

ガーナ国
国際寄生虫対策西アフリカセンタープロジェクト
事前評価報告書

平成 15 年 12 月
(2003 年)

独立行政法人 国際協力機構
医療協力部

医協二
JR
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序 文

西アフリカはマラリアを始めとする各種寄生虫感染症の浸淫地帯です。マラリアは全世界で毎年4億人が感染し200万人が死亡しており、西アフリカの住民でマラリアにかかったことのない者はまずいないと言われています。回虫などの腸管寄生虫と住血吸虫についても、西アフリカにおいては就学児童を中心に高い罹患率が報告されています。重度の腸管寄生虫感染が持続すると、貧血・栄養失調から学習能力の低下が認められると言われており、全ての学童に対する便検査と駆虫の実施は教育セクターにおける重要な課題です。しかしこれまでの各国の寄生虫対策は、主に保健セクターによる寄生虫ごとの縦割りプログラムであり、教育セクターとの連携はほとんどなされておらず、そのための人的資源と情報が不足しているのが現状です。

一方、1997年のG8デンバーサミットにおいて、当時日本の首相であった橋本元総理はG8先進国に対して国際的な寄生虫対策の必要性を訴え、続く1998年のバーミンガムサミットで日本の経験を基に途上国における寄生虫対策に貢献する意志を表明しました。これを受けて、日本政府はタイ、ケニア、ガーナに国際寄生虫対策センターを設立する方針を固め、JICAの技術協力プロジェクトとして、2000年にタイのマヒドン大学においてAsia Centre of International Parasite Control (ACIPAC)を、2001年にケニア中央医学研究所においてEastern and Southern Africa Centre of International Parasite Control (ESACIPAC)を設立しました。ガーナ野口記念医学研究所においては、1999年から2003年までの期間で感染症対策プロジェクトがすでに実施されていたため、2001年から別途に第三国研修スキームを用いた国際研修を行いつつ、2002年より同プロジェクトの活動に国際寄生虫対策を組み入れ、West African Centre for International Parasite Control (WACIPAC)の設立準備を行っていました。2003年末に同プロジェクトが終了することを受け、WACIPACの活動を開始するべく新プロジェクトの要請がなされました。

これを受け、国際協力機構は、平成15年11月23日から29日にかけてプロジェクト実施の可能性を調査すべく事前評価調査団を派遣しました。本報告書は、両調査団の調査結果を取りまとめたものです。

ここに、本調査にご協力を賜りました関係各位に対しまして、深甚なる謝意を表しますとともに、今後のプロジェクトの実施に向けて、一層のご協力をお願い申し上げます。

平成15年12月

独立行政法人国際協力機構
理事 松岡 和久

写真



寄生虫対策関係機関ワークショップ



ミニッツ署名

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1. 調査概要

1-1 調査団派遣の経緯と目的

1997年のデンバーサミット、1998年のバーミンガムサミットにおいて、橋本首相（当時）は、WHO及びG8諸国と協力して国際寄生虫対策のための国際協力の推進、アジアとアフリカでの寄生虫対策の拠点構築（タイ、ケニア、ガーナ）、人材育成、人的情報ネットワークの構築を提唱した。これを受けて、タイでは国際寄生虫対策アジアセンター（ACIPAC）、ケニアでは国際寄生虫対策東南アフリカセンター（ESACIPAC）が、それぞれ2000年、2001年に設立され、本格的な活動が開始されている。

一方、ガーナでは、企画調査員による事前調査を経て、2001年10月に周辺諸国8か国の保健分野政策策定者を対象に、さらに2002年2～3月には第三国研修のスキームで政策策定者及びプログラムマネージャーを対象に国際寄生虫対策に関する国際ワークショップを開催して、西アフリカ諸国における寄生虫対策関係者の基本合意を図ってきた。また、後者のワークショップでは、プログラムマネージャーを対象に、計画立案・モニター・評価技術の移転を目的にPCMワークショップを実施した。

ガーナと日本では、2001年から2003年までの3か年の第三国研修に関するR/D（第1次計画）が締結されているが、実施主体の野口記念医学研究所は、この3年間を準備期間として、他のセンターと同様に国際寄生虫対策西アフリカセンター（WACIPAC: West African Center for International Parasite Control）の立ち上げを進め、併せて同センターにおける寄生虫対策に係る人材の育成及び情報ネットワークの構築を目的としたプロジェクトの実施を要請した。

本調査団は、企画調査員による事前調査及び第三国研修の結果を踏まえ、現地調査を通じプロジェクトにおいて予想される成果や内容をより具体化し、実施の妥当性をより具体的に検討、評価することを目的として派遣された。

1-2 団員の構成

担当	氏名	所属
総括	橋爪 章	JICA医療協力部 部長
寄生虫対策	太田 伸生	名古屋市立大学大学院医学研究科宿主・寄生体関係部門 教授
協力計画	池田 俊一郎	JICA医療協力部医療協力第二課 職員

1-3 調査日程

期間：2003年11月23日～11月29日

月 日	曜日	移動及び業務	備 考
11月23日	日	11:35 成田発(NH201)→15:05 ロンドン	
11月24日	月	11:50 ロンドン(BA081)→18:50 アクラ	
11月25日	火	8:30 JICAガーナ事務所打ち合わせ 10:00 野口記念医学研究所M/M協議 16:00 調査団協議	
11月26日	水	10:00 寄生虫対策関係機関ワークショップ 16:00 野口記念医学研究所M/M協議	
11月27日	木	9:00 野口記念医学研究所M/M協議	
11月28日	金	9:00 野口記念医学研究所M/M署名 13:30 在ガーナ日本国大使館報告 15:00 JICAガーナ事務所報告	23:30 太田団員アクラ発 (BA078)
11月29日	土	8:30 アクラ発 10:00 ダンメースト着 10:30 感染症対策プロジェクト機材引渡式 15:00 アクラ着 20:00 アクラ発 (KQ502)	

1-4 調査方法

現地事務所と協議の上、下記の点について調査を行った。

- (1) プロジェクト開始に係る協力内容および先方からの要請事項について関係機関と協議した。
- (2) 寄生虫対策関係機関ワークショップを通じ、ガーナにおける他機関との連携の可能性について調査した。
- (3) プロジェクトの円滑な遂行のために必要となる後方支援内容、および留意事項について、現地JICA事務所と協議。

1-5 主要面談者

- (1) ガーナ大学

Prof. K. Asenso-Okyere

Vice Chancellor

- (2) 野口記念医学研究所

Prof. David Ofori-Adjei

Director

Prof. Michael D. Wilson	Head, Parasitology Unit
Dr. Kwabena Bosompem	Parasitology Unit
Dr. Danile Boakye	Parasitology Unit

(3) 保健省

Mr. Samuel Owusu-Agyei	Chief Director
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(4) 教育・青年・スポーツ省

Mr. Ato Essuman	Chief Director
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(5) 財務省

Mr. G. Danso Apatu	Head, Bilaterals, External Resources Mobilization Division
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(6) 在ガーナ日本国大使館

浅井 和子	特命全権大使
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(7) JICA ガーナ事務所

高畑 恒雄	所長
小淵 伸司	次長
広瀬 恵美	所員

(8) JICA 専門家

山口 真也	感染症対策プロジェクト（チーフアドバイザー）
森中 紘一	感染症対策プロジェクト（国際寄生虫対策）
野田 修治	感染症対策プロジェクト（国際寄生虫対策）
大下 敏子	感染症対策プロジェクト（麻疹サーベイランス）

2. 総 括

国際寄生虫対策西アフリカセンタープロジェクト（以下、WACIPAC プロジェクトと略す）の事前評価を目的として派遣された調査団であったが、国際寄生虫対策（周辺国の人材育成）については、現行プロジェクト（野口記念医学研究所感染症対策プロジェクト）の活動の一部として展開されている中、既に WACIPAC プロジェクトについての周到な構想がカウンターパートと専門家との間で練り上げられていたところであり、調査期間中に調査団が行った業務は、(1) 国際寄生虫対策推進についての関係機関の意見聴取（Partnership Meeting of Agencies in the field of School and Community Health Programs）、(2) PDM の確認と微修正、(3) 考慮すべき事項の相互確認（9 項目：M / M に記載）、(4) 専門家派遣計画（特にプロジェクト立ち上げ時点）についての日本サイドでの詳細打ち合わせ、(5) モデルプロジェクトサイト（Dangme East）の視察であった。関係機関との会議においては、WHO、教育省学校保健責任者、NGO（PPAG）等からプロジェクトへの期待と意欲が表明されたが、何より、この会議を仕切り、WACIPAC プロジェクト計画をプレゼンテーションする野口研カウンターパートから、強い熱意を感じ取ることができた。なお、会議への案内はなされていたものの欠席した機関（UNICEF、WB、WFP）については、今後、活動への理解を醸成させてゆく努力が必要かもしれない。

PDM については、参加型手法によって関係者間で練り上げられたものであるためその成果物を尊重すべきところであるが、指標の設定に混乱があるため、指標については、プロジェクト開始後、早い時期に修正すべきものとした。

WACIPAC プロジェクトは「寄生虫疾患の制圧」そのものをプロジェクト成果として直接に求めているものではなく、対象国の寄生虫対策責任者の能力開発のための活動を目的としたものであるため、PDM には、活動「Activities」が網羅的に記述されていた。これらの「Activities」が計画通りに行われたか否かがそのままプロジェクトの評価に直結するであろう。いわば成果指向型ではなく活動指向型のプロジェクトであるため、このような場合、ログフレーム上で成果指標を表現することは難しい。おそらく、すべての活動について、ひとつずつ活動実績を確認するための指標を当て嵌めることで PDM が完成することになるのではないと思われるが、活動の記載が詳細すぎる（5 頁超）ため、非常に煩雑な作業となってしまう。PDM に活動が詳細に記載されていること自体は、進捗管理のツールとして PDM を活用するのに理想的であるとはいえるが、関係者の共通理解のためのフレームとしての PDM の活用については、一覧性（視認性）に欠けることが、そのまま欠点となってしまう。進捗管理用の PDM とは別に、関係者間の意識統一のためのコンパクトな PDM を作るという方法を考えてもよいかもしれないが、2 種類の PDM を設けることの是非についての議論が必要であり、そのような前例はないと思われる。

専門家投入については、WACIPAC プロジェクトが広域案件であり、対象国の大使館、JICA 事

務所との綿密な連携、ドナー協調など、国際協力のノウハウに長じた専門家であることが必要条件となるが、寄生虫対策の専門性の高い専門家の投入も早期に行う必要がある。特に、立ち上げ時の方向付けのためには、上記両者のいずれが欠けても、日本側のプレゼンスを明確にするために得策ではないため、リクルートが比較的困難な寄生虫対策の長期専門家が着任するまでの間は、短期専門家の積極的な投入を図る必要があるだろう。

3. 技術協力プロジェクト化の背景

3-1 ガーナ及び周辺国における GPCI の現状と活動

ガーナを含む西アフリカ地域においては2001年度より開始した第三国研修スキームを通じて、GPCIについての情報提供と活動紹介を進めてきた。すでに3回の第三国研修を2003年12月終了予定のプロ技枠内で実施し、Policy Maker および Programme Manager 対象のワークショップおよび研修が実施されている。2001年4月に第三国研修を開始した当時は、中間技術者研修を目的にしていたことから、その参加国は野口研側の希望を広く取り入れて、セネガル、ガンビア、マリ、コートジボアール、ブルキナファソ、ニジェール、トーゴ、ベナン、ナイジェリア、赤道ギニア、カメルーン、ガーナの12か国を対象国とすることでミニッツが合意された経緯がある。しかし同年10月のPolicy Maker ワークショップにおいて、西アフリカ地域においても先行の2センター（タイ及びケニア）と同様の活動展開が参加各国から強く希望され、日本、ガーナ双方の調整の結果、内容を変更してこの第三国研修スキームをGPCI立ち上げの準備活動と位置付けるようになった。それ以来、情報提供を上記12か国に行ってきたが、ガンビアと赤道ギニアを除いて今日まで何らかのレスポンスが得られた10か国を対象とした上で、暫定的ではあるが、WACIPAC立ち上げ時のサポート対象国と決定したものである。

ガーナ国内については野口研のJICA感染症プロジェクトのPDMにGPCIが追加されたことによって、GPCI専従の長期・短期専門家の派遣が可能となり、野口研側のカウンターパートとの十分な議論が進んだ。WACIPAC準備事務局を立ち上げ、そこをセンターとしてガーナ国内及び周辺国との協議、調整などを行っている。GPCIの構想及び目的について、国際および国内ワークショップを開催し、ガーナ国内では保健省と教育省の理解と協力の体制が構築されてきており、WACIPAC準備のためのSteering Committeeにはそれぞれから委員が選任されている。2003年3月の東京でのワークショップにおいて確認されたGPCIの活動計画にあがっているモデルプロジェクトサイトについても、アクラの西郊、約120kmに位置するDangme East地区に学校保健を通じた寄生虫対策のパイロット地区として整備が進み、GPCIの計画進捗の観点からも順調な準備状況にある。野口研側は寄生虫ユニットが中心になって立ち上げ準備にあたっているが、日本人専門家との協調をもって、熱心に活動している。従来から指摘されてきた野口研のロジ面の整備には依然として不安を抱えているが、現在派遣中の専門家によって体制整備に向けた指導が続いている。

周辺国については2001年度より、第三国研修参加国を訪問して、GPCIについての個別説明を行ってきた。これまでにコートジボアール、ニジェール、セネガル、マリ、ブルキナファソ、トーゴ、カメルーンを訪問し、保健省など政府関係者と面会してGPCIの紹介を行ってきた。概ね理解と協力の意向を得ているが、具体的な行動計画策定までには至っていない。これまでの成果

としては、一部の国で GPCI のコンセプトに沿った学校保健による寄生虫対策の積極的導入を考えていることがあげられ、マリではそのためのワークショップをアクラの WACIPAC 準備事務局との協力の下で 2003 年 9 月に開催した。第三国研修の参加者がそれぞれの国に帰って、今後どのように活動を展開するかが問われることになるが、それぞれの国の状況や日本の支援体制が異なっていることから、各国共に WACIPAC が正式に発足してから具体的な活動を考える、というのが現状と考えられる。

3-2 ガーナ及び周辺国における GPCI 実施の課題

今回調印に至ったミニッツにある通り、当面の参加国 (Supporting Sites と表現) は 10 か国として WACIPAC を立ち上げることになったが、これまでの準備期間を通じて挙げられている課題点は以下の諸点である。

(1) 野口研のセンター機能強化

他の 2 センターに比べてより広域の活動となることから、日本側と野口研側の業務負担が大きく、この地域には英語圏と仏語圏が混在するという複雑要因も重なって、日本側として相当な負担が必要である。C/P もガーナ大学教員として日常業務を抱えており、WACIPAC 専従という形での参加ではないことも不安要因であるが、野口研所長には専従職員を当てる考えはない。当面は長期専門家 2 名 + 調整員に短期専門家を随時派遣して対応していく必要があると思われる。

(2) 西アフリカ地域の日本公館の連携強化

今回対象となった 10 か国には大使館及び JICA 事務所が未設置の国が多く含まれる。WACIPAC 事務局と JICA ガーナ事務所だけでは十分なカバーは困難であり、西アフリカ地域のこれら日本公館が GPCI を理解して、オールジャパンとして必要な支援を行えるような枠組みを構築する必要がある。

(3) 西アフリカ地域における GPCI 担当の人材不足

過去 3 回の第三国研修で Policy Maker と Programme Manager 対象に GPCI の理念、目標、行動計画などの紹介を行ってきたが、GPCI 全体の活動計画に照らした場合、研修修了者の絶対数が少ないことに加えて、各々の国でどのように計画を立ち上げるかについての体制が整っておらず、WACIPAC 事務局の負担が極めて大きいことが予想される。

(4) 西アフリカ地域の情報及び交通インフラ

WACIPAC 事務局から参加各国へ情報提供を行うにあたって、インターネットはもとより電話、Fax などの情報伝達手段が極めて未整備な状況にある。ビジネスメールを用いても隣国との通信に1か月を要した経験もしており、困難が予想される。また、研修、ワークショップなどへの参加にあたってはガーナをハブとする信頼できる航空会社がなく、また運行混乱に上手に対応できる旅行代理店もない。

(5) 現行プログラム間の調整

西アフリカ地域は欧米ドナーおよび国際機関からの支援プログラムが多数、かつ複雑に交錯しており、受入れ国内でもその整理がついていない。他の2センター以上にドナーコーディネートが必要である。GPCI ではこれら既存のプログラムも一部利用して展開する必要があることから、WACIPAC 立ち上げ後も、参加各国の Policy Maker 対象の協議が今後とも重要である。WHO/AFRO でのカリキュラム調整会議もすでに持たれているが、ドナー間の協調を積極的にすすめることを考えるべきである。

(6) その他

参加国の多様性が大きいことも問題であり、ナイジェリアとトーゴのような人口規模で大きな違いがある国に何らかの軽重をつけることが要求されたり、学校保健に比較的熱心な国とそうでない国に一律の内容で研修を行うことの問題なども考えなくてはならない。一部の参加国では社会情勢の不安定要因が続いている。

4. 寄生虫対策関係機関ワークショップ

4-1 他ドナー及び関連機関の寄生虫対策の現状

今回のワークショップでは WHO と PPAG の参加が得られたが、これまで WACIPAC 準備事務局を通じてコンタクトを取ってきたユニセフ、世界銀行、WFP、DANIDA 等は参加しなかった。準備段階で十分な確認を取れなかったことが原因と思われるが、これらの機関は過去のワークショップへの参加はしていることから、今後も WACIPAC の重要なパートナーである。

WHO はガーナ事務所代表である Dr. M. George が欠席で、代理の Dr. H. Opata が講演し、Resolution 54.19 による PPC 戦略の下での駆虫活動展開を紹介した。あくまでも loose alliance であることを強調したが、各ドナーの広範な参加で事業が展開される事、特に Funding での協調を謳っていた。ガーナ国内でも寄生虫対策への政策・戦略立案、ベースラインサーベイ、他機関との協力などを通じた寄生虫対策を行っている。

PPAG は JOICFP の支援の下で、寄生虫対策も含んだ Integration Programme として家族計画活動が 1992 年以來ガーナ国内で進められている。現在では 34 のコミュニティ、人口約 29,000 人を対象としてこの事業が行われている。NGO ではあるが、ガーナ保健省の理解も得ており、寄生虫対策をエントリーポイントとして地域住民の公衆衛生向上に寄与する衛生教育を行っている。対象地域では過去 10 年間に土壌伝播寄生虫感染率が 49.0% から 7.2% に低下することに成功している。地域参加型の寄生虫対策事業として成功しつつある、と評価されている。

参加がなかったドナー、機関については過去のワークショップでの情報提供に基づくが、ユニセフは学校の飲料水供給を通じた学童保健の向上に関与しており、ガーナ国内各地で活動実績がある。WACIPAC のモデルサイトである Dangme East 地区でも活動している。世界銀行は過去のワークショップで FRESH の紹介を行ったが現時点では具体的な活動実績として紹介は受けていない。DANIDA は寄生虫対策として公式な関与はしていないが、飲料水供給、特に井戸の掘削やトイレの整備など公衆衛生向上に向けた活動を行っている。

4-2 WACIPAC との連携可能性について

WHO とはこれまでも協議を重ねてきており、WHO ガーナ事務所と WACIPAC との連携は前向きに行われている。WHO は第三国研修におけるガーナ人参加者の諸経費を負担してきており、その意味では研修が野口研、JICA、WHO の共催という実績がすでにあがっている。WHO の PPC において一番問題となるのが Funding であるが、JICA プロジェクトへの期待がかけられている。一方で WHO は研修の講師、教材（特に IEC）などでの協力の申し入れがあり、特にこの地域ではフランス語の問題もあることから、可能な範囲で相互に利用することは考えていかななくてはならない。

PPAG は GPCI と戦略的に極めて似た性格の活動であることから、今後はより積極的に協調を図るべきである。Dangme East 地区においても PPAG の導入が進んでおり、学校保健と地域保健を強化することによって、GPCI の成果がより向上することが期待される。PPAG に学ぶべきことは、活動のオーナーシップと継続性を対象地区に根付かせることに成功していることであり、ガーナ国内で確立しつつある PPAG の評価を WACIPAC も目標とすると良い。PPAG 側も GPCI への協力には積極的である。

他のドナー、国際機関は各々の活動目標を掲げていて、直接“寄生虫対策”と銘打ったものではないが、飲料水、トイレなど学校保健のハード面で不可欠な部分をカバーしていることから、協調を目指さなくてはならない。これまでのコンタクトでは一様に協力の意向を示していることから、今回のミニッツに示した“Developmental Partners concerned”として積極的に参加してもらう調整を WACIPAC 事務局がすすめることが期待される。

5. 技術協力プロジェクトの基本計画

5-1 プロジェクト上位目標

WACIPACでの人材養成により、WACIPAC周辺国において寄生虫対策プログラムが実施される。

5-2 プロジェクト目標

WACIPACが西アフリカにおいて包括的な寄生虫対策のための人材養成機関としての役割を担う。

(指標)

- ① WACIPACが西アフリカにおいて学校保健をベースにした包括的寄生虫対策のための人材養成を対象者の6割以上に対して行う。
- ② WACIPACが西アフリカにおける中心的な寄生虫対策研修センターとなり、認知度が高まる。
- ③ WACIPACがハブとなり、西アフリカの寄生虫対策関係者間のネットワークを形成する。
- ④ WACIPAC研修参加者が、自国で学校保健をエントリーポイントとした各種寄生虫対策プロジェクトを計画立案する。

5-3 期待される成果及び活動

(1) WACIPACの設立

WACIPACのスタッフを確保し、センター運営のための技術移転を行う。

(2) 学校保健をベースにした寄生虫対策のためのモデルプロジェクトの設立

- 1) モデルプロジェクト運営のため、関係諸機関を巻き込んだ委員会を組織する。この活動の一環として、地域に根ざしたNGO（寄生虫対策協会）を草の根レベルで組織する。
- 2) 寄生虫対策のための視聴覚教材を作成し、試用の効果を評価する。
- 3) 生徒の寄生虫罹患率、個人衛生に関する知識と行動様式などについて現状調査を行い、結果を現地に報告する。
- 4) 駆虫、健康教育、トイレ・水道施設の供与などの対策をモデル地区内の学校において行う。
- 5) モデル地区内の人材養成を行う。(教師、検査技師、コミュニティボランティアなど)
- 6) モデル地区内に必要な施設を建設する。(検査室、トレーニング施設など)
- 7) 設立したNGOと協力して、上記の活動をコミュニティの中にまで広げる。

- 8) 同様の活動をしている他の機関と連携し、活動の効率化を図る。
 - 9) 周辺国の寄生虫対策の参考とするべく、上記1)～8)の活動をまとめたパッケージプランを作成する。
- (3) 西アフリカにおける学校保健をベースにした寄生虫対策のための人材養成
- 1) 二年に一度、周辺国政府の保健省及び教育省から政策決定者を招へいし、寄生虫対策を推進するためのワークショップを開催する。
 - 2) 毎年一回、周辺国政府の保健省及び教育省からプログラムマネージャーを招へいし、学校保健をベースにした寄生虫対策の実施について研修を行う。
 - 3) プロジェクト後半において、準備の出来た周辺国の郡レベルの保健及び教育セクター責任者を招へいし、郡における実際の対策活動について研修を行う。
 - 4) 周辺国において、各国政府が学校保健・寄生虫対策を実施するための国内研修を開催するのを技術的に支援する。
 - 5) 国際研修を行うに当たり、関連した他の国際機関（WHO、世銀、ユニセフ等）と連携して協調した駆虫対策を行うように努める。
- (4) 西アフリカ寄生虫対策ネットワークの形成
- 1) WACIPAC 周辺国・関連国際機関・NGO・他のCIPACsとの情報共有を、ウェブサイト・メーリングリスト・データベース構築・文書及びCD-ROM配布などによって行うことにより、WACIPACがネットワークのハブになる。
- (5) 学校保健をベースにした寄生虫対策の推進
- 1) 西アフリカ周辺国を巡回視察し、研修参加者の活動についてフォローアップしつつ、各国の学校保健・寄生虫対策活動の現状調査と必要な助言を行う。
 - 2) 各国における寄生虫対策・学校保健活動に関わるドナー間の活動調整を推進する。
 - 3) 関連した国際機関・他のCIPAC・NGO・研究機関・研修参加者との間で、学校保健をベースにした寄生虫対策を推進するためのワークショップを開催する。
- (6) 西アフリカ周辺国における学校保健をベースにした寄生虫対策実施のための支援
- 1) 周辺国における寄生虫罹患率・行動様式などの基礎調査を行うための技術的支援を行う。
 - 2) 周辺国における学校保健・寄生虫対策のための教材作成について技術的支援を行う。
 - 3) 周辺国における関連諸機関同士の活動連携の動きを支援する。

5-4 プロジェクト実施に予想される外部条件・リスク

- (1) モデルプロジェクト地区におけるトイレ・水道施設の提供は、他の国際援助機関との協調によって行われる必要があるため、そのような連携が実現しなかった場合、同地区における対策活動が不完全となる可能性がある。
- (2) 西アフリカ周辺国において学校保健・寄生虫対策活動を実施していくためには、各国政府がそのための政策を策定して資金を独自に獲得しなくてはならないが、各国がそれだけの政治的関与と資金獲得努力を行わない場合、周辺国における対策活動に支障が生じる可能性がある。
- (3) WACIPAC の国際研修で学んだ周辺国のプログラムマネージャーがその地位に長く留まらない場合、各国の対策活動に支障が生じる可能性がある。
- (4) 周辺各国における政治的安定性と経済成長が障害された場合、各国の対策活動に支障が生じる可能性がある。

付 属 資 料

資料1 調査団議事録 (Minutes of Meeting)

資料2 寄生虫対策関係機関ワークショップ

資料 1 調査団議事録 (Minutes of Meeting)

Minutes of Meeting
between the Japanese Preparatory Study Team
and the Authorities Concerned of the Government of the Republic of Ghana
on the Japanese Technical Cooperation
for the West African Centre for International Parasite Control Project

The Japanese Preparatory Study Team (hereinafter referred to as "the Team") on the Japanese Technical Cooperation for the West African Centre for International Parasite Control Project (hereinafter referred to as "the Project"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Akira HASHIZUME, was dispatched to the Republic of Ghana from November 25 to November 28, 2003.

During its stay, the Team had a series of discussions and exchanged views with the authorities concerned. As a result of discussions, both parties reached common understandings concerning the matters referred to in the documents attached hereto. Both parties will convey the contents of this Minutes of Meetings to their respective governments.

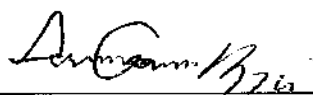
Accra, November 28, 2003



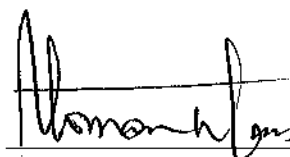
Dr. Akira HASHIZUME
Leader,
Japanese Preparatory Study Team,
Japan International Cooperation Agency, JAPAN



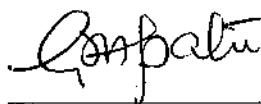
Professor K. Asenso-Okyere
Vice Chancellor,
University of Ghana,
REPUBLIC OF GHANA



Mr. Samuel Owusu-Agyei
Chief Director,
Ministry of Health,
REPUBLIC OF GHANA



Mr. Ato Essuman
Chief Director,
Ministry of Education, Youth and Sports,
REPUBLIC OF GHANA



Mr. G Danso Apatu
Head, Bilaterals,
External Resources Mobilization Division,
Ministry of Finance,
REPUBLIC OF GHANA

The Attached Document

I. Draft Framework of the Project

1. Project Title

The Project will be referred to as "The West African Centre for International Parasite Control (WACIPAC) Project"

2. Period of Cooperation

Five (5) years (From 1st January, 2004 to 31st December, 2008)

3. Project Site

Project Office: Noguchi Memorial Institute for Medical Research (NMIMR)

Model project site: Dangme-East District, Greater Accra Region

WACIPAC Supporting sites: All West African countries

Supporting sites: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal, Togo

(Some West African states have not been included in the initial phase for logistic reasons but they will be brought on board when conditions improve)

4. Master Plan

a) See ANNEX I

b) See ANNEX II for Project Design Matrix (PDM)

5. Executing Organization

Noguchi Memorial Institute for Medical Research (NMIMR)

6. Inputs from the Ghanaian Side

[Personnel for the Project]

(1) Project Director

-Director, NMIMR

(2) Project Manager

-Head, Parasitology Unit, NMIMR

(3) Representative from Ministry of Health

Representative from Ministry of Education, Youth and Sports

(4) Counterparts

-Director, Public Health Division, Ghana Health Service

-National SHEP (School Health Education Programme) Coordinator, Ghana Education Service

-Senior Members and Staff, NMIMR

-District Director, Ghana Health Service, Dangme-East District

-District Director, Ghana Education Service, Dangme-East District

-Representatives, District Assembly, Dangme-East District

[Facilities]

Project Offices

- WACIPAC Secretariat, NMIMR

- WACIPAC office in the model project site, Dangme-East District

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[Administrative and Operational Costs]

The Ghanaian side will cover the administrative and operational costs. (See IV.5)

7. Inputs from the Japanese side

[Experts]

Experts will be dispatched in the following fields:

(Long-Term Experts)

- (1) Chief Advisor
- (2) Project Coordinator
- (3) Expert in the technical field of:
 - a. Public Health (or Primary Health Care)
 - b. Global Parasite Control
 - c. School Health Education
 - d. Others, when necessary

Note: Chief Advisor and Project Coordinator may serve concurrently as experts in one or two of above-mentioned technical fields.

(Short-Term Experts)

Short-term experts will be dispatched when necessary.

[Counterparts training]

Training opportunities in Japan and/or a third country for counterparts will be provided when necessary.

[Machinery, Equipment and Materials]

Vehicles, machinery, equipment and materials necessary for the implementation of the Project will be procured.

[Construction of WACIPAC Administration Building]

WACIPAC Administration Building will be provided.

8. Joint Coordinating Committees

Two committees will be established to oversee the implementation of the Project:

- (A) Advisory Committee (B) Steering Committee

(A) Advisory Committee

(1) Functions

The Advisory Committee will meet at least once a year and when the need arises in order to fulfil the following functions:

- (a) To review and authorize the Annual Work Plan of the Project in line with the Tentative Schedule of Implementation formulated in accordance with the frame work of the Record of Discussions.
- (b) To monitor the progress of the Project.
- (c) To evaluate the activities of the Project.
- (d) To discuss other issues relevant to the Project.

(2) Composition

Chairperson

- Pro-Vice Chancellor, University of Ghana

Vice-Chairpersons

- Chief Medical Officer, Ministry of Health (or representative)
- Chief Director, Ministry of Education, Youth and Sports (or representative)

Ghanaian side

- Project Director: Director, NMIMR
- Project Manager: Head of Parasitology Unit, NMIMR
- District Chief Executive, Dangme-East District

Japanese side

- Chief Advisor
- Coordinator
- Resident Representative, JICA Ghana Office
- Officials from JICA offices in Supporting sites

Observers

- Representative of Ministry of Regional Cooperation and NEPAD
- Representatives of Development Partners concerned
- Officials of Embassies of Japan in Supporting sites

(B) Steering Committee

(1) Functions

The Steering Committee will meet every three months (at the initial stage of the implementation of the Project) or twice a year (at later stage) and when the need arises in order to fulfil the following functions:

- To formulate and submit the Annual Work Plan of the Project to the Project Advisory Committee in line with the Tentative Schedule of Implementation formulated in accordance with the frame work of the Record of Discussions.
- To monitor and review the overall progress of the Project as well as the achievements of the above mentioned annual work plan in line with the Master Plan and the policy and recommendations of the Advisory Committee.
- To exchange views and ideas on major issues arising from and in connection with the Project.
- To enhance inter-institutional collaboration among the Project participating organizations.
- To enhance the coordination with external organizations related to the Project.

(2) Composition

Chairperson

- Project Director: Director, NMIMR

Ghanaian side

- Director General, Ghana Health Service (or representative)
- Director General, Ghana Education Service (or representative)
- Director, Public Health Division, Ghana Health Service
- Senior members and Staff, NMIMR
- National SHEP (School Health Education Programme) Coordinator, Ghana Education Service
- Regional Director, Greater Accra Region, Ghana Health Service
- Regional Director, Greater Accra Region, Ghana Education Service
- Regional SHEP Coordinator, Ghana Education Service
- District Director, Dangme-East District, Ghana Health Service

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- District Director, Dangme-East District, Ghana Education Service
- District SHEP Coordinator
- Relevant personnel accepted by the Chairperson, when necessary

Japanese side

- Chief Advisor
- Coordinator
- Other Experts
- Other personnel to be dispatched by JICA
- Officials of JICA in Ghana
- Officials from JICA offices in Supporting sites

Observers

- Representatives of Development Partners concerned
- Officials of Embassies of Japan in Supporting sites

II. Measures to be taken by the Japanese side

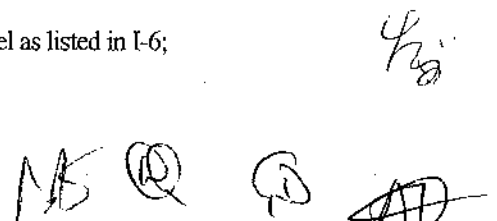
In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures;

1. Dispatch of Japanese Experts
2. Provision of Machinery and Equipment
3. Training of Ghanaian personnel in Japan and/or in a Third Country

III. Measures to be taken by the Ghanaian side

1. The Ghanaian side will take necessary measures to ensure that the operation of the Project will be sustained during and after the period of the Project, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Ghanaian side will ensure that the techniques and knowledge acquired by Ghanaian nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Republic of Ghana.
3. The Ghanaian side will grant to the Japanese experts and their families privileges, exemptions and benefits no less favourable than those granted to experts of third countries or international organizations performing similar missions in the Republic of Ghana.
4. The Ghanaian side will ensure that the equipment will be utilized effectively for the implementation of the Project in consultation with the Japanese experts.
5. The Ghanaian side will take necessary measures to ensure that the knowledge and experience acquired by the Ghanaian personnel from the counterparts training will be utilized effectively in the implementation of the Project.
6. In accordance with the laws and regulations in force in the Republic of Ghana, the Ghanaian side will take necessary measures to provide at its own expense:

- (1) Services of the Ghanaian counterparts and administrative personnel as listed in I-6;



- (2) Facilities as listed in I-6;
 - (3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided from JICA.
7. In accordance with the laws and regulations in force in the Republic of Ghana, the Ghanaian side will take necessary measures to meet:
- (1) Expenses necessary for transportation within the Republic of Ghana of the equipment as well as for the installation, operation and maintenance thereof;
 - (2) Customs duties, internal taxes and any other charges, imposed in the Republic of Ghana on the equipment; and
 - (3) Running expenses necessary for the implementation of the Project.

IV. Issues for special consideration

1. The Team stressed the concept of the technical cooperation that the Project is implemented by the Government of Ghana in cooperation with Japanese side. In this relation, the Team also stressed that assignment of appropriate number of counterpart staff is essential for the success of the Project.
2. The Team stressed the main role of WACIPAC as a centre of building human capacity and establishing information network for parasitic diseases control activities in the West African sub-region. It was agreed that WACIPAC is not an implementation body for national parasitic diseases control and the MOH and MOE in the Supporting sites take responsibility for the implementation of the parasitic diseases control activities and WACIPAC Project will give technical assistance to Supporting sites.
3. The Team discussed with the Ghanaian side the mechanism for WACIPAC to assist Supporting sites to implement their own integrated parasitic diseases control activities based on WACIPAC strategies. It was agreed that the Team will take necessary measures to enable the supporting system to function properly with the cooperation from JICA offices and embassies of Japan in Supporting sites.
4. As there are many initiatives being carried out in the field of parasitic diseases control and school health education, the Team discussed with the Ghanaian side the importance of promoting partnership coordination for integrated parasitic diseases control in Supporting sites. It was agreed that in Ghana, as one of Supporting sites, the Ministry of Health and the Ministry of Education, Youth and Sports will cooperate with each other and take the initiative to promote the partnership coordination in collaboration with JICA, WACIPAC and Development Partners.
5. While the Ghanaian side accepted the responsibility to cover operational cost and provide office accommodation, it also indicated its constraints and requested for assistance from JICA in providing a part of the operational cost and a more suitable administration office at NMIMR to accommodate the Project staff.
6. The Team discussed with the Ghanaian side that JICA Research Resident scheme which started as an activity of JICA Infectious Diseases Project at NMIMR since October 2002 will be continued to be supported by the Project. It was agreed that the new theme of research should be in the field of



school-based parasitic diseases control in the model project site and that the Project PDM should include the Research Resident scheme as one of its activities.

7. Although participants of WACIPAC International Training are the officials from MOH and MOE in the Supporting sites, it was agreed that other participants with funding from International Organizations and NGOs can also be accepted to the training.
8. The Team pointed out that the draft of PDM needed more elaboration in terms of Objective Verifiable Indicators. The Team recommended that the Project should revise the PDM as early as possible after obtaining enough data for specifying Objective Verifiable Indicators.
9. The Team discussed and agreed with the Ghanaian side that WACIPAC may seek additional funds to carry out parasite control initiatives not directly covered by this Technical Cooperation Agreement.

V. Steps to be taken before the commencement of the Project

1. JICA will prepare and send the draft Record of Discussions (R/D) and draft Project Document including Project Design Matrix (PDM) and Plan of Operations (PO) to NMIMR (beginning of December 2003).
2. NMIMR will forward written comments on the draft R/D and the draft Project Document to JICA Ghana Office within two weeks.
3. R/D of the Project shall be signed between NMIMR and JICA Ghana Office as soon as possible after finalization of the Project Document (the middle of December 2003, expected)

ANNEX I Master Plan
ANNEX II PDM

(End of the Minutes)

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Master Plan

1. The name of the Project

The West African Centre for International Parasite Control Project

2. Overall Goal

Parasitic diseases control programmes of Supporting sites in the West African sub-region are implemented by the capacity built by/at WACIPAC.

3. Project Purpose

WACIPAC performs the role of building capacity for integrated parasite control activities in the West African sub-region.

4. Project Output

- (1) WACIPAC is fully established.
- (2) A model project site for school-based parasitic diseases control is fully established
- (3) Human Resources for school-based parasitic diseases control in the sub-region are trained by WACIPAC.
- (4) WACIPAC functions as a hub for information network within the West African sub-region and among three GPCI International Centers (CIPACs).
- (5) The advocacy of school-based parasitic diseases control is promoted within the sub-region and among three CIPACs.
- (6) Start-up activities on school-based parasitic diseases control are implemented in the Supporting sites.

5. Project Activities

(Output 1)

- 1.1. WACIPAC is officially established.
- 1.2. Strengthen the management structure of WACIPAC.
- 1.3. Develop human resources for WACIPAC.

(Output 2)

- 2.1. Establish the management mechanism for the model project site for WACIPAC.

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- 2.2. Develop health education materials for parasitic diseases control.
- 2.3. Conduct baseline (KAP and parasitological) surveys.
- 2.4. Implement 'control activities'.
- 2.5. Build human capacity in the model project site.
- 2.6. Build physical facilities in the model project site.
- 2.7. Propagate GPCI activities through PCA into community.
- 2.8. Secure the funding for some part of the control activities in the model project site.
- 2.9. Develop the guideline (minimum package) for implementing school-based parasitic diseases control activities in the Supporting sites.

(Output 3)

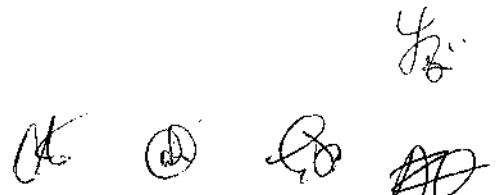
- 3.1. Conduct international workshops/seminars for health and education policy makers from the Supporting sites and development partners (two days, every two years).
- 3.2. Conduct international training courses/workshops for health and education programme managers and NGO programme officers (4–6 weeks, once a year).
- 3.3. Conduct international training courses/workshops for health and education frontline officers including NGO frontline officers.
- 3.4. Conduct in-country training courses/workshops for frontline officers from both Health and Education sectors and development partners in the targeted Supporting sites.
- 3.5. Strengthen collaboration with international organizations in conducting training courses/workshops.

(Output 4)

- 4.1. Establish a committee for planning, implementing and monitoring the information network activities.
- 4.2. Organize regular meetings (at least once a month).
- 4.3. Prepare infrastructure for networking at WACIPAC.
- 4.4. Initiate and maintain activities for an internet-based network including website and discussion group.
- 4.5. Establish database on the parasitic diseases in the sub-region.
- 4.6. Develop CD-ROM based bibliography of literatures on parasitic diseases.
- 4.7. Exchange information and data among countries, three CIPACs and international organizations.

(Output 5)

- 5.1. Visit the Supporting sites as a part of follow-up activities of international training courses/workshops.
- 5.2. Promote the partnership collaboration.
- 5.3. Create the opportunities to enhance advocacy among all stakeholders.



5.4. Distribute newsletters and reports to Supporting sites and other stakeholders.

(Output 6)

6.1. Provide technical assistance to the Supporting sites to implement start-up activities.

6.2. Provide technical assistance to the Supporting sites to develop school health education materials.

6.3. Encourage partnership collaboration in the Supporting sites.

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The Project Design Matrix

ANNEX II

1. The project for the West African Centre for International Parasite Control (WACIPAC)
2. Project period (January 2004~December 2008)
3. Implementing agency: Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana
4. Project site:

Project Office: Noguchi Memorial Institute for Medical Research

Model Project site: Dangme-East District, Greater Accra Region

Supporting sites: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal and Togo

5. Target group: School-age children and other at-risk groups in the West African sub-region

NARRATIVE SUMMARY	OBJECTIVE VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Super Goal: The burden of parasitic diseases is substantially reduced in the West African sub-region.</p>	<p>In about 10 years after the completion of the 5 years project, ratios of morbidity and mortality due to parasitic disease decrease to a certain degree in Supporting sites.</p>		
<p>Overall Goal: Parasitic diseases control programmes of Supporting sites in the West African sub-region are implemented by the capacity built by/at WACIPAC.</p>	<p>In 3~5 years after the end of the 5 years project, 1. School-based Parasitic Control programmes are actively implemented in Supporting sites. 2. 80% of personnel involved in parasite control and school health programmes in Supporting sites successfully receive training at WACIPAC.</p>	<p>1. Inquiry survey and/or Interview 2. Statistics of the Ministry of Health and Education in Supporting sites</p>	<p>1. Political stability is maintained in Supporting sites. 2. Partnership cooperation is firmly established in Supporting sites. 3. Political commitment to parasitic diseases control is enhanced in Supporting sites. 4. Economic growth is secured in Supporting sites.</p>
<p>Project Purpose: WACIPAC performs the role of building capacity for integrated parasite control activities in the West African sub-region.</p>	<p>By the end of project, 1. 60% of personnel involved in parasite control and school health programmes (managers and frontline officers) of Supporting sites successfully receive training. 2. Recognition level of WACIPAC in the sub-region as a training center of parasitic disease control is heightened. 3. Communication among personnel working on parasite control is stimulated by WACIPAC. 4. Participants submit proposals of start-up activities in their own countries.</p>	<p>1. Project records 2. Interview and/or inquiry survey 3. Evaluation sheets 4. Proposals</p>	<p>1. Adequate budgetary support to parasitic disease control from each Government does not decrease in respective countries. 2. At least half of trained personnel actively participate in parasite control activities..</p>

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<p>Outputs Output 1: WACIPAC is fully established.</p>	<p>1. Advisory Committee meetings are held annually. 2. Steering Committee meetings are held quarterly or bi-annually. 3. WACIPAC management meeting is held weekly.</p>	<p>1. Project documents</p>	
<p>Output 2: A model project site for school-based parasitic diseases control is fully established.</p>	<p>1-1. Task Force for the model project site functions fully. 1-2. No. of Task Force meetings held. 2-1. No. of PCA oversight committee meetings held. 3-1. The PCA functions practically. 3-2. No. of communities where PCA has been established. 4-1. No. of IEC materials for BCC developed and tested. 4-2. No. of radio/TV programmes developed. 5. School children and communities in the model project site acquire their knowledge of parasite control and take preventive actions. 6-1. No. of pupils covered by the baseline surveys. 6-2. No. of school-age children regularly dewormed. 6-3. Baseline survey reports are compiled and distributed to all stakeholders. 7-1. Human capacity in the model project site is strengthened. 7-2. No. of technicians and health/education personnel trained.</p>	<p>1. Project records 2. PCA activity records 3. PCA activity records 4. Project records 5. Project records 6. Project records 7. Model Project District Assembly reports</p>	<p>Fund for intervention is secured from some funding resources other than from JICA</p>

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	<p>8-1. Physical capacity in the model project site is strengthened.</p> <p>8-2. No. of water/sanitation facilities provided.</p> <p>9. School-based parasitic diseases control activities are expanded into the community.</p> <p>10. No. of meetings with NGOs and other development partners held.</p>	<p>8. Project records</p> <p>9. Project records</p> <p>10. Project records</p>	
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<p>Output 3: Human Resources for school-based parasitic diseases control in the West African sub-region are trained by WACIPAC.</p>	<p>1. The approach advocated by WACIPAC focusing on human resource development is adopted for parasite control in Supporting sites in the sub-region.</p> <p>2-1. At least 180 personnel are trained by WACIPAC.</p> <p>2-2. The number of international training courses/ workshops/ seminars organized and/or supported by WACIPAC and the cumulative number of participants.</p> <p>2-3. The number of the in-country trainings supported and/or promoted by WACIPAC and the cumulative number of the participants.</p> <p>3. The participants of international training courses acquire experiences and confidence in practicing parasite control in the fields.</p> <p>4. The personnel/agencies acquire management skills for planning and implementation of the school-based parasitic diseases control activities in Supporting sites.</p>	<p>1-1. Review on government's policies of Supporting sites for parasite control</p> <p>1-2. Interview and inquiry survey with health and education policy makers</p> <p>2. Project reports</p> <p>3-1. Evaluation reports of the international training courses</p> <p>3-2. Interview and inquiry survey with participants with regards to level of comprehension</p> <p>4. Interview and inquiry survey with participants with regards to management skill</p>	
<p>Output 4 WACIPAC functions as a hub for information network within the West African sub-region and among three GPCI International Centres (CIPACs).</p>	<p>1. The network system established in WACIPAC results in the increase of exchange of information and other interactions among the following group of people and organizations; the participants of international training courses; Ghanaian and Japanese experts; among GPCI Centers; related international organizations.</p>	<p>1-1. Interview and Inquiry survey with the participants, Ghanaian and Japanese experts, GPCI Centers, and others</p> <p>1-2. Report of IT unit of NMIMR</p> <p>1-3. Reports from users (i.e. member country's experts, the number of access to the Homepage, quality/quantity of information on the web and database)</p>	

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<p>Output 5: The advocacy of school-based parasitic diseases control is promoted within the sub-region and among three CIPACs.</p>	<p>1-1. The number of seminars/workshops for policymakers organized by WACIPAC and the cumulative number of the participants. 1-2. The number of donor coordination workshops advocated and promoted by WACIPAC and the cumulative number of participants.</p> <p>2. The number of country visits and reports.</p> <p>3. Exchange of data, documents, experience is promoted.</p> <p>4. Newsletters are periodically issued by WACIPAC.</p> <p>5. The number of visits to the WACIPAC home page is increased.</p>	<p>1. Project reports</p> <p>2. Project records</p> <p>3. Project reports</p> <p>4. Newsletters</p> <p>5. The number of visits to WACIPAC home page</p>	
<p>Output 6: Start-up activities on school-based parasitic diseases control are implemented in the Supporting sites.</p>	<p>1. The fund for start-up activities in Supporting sites is secured.</p> <p>2. Level of technique and skill of management, health policy, operational research, etc, are heightened in the sub region.</p> <p>3. School children and communities in the sub-region acquire their experiences of parasite control and take preventive actions.</p>	<p>1. WACIPAC financial report</p> <p>2. The report of start up activities</p> <p>3. The report of start up activities</p>	<p>The fund for start-up activities in Supporting sites is secured from some funding resources other than JICA</p>
<p>Activities (Output 1) 1.1. WACIPAC is officially established. 1.2. Strengthen the management structure of WACIPAC. 1.2.1. Establish the proper management structure of WACIPAC at Ghana level. (The joint coordinating committee and management committee of WACIPAC) 1.2.2. Establish the proper management structure of WACIPAC at International level. 1.3. Develop human resources for WACIPAC.</p>		<p>Inputs (A) Inputs from the Ghanaian Side (Project personnel including counterpart personnel) 1. Project Director: Director of Noguchi Memorial Institute for Medical Research (NMIMR) 2. Project manager: Head of Parasitology Unit, NMIMR 3. Officers, Personnel at Ministry of Health and Ministry of Education, Youth and Sports 4. Experts: Parasitology, Information, Education and Communication (IEC), Laboratory Technicians</p>	

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1.3.1. Recruit necessary staff of WACIPAC.
 1.3.2. Train human resources of WACIPAC.
 1.3.3. Dispatch key WACIPAC human resources to various international trainings.
 1.3.4. Dispatch key WACIPAC human resources to the counterpart trainings in Japan and/or in a Third Country.
 1.3.5. Provide support to postgraduate students under the JICA Research Resident scheme in the field of school-based parasitic diseases control.

(Output 2)
 2. 1. Establish the management mechanism for the model project site for WACIPAC.
 2.1.1. Establish a Task Force for the model project site.
 2.1.2. Organize regular discussion meetings of the Task Force for planning, implementing, monitoring and evaluating the activities in the model project site.
 2.1.3. Promote collaboration with the Ministry of Health and the Ministry of Education, Youth and Sports.
 2.1.4. Get approval from District Assembly.
 2.1.5. Build consensus with district Health and Education offices.
 2.1.6. Strengthen the linkage with regional/district School Health Education Programme (SHEP) Coordinators.
 2.1.7. Establish the autonomous management structure for operating activities at the model project site (Parasite Control Association: PCA / oversight committees) at three levels: (1) national level, (2) district level and (3) community level
 2.1.8. Implement PCA activities.

2.2. Develop health education materials for parasitic diseases control.
 2.2.1. Develop posters, games, flip charts for parasitic diseases control.
 2.2.2. Develop radio spots, T.V spots, and audio visual IEC materials for parasitic diseases control.
 2.2.3. Develop songs, dramas etc for parasitic diseases control.
 2.2.4. Test and modify the above-mentioned IEC materials at the selected schools in the model project site.
 2.2.5. Utilize the developed IEC materials.

5. Other Counterparts and Administrative personnel. Technical Experts of Global Parasite Control in the model project site - Information net work - IEC, Administration

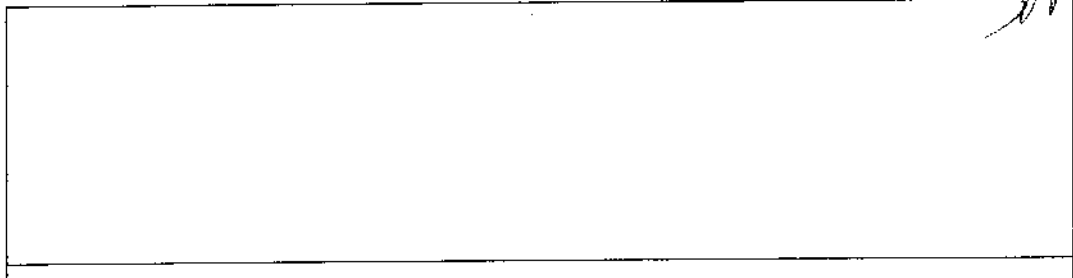
(Land and Facility)
 1. Project Coordination Office in the compound of NMIMR
 2. Project field laboratory facility in the model project site
 3. Training facilities in the compound of NMIMR

(Project operation budget)
 1. Salaries and related allowances for Ghanaian staff & Personnel
 2. Expenses of electricity, water, gas, and other fuel
 3. Regular expenses incurred by the machineries, equipment, and other supplies provided by JICA including custom clearance costs, storage costs, inland transportation costs, installation costs and other supplies.
 4. Any costs for maintaining facilities and machineries, equipment and other supplies

(B) Input from the Japanese side
 (Long term experts)
 1. Chief Advisor
 2. Project Coordinator
 3. Expert in the technical field of:
 a. Public Health (or Primary Health Care)
 b. Global Parasite Control
 c. School Health Education
 d. Others, when necessary

Note: Chief Advisor and Project Coordinator may serve concurrently as experts in one or two of above-mentioned technical fields.

(Short term experts)
 1. Public Health (Parasitology)
 2. IEC (Flip charts, games, posters)
 3. IEC (Audio Visual)
 4. System Engineer (web site and data base)
 5. PCM facilitator for training WACIPAC staff to be PCM facilitators



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<p>2.3. Conduct baseline (KAP and parasitological) surveys.</p> <p>2.3.1. Map out existing health, education and sanitary facilities in the model project site.</p> <p>2.3.2. Select the target schools for baseline survey.</p> <p>2.3.3. Organize the training workshops for teachers, health volunteers, parents and key persons in the communities.</p> <p>2.3.4. Conduct the baseline survey based on the operational study planning.</p> <p>2.3.5. Analyze and evaluate the baseline survey data</p> <p>2.3.6. Make the baseline report.</p> <p>2.3.7. Organize report meetings for pupils, teachers, parents and other key persons.</p> <p>2.4. Implement 'control activities'.</p> <p>2.4.1. Conduct periodic deworming activities at the target schools and communities.</p> <p>2.4.2. Conduct periodic health education activities at the target schools and communities.</p> <p>2.4.3. Implement the 'control activities' at the selected schools (providing water supply, toilet facilities, waste disposal facilities etc.) in collaboration with other development partners.</p> <p>2.4.4. Monitor and evaluate control activities.</p> <p>2.4.5. Conduct 'Operational Research'.</p> <p>2.4.6. Publish and disseminate the results.</p> <p>2.5. Build human capacity in the model project site.</p> <p>2.5.1. Recruit personnel for model project site activities.</p> <p>2.5.2. Train local human resources such as laboratory technicians, health volunteers, etc. for the purpose of enhancing sustainability of the activities.</p> <p>2.5.3. Organize periodical SHEP Coordinators and teachers training for promoting WACIPAC health education interventions.</p> <p>2.6. Build physical facilities in the model project site.</p> <p>2.6.1. Inspect the existing facilities, equipment and means of transportation in the model project site</p> <p>2.6.2. Improve the existing facilities, equipment and means of transportation.</p>	<p>6. Others will be dispatched upon demand (Counterpart training)</p> <ol style="list-style-type: none"> 1. IEC (Audio Visual) materials production 2. Information Technology 3. Public Health and Community Health 4. PCM facilitation 5. Training opportunities in Japan and/or in a Third Country for counterparts will be provided <p>(Machinery, Equipment and Materials)</p> <ol style="list-style-type: none"> 1. Equipment for parasitological survey and examination 2. Equipment for public health activities 3. Equipment for training on Global Parasite Control activities 4. Vehicles 5. Administration building 6. Other necessary equipment for the implementation of the project 	
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<p>2.6.3. Conduct the need assessment for the materials/equipment and physical facilities for WACIPAC activities in the model project site.</p> <p>2.6.4. Acquire materials/ equipment if necessary.</p> <p>2.6.5. Construct physical facilities (laboratory, training facility, sleeping quarters, and library if necessary)</p> <p>2.7. Propagate GPCI activities through PCA into community.</p> <p>2.7.1. Propagate the GPCI activities into communities in close collaboration with the Planned Parenthood Association of Ghana (PPAG)</p> <p>2.7.2. Implement the above-mentioned plan.</p> <p>2.7.3. Evaluate the activities.</p> <p>2.7.4. Make the report of the implementation.</p> <p>2.8. Secure funding for some part of the control activities in the model project site.</p> <p>2.8.1. Organize meetings for enhancing partnership cooperation in the model project site.</p> <p>2.8.2. Strengthen the collaboration with other development partners in provision of water supply and sanitary facilities in the model project site.</p> <p>2.9. Develop the guideline (minimum package) for implementing school-based parasitic diseases control activities in the Supporting sites.</p> <p>2.9.1. Compile the activities from 2.1 to 2.8 into a package.</p> <p>2.9.2. Compile IEC materials developed into a package.</p> <p>2.9.3 Create the guideline (minimum package) for implementing GPCI activities in the Supporting sites</p> <p>(Output 3)</p> <p>3.1. Conduct international workshops/seminars for health and education policy makers from the Supporting sites and development partners (two days, every two years).</p> <p>3.1.1. Identify health and education policy makers in the Supporting sites.</p> <p>3.1.2. Prepare general information for the workshops/seminars.</p> <p>3.1.3. Conduct advocacy workshops/seminars.</p> <p>3.1.4. Make the workshop/seminar report.</p> <p>3.1.5. Distribute the report to those concerned in the Supporting sites.</p>		
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		<p>3.1.6. Visit Supporting sites as follow-up activities.</p> <p>3.2. Conduct international training courses/workshops for health and education programme managers and NGO programme officers (4-6 weeks once a year).</p> <p>3.2.1. Identify health and education programme managers in the Supporting sites.</p> <p>3.2.2. Prepare general information for the workshops/seminars.</p> <p>3.2.3. Conduct the training courses/workshops.</p> <p>3.2.4. Make the training/workshop report.</p> <p>3.2.5. Distribute the report to those concerned in the Supporting sites.</p> <p>3.2.6. Visit Supporting sites as follow-up activities.</p> <p>3.3. Conduct international training courses/workshops for health and education frontline officers including NGO frontline officers.</p> <p>3.3.1. Identify health and education frontline officers in the Supporting sites.</p> <p>3.3.2. Prepare general information for the training courses/workshops.</p> <p>3.3.3. Conduct training courses/workshops.</p> <p>3.3.4. Make the training report.</p> <p>3.3.5. Distribute the report to those concerned in the Supporting sites.</p> <p>3.3.6. Visit Supporting sites as follow-up activities.</p> <p>3.4. Conduct in-country training courses/workshops for frontline officers from both Health and Education sectors and development partners in the targeted Supporting sites.</p> <p>3.4.1. Conduct need assessment for the in-country training in the Supporting sites using the participatory approach.</p> <p>3.4.2. Discuss the detailed content of the in-country trainings with the related government in the Supporting sites.</p> <p>3.4.3. Sign the minutes of understanding between JICA/WACIPAC and the related government.</p> <p>3.4.4. Conduct the in-country training courses/workshops.</p> <p>3.4.5. Make the training report.</p> <p>3.4.6. Distribute the training report to those concerned.</p> <p>3.5. Strengthen collaboration with international organizations in conducting training courses/workshops in the field of parasitic</p>
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<p>diseases control in:</p> <ul style="list-style-type: none"> 3.5.1. identifying suitable participants for WACIPAC training courses/workshops. 3.5.2. developing curriculum and IEC materials. 3.5.3. identifying appropriate facilitators for the training courses/workshops. 3.5.4. providing technical support to closely related training courses/workshops organized by other international organizations. <p>(Output 4)</p> <ul style="list-style-type: none"> 4.1. Establish a committee for planning, implementing and monitoring the information network activities. 4.2. Organize regular meetings (at least once a month). 4.3. Prepare infrastructure for networking at WACIPAC. 4.4. Initiate and maintain activities for an internet-based network including website and discussion group. 4.5. Establish database on parasitic diseases in the West African sub-region. 4.6. Develop CD-ROM based bibliography of literatures on parasitic diseases. 4.7. Exchange information and data among countries, three CIPACs and international organizations. <p>(Output 5)</p> <ul style="list-style-type: none"> 5.1 Visit the Supporting sites as a part of follow-up activities of international training courses/workshops. 5.2. Promote the partnership collaboration. 5.3. Create the opportunities to enhance advocacy among all stakeholders. 5.4. Distribute newsletters and reports to Supporting sites and other stakeholders. <p>(Output 6)</p> <ul style="list-style-type: none"> 6.1.1. Provide technical assistance to the Supporting sites to implement start-up activities. 6.2. Provide technical assistance to the Supporting sites to develop school health education materials. 6.3. Encourage partnership collaboration in the Supporting sites. 		
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資料2 寄生虫対策関係機関ワークショップ

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28 October 2003

Dear Sir / Madam

RE: INVITATION TO A MEETING WITH JICA PRE-STUDY MISSION AND OTHER
STAKEHOLDERS ON WEDNESDAY, 26TH NOVEMBER 2003

Japan International Cooperation Agency (JICA) and Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana, Legon are planning to implement a new 5-year project, Global Parasite Control Initiative (GPCI), at NMIMR from January 2004. This is based on the pledge made by a Japanese Ex-Prime Minister, Mr Hashimoto, at G8 summit in 1997 and 1998 for the Government of Japan to contribute to the global control of parasitic diseases. A major focus of the initiative at NMIMR is capacity building for the control of parasitic diseases in the individual country programmes in the West African Sub-region.

Following the preparatory activities of the GPCI West Africa at NMIMR since October 2001, JICA and NMIMR are jointly planning to establish the West Africa Centre of International Parasite Control (WACIPAC) as a sibling of Asian (ACIPAC) and Eastern and Southern Africa (ESACIPAC) centres.

The NMIMR and JICA Pre-Study Mission would like to invite you as an important stakeholder of the GPCI in West Africa to this meeting with the view of discussing areas of mutual collaboration and indication of possible support to the initiative.

Date	Wednesday, 26 th November 2003
Time	9:00 AM
Venue	NMIMR Seminar Room 1&2

Your presence would be highly appreciated.

Yours faithfully,

Professor David Ofori-Adjei
Director
NMIMR

Mr Tsuneo Takahata
Resident Representative
JICA Ghana Office

**WEST AFRICA CENTRE FOR INTERNATIONAL PARASITE
CONTROL (WACIPAC)**

**PARTNERSHIP MEETING OF AGENCIES IN THE FIELD OF
SCHOOL AND COMMUNITY HEALTH PROGRAMS**

DATE: 26th November 2003

VENUE: Conference Room NMIMR, University of Ghana

TIME	ACTIVITY	RESOURCE PERSON
8:30~09:00	Registration	
09:00~09:05	Opening remark	Director, NMIMR
09:05~09:10	Introductory remarks	Dr. Hasizume, Mission Team Leader
09:10~09:40	Overview of GPCI in West Africa, 2001~2003	Professor Wilson, GPCI Secretariat

TEA BREAK

10:00~10:15	WHO activities on parasite control	WHO Ghana Representative
10:15~10:30	UNICEF activities on parasite control	UNICEF Ghana Representative
10:30~10:45	MOH/GHS activities on parasite control	Dr. Richard Osei, Head DCU/GHS
10:45~11:00	World Bank activities on parasite control	WB Ghana Representative
11:00~11:15	DANIDA activities on water/sanitation	DANIDA Ghana Representative
11:15~11:30	MoE/GES activities on school health	Mrs. Mary Quaye, Head SHEP/MoE
11:30~11:45	PPAG activities on integration project	Mr. Obeng, PPAG
11:45~12:00	WFP activities on parasite control	WFP Ghana Representative
12:00~12:30	Plan of actions, WACIPAC	Prof. Wilson, GPCI secretariat
12:30~13:30	Discussion	
13:30~13:35	Closing remark	Director, NMIMR
13:35~13:40	Concluding remark	JICA Resident Representative

LUNCH

THE GLOBAL PARASITE CONTROL INITIATIVE (GPCI) IN WEST AFRICA

MICHAEL D. WILSON
Coordinator, GPCI
NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL
RESEARCH, UNIVERSITY OF GHANA,
GHANA

Origins of GPCI (or Hashimoto Initiative)

- History of successful control of endemic parasitic diseases in Japan using school-based and integrated approach
- Success repeated in South Korea

Parasitic Diseases in Japan: Brief History

- Pre World War II
 - Parasitic diseases and other infections including TB, endemic and some at very high prevalence
 - Cultural practices encouraged infections e.g. Use of human faeces as manure

Parasitic Infections in Japan

- Endemic malaria = 200,000 cases/year
- Lymphatic filariasis = Up to 20% positive microfilaraemia in endemic areas

Prevalence of Schistosomiasis & STH

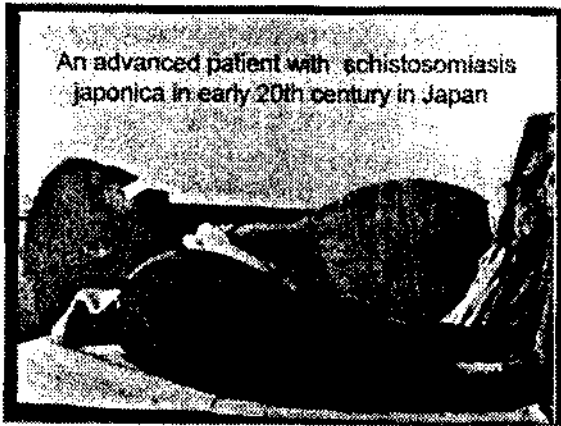
- Schistosomiasis
 - Up to 20% egg positive in endemic areas
- Soil transmitted helminthiasis (especially *Ascaris*)
 - As high as 63 - 69% according to some surveys

Lymphatic Filariasis in Japan

Wuchereria bancrofti
(in most endemic areas)

Brugia malayi
only on a small island in Japan

写真10 血吸虫の生活史



Implementers & Role of Govt

- The implementers
 - Japan Parasite Control Association (an NGO) in association with Academia (parasitologists in Universities, etc)
- Role of Government of Japan
 - No direct funding
 - Supported in the form of legislature

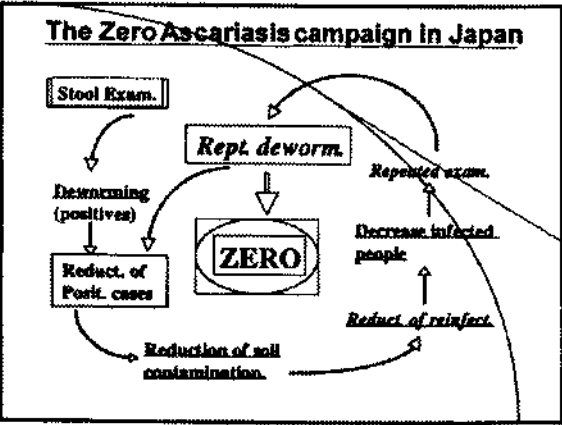
Achievements

- Endemic malaria - Disappeared 1940s
- Lymphatic filariasis - Eliminated 1979
- Schistosomiasis - Eliminated 1978
- STH (Ascaris, etc.) - 0 - < 0.01% in 2000

Adopted Control Strategies

- Integrated approach to parasitic diseases control in communities using schools as points of entry and deworming of children as the means
- School Health & Family Planning Programs
- Improvement of Hygiene (through education, legislature, infrastructure development etc)

- Deworming resulted in almost immediate restored vitality of children - which pleased parents/guardians
- Parents willingly paid for stool examinations costs and the communities accepted added-on intervention programs



Lymphatic Filariasis intervention

- Blood tests of ALL residents > 1 year in endemic areas
- Treatment of all positive cases with DEO (6mg/kg/day x 12 days administered orally)
- Tests repeated 1-2 times a year until NO positive cases are detected

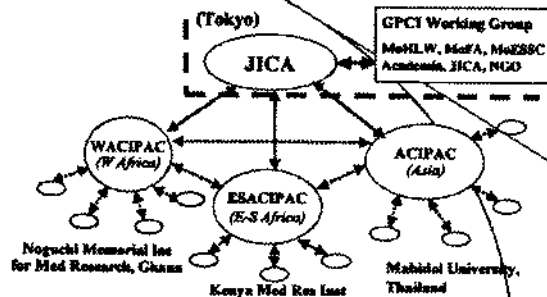
Hashimoto Initiative; The Concept

- Successful control of parasitic diseases in Japan using



- Japan to propose the "Global Parasite Control Initiative (Hashimoto Initiative)" at G8 meetings in 1997 & 1998
- And to set up international centres to build capacity, experiences and human resources its implementation, in developing countries

JICA/CIPAGs Network in GPCI



GPCI IN WEST AFRICA



- Based at the Noguchi Memorial Institute for Medical Research, Univ. of Ghana

WACIPAC Partner Countries

- | | |
|-----------------|---------------------|
| • Senegal | • Niger |
| • Nigeria | • Equatorial Guinea |
| • Cameroon | • Guinea |
| • Burkina Faso | • Guinea-Bissau |
| • Benin | • Gambia |
| • Togo | • Liberia |
| • Ghana | • Sierra Leone |
| • Cote D'Ivoire | |
| • Mali | |

GOALS of GPCI in West Africa

- Promote school-based approach to integrated parasitic diseases control (using Japan's post-WWII as model)
- Build capacity to obtain critical mass of expertise and other relevant resources
- Conduct & coordinate operational research to add and/or modify Japan's model
- Establish networks to share experiences etc

INTEGRATED PARASITIC DISEASES CONTROL: GPCI'S PHILOSOPHY

- Disease control programs can share resources to achieve maximum and visible impact
- Schools -based programs offer wide reach into almost all communities, assemblage of most at-risk groups

GPCI'S PHILOSOPHY (2)

- Mass deworming is easy to execute, safe drugs available and beneficial and impact almost immediate
- School & community-based health education component a must of any intervention program
- Sustainability of programs at community level (community-driven initiatives)

GPCI'S PHILOSOPHY (3)

- Partnership and coordination of activities of development partners etc is paramount (because only concentration of efforts can maximise impact)
- Sustainability of programs: Community involvement and ultimate ownership

Examples of Possible Integration of Programs

- Malaria and Lymphatic filariasis
 - Mass use of impregnated bednets
- LF, Onchocerciasis, Guinea worm and De-worming programs
 - Mass chemotherapy using Albendazole, Ivermectin, Mebendazole

- Parasitic diseases, HIV/AIDS, etc
 - Educational programs aimed at behaviour changes
- Diarrhoea, Guinea worm, Yellow Fever, Water provision programs
 - Infrastructural development
- Ultimately All schools should have water, toilet and waste disposal facilities

Areas of Activities: Advocacy & consensus building



- Policy makers meetings
- Country visits
- Partnership meetings

Activities: Capacity building



- Skills enhancement training (PCM, GIS, diagnoses, etc) Programs:
- International Training courses
- In-country training
- Technical support & partnership meetings

Model (demonstration) site: Dangme-East District



- To implement school-based approach strategy:
- Training purposes
- Operational research to modify strategy if found necessary

Model site: Treatment & education



- All school-age children to be treated 1-2 x each year
- Education to use IEC material,
- Shocking children with expelled *Ascaris* and brief lecture on prevention of infections very useful tool

IEC Material Development



- Games
- Flip charts
- Video
- Documentary
- etc

Model site: community involvement/ownership

- Establishment of Parasite Control Associations (PCA) as a community-driven event

PCA

- PCA activities directed at effecting behavioral change, clean environment, maintenance of facilities, personal hygiene and health awareness
- Local administration can support by providing enabling environment

Networking & Partnerships



- CIPACs
- Partners for Parasite control (PPC)
- NGOs (PPAG etc)
- WACIPAC Website and linkages to PPCs
- Online provision of technical support and database access
- Partnership meetings

Summary

- Deworming & schisto control in schools as entry into communities
- School and community-based health education
- Specific diseases control & health education programs are integrated

Summary (2)

- Focused resources of Partner agencies for necessary infrastructure development in schools & communities
- Sustainability of control programs ensured by community through associations created as a result of awareness creation activities.

Acknowledgements

- Director and Staff of NMIMR
- GPCI Secretariat, NMIMR
- JICA
- WHO
- Dangme-East District (Assembly, MoE, MoH, Parents, teachers, children)
- MoE & MoH in partner countries

Thank you all very much

West African Centre for International Parasite Control (WACIPAC):

Achievements & Plan of Action

PRESENTATION OUTLINE



- Introduction
- Pre-WACIPAC achievements
- Plans of WACIPAC

Introduction

- Noguchi Memorial Institute for Medical Research, selected as a Centre for during 1999
- GPCI Secretariat established in 2002
- The Secretariat becomes West Africa Centre of International Parasite Control (WACIPAC) from January 2004

Activities: Consensus building



- Two policy makers workshops organized in October 2001 & Feb 2002.
- Next one planned for May 2004

Advocacy Activities:



- Donor partnership meeting organized in Mali in September 2003
- Next planned for Ghana during 2004

Activities: Capacity building (2)



- Three International training courses organized
- Last attended by 23 Health and Education officers from 10 countries
- 44 trainees so far

Activities: Capacity building



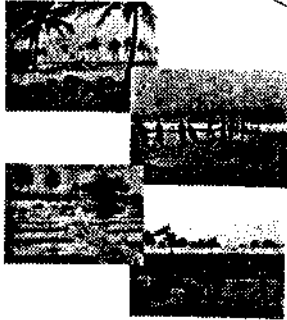
- In-country PCM workshops organized in Ghana (Feb 2003) 40 participants
- Mali (September 2003) for 33 participants

Activities: Capacity building (3)



- GPCI experts visits to countries for
 - Situational analysis & appraisal
 - Advocacy
- Eight countries visited so far:
 - 2002 Niger, Benin, Cote d'Ivoire, Burkina Faso, Mali and Senegal
 - 2003 Mali, Togo, Benin, Senegal and Cameroon

Model site: Activities



- Dangme East District of Ghana (6 subdistricts)
- Approx. 105,000 pers.
- Coastal savanna (grassland & shrubs)
- Fishing and farming
- Approx. 16,000 school children. More "out of school" aged children

Model site activities: advocacy and consensus



- Political and administrative authorities, teachers, parents/guardians, community leaders & associations 2x
- Briefing of District Assembly - Nov. 2002 and 2003
- NGOs and development agencies

Model site: resource & infrastructure building



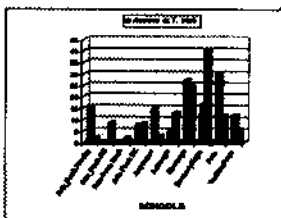
- Training 3 indigenes in lab techniques. More trainees anticipated
- Increased laboratory space at District Health Centre & logistic support
- to accommodate GPCI activities

Model site: baseline surveys



- Parasitological, Anthropometric & KAP surveys
 - More than 600 P3 pupils from 23 schools covered

Results of baseline surveys for monitoring interventions



- *Ascaris*
 - 16% (72/441) overall prevalence
 - Range = 0-30%
- *Trichuris Trichuria*
 - 12% (57/475) overall prevalence
 - Range = 2.1-40%

Model site: Results reporting to communities



- Results reporting to all schools, community stakeholders at durbars

Model site: Treatment & School health education



- More than 6000 school children treated so far

IEC Material Development



- A Game "Worms & Ladders" for play in schools developed - Currently being pre-tested
- A Flipchart with a story line also developed and pre-tested



Model site: Infrastructure development in schools & communities

- Consultation with Partners, (WHO UNICEF, DANIDA etc) initiated

Model site: GIS Database



- Geographical, biological, physical, demography, environmental data for:
- "GIS & parasitic diseases control" course

Activities: Regional collaboration

- Coordination and harmonization of Schisto and STH control activities in AFRO Region
 - WHO Assembly 2000 declaration to treat 75% of all children in endemic countries by 2010
 - WACIPAC major roles are (1) build capacity (2) Development of National Plans of Action for scaling up treatment programs

- GPCI/WHO/WB/UNICEF International meeting Tokyo March 2003
- Donor partnership meeting in Laos, March 2003
- GPCI/WHO/WB/UNICEF Regional coordination meeting in Harare, June 2003.
- Technical meeting on Curriculum harmonization in Nairobi, October 2003

- WHO/NAIMR/GPCI IVM training course October-November 2003
- Collaboration initiated with WFP/HQ, African Region & national level

WACIPAC: Plan of action

- Management Structure
 - Project Director
 - Programme Manager & supporting staff
 - Advisory Board & Steering committee
- Physical Structures
 - Administration building
 - Training facilities at NAIMR and at Model site planned
- Initial 5 year phase

Advocacy & consensus building



- Policy makers workshops
- Country visits
- Partnership meetings

Training programmes



- International training
- In-country training
- Specialized courses
 - GIS, etc

Activities: Model site



- Train indigenous to routinely carry out screening and treatment
- Improve upon laboratory facilities

Activities: Model site (2)



- PCA expanded
- Partnership collaboration
- Advocacy/lobby political authorities
- Operational research
 - Resident studentships

Activities: Regional collaboration & Networking



- Conduct Training of implementers for PPC in Africa
- Information dissemination
- Technical support for PPC programs

- Ultimately to create a centre of excellence renowned for

- Promoting school-based approach to integrated parasitic diseases control
- Building capacity in the sub-region

- Collaborating with international, regional and national development partners

- One-stop shop for information, data related to parasitic diseases in West Africa

The GPCI Team

GPCI/Naguchi Institute

Professor D. Ofari-Adjei
Dr. Kwabena Bosompem
Dr. Daniel Bookye
Mrs Judith Stephens
Mr. Maxwell Appamu
Mr. Williams Anyan
Mr. Jonas Asigbee
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Dr. S. Yamaguchi
Dr. Kenichi Ishida
Dr. Nagai

MOE & MOH

Dr R.Y. Osei
Mrs. Mary Quaye

Thank you all for listening

OVERVIEW OF COUNTRY SITUATION
PARASITIC DISEASES CONTROL

1. PLAN OF ACTION

The Parasitic Diseases Control Unit of the Ghana Health Service in 2002 produced a 5-year Strategic Plan of Action for the Control of Schistosomiasis (Schisto) and Soil-Transmitted Helminthiasis (STH) in Ghana.

The Specific objectives include the following;

1. To establish baseline data on prevalence, intensity of infection and distribution of Schistosomiasis and Soil Transmitted Helminthiasis and status of water supply and sanitation facilities in all infected communities in the districts in Ghana.
2. To target and treat at least 75% of the targeted school age children in endemic communities.
3. To implement health education programmes on schisto and STH in endemic communities.
4. To foster closer collaboration with all relevant agencies, MDA's, NGOs, Partners and the Communities.
5. To promote and conduct further research in areas like mortality, disease burden, rapid diagnostic technologies, treatment regimens, socio-cultural beliefs and attitudes on Schisto and STH.
6. To monitor regularly and evaluate the programme at mid-term and end of term.

2. COLLABORATION WITH JICA, WACIPAC (WEST AFRICAN CENTRE FOR PARASITE CONTROL)

A. Training

There is a good working relationship between the National Schisto and STH Control Programme and Global Parasite Control Initiative (GPCI), Hashimoto Initiative, which is being run by JICA under the umbrella of WACIPAC at the Noguchi Memorial Institute of Medical Research at the University of Ghana, Legon. The National programme has benefited from these training programmes conducted by WACIPAC.

1. In Feb 2002, there was a two days advocacy meeting for 8 Health Policy makers and 10 Programme Managers from 8 West African Countries. The main objective of this meeting was to sensitize and win support from these senior health personnel for the control of parasitic diseases in their various countries. At the end of the meeting these policy makers issued a communiqué affirming their government support for the control of parasitic diseases.

These countries were Benin, Camerouns, Cote D'Ivoire, Ghana, Mali, Niger, Nigeria and Senegal. This was followed immediately by 8 days capacity building training workshop in March for the Programme Managers. The topics treated included, planning, implementing and monitoring of school based parasitic diseases control programme.

The Policy makers from Ghana who attended the meeting were; the Chief Medical Officer of MOH, Dr. Kofi Ahmed, and the Head of DCU – GHS, Dr. S.O. Sackey.

2. Feb. 2003, there was an in-country training programme for 40 participants selected from all the 10 Regions in Ghana. Participants included Regional Biologists, Regional Disease Control Officers, Regional Public Health Nurses, and Regional SHEP Coordinators from Ghana Education Service. With reference to the National 5-year Strategic Plan of Action, participants produced Regional Plans of Action for the Control of Schisto and STH at the end of the workshop using Programme Management Cycle (PCM).

Participants were taken to Ada in the Dangbe East District of the Greater Accra Region where GPCI has established a model project site for the control of parasitic diseases for practical experience. The main strategies include deworming of school children, health education talks, and community mobilization.

The facilitator came from Japan.

3. In July-August 2003, WACIPAC conducted an international training programme for 23 participants from 10 West African countries including Ghana. Participants were Health Education Officers from Ministry of Health and Education of Participating countries.

Participants were taken through Planning, Implementation and monitoring of the school based parasitic diseases control programme. Participants also went to Ada model site for practical experience.

The participating countries were Benin, Burkina Faso, Cameroon, Cote D'Ivoire, Ghana, Mali, Niger, Senegal and Togo.

2B. Production of Health Education Materials

GPCI has produced various health education materials on Parasitic Diseases Control including Flip charts, Games (snakes and ladder) Pamphlets and Posters. These will be pre-tested, adopted and used by the National Programme.

2C. School Feeding and Deworming workshop at Yaounde for

From 27th to 30th Oct. 2003, there was a “School Feeding and Public Health Joint WFP/WHO World Bank Workshop” at Yaounde in the Republic of Cameroon for both Anglophone and Franchophone African Countries. The main objective is to add deworming to the school Feeding Programme currently going on in some districts in the Northern, UE and UW Regions in Ghana. Three representatives from GPCI namely Dr. Morinaka, Prof. Wilson and Mrs. Judith Stephens attended.

During the workshop there were negotiations between the National Schisto & STH programme WFP (Ghana) and GPCI.

Finally GPCI has agreed to

1. Verify the reliability of the baseline data collected by the GHS in the North, UE and UW by sending a team of laboratory personnel from Noguchi to these areas to conduct their own laboratory investigations.
2. Check Haemoglobin levels among the children as a baseline data before interventions since this was not included in the baseline survey due to cost.
3. Train Ghana Education Personnel (Teachers) and GHS personnel on mass deworming of children.

3. COLLABORATION WITH WHO

3.1 Collection of baseline data in the North, UE & UW

In November 2002, funds were given to the Regional Health Administration of Northern, Upper East and Upper West Regions to collect baseline data on schisto and STH in the districts after prior discussions with the team from the National Schisto and STH Control Programme in Accra. The survey had three components.

1. Questionnaire Survey in the schools
1. Laboratory examination of stools in urine among school children.
2. Baseline data on sources of water and waste disposal practices in the communities.

Reports received from the regions indicate that all of them have finished with the data collection and are currently on data analysis and report writing.

The surveys were sponsored by WHO and the Government of Ghana.

WHO also provided funds for the production of 5-year Strategic Plan of Action and Policy Framework for schisto and STH control in Ghana?

RESULTS

The preliminary results received on the prevalences of the schisto and STH in the three regions are as shown below.

UPPER EAST

<u>Type of Worm</u>	<u>Prevalence</u>
Hookworm	0.55.6%
Strongyloides	6-80%
S. haematobium	6-80%
S.mansoni	83%
Ascaris	6.7%
H. Nana	16%

UPPER WEST

<u>Type of Worm</u>	<u>Prevalence</u>
Hookworm	3.2%
H. Nana	3.4%
Ascaris	5.5%
Strongyloides	0.5%
Taenia species	0.07%

NORTHERN REGION

<u>Type of worm</u>	<u>Prevalence</u>
Hookworm	5 – 98.5%
Ascaris	0 – 30%
H. Nana`	0 – 40%
Trichuris	0 – 5%
S. haematobium	0 – 65%
S. mansoni	0 – 45%

4. OTHER DEWORMING ACTIVITIES IN THE NORTH, UE & UW

UNICEF

Since 1989, UNICEF has adopted four districts namely: Savelugu/Nanton, Tolon/Kumbugu Yendi and Zabzugu/Tatale for intensified health programmes.

In 2002, there were two rounds of deworming of all pupils in the primary schools using 1 tablet of Albendazole (400mg).

Primary school pupils in two districts in the Upper East Region, namely Builsa and Bawku East also had two rounds of mass deworming.

In 2003, all primary school children in the four districts in the Northern Region all primary school children in all the six districts in the Upper East have had one round of deworming in October during the first NID. The second round of deworming is scheduled to take place in six months time in 2004.

5. FILARIASIS ELIMINATION PROGRAMME

Elimination of Lymphatic Filariasis programme for Ghana was set up in June 2000. The programme started in 41 endemic districts identified during a survey. The main strategies include mass treatment of endemic human populations to stop the spread of infection and morbidity control to alleviate the suffering caused by the disease. During the first round of treatment 5 endemic districts namely Ahanta West, Awutu-Efutu-Senya, Sissala, Kasena –Nankana and Builsa. During the second round 9 additional districts were added.

During the third round of treatment in 2003 all the 5 districts in Upper West and all six districts in the Upper East and five districts in the Northern Region received treatment. The districts in the Northern region were Zabzugu Tatale, West Mamprusi, Savelugu Tolon Kumbugu, Nanumba.

The drugs used are Ivermectin and Albendazole tablets.

There are plans to extend the programme to more districts.

DR. R.Y. OSEI
NATIONAL PROGRAMME MANAGER
SCHISTO & STH CONTROL PROGRAMME



WHO activities on Parasite Control

Presentation at the meeting: pre study mission for implementation of global parasite control initiative, NMIMR 26th Nov. 2003



Background

- **The Resolution 54.19**
At the World Health Assembly in 2001 a resolution was put forward which urged endemic countries to start seriously tackling worms, specifically schistosomiasis and soil transmitted helminths.



The Resolution 54.19

- **Resolution 54.19 was endorsed by every single Member State which triggered two important spin-offs.**
 - **First a measurable global goal was set and**
 - **Second the Partners for Parasite Control (PPC) was established**



THE GLOBAL TARGET

- **To regularly treat at least 75% of all school-aged children at risk of illness from schistosomiasis and soil transmitted helminths by 2010.**
- **In order to reach that goal, another 'sub-goal' was set which states that all health services in endemic areas should be stocked with the drugs to treat schistosomiasis and soil-transmitted helminths**



The Partners for Parasite Control

- **Resolution 54.19 also called for the establishment of a partnership bringing all the different players together. The 'Partners for Parasite Control' (PPC) was subsequently launched.**



What is the structure of the PPC ?

- **As a loose alliance with no formal membership**
- **PPC has no boards of directors or steering groups and no global financial fund to manage or oversee.**
- **This means it can respond to country demands rapidly and also enjoys the flexibility of being a relatively small-scale global programme.**

PPC's Roles are to

- Provide a platform to share the latest technical and scientific information as well as practical programmatic information on control programmes.
- To use the different capacity and skills of each partner to piggy-back de-worming onto existing programmes and campaigns.
- To provide tools (field, lab and health education materials) and training where necessary.

PPC's Roles

- To track the progress each endemic country is making towards the 2010 Goal.
- To generate partnerships from the local level up to the national level and globally.
- To step up international advocacy for parasite control.

Endemic countries need to work to create

- political commitment in support of national worm control programmes
- strategic plans for funding so that programmes are stable and long-lasting
- regular and effective coverage in endemic areas with sound reporting systems
- shared responsibilities and working partnerships to increase the coverage.

NGOs can work to:

- use their extensive outreach and networks to reach high risk groups
- integrate deworming into their regular work
- make deworming a regular and standard part of any health packages offered under their responsibility (e.g. Integrated Management of Childhood Illness).

Scientific and academic institutions can:

- share with the PPC their expertise in training and research
- create practical responses to meet programme needs
- assist in strengthening the research capabilities of endemic countries.

UN Agencies should:

- add deworming to their large-scale programmes, for example vitamin A supplementation campaigns, and school and refugee feeding programmes
- can use their position to leverage funding and international support to make deworming a mainstream activity
- encourage the inclusion of deworming in the work of all their partners.

Bilaterals, Foundations and Other Donors need to:

- invest funding towards diseases like these which cause as much suffering as some of the bigger killers - a few extra cents can make all the difference in worm control!

- invest funding in countries with a long-term commitment in the understanding that this is the only way programmes will truly succeed

Endemic countries, NGOs, scientific and academic institutions and United Nations agencies will receive:

- technical support and guidance to establish, implement and maintain sound worm control programmes
- training support at different levels - from community health workers and teachers to government policy-makers
- training materials and tools.
- regular information and updates

Opportunities:

- assistance, if necessary, to purchase drugs at low cost
- support in fundraising for worm control programmes
- invitations to share and discuss their work at PPC meetings and advocacy for any deworming work which they are carrying out which can be written up in the PPC documents

Bilaterals, foundations and other donors will receive

- relevant and timely information on which to base their decisions, for example, country profiles that summarize the situation in each endemic country
- convincing evidence that investing in worm control is one of the simplest and most cost-effective programmes a donor can support with satisfying returns
- the technical support mentioned above to ensure that their investments are sound and implemented well.

Achievements

- **News letter**
 - Action Against Worms
- **Documentations**
 - Publications, Health Education materials
- **Links**
 - TDR (Inside WHO)
 - Gates Foundation
 - Schistosomiasis Control Initiative
 - CDC
 - Others

GHANA Partnerships

- NMIMR
- JICA
- UNICEF
- WFP
- GHS
- OTHERS

- WHO
- MOH



GHANA 2

- Policy developed on control of soil transmitted helminthes and schistosomiasis
- Strategic framework developed 2002
- Hashimoto Initiative – training of programme managers, WHO sponsored Ghana participants



GHANA 3

- Baseline assessment of burden of worm infestation almost completed for the northern regions
- Discussions started with WFP on collaboration in mass deworming, linking with nutrition programmes



Way forward

- Scaling up through expanding partnerships
- Enhancing effectiveness through maximization of comparative advantages of partners



Key areas

- **Baseline data for other parts of the country**
- **Availability of drugs for deworming**
- **Development (adaptation) of IEC materials**
- **Integration of interventions**
 - E.G. - Hand washing



Thank you

Dr. H. Opatu
for Dr M. George
WHO Representative, Ghana

School Health Education Programmed (SHEP)

- Mrs. Mary L. Quaye

(National School Health Co-ordinator
Ghana Education Service)

Rationale

- To bring health education to the doorstep of school children for early detection of defects/disability
- For management as well as inculcating into them health promoting habits values as a means of improving child survival, school attendance, retention and achievements.

The education sector

- Through its schools reaches/serves more communities than any other governmental sectors in Ghana
- Teachers are in a better position to influence health behavioural change in schools more than health workers

Origin of SHEP

- Established in 1993 as an outcome of Ghana government's directives to both Ministries of Education and Health to introduce an integrated health education so that all children in school will enjoy some measure of the right to good health

Vision

- To create a healthy school population that is health conscious and eager to contribute effectively and efficiently to national development

Goal

- To promote the well-being of:
 - pupils/students
 - Their families
 - The entire community
- By positively influencing:
 - Health knowledge
 - Attitudes
 - beliefs and values

Objectives

- To assist learners to acquire knowledge and skills that will enable them live and practice healthy life styles
- To promote good health and environmental sanitation in schools
- To improve the health status of learners so as to enhance their academic performance etc

Management of SHEP

1. National Office;
 - Plays co-ordinating role
 - Monitors
 - Evaluates programmes
 - Provides networking
 - Funding opportunities

Management of SHEP (1)

2. Regional (10 Regional SHEP Co-ordinators)
 - Co-ordination of District achievements
 - Programmed designing
 - Implementation and monitoring
3. District Offices (110 District SHEP Co-ordinators)
 - Programme planning
 - Implementation and monitoring

Management of SHEP (2)

4. School Level (16,749 SHEP teachers in each school)
 - Programming
 - Implementation
 - Supervision

Programmed areas

- 10 programme areas under 3 general entry points of school health;
 - a. Health School Environment
 - b. School Health Services
 - c. Health Education

Where GPCI falls in the above

- School Health Services and specifically under environmental health, personal hygiene, food and nutrition, school health services

Strategies used under the following

- Advocacy
- Sensitization
- Collaboration, networking and partnerships etc
- Peer education
- Health quizzes, symposia, debates etc

Role of SHEP in GPCI (1)

- To embrace GPCI and assist in programme implementation design
- To put at the disposal of GPCI, SHEP staff from National to District level
- To foster collaboration and build linkages with GPCI related MDAS NGO's and the communities in order to promote GPC and the health of school children
- To synchronize school health activities with that of GPCI to create an enabling environment for implementing programmes

Role of SHEP in GPCI (2)

- To help identify challenges related to GPCI and address them
- To design and build in sustainability aspect of the programme from the onset of GPCI
- To foster or promote community/school ownership of the programme
- Regular monitoring and evaluation
- Creating an enabling environment for the project

Things To Consider For Successful Implementation of GPCI In Ghana (1)

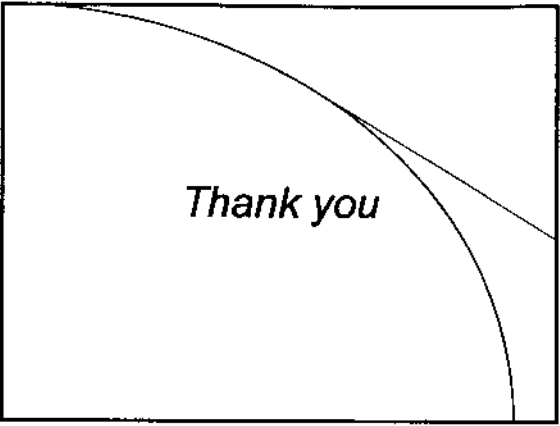
- Creation of strong WACIPAC and wholistic development of model project site
- Functional national steering committee and PCM
- Keeping within implementation schedule
- Adequate financial and logistic support
- Committed staff, dedicated to the course of GPCI and improvement in the health of school children
- Regular monitoring
- Review meetings

Things To Consider For Successful Implementation of GPCI In Ghana (2)

- Regular and timely dissemination of information and reports
- National ownership of the programme
- International exchange programme and visits
- Provision of water and sanitation facilities and environment and personal hygiene as well as water and sanitation hygiene education
- To address challenges identified along side programme implementation

Things To Consider For Successful Implementation of GPCI In Ghana (3)

- Effective collaboration and linkages with allied:
 - MDA's
 - NGO's
 - CBO's
 - Communities especially Ghana Health Services and community water and sanitation



COMMUNITY-BASED PARASITE CONTROL: PPAG'S EXPERIENCE

BY EMMANUEL OBENG, ZONAL MANAGER, PPAG – SOUTHERN ZONE

INTRODUCTION

PPAG has since 1987 been implementing the integrated family planning, nutrition and parasite control project (IP) with funding from the Japanese Organization for International Cooperation in Family Planning (JOICFP) and International Planned Parenthood Federation (IPPF).

The project was initially piloted in nine (9) communities. The pilot phase ended in 1992 and in 1993, the project was expanded to surrounding communities. The project currently covers thirty-four (34) communities with an estimated population of 28,986. These communities are located in the Awutu-Effutu-Senya and the Gomoa districts.

The project uses nutrition and parasite control as entry points to increasing family planning acceptance. It operates on the basic philosophy that reproductive health/family planning services are best embraced by communities if promoted through other identified community needs and implemented in an integrated manner with full participation of the community.

For the purposes of community ownership and sustainability, representatives from PPAG, the community and collaborating agencies including the District Assembly, DHMTs and Ghana Education Service manage the IP.

GOAL

The project's goal is to improve the health status of community members especially women and children.

OBJECTIVE (Parasite Control Component)

- Reduce prevalence of intestinal parasite especially soil transmitted helminthes among children under 25 years,

STRATEGIES

The strategies for IP take into account the physical, social, cultural and economic environment of the project sites. Strategies that are sustainable, less costly, physically accessible, affordable, feasible and acceptable to the community and collaborating agencies were adopted.

The strategies used are classified under the following broad areas: -

- Community Participation
- Capacity Building
- Resource Mobilization and Utilization
- Inter agency Collaboration
- Behavioural Change Communication (BCC)

Community Participation

The IP is located in rural communities, which are more cohesive and near permanent in composition in terms of cultural values and utilization of community resources and services. The people have similar lifestyles, share and identify themselves with common concerns. Against this backdrop, the project is designed to be community-centered so as to promote full participation of the community members. Various project management committees were formed at the district and community levels to promote community participation and ownership. During stool collection for instance, LSC members together with CBS agents and Peer educators are instructive in educating and mobilizing people in their communities.

Capacity Building

Training and orientation programmes form integral part of the IP. Various training and orientation programmes were organised for project staff, collaborating agencies and community volunteers including CBS Agents, Peer Educators (PEs) and members of the Local Steering Communities (LSCs) to equip them with the relevant knowledge and skills in community mobilisation and environmental and parasite control issues.

Resource Mobilisation

Efforts at mobilising local resources to support parasite control activities include the following:

- ***Cost sharing for deworming drugs:*** The community pays 30% of the cost of deworming drugs (Zentel) whilst the project accounts for the rest.
- ***Community contributions:*** Community contributions to the project are mainly in kind. For instance, LSCs, CBS Agents, PEs, Community Resource Persons volunteer their time and effort to educate and provide services to the rest of the community. Other contributions take the form of land, sand, stones, water, skilled and unskilled labour provided by the community for the construction of KVIPs.

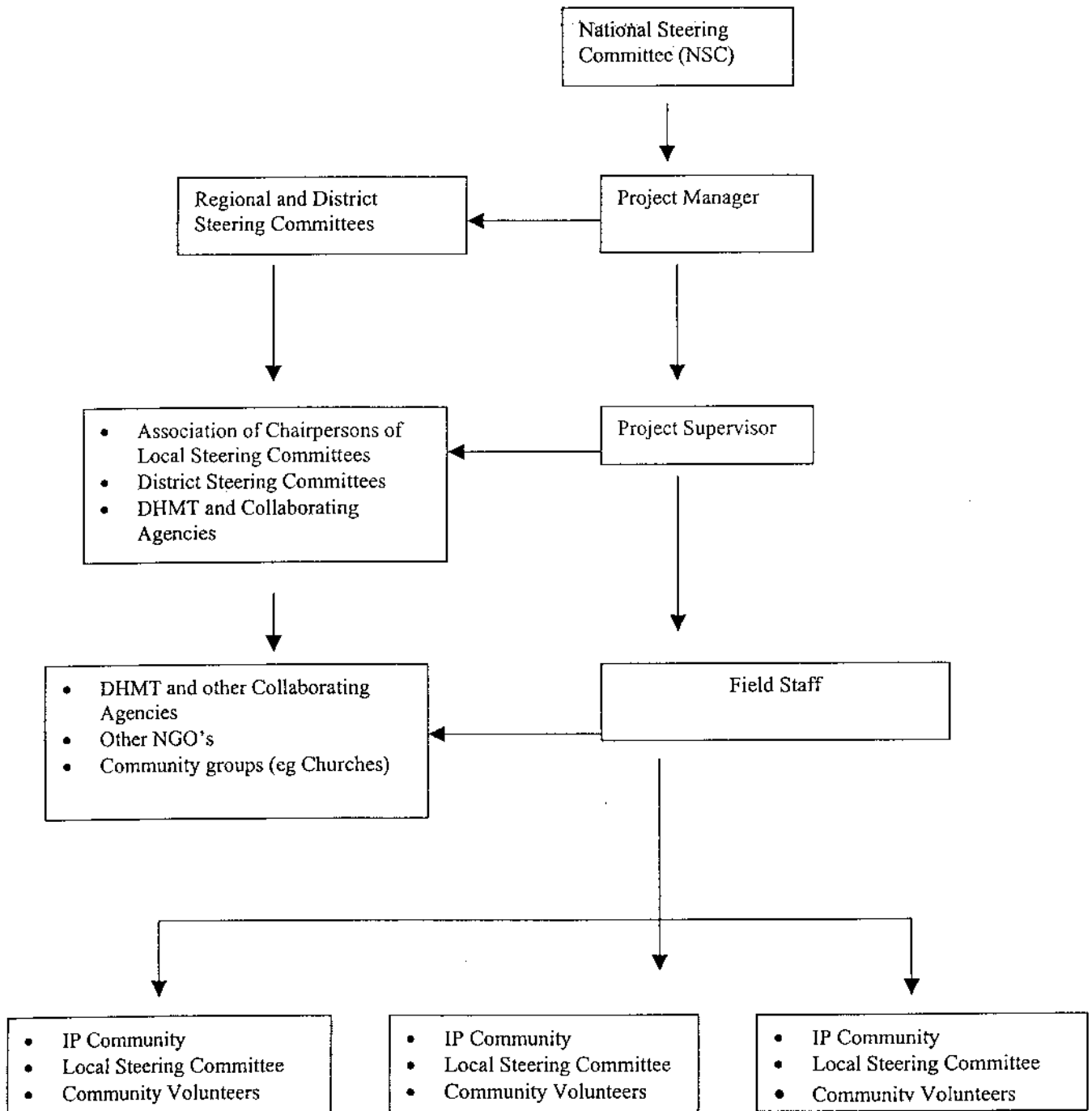
Inter-Agency Collaboration:

Inter- Agency collaboration is one of the key strategies used under the IP. The idea is to avoid duplication of work, share experiences, skills and resources and ensure uniformity of standards for high efficiency in the implementation of the project. Through collaboration and networking, the Ministry of Health provides nurses and laboratory technicians to support the project. The District Assemblies also assigns Environmental Officers to serve as resource persons during environmental programmes.

Behaviour Change Communication (BCC)

A number of BCC activities are organised under the IP to create awareness and increase knowledge on environmental sanitation and the importance of parasite control. The IP staff and CBS Agents undertake home visits and organise drama, group discussions for community members.

Organizational Structure of the IP



MAIN ACTIVITIES

Behavioural Change Communication (BCC)

The CBS Agents with support of project staff and the District Environmental Sanitation Officer in charge of Awutu-Bontrease area regularly organise BCC including home visits, group discussions, film shows, radio discussions and drama in the project area. The importance of regular refuse disposal, personal and food hygiene feature prominently in the BCC activities.

Environmental assessment

Environmental assessments are conducted by the District environmental Officer to determine the best "environmental" community. Communities adjudged to keep the best environmental standards are given awards in the form of tools including shovels and wheelbarrows.

School health programme (SHP)

The project also organise environmental sanitation activities in thirty-one (31) basic schools in the project area. Under this programme project staff conduct monthly sanitation inspections in the schools. Personal hygiene is promoted among the pupils and food vendors at the premises of the schools through lectures and film shows. The project provides the schools with washing basins and supports schools to build places of convenience.

Stool collection, analysis and deworming exercises

Stool sample are collected among children aged 0 - 24 years and analysed at community level. Community members have the opportunity to look through the microscope to confirm the results for themselves thereby serving as a motivation for parents to deworm children found to be positive and encouraging people to maintain good personal/environmental hygiene. The project subsidises the cost of the deworming drug (Zentel) by 30%.

Construction of toilet facilities.

KVIPs are built as part of efforts to promoting personal hygiene in the project communities. The project provides basic building materials including cement, iron rods, etc. whilst communities provide labour, land and sand for

Collaboration and Networking

The project provided the platform for all stakeholders including community members, District Assemblies, DHMTs and school authorities to work together to control parasite infection in the project communities.

Reduction in Parasite Infection

There has been a substantial reduction of soil transmitted parasitic infections among children from 49.0% in 1991 to 7.2% in 2002 in the IP area.

Parasite Infection Rate (1991, 1995, 1997, 2000-2002)

Year	Stool Samples	Positive	Negative	Rate of Infection
1991	2,122	1,050	1,072	49.0%
1995	1,618	131	631	39.0%
1997	2,572	915	1,657	36.0%
2000	2,206	216	1,990	10.2%
2001	1,750	284	1,226	16.2%
2002	1,500	109	1,391	7.2%

CHALLENGES

- Lack of electricity in most of the project communities initially affected the use of the microscope to analyse stool samples at the community level.
- Poor sanitary conditions posed a lot of challenges during the initial stages of the project
- Most children were not provided with footwears either because their parents could not afford due to poverty or the parents did not find it necessary to do so.
- Incidence of other parasites other than soil transmitted helminthes such as flagalletes
- High cost of deworming drugs

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LESSONS LEARNT

- The use of participatory approach is time demanding but rewarding.
- Given the necessary support, most communities are capable of solving their own health problems especially with regards to sanitation and environment.
- Regular capacity building and orientations are critical in ensuring effective participation and involvement of volunteers in parasite control programmes.
- Cost recovery element should be introduced from the inception of the project since its introduction later in the implementation of the project may face some difficulties.
- Collaboration and networking prevent duplication and lead to sustainability.
- Stool analysis at the community level serve as powerful behavioural change tool if community members are given the opportunity to confirm their own results through the microscope.

CONCLUSION

The participatory strategies employed combined with effective BCC activities organised under the project enabled community members and other stakeholders to support the parasite control component of the IP. The commitment of community volunteers and project staff played significant role towards the successful implementation of the project.