acceptable	Good	VERY good	
			2	8	19	18	
	4.2 How do you rate the HELPFULNESS of the HANDOUTS / VISUAL AIDES in reinforcing the contents of the textbook? (circle one)		NOT VERY helpful	MORE or LESS helpful	helpful	VERY helpful	
			0	2	21	23	
	4.3 Did you or other participants have opportunities to REFLECT your country's conditions / situations into the Course CONTENTS / TEXTBOOK? (circle one)		YES	NO			
			19	25			

**5 Learning environment**

5	5.1 Were the CLASSROOM FACILITIES ADEQUATE? (circle one)		NOT AT ALL	NOT VERY Adequate	FAIRLY Adequate	VERY Adequate	
			0	2	29	16	
	5.2 Were the ACCOMMODATION FACILITIES ADEQUATE? (circle one)		NOT AT ALL	NOT VERY Adequate	FAIRLY Adequate	VERY Adequate	
			0	8	28	10	
	5.3 Did you establish GOOD RELATIONSHIP among Course participants / lecturers during the Course? (circle one)		NOT SO good	MORE or LESS good	Good	VERY good	
			1	0	25	22	

**6 Overall evaluation**

6.0 How do you evaluate the EXTENT to which this Course has CONTRIBUTED to your UPGRADING of TECHNIQUES / KNOWLEDGE?		VERY LITTLE contribution	MORE or LESS contribution	FAIRLY GOOD contribution	VERY GOOD contribution	
		0	3	19	25	
6.1 How do you evaluate the Diploma Course as a whole, COMPARED with other courses your staff have participated (circle one)?		NOT VERY fair	MORE or LESS fair	Fairer	MUCH fairer	DON'T KNOW
		1	1	15	17	12
6.2 In your opinion, does the Diploma Course RESPOND to major CURRENT ISSUES in the field of dermatology (circle one)?		NOT AT ALL	MORE or LESS	Yes	VERY MUCH	DON'T KNOW
		0	0	0	0	0
6.3 In your opinion, is the technical LEVEL of the Diploma Course too SPECIALISED (HIGH) for PRACTICAL APPLICATION in your country? (circle one)?		TOO specialised (high)	RATHER specialised (high)	NOT TOO specialised (high)	ADEQUATE	DON'T KNOW
		0	0	0	0	0
6.4 IF you know of any similar courses from which one can OBTAIN THE SAME BENEFITS, please list them.		Please write the name(s) and location(s) of the course(s):				
		1. 2. 3.				
6.5 What do you think are the comparative ADVANTAGES of the course(s) you have mentioned in (6.4)?		Please write the name(s) and location(s) of the course(s):				
		1. 2.				

**Annex 9: Results of Questionnaire Survey (Ex-Participants)**

#	Focus	Grades				Comments
6	6.6 What do you think are the comparative ADVANTAGES of this Diploma Course compared to other similar courses offered elsewhere?	Please comment freely:				
	6.7 What do you think are the comparative DISADVANTAGES of this Diploma Course compared to other similar courses offered elsewhere?	Please comment freely:				
	6.8 If there were NO Japanese lecturers reading in the Course, would you still have participated in the Course (circle one)?	Ratio of respondents	YES	NO	If NO, please describe why:	
		89%	24	18	57%	43%
	6.9 Did you recommend the Diploma Course in Thailand to other staff in your organization (circle one)?	YES	NO	If YES, please describe why:		
		45	0			
	6.10 WHAT other courses would you rather recommend to the other staff?	Please write the name(s) and location(s) of the course(s):				
6.11 Would you have participated in the Course if the costs for the Course was to be PARTLY BORNE BY the PARTICIPANTS?	YES	NO	If NO, please describe why:			
	28	18				
6.12 In the case mentioned in 6.11 above, HOW MUCH would your organization be able to afford?	25%	50%	75%	100%	N/A	
	13	2	3	5	24	

**7 Practical applicatin of the acquired knowledge/techniques**

7	7.0 Are you still in the field of DERMATOLOGY as a DOCTOR, RESEARCHER, TEACHER, etc.?	YES	NO			
		100%	46	0		
	7.2 Do you still CONTINUE STUDYING dermatology?	YES	NO			
		92%	35	3		
	7.3 In your opinion, is CONTINUOUS STUDY in dermatology NECESSARY to PERFORM YOUR DUTIES?	NOT AT ALL	MORE or LESS	GOOD amount	VERY MUCH	
		0	3	9	33	
	7.4 Have YOU APPLIED the knowledge/techniquess acquired through the Course on the course of YOUR duty? (circle one)	YES	NO			
		100%	45	0		
7.5 HOW have you APPLIED the knowledge/techniques? (circle all that apply)	1. Transfer of the knowledge to others	2. Clinical application	3. Basis of further study	4. Basis of further research	5. Others:	
	25	40	22	14		
7.6 If you chose (1) in 7.5 above, what was the FORM/MEDIUM of transfer? (circle all that apply)	1. College/university class	2. Short-term seminars/workshops	3. On-the-Job personal contacts	4. Publications	5. Others:	
	18	18	21	4		



**Annex 9: Results of Questionnaire Survey (Ex-Participants)**

#	Focus	Grades					Comments
		1. About (20~5,000 persons)	2. About (20~300 persons)	3. About (5~1,000 persons)	4. About (10~1,000 persons)	5. About (persons)	
	7.7 If you chose (1) in 7.5 above, approximately HOW MANY PEOPLE do you estimate benefitted from their activiti(es)?						
	7.10 Please list major PROMOTING AND INHIBITING FACTORS when you try applying acquired knowledge/technique to your course of duty.		1.	2.	3.		

**8 Potential positive/negative impacts**

	8.1 Have you obtained ANY ENCOURAGEMENT/SUPPORT by the Institute of Dermatology to ORGANIZE ex-participant of the Course?	YES	NO	If YES, please describe HOW?: ( )		
		15	30			
	8.2 HOW OFTEN do you have correspondence with other ex-participants from YOUR COUNTRY?	NOT AT ALL	NOT VERY often	Often	VERY often	
		5	14	22	5	
	8.3 Please DESCRIBE ANY ACTIVITIES you have done TOGETHER with them.					
	8.4 HOW OFTEN do you have correspondence with ex-participants from OTHER COUNTRIES?	NOT AT ALL	NOT VERY often	Often	VERY often	
		15	22	8	2	
	8.5 Please DESCRIBE ANY ACTIVITIES you have done TOGETHER with them.					
8	8.6 HOW OFTEN do you have correspondence with the COURSE LECTURERS?	NOT AT ALL	NOT VERY often	Often	VERY often	
		18	24	2	2	
	8.7 Please DESCRIBE ANY ACTIVITIES you have done TOGETHER with them.					
	8.8 How do you rate the USEFULNESS of human/institutional NETWORKs you obtained through attending the Diploma Course?	NOT AT ALL	NOT VERY useful	Useful	VERY useful	
		1	7	22	9	
	8.9 Would you be willing to serve as A VISITING LECTURER of the Course in the future?	YES	NO	If YES, which area(s) of expertise can you offer the assistance?: ( )		
		30	11			
	8.10 What would be, if anything, a potential INHIBITING FACTORS for you to take part in the Course as a lecturer?	Please comment freely:				
	8.11 Please describe, if any, POSITIVE CHANGES you have experienced/observed AS A RESULT of taking this Course?	Please comment freely:				
	8.12 Please describe, if any, NEGATIVE CHANGES you experienced/observed AS A RESULT of taking this Course?	Please comment freely:				

Annex 9: Results of Questionnaire Survey (Ex-Participants)

#	Focus					Grades	Comments
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9 Suggestions

9	<b>a. Course Curriculum</b>	<p>The Course should be one full year (3), or at least two years (2).                      Dermato-surgery to be expanded (4).                      Degree (academic) is to be given (1).                      Veneriology should be included fully (1).                      Ex-participants should be made best use of in the next Course as a guide to new participants, etc. (1).                      Curriculum was adequate (1).                      More practice on minor surgery (1).                      More time with each sub-specialty (1).                      Excellent (1).                      Longer period for more details such as STDs, cosmetics, laboratory techniques, etc (2).                      Should include more advanced/applied knowledge (1).                      Period of the Course is too short (1).                      Everything was OK (3).                      Mostly very good (1).                      Sub-specialty sessions were too short (2).                      Extend the Course to dermato-pathology, laser, dermato-surgery and cosmetics areas (1).                      Should include more clinical, surgical practices, pathology and cosmetic dermatology/surgery in the Course (2).                      Extend the Course up to one year with more practical/demonstration courses (1).                      Adequate (1).                      The Course should be held for more than 10 months, extended to one full year (2).                      More topics on cosmetic surgery/therapy (3), IPD and skills in therapy about STDs (1) , and Immunology (1) should be added.                      The Course was too long (1)</p>
	<b>b. Lecturers</b>	<p>Good enough (2).                      Thai lecturers must improve English (1).                      Prof. mmamura, Prof. Ogawa, and Dr. Preya should be given more time for lecturing (2).                      Good lecturers from Thailand and Japan (2).                      More diversity in lecturers will be appreciated (1).                      Perfect (1).                      Some lecturers were too old (1).                      English level must be improved (1).                      Famous experts will be appreciated (1).                      English pronunciation is to be improved (1).                      Very good (2).                      More examples to be given to clarify lectures (2).                      Adequate (1).                      More lecturers with different topics hould be added (1)                      Distribute handsouts to participants before the day of a lecture.                      Invite more world famous dermatologists as lecturers (1)</p>
	<b>c. Others</b>	<p>Ex-participants should do more study and degree (to become a full specialist) for PhD. or MSc. (6).                      More facilities for future research should be provided (1).                      Refresher in sub-specialties for ex-participants (1).                      Very happy to have participated in the Course (1)                      The Course was good (1).                      Wonderful course (2).                      Improved a lot and can serve patients much better (3).                      Would like to pursue MSc. in dermatology (1).                      Wish some other chances to improve skills be offered in the future (1).                      More scholarship fee should be provided (1).                      Difficult point lessons (?) (1).                      Adequate (1).                      (The Course offered) Enough clinical cases and laboratory facilities (1).                      Well-organized course in terms of both contents and administration (1)</p>
	<b>Other Comments</b>	<p>Want to pursue PhD in Japan (3).                      Accreditation (1).                      JICA should continue (supporting) this Course (1).                      Would like to improve the knowledge more (2).                      More specialized contents in the Diploma Course should be included (1).                      Thank you for your communication. The Diploma Course is a nice one and the only available course for us (Burmese).                      Therefore, I wish to maintain the strengths of this Course forever (1).                      Very valuable and knowledgable course (1).                      Thai &amp; Japanese lecturers were kind and keen (1).                      JICA spent too much money on this. G.O.S.L. (Sri Lanka Government) gave duty leave to pursue the Course. Nevertheless, diploma is not accredited as future professional basis. Within 2 - 3 years, ex-participants have to give up the field and find other fields. (1)                      Well-organized Course. Facilities at the Institute were excellent. (1).                      Extend the Diploma Course to M.D. course, especially in the South East countries...it will be helpful for us to obtain better positions in our country (1).                      Useful and suitable for dermatologists in Asian countries (2).                      Should continue (1)</p>

**RESULT OF QUESTIONNAIRE TO THE MANAGERS OR EX-PARTICIPANTS OF THE DIPLOMA COURSE IN DERMATOLOGY**  
**INSTITUTE OF DERMATOLOGY/JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

**Profiles of the respondents (managers of the ex-participants)**

Total number	103	Number of respondents:	21	Knowledgeable about the Course:	59%
				Recommended the Course:	74%
Institution type:					
Research Institutes	3 (14%)	Public Offices	3 (14%)	Schools/Universities	4 (19%)
				Hospitals/Clinics	17 (81%)
				Others	0 (0%)
Profession type:					
Researcher	1 (5%)	Administrator	10 (48%)	Lecturer	3 (14%)
				Clinician/Doctor	13 (62%)
				Tech. Adviser	0 (0%)
Training course their staff attended:					
16th (1999/2000)	6 (29%)	17th (2000/01)	3 (14%)	18th (2001/02)	5 (24%)
				19th (2002/03)	8 (38%)
				20th (2003/04)	0 (0%)
Age (mean)	51 years	Age (range)	41-60 years	Sex:	M= 15 F= 6

**6 Overall evaluation**

6.0 TO WHAT EXTENT do you think that this Course has CONTRIBUTED to your staff's UPGRADING of TECHNIQUES / KNOWLEDGE?	VERY LITTLE contribution	MORE or LESS contribution	FAIRLY GOOD contribution	VERY GOOD contribution	
	0	2	8	11	0
6.1 How do you evaluate the Diploma Course as a whole, COMPARED with other courses your staff have participated (circle one)?	NOT VERY fair	MORE or LESS fair	Fairer	MUCH fairer	DON'T KNOW
	1	0	3	11	4
6.2 In your opinion, does the Diploma Course RESPOND to major CURRENT ISSUES in the field of dermatology (circle one)?	NOT AT ALL Responsive	MORE or LESS Responsive	Responsive	VERY Responsive	DON'T KNOW
	0	1	4	11	3
6.3 In your opinion, is the technical LEVEL of the Diploma Course too SPECIALISED (HIGH) for PRACTICAL APPLICATION in your country? (circle one)?	TOO specialized (high)	RATHER specialized (high)	NOT TOO specialized (high)	ADEQUATE LEVEL	DON'T KNOW
	4	3	5	4	3
6.4 IF you know of any similar courses, from which one can OBTAIN THE SAME BENEFITS, please list them.	Please write the name(s) and location(s) of the course(s):				
	1. 2. 3.				
6.5 What do you think are the comparative ADVANTAGES of the courses you mentioned in 6.4 above?	Please write the Name(s) and location(s) of the course(s):				
	1. 2. 3.				
6.6 What do you think are the comparative ADVANTAGES of this Diploma Course compared to other similar courses offered elsewhere?	Please comment freely:				
6.7 What do you think are the comparative DISADVANTAGES of this Diploma Course compared to other similar courses offered elsewhere?	Please comment freely:				

**Annex 9: Results of Questionnaor Survey (Managers of Ex-Participants)**

6.8 If there were NO Japanese lecturers reading in the Course, would you still have had your staff participate in the Course (circle one)?	Ratio of respondants	YES	NO	If NO, please describe why:		
	76%	15	1	94%	6%	
6.9 Did you recommend the Diploma Course in Thailand to your other staff members (circle one)?		YES	NO	If YES, please describe why:		
		16	2			
6.10 WHICH are other courses you rather recommend to your staff?	Please write the Name(s) and location(s) of the course(s):					
6.11 Would you have sent your staff for the Course if the costs for the Course is to be PARTLY BORNE BY the PARTICIPANT'S SIDE?		YES	NO	If NO, please describe why:		
		9	7			
6.12 In the case mentioned in 6.11 above, HOW MUCH would your organization be able to afford?		25%	50%	75%	100%	N/A or 0%
		5	3	1	0	10

**7 Practical applicatin of the acquired knowledge/techniques**

7.1 Do you and/or your organizations ENCOURAGE the ex-participants to CONTINUE STUDYING Dermatology.		NOT AT ALL	MORE or LESS	QUITE MUCH	VERY MUCH	No Answer
		0	2	8	9	0
7.2 Do your staff CONTINUE STUDYING dermatology?		NOT AT ALL	MORE or LESS	QUITE MUCH	VERY MUCH	No Answer
		0	2	8	9	0
7.3 In your opinion, is CONTINUOUS STUDY in dermatology NECESSARY for your staff to PERFORM HIS/HER DUTIES?		NOT AT ALL	MORE or LESS	QUITE MUCH	VERY MUCH	No Answer
		0	1	4	14	0
7.4 Have your staff APPLIED the knowledge/techniquess acquired through the Course on the course of his/her duty? (circle one)		YES	NO			
		19	0			
7.5 HOW has he/she APPLIED the knowledge / techniques? (circle all that apply)		1. Transfer of knowledge to others	2. Clinical application	3. Basis of further study	4. Basis of further research	5. Others: ( )
		12	17	9	9	0
7.6 If you chose (1) in 7.5 above, what was the FORM/MEDIUM of transfer? (circle all that apply)		1. College/university class	2. Short-term seminars/workshops	3. On-the-Job personal contacts	4. Publications	5. Others: ( )
		7	7	8	4	0
7.7 If you chose (1) in 7.5 above, approximately HOW MANY PEOPLE do you estimate benefitted from their activiti(es)?		1. About (30-many persons)	2. About (50-many persons)	3. About (3-585 persons)	4. About (many persons)	5. About (persons)
7.8 What are the two major changes in your staff you have observed after coming back from the Course? (Changes can be positive or negative)		1.		2.		
7.9 About the change (no. 1) you noted in 7.8 above, how do you evaluate its extent?(circle one)		Poor	Fair	Good	Excellent	
		0	5	8	5	1

**Annex 9: Results of Questionnaor Survey (Managers of Ex-Participants)**

7.10 About the change (no. 2) you noted in 7.8 above, how do you evaluate its extent?(circle one)	Poor	Fair	Good	Excellent	
	0	1	6	7	2
7.11 About the changes you noted in 7.8 above, how much do you attribute them to the Course?(circle one)	NOT AT ALL	MORE or LESS	GOOD amount	MOSTLY	
	0	2	11	5	1
7.9 Did your organization ENCOURAGE and/or SUPPORT your staff to APPLY their knowledge to his/her course of duty (circle one)?	NO encouragement / support	Encouragement in application	Provided support	If NO, please describe why:	
	0	6	11		
7.10 Please list major PROMOTING AND INHIBITING FACTORS when your staff try applying the acquired knowledge / technique to his/her course of duty.	1. 2. 3.				

**8 Positive/negative impacts**

8.1 Does your organization benefit from human/institutional NETWORKs you have obtained through attending the Diploma Course (circle one)?	YES	NO	
	10	7	
8.2 If you have answered YES in 8.1 above, please describe HOW.	Please comment freely:		
8.3 Would your organisation allow your staff to perform AS A VISITING LECTURER of the Course in the future (circle one)?	YES	NO	If NO, please describe why:
	15	1	
8.4 What would be, if anything, a potential INHIBITING FACTOR for your staff to take part in the Course as a lecturer?	Please comment freely:		
8.5 Please describe, if any, POSITIVE CHANGES you have observed since your staff took the Course?	Please comment freely:		
8.6 Please describe, if any, NEGATIVE CHANGES you have observed since your staff took the Course?	Please comment freely:		

**10 Comments**

10	<p>This questionnaire will definitely help improve the Diploma Course (1).                  Good (nice) Course indeed (1).                  Very good (1).                  Ex-participants to take a PhD course in Japan (1).                  Course period should be more than one year (1)                  Training should be assessed well at the end (1)                  Must give a proper valid certificate recognized by the Ministry and the PGIM-Sri Lanka (1)                  Candidates should be selected from screening tests (1)                  Candidates should be selected from those opted for dermatology (1)                  Program should be carried on (1)                  Too early to evaluate (19th Course participant) (1)                  Province is far from two scientific centers in the country (demands/needs high) (1)                  Needs to take care of highland areas (demands/needs high)(1)                  Cost-sharing situations should be informed to us(1)                  Ex-participants needs to be supported by JICA for Masters or PhD courses (1)                  Asian countries (1)                  The Course should continue (1)                  More scholarship should be allocated to Viet Nam (1)</p>
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Annex 9: Results of Questionnaire Survey (Five Evaluation Criteria)

**0. Implementation Process**

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>3.2</b>	
0.2.1 Implementation process		3.0	3.9		<b>3.4</b>	
0.2.2 Monitoring of project implementation		2.5	2.7	3.1	<b>2.8</b>	
0.2.3 Communication between stakeholders		3.8	3.2	3.5	<b>3.5</b>	
0.2.4 Management mechanism		3.0	3.4		<b>3.2</b>	
0.2.5 Ownership of Thai stakeholders		3.0	3.2	3.2	<b>3.1</b>	

**1. RELEVANCE** (= The degree to which assistance is in accordance with the needs and priorities of beneficiaries and the policies of the partner countries and donors. In the PCM method, this specifically refers to the validity of the Overall Goal and Project Purpose at the evaluation stage.)

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>3.3</b>	
1.1 Needs of recipient countries		3.0	3.2	3.5	<b>3.2</b>	
1.2 Relevance as Japanese development assistance			3.0	3.8	<b>3.4</b>	

**2. EFFECTIVENESS** (= The degree to which the assistance achieved its objectives or appears likely to do so. The PCM method looks at the degree to which the Project Purpose has been achieved by the project Outputs).

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>3.6</b>	
<b>2.1 to 2.2</b> <b>To what extent has EACH OUTPUT contributed to the achievement of the Project Purpose?</b>	2.1.1 PROJECT PURPOSE - Opportunity to upgrade techniques and knowledge in the field of dermatology is provided	3.0	3.8	3.6	<b>3.4</b>	
	2.2.1 OUTPUT 1 - Participants of the Course are familiar with common skin diseases and how to explore the problems, diagnostic approaches and management at the end of the Course.	4.0	3.8	3.9	<b>3.9</b>	
	2.2.2 OUTPUT 2 - Capacity of the Institute to sustainably manage the Course is improved.	4.0	3.3	3.3	<b>3.5</b>	
<b>2.3 Promoting factors</b>		1. Budget 2. Equipment 3. Enthusiasm of participants 4. Committed lecturers 5. Good and long relationship between Japanese doctors and Thai doctors				
<b>2.4 Inhibiting factors</b>		1. Language barrier 2. Lack of equipment 3. Few follow-ups 4. Small capacity for research in the Institute of Dermatology				

**3. EFFICIENCY (= The productivity in project implementation. The PCM method looks at the extent to which Inputs were converted into Outputs.)**

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>3.1</b>	
<b>3.1 Appropriateness of the Japanese Inputs</b>	3.1.1 Japanese Short-term experts	3.0	3.3	3.4	<b>3.2</b>	
	3.1.2 Counterpart training, long-term study program in Japan		2.9	3.4	<b>3.1</b>	
	3.1.4 Provision of equipment	3.0		3.4	<b>3.2</b>	
	3.1.4 Cost-sharing for local expenses	3.0			<b>3.0</b>	
<b>3.2 Appropriateness of the Thai inputs</b>	3.2.1 Allocation of Thai staff (course organization)	3.0	3.2	3.0	<b>3.1</b>	
	3.2.2 Allocation of Thai counterparts (lecturers, trainees in Japan)	3.0	3.0	2.9	<b>3.0</b>	
	3.2.2 Provided facilities/equipment	3.0	3.3	3.2	<b>3.2</b>	
	3.2.4 Cost-sharing for local expenses					
<b>3.3 Utilisation of Inputs</b>	3.3.1 Effective use of all the Inputs to obtain the Outputs	3.0	3.4	3.2	<b>3.2</b>	
	3.5.1 Has the management structure ADEQUATELY functioned?	3.0	3.2		<b>3.1</b>	
<b>3.5. Project management</b>	1. Enthusiasm of lectures and participants 2. Good textbooks written by lecturers 3. Each module is conducted along with the lecturer's speciality 4. Increasing number of self-funded participants					
	3.5.2 Influence of the inhibiting/promoting factors	1. Language barrier				



Annex 9: Results of Questionnaire Survey (Five Evaluation Criteria)

**4. IMPACT ( = The effects produced by a development intervention, including intended/unintended, positive/negative, and direct/indirect effects.)**

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>3.5</b>	
	4.1.1.1 OVERALL GOAL 1 - Participants continue studying dermatology on their own in their respective countries after completion of the Course.	3.0	3.3	3.9	<b>3.4</b>	
	4.1.2.1 OVERALL GOAL 2 - Participants retain good relationship among doctors from invited countries after completion of the Course.	3.0	3.3	3.8	<b>3.4</b>	
<b>4.1 Impact of Project Purpose on Overall Goal</b>	4.1.3.1 EXCEPT FOR Overall Goals 1 & 2, do you think there were any INTENDED RESULTS at the beginning of the Program? If so, please describe such results.	Human resource development is rather important than providing money or facilities.				
	4.1.3.2 In your opinion, TO WHAT EXTENT has the provision of the Course CONTRIBUTED to the RESULT you mention in 4.1.3.1?			3.8	<b>3.8</b>	
<b>4.2 Unintended positive impact</b>	4.2.1-4 What are UNINTENDED POSITIVE situations/conditions, if any, produced by the Program?	Establish an Alumni Association in other countries - Pakistan, Thai Alumni Association. Human relation between participants beyond their countries. Many have become leaders in dermatology in their countries. Not a few of them get promoted. Face-to-face 'International Cooperation.' Some of them are even eager to achieve a higher level. Some participants continue research in their countries and have made a great discovery.				
<b>4.3 Unintended negative impact</b>	4.3.1-4 What are UNINTENDED NEGATIVE situations/conditions, if any, produced by the Program?	Nothing in particular.				
<b>4.4 Influence of external condition</b>	4.4.1 Is there any EXTERNAL FACTORS that have CONTRIBUTED to the OVERALL GOALS and RESULTS you mentioned in 4.1.3.1?					

## 5.SUSTAINABILITY (= The durability of the benefits and development effects produced by the project after its completion.)

QUESTIONS	SUB-QUESTIONS	INSTITUTE STAFF	THAI LECTURERS	JAPANESE LECTURERS	AVERAGE	REASONS/COMMENTS
					<b>2.7</b>	
<b>5.1 Organizational sustainability</b>	5.1.1 Do you think that the Institute will continue to be given a MANDATE to train dermatologists from surrounding countries by the Ministry after completion of the Project?	3.0	2.6	3.3	<b>3.0</b>	
<b>5.2 Financial sustainability</b>	5.2.1 Is the government likely to CONITUE FINANCIAL SUPPORT to DTEC and the Institute for the continued operation of the Course after completion of the Project?	3.0	2.3	2.7	<b>2.7</b>	
<b>5.3 Technical sustainability</b>	5.3.1 Will the Institute be able to SECURE AN ADEQUATE NUMBER of lecturers after completion of the Project?	3.0	2.0	2.9	<b>2.6</b>	
	5.4.2 Does the Institute have willingness to CONTINUE PROVISION of the 10-month Diploma Course without JAPANESE FINANCIAL ASSISTANCE?	3.0			<b>3.0</b>	
<b>5.4 Future prospect of the Project</b>	5.4.3 What are REALISTIC MODIFICATIONS to be applied to INCREASE SELF-SUFFICIENCY of the Program?					<ol style="list-style-type: none"> <li>1. Increase private participants.</li> <li>2. Educate IOD's staff for advanced technology.</li> <li>3. Support from other NGOs or WHO.</li> </ol>

## Annex 10: Some Guide to Conduct Needs Assessment

Purpose of this guide is to suggest a way to identify countries to be targeted for the Diploma Course in Dermatology. This guide was compiled based on the study findings obtained by the Evaluation Team during the visits to Bangladesh, Lao PDR and Thailand. It consists of two parts: 1) Sample selection criteria for use by the Institute, DTEC and JICA Thai Office; and, 2) Sample questions to ask when collecting information on the criteria items for use by JICA Country Offices

1. Sample Selection Criteria	
a)	Strategy of the Government in specialist training of medical doctors
b)	Presence of a system within the country to train entry-level doctors in the field of dermatology
c)	Extent of official accreditation given to the Thai Dermatology Diploma
d)	Level of diagnostic/treatment technology of the Country
2. Sample Questions to ask when collecting information on the Criteria items	Likely Source
a) <i>What is the priority of the Government in human resources development of medical doctors? (Check one box)</i>	Ministry of Health  and/or  WHO
<input type="checkbox"/> Producing enough general doctors to meet numerical targets	
<input type="checkbox"/> Retraining of existing general doctors with diagnostic/treatment procedures for common diseases Retraining of existing general doctors with diagnostic/treatment procedures in some specialty fields	
<input type="checkbox"/> Producing highly specialized doctors in priority fields	
<input type="checkbox"/> <i>Is dermatology one of the most prioritized areas of medicine in the country?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No →If No, please enlist three most prioritized field	
① _____	
② _____	
③ _____	

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<p>b) <i>Does the country have an institution that offers similar diploma courses in dermatology? (Check one box)</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, do those institutions produce enough dermatology diploma holders needed in your country? <i>(Check one box)</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No →Comments:</p> <p>_____</p>	<p>Ministry of Health</p> <p>and/or</p> <p>WHO</p>
<p>c) <i>What kinds of accreditation/recognition does the Thai Dermatology Diploma hold in the country? (Check the box: all that apply)</i></p> <p><input type="checkbox"/> Official qualification when applying for higher degrees in academic institutions</p> <p><input type="checkbox"/> Official credit to be promoted at work</p> <p><input type="checkbox"/> Basis to be assigned in dermatology-related department/institutions</p> <p><input type="checkbox"/> Official qualification when applying for the residency/fellowship programs</p> <p>Official qualification to be a member of dermatological society/associations</p> <p><i>Is the above accreditation/recognition level the same as the U.K. diploma?</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No → If No, why?:</p> <p>_____</p>	<p>Ministry of Health</p> <p>and/or</p> <p>medical professional associations/societies</p>
<p>d) <i>Compared to the diagnostic/treatment technology commonly available in medical institutions in the country, how do you assess the technology level offered in the Thai Diploma Course? (Check one box)</i></p> <p><input type="checkbox"/> too advanced    <input type="checkbox"/> more or less advanced    <input type="checkbox"/> about the same    <input type="checkbox"/> less advanced</p>	<p>Ex-participants</p> <p>and/or</p> <p>their managers</p>