付　属　資　料

1. Minutes of Meeting

2. 評価グリッド

1. Minutes of Meeting

Minutes of Meeting
between
the Japanese Evaluation Team
and
the Authorities Concerned of the Government of the Kingdom of Thailand
on the Asian Centre of International Parasite Control Project

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") headed by Dr. Akira Hashizume, visited the Kingdom of Thailand from November 7 to November 13, 2004 in order to evaluate the implementation and the achievements of the Asian Centre of International Parasite Control Project (hereinafter referred to as "the Project") based on the Record of Discussions signed on March 23, 2000.

During its stay in the Kingdom of Thailand, the Team had a series of discussions and observations, and exchanged views with the authorities concerned. As a result of discussions, both parties agreed upon the matters referred to in the document attached hereto.

Bangkok, November 12, 2004

Dr. Akira Hashizume
Leader,
Evaluation Team,
Japan International Cooperation Agency,
JAPAN

Professor Dr. Pornchai Matangkasombut
President,
Mahidol University,
KINGDOM OF THAILAND

Dr. Thawat Suntrajarn
Director-General,
Department of Disease Control,
Ministry of Public Health,
KINGDOM OF THAILAND

Associate Professor Pratap Singhasivanon
Dean,
Faculty of Tropical Medicine,
Mahidol University
KINGDOM OF THAILAND

ATTACHED DOCUMENT

1. Introduction

The Team, organized by JICA and headed by Dr. Akira Hashizume, visited the Kingdom of Thailand from November 7 to November 13, 2004 in order to evaluate the implementation and the achievements of the Project based on the Record of Discussions signed on March 23, 2000.

The Japanese and the Thai sides jointly analyzed and discussed the achievement of the Project in terms of relevance, effectiveness, efficiency, impact, sustainability and the future directions.

Through careful studies and discussions, the Team and the Project summarized their findings and observations as described in this document.

2. Conclusion

The Project has significantly realized four different outputs and achieved the Project Purpose. However, some major tasks remain unfinished, reflecting more and detailed needs expressed by those concerned. One of the major tasks is the provision of a training course to meet different types of needs for human resource development. Another major responsibility is to strengthen the networking among the partner countries and among donors as well. The networking of the partner countries specifically for mainstreaming the school-based approach in the policy direction is necessary. Furthermore, the information sharing and partnership for human resource development among donors and partner countries is necessary.

The possibility of the subsequent cooperation of the JICA should be considered, because the ACIPAC is likely to have more tasks to meet a variety of needs expressed by those concerned. Mahidol University still needs a support for some of the areas in the training course and the coordination tasks among the partner countries and donors.

1

3. Recommendations

(1) Summary and dissemination of the SSPP's experiences in partner countries

The achievement and implementation process of the SSPP should be comprehensively evaluated and shared among the stakeholders and summarized them as a reference to enable those interested in school health and parasite control to utilize the experience of the SSPP.

(2) Further effort to improve the curriculum, content, and administration of the international training course to meet the wide-ranging needs

There were many suggestions from ex-trainees, the partner countries, and donors to improve the course in order to meet the wide-ranging needs, such as organizing the course separately for those with different level of knowledge and skill, inviting trainees from other countries, or organizing in-country trainings. If the training course is to be continued, such further efforts should be made to meet a variety of requests.

(3) Establishment of the system to sustain and strengthen the human/information network

The staff in charge of the human/information networking should be assigned to sustain the activities. The Japanese experts should transfer necessary knowledge and skill to the newly assigned staff. In addition, IT committee should be reactivated to identify what should be done. The follow up activity in each country should be explored as well.

(4) Implementation of every measure to increase sustainability

Implementation of every measure to increase sustainability should be explored by approaching a variety of funding and technical agencies (e.g. Asian Development Bank, WHO, UNICEF, SEAMEO TROPMED Network, etc.).

4. Lessons learnt

(1) Intensive communication and mutual understanding among stakeholders

Intensive communication and resulting mutual understanding among stakeholders, especially JICA headquarter, resident offices, the counterpart authorities, and the

Pimon Diangkam.

experts concerned, at the planning and implementation stage, should be done in a region-wide technical cooperation project. A lack of such communication and understanding also could reduce the sense of ownership of the counterpart organizations.

(2) Combination of the experiences of the Japanese and other countries for a particular approach with adequate adjustment

The combination of the Japanese and Thai experiences on school-based parasite control was more useful than an application of the Japanese experience alone to be introduced to the partner countries. However, at the same time, the approach needs to be adjusted carefully to the context of each country.

(3) Appropriate selection of the method to disseminate information to different target groups

As mentioned earlier, the ACIPAC has made an effort to disseminate information through the information network, but encountered the problem in reaching the target group such as ex-trainees. Appropriate methods should be considered and implemented by considering the situation of the target groups.

(4) Introduction of an appropriate process of selecting candidates for the training course

Proper criteria and system for selecting candidates should be informed to the organizations concerned from the initial stage of the project.

(5) Expansion of a region-wide technical cooperation project to a bilateral scheme

The ACIPAC covered a large scope of activities including the coordination between the Ministry of Education and the Ministry of Health, the formulation of the national task force and policy. It could lead to the request of the Lao side for the dispatch of a Japanese expert on school health. This experience of leading to bilateral cooperation based on the output of a region-wide technical cooperation project should be shared and utilized for other similar projects.

JOINT EVALUATION REPORT
on the Asian Centre of International Parasite Control Project

Bangkok, November 12, 2004

ANNEX:
ANNEX 1: Project Design Matrix
ANNEX 2: Project Inputs
ANNEX 3: Evaluation Grid
ANNEX 4: Summary of the Small Scale Pilot Projects

1. Introduction

1-1. Methodology of Evaluation

The Project was evaluated jointly by the Japanese and Thai sides. Both sides examined the Project Design Matrix (hereinafter referred to as "PDM") of this Project. PDM is a summary table of the overall description of the Project, its objectives and environments.

Both sides confirmed the achievements of the Project in terms of its objectives, outputs, activities and inputs stated in PDM. Both sides conducted the evaluation based on the five criteria, namely, Relevance, Effectiveness, Efficiency, Impact, and Sustainability. The descriptions of these criteria are given below.

1-2. Key Criteria of Evaluation

The evaluation was conducted based on the following five criteria, which are the major points of consideration when assessing JICA-supported projects.

1) Relevance:	The relevance is the measure for determining whether the outputs, the project purpose and the overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
2) Effectiveness:	The effectiveness is concerned with the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by a project.
3) Efficiency:	The efficiency is the measure for the productivity of the implementation process: how efficiently the various inputs are converted into outputs.
4) Impact:	The impact is intended or unintended, direct or indirect, positive or negative changes that occur as a result of a project.
5) Sustainability:	The sustainability is the measure for determining whether or not the project benefits are likely to continue after the external aid comes to an end.

1-3. Sources of information used for Evaluation

The following sources of information were used for this evaluation

(1) The Record of Discussions (R/D) signed by Thai Authorities and JICA Implementation Study Team on March 23, 2000.

(2) The PDM (Annex 1)

(3) The record of inputs and outputs from the Japanese and Thai sides and activities of the Project

2. Background and Summary of the Project

2-1. Brief Background of the Project

The first version of PDM was made and officially signed and exchanged between Thai and Japanese sides on March 23, 2000.
The second version of PDM was made and officially signed and exchanged between Thai and Japanese sides on July 1, 2002.

The Super Goals, Overall Goals, and Project Purpose specified in the PDM were agreed upon as follows:

Super Goal: Parasitic disease is substantially reduced as public health problems in the Southeast Asia.

Overall Goal: Parasite control programmes are strengthened by the health human resource development in the Southeast Asia.

Project Purpose: Asian Centre of International Parasite Control (ACIPAC) performs the role of an international human resource development centre for parasite control activities in the region.

2-2. Duration of Technical Cooperation

Five years from March 23, 2000 to March 22, 2005

2-3. Outputs of the Project

1) School-based approach advocated by ACIPAC is accepted as an effective one to the parasite control by the region, of which core countries are Cambodia, Lao P.D.R., Myanmar, Thailand and Vietnam (CLMTV).
2) Human resources for the parasite control in the region are trained by ACIPAC in its international training course incorporating model activities in Thailand.
3) Small-scale pilot projects on school-based malaria and soil-transmitted helminthiases (STH) prevention and control are implemented as a practical training in the filed in CLMTV.
4) ACIPAC functions as a centre for human and information network to promote interaction among personnel/agencies in the region.

2-4. Implementing Agencies

Mahidol University

2-5. Project Inputs (Annex 2)

(Japanese Side)
- List of Japanese experts dispatched
- List of Thai counterparts trained in Japan
- List of machinery and equipment provided
- Amount of support for operational expenses of the Project

(Thai side)
- List of counterparts for the Project

3. Five Criteria Evaluation

The evaluation is made based on the five criteria for evaluation (see Annex 3 for the Evaluation grid and Annex 4 for the summary of the Small Scale Pilot Projects)

3-1.Relevance

The Project is highly relevant in terms of the need of the region and target group, the policies of the partner countries, the selected strategy of the school-based approach, and the cooperation policy of the Japanese government.

(1) The Project adequately addresses the need of the region and the target groups.

Malaria and STH are widely prevailing and observed in the partner countries and Thailand, though with different degrees of prevalence and intensity from one area to another.

The ACIPAC's international training course is relevant to the needs of the trainees as a target group. According to the result of the questionnaire survey to the ex-trainees, more than 65% of 92 respondents assume that the course met their expectation completely or almost completely. In addition, each subject of the course is evaluated as very useful or useful by the majority of the ex-trainees. In discussion with ex-trainees, the combination of managerial and technical matters in the course also received good evaluation, and especially management subjects were new and useful to those with technical background.

The site of the Small Scale Pilot Project (SSPP) in each country was selected by the condition of the area such as the prevalence and intensity of STH and malaria, which were identified by the baseline survey. Therefore, it can be assumed that the SSPP adequately addresses the need of the target group in the SSPP site.

(2) The Project is relevant to the need identified in the policies and programs of the partner countries.

Policy and institutional framework had already existed in some of the partner countries before the Project started. The Project is intended to influence the policy direction of school health and parasite control through South-South cooperation and its achievement further enhances the relevance of the Project in terms of policy direction.

Country	Policy/Program	Institutional framework
Cambodia	Helminthiasis Prevention and Control Policy (2003), School Health Policy (draft)	National Task Force for the Control of STH, Schistosomiasis, and for the Elimination of Lymphatic Filariasis
Lao P.D.R.	National Intestinal Helminth Prevention & Control Policies (2003), National Policy for School Health (draft)	Coordination Meeting for School Health, National Task Force of School Health
Myanmar	School Health Program (1970s)	National School Health Committee (inter-ministerial)
Thailand	National Helminthiasis Control Program (1980-1997), Five-year project on Helminthiasis Control in Schools Children under the Royal Initiative Project, National Malaria Control Program	Task force meeting for the five-year project on Helminthiasis Control in School Children
Vietnam	N.A.	National Meeting on Reviewing Direction on School-based Helminth Control in Vietnam (March 2003), Partnership meeting for parasite control (planned)

(3) The strategy and approach of the Project is appropriate.

In May 2001, the World Health Assembly adopted a resolution calling on member countries to support the strategies to reduce the burden from intestinal parasites. The resolution suggests cost effective approaches to parasite control such as regular treatment of at-risk populations, especially school-age children.

(4) The Project is relevant to the priority of the cooperation policy of the Japanese government.

At the Birmingham Summit in 1998, the political leaders of the Group of Eight (G8) decided to take an action to reduce the burden of those who are suffering from infectious diseases including malaria and parasitic diseases in developing countries, which is known as the Hashimoto Initiative. The Hashimoto Initiative was further accelerated by the Okinawa Infectious Diseases Initiative at the Okinawa-Kyushu Summit in 2000. In this Initiative, Japan was supposed to tackle infectious diseases, focusing on malaria and parasitic diseases as well as on HIV/AIDS, tuberculosis and polio, through the promotion of the Hashimoto Initiative and South-South cooperation.

3-2.Effectiveness

(1) Project Purpose

The ACIPAC has been performing the role of an international human resource development center for parasite control activities in the region.

There already exists a general agreement on the role of the ACIPAC as a training center. The participants for the Workshop on Global Parasite Control Initiative in March 2004 reached an agreement that the ACIPAC was assigned the major role in human resource development.

Although it has trained more than 100 trainees and significantly contributed to the human resource development, the ACIPAC has more tasks to meet wide-ranging needs expressed by those concerned.

The ACIPAC received the request for the further expansion and elaboration of the international training course from the partner countries, the UN agencies, and donors in order to meet the need of the current situation of the partner countries. It was also suggested at the Joint International Curriculum Development Meeting held in June 2004 that the partner countries that join the course should be expanded to such countries as Indonesia, Bangladesh, Sri Lanka, Timor L'este, Papua New Guinea and others. Furthermore, the inclusion of more trainees from the education sector and the organizing of training course exclusively for the education personnel were emphasized as well.

Communication and networking fostered by the ACIPAC cover such stakeholders as ex-trainees, the ministries of the partner countries, the UN agencies, donors, and NGOs. Despite such efforts, some tasks remain to be done for further strengthening human, organizational, and information network.

First, for the networking of the partner countries, the ACIPAC did not organize the workshop for policy makers, which seems to have resulted in the limited acceptance of the school based approach in some country. Secondly, the need for regional coordination and cooperation for human resource development among donors is regarded as necessary.

The ACIPAC has been making effort to disseminate information by regularly sending newsletters, creating a human resource database, and updating the website. However, it has the limitation in reaching those ex-trainees who do not have access to internet or live in remote areas. At the same time, the ACIPAC has not fully achieved the objective of offering the attractive and useful information to those who need such information through its website and newsletters. As the effort of disseminating information to such people was not necessarily enough, there remains much room for improving the situation.

The ACIPAC still has an important role to play as the information center in another area relevant to the networking among the ministries of the partner countries and donors. The ACIPAC should be the facility to offer the information on the policy and interventions on school health and parasite control of the partner countries and donors and accelerate the information sharing among them.

(2) Contributing and constraining factors

The ACIPAC's effort to disseminate information and expand network through regular visit of experts, organize symposia and seminars, and discuss and seek consensus with the organizations concerned such as donors is a major contributing factor for the achievement of the Project Purpose. Although the experts encountered a difficulty in reaching consensus with the UN agencies on the effectiveness of the school-based approach and the implementation of the SSPP, the effort of the experts could overcome it and reach the understanding of the approach.

3-3.Efficiency

The ACIPAC contributed to the acceptance of the school-based approach, the human resource development, the implementation of the SSPP, and the establishment of human and information networking, with varying degree of the achievement.

(1) Output 1

It was agreed at the Workshop on Global Parasite Control Initiative 2004, which was participated by the ministries, donors, and other related organizations, that the parasitic diseases control through school health was useful.

Furthermore, the ACIPAC has been advocating and promoting the school-based approach by utilizing every opportunity such as the international training course, symposia, and seminars. Some of the partner countries have already established the governmental structure and policy to promote school health and/or parasite control or is in the stage of establishing such mechanism and policy in close cooperation with donors including the ACIPAC. For example, in Thailand, teacher manuals and student textbooks are officially accepted by the Ministry of Education and the Ministry of Public Health. These situations indicate that school-based approach for parasite control is substantially accepted in some of the partner countries with the effort of the ACIPAC.

(2) Output 2

The international training course has trained more than 100 trainees in the last four years and improved the knowledge and skill of trainees.

The exam scores of trainees showed the improvement after finishing the training course. The self evaluation of ex-trainees indicates that approximately half of trainees could understand completely or almost completely. It should be noted, however, that nearly half of trainees could understand more than half (50%-70%) of the course content. This figure may be reflecting the fact that the trainees from the education sector had a difficulty in comprehending the content of technical matters of malaria and STH and some trainees had a low level of English competency.

The course is still receiving the request for further training opportunity. Almost all of the ex-trainees feel the need for additional or more advanced training. The need of in-country training or training of trainers for teachers training were suggested by ex-trainees to tackle the issue of the shortage of human resource in their countries for the school-based parasite control. There is also the request from the partner countries to learn the Thai experience in school health and parasite control. The partner countries and donors have such requests as mentioned above. Thus, the ACIPAC still has the demands unmet.

(3) Output 3

A variety of activities have been implemented in the SSPP of the partner countries. Such activities are producing positive impacts (see the Summary of the SSPP in Annex 4). Almost of all of the ex-trainees who are involved in the SSPP recognize the positive impacts as well. It should be however noted that some countries have been already implementing health education including the subject of malaria and STH, so the positive impacts identified may not be necessarily produced from the SSPP alone. Some of the SSPP conducted KAP survey, which proved the significant change of behavior (see the Summary of the SSPP for more detailed information). Despite such achievements, the issue of how the SSPP is sustained, replicated, and expanded remains unsolved.

(4) Output 4

By implementing a variety of activities and utilizing meeting with those concerned with school health and parasite control, the ACIPAC has been establishing and strengthening the human and information network. Activities seem to be producing some positive impacts as expected. However, the level of the achievement of communication and networking seems to be different among (1) individual trainees, (2) the partner countries, and (3) donors.

The majority of ex-trainees keep communication with others, though it is limited mainly to those trainees who live in the same country. Communication of the partner countries has been enhanced by organizing international symposia. The ACIPAC invited the participants from ministries of partner countries and international/regional organizations.

This effort has been further reinforced by the regular visit and discussion of the Thai and Japanese experts. On the other hand, though the information sharing and exchange of views had been done in the annual symposia, there was not a workshop so far for the policy makers of the Ministry of Education and the Ministry of Health of the partner countries to (1) discuss the policy direction of the school-based approach for parasite control and (2) facilitate collaboration between two ministries with the UN agencies and donors.

While the ACIPAC has been deepening the relationship with the country and regional offices of the UN agencies and donors, it was pointed out at the Joint Curriculum Development Meeting in June 2004 that the possibility should be explored for the region-wide collaboration and partnership for human resource development and human networking.

Coordination and cooperation with the ESACIPAC in Kenya and the WACIPAC in Ghana have been enhanced through exchange of trainees and lecturers and participating in the symposia. According to Project Managers and Chief Advisors, the ACIPAC's training course is highly evaluated.

(5) Input

Long-term and short-term experts were dispatched as planned without significant delay. There is however an opinion from a JICA resident office that the Japanese experts should be dispatched not only to the Project office but also to the partner countries to provide more detailed assistance. Equipment was procured as planned. Enough number of counterpart staff was not necessarily assigned to the Project (e.g. IT committee). The cost of the international training course and the SSPP had been borne largely by the Japanese side.

(6) Contributing and constraining factors

There were both contributing and constraining factors during the implementation of the Project.

Regarding Output 2 (human resource development), the regular review and improvement of training course curriculum and the experience and capability of Mahidol University contributed to the good evaluation and high satisfaction of ex-trainees. Training Program Committee is held several times before and after the course. Mahidol University has sufficient managerial capacity and assigned necessary personnel to General Management Committee and Training Program Committee, which resulted in the smooth implementation of the international training course, symposia, and seminars. On the other hand, the combination of trainees from different background and low English competency were relatively constraining factors for better understanding of the trainees. These difficulties were dealt with through the effort of

lecturers to adjust the content, the inclusion of trainees with English competency in each country, the assistance of each other in the same country, and the provision of English lessons as an extra curriculum.

As for Output 3 (SSPP), external factors in Myanmar and Vietnam delayed the implementation of the SSPP. The SSPP could involve less than 40% of ex-trainees. In addition, the SSPP has some limitation in sustaining, replicating, and expanding the activities. The SSPP could produce impacts with varying degree in each country. However, it has not fully reached yet to the condition that this experience would be utilized to replicate and expand the approach in other regions of the country. There was a delay of budget disbursement in some countries and difficulty in communication due to different operational areas of the education and the health. On the other hand, there was a good case that the SSPP could produce the synergy impact with the implementation of other intervention in the same area (UNICEF's water sanitation project in Cambodia). Cooperation among JICA Laos office, the KIDSMILE project, the experts attached to the Lao Ministries of Education and Health, and the ACIPAC is a contributing factor for effective information sharing and the implementation of the SSPP and other activities in Lao P.D.R.

There were several constraining factors in Output 4 (human and information network). As mentioned earlier, the absence of workshop among policy makers, the limited coverage of information dissemination, particularly for ex-trainees, and the technical problems in access to the web site are regarded as constraining factors. The objective and direction of the information networking were not shared enough by the Japanese experts and Mahidol University staff.

3-4.Impact

Ex-trainees are making efforts to not only utilize but also disseminate the knowledge and skill acquired from the training course to others. The majority of them are doing so in their daily work. It is worth mentioning here as one of the successful examples that some of ex-trainees in Cambodia prepared a proposal for the GFATM based on the approach advocated by the ACIPAC and this proposal was finally approved, which could contribute to the realization of the Super Goal, namely, the reduction of the parasitic diseases in the future.

Coordination and cooperation with other organizations resulted in the actual implementation. Co-organizing of symposia can be regarded as one of the impacts deriving from active communication. ACIPAC's annual symposia were co-organized with other organizations: with WHO (Headquarter, WPRO, SEARO), Thai government, JICA/Japanese government, JICWELS in 2004 and with Partnership for Child Development (PCD) in 2003. Supervision of the SSPP in the partner countries have been done in cooperation with the organizations such as WHO regional and country offices since 2004. Another example is that a lead specialist of the School Health and Nutrition of the World Bank evaluates the activities of the ACIPAC as a best practice and a good model for the school health approach. Indeed, the school-based approach advocated by the ACIPAC made a significant contribution to the implementation of the school-based HIV/AIDS campaign in Africa by the World Bank. As an essential measure to combat some infectious and parasitic diseases, the ACIPAC has shown the effectiveness of the approach. The ACIPAC's experience as a region-wide technical cooperation project has been shared and utilized to the WACIPAC, the ESACIPAC, and other same scheme projects in the South East Asia.

3-5.Sustainability

(1) Technical aspects

Mahidol University has sufficient technical expertise in running the international training course.

Mahidol University has a center specializing in tropical medicine under the SEAMEO TROPMED Network and its faculties have international postgraduate degree courses taught in English, all of which are a proof for the technical capacity of the University. However, there remains a room for the improvement of capacity in the area of project management and project proposal making. The subject of project management has been mainly depending on the external resource persons or Japanese experts. Analysis of cost estimate and cost effectiveness for project proposal making is another area where further technical transfer can be made to Mahidol University. The University has been cooperating with the Ministry of Education and the Ministry of Public Health to run the international training course.

(2) Policy/program aspects

The school-based approach has been already accepted or is likely to be accepted. Furthermore, there are ongoing and future projects related to school health and/or parasite control program in the partner countries, though with different scale of funding.

In principle, the majority of the SSPP budget came from the JICA though there are some cases of the cost sharing from communities for physical construction work in Cambodia and Lao P.D.R. There is a serious concern of how to sustain, replicate, and expand the activities.

(3) Organizational/financial aspects

Mahidol University has enough managerial capacity to run the international training course and firmly commits itself to making an effort to share the cost of the course up to 30% at maximum.

The University already has the experience of running the international postgraduate degree course. In addition, the ACIPAC's training course is evaluated highly by the ex-trainees. The majority of the lecturers interviewed of the University showed the confidence in their managerial skill and this fact indicates that the University has good managerial capacity.

The sustainability of the information network is not secured yet, which may negatively influence the sustainability of the ACIPAC as a whole.

4. Conclusion

The Project has significantly realized four different outputs and achieved the Project Purpose. However, some major tasks remain unfinished, reflecting more and detailed needs expressed by those concerned. One of the major tasks is the provision of a training course to meet different types of needs for human resource development. Another major responsibility is to strengthen the networking among the partner countries and among donors as well. The networking of the partner countries specifically for mainstreaming the school-based approach in the policy direction is necessary. Furthermore, the information sharing and partnership for human resource development among donors and partner countries is necessary.

The possibility of the subsequent cooperation of the JICA should be considered, because the ACIPAC is likely to have more tasks to meet a variety of needs expressed by those concerned. Mahidol University still needs a support for some of the areas in the training course and the coordination tasks among the partner countries and donors.

5. Recommendations

(1) Summary and dissemination of the SSPP's experiences in partner countries

The achievement and implementation process of the SSPP should be comprehensively evaluated and shared among the stakeholders and summarized them as a reference to enable those interested in school health and parasite control to utilize the experience of the SSPP.

(2) Further effort to improve the curriculum, content, and administration of the international training course to meet the wide-ranging needs

There were many suggestions from ex-trainees, the partner countries, and donors to improve the course in order to meet the wide-ranging needs, such as organizing the course separately for those with different level of knowledge and skill, inviting trainees from other countries, or organizing in-country trainings. If the training course is to be continued, such further efforts should be made to meet a variety of requests.

(3) Establishment of the system to sustain and strengthen the human/information network

The staff in charge of the human/information networking should be assigned to sustain the activities. The Japanese experts should transfer necessary knowledge and skill to the newly assigned staff. In addition, IT committee should be reactivated to identify what should be done. The follow up activity in each country should be explored as well.

(4) Implementation of every measure to increase sustainability

Implementation of every measure to increase sustainability should be explored by approaching a variety of funding and technical agencies (e.g. Asian Development Bank, WHO, UNICEF, SEAMEO TROPMED Network, etc.).

6. Lessons learnt

(1) Intensive communication and mutual understanding among stakeholders

Intensive communication and resulting mutual understanding among stakeholders, especially JICA headquarter, resident offices, the counterpart authorities, and the experts concerned, at the planning and implementation stage, should be done in a region-wide technical cooperation project. A lack of such communication and understanding also could reduce the sense of ownership of the counterpart organizations.

(2) Combination of the experiences of the Japanese and other countries for a particular approach with adequate adjustment

The combination of the Japanese and Thai experiences on school-based parasite control was more useful than an application of the Japanese experience alone to be introduced to the partner countries. However, at the same time, the approach needs to be adjusted carefully to the context of each country.

(3) Appropriate selection of the method to disseminate information to different target groups

As mentioned earlier, the ACIPAC has made an effort to disseminate information through the information network, but encountered the problem in reaching the target group such as ex-trainees. Appropriate methods should be considered and implemented by considering the situation of the target groups.

(4) Introduction of an appropriate process of selecting candidates for the training course

Proper criteria and system for selecting candidates should be informed to the organizations concerned from the initial stage of the project.

(5) Expansion of a region-wide technical cooperation project to a bilateral scheme

The ACIPAC covered a large scope of activities including the coordination between the Ministry of Education and the Ministry of Health, the formulation of the national task force and policy. It could lead to the request of the Lao side for the dispatch of a Japanese expert on school health. This experience of leading to bilateral cooperation based on the output of a region-wide technical cooperation project should be shared and utilized for other similar projects.

Project Design Matrix

Project name: The Project for the Asian Centre of International Parasite Control
Project Period: 2000.3.23-2005.3.22
Thai implementing agency: Mahidol University
Japanese implementing agency: JICA
Target Area: Cambodia, Lao P.D.R, Myanmar, Thailand, Vietnam
Target Group: Programme Manager/Officers Relating to Parasite Control in the Region

Narrative summary	Objectively Verifiable Indicator	Means of verification	Important Assumptions
Super Goal Parasitic diseases are substantially reduced as public health problems in the Southeast Asia.			
Overall Goal Parasite control programs are strengthened by the health human resource development in the Southeast Asia.	1. Parasite control programs are actively implemented in Thailand and its neighboring countries.	1. Statistics of the Ministry of Health in CLMTV.	
Project Purpose Asian Centre of International Parasite Control (ACIPAC) performs the role of an international human resource development center for parasite control activities in the region.	1. Recognition level of ACIPAC in the subject region as a training center is heightened. 2. Communication among personnel working on parasite control is stimulated by ACIPAC. 3. Recognition level of ACIPAC in CLMTV as an information center is heightened. 4. At least half of trained personnel actively participate in parasite control activities including the fieldwork in their countries.	1. Interview and/or inquiry survey. 2. -ditto- 3. -ditto- 4. Inquiry survey regarding the post training situation with the trained personnel	Governmental support to parasite control in terms of budget does not weaken in respective countries.
Outputs 1. School-based approach advocated by ACIPAC is accepted as an effective one to the parasite control by the region, of which core countries are Cambodia, Lao P.D.R., Myanmar, Thailand and Vietnam (CLMTV).	1.1 School-based approach for the parasite control is initiated in the subject region.	1.1 Review on subject government's policies for health and parasite control. Interview and inquiry survey with personnel working for health policy making	

2.	Human resources for the parasite control in the region are trained by ACIPAC in its international training course incorporating model activities in Thailand.	2.1 The approach advocated by ACIPAC focusing on human resource development is adopted for parasite control in CLMTV. 2.2 Trained personnel by the course are increased up to 100 persons. 2.3 Level of technique and skill of management, health policy, operational research, etc. is strengthened.	2.1 Review on subject government's policies for health and parasite control. Interview and inquiry survey with personnel working for health policy making 2.2 Project report 2.3 Evaluation reports for the international training course. Interview and inquiry survey with trainees regarding job continuation, level of training comprehension	Implementation of international training courses will be supported by JICA as the project activities.
3.	Small-scale pilot projects on school-based malaria and soil-transmitted helminthiases (STH) prevention and control are implemented as a practical training in the filed in CLMTV.	3.1 The participants of international training courses acquire experience and confidence in practicing parasite control in the actual field. 3.2 The personnel/agencies acquire management skills for planning and implementation of the parasite control activities based on the operational research in CLMTV 3.3 Schoolchildren and communities in the subject area develop their knowledge of parasite control and take preventive actions throughout the pilot projects.	3.1 Pilot project reports 3.2 Progress reports presented by the participants in the international training courses and seminars. Reports on the pilot projects prepared by the Japanese experts. Interview and inquiry survey with the officers in charge in the central ministries. 3.3 Interview and inquiry survey with the schoolchildren, the inhabitants and the trained personnel. Interview and inquiry survey with the officers in charge in the central ministries.	
4	ACIPAC functions as a centre for human and information network to promote interaction among personnel/agencies in the region.	4.1 Active communication among the following group of people takes place, being promoted by ACIPAC: the participants of international training course, Japanese and Thai experts; the three projects originated by the Hashimoto Initiative; related international organizations; SEAMEO-TROPMED; other concerning agencies among CLMTV. 4.2 Exchange of information and other interactions increase based on the network system established in ACIPAC.	4.1 Interview and inquiry survey with the participants of the international training courses, Japanese and Thai experts, the three projects originated by the Hashimoto Initiative, and others. 4.2 Report of IT unit of ACIPAC (no. of access to the Homepage, quality/quantity of information on the web and database, satisfaction of users).	

Activities	Inputs (Thai side)	Inputs (Japanese side)	
1.1 Prepare an appropriate school-based approach to the parasite control in the region. 1.2 Conduct activities to deliver an idea of the approach and formulate regional acceptance. 1.3 Monitor the situation concerning the approach. 1.4 Modify the approach and re-formulate the acceptance if necessary. 2.1 Discuss with the concerned countries on the needs and requests for the international training courses in the region. 2.2 Prepare curriculum and teaching materials based on the needs identified by the activities 1.1-1.4 and 2.1 2.3 Provide appropriate opportunities for instructors to obtain the ACIPAC school-based approach. 2.4 Prepare field and facility required for the practicum in the training courses other than lectures. 2.5 Develop model activities related to activities 1.1 and 3.1 as well. 2.6 Establish the operational body for the implementation of the courses. 2.7 Implement the international training course annually for the properly selected trainees. 2.8 Monitor and evaluate the level of comprehension and satisfaction of the participants regarding the courses, then feedback of the results. 3.1 Plan and prepare the small-scale pilot projects in CLMTV, in principle based on the international training participants' plans. 3.2 Conduct IEC activities towards the schoolchildren. 3.3 Promote the involvement of the public health service and educational sector for school-based parasite control activity. 3.4 Conduct research on the impact of the school health activities on the community. 3.5 Conduct monitoring continually and integrate feedbacks for further activities and international training course. 3.6 Consider and modify the schemes if necessary.	1. Provision of land, buildings and facilities for ACIPAC and project offices, experts' rooms and so on. 2. Cost of utility such as electricity and water. 3. Assignment of counterpart personnel including experts 1) Project Manager 2) Members of General Management Meeting 3) Members of Training Program Committee 4) Members of Information Network Committee 4. Secretaries to the Japanese Experts	1. Long-Term experts: 1) Chief Advisor 2) Project Coordinator 3) Parasite Control 4) School Health 2. Short-Term Experts: 1) School Health 2) Information Network 3) Regional Cooperation 4) Parasite Control 5) Seminar Lectures 6) Model Activities 7) South-South Cooperation 8) Project Cycle Management 9) Others. 3. Provision of following machinery, equipment, and other materials: 1) Computer systems, peripheral equipments, and accessories 2) Copy machines 3) Audio-visual equipments 4) Micro-scopes 5) Vehicles 6) Storage equipments and generators 7) Other necessary machinery, equipment, and materials which may be mutually agreed upon. 4. Counterpart training in Japan 5. Financial support	Thai counterpart personnel remain in the occupation related to parasite control. Equipment supplied from Japan for technical cooperation and other activities are cleared at custom smoothly.

4.1 Create opportunities to build human network, such as workshops, symposia, and conferences, among the following groups of people: 1) the participants of international training courses, and Japanese and Thai experts; 2) the three projects originated by the Hashimoto Initiative; 3) related international organizations; 4) SEAMEO-TROPMED; 5) Concerned agencies in CLMTV. 4.2 Conduct the following activities to establish information network: 1) prepare infrastructure for networking; 2) formulate the task force team for operating the information network; 3) establish, operate and maintain activities for telecommunication network including homepage and mailing list; 4) establish the database regarding the parasites; 5) exchange information and data with international organizations, e.g. WHO; 6) establish a consultation system for information network users.			<u>Precondition</u> Necessary supports are given to the project from both governments. The Asian Centre of International Parasite Control (ACIPAC) is formally established at Mahidol University.

Project Inputs

C/P Training in Japan, operation cost of the project and equipment

			JFY	2000	2001	2002	2003	2004	
			Month	4 7 10 01	4 7 10 01	4 7 10 01	4 7 10 01	4 7 10 01	Total
C/P Training in Japan	Name	Subject							
	Dr. Jitra Waukagul	South-south cooperation		11/19-12/2					
	Deputy Dean of Academic Affair, FTM			JICA, JAPA, Nagasaki Univ					
	Dr. Praphasri Jongsuksuntigul	South-south cooperation		11/19-12/2					
	General Communicable Disease, CDC, MOPH			JICA, JAPA, Nagasaki Univ					
	Dr. Darika Kingnate	Information Network			6/24-8/25				
	Emergency Infection Disease Sec, CDC, MOPH				National Institute of Infection Disease				
	Mr. Chalit Komalamisra	Information Network			7/22-8/7				
	Deputy Dean for Educational Technlogy, FTM				Nagasaki Univ				
	Dr. Kasinee Buchachart	Information Network			7/22-8/7				
	Deputy Dean for Information System, FTM				Nagasaki Univ				
	Dr. Pimpimon Thongthien	School Health				12/2-1/25			
	Educational Expert, ONPEC, MOE					Keio Univ, MHLW, MOE, Nagsaki Univ			
	Ms. Pongjunt Nuntavong	School Health				12/2-12/21			
	Chief, Health Education Section, POH, NST					Keio Univ, MHLW, MOE, Nagsaki Univ			
	Dr. Nithat Sirichotiratana	School Health					10/5-11/1		
	Lecture, Dep of HE&BS, FPH						Tokyo Univ, Chiba Univ, MOE		
	Dr. Rachatawan Chibchalard	Anti-Malaria Drug Test					10/5-11/1		
	Researcher, Dep of Protozoology, FTM						IMCJ		
Operation Cost	Local Activity Budget	General		B.850,850	B.1,755,257	B.1,568,308	B.1,565,304	B.2,945,818	B.8,685,537
		Region wide		B.3,684,933	B.1,788,800	B.2,690,916	B.2,218,596	B.2,987,636	B.13,370,881
		Local applicable		B.0	B.0	B.872,480	B.1,786,498	B.0	B.2,658,978
		International Training		B.0	B.3,602,358	B.3,474,466	B.3,388,723	B.2,414,812	B.12,880,359
	Equipment	Provision equipment		B.19,425,761	B.6,205,534	B.0	B.0	B.0	B.25,631,295
		Expert's accompanied		B.3,016,385	B.1,783,828	B.0	B.191,265	B.0	B.4,991,478
		Local purchased		B.575,566	B.113,955	B.84,899	B.205,440	B.0	B.979,860
	Small Scale Pilot Project	Cambodia		0	$5,815	$11,800	$13,848	$11,262	$42,725
		Lao		0	$5,199	$7,495	$10,000	$16,656	$39,350
		Myanmar		0	0	$2,800	0	$9,800	$12,600
		Vietnam		0	$5,194	$2,205	$12,044	$9,734	$29,177
	Total cost for Thai side	Thai Baht		B.27,553,495	B.15,249,732	B.8,691,069	B.9,355,826	B.8,348,266	B.69,198,388
	Total cost for SSPP at CLMV	US$		0	$16,208	$24,300	$35,892	$47,452	$123,852

of Japanese Experts

TITLE	NAME	2000	2001	2002	2003	2004
1) Chief Adivisor	Dr. Somei KOJIMA	00/08/01		02/07/31		04/07/31 05/3/22
2) Project Coordinator	Mr. Mitsuhiko IWASHITA	00/08/01		02/07/31		
	Mr. Tetsuro USUI			02/07/21		05/3/22
3) Parasite Control	Dr. Nobuhiko NAGAI	00/07/15		02/07/14		
	Dr. Jun KOBAYASHI			02/07/08		05/3/22
4) School Health	Dr. Noriaki TOMONO	01/03/07		03/03/14		
	Dr. Hironori OKABAYASHI			03/02/09		05/3/22
1) HRD Programme (Filaria)	Dr. Eisaku KIMURA	01/3/15-3/31				
2) HRD Programme (Lecturer)	Dr. Takaaki HARA		01/8/27-9/24			
3) HRD Programme (Malaria)	Dr. Shigeyuki KANO	01/3/11-3/31	02/2/10-2/23		03/9/14-9/28	04/9/5-9/25
4) HRD Programme (Field Arrangement)	Dr. Akira KANEKO		01/8/01-8/10			
5) HRD Programme (PCM Lecturer)	Dr. Yujiro HANDA		01/9/10-9/21			
6) School Health Model	Dr. Kazuhiko MOJI		02/1/21-2/3			
7) Model Activity	Dr. Akira ISHII		02/2/27/3/9			
8) Symposium Lecturer	Dr. Takaaki HARA	01/3/18-3/23				
9) Symposium Lecturer	Dr. Yoshiki AOKI	01/3/18-3/23				
10) Information Network	Dr. Nobuaki AKAO		01/4/9-7/8 01/8/13-8/29			
11) South-South Cooperation	Dr. Teruaki AMANO		01/6/24-6/28			
12) PCM (Lecturer)	Ms. Ogawa Yoko				03/7/3-7/15	
13) IEC (Lecturer)	Ms. Asamura Risa				03/7/1-7/17	
14) STH (Lecturer)	Dr. Hara Takaaki				03/8/7-8/20	
15) IT	Dr. Kuroda Tomohiro				03/8/17-8/30	04/5/5-5/18
16) GIS	Dr. Shimada Masaaki				03/9/9-9/20	
17) KAP	Dr. Jimba Masamine				03/11/2-11/22	04/7/30-8/29
18) School Health	Dr. Kato Noriko				03/12/1-12/21	
19) School Health	Dr. Tsukamoto Katsuyuki					04/6/17-8/24

Japanese Fiscal Year (months 4–3)

ACIPAC PROJECT
Provision equipment on 2000

NO. 1

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	4WD Car	Isuzu TR Grand Adventure 4WD, 8 Sheets	1	920,700	Project	Local	0	1	A	A	A	
2	Minibus	Nissan Urvan Diesel 2,700CC GL, M/T	1	804,000	ACIPAC	Local	0	1	A	A	A	
3	White Board with Electric Printer	Panasonic Panabord KX-B630 850 * 1680	1	61,218	ACIPAC	Local	0	1	C	A	A	
4	Screen (Portable)	Drapper Consul 175 * 175	1	5,087	ACIPAC	Local	0	1	B	A	A	
5	Laser Printer B/W	HP 2100 A4 Size, 1200*120	1	31,295	ACIPAC	Local	0	1	A	A	A	
6	Color Laser Printer	HP LaserJet 4500 A4, 2400DPI, 64MB	1	130,378	ACIPAC	Local	0	1	A	A	A	
7	Digital Camera	Nikon Coolpix 950 48MB Flash Card	1	32,104	ACIPAC	Local	0	1	A	A	A	
8	Audiosystem	Yamaha EMX2000 Power S5 Mixer, Mic, Tape, Speaker	4	644,288	IT Unit Chamlong	Local	0	4	B	A	A	
9	Video Visualizer for Presentation	Canon RE-350 1/3 CCD, 400*450	2	204,218	IT Unit Chamlong	Local	0	2	B	A	A	
10	Digital Photostat	Riso Risograph FR 2950 A4 Size	1	190,386	R & A Affairs	Local	0	1	B	A	A	
11	Photocopy Machine	Xerox Vivance 340 A3, Two Trays	1	117,646	Chamlong 4F	Local	0	1	A	A	A	
12	LCD Projector	Sanyo PLC-SP10 1250 Ansi Lumen	3	739,668	IT Unit Chamlong	Local	0	3	A	A	A	
13	Overhead Projector	3M M9200 3500 Ansi Lumen	2	62,174	Chamlong 4F	Local	0	2	A	A	A	
14	Slide Projector	Kodak Ektapro 250W Lamp	4	261,916	IT Unit Chamlong	Local	0	4	C	A	A	
15	Screen (fixed)	DA-LITE 1800 * 2400	4	46,140	IT Unit Chamlong	Local	0	4	A	A	A	
16	Video Monitor 29 Inch	Sony KV-XG29M60 29 Inch, Multisystem	4	106,296	IT Unit Chamlong	Local	0	4	B	A	A	
17	Video Cassette Recorder (VCR)	Sony SLV-ED85TH VHS, Multi-system	4	36,444	IT Unit Chamlong	Local	0	4	C	A	A	
18	CD R/W (External Type)	HP 9140	1	13,898	R & A Affairs	Local	0	1	A	A	A	
19	Server Computer	Compaq Server ML-370 866MHZ, 256MB, 18GB	2	399,738	IT Unit	Local	0	2	C	A	A	

CIPAC PROJECT
ovision equipment on 2000

NO. 2

o	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
0	Network Cable with Installation	RJ-45 Plug, UTP TU 50m * 51 Units	1	104,378	IT Unit	Local	0	1	A	A	A	
1	Network Hub	Intel Hub 510T 10/100 Base/T, 24	3	190,680	IT Unit	Local	0	3	A	A	A	
2	LAN Switch	Intel Express 550T 6 Port Routing, 30	1	142,650	IT Unit	Local	0	1	A	A	A	
3	Computer (Desktop)	Compaq Deskpro EX, CRT 15 800Mhz, 64Mb, 10Gb	30	1,373,190	IT Unit	Local	0	30	A	A	A	
4	Computer (Desktop, CRT 17)	Compaq Deskpro EX, CRT 1 800MHZ, 128 RAM, 20GB	1	52,338	IT Unit	Local	0	1	A	A	A	
5	Computer (Desktop)	Compaq Deskpro EX, CRT 1 800MHZ, 128 RAM, 20GB	2	95,764	Chamlong 4F	Local	0	2	B	A	A	
6	Computer Machintosh (Desktop)	Machintosh PC G4/500MHZ 256MB, 27GB, DVD	1	166,778	R & A Affairs	Local	0	1	A	A	A	
7	Computer (Desktop)	Compaq Deskpro EX, CR 1 PIII 800MHZ, 64MB, 20GB	2	90,858	R & A Affairs	Local	0	2	A	A	A	
8	Laser Printer B/W	HP 2100 A4 Size, 1200*120	1	31,295	IT Unit	Local	0	1	A	A	A	
9	Laser Printer (For Mac)	HP LaserJet 8150 B/W, A3, Level 3	1	114,778	R & A Affairs	Local	0	1	A	A	A	
0	Scanner	HP 6350 C 8.5 * 14, 12000DPI	1	23,258	R & A Affairs	Local	0	1	A	A	A	
1	Computer (For Server)	Compaq ML 330, CRT 15 733MHZ, 256MB, 15GB	1	102,298	R & A Affairs	Local	0	1	A	A	A	
2	Software	Microsoft Windows ME Office License, Thai, OE	51	310,396.71	IT Unit	Local	0	51	A	A	A	
3	Software for Network	Microsoft Server 2000, SQL Client Access X1	1	93,874	IT Unit	Local	0	1	A	A	A	
4	UPS	Syndome 500VA 20 Minutes	32	140,096	IT Unit Chamlong	Local	0	32	A	A	A	
5	UPS (1000VA)	APC Smart 1000VA 20 Minutes	8	104,384	IT Unit R & A Affai	Local	0	8	A	A	A	
6	Centrifuge	Hitachi CT6D, T7A2, S40759A 6000RPM, 10Pcs * 15m	2	620,750	Laboratory	Local	0	2	A	A	A	
7	Freezer	Sanyo MDF-U332 -20c, 270Lt	1	90,816	Laboratory	Local	0	1	A	A	A	
8	Steel Camera for Microscope	Olympus PM30SP 35mm, Fullauto, 1	1	414,109	Laboratory	Local	0	1	B	A	A	

ACIPAC PROJECT
Provision equipment on 2000

NO. 3

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
39	Inverted Microscope	Olympus IX-70 Inverted 12V100W, Y-shape, B	1	574,418	Laboratory	Local	0	1	B	A	A	
40	Multihead Teaching Microscope	Olympus BX-50, MDO-5 Binocular, 30W Lamp	1	659,738	Laboratory	Local	0	1	B	A	A	
41	Microscope	Olympus CH-30 Binocular, 30W Lamp	25	1,976,225	Laboratory	Local	0	25	B	A	A	
42	Digital Camera	Nikon Coolpix 950 48MB Flash Card	1	32,104	Chamlong 4F	Local	0	1	A	A	A	
43	Digital Video Camera	Sony DCR-TRV 120E Handy Camcorder	1	29,829	Chamlong 4F	Local	0	1	B	A	A	
44	Stereoscopic Microscope	Olympus SZ3060 Binocular, 15W Lamp	5	357,950	Laboratory	Local	0	5	B	A	A	
45	Refrigerator	Mitsubishi MR-F36E 2 Door 360lt	1	19,366	Chamlong 4F	Local	0	1	A	A	A	
46	Microscope	Olympus CH-30 Binocular, 30W Lamp	10	790,490	PHO NST	Local	0	10	B	A	A	
47	Photocopy Machine	Xerox Vivance 340 A3, Two Trays	1	117,646	PHO NST	Local	0	1	A	A	A	
48	LCD Projector	Sanyo PLC-SP11 1251 Ansi Lumen	1	246,556	PHO NST	Local	0	1	B	A	A	
49	Overhead Projector	3M M9200 3500 Ansi Lumen	1	31,087	PHO NST	Local	0	1	A	A	A	
50	Slide Projector	Kodak Ektapro 250W Lamp	1	65,479	PHO NST	Local	0	1	B	A	A	
51	Screen(portable)	Drapper Consul 175 * 175	1	5,087	PHO NST	Local	0	1	A	A	A	
52	Video Monitor 29 Inch	Sony KV-XG29M60 29 Inch, Multisystem	1	26,574	PHO NST	Local	0	1	B	A	A	
53	Video Cassette Recorder (VCR)	Sony SLV-ED85TH VHS, Multi-system	1	9,111	PHO NST	Local	0	1	B	A	A	
54	Facsimile	Canon L250 A4, Plain Paper	1	15,269	PHO NST	Local	0	1	A	A	A	
55	Computer	Compaq Deskpro EX, 15 CR Pentium 800, 128 RAM	2	95,764	PHO NST	Local	0	2	A	A	A	
56	Color Printer (InkJet)	HP 1220C A3, 2400 * 1200	1	22,218	PHO NST	Local	0	1	A	A	A	
57	Laser Printer B/W	HP 2100 A4 Size, 1200*120	1	31,295	PHO NST	Local	0	1	A	A	A	

o	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
8	Software (OS and Application)	Microsoft Windows ME Office Thai Edition	2	12,172.42	PHO NST	Local	0	2	A	A	A	
9	UPS	Syndome 500VA 20 Minutes	2	8,756	PHO NST	Local	0	2	A	A	A	
0	Audiosystem	Yamaha EMX2000 Power S5 Mixer, Mic, Tape, Speaker	1	161,072	PHO NST	Local	0	1	B	A	A	
1	Digital Camera	Nikon Coolpix 950 48MB Flash Card	1	32,104	PHO NST	Local	0	1	A	A	A	
2	Digital Video Camera	Sony DCR-TRV 120E Handy Camcorder	1	29,829	PHO NST	Local	0	1	B	A	A	
3	Hematocrit Centrifuge	Hettich Model 201424 13,000 RPM, 24 Pcs	1	42,810	RTIC	Local	0	1	B	A	A	
4	Centrifuge	Hitachi CT6D, T7A2, S40759A 6000RPM, 10Pcs * 15m	4	1,241,500	RTIC	Local	0	4	B	A	A	
5	Deep Freezer	Sanyo MDF-392 -80c, 283Lt	1	350,598	RTIC	Local	0	1	A	A	A	
6	Generator	Xenlx 50HZ, 220V	1	294,178	RTIC	Local	0	1	A	A	A	
7	Liquid N2 Tank (Container)	International Cry IC-20R 20L., 660 * 0.5cc	1	45,618	RTIC	Local	0	1	B	A	A	
8	Steel Camera for Microscope	Olympus PM30SP 35mm, Fullauto, 1	1	414,109	RTIC	Local	0	1	B	A	A	
9	Microscope	Olympus CH-30 Binocular, 30W Lamp	10	790,490	RTIC	Local	0	10	B	A	A	
0	Stereoscopic Microscope	Olympus SZ3060 Binocular, 15W Lamp	5	357,950	RTIC	Local	0	5	B	A	A	
1	Refrigerator	Mitsubishi MR-F36E 2 Door 360lt	2	38,732	RTIC	Local	0	2	A	A	A	
2	Washing Machine	Sanyo ASW-69P 6.5KG, Rotary Type	1	13,378	RTIC	Local	0	1	B	A	A	
3	Autoclave	Hirayama HVE-50 50l., 135C, 3 MOD	1	230,707	RTIC	Local	0	1	B	A	A	
4	Audio System	Yamaha EMX2000 Power S5 Mixer, Mic, Tape, Speaker	1	161,072	RTIC	Local	0	1	B	A	A	
5	Copy Machine	Xerox Vivance 340 A3, Two Trays	1	117,646	RTIC	Local	0	1	B	A	A	
6	OHP	3M M9200 3500 Ansi Lumen	1	31,087	RTIC	Local	0	1	B	A	A	

ACIPAC PROJECT
Provision equipment on 2000

NO. 5

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
77	Slide Projector	Kodak Ektapro 250W Lamp	1	65,479	RTIC	Local	0	1	A	A	A	
78	Portable Screen	Drapper Consul 175 * 175	1	5,087	RTIC	Local	0	1	B	A	A	
79	TV Monitor	Sony KV-XG29M60 29 Inch, Multisystem	2	26,574	RTIC	Local	0	2	B	A	A	
80	Video Cassette Player	Sony SLV-ED85TH VHS, Multi-system	1	9,111	RTIC	Local	0	1	B	A	A	
81	Facsimile	Canon L250 A4, Plain Paper	1	15,269	RTIC	Local	0	1	C	A	A	
82	Desktop Computers for trainee	Compaq Deskpro EX, CRT 1 CPU 800, 128 RAM, 2	5	239,410	RTIC	Local	0	5	A	A	A	
83	Laser Printer	HP 2100 A4 Size, 1200*120	1	31,295	RTIC	Local	0	1	B	A	A	
84	Software for Desktop	Microsoft Windows ME Office 1 Full set & 4 Lic	5	30,431	RTIC	Local	0	5	B	A	A	
85	UPS(Small)	Syndome 500VA	5	21,890	RTIC	Local	0	5	A	A	A	
86	LCD Projector	Sanyo PLC-SP11 1251 Ansi Lumen	1	246,556	RTIC	Local	0	1	B	A	A	
87	GPS	Gramin GPS III Plus 12 Channel, 500P	1	27,626	RTIC	Local	0	1	B	A	A	
88	Mobile Phone (High Power)	Nokia 350	2	115,818	RTIC	Local	0	2	B	A	A	
89	Motorcycle	Honda Sonic 125RS 125CC, 4 Stroke	3	16,098	RTIC	Local	0	3	A	A	A	
90	Meteorological Meter	Isuzu 3-3128-03 Temperature, Humidity	1	24,818	RTIC	Local	0	1	A	A	A	

Expert's accompanied equipment on 2000

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	VCR for system convention	HV-MX100 AIWA	1	30,600	ACIPAC	Japan	0	1	B	A	A	Iwashira Expert
2	Copy Machine	Copier Vivace 250 Fuji Xerox ADF, Sorter 10bins	1	234,330	ACIPAC	Local	0	1	A	A	A	Kojima Expert
3	Camera 135mm	F800 28-80 Lens Nikon AF28-80mm F3.5-4.	1	26,200	ACIPAC	Local	0	1	B	A	A	Kojima Expert

CIPAC PROJECT
Expert's accompanied equipment on 2000

NO. 6

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
4	TV Monitor	KV-XG29M60 Sony 29 INCH	1	27,000	ACIPAC	Local	0	1	B	A	A	Kojima Expert
5	Slide Projector	EKTAPRO 7020/ Kodak 75-120mmLens, Case	1	56,700	ACIPAC	Local	0	1	B	B	A	Kojima Expert
6	LCD Projector	LCD Projector/ Sony VPL-CS1	1	149,000	ACIPAC	Local	0	1	B	A	A	Kojima Expert
7	Mobile Phone	Mobile phone Ericsson T28S	1	29,600	ACIPAC	Local	0	1	A	A	A	Kojima Expert
8	Computer (Desktop) for ACIPAC Office	Computer, CRT15 HP Vectra VEi8/ 650 Mhz 8.4 GB, CD	4	181,200	ACIPAC	Local	0	4	A	A	A	Kojima Expert
9	UPS	UPS Socomec Sicon EGY 520 VA	4	12,800	ACIPAC	Local	0	4	A	A	A	Kojima Expert
10	Notebook Computer	Notebook PC Compaq Armada E50 12GB, 14 TFT, CD	1	104,300	ACIPAC	Local	0	1	B	A	A	Kojima Expert
11	Software (OS)	Windows 38SE JPN Microsoft CEM version	1	8,000	ACIPAC	Local	0	1	A	A	A	Kojima Expert
12	Software (Application)	MS Office 2000 PR Microsoft Full pack JPN	1	37,900	ACIPAC	Local	0	1	A	A	A	Kojima Expert
13	Visualizer for Presentation	Canon RE-350	1	110,000	ACIPAC	Local	0	1	B	A	A	Kojima Expert
14	Color Printer	Color printer HP Deskjet 930C A4 size Ink	1	9,600	ACIPAC	Local	0	1	A	A	A	Kojima Expert
15	Scanner	Scanner A3 Epson GT-1640XL USB, A3 size	1	106,100	ACIPAC	Local	0	1	A	A	A	Kojima Expert
16	Computer (Desktop) for RTIC	BA410, CRT15 HP CPU800, 128 RAM, 20	10	483,000	RTIC	Local	0	10	B	A	A	Iwashita Expert
17	Microscope	CH20 Olympus Mirror Woodcase	2	101,265	ACIPAC	Local	0	2	B	A	A	CLMV
18	Printer for Poster	Designjet 500 HP 24x74, 16 MB	1	1,046,032	Educational Technology	Local	0	1	B	A	A	Iwashita Expert
19	Computer (Notebook) for expert	Lifebook c6572-Dv Fujitsu windows ME, LAN CA	1	104,860	ACIPAC	Local	0	1	A	A	A	Tomono Expert
20	Software(OS application)	Wiin Me/Office 2000 Microsoft	1	41,998	ACIPAC	Local	0	1	A	A	A	Tomono Expert
21	ICT Filariasis Determination kit	FL02	30	43,000	RTIC	Japan	30	0	A	A	A	KIMURA S,E
22	Facimile	Canon L-900 Laser Fax	1	69,000	ACIPAC	Local	0	1	A	A	A	Kojima Expert

ACIPAC PROJECT

Local purchased equipment on 2000

NO. 7

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Table and Chairs for Guest	624Sf, KV-54 Acmen 1 table, 4 chairs	1	23,430	ACIPAC	Local	0	1	A	A	A	
2	Zip Drive for data backup	ZIP 250 MB IOMEGA	4	34,240	ACIPAC	Local	0	4	A	A	A	
3	Computer for C/P	BIRO BA 410/HP 128MB, 20GB, 15IN	1	44,405	ACIPAC	Local	0	1	A	A	A	
4	Computer for Secretary	BIRO BA 410/HP 128MB, 20GB, 15IN	1	44,405	ACIPAC	Local	0	1	A	A	A	
5	Computer for short term experts	BIRO BA 410/HP 128MB, 20GB, 15IN	1	44,405	ACIPAC	Local	0	1	A	A	A	
6	Computer for long term experts	BIRO BA 410/HP 128MB, 20GB, 15IN	1	44,405	ACIPAC	Local	0	1	A	A	A	
7	Printer for short term experts	Laserjet 1100 HP	1	15,943	ACIPAC	Local	0	1	A	A	A	
8	Controller for slide projector	Kodak for Kodak 7020	1	7,035	IT Unit	Local	0	1	B	A	A	
9	Controller for slide projector	Kodak for Kodak 7020	3	21,105	Chamlong Build 4F	Local	0	3	B	A	A	
10	Controller for slide projector	Kodak for Kodak 7020	1	7,035	PHO NST	Local	0	1	B	A	A	
11	Controller for slide projector	Kodak for Kodak 7020	1	7,035	RTIC	Local	0	1	B	A	A	
12	PBX System fpr Project office	UX618KSU, UX-618K IWASTU/PBX-1, unit6	1	36,434	ACIPAC	Local	0	1	A	A	A	
13	Desk for computers in RTIC	Local Made 80 x 60 x 75 cm	10	12,947	RTIC	Local	0	10	B	A	A	
14	Desk for computers in RTIC	Local Made 80 x 60 x 75 cm	5	6,474	RTIC	Local	0	5	B	A	A	
15	Zip drive for data backup	ZIP 250/ IOMEGA 250 MB	1	8,560	ACIPAC	Local	0	1	B	A	A	
16	Software for statistics (SPSS)	SPSS Version 10/SPSS Perpetual CD	1	29,104	ACIPAC	Local	0	1	B	A	A	
17	Internal HDD for Addition	9.1 GB Ultra for compaq ML330 SCSi Drive	1	20,009	R&A Affairs	Local	0	1	B	A	A	
18	Stand for Printer and its memory	Stand, 64 MB Memo HP/for designjet 500	1	17,174	Educational Technology	Local	0	1	B	A	A	
19	GPS	GPS III Plus/ Gramin Handy Type	1	30,110	ACIPAC	Local	0	1	B	A	A	

CIPAC PROJECT

ocal purchased equipment on 2000

NO. 8

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
20	Mobile Phone	T28s GMS Ericson GSM 2 KW	1	17,900	ACIPAC	Local	0	1	A	A	A	
21	Computer for ACIPAC C/P	BIRO BA 410/HP 128MB, 20GB, 15IN	1	44,405	ACIPAC	Local	0	1	A	A	A	
22	UPS(Small)	EGYS-L520 SOCOMEC	10	34,240	RTIC	Local	0	10	A	A	A	
23	Bay for installing memory	HP-GL/2 Card HP for HP designjet	1	15,167	Educational Technology	Local	0	1	B	A	A	
24	Refrigerator	SR-F206A SGN Sanyo 175 Lt.	1	9,600	ACIPAC	Local	0	1	A	A	A	

'rovision equipment on 200 1

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Laser Printer (B/W)	HP LaserJet 2200D 1200DPI, A4 Size	1	33,835	ACIPAC	Local	0	1	A	A	A	
2	Screen (Portable)	Drapper Consul 175 * 175 cm	1	5,181	Chamlong 4F	Local	0	1	B	A	A	
3	Fascimile Machine for Training Management	Canon L-200 A4 Size Plain Paper	1	25,250	Chamlong 3F	Local	0	1	A	A	A	
4	Computer (Desktop)	Compaq Deskpro SB 1.5GHZ, 128MB, 20GB	2	74,740	Chamlong 3F	Local	0	2	A	A	A	
5	Computer (Notebook)	Fujitsu Lifebook C-6592DV 800MHZ, 128MB, 20GB	1	78,780	Chamlong 3F	Local	0	1	A	A	A	
6	Color Printer (InkJet)	HP DeskJet 1220C 2400*1200DPI, A3	1	20,705	Chamlong 3F	Local	0	1	A	A	A	
7	Laser Printer (B/W)	HP LaserJet 2200D 1200DPI, A4 Size	1	33,835	Chamlong 3F	Local	0	1	A	A	A	
8	Software(MS Office XP)	Microsoft Office XP (MOLP) MOLP (License only)	2	13,332	Chamlong 3F	Local	0	2	A	A	A	
9	UPS	Syndome SZ-501 500VA	2	6,060	Chamlong 3F	Local	0	2	A	A	A	
10	Elisa Reader	BIO-RAD Model550 Option 1 OD Range 0.000-3	1	303,000	Laboratory	Local	0	1	A	A	A	
11	Glassware Set	Nikko, Pyrex, HBG Beakers, Popette	1	43,970	Laboratory	Local	0	1	B	A	A	
12	Fluorescent Microscope	Olympus BX51-32FB3-E01 trinocular, Fluor	1	576,541	Laboratory	Local	0	1	B	A	A	

ACIPAC PROJECT

Provision equipment on 200 1

NO. 9

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
13	Ph Meter	TOA HM-21P Ph0.0-14.0	1	42,824	Laboratory	Local	0	1	A	A	A	
14	Incubator Co2	Sanyo MC0175 170Lt, 5-50c, 0-20%	1	241,643	Laboratory	Local	0	1	A	A	A	
15	Incubator Multi-gas	Sanyo MC0-175M	1	393,294	Laboratory	Local	0	1	A	A	A	
16	Container for Liquid N2	International Cry IC-10R 10Lt, Canisters 6P	1	42,420	Laboratory	Local	0	1	A	A	A	
17	Tissue Grinder	Yamato NS-50, NS-4&7, NS-M 30,000RPM, 100u l	1	214,259	Laboratory	Local	0	1	A	A	A	
18	Clean Bench (Laminar Flow)	Yamato PCV1305BNG3 Gas Burner, Hepa F	1	579,591	Laboratory	Local	0	1	A	A	A	
19	Computer (Desktop)	Compaq Deskpro SB 1.5GHZ, 128MB, 20GB	20	747,400	IT Unit	Local	0	20	A	A	A	
20	UPS	APC Smart SU620i 620VA, Powershut	20	242,400	IT Unit PHO, NST	Local	0	20	A	A	A	
21	Computer (Notebook)	Fujitsu Lifebook C-6592DV 800MHZ, 128MB, 20GB	1	76,760	NST	Local	0	1	A	A	A	
22	Screen (Fixed)	DA-LITE 69" * 92" 175 * 234cm	1	16,180	RTIC	Local	0	1	B	A	A	
23	Video Cassette Recorder (VCR)	Sony SLV-ED85TH Multi-system, VHS	1	11,253	RTIC	Local	0	1	B	A	A	
24	GPS	Germin GPSIII, Map Source Handy, 12 Channel	1	31,411	RTIC	Local	0	1	B	A	A	
25	Radio communication Unit (Office Base)	ICOM IC-F320 142.525MHZ, 16CH, 4	1	35,350	RTIC	Local	0	0	A	A	A	
26	Radio communication Unit (Mounting in Car)	ICOM IC-F310 142.525MHZ, 16CH, 1	2	50,500	RTIC	Local	0	0	B	A	A	
27	Radio communication Unit (Handy)	ICOM IC-F3S 142.525MHZ, 32CH	7	81,305	RTIC	Local	0	0	B	A	A	
28	Software (MS Office)	Microsoft Office XP (MOLP) MOLP (License only)	10	38,380	RTIC	Local	0	10	B	A	A	
29	Incenerator	Therm IC-50 50KG/Hr, Wet & Dry	1	1,111,000	RTIC	Local	0	1	A	A	A	
30	Video Camera for Microscope	JVC KY-F55BE 440,000Pixel CCD	1	153,318	RTIC	Local	0	1	B	A	A	
31	Microscope (Trinocular Tube for Video Camera)	Olympus CH30-313N Trinocular Tube, A	1	84,584	RTIC	Local	0	1	C	A	A	

CIPAC PROJECT

rovision equipment on 200 1

NO. 10

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
32	Microscope (Binocular Tube)	Olympus CH30-213N Binocular Tube	9	573,397	RTIC	Local	0	9	C	A	A	
33	Refrigerator (Medium Size)	Mitsubishi MR-F36J 350Lt. 2 Door	1	16,872	RTIC	Local	0	1	A	A	A	
34	Refrigerator (Large Size)	Sanyo SR-F215A 420Lt. 2 Doors	1	17,344	RTIC	Local	0	1	A	A	A	
35	Water Quality Test Kit	Kyoritsu WAK-PH. CIO. N02. N0 For 200times test	1	60,348	RTIC	Local	0	1	A	A	A	
36	Air Conditioners	Diakin FT18GV1LS 5KW. 4345KCal/Hr	3	128,472	RTIC	Local	0	3	A	A	A	

xpert's accompanied equipment on 2001

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Software for IT	Filemaker pro CLARIS ENG version	1	52,000	IT unit	Japan	0	1	B	A	A	AKAO S.E
2	Software for Homepage	Acrobat 5.0. Front ADOBE Microsoft JAP version	1	19,667	ACIPAC	Japan	0	1	B	A	A	AKAO S.E
3	Color Slides for training	Helminth Eggs. CE JAPC	1	9,667	ACIPAC	Japan	0	1	B	B	A	Hara S.E
4	Video Tapes for training	Health by people Sakura Video Libr Eng VHS Pal	4	66,667	ACIPAC	Japan	0	1	B	A	A	Hara S.E
5	Video Tapes for training (ASCARIS)	ASCARIS JOICFP Video Libr Eng VHS Pal	1	3,333	ACIPAC	Japan	0	1	B	A	A	Hara S.E
6	Video Tapes for training (Intergrated Project)	Intergrated Project JOICFP Video Libr Eng VHS Pal	1	3,630	ACIPAC	Japan	0	1	B	A	A	Hara S.E
7	Color Atlas for traninees	Human Helminth EG J JAPC & JOICFP Eng	30	50,000	ACIPAC	Japan	0	30	A	A	A	Hara S.E
8	Color Atlas	Clinical Parasitology JAPC Eng 1981	1	8,333	ACIPAC	Japan	0	1	B	A	A	Hara S.E
9	Cable tester for network	Nettool Inline Fluke 10Base-T/100base	1	102,720	IT Unit	Japan	0	1	A	A	A	
10	Drug Resistance Malaria Test set	Thermoincubator Sugiyama Gen Stable Power Supp	1	9,033	ACIPAC	Japan	0	0	A			Dr. Kano S.E
11	G6P Test Kit	D-Glucose 6-Phosp Wako Cemical Si Reagents. Pipette	1	97,007	ACIPAC	Japan	0	0	A			Prof. Ishii S.E
12	Microscope	CH20 Olympus Mirror. Woodcase	2	101,265	SSP Lao PDR	Local	0	2	B	A	A	

ACIPAC PROJECT
Expert's accompanied equipment on 2001

NO. 11

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
13	Microscope	CH20 Olympus Mirror, Woodcase	2	101,265	SSP Cambodia	Local	0	2	A	A	A	
14	Microscope	CH20 Olympus Mirror, Woodcase	2	101,264	SSP Vietnam	Local	0	2	A	A	A	
15	Microscope	CH20 Olympus Mirror, Woodcase	2	101,264	SSP Myanmar	Local	0	2	A	A	A	
16	Microscope	CH20 Olympus Mirror	3	132,600	SSP Lao PDR	Local	0	3	A	A	A	
17	Microscope	CH20 Olympus Mirror	3	132,600	SSP Cambodia	Local	0	1	A	A	A	
18	Microscope	CH20 Olympus Mirror	3	132,600	SSP Vietnam	Local	0	1	A	A	A	
19	Microscope	CH20 Olympus Mirror	3	132,600	SSP Myanmar	Local	0	1	A	A	A	
20	Spare lamp for Microscope	Olympus Halogen 20W for CH20	5	6,420	SSP Lao PDR	Local	0	5	A	A	A	
21	Spare lamp for Microscope	Olympus Halogen 20W for CH20	5	6,420	SSP Cambodia	Local	0	5	A	A	A	
22	Spare lamp for Microscope	Olympus Halogen 20W for CH20	5	6,420	SSP Vietnam	Local	0	5	A	A	A	
23	Spare lamp for Microscope	Olympus Halogen 20W for CH20	5	6,420	SSP Myanmar	Local	0	5	A	A	A	
24	Kato-Katz Kit	Various: Screen, Glycerlen For 500 Test, Pape	3	36,000	SSP Lao PDR	Local	0	0	A			
25	Kato-Katz Kit	Various: Screen, Glycerlen For 500 Test, Pape	3	36,000	SSP Cambodia	Local	0	0	A			
26	Kato-Katz Kit	Various: Screen, Glycerlen For 500 Test, Pape	3	36,000	SSP Vietnam	Local	0	0	A			
27	Kato-Katz Kit	Various: Screen, Glycerlen For 500 Test, Pape	3	36,000	SSP Myanmar	Local	0	0	A			
28	Kit for Malaria Test (Giemsa)	Various: Giemsa Solution For 1500 Times Tests	1	11,938	SSP Lao PDR	Local	0	0	A			
29	Kit for Malaria Test (Giemsa)	Various: Giemsa Solution For 1500 Times Tests	1	11,938	SSP Cambodia	Local	0	0	A			
30	Kit for Malaria Test (Giemsa)	Various: Giemsa Solution For 1500 Times Tests	1	11,938	SSP Myanmar	Local	0	0	A			
31	Anthelmintic (Albendazole)	Albendazole 200mg 100 Tablets/Box	40	16,000	SSP Lao PDR	Local	0	0	A			

CIPAC PROJECT

Expert's accompanied equipment on 2001

NO. 12

No	Item.	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
32	Anthelmintic (Albendazole)	Albendazole 200mg 100 Tablets/Box	40	16,000	SSP Cambodia	Local	0	0	A			
33	Anthelmintic (Albendazole)	Albendazole 200mg 100 Tablets/Box	40	16,000	SSP Vietnam	Local	0	0	A			
34	Anthelmintic (Albendazole)	Albendazole 200mg 100 Tablets/Box	40	16,000	SSP Myanmar	Local	0	0	A			
35	Anthelmintic (Praziquantel)	Praziquantel 100 Tablets/Can	28	33,600	SSP Lao PDR	Local	0	0	A			
36	Anthelmintic (Praziquantel)	Praziquantel 100 Tablets/Can	26	31,200	SSP Cambodia	Local	0	0	A			
37	Anthelmintic (Praziquantel)	Praziquantel 100 Tablets/Can	26	31,200	SSP Myanmar	Local	0	0	A			
38	Parasite Examination Stool Test	Various Makers: Slide/Cover Glass Hand Tally Counter	1	15,205	SSP Lao PDR	Local	0	0	A			
39	Parasite Examination Stool Test	Various Makers: Slide/Cover Glass Hand Tally Counter	1	15,205	SSP Cambodia	Local	0	0	A			
40	Parasite Examination Stool Test	Various Makers: Slide/Cover Glass Hand Tally Counter	1	15,205	SSP Vietnam	Local	0	0	A			
41	Parasite Examination Stool Test	Various Makers: Slide/Cover Glass Hand Tally Counter	1	15,205	SSP Myanmar	Local	0	0	A			

Local purchased equipment on 2001

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Adaptor set for mounting camera to microscope	CH3-TR45, PM-ADF, Olympus Trinocular tube	1	33,170	RTIC	Local	0	1	A	A	A	
2	Stack Interface Module	F-500, Intel	1	6,955	It Unit	Local	0	1	A	A	A	
3	Module for connecting fibercable to network	ES500MFX10/100FX Intel, 100base-FX module	1	31,030	IT Unit	Local	0	1	A	A	A	
4	Bookselves	Bookself	6	42,800	ACIPAC	Local	0	6	A	A	A	

ACIPAC PROJECT

Expert's accompanied equipment on 2002

NO. 13

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Note Computer	SONY, VAIO PCG,R505TSP	1	84,899	ACIPAC Usui	Local	0	1	A	A	A	Usui Expert

Expert's accompanied equipment on 2003

No	Item	Product	Quantity	Amount	Location	Purchase	Dispo	Exist	Usage	Mainte	Manage	Remark
1	Rack Server	Dell, AS-PE1650 Power Edge	1	165,850	IT Unit	Local	0	1	A	A	A	Dr.Kuroda S.E
2	IU Monitor	Dell, KS-PEDGE/ RACK2K-Deeper42	1	39,590	IT Unit	Local	0	1	A	A	A	Dr.Kuroda S.E
3	Note Computer	IBM, ThinkPad X31	1	121,528	ACIPAC Okabayashi	Japan	0	1	A	A	A	Dr.Jimba S.E

C/P Distribusion

No, 1

	No	Name	Year / Month	2000 4 7 10 1 3	2001 4 7 10 1 3	2002 4 7 10 1 3	2003 4 7 10 1 3	2004 4 7 10 1 3	C/P Training in Japan
	1	Prof.Sornchai Looareesuwan							
	2	Assoc. Prof. Jitra Waikagul							Nov 19 – Dec 2, 2000
	3	Assoc. Prof. Suvanee Supavej							
	4	Assoc. Prof. Somjai Leemingsawat							
	5	Assoc. Prof. Kanjana Hongtong							
	6	Mrs. Vorapan Singsilarak							
	7	Ms. Yaowapa Pratoomsuwan							
	8	Dr.Thanawat Tosukhowong							
	9	Assoc. Prof. Pratap Singhasivanon							
	10	Assoc.Prof. Prapen Viriyavejakul							
	11	Assist. Prof. Varaporn Suphadtanapongs							
	12	Assoc. Prof. Wichit Rojekittikhun							
	13	Assoc.Prof. Yaowalark Sukthana							
	14	Assist.Prof. Chalit Komalamisra							
	15	Dr. Teerachai Kusolsuk							
	16	Assist. Prof. Phanosri Attanath							
	17	Dr. Dorn Watthanakulpanich							
	1	Assoc. Prof. Jitra Waikagul							
	2	Prof. Sornchai Looareesuwan							
	3	Assoc. Prof. Somjai Leemingsawat							
	4	Assist. Prof. Varaporn Suphadtanapongs							
	5	Dr. Sombat Treeprasertsuk							
	6	Assist. Prof. Pratap Singhasivanon							
	7	Assist. Prof. Chukiat Sirivichayakul							
	8	Dr.Praphasri Jongsuksuntigul							Nov 19 – Dec 2, 2000
	9	Dr. Pimpimon Thongthien							Dec 2 – Jan 25, 2003
	10	Assoc. Prof. Vasan Silapasuwan							
	11	Assoc. Prof. Prasit Leerapan							
	12	Assoc. Prof. Wijitr Fungladda							
	13	Assoc. Prof. Malinee Thairungroj							
	14	Assoc. Prof. Supranee Changbumrung							
	15	Assoc.Prof.Suvanee Supavej							
	16	Dr. Wichai Satimai							
	17	Dr. Piyarat Butraporn							
	18	Mrs. Pornpimon Adams							
	19	Assist. Prof. Kasinee Buchachart							
	20	Assoc. Prof. Dr. Wichai Suphanaranon							

C/P Distribusion

No, 2

	No	Name	Year / month	2000 4 7 10 1 3	2001 4 7 10 1 3	2002 4 7 10 1 3	2003 4 7 10 1 3	2004 4 7 10 1 3	
CURRICULUM COMM	21	Assoc. Prof. Porntep Jantawanich							
	22	Assoc. Prof. Wasan Sinlapasuwan							
	23	Mrs. Rattana Teerawat							
	24	Mrs. Chutamas Sornwisootr							
	25	Mrs. Sukaya Ngambanchong							
	26	Dr. Ketwadee Larppra							
	27	Mrs. Wanpen Phutthanon							
	28	Dr. Chaiporn Rojanawatsirivet							
	29	Assoc. Prof. Yaowalark Sukthana							
	30	Assoc. Prof. Wichit Rojekittikhun							
	31	Dr. Nithat Sirichotiratana							Oct 5 – Nov 1, 2003
	32	Dr. Ubon Lenwari							
	33	Ms. Kritaya Burirat							
	34	Ms. Wiphada Eiamyam							
IT COMM	1	Assist. Prof. Pratap Singhasivanon							
	2	Prof.Sornchai Looareesuwan							
	3	Assoc. Prof. Chamnam Apiwathanasorn							
	4	Assist.Prof.Chalit Komalamisra							Jul 22 – Aug 7, 2001
	5	Assoc.Prof.Suvanee Supavej							
	6	Assoc.Prof.Benjarat Phonrat							
	7	Assoc. Prof. Jitra Waikagul							
	8	Mrs. Pornpimon Adams							
	9	Ms.Duangjai Sahassananda							
	10	Dr.Darika Kingnate							Jun 24 – Aug 25, 2001
	11	Dr. Jotika Boon-Long							
	12	Assist.Prof.Kasinee Buchachart							Jul 22 – Aug 7, 2001
IST	1	Ms. Pongjunt Nuntavong, ROP, NST							Dec 2 – Dec 21, 2002
TM	2	Ms. Rachatawan Chibchalard, FTM							Oct 5 – Nov 1, 2003
		▬▬ : CP Training in Japan							
		—— : Distribution term							

Evaluation Grid

Achievement of the Project

<table>
<tr><th>Narrative summary</th><th>Objectively Verifiable Indicator</th><th>Result</th></tr>
<tr><td><u>Super Goal</u>
Parasitic diseases are substantially reduced as public health problems in the Southeast Asia.</td><td></td><td></td></tr>
<tr><td><u>Overall Goal</u>
Parasite control programs are strengthened by the health human resource development in the Southeast Asia.</td><td>1. Parasite control programs are actively implemented in Thailand and its neighboring countries.</td><td>See "4. Impact".</td></tr>
<tr><td><u>Project Purpose</u>
Asian Centre of International Parasite Control (ACIPAC) performs the role of an international human resource development center for parasite control activities in the region.</td><td>1. Recognition level of ACIPAC in the subject region as a training center is heightened.
2. Communication among personnel working on parasite control is stimulated by ACIPAC.
3. Recognition level of ACIPAC in CLMTV as an information center is heightened.
4. At least half of trained personnel actively participate in parasite control activities including the fieldwork in their countries.</td><td>1. At the Workshop on Global Parasite Control Initiative 2004, the future direction of the ACIPAC was discussed and a conclusion was reached that the ACIPAC would play an important role for human resource development in Asia. See "2. Effectiveness" for more detail.
2. See "2. Effectiveness".
3. See "2. Effectiveness".
4. Almost 87% of the questionnaire respondents say they are working in the field relevant to school health and/or parasite control. See "2. Effectiveness" for more detail.

Table 1: Relevancy of work (N=92)[1]
<table>
<tr><th>Country</th><th>Relevant</th><th>Not relevant</th></tr>
<tr><td>Cambodia (N=19)</td><td>73.7%</td><td>26.3%</td></tr>
<tr><td>Lao P.D.R. (N=20)</td><td>85.0%</td><td>15.0%</td></tr>
<tr><td>Myanmar (N=14)</td><td>92.9%</td><td>7.1%</td></tr>
<tr><td>Thailand (N=20)</td><td>85.0%</td><td>15.0%</td></tr>
<tr><td>Vietnam (N=19)</td><td>100.0%</td><td>0.0%</td></tr>
<tr><td>Total</td><td>87.0%</td><td>13.0%</td></tr>
</table>
</td></tr>
</table>

[1] The total number of samples of the questionnaire survey to ex-trainees is 92, unless otherwise indicated.

<table>
<tr>
<td>Outputs
<Output 1>
School-based approach advocated by ACIPAC is accepted as an effective one to the parasite control by the region, of which core countries are Cambodia, Lao P.D.R., Myanmar, Thailand and Vietnam (CLMTV).</td>
<td>1.1 School-based approach for the parasite control is initiated in the subject region.</td>
<td>1.1 See Output 1 in "3. Efficiency".</td>
</tr>
<tr>
<td><Output 2>
Human resources for the parasite control in the region are trained by ACIPAC in its international training course incorporating model activities in Thailand.</td>
<td>2.1 The approach advocated by ACIPAC focusing on human resource development is adopted for parasite control in CLMTV.
2.2 Trained personnel by the course are increased up to 100 persons.
2.3 Level of technique and skill of management, health policy, operational research, etc. is strengthened.</td>
<td>2.1 See Output 2 in "3. Efficiency".
2.2 The international training course has trained more than 100 trainees in four years.

Table 2: Number of trainees in 2001-2004
<table>
<tr><th>Country</th><th>2001</th><th>2002</th><th>2003</th><th>2004</th><th>Total</th></tr>
<tr><td>Cambodia</td><td>5</td><td>6</td><td>5</td><td>6</td><td>21</td></tr>
<tr><td>Lao P.D.R.</td><td>5</td><td>7</td><td>5</td><td>5</td><td>23</td></tr>
<tr><td>Myanmar</td><td>5</td><td>0</td><td>5</td><td>5</td><td>15</td></tr>
<tr><td>Thailand</td><td>5</td><td>6</td><td>5</td><td>5</td><td>21</td></tr>
<tr><td>Vietnam</td><td>5</td><td>6</td><td>5</td><td>4</td><td>20</td></tr>
<tr><td>Kenya</td><td>1</td><td>1</td><td>1</td><td>1</td><td>4</td></tr>
<tr><td>Ghana</td><td></td><td>1</td><td>1</td><td>1</td><td>3</td></tr>
<tr><td>Timor L'este</td><td></td><td></td><td>3</td><td>1</td><td>4</td></tr>
<tr><td>Total</td><td>26</td><td>27</td><td>30</td><td>28</td><td>111</td></tr>
</table>
2.3 Trainees showed the improvement of knowledge in the subjects of the training course as follows.

Table 3: Average scores of pre test and post test
<table>
<tr><th></th><th>Pre test score</th><th>%</th><th>Post test score</th><th>%</th></tr>
<tr><td>2001 (Max score=60)</td><td>24.73</td><td>41.2%</td><td>32.00</td><td>53.3%</td></tr>
<tr><td>2002 (Max score=50)</td><td>20.63</td><td>41.3%</td><td>31.11</td><td>62.2%</td></tr>
<tr><td>2003 (Max score=50)</td><td>19.95</td><td>39.9%</td><td>25.45</td><td>50.9%</td></tr>
<tr><td>2004 (Max score=30)</td><td>14.07</td><td>46.9%</td><td>15.71</td><td>52.4%</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr>
<td><Output 3>
Small-scale pilot projects on school-based malaria and soil-transmitted helminthiases (STH) prevention and control are implemented as a practical training in the filed in CLMTV.</td>
<td>3.1 The participants of international training courses acquire experience and confidence in practicing parasite control in the actual field.
3.2 The personnel/agencies acquire management skills for planning and implementation of the parasite control activities based on the operational research in CLMTV.
3.3 Schoolchildren and communities in the subject area develop their knowledge of parasite control and take preventive actions throughout the pilot projects.</td>
<td>3.1 See Output 3 in "3. Efficiency".
3.2 See Output 3 in "3. Efficiency".
3.3 See Output 3 in "3. Efficiency".</td>
</tr>
<tr>
<td><Output 4>
ACIPAC functions as a centre for human and information network to promote interaction among personnel/agencies in the region.</td>
<td>4.1 Active communication among the following group of people takes place, being promoted by ACIPAC: the participants of international training course, Japanese and Thai experts; the three projects originated by the Hashimoto Initiative; related international organizations; SEAMEO-TROPMED; other concerning agencies among CLMTV.
4.2 Exchange of information and other interactions increase based on the network system established in ACIPAC.</td>
<td>4.1 See Output 4 in "3. Efficiency".

4.2 ACIPAC Mail Magazine, which took over ACIPAC Times, is sent several times per month via email since April 2003. Mekong Parasite News is published quarterly in principle and sent to those concerned in CLMTV and other countries.

Table 4: Publication and distribution of ACIPAC newsletter
<table>
<tr><th>Newsletter</th><th>Issues</th><th>Distribution</th><th>Period</th></tr>
<tr><td>ACIPAC Times</td><td>21</td><td>-</td><td>9/2002-2/2003</td></tr>
<tr><td>ACIPAC Mail Magazine</td><td>24</td><td>160</td><td>4/2003-present</td></tr>
<tr><td>Mekong Parasite News</td><td>4</td><td>200</td><td>5/2003-present</td></tr>
</table>
ACIPAC website was constructed in 2001 and was renovated in 2003 after encountering the technical problem in November 2002. The current website so far has 1,336 visitors since its reconstruction.</td>
</tr>
</table>

Activities	Inputs (Thai side)	Inputs (Japanese side)
1.1 Prepare an appropriate school-based approach to the parasite control in the region. 1.2 Conduct activities to deliver an idea of the approach and formulate regional acceptance. 1.3 Monitor the situation concerning the approach. 1.4 Modify the approach and re-formulate the acceptance if necessary. 2.1 Discuss with the concerned countries on the needs and requests for the international training courses in the region. 2.2 Prepare curriculum and teaching materials based on the needs identified by the activities 1.1-1.4 and 2.1 2.3 Provide appropriate opportunities for instructors to obtain the ACIPAC school-based approach. 2.4 Prepare field and facility required for the practicum in the training courses other than lectures. 2.5 Develop model activities related to activities 1.1 and 3.1 as well. 2.6 Establish the operational body for the implementation of the courses. 2.7 Implement the international training course annually for the properly selected trainees. 2.8 Monitor and evaluate the level of comprehension and satisfaction of the participants regarding the courses, then feedback of the results.	1. Provision of land, buildings and facilities for ACIPAC and project offices, experts' rooms and so on. 2. Cost of utility such as electricity and water 3. Assignment of counterpart personnel including experts 1) Project Manager 2) Members of General Management Meeting 3) Members of Training Program Committee 4) Members of Information Network Committee 4. Secretaries to the Japanese Experts	1. Long-Term experts: 1) Chief Advisor 2) Project Coordinator 3) Parasite Control 4) School Health 2. Short-Term Experts: 1) School Health 2) Information Network 3) Regional Cooperation 4) Parasite Control 5) Seminar Lectures 6) Model Activities 7) South-South Cooperation 8) Project Cycle Management 9) Others. 3. Provision of following machinery, equipment, and other materials: 1) Computer systems, peripheral equipments, and accessories 2) Copy machines 3) Audio-visual equipments 4) Micro-scopes 5) Vehicles 6) Storage equipments and generators 7) Other necessary machinery, equipment, and materials which may be mutually agreed upon. 4. Counterpart training in Japan 5. Financial support

3.1 Plan and prepare the small-scale pilot projects in CLMTV, in principle based on the international training participants' plans. 3.2 Conduct IEC activities towards the schoolchildren. 3.3 Promote the involvement of the public health service and educational sector for school-based parasite control activity. 3.4 Conduct research on the impact of the school health activities on the community. 3.5 Conduct monitoring continually and integrate feedbacks for further activities and international training course. 3.6 Consider and modify the schemes if necessary. 4.1 Create opportunities to build human network, such as workshops, symposia, and conferences, among the following groups of people: 1) the participants of international training courses, and Japanese and Thai experts; 2) the three projects originated by the Hashimoto Initiative; 3) related international organizations; 4) SEAMEO-TROPMED; 5) Concerned agencies in CLMTV. 4.2 Conduct the following activities to establish information network: 1) prepare infrastructure for networking; 2) formulate the task force team for operating the information network; 3) establish, operate and maintain activities for telecommunication network including homepage and mailing list; 4) establish the database regarding the parasites; 5) exchange information and data with international organizations, e.g. WHO; 6) establish a consultation system for information network users.		

Implementation process

Evaluation Item	Survey Item	Means of verification	Result
1. Implementation compared between the planned and the actual	-Training course, SSPP, Human and Information network	-Project report -Interview with experts & C/P	There was no significant delay of implementation except some of the SSPP and the reconstruction of the website.
2. Appropriateness of methodology of technical transfer.		-Project report -Interview with experts & C/P -Interview with trainees	[Mahidol University] As referred to in the mid-term evaluation report, there were not many areas for technical transfer to the Mahidol university in Thailand, as they already have been equipped with necessary knowledge and skill in administering and managing the international training course and symposium. [Trainees for international training course] See Output 2 in "2. Efficiency" for more detail.
3. Project management system	-Decision making process -Communication in the Project -Monitoring system	-Interview with experts & C/P -Interview with staff of HQs & resident offices	There are several committees under the ACIPAC project. The members and frequency of the committee meetings changed according to the situation. Some committees were merged into one due to avoid the overlapping functions and seek efficiency. [Steering committee] The committee is held once a year. The committee is chaired by the Dean of the Faculty of Tropical Medicine. Members are from Mahidol University, the Ministry of Public health, DTEC, SEAMEO TROPMED Network, Japanese experts, and representative of JICA. However, there is an opinion that the steering committee is assumed to be held quarterly and should discuss annual work plan of the ACIPAC. In addition, the minutes of meetings for the SSPP implementation in some of the countries mention the establishment of the steering committee. [General Management Committee] The committee is held twice a month to discuss managerial and administrative issues. The result of SSPP monitoring is reported as well at this meeting. [Training Program Committee] Training Program Committee is chaired by Dr. Jitra and consists of the members from Faculty of Tropical Medicine, Faculty of Public Health, Ministry of Public Heath, and Ministry of Education. The course curriculum was first developed in 2000. After setting up the model curriculum, the two-day workshop was held with the participation of representatives from MoH and MoE of Thailand and partner countries. Since then the course curriculum has been regularly reviewed and modified. [Information Networking Committee] The committee was merged with General Management Committee.

	-Region wide technical cooperation scheme -Relationship between ACIPAC, JICA headquarters and resident offices	-Interview with staff of HQs, resident offices, experts	[Region wide technical cooperation] As the problems inherent to a region-wide technical cooperation scheme were recognized by JICA resident offices in CLMTV, the meetings among them were already held to discuss the measures to address and tackle these issues. In the interview with JICA resident offices, several issues were pointed out as the difficulties experienced in the implementation process of the ACIPAC project. (1) Lack of consultation in the project formulation stage (planning) There was an opinion that as the resident office was not well consulted at the stage of project formulation and its opinions were not taken into consideration. (2) Insufficient information sharing (implementation) Some of the resident offices feel that they receive or share the limited information and tend to lose the sense of ownership. This might have led to the situation that the direction of the Project was not shared enough with the resident office, which resulted in waste of time and energy. In this regard, some office suggested that a monitoring form for the SSPP should be produced for the partner countries, but it was not realized. Another office suggested that there should be a plan of how to hand over the SSPP to the partner country side after the assistance of the ACIPAC is terminated. On the other hand, the Japanese experts feel that the information needed to be shared more extensively within the resident offices, let alone the staff in charge, which could facilitate more understanding and consistent response of the resident offices. (3) Difficulty of management by JICA resident office alone in the partner country (implementation) Some officers suggested there should be a Japanese expert in each of the partner countries in addition to those in Bangkok. Management of the activities is likely to be limited as far as the Japanese experts stay in Bangkok and regularly visit the partner countries. It does not work well if JICA resident office simply receives and disburses money. In this sense, the case of Laos can be regarded as successful as there has been regular communication among JICA Laos office, KIDSMILE project, experts dispatched to the Ministry of Education and the Ministry of Health, and ACIPAC experts.

4. Recognition on Project of implementing agency & C/P		-Interview with C/P	Members of the committees include not only Japanese experts and members of the Faculty of Tropical Medicine, but also Ministries of Education and Public Health and other organization in Thailand, which has made the Project well recognized by such people. Furthermore, through organizing symposia and seminars, the Project is well recognized by CLMV countries, donors, and NGOs in the region.
5. Assignment of counterpart staff		-Project report -Interview with experts & C/P	Counterpart staffs are assigned to the committees of General Management, Curriculum Development, and Information Network.
6. Participation and recognition on Project among target group & relevant agencies in CLTMV		-Discussion with target group (trainees) -Interview with ministries & donors in CLMTV.	[Partner countries] Japanese experts and the staff of Mahidol University regularly visited those concerned with school health and parasite control in CLMTV. The ACIPAC invited them to the symposia and seminars. The ACIPAC also reached the agreements with each of the partner countries regarding the implementation of the SSPP. Thus, the ACIPAC is well recognized by the authorities concerned of the partner countries. [Trainees] Trainees understand that the ACIPAC is a region wide technical cooperation project supported by the Government of Thailand and the Government of Japan. According to the questionnaire survey, 90.5% of the ex-trainees recognized this fact.
7. Problems and constraining factors in the implementation process		-Interview with experts & C/P -Interview with ministries in CLMTV	There were some cases of significant delay in the implementation of the SSPP. [Myanmar] The implementation of the SSPP delayed due to political situation and suspension of aid related activities in the country in 2003. However, the SSPP restarted in September 2004. [Vietnam] The organizational reform of Ministry of Health made it difficult to disburse advance payment from the Ministry in 2003. In addition, as the school vacation was from June to September, the implementation of the SSPP activities was postponed to the end of the vacation. [Inappropriate system or non existence of the system for disbursement of budget from JICA] This problem existed at the initial stage, though this issue was already discussed and resolved by JICA headquarter, resident offices, and the ACIPAC. Improper preparation of the proposal and documents of the partner country side was also a constraint to the timely disbursement of the budget from JICA.

1. Relevance

Evaluation Item	Survey Item	Means of verification	Result
1. Relevance of needs of the region	-Number of morbidity and mortality of malaria and STH in CLMTV	-Statistics -Interview with ministries in CLMTV	Malaria and STH are widely prevailing in CLMTV, though with different degree of prevalence and intensity from one area to another. [Cambodia] The epidemiological survey conducted in 1998/1999 concludes that STH infection is an major public health problem in Cambodia, with the data of infection rate (*Ascaris* 10-40%, *Trichuris trichiura* 2-17%, and hookworm 5-65%). Although many interventions are being implemented against malaria, the annual data report indicates the number of cases has not decreased significantly. (source: Cambodia SSPP proposal) [Laos] Medical statistics of the year 2000 shows that there were 300,000 malaria suspected cases 25,000-30,000 were hospitalized. There were 335 death cases, the majority of which were children. The prevalence of helminth infection among schoolchildren in 2000 was 30-60% (hookworm was 18%, followed by *Trichuris trichiura* (13%) and *Ascaris lumblicoides* (10%). (Source: Laos SSPP proposal) [Myanmar] Malaria shares 10% of the total inpatients admitted in hospitals in Myanmar and the number of clinical malaria cases reaches up to 130,000 and case fatality rate is over 3% in hospitals. Clinical malaria mortality is approximately 7.5/100,000. The study conducted in 1994 shows the result that the percentage of schoolchildren who have ascariasis, *Trichuris trichiura*, and *Giardia lamblia* is 50.1%, 23.9%, and 2.7% respectively. (source: Myanmar presentation material 2003) [Thailand] Prevalence of intestinal helminthiasis among children of 5-14 years in Thailand is 21.1% in 2001, decreased from 34.0% in 1991, but increased from 15.3% in 1996. The epidemiological data shows Malaria has a downward trend in total cases from approximately 200,000 cases in 1991 to 100,000 cases in 1996. In addition to Thai cases, foreigner cases (mostly Burmese) have been increasing, from 48,000 cases in 1991 to 66,000 cases in 1997. (source: MoPH presentation material) [Vietnam] STH infection is regarded as an important health problem, particularly for children of age 5-9. It is estimated that 60 million people are infected with *Ascaris*, 40 million with hookworm, and 40 million with *Trichuris trichiura*. (source: Vietnam SSPP proposal)

2. Relevance of needs of target group (trainees, SSPP beneficiary)	-Evaluation of international training course	-Questionnaire to & discussion with trainees	[International training course] The ACIPAC's international training course is relevant to the needs of the trainees as a target group. According to the result of the questionnaire survey, more than 65% of 92 respondents think that the course met their expectation completely or almost completely. Table 5: Level of expectation met by the training course [table] In addition, each subject of the course is evaluated as very useful or useful by the majority of the trainees. In discussion with ex-trainees, the combination of managerial and technical matters in the course also received good evaluation, especially management subjects were new and useful to those with technical background. Table 6: Usefulness of subjects taught in the training course [table] [SSPP] The site of the SSPP in each country was selected by the condition of the area such as the prevalence and intensity of STH and malaria, which were identified by the baseline survey. Therefore, it can be assumed that the SSPP adequately addresses the need of the target group in the site (see the summary of the SSPP of each country for more detail).

	Completely	Almost completely	More than half	Less than half	A little
Expectation met	18.0%	47.2%	33.7%	1.1%	0.0%

Item	Very useful	Useful	Moderate	Less than half	A little
STH	35.6%	50.6%	8.0%	2.3%	3.4%
Malaria	37.1%	41.6%	9.0%	7.9%	4.5%
Epidemiology & biostatistics	16.3%	45.3%	26.7%	7.0%	4.7%
Health promotion & education	39.1%	48.3%	9.2%	2.3%	1.1%
PCM	27.9%	44.2%	19.8%	4.7%	3.5%
Project management	36.0%	34.9%	19.8%	2.3%	7.0%
Project proposal making	39.1%	32.2%	20.7%	2.3%	5.7%
Computer	27.3%	33.0%	23.9%	9.1%	5.7%

3. Relevance to the policy of the region		-Project report -Interview with ministries -Interview with experts -Interview with donors	Policy and institutional framework had already existed in some of the partner countries before the Project started. The Project is intended to influence the policy direction of school health and parasite control through South-South cooperation and its achievement further enhances the relevance of the Project in terms of policy direction (see Output 1 in "Efficiency"). [Cambodia] Cambodian government is in the process of formulating the School Health Policy, which is likely to strengthen the intervention on school health by the Ministry of Education, Youth, and Sports (MoEYS). The formulation of the policy is supported mainly by WHO and UNESCO. The workshop is likely to be held in 2004 in order to finalize the policy. Cambodian side recognizes that school health based approach is effective for parasite control and is planning to carry out the National Program for Malaria. It is also running National Deworming Program targeting schoolchildren at present. [Laos] Ministry of Health formulated the National Intestinal Helminth Prevention & Control Policies, including school health education in March 2003. National Policy for School Health is being drafted at the final stage and is going to be approved by the Ministry of Health and Ministry of Education. Coordination Meeting for School Health and National Task Force of School Health was established in 2004, by combining National Health Promoting School Meeting and National Committee for School Health. The members include Ministry of Health (Dept. of Health, Dept. of Hygiene & Prevention, CMPE, CLE, Center of Information Health Education) and Ministry of Education (Dept. of General Education, Research Center of Education Science). [Myanmar] Myanmar has its long history of implementing School Health Programme since1977-1978. National School Health Committee, which is composed of by Ministry of Health and Ministry of Education, was already established before the ACIPAC started. National Health Plan 2001-2006 of Ministry of Health assumes that school health is included as one component of community health care, which is placed in the first place in the Plan.

			[Thailand] The Ministry of Public Health has been implementing the five-year royal project on Helminthiasis Control in Schools Children under the Royal Initiative Project since 2003. The project targets remote and rural areas in 48 provinces out of 76 provinces. The number of schools covered by the project is approximately 585 and that of schoolchildren reaches up to 60,000. The activities include (1) baseline survey to be conducted for all the target schools by the provincial health office (including sample stool examination), (2) mass treatment (twice a year), (3) provision of health education materials (pamphlet, brochure, VCD), and (4) teachers' training (25% of teachers were trained this year). As for the teachers' training, one teacher is to be trained per school. National Malaria Control Program has been implemented as well. [Vietnam] There does not exist school health policy or parasite control policy yet. However, the government held a national meeting on Reviewing Direction on School-based Helminth Control in Vietnam in March 2003, which was also joined by the ACIPAC. WHO is planning to organize a partnership meeting in early next year, while the ACIPAC has been urging WHO to organize this meeting.
4. Appropriateness of methodology	-Appropriateness of Project as strategy to address the development issues in the region	-Project document -Interview with C/P & experts -Interview with donors	[Appropriate selection of school-based approach for parasite control] The approach has been regarded and implemented as a cost effective method in many countries due to the following factors. ✓ Children are the most susceptible to STH and malaria. ✓ Japan successfully and significantly reduced the number of children with STH after the World War II by combining selective mass treatment and health education. ✓ School-based approach is useful and efficient not only for control of malaria & STH, but also for general school and community health promotion as children are expected to disseminate the health related information to their parents, siblings, and neighbors.
5. Appropriateness of selecting target group	- Appropriateness of selection of target group in terms of need & scale		[Trainees] The ACIPAC training course is aimed at human resource development, targeting those who are involved in policy making and program/project management of parasite control. Although the partner countries have some interventions in this area, the opportunities of training are not sufficiently available to them. In this regard, ACIPAC has appropriately chosen the target group for the training course.

			[School children] WHO promotes school health program as a strategy to prevent and control the important health risks, by referring to "worm infections" as "the greatest cause of disease among 5-14 year old children. In May 2001, the World Health Assembly adopted a resolution calling on member countries to support the strategies to reduce the burden of disease from intestinal parasites. The resolution suggests cost effective approaches to parasite control such as regular treatment of at-risk populations, especially school-age children. The 75% coverage of deworming is being pursued.
6. Relevance to cooperation policy of Japanese government	-Cooperation policy on parasite control	-Hashimoto Initiative related documents	At the Birmingham Summit in 1998, the political leaders of the Group of Eight (G8) decided to take an action to reduce the burden of those who are suffering from infectious diseases including malaria and parasites in developing countries, which is known as the Hashimoto Initiative. This Hashimoto Initiative was further supplemented by the Okinawa Infectious Diseases Initiative at the Okinawa-Kyushu Summit in 2000. In this Initiative, Japan was supposed to tackle infectious diseases, focusing on malaria and parasitic diseases as well as on HIV/AIDS, tuberculosis and polio, through promotion of the Hashimoto Initiative and South-South cooperation.
7. Comparative advantage of technology of Japan	-Experience of Japan in parasite control	-ACIPAC website	Japan has a history of succeeding in controlling parasite disease. After the Second World War, a prevention movement for STH among schoolchildren was initiated under support of an academic group of parasitologists in 1949, and this movement gained cooperation from community people, who sustained the control programmes by cost sharing. Parasite control was extended to community and integrated with other public health programs. Japanese history of parasite control tells that effects of de-worming of schoolchildren are visible; useful for health education; understandable to parents and community, as a result quite effective for community people to take sustainable measures.
8. Appropriateness of Mahidol university as C/P organization	-Managerial and technical ability	-Interview with management staff and lecturers	Faculty of Tropical Medicine, Mahidol University has an office for Regional Tropical Medicine and Public Health Network, Southeast Asian Ministers of Education Organizations (SEAMEO TROPMED Network). SEAMEO TROPMED has four regional Centers in Indonesia, Malaysia, the Philippines and Thailand. Thailand office in Mahidol University in particular is responsible for general and clinical tropical medicine and tropical pediatrics, which justifies the faculty as the counterpart organizations. The Faculty has a close cooperation with the Faculty of Public Health and the Ministry of Public Health as well.

2. Effectiveness

Evaluation Item	Survey Item	Means of verification	Result
1. Achievement of the Project Purpose	OVI 1: Recognition level of ACIPAC in the subject region as a training center is heightened.	-Annual report -Interview with experts & C/P	There is a general agreement on the role of the ACIPAC as a training center. The participants for the Workshop on Global Parasite Control Initiative, which was held in March 2004, reached the agreement on several issues. In this agreement, the ACIPAC is assigned the major role in human resource development in the region. The ACIPAC has more tasks to meet wide ranging needs of human resource development. The ACIPAC received the request for the further expansion and elaboration of the international training course from the partner countries, the UN agencies, and donors, which participated in the Joint Curriculum Development Meeting in June 2004. All of the participants of the Meeting agreed that the international training course should be continued and revised to meet the need of the current situation of the partner countries. It was also suggested that the partner countries for the course should be expanded to such countries as Indonesia, Bangladesh, Sri Lanka, Timor L'este, Papua New Guinea and others. Furthermore, the inclusion of more trainees from the education sector and the organizing of training course exclusively targeting the education personnel were emphasized. There are several other examples that indicate the higher recognition of the ACIPAC as training course. UNICEF provided the funding of tuition fee for the trainees of Timor L'este in 2004, which is an indication for the recognition of the ACIPAC. In Cambodia, ACIPAC is recognized as a partner for STH control, especially in human resource development, by the National Task Force of STH control.
	OVI 2: Communication among personnel working on parasite control is stimulated by ACIPAC.	-Annual report -Interview with experts & C/P	Communication and networking fostered by ACIPAC cover such stakeholders as ex-trainees, the ministries of the partner countries, the UN agencies, donors, and NGOs. Despite such efforts, some tasks remain to be done for further strengthening human, organizational, and information network. Regarding some of the achievements, there was close contact with the EC on malaria project at the initial stage and had a discussion on a plan to take over their website. Communication with Kenan Institute led to dispatch of their lecturer to the ACIPAC training course in 2003 and 2004. There was a discussion with the Partnership for Child Development for the possible cooperation in organizing the training course. In addition, the communication and coordination between the Ministry of Education and the Ministry of Health were facilitated through the implementation of the SSPP and recognized in some of the partner countries. The relationship between the partner countries is also facilitated as well, as is the case between Thailand and Laos, which held a meeting in September 2004.

		There was the limitation of the achievements. First, for the networking of the partner countries, the ACIPAC did not organize the workshop for policy makers, which seems to have resulted in the limited acceptance of the school-based approach in some country. Secondly, the need for regional coordination and cooperation among donors is regarded as necessary under the effort and initiative of the ACIPAC. Lastly, the effort for disseminating information encountered a constraint of reaching ex-trainees due to difficulty in access by email and internet or in remote location.
OVI 3: Recognition level of ACIPAC in CLMTV as an information center is heightened.	-Annual report -Interview with experts & C/P	ACIPAC has been making an effort to disseminate information by sending newsletter, creating a human resource database, and updating the website. However, it has the limitation in reaching the ex-trainees due to a difficulty in access to internet. At the same time, the ACIPAC has not fully achieved the objective of offering the attractive and useful information to those who need such information through its website and newsletters. As the effort of disseminating information to such people was not necessarily enough, there remains much room for improving the situation. In addition to the role mentioned above, ACIPAC still has an important role to play as the information center in another area relevant to the networking among the ministries of the partner countries and donors. ACIPAC should be the facility to offer the information on the policy and interventions on school health and parasite control in the partner countries and donors and accelerate the information sharing among them. There are several successful cases as the resource center that the materials developed by the ACIPAC are or will be utilized for other programs and projects in the relevant field. For example, the royal project on Helminthiasis Control in Schools Children of Thailand is going to use the teaching manual and textbook developed by the ACIPAC.

<table>
<tr><td></td><td>OVI 4: At least half of trained personnel actively participate in parasite control activities including the fieldwork in their countries.</td><td>-Ministry of Education and Ministry of Health through JICA resident offices
-Interview with experts & C/P</td><td>As described in "Achievement", nearly 90% of ex-trainees are involved in the work related to school health/parasite control. Approximately 38% are involved in the SSPP in somehow, while 20% are involved in the policy making. Other types of work include the management of other related projects such as water and sanitation and investigation. There are a few cases of retirement and studying abroad.

Table 7: Type of work involved
<table><tr><th>Country</th><th>SSPP</th><th>Policy Making</th><th>Others</th></tr><tr><td>Cambodia</td><td>8.4%</td><td>4.2%</td><td>6.3%</td></tr><tr><td>Lao P.D.R.</td><td>11.6%</td><td>2.1%</td><td>7.4%</td></tr><tr><td>Myanmar</td><td>3.2%</td><td>0.0%</td><td>9.5%</td></tr><tr><td>Thailand</td><td>9.5%</td><td>6.3%</td><td>3.2%</td></tr><tr><td>Vietnam</td><td>5.3%</td><td>8.4%</td><td>14.7%</td></tr><tr><td>Total</td><td>37.9%</td><td>21.1%</td><td>41.1%</td></tr></table></td></tr>
<tr><td>2. External condition from outputs to Project Purpose</td><td></td><td></td><td>As the implementation of international training courses has been supported by JICA as one of the project activities, the external condition was met during the project period.</td></tr>
<tr><td>3. Contributing & constraining factors to achievement of Project Purpose</td><td></td><td>-Project report
-Interview with C/P & experts</td><td>The ACIPAC's effort to disseminate information and expand network through regular visit of experts, organize of symposia and seminars, and discuss and seek consensus with the organizations concerned such as donors is a major contributing factor for the achievement of the Project Purpose. Although the experts encountered a difficulty in reaching consensus with the UN agencies on the effectiveness of the school-based approach and the implementation of the SSPP, the effort of the experts could overcome it and reach the understanding of the approach.</td></tr>
</table>

3. Efficiency

Evaluation Item	Survey Item	Means of verification	Result
1. Achievement of Outputs	Output 1 (acceptance of school-based approach)	-Review of policies in CLMTV -Interview with ministries in CLMTV -Interview with C/P & experts -Interview with donors	It was agreed at the Workshop on Global Parasite Control Initiative 2004, which was participated by the ministries, donors, and other related organizations, that the parasitic diseases control through school health was useful. Furthermore, the ACIPAC has been advocating and promoting the school-based approach by utilizing every opportunity such as the international training course, symposia, and seminars. Some of the partner countries have already established the governmental structure and policy to promote school health and/or parasite control or is in the stage of establishing such mechanism and policy in close cooperation with donors including the ACIPAC. For example, in Thailand, teacher manuals and student textbooks are officially accepted by the Ministry of Education and the Ministry of Public Health. These situations indicate that school-based approach for parasite control is substantially accepted in the partner countries with the effort of the ACIPAC. The situation of each country is described in more detail below. [Cambodia] As mentioned earlier in "Relevance", the School Health Policy has been already drafted and awaiting for comments from the organizations concerned. ACIPAC experts were requested to make comments on the draft by Ministry of Education, Youth, and Sports (MoEYS) and made substantial contribution to the further improvement of the content. School Health Department of MoEYS is planning to organize the workshop once the fund is made available. In April 2004, Cambodia government announced to establish the National Task Force for the Control of STH, Schistosomiasis, and for the Elimination of Lymphatic Filariasis, and also Helminthiasis Prevention and Control Policy. ACIPAC was recognized to assume a role for human resource development under this framework as a partner. [Laos] National policy for School Health is already drafted. ACIPAC made substantial effort to establish the organizational structure of school health, which resulted in the establishment of Coordination Meeting for School Health and National Task Force of School Health. The ACIPAC cooperated for organizing the Workshop on health promoting school in March 2003, in cooperation with the ministries, WHO, JICA/KIDSMILE with the purpose of exchange of information and formulation of national policy on parasite control.

			[Myanmar] As mentioned earlier, Myanmar has already established the governmental structure. National School Health Committee, which consists of Ministry of Education and Ministry of Health, is being revitalized and held the meeting recently. The Department of Health, which has the division of School Health, is committed to the concept of school health. According to the deputy director general of the Department, however, there are not many donor organizations yet, which are interested in and focusing on school health for parasite control. There seems to be still remaining a room for further effort on promoting the school-based approach. [Thailand] School health approach advocated by ACIPAC is accepted by the Ministry of Education and the Ministry of Public Health. Teacher manual and student book are officially accepted by these ministries. They are going to use the manuals and textbooks on malaria and STH for teachers and schoolchildren in other regions and projects. [Vietnam] As mentioned in "1. Relevance", school health policy is not established yet. However, ACIPAC has been keeping close contact with WHO Vietnam and urging them to organize the partnership meeting for school heath, which is likely to be organized in the early next year.
	Output 2 (international training course)	-Number of trainees -Score of pre- & post test -Questionnaire to trainees -Interview with lecturer -Interview with experts	The international training course has trained more than 100 trainees in the last four years and improved the knowledge and skill of trainees (see "Achievement of the Project"). The exam scores tend to improve after finishing the training course. The self evaluation of ex-trainees shows that approximately half of trainees could understand completely or almost completely. It should be noted, however, that nearly half of trainees could understand more than half (50%-70%) of the course content, this figure may be reflecting the fact that the trainees from the education sector had a difficulty in comprehending the content of technical matters of malaria and STH and some trainees had low level of English competency. Table 8: Self evaluation of level of understanding on the course

Item	Completely	Almost completely	More than half	Less than half	A little
Level of understanding	3.4%	47.7%	47.7%	1.1%	0.0%

Table 9: Evaluation of the course from different perspectives

Item	Very good	Good	Fair	Poor	Very poor
Lecturer	20.0%	71.1%	8.9%	0.0%	0.0%
Textbook & equipment	20.0%	66.7%	13.3%	0.0%	0.0%
Course curriculum	21.1%	62.2%	14.4%	2.2%	0.0%
Field training	26.7%	58.9%	13.3%	1.1%	0.0%

The level of satisfaction for the overall training course is high. Almost all of the questionnaire respondents say the course met at least more than half of their expectation (see Table 5: Level of expectation met by the training course in "2. Relevance of needs of target group" of "1. Relevance". It should be however noted that as much as 33.7 % of them still have some dissatisfaction with the course in other word, implying that there still remains much room for improvement.

Almost all of ex-trainees feel the need for additional or more advanced training.

Table 10: Need for additional or more advanced training

Answer	Yes	No	No answer
	92.4%	6.5%	1.1%

The needs of ex-trainees vary, but relatively many of them seem to want to learn more on health promotion and education, project management, and proposal writing.

Table 11: Subjects for additional or more advanced training

Country	1	2	3	4	5	6	7	8	9
Cambodia	15.8	31.6	52.6	42.1	26.3	73.7	68.4	42.1	10.5
Lao P.D.R.	20.0	20.0	40.0	50.0	45.0	55.0	50.0	30.0	10.0
Myanmar	18.2	27.3	54.5	54.5	18.2	18.2	9.1	72.7	0.0
Thailand	47.1	17.6	35.3	82.4	52.9	41.2	35.3	29.4	11.8
Vietnam	36.8	42.1	52.6	57.9	68.4	78.9	63.2	36.8	15.8
Total	27.9	27.9	46.5	57.0	44.2	57.0	48.8	39.5	10.5

1. soil transmitted helminthes 2. malaria 3. epidemiology & biostatistics 4. health promotion & health education 5. PCM workshop 6. project management 7. project proposal making 8. computer 9. others

			In addition to the need for further training for ex-trainees themselves, the various needs such as in country training, provincial officer training, and training of trainers for teachers training were suggested by them to tackle the issue of the shortage of human resource in their countries for the school-based parasite control. The partner countries have some requests for the international training course. There was a meeting on the Health Promoting School (HPS) between the Lao and the Thai side in October 2004, where the Lao side expressed a request to visit the schools in the north east Thailand to observe the HPS activities and the Thai side responded to the request by referring to the possibility of organizing a training program in this region for the Lao provincial officers. There is also the request from the partner countries to learn the Thai experience in school health and parasite control. Student Affair Department of the Ministry of Education of Vietnam expressed a strong interest in visiting and observing the model sites in Thailand to utilize this experience to their country and requested the dispatch of more trainees from the education sector. The training courser exclusively for the education personnel was also requested by the Ministry of Education of Cambodia and Vietnam.
Output 3 (SSPP)	-SSPP M/M -SSPP project report -Questionnaire to trainees -Interview with trainees involved in SSPP -Interview with those involved in SSPP -Discussion with beneficiary		Approximately 38% of the trainees are involved in the SSPP somehow (see Table: Type of work involved in "1. Achievement of the Project Purpose" of "2. Effectiveness"). They regard the implementation of the SSPP as almost all activities (>90%) or the majority of activities (70-90%) as scheduled. Table 12: Progress of SSPP (N=45) On the other hand, the SSPP encounters problems in the implementation stage. Indeed, unlike the answers in the above table, there was substantial delay in some of the countries. Table 13: Constraints of SSPP implementation

	Almost all	Majority	More than half	Less than half	Very little
Progress	24.4%	40.0%	15.6%	4.4%	6.7%

Country	1	2	3	4	5	6	7
Cambodia	75.0%	25.0%	0.0%	25.0%	25.0%	75.0%	25.0%
Lao P.D.R.	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	50.0%
Myanmar	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Thailand	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Vietnam	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	57.1%	28.6%	14.3%	28.6%	28.6%	85.7%	42.9%

1. lack of fund 2. lack of sufficient knowledge and skill 3. lack of equipment and material 4. lack of cooperation from beneficiaries 5. lack of coordination among relevant actors 6. delay of fund disbursement 7. others

A variety of activities have been implemented in the partner countries. Such activities are producing positive impacts. Although it is the subjective judgment of those ex-trainees who are involved in the SSPP, almost all of them recognize the positive impacts. It should be however noted that some countries have been already implementing health education including the subject of malaria and STH, so the positive impacts identified may not be necessarily produced from the SSPP alone. Some of the SSPP conducted KAP survey, which proved the significant change of behavior.

Table 14: Positive impacts produced by SSPP

Country	Yes	No	No answer
Cambodia	100.0%	0.0%	0.0%
Lao P.D.R.	100.0%	0.0%	0.0%
Myanmar	83.3%	0.0%	0.0%
Thailand	81.3%	18.8%	16.7%
Vietnam	100.0%	0.0%	0.0%
Total	91.5%	6.4%	2.1%

Table 15: Type of impacts produced by SSPP (unit: %)

Country	1	2	3	4	5	6	7	8	9
Cambodia	100.0	87.5	75.0	50.0	50.0	37.5	25.0	62.5	0.0
Lao P.D.R.	83.3	58.3	50.0	41.7	41.7	75.0	33.3	66.7	0.0
Myanmar	100.0	100.0	80.0	100.0	80.0	80.0	60.0	100.0	0.0
Thailand	84.6	69.2	76.9	46.2	46.2	38.5	30.8	46.2	0.0
Vietnam	100.0	100.0	100.0	80.0	60.0	40.0	40.0	40.0	0.0
Total	90.7	76.7	72.1	55.8	51.2	53.5	34.9	60.5	0.0

1. Teachers gained proper understanding on parasite control. 2. Children gained proper understanding on parasite control. 3. Children changed behavior to avoid parasite related disease. 4. Parents gained proper understanding on parasite control. 5. Other community members gained understanding on parasite control. 6. Community members cooperated with activities. 7. Other organizations cooperated with the activities. 8. Government policy/programs in school health/parasite control were influenced by the outcome of SSPP. 9. Others.

The SSPP targets teachers and schoolchildren. Some of the SSPP achieved the ripple effect to those other than the target groups, namely community people. Especially, it is evident if SSPP is implemented in the area where school health and/or health promotion system is well established and functioning, which resulted in realizing the synergy effect with the SSPP (refer to the model site in Nakhon Si Thammarat).

The SSPP of each country has been implementing a variety of activities, such as teachers training, school health education, deworming, construction of latrines and water supply system. Some of the major characteristics of impacts and activities of each SSPP are described here (see the Summary of SSPP for more detail).

[Cambodia]

Model child activity is one of the major activities in the SSPP site. Model child are selected from those who can speak clearly, two children per class in grade 4-6 at one school and grade 3-6 at another school. The selected children attend the two-day training about hygienic matters (lifecycle of STH and malaria, process of infection, communication method) and are given hygiene book with some reward (e.g. bag, notebook).

Model children teach how to use latrine properly, how to prevent infection, washing hands, nail cutting, wearing shoes in schools and communities. Children draw pictures and write stories related STH and malaria, which are used for transferring activities. Children write records the data, persons, the subject of knowledge transferred.

The number of latrines in the community increased, more children want to use latrines. More children came to use toilet properly.

[Laos]

Cost sharing for construction of water supply system is a major success of the SSPP. As the table shows, the community contributed significantly to the construction work.

Table 16: Cost sharing of construction of water supply system (unit: 1,000 Kip)

School	Project	Community	Total budget
Inpeng	10,600	16,582	27,182
Lathem	4,000	1,250	5,250
Khangdohn	15,000	5,035	20,035
Total	29,600	22,867	52,467

[Myanmar]

It is too early to evaluate the impact of the SSPP because the activities such as the training for teachers and school heads were conducted recently in September and October 2004. It is however noteworthy that "life skill education" has been introduced to primary schools since 1999, which includes the subject of malaria and STH and it is relatively easy to add more information and teaching on this current life skill education.

			[Thailand] Schoolchildren are regarded as an active promoter and communicator in the community. Schoolchildren bring pamphlet to their family to disseminate information. The school also organized house hygiene contest, which made the family members work together. [Vietnam] The subject is taught in "health education" (35 minutes a week) or as extra curriculum. The subject is taught once a month. Pictures are used in teaching for all grades. Diagram showing lifecycle of worm is also used for higher grade students. Students also learn from game or interviewing for checking behavior. Besides school health education, broadcasting of radio program and by using loud speaker is used to promote health education in the community level. The KAP survey also shows the significant change of behavior (baseline survey in March 2002 & KAP survey in September 2004).
Output 4 (human & information network)	-Questionnaire to trainees -Interview with ministries -Interview with donors -Interview with C/P & experts		By implementing a variety of activities and utilizing meeting with those concerned with school health and parasite control, the ACIPAC has been making an effort to establish and strengthen the human and information network. Activities seem to be producing some positive impacts as expected. However, the level of the achievement of communication and networking seems to be different from one level to another. Here, the analysis is made on networking among (1) individual trainees, (2) the partner countries, and (3) donors. [Networking of trainees with others] The majority of ex-trainees keep communication with others, though it is limited mainly to those trainees who live in the same country. According to the questionnaire, more than 80% of trainees keep contact. However, the majority of such contact is limited to those trainees in the same country (81.6%) or the government officials (51.3%). Communication with other groups is relatively limited as the table below indicates. This situation was also confirmed by the interview with trainees and lecturers. Only a few trainees have some contact with those who live overseas. Lecturers of Mahidol University also have a few experiences of keeping communication with ex-trainees. Indeed, many of the ex-trainees are in a disadvantaged position without access to internet, which make it difficult to communicate with those in foreign countries. Table 17: Still keep in touch

Country	Yes	No	No answer
Cambodia	57.9%	42.1%	0.0%
Lao P.D.R.	90.0%	10.0%	0.0%
Myanmar	85.7%	7.1%	7.1%
Thailand	90.0%	10.0%	0.0%
Vietnam	89.5%	10.5%	0.0%
Total	82.6%	16.3%	1.1%

Table 18: Type of persons keeping in touch

Country	1	2	3	4	5
Cambodia	54.5%	9.1%	27.3%	36.4%	54.5%
Lao P.D.R.	77.8%	5.6%	11.1%	50.0 %	55.6%
Myanmar	83.3%	0.0%	16.7%	50.0%	58.3%
Thailand	88.9%	27.8%	44.4%	50.0%	55.6%
Vietnam	94.1%	29.4%	17.6%	17.6%	35.3%
Total	81.6%	15.8%	23.7%	40.8%	51.3%

Note: 1. other participants in my country 2. other participants in other countries 3. lecturers 4. Japanese experts 5. government officials in school health/parasite control

Table 19: Method to keep in touch

Country	1	2	3	4	5
Cambodia	63.6%	36.4%	45.5%	36.4%	18.2%
Lao P.D.R.	22.2%	11.1%	55.6%	66.7%	38.9%
Myanmar	16.7%	0.0%	16.7%	33.3%	41.7%
Thailand	44.4%	27.8%	38.9%	33.3%	33.3%
Vietnam	76.5%	35.3%	17.6%	17.6%	41.2%
Total	44.7%	22.4%	35.5%	38.2%	35.5%

1. via email/mailing list 2. bulletin board of ACIPAC's website 3. occasional attendance of the seminar and workshop organized by ACIPAC 4. occasional visit of those concerned with ACIPAC 5. others

[Networking of the partner countries]

Communication of the partner countries has been enhanced by organizing international symposia. ACIPAC invited the participants from ministries of partner countries and international/regional organizations. This effort has been further reinforced by the regular visit and discussion of the Thai and Japanese experts.

Table 20: International symposia organized by ACIPAC

Year	Title
2001	International Symposium on Hashimoto Initiative Save Schoolchildren from Parasites
2002	International Workshop School-based Approaches for Malaria and STH Control
2003	International Symposium on School Health
2004	International workshop on Global Parasite Control Initiative

On the other hand, though the information sharing and exchange of views had been done in the annual symposia, there was not such a workshop so far for the policy makers of the Ministry of Education and the Ministry of Health of the partner countries to (1) discuss the policy direction of the school-based approach for parasite control and (2) facilitate collaboration between two ministries with the UN agencies and donors.

It is worth mentioning the fact that the symposia were co-organized with Partnership for Child Development (PCD) 2003, which has been working under the Focusing Resources on Effective School Health (FRESH), supported by the World Bank and other international organization such as WHO, UNESCO, & UNICEF and in cooperation with WHO/WPRP/SEARO and with the support of Government of Thailand and Japan, JICA, JICWELS, and ACIPAC's advisory board in 2004. This type of actual cooperation can be regarded as impacts.

Furthermore, reflecting the agreement of the 2004 seminar, the 1st Joint International Curriculum Development Meeting was held with the participation from the partner countries, WHO WRRO, UNICEF, SEAMEO TROPMED and Kenan Institute Asia. The participants agreed with the support to ACIPAC's training course in the future.

[Regional coordination and networking among donors]

The ACIPAC has more roles to play for regional coordination and networking for human resource development among donors. While the ACIPAC has been deepening the relationship with the country and regional offices of the UN agencies and donors, it was pointed out at the Joint Curriculum Development Meeting in June 2004 that the possibility should be explored for the regional-wide collaboration and partnership for human resource development and human networking. This suggestion was made due to the fact that there are similar projects and training courses on school health such as the FRESH, School-based malaria control (Kenan Institute), ICT for Preventive Education (SEAMEO TROPMED), which necessitates the information sharing to avoid duplication.

[South East Asian Ministers of Education Organization, Tropical Medicine and Public Health (SEAMEO TROPMED Network)]

Communication and cooperation with SEAMEO TROPMED Network has been enhanced and frequent. For example, the ACIPAC members are invited to the governing board meeting. By utilizing such occasion, the ACIPAC invited the board members to the SSPP site, when the meeting was held in Yangon in September 2004.

			[South-South cooperation] Coordination and cooperation with the ESACIPAC in Kenya and the WAICIPAC in Ghana have been enhanced. Four trainees were dispatched from Kenya since 2001 and three from Ghana since 2002. According to the questionnaire result of Project Manager and Chief Advisor of ESACIPAC and WAICIPAC, the ACIPAC's training course is highly evaluated, but there are several suggestions for further improvement: trainees should be dispatched from not only Kenya but also neighboring countries; the length of the course should be three months; preparation and finalization and project proposal should be emphasized. In addition, there have been various opportunities to invite the representative from each other as a lecturer to the training course or a participant in seminars such as the International Workshop on Global Parasite Control for Policy Makers from West African Countries in 2001 and the Workshop on "Program Design and Course Organization for Global Parasitic Diseases Control in Eastern Africa" in 2002. Regarding the issue of the network of the CIPACs, there was a suggestion that the network between three CIPACs should be further strengthened by organizing a meeting or symposium between the centers and exchanging information, in addition to more frequent exchange of staff, implementation of joint research, and implementation of mutual educational visit of Asian and African countries. There was another occasion of inviting the trainees from Central and South America. In November 2003, the ACIPAC supported Central and South America's trainees (15 trainees from 12 countries) on the parasite workshop held in Tokyo to attend a few day training in Bangkok. They visited the model site of Suan Phung and observed the model schools and training facilities. [Information network] ACIPAC has been making constant effort to establish the network of disseminating information, through ACIPAC Mail Magazine, which was renamed after ACIPAC Times, Mekong Parasite News, and its website, in addition to symposia and seminar. The number of issues of ACPAC Mail Magazines reached 24, while that of ACIPAC Times was 21. The number of issue of Mekong Parasite News reaches four since it started to be published. These newsletters are also uploaded to the website of ACIPAC and made available to those who are interested in ACIPAC's activities. The number of access to the website is small, only 1,336. ACIPAC Human Resource Database is included in the website to offer the information of experts and create a human resource link. The number of those registered is 80, but is expected to increase more as the registration forms were distributed to and collected from ex-trainees recently.

<table>
<tr><td rowspan="5">2. Adequacy of quantity, quality and timing of inputs</td><td>-Number, period, field of expertise of experts</td><td>-Project report
-Interview with C/P
-Interview with experts</td><td>Long-term and short-term experts were dispatched as planned without significant delay. There is however an opinion from a JICA resident office that the Japanese experts should be dispatched not only to the Project office but also to the partner countries to provide more detailed assistance.</td></tr>
<tr><td>-Items, prices and utilization of equipment</td><td>-Project report
-Questionnaire to trainee
-Interview with C/P
-Interview with experts</td><td>Equipment was procured as planned, though some of the lecturers pointed out microscopes and microscope measurement are not sufficient in quantity; as only 15 microscopes and few microscope measurements were available for 30-35 participants at the model site in Nakhon Si Thammarat.</td></tr>
<tr><td>-Number and contents of C/P training</td><td>-Project report
-Interview with C/P for training
-Interview with experts</td><td>The staff of Mahidol University, who were dispatched to the counterpart training, highly evaluate the training in Japan.</td></tr>
<tr><td>-Number, allocation, & expertise of C/P</td><td>-Project report
-Interview with C/P
-Interview with experts</td><td>Enough number of counterpart staff was not necessarily assigned to the Project (e.g. IT committee). As mentioned earlier, Mahidol university has sufficient managerial capacity and assigned necessary personnel to each of the committees, which resulted in the smooth implementation of the international training course, symposia, and seminars.</td></tr>
<tr><td>-Budget allocation</td><td>-Project report
-Interview with C/P in management position</td><td>Deworming tablet was supplied by MoPH, procured by National Program for NST model site.</td></tr>
<tr><td>3. Cost effectiveness</td><td>-Other similar projects</td><td>-Interview with experts
-Interview with donors</td><td>The cost had been decreasing slightly every year (the training duration was reduced to six weeks in 2004). As it was difficult to estimate the economic value produced by human resource through the training course, the cost effectiveness is not analyzed here. The cost of the international training course and the SSPP had been borne largely by the Japanese side.

Table 21: Cost of the training course (unit: baht)
<table>
<tr><th>Year</th><th>Total Cost</th><th>Unit Cost</th><th>Remark</th></tr>
<tr><td>2001</td><td>3.60 mil.</td><td>142,692</td><td>12 weeks</td></tr>
<tr><td>2002</td><td>3.47 mil.</td><td>138,979</td><td>12 weeks</td></tr>
<tr><td>2003</td><td>3.39 mil.</td><td>135,549</td><td>12 weeks</td></tr>
<tr><td>2004</td><td>2.41 mil.</td><td>96,592</td><td>6 weeks</td></tr>
</table></td></tr>
</table>

4. Contributing and constraining factors to efficiency			[Output 2] (1) Regular review and improvement of training course curriculum Despite the improvement of the exam score and the relatively high level of understanding, ACIPAC was not simply satisfied with such evaluation, but has made continuous effort to improve the course and increase the satisfaction of trainees. In addition to the regular planning of Training Program Committee before the course and the evaluation after the course, the joint international curriculum development meeting was held in June 2004, reflecting the recognition of the ACIPAC as a human resource development center at the Workshop on Global Parasite Control Initiative 2004. (2) Experience and capability of Mahidol university Mahidol university has a center of SEAMEO TROPMED Network. The center specializes in general and clinical tropical medicine and tropical pediatrics. This fact indicates that the University is recognized as an academic and research center in this field. The majority of lecturers for the ACIPAC's training course are from the Faculty of Tropical Medicine and other faculties of Mahidol University. The Faculty and other faculties have the experience of running the international postgraduate degree course taught in English, which also proves the technical and managerial capacity of managing international training course. (3) Combination of trainees from different background The international training course has a characteristics that trainees are invited from both health and education sectors. As a result, those trainees from the education sector had some difficulty in understanding the technical issues such as malaria and STH. Reflecting the different background and level of knowledge, the lecturers managed to enable such trainees to understand by making the content of lecture more basic and simple, dividing the trainees into two groups based on the educational and occupational background and giving these groups different examples for better understanding. Although this tends to be regarded as a constraint, it is noteworthy that many ex-trainees regard this combination as acceptable as it enhances communication and cooperation between the sectors. (4) English competency Some of the trainees tend to have low level of English competency. This problem was dealt with somehow, by allowing Thai or Lao trainees to speak Thai language, for example. The ACIPAC also made effort to include at least one trainee who has good command of English and can help colleagues from the same country and organized English lessons as an extra curriculum during the course in addition to the computer course. It was observed that trainees of the same country tended to help each other.

[Output 3]

(1) Delay of implementation due to change of external conditions

There was substantial delay of implementation of the SSPP in some countries. In Myanmar, the implementation delayed due to the suspension of aid to the country in 2003. In Vietnam, Ministry of Health was unable to make advance payment to the SSPP because of its organizational reform.

(2) One time implementation of SSPP

Although the SSPP was started to give a chance of practical training after trainees have returned to their countries, it seems one time implementation, which limits chances of practical training to other ex-trainees. Reflecting this situation, ACIPAC-PCD International Symposium in 2003 decided that the candidates should be selected from health, education, academic sector and the project managers who are involved in the donor-supported parasite control projects can attend the ACIPAC training course as they have more chances to gain practical experience in their respective projects.

(3) Difficulty in sustaining and replicating the SSPP

The SSPP was intended to produce the positive impacts such as behavioral change of children or decreased prevalence of STH infection in addition to practical training. Although the SSPP could produce such impacts with varying degree in each country, it has not fully reached to the condition that this experience would be utilized to replicate and expand the approach in other regions of the country (see also "5. 2 Policy/program aspects"). However, this year, the experts made an effort to reduce the cost of the SSPP and revise the content to comply with the direction of the national policy framework in some of the partner countries.

(4) Delay in disbursement

Disbursement of the budget to the SSPP delayed in some of the countries due to submission of inadequate proposal and document to JICA resident offices.

(5) Synergy effect to increase positive impact

Cambodia UNICEF Water Sanitation project included the ACIPAC SSPP site as their site of construction and the combination of physical construction and health education is likely to produce more positive impacts than implemented without such coordination.

(6) Cooperation with JICA resident office, relevant projects, and experts

Cooperation among JICA Laos office, the KIDSMILE project, the experts attached to the Lao Ministries of Education and Health, and the ACIPAC is a contributing factor for effective information sharing and the implementation of the SSPP and other activities in Lao P.D.R.

(7) Difference of administrative boundary between education and health sectors
In the case of Thailand, though the management of the model sites was decentralized to the provincial level, the communication and coordination between the education and the public health department at the provincial level has become more difficult since the lower administrative boundary of the provincial education was reformed and is different from the boundary of public health.

[Output 4]
(1) Absence of workshop among policy makers
As mentioned earlier, there was not such occasion that the policy makers of the partner countries gathered and discussed the policy direction the school-based approach for parasite control.

(2) Limited coverage of information dissemination
It was found in the interview with ex-trainees that a very few of them have ever received email newsletters, mainly due to a difficulty in access to internet or failure of registration of email address. Quarterly newsletters also fail to reach the majority of ex-trainees, partly due to the fact that newsletters are not distributed directly to individual ex-trainees. The number of those ex-trainees who ever accessed the ACIPAC's website is a few and they check it infrequently.

Table 22: Reasons for not keeping in touch

Country	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Cambodia	50.0%	12.5%	62.5%	12.5%	12.5%
Lao P.D.R.	50.0%	0.0%	50.0%	0.0%	0.0%
Myanmar	0.0%	50.0%	50.0%	50.0%	0.0%
Thailand	100.0%	0.0%	50.0%	0.0%	0.0%
Vietnam	66.7%	0.0%	50.0%	0.0%	0.0%
Total	52.9%	12.5%	56.3%	12.5%	6.3%

1. I am busy with my work. 2. I don't have contact address of those.
persons described above. 3. I have difficulty in using email/internet.
4. I don't feel the necessity to keep contact. 5. others.

(3) Insufficient share of understanding
The objective and direction of the information networking were not shared enough by the Japanese experts and Mahidol University staff.

			(3) Technical problem caused by firewall Difficulty in access to ACIPAC's website from outside occurred due to technical problems caused by firewall, though it is fixed at present. [Rigid accounting system of JICA] Many staff of Mahidol University pointed out a difficulty in complying with the regulation of accounting of JICA, especially at the initial stage because they were not used to the system. Some staff further stated that more time should be spent to produce the outcome, rather than to deal with administrative matters.

4. Impact

Evaluation Item	Survey Item	Means of verification	Result
1. Direct impact (Overall Goal level)	-Expected impact	-Statistics -Interview with ministries -Interview with donors -Interview with experts	[Dissemination of knowledge and skill from ex-trainees to others] Ex-trainees are making effort to not only utilize but also disseminate the knowledge and skill acquired from the training course. The majority of them are doing so in their daily work. Other measures are also utilized as well with varying degree. Table 23: Dissemination of knowledge to others Country / Yes / No Cambodia 84.2% 15.8% Lao P.D.R. 100.0% 0.0% Myanmar 100.0% 0.0% Thailand 100.0% 0.0% Vietnam 100.0% 0.0% Total 96.7% 3.3% Table 24: Measures for disseminating knowledge Country / 1 / 2 / 3 / 4 / 5 / 6 Cambodia 12.5% 75.0% 50.0% 18.8% 37.5% 31.3% Lao P.D.R. 10.0% 10.0% 60.0% 15.0% 55.0% 5.0% Myanmar 0.0% 42.9% 85.7% 14.3% 28.6% 28.6% Thailand 45.0% 60.0% 55.0% 40.0% 30.0% 5.0% Vietnam 10.5% 21.1% 94.7% 36.8% 21.1% 10.5% Total 16.9% 40.4% 68.5% 25.8% 34.8% 14.6% 1. seminar 2. workshop 3. giving knowledge and information to boss and colleagues in daily work 4. circulation of textbooks and information obtained from the course 5. through implementing projects 6. others Although they are rather anecdotal, there are some examples that ex-trainees are contributing to school health and/or parasite control programs. It is worth mentioning here as one of the successful examples that some of ex-trainees in Cambodia prepared a proposal for the GFATM based on the approach advocated by the ACIPAC and this proposal was finally approved, which could contribute to the realization of the Super Goal, namely, the reduction of the parasitic diseases in the future. There is another case that one ex-trainee prepared a proposal for the grass root grant scheme and succeeded in getting approval from the Embassy of Japan. One ex-trainee of Myanmar prepared a proposal to seek funding.

2. Other impacts	-Direct and indirect impact (policy, economy, institution/ organization, technology, socio culture, environment)		[Coordination and cooperation with other organizations] Coordination and cooperation with other organizations resulted in the actual implementation. Co-organizing of symposia can be regarded as one of the impacts deriving from active communication. ACIPAC's annual symposia were co-organized with other organizations: with WHO (Headquarter, WPRO, SEARO), Thai government, JICA/Japanese government, JICWELS in 2004 and Partnership for Child Development (PCD) in 2003. Supervision of the SSPP has been done in cooperation with the organizations such as WHO regional and country offices since 2004, which can be regarded as actual cooperating implementation as well. Another example is that a lead specialist of the School Health and Nutrition of the World Bank evaluates the activities of the ACIPAC as a best practice and a good model for the school health approach. Indeed, the school-based approach advocated by the ACIPAC made a significant contribution to the implementation of the school-based HIV/AIDS campaign in Africa by the World Bank. As an essential measure to combat some infectious and parasitic diseases, the ACIPAC has shown the effectiveness of the approach. The ACIPAC's experience as a region-wide technical cooperation project has been shared and utilized to the WACIPAC, the ESACIPAC, and other same scheme projects in the South East Asia.
3. Change in external conditions			Although the governmental support to parasite control in terms of budget is weak in the partner countries, school health and/or parasite control programs are implemented or likely to be implemented with the assistance of donor agencies, as described in "2. Policy/program aspects".

5. Sustainability

Evaluation Item	Survey Item	Means of verification	Result
1. Technical aspects	Technical level of C/P organization	-Interview with C/P -Interview with experts -Questionnaire to & discussion with trainees	As referred to in "5. Contributing and constraining factors to efficiency" of "3. Efficiency", the University has a center specializing in tropical medicine under the SEAMEO TROPMED Network and its faculties have international postgraduate degree coursers taught in English, all of which are a proof for the technical capacity of the University. However, there remains a room for the improvement of capacity in the area of project management and project proposal making. The subject of project management has been depending mainly on the external resource person or Japanese expert. Analysis of cost estimate and cost effectiveness for project proposal making is another area where further technical transfer can be made to Mahidol University. The University has been cooperating with the Ministry of Education and the Ministry of Public Health to run the international training course.
2. Policy/program aspects	Prospect of program implementation CLMTV	-Interview with CLMTV ministries -Interview with experts -Interview with donors	The school-based approach has been already accepted or is likely to be accepted. Furthermore, there are ongoing and future project related to school health and/or parasite control program in the partner countries, though with different scale of funding. [Cambodia] Cambodia is going to receive the fund for malaria from the Global Fund. National Malaria Center is going to receive the fund of 3 million dollars from the Fund. The Center plans to focus on Behavior Change Communication (BCC). It mainly focuses on two components: (1) training to community people, teachers, etc. and (2) IEC materials development. The center plans to distribute one school kit for malaria per school in addition to broadcasting via TV and radio. School Health Department of MoEYS spends the fund of $300,000 from the Global Fund as well for the next five years. The fund is used for malaria prevention program in 13 provinces: (1) training for the school health department staff of the central, provincial, and district level and school staff and (2) IEC material development in cooperation with National Malaria Center. [Laos] There are several ongoing projects in school health and parasite control. IEC Malaria project has been implemented in six countries (Yunnan, Laos, Myanmar, Cambodia, Thailand, and Vietnam) for IEC material development until this year and the following phase is likely to focus on its dissemination, including the training component. WFP's three-year school feeding program with deworming component is likely to be extend for another five years, though the funding source needs to be pursed and secured.

			[Myanmar] Global Fund for HIV/AIDS, tuberculosis, and malaria reaches 35.6 million dollars for the first two years in Myanmar. Intervention for malaria (9.4 million dollars) may include prevention, diagnosis, treatment, environment, provision of mosquito net, and capacity building of community health worker and laboratory staff. [Thailand] As mentioned earlier, the Ministry of Public Health is implementing the royal project on Helminthiasis Control in Schools Children under the Royal Initiative Project since 2003. The Ministry is going to utilize the textbook developed by the ACIPAC. [Vietnam] WHO-supported "health promoting school" is implemented in 15 provinces, including the components of teachers training, IEC material development, and equipment provision. UNICEF-supported "Child Friendly School" is implemented in other 15 provinces, focusing on child development in remote areas and including teachers training.
	Prospect of sustaining, replication & expansion of SSPP	-Interview with CLMTV ministries -Interview with those involved in SSPP	In principle, the majority of the SSPP budget came from the JICA though there are some cases of the cost sharing for physical construction work in Cambodia and Lao P.D.R. There is a serious concern of how to sustain, replicate, and expand the activities even after the ACIPAC project is terminated. So far, There are several cases of possibility of replication and expansion. In Thailand, teachers' manuals and student books are likely to be used in other areas and projects. In Vietnam, the province of Thai Ngyuen has a plan to replicate the SSPP activities in three districts (one school will be selected per district), though the detail information is not available. Application of more cost effective measures and summarizing of the experience of the SSPP seem necessary to sustain, replicate, and expand the SSPP activities in the future. Especially, the summarizing of the SSPP experience could increase the possibility of its utilization for the above mentioned programs and projects. Although the strategies on these issues should have been paid more attention at the time of planning, the ACIPAC made suggestion on the following potential measures in the 2003 annual report to sustain the activities of the SSPP. The possibility of realizing these measures need to be explored.

			(1) to reduce the cost for supervision and monitoring by mobilizing the local government staff in stead of the central government staff; (2) to secure the funding from other sources; community cost sharing, donors, the private sector; (3) to promote cost effective method for behavior change communication; (4) to make use of the existing system; and, (5) to utilize school cluster system.
3. Organizational /financial aspects	Management capability of C/P organization		As mentioned in "1. Technical aspects", the University already has the experience of running the international postgraduate degree course. In addition, the ACIPAC's training course is evaluated highly by the ex-trainees. The majority of the lecturers interviewed of the University showed the confidence in their managerial skill and this fact indicates that the Faculty has good managerial capacity. The sustainability of the information network is not secured yet, which may negatively influence the sustainability of the ACIPAC as a whole.
	Prospect of budget allocation from Mahidol University		The Faculty of Tropical Medicine firmly commit itself to making an effort to share the cost of the international training course up to 30% of the total cost at maximum, exclusively for the funding for the Thai trainees.
	Potential funding source for the international training course		The move toward more coordination and cooperation between ACIPAC and donors has been facilitated, which was observed particularly in Laos and Cambodia. This is likely to enhance complementary relationship between their interventions in school health, health promotion and/or parasite control. There is one case of funding from other funding source so far (UNICEF for trainees of Timor L'este). Although there are no commitment of other potential funding organization at present , the Joint International Curriculum Development Meeting, which was organized in June 2004, invited participants from not only CLMTV countries but from international and regional organizations. Such effort helps the ACIPAC and Mahidol University strengthen the financial and institutional sustainability by securing the participation of potential funding organizations for the training course.

Country name: Cambodia

1. Summary of the Small Scale Pilot Project

Project Design Matrix

Project Name:	School-based on Malaria and STH control in Battambang Province
Project Period:	2002-2005
Implementing Agency:	National Center for Parasitology, Entomology, and Malaria Control Battambang Province Health Department & Education Department
Target Area:	Rattankmondul District & Samlot District, Battambang Province
Target Group:	Teachers, students, community people

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose Prevalence and intensity of STH and malaria of students are reduced.	1. Prevalence and intensity of STH and malaria is reduced.	1 Project reports
Outputs 1 Knowledge and behavior of students for STH and malaria control is improved. 2 Linkage between school and community for STH and malaria control is strengthened. 3 School environment for personal hygiene is improved.	1-1. Knowledge of students is improved 1-2. Behavior of students change. 2. Activities for parasite control involving community are started. 3. Situation of facilities (number and condition of latrines, water supply) is improved.	1-1 Project reports 1-2 Project reports 2 Project reports 3 Project reports
Activities 1-1 Conduct baseline survey. 1-2 Establish school health committee. 1-3 Make curriculum and lesson plan, IEC materials. 1-4 Distribute IEC materials. 1-5 Conduct training to health staff. 1-6 Conduct training to teachers and model students. 1-7 Conduct health education including child to child and child to community activities. 2-1 Establish partnership meeting, involving school, community, health sector and local NGOs. 2-2 Conduct health education, including child to child and child to community activities. 3-1 Construct or renovate latrines and water sanitation facilities. 3-2 Maintain latrine and water sanitation facilities.	**Inputs (Partner country side)** 1. Personnel	**Inputs (ACIPAC side)** 1. Budget 2001: US$5,815 2002: US$11,800 2003: US$13,848 2004: US$11,262 Total: US$42,725 2. Equipment 3. Personnel Regular visit for monitoring (2-3 times/ year)

2. Implementation process

Month/Year	Event
JFY 2001	✓ Conducted a baseline survey in the two schools in Rattankmondul district Note: Battambang province was selected by comparing two provinces (Battambang and Siem Riep), as only two provinces were possible for the implementation of the SSPP due to security reason at the time of selection.
JFY 2002	✓ Set up two target schools in Rattankmondul District, Battambang Province. ✓ Produced a curriculum and guideline for health education. ✓ Produced a checklist for monitoring.

	✓ Conducted training for health staff and trainings for teachers, model students, community leaders. ✓ Constructed eight latrines for two target schools. ✓ Provided school kits (IEC material). ✓ Conducted stool and physical examination. ✓ Provided selective treatment to 180 students. ✓ Conducted health education in the schools.
JFY 2003	✓ Expanded the activities to all the schools of the school cluster (6+1 schools). ✓ Conducted training to teachers and model students. ✓ Conducted stool and physical examination, selective treatment (only for the first two target schools), and mass treatment to the rest of the schools through the National Deworming Program. ✓ Formed school health committee at the target schools with the members of two teachers and one health center staff in principle. ✓ Established community partnership meeting, which involved NGOs. ✓ Conducted health education in the schools. ✓ Conducted baseline survey on malaria and STH in Samlot District.
JFY 2004	✓ Continued health education at the target schools in Rattankmondul District (6+1 schools). ✓ Conducted trainings and held partnership meetings at five schools in Samlot District. ✓ Established school health committee at all of the schools in Rattankmondul and Samlot District (financial assistance is provided by ACIPAC). ✓ Monitored school health activities at the selected schools in Battambang Province and provided the feedback to the National Deworming Program.

3. Evaluation

Note: The evaluation is preliminary based on the limited data and information available and will be further elaborated at the workshop in January 2005.

Criteria	Evaluation
Relevancy	✓ Rattankmondul District and Samlot District were properly selected for the SSPP site as the prevalence of malaria and STH was observed in the area by the baseline survey in February 2002 for Rattankmondul and December 2003 for Samlot. -While 45.3% of sample children of Rattankmondul were infected by parasite, those of Samlot were 19.3%. -6.8% of schoolchildren were identified as positive of malaria in the baseline survey in Samlot, while no positive case was found in Rattankmondul. ✓
Effectiveness	✓ Prevalence of STH infection significantly decreased. Table: STH infection of schoolchildren in Rattankmondul

	2/2002		12/2002		11/2003	
No. of samples	397		481		527	
	No.	%	No.	%	No.	%
Hookworm	128	32.2%	85	17.8%	52	9.9%
Ascaris	1	0.3%	3	0.6%	1	0.2%
T. trichiura	1	0.3%	1	0.3%	0	0.0%
Enterobius	5	1.3%	2	0.4%	2	0.4%
H. nana	45	11.3%	26	5.4%	22	4.2%
Total	180	45.3%	117	24.3%	77	14.6%

Efficiency

✓ Teachers' knowledge on STH improved through teacher trainings.
-Training was conducted in 2002 and refresher course in 2003. The training in 2002 taught basic knowledge of STH and malaria for two days and communication and teaching method for one day. Refresher course was conducted for two days.
-In 2004, two training programs were organized in Samlot (28 and 13 teachers were trained respectively).

Table: Exam scores of teachers of Ensidare and Sintok school (N=42)

	Excellent	Good	Fair	Poor
Pre-test	0	7	18	17
Post-test	18	24	0	0

✓ Teachers taught schoolchildren about STH prevention.
-Teaching method is different between grades: oral explanation for grade 1 & 2, explanation by using tools such as posters for grade 3 & 4, using flipchart for grade 5 & 6. They are taught 1-2 times a week.
-Schools teach 3-5 minutes per day by using poster, flip chart, and case study. They also organize competition. Another school teaches weekly at the morning assembly.

✓ Model children were trained by two trainings at 12 primary schools.
-Model children are selected from those who can speak clearly, two children per class in grade 4-6 at one school and grade 3-6 at another school. The selected children attended the two-day training about hygienic matters (lifecycle of STH and malaria, process of infection, communication method) and were given hygiene book with some reward (bag, notebook).
-Children write records the data, persons, the subject of knowledge transferred in thee report form.
-Children draw pictures and write stories related STH and malaria, which are used for information disseminating activities.
-Teachers check the report every week and ask children to do more.
-In 2004, model children training were organized twice.

Table: Number of model children trained

	Number
1st training	60
2nd training	58

✓ Drawing competition for malaria and STH was held with the participation of 35 children from seven schools.

✓ Latrine and water tank were constructed.
-Toilets were constructed in 2002, whose cost was financed by the SSPP budget. However, in 2003, the water tank was constructed by the cost sharing, $200 from the ACIPAC and $100 from the community. The money was collected from the middle class family, not poor family.

✓ Interviewed teachers recognize that model children teach how to use latrine properly, how to prevent infection, washing hands, nail cutting, wearing shoes in schools and communities. The number of latrines in the community increased, as more children want to use latrines. More children came to use toilet properly as well.

✓ Community meetings and school health committees were organized.
-At the SSPP site, the community meeting exists with the members of health centers, primary schools, community, and NGOs such as World Vision. It is aimed to share the information and discuss the issues. The meeting is held

	quarterly. -School health committee also exists in each cluster school of two districts with the members of school principals, parents, etc., aiming to promote the teaching to children. Contributing factors ✓ Training was conducted at the central school of the school cluster system, which was efficient to expand the training activities to satellite schools. ✓ The approach to community using "child to child" and "child to community" activities had some impact on the community as well in terms of understanding malaria and STH. ✓ Community meetings are one of the characteristics of this SSPP. As the SSPP terminated the provision of per diem for community meeting from JFY2004, it could reduce the activity cost, though it is not clear whether it would negatively influence the motivation at this stage. ✓ Supervising system by provincial staff seems to be relatively functioning well. Constraining factors ✓ The community participation in the form of cost sharing was not so strong, but one school succeeded in sharing the cost with the community for equipping a water tank. While the two-third of cost was borne by the Project, the remaining by the community. ✓ Although water tank was equipped to the school, due to the shortage of water in dry season, the school needs to purchase water at $4 per tank by school budget or collecting money from children.
Impact	✓ Former ACIPAC trainees gave feedback to the workshop of National Deworming Program regarding the experience of the trouble of drug distribution system in Battambang province. ✓ The SSPP includes school health activities, which has a different perspective from conventional disease control activities. Both activities could be complementary to each other to achieve the objectives, if they are appropriately combined.
Sustainability	✓ Ministry of Education, Youth, and Sports is in the process of formulating the School Health Policy, which is likely to strengthen school health. This movement may increase the possibility of utilizing the lessons learnt from the SSPP. ✓ The further lower cost operation need to be pursued through the decentralization of the project management to the district level, which could reduce the cost of supervision from the central or provincial government. ✓ The SSPP includes a variety of activities, specifically emphasizing health education and the strengthened linkage between schools and communities in comparison with National Deworming Program. It has a potential to become an alternative approach in Cambodia for parasite control. ✓ School health based malaria education program is likely to start, using the Global Fund from 2005. It may make it possible to utilize the experience of the SSPP (some of the ACIPAC trainees made a part of the proposal and another trainee will be a program manager of the fund at the central government level). Indeed, the plan under the Global Fund advocates the behavior change communication, which is one of the six components of the health strategies. There is much room for utilizing the experience of the SSPP.

Country name: Lao P.D.R.

1. Summary of the Small Scale Pilot Project

Project Design Matrix

Project Name:	School-based on Malaria and STH control in Xiengkhouang
Project Period:	1/2002-2/2005
Implementing Agency:	Department of Hygiene and Prevention, Ministry of Health
Target Area:	Pek District, Xiengkhouang Province
Target Group:	Teachers, schoolchildren

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose Health behavior of school children is improved.	Health behavior practice of school children is improved up to 80% by the end of the SSPP.	KAP survey report
Outputs 1. School health service is provided. 2. Malaria and STH are taught in schools. 3. School environment and sanitation is improved. 4. Laboratory technical skill is improved.	1. School health service for targeted schoolchildren starts in February 2002 with baseline survey. 2. Children learn malaria and STH from 2002. 3. Latrine and water supply are constructed by 2002. 4. Approximately 15 Laboratory technicians under PHO are trained.	1. Monitoring and supervision report 2. Supervision report 3. Periodical stool and blood examination, KAP survey
Activities 1-1 Conduct physical examination for schoolchildren of model schools biannually. 1-2 Conduct mass stool examination for schoolchildren of model schools biannually. 1-3 Conduct deworming biannually for children with eggs and larva. 2-1 Conduct teacher training. -Refresher course for the existing model schools -Teacher training for the new model schools 2-2 IEC materials are developed. 2.3 Teach schoolchildren on STH and malaria. 2-4 Conduct health education campaign. 3-1 Construct latrines. 3-2 Constrict water supply facilities. 4-1. Conduct microscopist training.	**Inputs (Partner country side)** 1. Budget Lao side is supposed to bear 10% of the total budget in JFY 2004. 2. Equipment 3. Personnel	**Inputs (ACIPAC side)** 1. Budget (US$) 2001: 5,199 2002: 7,495 2003: 10,000 2004: 16,656 Total: 39,350 2. Equipment Microscopes, equipment for stool examination 3. Personnel 2-3 times monitoring from ACIPAC

Note: Malaria education is going to be conducted from 2004.

2. Implementation process

Month/Year	Event
JFY2001	✓ Conducted the baseline survey.
JFY2002	✓ Activities were implemented in the three model schools. ✓ Microscopist training was conducted to ten staff from provincial hospital, malaria station, and district.
JFY2003	✓ Some (not all) of the activities were expanded to other five schools in addition

	to the original three schools.
JFY2004	✓ A model school cluster was established for school health. ✓ The SSPP supported not only Xiengkhouang Province but also Vientiane Province. ✓ The SSPP was supervised by the National Task Force of School Health, while it was done by ex-trainees of ACIPAC in 2001-2003.

3. Evaluation

Note: The evaluation is preliminary based on the limited data and information available and will be further elaborated at the workshop in January 2005.

Criteria	Evaluation
Relevancy	✓ The SSPP first focused to STH alone. However, the SSPP introduced malaria education in 2004.
Effectiveness	✓ The data, which was collected in December 2003, show the high percentage of those children who practice proper personal hygiene behavior. Table: Practice of schoolchildren Practice: Percentage Wear shoes: 95.7% Wash hands: 96.7% Wash vegetable: 99.2% Drink boiled water: 97.2% Cut nails: 90.4% Place of defecation: Toilet 75%; Sometimes use toilets 10%; Never use toilet 15% ✓ According to teachers interviewed, behavioral change of schoolchildren occurred such as cutting nail, cleaning hands, cleaning clothes and wearing shoes. Teachers check children before entered the classroom.
Efficiency	✓ The coverage of schools increased from three (1,030 schoolchildren) to nine (2,160). Table: Coverage of SSPP 2002 / 2003 Schools: 3 / 9 Trained teachers (total teachers): 35(41) / 80(85) Schoolchildren: 1,030 / 2,160 Note: The number of teachers is those who were trained. ✓ IEC materials were developed such as booklets for teachers, comic books for school children, videos on STH prevention. Furthermore, the game board kit, which was developed by WHO, was utilized to enhance the understanding of STH related issues among schoolchildren. ✓ Physical examination including stool examination was conducted biannually at four sentinel schools. ✓ To pursue a cost effective strategy, selective treatment of deworming was conducted to the four sentinel schools only, while mass treatment was provided to the remaining five schools. ✓ Water supply facilities were constructed at Inpeng school and Khangdohn school. ✓ Simple water supply system utilizing a well was also constructed at Lathern school.

	✓ Latrine in Khangdone School has not been constructed yet as there is no water supply. ✓ Community cost sharing contributed to the construction of latrine and safe water supply ✓ Cooperation between JICA Laos, JICA Thailand, KIDSMILE, experts for Ministry of Education and Ministry of Health, and ACIPAC contributed to effective information sharing and implementation of the SSPP and other activities. Contributing factors ✓ The detailed plan made by the Ministry of Health and Ministry of Education, monitoring and supervision of the central government, the assistance of the teachers for activities implementation and community participation. ✓ At the province level, the SSPP witnessed better coordination between Provincial Health Office and Provincial Education Office, which was made it possible by the participation in the ACIPAC's training course of four trainees from these two offices. Constraining factors ✓ Difficulty of communication between the site and the government, insufficient IEC material, and difficult of perception and behavior change of ethnic group children. ✓ The coordination for monitoring of the Ministries of Education and Health seems to be unsatisfactory, though the collaboration between them is likely to be enhanced through the process of formulating National School Health Policy.
Impact	✓ The prevalence and intensity of STH have steadily reduced mainly due to the effect of the combination of deworming and school health education. Table: Result of stool examination (unit: %) Period | Total | Al | Hw | Tt 12/2002 | 78.7 | 48.7 | 49.7 | 3.3 3/2003 | 38.3 | 22.0 | 19.0 | 3.1 11/2003 | 47.8 | 38.6 | 13.1 | 0.7 Table: Intensity of hookworm infection (unit: %) Period | Heavy | Moderate | Light 12/2002 | 7.2 | 43.7 | 49.1 3/2003 | 2.9 | 15.6 | 81.5 11/2003 | 1.4 | 22.4 | 76.2 Table: Intensity of Ascaris lumbricoides infection (unit: %) Period | Heavy | Moderate | Light 12/2002 | 7.2 | 43.7 | 49.1 3/2003 | 2.9 | 15.6 | 81.5 11/2003 | 1.4 | 22.4 | 76.2 ✓ The SSPP facilitated the community participation in the form of cost sharing for the construction of latrine and water supply system. Table: Cost sharing of construction of water supply system (unit: 1,000 Kip) School | Project budget | Community | Total budget Inpeng | 10,600 | 16,582 | 27,182 Lathern | 4,000 | 1,250 | 5,250 Khangdohn | 15,000 | 5,035 | 20,035 Total | 29,600 | 22,867.8 | 52,467.8

	✓ Parents and community people understood better about the parasite related issues after the SSPP started and cooperated.
Sustainability	✓ All of the four project managers interviewed evaluate that some activities may be continued, but others may not. For example, health education campaign can be continued because trained teachers can continue to teach students on the existing curriculum. ✓ When the certificate system of health promoting school is started under the national policy, these model areas may be certified as such, could enhance the movement for school health. ✓ Drug revolving system for deworming in school was started in Vientiane provinces by the district education office as the WHO-supported pilot project. This experience may be effectively utilized to sustain the activities of pilot projects such as the SSPP.

Country name: Myanmar

1. Summary of the Small Scale Pilot Project

Project Design Matrix

Project Name:	School-based on Malaria and STH control in Taik-Kyi Township
Project Period:	4/2002–3/2005
Implementing Agency:	School Health Section, Department of Health, MOH Township Health Unit in the Taik-Kyi Township, Yangon Division
Target Area:	Three schools in Taik-Kyi Township
Target Group:	Teachers, schoolchildren

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose The number of primary school children who have malaria and STH infection is reduced.	1. The number of malaria and STH cases among the target group falls by 80% by March 2005.	1. School medical records of the township school health team and surveys.
Outputs 1. Preventive KAP on malaria and STH among the target group are improved. 2. Teachers' skills are improved. 3. Health personnel's' skills are improved. 4. Health facilities are better equipped. 5. School environmental sanitation is improved.	1. By March 2005, the number of primary school children who practice preventive behavior on malaria and STH reaches 80%. 2. By March 2005, 100% of teachers of the pilot schools have the project training. 3. By March 2005, 100% of school health personnel of the pilot schools have the project training. 4. By March 2005, 80% of required health facilities for the project are provided. 5. By March 2005, 100% of pilot schools have standardized sanitary latrines and wells.	1. Baseline and follow-up KAP surveys 2. Project records and evaluation reports 3. Project records and evaluation reports 4. Project records and evaluation reports 5. Project records and evaluation reports

Activities	Inputs (Myanmar side)	Inputs (ACIPAC side)
1. Phase (1) 1.1. Co-ordination with DOH & MOH 1.2. Negotiation with Township Administrative, Health and Educational personnel 1.3. Advocacy meeting on the pilot project for teachers of project schools 1.4. Preparation for Baseline survey 1.5. Production of IEC materials 1.6. Training of health personnel 1.7 Training of teachers 2. Phase (2) 2.1 Baseline survey 2.2 Implementation of various health promoting school activities including malaria and STH control activities 2.3 Special HE activities 2.4 Monitoring and Supervision at different levels 3. Phase (3) 3.1 (3) monthly review meeting 3.2 Annual township evaluation workshop 3.3 Follow up survey 3.4 Project review meeting 3.5 Report writing	1. Budget 2. Equipment & facility -Training facilities -Health facilities -Sanitary facilities (latrines & wells) 3. Personnel	1. Budget (US$) 2002: 2,800 2004: 9,800 Total: 12,600 2. Equipment -Drugs -Microscopes -Lab materials -Printed matters -Computer for project SH Team 3. Personnel

2. Implementation process

Month/Year	Event
JFY 2001	
JFY 2002	✓ Baseline survey was conducted.
JFY 2003	
JFY 2004	✓ Minutes of meeting on the implementation of the SSPP was signed by the parties concerned. ✓ The activities of the SSPP started.

3. Evaluation

Note: The evaluation is preliminary based on the limited data and information available and will be further elaborated at the workshop in January 2005.

Criteria	Evaluation
Relevancy	✓ The model site was appropriately selected, where prevalence of STH is relatively high. Table: Prevalence of STH at schools (12/2002)
Effectiveness	✓ It is too early to evaluate the level of the achievement of the Project Purpuse

	Myoma (3)	Myoma (6)	Gyophyu	Phalon	Total
A.Lumbricoides	49.6%	48.3%	54.4%	53.5%	51.1%
T trichiura	36.8%	28.8%	46.4%	45.8%	38.8%
Hookworms	2.5%	4.3%	3.6%	6.3%	3.7%
Any infection	65.4%	57.7%	73.6%	64.1%	65.7%

<table>
<tr><td></td><td>(i.e. reduction of STH infection) as the SSPP has just started to implement the training program. Although it is not the achievement of the SSPP, positive impacts are being produced from the current life skill education.</td></tr>
<tr><td>Efficiency</td><td>✓ One-day teachers training program was implemented as follows. The subjects included introduction to malaria and STH, health education (life cycle, prevention measures, types of STH, etc.). The training was taught by using flipchart and handouts were distributed to each classroom. NGOs such as Women Association also joined the training. Annual two-day training is being planned.

Table: Coverage of training
<table><tr><th>Year</th><th>School</th><th>Trained teachers</th></tr><tr><td>2002</td><td>4</td><td>39</td></tr><tr><td>2004</td><td>9</td><td>36</td></tr></table>
✓ One day training program for school heads of 286 schools was also implemented in six placed in October 2004, focusing on STH alone (deworming).
✓ Teachers teach the subject of malaria and STH by using not only teaching but also such methods as poster, game, drawing, etc.

Contributing factors
✓ Myanmar has already a well established structure for school health activities at township level (i.e. school health committee). In addition, it has already introduced "life skill education" in 1999, which makes it possible to simply add parasite control related education to the existing system without creating a new structure for this purpose. Townships, where school health medical officers are assigned, can implement the activities without incurring higher cost on them.
✓ All primary schools in the township were provided deworming tablets for schoolchildren by the support of Korea.

Constraining factor
✓ The implementation of the SSPP was suspended in 2003 due to the political condition in Myanmar.</td></tr>
<tr><td>Impact</td><td>✓ It is too early to evaluate the impact produced by the SSPP.</td></tr>
<tr><td>Sustainability</td><td>✓ Director General of Ministry of Health recognizes the effectiveness of school health and would like to actively implement this approach. Myanmar government has already incorporated the school health into the policy.
✓ There are positive factors for sustainable operation of school health activities in township level. Township school health medical officers have autonomy to implement activities on their own decision, which make it possible to do fundraising. Indeed, some of ex-trainees have already prepared proposal.</td></tr>
</table>

4. **Remarks**

✓ Township School Health Committee includes the following persons and organizations as members: township medical officer as the chairperson, township education officer, representatives of primary, secondary, and high schools, MCH association. It organizes monthly meetings to manage, supervise, and monitor school health related activities. The committee focuses on sanitary toilet, water, clean and healthy environment.

✓ Life skill education has been introduced to primary schools since 1999, which includes the subject of malaria and STH.

Country name: Nakhon Si Thammarat Province, Thailand

1. Summary of the Model Site

Project Design Matrix

Project Name:	Model site for STH control in Nakhon Si Thammarat
Project Period:	2001-2004
Implementing Agency:	Ministry of Public Health (DDC), Ministry of Education (OBEC), Mahidol University, Provincial Health Office
Target Area:	Three primary schools in Nakhon Si Thammarat Province
Target Group:	Teachers, students

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose 1. Students change their behavior for personal hygiene through learning STH prevention. 2. Linkage between school and community for personal hygiene is strengthened.	1. Students gain knowledge for personal hygiene and STH prevention. 2. Students have good behavior for personal hygiene. 3. Activities for personal hygiene involving community	1. Result of KAP survey of students, project reports 2. Result of KAP survey of students, project reports 3. Result of KAP survey of students, project reports
Outputs 1. Education for STH prevention is actively carried out in the model schools.	1-1 Schools have their own plan of STH education. 1-2 Teachers teach STH in their schools.	1-1 Project reports, result of questionnaire 1-2 Project reports, result of questionnaire
Activities 1-1 ACIPAC conducts baseline survey. 1-2 ACIPAC makes teaching and learning materials for STH education. 1-3 ACIPAC conducts teachers training 1-4 Model schools carry out STH education. 1-5 ACIPAC conducts periodical stool examination 1-6 Thai side conducts deworming. 1-7 ACIPAC supervises and monitors STH education in model schools.	**Inputs (Partner country side)** 1. Personnel -IEC materials production -Trainings -Regular monitoring & supervision -Project management	**Inputs (ACIPAC side)** 1. Budget 2001: N.A. 2002: 50,000 bahts 2003: 100,000 bahts 2004: 120,000 bahts In addition, the Project bore the cost of IEC materials and teachers training. 2. Personnel Regular supervision (3-4 times/year)

2. Implementation process

Year	Event
JFY 2001	✓ Conducted baseline survey. ✓ Set up a model school (Wat Thang Phoon). ✓ Produced IEC materials and distributed them to the model school. ✓ Organized a training program for teachers to learn the subject such as the type of STH and prevention methods. ✓ The model school conducted STH education activities. ✓ Supervise activities in the school
JFY 2002	✓ Conducted STH education activities in the schools. ✓ Supervised the activities in the school.
JFY 2003	✓ Added another two model schools (Ban Nai Thung and Ban Chum Khling). ✓ Drafted teaching manuals. ✓ Distributed manuals and textbook to the three model schools. ✓ Held a training program for teachers at the three model schools. ✓ Schools conduct STH education activities.

	✓ Published teaching the manual and the textbook. ✓ Assigned the responsibility of the project management to the province after December 2003. ✓ Supervised activities in the schools
JFY 2004	✓ Schools conducted STH education activities. ✓ Supervised activities in the schools.

3. Evaluation

Criteria	Evaluation
Relevancy	✓ The model site activities have been implemented after the baseline survey was conducted for STH.
Effectiveness	✓ Schoolchildren brought messages of STH prevention to community by various methods and the number of such schoolchildren increased. Table: Distribution of STH related message to the community through students Source: Questionnaire survey to teachers (12/2003) Table: Method to bring message to community (N=42, multiple choice) ✓ Schools strengthened the linkage between school and community for STH prevention through these activities. Note: Result of KAP survey on the behavior change of schoolchildren is being summarized by the Provincial Health Office.
Efficiency	✓ All of the model schools have started STH education. ✓ Some of the model schools constructed latrines or introduced a broadcasting system by the grant from the ACIPAC. ✓ More teachers came to give lessons on STH since they were trained and provided teaching manuals as indicated in the table. Table: Provision of lessons on STH Contributing factors ✓ School health system (health promoting school) is well established in Thailand, which makes it easy to apply school health approach for STH control and education.

Answer	Before distributing manual (N=50)		After distributing manual (N=46)	
Yes	5	(10%)	11	(24%)
A little	7	(14%)	20	(43%)
Little	18	(36%)	11	(24%)
Not at all	20	(40%)	4	(9%)

Method	No.
Bring drawing and essay to home	37
Set up a billboard in the community and put picture drawn by student	2
Student visit community (marching, playing drama, song singing)	11
Student show drama and sing by inviting community people	6

Answer	Before distributing manual (N=62)	After distributing manual (N=60)
Yes	25%	90%
A little	37%	7%
Little	22%	3%
Not at all	7%	0%

	Constraining factors ✓ The communication and coordination between the education and the public health department at the provincial level has become more difficult since the lower administrative boundary of the provincial education was reformed and is different from the public health's boundary. In addition, an area education officer in charge of the model schools has some difficulty as one model school is located in the area 1, while two other schools are in the area 4.
Impact	✓ Ministry of Education (MoE) is planning to apply STH education to the existing curriculum in all of the schools in Nakhon Si Thammarat Province, while manuals and textbooks are provided by ACIPAC. ✓ Ministry of Public Health (MoPH) is planning to use manuals and textbooks, which was produced by ACIPAC, for their own project (almost of all the cost will be covered by MoPH).
Sustainability	✓ Schools have been motivated to conduct and continue STH education. The activities are regarded as a part of the health promoting school project. These factors may enhance sustainable implementation of STH education activities.

Country name: Suan Phung District, Rachaburi Province, Thailand

1. Summary of the Model Site

Project Design Matrix

Project Name:	Model site for malaria in Rachaburi Province
Project Period:	2001-2004
Implementing Agency:	Ministry of Education (OBEC), Mahidol University, Provincial Education Area Office
Target Area:	24 primary schools in Suan Phung District, Rachaburi Province
Target Group.	Teachers, students

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose 1. Students change their behavior to prevent malaria. 2. Linkage between school and community for malaria control is strengthened.	1. Students get knowledge for malaria prevention. 2. Students have good behavior for malaria prevention. 3. Activities for malaria control involving community	1. Result of KAP study of students 2. Result KAP study of students 3. Project reports, Result KAP study of students
Outputs 1. Malaria education is actively carried out in the model schools.	1-1 Schools have their own plan of malaria education. 1-2 Teachers teach malaria in their schools.	1-1 Project reports, Result of questionnaire 1-2 Project reports, Result of questionnaire
Activities 1-1 ACIPAC conduct baseline survey. 1-2 ACIPAC makes teaching and learning materials for malaria education. 1-3 ACIPAC holds teachers training 1-4 Schools carry out malaria education in each school. 1-5 ACIPAC supervise and monitor malaria education in schools.	**Inputs (Partner country side)** Personnel -Making IEC materials, training, and supervision Cost for education in schools Assistance from the government, the royal project, and NGOs	**Inputs (ACIPAC side)** Cost: 202,230 baht (35 baht/schoolchildren) -IEC materials making 113,330 baht -teachers training 88,900 baht Supervision by the long term expert

2. Implementation process

Year	Event
JFY 2001	✓ Conducted a baseline survey ✓ Set up a model school (Rujirapat). ✓ Produced and distributed IEC material to the model school. ✓ Held a training for teachers. ✓ The model school conducted malaria education activities. ✓ Supervised activities in the school
JFY 2002	✓ Drafted teaching manuals and textbook. ✓ Distributed manuals and textbook to four schools (Rujirapat, Ban Borwee and other two schools) ✓ Held a training for teachers at Rujirapat and Ban Borwee schools. ✓ Model schools conducted malaria education activities. ✓ Supervised activities at the model schools.
JFY 2003	✓ Published teaching manuals and textbook. ✓ Expanded the target area into all of the 24 schools in Suan Phung District. ✓ Distributed manuals and textbooks to all the schools. ✓ Held training for teachers at all of 24 schools. ✓ Schools conducted malaria education activities. ✓ Supervised activities in the schools.
JFY 2004	✓ Schools conducted malaria education activities.

3. Evaluation

<table>
<tr><th>Criteria</th><th>Evaluation</th></tr>
<tr><td>Relevancy</td><td>✓ Malaria education in primary school is recently recognized as an alternative approach for malaria prevention in the world. It is worth attempting to introduce the school health education for malaria prevention.</td></tr>
<tr><td>Effectiveness</td><td>✓ Students changed their behavior to avoid the mosquito biting.

Table: Attention to avoid the mosquito biting
<table>
<tr><th>Attitude</th><th>Before (N=604)</th><th>After (N=610)</th></tr>
<tr><td>Always</td><td>41%</td><td>62%</td></tr>
<tr><td>Sometimes</td><td>39%</td><td>31%</td></tr>
<tr><td>No</td><td>14%</td><td>6%</td></tr>
<tr><td>Not sure</td><td>6%</td><td>1%</td></tr>
</table>
✓ Students brought messages to community for malaria prevention through health newsletter and bulletin board in the community.
✓ Schools strengthened the linkage between school and community for malaria prevention through organizing the campaign for malaria prevention.</td></tr>
<tr><td>Efficiency</td><td>✓ More schools came to conduct malaria related activities as indicated in the table below. Teachers have taught malaria more often than before.

Table: Implementation of malaria related activities (N=14)
<table>
<tr><th>Item</th><th>Before</th><th>After</th></tr>
<tr><td>Discussion on malaria education among teachers</td><td>-</td><td>12</td></tr>
<tr><td>Curriculum development by schools</td><td>3</td><td>8</td></tr>
<tr><td>Recording of the number of malaria infected schoolchildren</td><td>7</td><td>13</td></tr>
<tr><td>Discussion on malaria prevention with parents</td><td>5</td><td>13</td></tr>
</table>
Contributing factors
✓ Thailand has a well established school health system (health promoting school), which makes it easy to conduct school health activities for malaria.</td></tr>
<tr><td>Impact</td><td>✓ Malaria education introduced by ACIPAC is accepted as one of their activities of health promoting school project in the schools. Schools conducted malaria education by their own budget.
✓ Ministry of Education is planning to apply malaria education into the neighbor district of Suan Phung District by its own budget, while the textbooks were donated by the ACIPAC to support this movement.
✓ Ministry of Public Health uses manuals and textbooks made by ACIPAC for teacher training of their own project, while the ACIPAC donated approximately 200 textbooks.</td></tr>
<tr><td>Sustainability</td><td>✓ Schools have been motivated to conduct malaria education in their schools by their own budget. Indeed, the malaria education activities are included as a part of the health promoting school project, which could sustain the activities.</td></tr>
</table>

Country name: Vietnam

1. Summary of the Small Scale Pilot Project

Project Design Matrix

Project Name:	STH prevention and control project using school health approach in Dong Hy district
Project Period:	12/2001-12/2004
Implementing Agency:	Dept. of Prevention, Hygiene and HIV Control, Ministry of Health
Target Area:	Two schools in Dong Hy district, Thai Nguyen province
Target Group:	Teachers, schoolchildren

Narrative summary	Objectively Verifiable Indicator	Means of verification
Project Purpose Reduce the prevalence and intensity of STH infection in the target group.	1. Prevalence of STH among schoolchildren (SC) is reduced to <40%. 2. No case of heavy infection is found.	Project survey report on stool examination
Outputs 1. Baseline data are collected. 2. Knowledge of schoolchildren on preventing and controlling STH is improved. 3. Health behavior and hygienic practice of schoolchildren are improved. 4. Attitude of the target group on STH control is improved. 5. Nutrition status of the target group is improved. 6. Environmental sanitation status of the schools is improved. 7. Knowledge of teachers on STH control and participation in the SSPP is improved. 8. Deworming is conducted at 25 schools in addition to the two model schools.	1. Data on KAP on STH control, environmental sanitation, the prevalence and intensity of STH infection, and nutritional status (height, weight, Hb). 2. Over 70% of SC target group have good knowledge of STH control by the end of the project. 3.1 >90% of SC wash hands before eating and after defecating. 3.2 >90% of SC always defecates in latrine. 3.3 >80% of SC always wear shoes when they go out. 3.4 >80% of SC always clean fresh vegetable before eating. 4 >80% of SC get good score of attitude level. 5 Reduce 10% of malnutrition rate by the end of the SSPP compared with the beginning of the SSPP. 6.1 100% sanitary facilities are daily cleaned. 6.2 All classes have tools for cleaning the classrooms. 6.3 All waste in the schools are collected and composed. 6.4 Media means and cleaning tools are provided. 6.5 >90% of teachers have good knowledge and participate in the SSPP.	Project reports after survey and intervention

Activities	Inputs (Partner country side)	Inputs (ACIPAC side)
1. Set up Steering Committee of the SSPP. 2. Meeting of SC and advocacy meeting. 3. Training course on KAP survey, stool examination. 4. Collection of baseline data. 5. Intervention. 5.1 Health education approach -Prepare necessary equipment & materials -Train teachers, health workers on health education -Implement health education in schools -Organize competitions on STH control 5.2 Health service approach -Conduct stool examination. -Provide selective treatment. -Conduct physical examination (height, weight, Hb) 5.3 Environmental sanitation approach -Organize environmental sanitation campaign in school and community + IEC activities on STH control. -Mobilize community participation.	1. Budget 2. Equipment Transportation Training facilities 3. Personnel Central and Provincial staff Teacher and local staff	1. Budget 2001: US$5,194 2002: US$2,205 2003: US$12,044 2004: US$9,734 Total: US$29,177 2. Equipment Microscopes, equipment for stool examination 3. Personnel 2-3 times monitoring from ACIPAC

2. Implementation process

Year	Event
JFY 2001	✓ Conducted baseline survey.
JFY 2002	✓ Five-day training was conducted on the knowledge and activities to control and prevent parasite in March 2002. ✓ Three-day training on communication skill and integrated method in August 2002.
JFY 2003	✓ Activities were implemented at the two model schools.
JFY 2004	✓ Activities continued at the two model schools, while deworming was conducted at other 25 schools.

3. Evaluation

Note: The evaluation is preliminary based on the limited data and information available and will be further elaborated at the workshop in January 2005.

Criteria	Evaluation
Relevancy	✓ The model site of the SSPP was appropriately selected based on the result of baseline survey. The baseline survey was conducted in March 2002, including KAP survey, stool examination of 1,255 children, physical and blood examination of 1,335 children, and environmental examination.
Effectiveness	✓ The prevalence of STH infection reduced since the SSPP started. Table: prevalence of STH infection

	3/2002	3/2004
Chien Thang School	37.6%	15.4%
Hoa Thuong School	55.6%	22.6%

Efficiency	✓ A radio program of district and commune level was broadcasted to disseminate the

	information to the communities by the SSPP's budget. Broadcasting through loud speakers in schools was also utilized to bring the health related messages. The message conveyed is causes of infection, process of transmission, measures to prevent infection, etc. ✓ The school health education started after the second training. The SSPP provided teaching materials such as pictures. The subject is taught in "health education" (35 minutes a week) or as extra curriculum. The subject is taught once a month. ✓ According to the impression of a teacher, 70% of children changed behavior. For example, an interviewed teacher recognizes that children use their own towels, wash hands before meal and after defecation, and wear sandals. The cases of abdominal pains decreased as well. ✓ The KAP survey also shows the significant change of behavior between the baseline survey in March 2002 and KAP survey in September 2004, which is being summarized as a report. ✓ 1,175 students took tablets of Albendazole 200 mg in September 2003, which were provided by the ACIPAC. No stool examination before and after de-worming because of lack of budget. ✓ To make a model for the future national program, the activities were implemented as follows. (1) Deworming was expanded to all schools as a priority activity in school health. (2) Other activities were implemented in the sentinel schools only. If fund is made available, these activities will be expanded to other schools. Contributing factors ✓ The coordination between the provincial health office and education office was enhanced and contributed to the distribution of information to the Ministry of Education. ✓ People's committee joined the committee organized by the SSPP and came to recognize the effectiveness of school health, and assisted the implementation of the project. Constraining factors ✓ Because of internal problem for financial management in the Ministry of Health, the SSPP was not carried out in 2002. However, after 2003, the SSPP started again and was implemented smoothly by the effort of Vietnam counterpart staff. ✓ The difficulty in implementation is: insufficient water availability in dry season, lack of spare money for purchasing proper shoes, children do not want to wear shoes in hot season, inadequate toilet.
Impact	✓ At the central government level, the SSPP had some impact on the facilitation and the coordination between Ministry of Health and Ministry of Education.
Sustainability	✓ Provincial health director stated that the province would provide the budget to implement the same activities for three model schools in three districts. ✓ The proposal of 2004 was prepared in cooperation with WHO and ACIPAC, which proposed to expand the activity (deworming, health education, provision of milk) to 25 schools. The Ministry of Education has the intention to replicate and expand this model to other areas.