

タイ国皮膚病学プロジェクト 中間評価報告書

平成 18 年 9 月
(2006 年)

独立行政法人国際協力機構
人間開発部

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序 文

タイ王国（以下、「タイ」と記す）皮膚病学研究所は、1972年に国連・世界保健機関の援助のもとに、アジア・太平洋地域の皮膚科分野の中核的研究、教育、診療機関たることを目的に設立された。1976年から1983年には、タイ政府主催の3か月間の皮膚科医育成コースが実施されたが、同コースの発展に伴い質的・量的拡大を目的として、タイ政府から我が国に対し、第三国集団研修としてのコース支援の要請があった。

これを受けて、1984年3月に第三国集団研修として10か月間の皮膚病学ディプロマコースが開始され、以降、1989年度（第5回）、1993年度（第10回）、1998年度（第15回）、2003年（第20回）に各々評価調査を実施し、その都度継続協力の必要性が提言されてきた。現在は、2004年から5年間の技術協力プロジェクト「タイ国皮膚病学プロジェクト」として実施している。

今般、同プロジェクトの中間評価を行うことを目的として、2006年8月に調査団を派遣し、タイ政府及び関係機関との間で、プロジェクトの進捗の確認と今後の方向性に係る協議を行った。本報告書は、同調査結果を取りまとめたものであり、今後のプロジェクトの展開に活用されることを願うものである。

ここに、本調査にご協力をいただいた内外関係者の方々に深い謝意を表するとともに、引き続き一層のご支援をお願いする次第である。

平成18年9月

独立行政法人国際協力機構

人間開発部

部長 末森 満

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略 語 表

C/P	Counterpart	カウンターパート
DCD	Diploma Course in Dermatology	皮膚病学ディプロマコース
FGD	Focus Group Discussion	フォーカスグループ・ディスカッション
IOD	Institute of Dermatology	皮膚病学研究所
JICA	Japan International Cooperation Agency	国際協力機構
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PO	Plan of Operations	活動計画表
R/D	Record of Discussions	討議議事録
TICA	Thailand International Development Cooperation Agency	タイ国際開発協力事務局

評価調査結果要約表

1. 案件の概要									
国名：タイ	案件名：タイ国皮膚病学プロジェクト								
分野：保健医療	援助形態：技術協力プロジェクト								
所轄部署：人間開発部第三グループ保健人材育成チーム	協力金額（評価時点）：約 6600 万円								
協力期間	2004 年 5 月から 2009 年 3 月								
	先方関係機関：保健省皮膚病学研究所 日本側協力機関：順天堂大学等								
他の関連協力：									
<p>1-1 協力の背景と概要</p> <p>タイ王国（以下、「タイ」と記す）の皮膚病学研究所（Institute of Dermatology：以下、「IOD」と記す）は、1972年に国連・世界保健機関の援助のもとに、アジア・太平洋地域の皮膚病分野の中核的研究、教育、診療機関たることを目的に設立された。1976年から1983年には、タイ政府主催の3か月間の皮膚科医育成コースが実施されたが、同コースの発展に伴い質的・量的拡大を目的として、タイ政府から日本に対し、第三国集団研修としてのコース支援の要請があった。</p> <p>1984年3月に第三国集団研修として10か月間の皮膚病学ディプロマコース（Diploma Course in Dermatology：以下、「DCD」と記す）が開始され、以降協力をを行い、1989年度（第5回）、1993年度（第10回）、1998年度（第15回）、2003年度（第20回）に各々評価調査を実施し、その都度、継続協力の必要性が提言されており、現在は2004年から5年間の技術協力プロジェクトとして実施している。</p>									
<p>1-2 協力内容</p> <p>(1) 上位目標</p> <p>皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する。</p> <p>(2) プロジェクト目標</p> <ol style="list-style-type: none"> 1. アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識が向上する。 2. 皮膚病学研究所がアジア・太平洋地域における研修・サービスの適切な最新技術を発展させることができる。 <p>(3) 成果</p> <ol style="list-style-type: none"> 1. 研修参加者が皮膚病学分野での高等知識・技術を得る。 2. 研修修了者が学習を継続し、アジア・太平洋地域における皮膚病学の学術協力を強化する。 3. 皮膚病学研究所の持続的に研修コースを運営する能力が向上する。 <p>(4) 投入（評価時点）</p> <p>日本側</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">・短期専門家派遣 21人</td> <td>・研修員受入れ 5人</td> </tr> <tr> <td>・機材供与 8,730,588円</td> <td>・第三国研修経費 6,510,793タイ・バーツ</td> </tr> </table> <p>タイ側</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">・カウンターパート配置 10人</td> <td>・第三国研修経費 5,038,962タイ・バーツ</td> </tr> <tr> <td colspan="2">・施設・機材の提供：IODの講義施設や設備・機材を利用して、DCDが運営されている。</td> </tr> </table>		・短期専門家派遣 21人	・研修員受入れ 5人	・機材供与 8,730,588円	・第三国研修経費 6,510,793タイ・バーツ	・カウンターパート配置 10人	・第三国研修経費 5,038,962タイ・バーツ	・施設・機材の提供：IODの講義施設や設備・機材を利用して、DCDが運営されている。	
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2. 評価調査団の概要	
調査団	<p>日本側</p> <p>団長 小野 喜志雄 JICA 人間開発部技術審議役</p> <p>協力計画 伊藤 賢一 JICA 人間開発部第三グループ保健人材育成チーム</p> <p>評価分析 大石 美佐 アイ・シー・ネット株式会社コンサルティング部</p> <p>タイ側 Vitida Sivakura Programme Officer, Countries Partnership Branch, TICA (Thailand International Development Cooperation Agency, タイ国際開発協力事務局)</p>
調査期間：2006年8月6日～2006年8月19日	評価種類：中間評価
3. 評価結果の概要	
3-1 実績の確認	
(1) プロジェクト目標	
<p>1) 「研修修了者対象アンケート」では、多くの研修修了者が、本コースは技術向上に役立ったと認識している。「研修修了者対象アンケート」では、研修終了後のキャリアパスについても質問をしており、その回答からは、多くの研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。このことは、1984年から第三国研修として始まった10か月間のDCDが、アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識の向上に役立ってきたことを示している。このように、プロジェクト目標1の達成の見込みは高いといえるであろう。</p> <p>2) 日本人専門家、IODスタッフともに、プロジェクト目標2の達成のためには、IODスタッフの能力強化が不可欠であるが、IODスタッフの能力はいまだ不十分であり、目標達成の見込みは低いとの認識であった。日本人専門家だけでなく、IODのスタッフ自らが、IODスタッフを含むタイ人医師は、臨床経験は豊富だが基礎医学分野は弱いことを認識している。基礎医学の研究には、十分な機材と設備の整ったラボが必要であり、能力強化は一朝一夕に進まない。基礎医学分野での能力向上をめざした日本への留学が1960年代頃より行われてきているが、日本に留学したIODスタッフ12人のうち、現在もIODに残っているのは4人(医師2人、技術者2人)のみという状況にある。2004年に技術協力プロジェクトとなったあとは、能力不足を補うべく、現在までに5人の医師を3か月のカウンターパート(Counterpart：以下、「C/P」と記す)研修に派遣した。今後は、C/P研修を受けた医師が中心となり、IODのスタッフの能力強化を進めていくことが望まれる。</p>	
(2) 成果	
<p>1) 研修参加者はDCDでの学習を通して、皮膚病分野での高等知識・技術を得ている。DCDでは、修了に際し、研修参加者によるコース評価を実施しているが、その評価結果によると第21回DCD(2004年5月から2005年3月)、第22回DCD(2005年5月から2006年3月)の研修参加者による評価では、それぞれ、93%、79%の研修参加者が、本コースを「よく計画されている(well planned)」と回答しており、コースに対する満足度は高いといえる。また、第21回DCDにおいては29人全員がディプロマを取得しており、第22回DCDにおいては、29人中28人が取得している。加えて、IOD作成のコースレポートによると、第21回DCDでは29人中25人(86%)が、第22回DCDでは29人中26人(89%)が、平均60%以上の点数を取得している。これらの指標から、成果1の達成度はきわめて高いといえる。</p> <p>2) 「研修修了者が学習を継続し、アジア・太平洋地域における皮膚病学の学術協力を強化する。」という成果2の「学習の継続」の指標に関しては、IODが提供するサブ・スペシャリティーを強化する1か月間のフェローシッププログラム(Fellowship Programs)と呼ばれる研修や研修医コース(Residency Course)へのDCD修了者の参加者の数から算出されている。</p>	

IOD の資料によれば、この参加者の割合の目標を 10%においており、その目標は達成されている。「学術協力の強化」に関しては、実質的な成果を上げるに至っていない。研修修了者による「アジア・太平洋地域における皮膚病学の学術協力」とは具体的にどのようなものを指すのか、関係者で内容を再検討し、それに基づいて指標を作りなおすことが必要である。

3) 成果 1 に比して、成果 3 の進捗は芳しくなく、日本人専門家、C/P へのインタビューでは、日本人講師に伍して基礎医学分野の講義を行える人材の育成には時間がかかるという意見が主流であった。実際に重要な点は、基礎医学分野での人材育成を含む長期的な人材育成であると考えられる。基礎医学分野での能力向上には、機材や設備の整ったラボでの研究を継続することが必要であり、この分野の能力を短期間で向上させることは難しい。成果 3 に関する活動を見直し、より適切な指標を設定する必要がある。

3-2 評価結果の要約

(1) 妥当性

本中間評価に際して実施した、JICA 事務所を通じての参加国の保健省への聞き取り調査、第 23 回研修参加者を対象にしたフォーカスグループ・ディスカッションでの聞き取り調査からは、多くの参加国において、皮膚科医の育成は重要な課題であり、DCD への期待が非常に大きいことが確認された。DCD のプライオリティーが高い理由としては、保健分野において皮膚病学のプライオリティーが高いというよりは、皮膚科医が非常に少なく、皮膚科医を育成する機関が自国内にないことが主な理由といえる。実際、これらの地域では、ハンセン病、皮膚結核、性感染症、HIV/AIDS に伴う皮膚疾患まで考慮にいと、皮膚病患者の数は少なくとも全患者数の 15~20%を占めると考えられており、皮膚科医育成への潜在的ニーズは高い。保健省医療サービス局のチャトリ局長へのインタビューからは、本 DCD が同局の戦略的プログラムの一つとして認定されていることがわかった。これらの点より、本プロジェクトの妥当性は高いといえる。

(2) 有効性

DCD が円滑に運営されており、成果 1 の進捗は順調である点、また、その成果 1 の貢献により、プロジェクト目標 1 の達成見込みはきわめて高いことなどより、プロジェクト目標 1 に関する限り有効性は高いと判断できる。一方で、成果 2、3 に関しては、明確な成果のイメージの共有や的確な指標の設定がなされておらず、その達成度合いが非常に低いため、成果がプロジェクト目標を達成するために十分であったかどうかという有効性を検討できる状態にない。

(3) 効率性

主な投入は、短期専門家派遣、C/P 研修、機材供与であるが、どの投入も十分に活用されており、効率性は高いといえる。日本人専門家の投入に関しては、IOD 職員、研修参加者から高く評価されており、タイ人講師が臨床に関する指導を、日本人専門家が基礎医学に関する指導を担当するというコースカリキュラムは、DCD の質の向上に大いに貢献している。日本人専門家は、研修終了後の参加者による評価で個別に評価されているが、総じてその評価は高い。C/P 研修は、3 か月と短期間であるが、短期間でできるだけ事柄が学べるようにと、受入れ機関と受入れ専門家が C/P 研修員と話し合っ、効率のよい研修が行われているということであった。研修に参加した 4 人全員にインタビューをしたが、概して、その満足度は高かった(プロジェクト開始以降、派遣されている 5 人のうち 1 人は中間評価後の 8 月下旬に帰国予定)。うち 2 人は、供与(予定)機材の使用法等についても、C/P 研修期間中に学んでおり、C/P 研修は機材投入の効率性の確保にも貢献しているといえる。投入機材の使用頻度は高く、使用

状態も良好である。

(4) インパクト

インパクトの発現には時間がかかるため、通常、中間評価時点では計測は難しいが、本 DCD は、2004 年から技術協力プロジェクトとして実施される以前に、第三国研修として 1984 年から行われており、研修修了者は 26 か国からの 550 人以上に及ぶため、その研修修了者を対象にしたアンケート結果をもとにプロジェクトのインパクトを検証する。「研修修了者対象アンケート」では、研修終了後のキャリアパスについても質問をしており、その回答からは、多くの研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。セミナーでの発表、論文発表などを通して、それぞれの国において皮膚病学の発展に貢献していることが推測される。実際、所属病院においてハンセン病・皮膚病科を立ち上げたフィリピンの第 11 回研修修了者は、同国のハンセン病に関するガイドラインを執筆している。このように、今後も、研修修了者は、自国において皮膚病学分野の中心的存在として活躍を続けることが予想され、その波及効果・インパクトは大きいであろう。

(5) 自立発展性

インパクトと同様、通常、中間評価時点での自立発展性の評価は難しいが、DCD 自体は 20 年以上続いている点を考慮し、プロジェクトの自立発展性を検証する。IOD 職員が 70%以上の 748 時間に及ぶ講義・実習を担当し、研修参加者の指導にあたっている事実を考えれば、IOD は研修を継続するだけの力をつけつつあることがわかる。実際の講義担当時間だけでなく、コースカリキュラムの立案、外部講師への講義依頼、コースの実施・運営と、そのほとんどを IOD 職員自らが行っており、研修運営能力は高いといえる。しかしながら、懸案は、基礎医学に強い外国人専門家の投入なしに、タイ人医師だけで、DCD カリキュラムのすべてを実施することがきわめて難しいという点である。基礎医学分野での能力向上には、機材や設備の整ったラボでの研究を継続することが必要であり、この分野の能力を短期間で向上させることは難しいため、今後も、日本人専門家を含む、外国人専門家の最低限の投入が必要な状況が続くことが予想される。私費研修参加者の数を増やすなどの予算確保を含む対策も取る必要があるだろう。

3-3 効果発現に貢献した要因

日本人専門家や IOD 関係者へのインタビューからは、下記のような貢献要因が明らかになった。

- ・IOD スタッフが臨床面での研修を中心にを行い、日本人専門家が基礎医学分野（学術面）の研修を中心に行うことで DCD の質を上げることができた点
- ・レーザー外科などニーズの高い新しい技術をすばやく導入することで、DCD の質をあげることができた点
- ・コースの運営に関して、IOD、TICA、JICA、日本人専門家の中で協力体制が築けている点
- ・ニーズの高い多様な国から熱心な研修参加者を選んでいる点
- ・IOD の C/P のレベルが高い点

3-4 問題点及び問題を惹起した要因

同じインタビューからは、下記のような阻害要因が明らかになった。

- ・IOD 職員が臨床業務で多忙であること（日本人専門家の講義を聴講できない。長期研修を受けられない）
- ・日本に留学した中堅職員の多くが IOD を辞めてしまったこと

上記に加え、プロジェクト目標の達成の阻害要因を考えた際に強調すべきは、本プロジェクトが、関係者の多くに 2004 年以前と同じ第三国研修として認識されており、プロジェクト管理が不十分であるという点である。

3-5 結 論

IOD はじめ関係者の努力で、DCD は滞りなく円滑に実施・運営されており、現在までに多くの研修修了者を輩出している。研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることも明らかとなっており、地域の皮膚病学発展に対する DCD の貢献は大きいといえる。本プロジェクトは、IOD のキャパシティの向上を通じて、この DCD が地域の皮膚病学発展に貢献し続けることをめざしたものである。実際、IOD は DCD を安定的に運営するだけの力をつけつつあることがわかる。一方で、タイ人講師だけでは基礎医学分野の講義を行うことが難しい点、また、プロジェクト期間中に基礎医学分野の知識・技術を向上させることは難しいことが明らかとなった。このような状況を踏まえ、より現実的な IOD キャパシティ向上とネットワーク化に焦点をあてた成果を追加した新しい PDM が作成された。今後、この新しい PDM の実施を通して、プロジェクト目標を達成し、DCD の効果を持続させるため、関係者の更なる努力が期待される。

3-6 提 言

- (1) 改定された PDM に基づき、IOD は活動計画表を作成し、それぞれの活動と担当者を明確にし、適切なプロジェクト運営を行う。
- (2) 改定された PDM にある IOD 講師の能力向上のため、IOD は日本人専門家に対応する C/P を指名し、日本人専門家は以下の技術指導を行う。
 - 1) タイ側 C/P に教授法の指導を行う。
 - 2) C/P に講義内容と学術活動に関する面談・指導を行う。
 - 3) 症例検討の技術的指導を行う。これに伴い、R/D に記載の専門家の業務内容に、上記 1)～3) を追加することを提言する。プロジェクト目標を達成し、DCD が地域の皮膚病学の発展に貢献し続けるために必要不可欠であれば、必要な数と分野の短期専門家を派遣する。
- (3) 改定された PDM の成果 4 「研修修了者に経験と情報の共有を行う機会を皮膚病学研究所が提供する」に関連して、IOD がタイ国内の研修修了者だけでなく他国の研修修了者も招いて国際セミナー・ワークショップを開催する。

Summary

I. Outline of the Project	
Country : The Kingdom of Thailand	Project title : Project on the Diploma Course in Dermatology
Issue / Sector : Health	Cooperation scheme : Technical Cooperation Project
Division in charge: Health Personnel Development Team, Group III (Health I), Human Development Department, JICA HDQ	Total cost : about 66 million yen
Period of Cooperation	May 2004 to March 2009
	Partner Country's Implementing Organization : Institute of Dermatology, Ministry of Public Health
	Supporting Organization in Japan : Juntendo University, Tokyo, etc.
Related Cooperation : The same diploma course has been carried out for 20 years as the Third Country Training Program	
<p>1. Background of the Project</p> <p>The Institute of Dermatology (hereinafter referred to as "IOD"), the implementing agency of the Project on Diploma Course in Dermatology (hereinafter referred to as "the Project") was established in 1972 with the support by WHO, aiming to be a center for research, education and treatment in dermatology in the Asia-pacific region.</p> <p>After the Royal Thai Government implemented three month training course from 1976 to 1983, the Royal Thai Government proposed to implement the Third Country Training Program (hereinafter referred to as "TCTP") to the Government of Japan, in order to develop the quality of the course and to invite more participants. The first Diploma Course in Dermatology (hereinafter referred to as "DCD") as the TCTP was started in March in 1984. Since then the DCD has been implemented for more than 20 years. The terminal evaluation studies for DCD were conducted every five years (in 1989, 1993, 1998, and 2003) and based on the latest terminal evaluation study in 2003, the DCD was reformed as a Technical Cooperation Project (hereinafter referred to as "TCP") and has been implemented for five years (JFY2004-2009).</p>	
<p>2. Project Overview</p> <p>(1) Overall Goal</p> <p>The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand.</p> <p>(2) Project Purpose</p> <ol style="list-style-type: none"> 1. Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. 2. The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and Pacific region. <p>(3) Outputs</p> <ol style="list-style-type: none"> 1. Trainees acquire advanced knowledge and skill to work in dermatology field. 2. Ex-participants have continued learning and strengthen the scientific cooperation in dermatology in this region. 3. Capacity of the Institute of Dermatology to sustainably manage the Course is improved. 	

(4) Inputs (as of this mid-term evaluation)

Japanese side :

Short term expert: 21 persons	No. of trainees received in Japan: 5 persons
Equipment supply: 8,730,588 yen	Expense for TCTP: 6,510,793 Thai Bahts

Thai side :

Counterparts: 10 persons	Expense for TCTP: 5,038,962 Thai Bahts
Facilities and equipment: TCTP has been carried out by using lecture rooms and equipment of IOD	

II. Evaluation Team

Members of Evaluation Team	<p>Japanese Side</p> <p>(1) Dr. Kishio ONO (Leader) Executive Technical Advisor to the Director General, Human Development Department, Japan International Cooperation Agency (JICA)</p> <p>(2) Mr. Kenichi ITO (Cooperation Planning) Health Personnel Development Team, Group III (Health I), Human Development Department, Japan International Cooperation Agency (JICA)</p> <p>(3) Ms. OISHI Misa (Evaluation Analysis) Consultant, Consulting Division, IC Net Limited</p> <p>Thai Side</p> <p>(1) Ms. Vitida Sivakura, Programme Officer, Countries partnership Branch, Thailand International Development Cooperation Agency (TICA)</p>
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Period of Evaluation : Aug 7, 2006~Aug 19, 2006	Type of Evaluation : Mid-term Evaluation
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III. Results of Evaluation

1. Summary of Evaluation Results

(1) Relevance

The project purpose is relevant to the needs of many participating countries according to hearing from participants and questionnaire survey to Ministry of Health in participating countries. It is not necessarily because the priority to dermatology is high among many health issues in those countries, but rather numbers of dermatologists and institutions to train dermatologists are very limited. However, in fact, there is the high incidence of dermatological diseases such as leprosy, skin tuberculosis and syphilis in the region. More recently, the number of HIV/AIDS patients seen by dermatologists is increasing, thus potential needs could be even higher. In addition to need's aspect, it became apparent that Department of Medical Services of Ministry of Public Health considers the DCD is one of strategically important training programs in the Department. By considering these aspects, the relevance of the Project can be concluded as secured.

(2) Effectiveness

It is rather difficult to discuss the effectiveness of the project due to the lack of tangible and specific target indicators, and it is also too early to examine the overall result at this stage. Some evidence indicates effective implementation of the Project. For example, IOD runs DCDs smoothly; thus achievement level of Output 1 and the first project purpose is very high. Some other indicators, however, indicate ineffective implementation of the Project, especially components related to Output 2 and Output3, thus, to the second project purpose.

(3) Efficiency

In comparison of current outputs and inputs, the inputs were well utilized for the activities to yield expected outputs in general. As for Japanese experts, IOD staffs and participants highly appreciate their participation in the course. As commented by IOD staffs, the quality of DCD is raised by combination of Japanese experts who are strong in basic science and Thai doctors who are well experienced in clinical dermatology. Japanese experts are individually evaluated by participants, and the results of the evaluation are in general good. As for counterpart training in Japan, four IOD doctors who underwent training confirmed that though it is very short to learn new technologies, but the receiving institutes and Japanese professors kindly tried to maximize the benefit of three-month training. Two doctors learned about usage of the provided equipment during their stay in Japan; thus counterpart training contributes in securing the efficiency of equipment. As for equipment, Skin Visiometer in JFY2004 and CO2 Laser in JFY 2005 were provided by now, and the present status of use is satisfactory. To sum up, the inputs (Japanese experts/ counterpart training/ equipment) are efficiently utilized.

(4) Impact

Usually it is too early to assess the overall impact of the project at the juncture of mid-term evaluation. However, since DCD has been carried out for more than 20 years, we could see some impacts from ex-participants who graduated from DCDs even before the inauguration of the Project. One of the questions of the questionnaire survey to ex-participants is about their career paths after attending DCD, and many answers reveal that ex-participants have been playing important roles in their respective countries, and thus contributing to the development of dermatology in their respective countries. In addition, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers. No doubts about there are ripple effects to the wider public in the region. Another example is that the ex-participants from the Philippines who started the leprosy and dermatology department in his/her belonging institution wrote the national guideline of leprosy treatment. The similar impacts can be expected from the graduates of DCDs during the project period.

(5) Sustainability

It is usually too early and thus too difficult to assess the sustainability of the Project at the time of mid-term evaluation, however the team tries to assess it to certain extent from the long history of DCD management by IOD. As for the operational capacity, IOD doctors are responsible for 748 hours of lectures and practical sessions of DCD out of total 1067 course hours, and train participants. In addition to these professional inputs by doctors, most of other administrative course management such as scheduling of courses, arranging external Thai lectures, implementation and evaluation is IOD's responsibility. By looking at these factors, the operational capability of IOD to manage the DCD is being enhanced. However, the great concern remains since it is still difficult for Thai doctors to give lectures on basic science. It is expected that the situation which require experts from foreign countries including Japan will continue for some time, and thus IOD should start considering taking measures on this issue.

2. Factors that promoted realization of effects

According to interviews to Japanese experts and IOD personnel, the followings are identified as promoting factors.

- The quality of DCD could be improved by combination of Japanese experts who are strong in basic science and Thai doctors who are well experienced in clinical dermatology.
- Prompt introduction of new and popular technology such as laser surgery enhanced the quality of the

DCD course.

- There have been well developed cooperation relationships among IOD, TICA, JICA and Japanese experts.
- DCD course has been participated by participants with high motivation from various countries with great needs.
- High level of personnel in the counterpart organization, IOD

3. Factors that impeded realization of effects

As for impeding factors, the same interviews identified the followings.

- IOD staffs are extremely busy with their daily duties. (could not attend lecturers by Japanese experts. Could not leave IOD for long-term training.)
- Experienced staffs of IOD who underwent long-term trainings left IOD.

In addition to these points, by considering the inhibiting factors to the achievement of the Project as a whole, the Team identified that the Project is still considered as mere TCPT and not the Project by many stakeholders, thus the implementing agency is weak in the Project management.

4. Conclusion

IOD has been running DCD successfully with its great efforts. Indeed, many ex-participants have been playing important roles and thus contributing to the development of dermatology in their respective countries. The Project aims to sustain this great contribution of DCD by enhancing the capacity of IOD. Indeed certain capacity of IOD has been greatly strengthened, however it became apparent that it was difficult to enhance the knowledge and skill especially in the field of basic science during the project period.

By considering these circumstances, other outputs focusing on capacity development of IOD and networking are added by reviewing PDM1 which is revised in April 2005. The Project is expected to make maximum efforts to reach the project purposes and sustain the contribution of DCD by carrying out these revised activities.

5. Recommendations

The following points were identified as recommendations from the result of evaluation.

1. Based on the revised PDM (hereinafter referred to as “PDM2”), IOD will formulate Plan of Operation, and clarify each activity and a person in charge for it, and manage the Project appropriately.
2. In order to enhance the capacity of IOD lecturers written in the PDM2, IOD should assign counterparts correspondent to Japanese experts, and Japanese experts provide their technical expertise in the following areas;
 - 1) Provide technical advice on teaching methodology to Thai counterparts
 - 2) Consult with counterparts regarding contents of lectures and other academic activities
 - 3) Provide technical advice to case conferences

In accordance with this, the above mentioned activities are recommended to be included in the Job Description of short-term experts of the field other than Oral Examination shown in ANNEX IV ‘Tentative Terms of Reference of Japanese Experts.’ of the R/D.

If it is indispensable in order to reach the project purposes and sustain the contribution of Diploma Course in Dermatology, as referred to in the Conclusion of the Joint Mid-term Evaluation Report, necessary

numbers and fields of short-term experts should be dispatched.

3. In relation with Output 4 in PDM2, IOD will organize international seminars / workshops by inviting not only Thai IOD graduates but also ex-participants of DCD from participating countries.





皮膚病学研究所外観



合同調整委員会



ミニッツ署名

第1章 中間評価調査概要

1-1 中間評価調査の経緯と目的

タイ王国（以下、「タイ」と記す）皮膚病学研究所（Institute of Dermatology：以下、「IOD」と記す）は、1972年に国連・世界保健機関の援助のもとに、アジア・太平洋地域の皮膚科分野の中核的研究、教育、診療機関たることを目的に設立された。1976～1983年には、タイ国政府主催の3か月間の皮膚科医育成コースが実施されたが、同コースの発展に伴い質的・量的拡大を目的に、タイ国政府から我が国に対し、第三国集団研修によるコース支援の要請があった。

1984年3月に第三国集団研修として10か月間の皮膚病学ディプロマコース（Diploma Course in Dermatology：以下、「DCD」と記す）が開始され、以降協力をを行い、1989年度、1993年度、1998年度、2003年度に各々評価調査を実施し、その都度コース実施の意義が確認されて継続協力の必要性が提言されており、現在は2004年から5年間の技術協力プロジェクトとして実施している。

毎年5月から10か月間の皮膚病学ディプロマコース（第三国研修）が現地では実施されており、日本人短期専門家とその講師となって年間8～10名程度、約2週間の滞在期間で派遣され、年間2名のカウンターパート（Counterpart：以下、「C/P」と記す）研修、年1件の機材供与を実施している。

今般、新たに技術協力プロジェクトとして開始してから2年あまり経過し、プロジェクト協力期間の中間地点を迎えて、これまでの活動と成果の実績を確認し、評価5項目（妥当性、有効性、効率性、インパクト、自立発展性）に基づき評価を行うとともに、プロジェクトの残りの期間でとるべき措置を検討するため、中間評価調査を実施した。評価結果については、合同評価報告書として取りまとめたうえでミニッツにより合意した（ミニッツ・合同評価報告書は、付属資料1参照）。なお、本プロジェクトの日本側チーフオーガナイザーである順天堂大学の小川秀興理事長が短期専門家として、2006年8月6日から19日まで派遣中であり、本ミニッツにwitnessとして同理事長の署名を得た。

1-2 調査団構成

担当分野	氏名	所属
団長	小野 喜志雄	JICA人間開発部技術審議役
協力計画	伊藤 賢一	JICA人間開発部第三グループ保健人材育成チーム
評価分析	大石 美佐	アイ・シー・ネット株式会社コンサルティング部

団長・協力計画：8月13日～19日、評価分析：8月6日～19日

1-3 調査日程

日時	時間	行程
8月6日(日)	15:35	大石団員バンコク着 (TG623)
8月7日(月)	10:00	JICAタイ事務所との打合せ
	13:30	IOD、タイ国際開発協力事務局 (Thailand International Development Cooperation Agency：以下、「TICA」と記す)、JICAタイ事務所との協議
8月8日(火)	9:30	TICAへのインタビュー
	13:30	JICAタイ事務所へのインタビュー
8月9日(水)	9:00	IODへのインタビュー
	13:00	IODへのインタビュー

8月10日(木)	11:00	順天堂大学・小川理事長(短期専門家で派遣中)へのインタビュー
	13:00	IODへのインタビュー
8月11日(金)	9:30	タイ側講師へのインタビュー
	11:00	IODへのインタビュー
	13:00	第三国研修に参加中の研修員へのインタビュー
8月12日(土)		資料整理・報告作成
8月13日(日)		資料整理・報告作成
	15:25	小野団長・伊藤団員バンコク着(NH953) 団内打合せ
8月14日(月)	10:00	JICAタイ事務所・在タイ日本大使館との打合せ
	13:30	JICAタイ事務所・団内打合せ
8月15日(火)	9:30	TICA表敬
	10:30	TICA、IODとの協議
	13:30	団内打合せ
	15:30	保健省医療サービス局表敬
8月16日(水)	9:30	IOD、TICAとの協議
	14:00	IODへのインタビュー
8月17日(木)	9:30	順天堂大学・小川理事長との打合せ
	13:30	IOD、TICAとの評価報告書、ミニッツ、プロジェクト・デザイン・マトリックス(Project Design Matrix: 以下、「PDM」と記す)に関する協議
8月18日(金)	9:00	合同調整委員会
	12:00	ミニッツ署名
	19:00	2006年度コースオープニングセレモニー
8月19日(土)	7:30	小野団長・伊藤団員バンコク発(TG676)
	12:30	大石団員バンコク発(TG672)

1-4 主要面談者

<タイ側>

(1) タイ国際開発協力事務局(TICA)

Mr. Apinan Phatarathiyanon	Deputy Director General
Ms. Rumpuey Pattamavichaiorn	Director, Countries Partnership Branch (Bilateral and Trilateral)
Ms. Charintip Yosthasan	Programme Officer
Ms. Malaiwan Lerdkhumsap	Programme Officer, Countries Partnership Branch
Ms. Vitida Sivakua	Programme Officer, Countries Partnership Branch
Ms. Veraya Jaru-Ampornpun	Director Human Resource Development Branch

(2) 保健省(Ministry of Public Health)

Mr. Chatri Banchuin	Director General, Department of Medical Services
Mr. Suravit Techathuvanan	Deputy Director General, Department of Medical Services
Mr. Vichien Tanvannarak	Chief of Foreign Relations

(3) 皮膚病学研究所 (IOD)

Dr. Jiro Sindhvananda	Director
Dr. Rutsanee Akaraphanth	Deputy Director
Dr. Patcharin Janjamratsang	Deputy Director
Dr. Poohglin Trisukosol	
Dr. Praneet Sajjachareonpong	
Dr. Jinda Rotchanamethin	
Dr. Walai-orn Prachyapruit	
Ms. Arporn Givaganont	

<日本側>

(1) 在タイ日本大使館

山田 淳	公 使
小野 俊樹	二等書記官

(2) JICAタイ事務所

佐藤 幹治	所 長
小川 正純	次 長
鈴木 啓史	所 員
Ms. Somsri Sukumpantanasan	ナショナルスタッフ

(3) タイ国皮膚病学プロジェクト短期専門家 (生化学)

小川 秀興	順天堂大学理事長
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1-5 プロジェクト概要

(1) 上位目標

- ・皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する。

(2) プロジェクト目標

- ・アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識が向上する。
- ・皮膚病学研究所がアジア・太平洋地域における研修・サービスの適切な最新技術を発展させることができる。

(3) 成果

- 1) 研修参加者が皮膚病学分野での高等知識・技術を得る。
- 2) 研修修了者が学習を継続し、アジア・太平洋地域における皮膚病学の学術協力を強化する。
- 3) 皮膚病学研究所の持続的に研修コースを運営する能力が向上する。

(4) 活動

- 1) 研修コースカリキュラムの作成、教材・実験室・施設の準備、コース講師としてのスタッフの十分な配置、研修実施、研修参加者の達成度・コースの内容・カリキュラム等の評価。
- 2) 研修参加者への自習実施のために必要な材料の提供。研修修了者や同窓会員のデータベースの更新、フォローアップのための質問票の送付・各国研修修了者の更新、研修修了者間の皮膚病学技術に関する情報交換の促進、短期間の会議・ワークショップ・セミナーの実施。
- 3) 日本での研修のためタイ側C/P・講師の選任、研修修了者の講師としての招聘、タイ国関係機関からの適切な講師の招聘、研修実施に必要な機材の設置。

第2章 中間評価の方法

2-1 評価の方法

本評価は、「改訂版 JICA事業評価ガイドライン」に沿って、日本・タイの両国から選出された評価メンバーによって実施された合同評価である。プロジェクト管理のための要約表であるPDMを用い、評価時点での実績（計画の達成状況もしくは達成見込み）と実施プロセスの検証を踏まえて、評価5項目（妥当性・有効性・効率性・インパクト・自立発展性）の観点から行う多面的な評価である。

（1）妥当性（relevance）¹

プロジェクトのめざしている効果（プロジェクト目標や上位目標）が受益者のニーズに合致しているか、問題や課題の解決策として適切か、被援助国及び日本側の政策との整合性はあるか、プロジェクトの戦略・アプローチは妥当か、公的資金であるODAで実施する必要があるかなどといった「援助プロジェクトの正当性・必要性」を問う視点。

（2）有効性（effectiveness）

プロジェクトの実施により本当に受益者もしくは社会への便益がもたらされているのか、あるいは、もたらされるのかを問う視点。

（3）効率性（efficiency）

主にプロジェクトのコストと効果の関係に着目し、資源が有効に活用されているか、あるいはされるかを問う視点。

（4）インパクト（impact）

プロジェクト実施によりもたらされる、長期的、間接的効果や波及効果を見る視点。予期していなかった正・負の効果・影響を含む。

（5）自立発展性（sustainability）

援助が終了してもプロジェクトで発現した効果が持続しているか、あるいは持続の見込みはあるかを問う視点。

2-2 主な調査項目と情報・データ収集方法

（1）既存資料の分析と評価デザインの作成

本プロジェクトの討議議事録（Record of Discussions：以下、「R/D」と記す）、実施運営総括表等の関連書類をレビューし、中間評価の調査計画と評価グリッドを作成した（付属資料2参照）。

（2）質問票による聞き取り調査・アンケート調査

事前送付した質問票を用いて、日本人専門家、C/Pに対し広範な聞き取り調査を実施した。聞き取りを行った対象者と聞き取り調査のポイントは、表2-1のとおりである。質問票の内容は、付属資料2参照。

¹ 以下の5項目の説明は、「プロジェクト評価の手引き（改訂版 JICA事業評価ガイドライン）」p.41から抜粋した。

加えて、1984年から第三国研修として始まった10か月間のDCDの研修修了者は26か国からの550人以上に及ぶことから、本中間調査では、研修修了者を対象としたアンケート調査も実施した。本報告書作成時点での「研修修了生対象アンケート」の回答数は12か国からの58件である。質問票の内容は付属資料2、結果の要約に関しては付属資料3を参照。

(3) 評価グリッドに基づく聞き取り調査

評価グリッドに基づき保健省、TICA、JICAタイ事務所、その他プロジェクト関係者に対し広範な聞き取り調査を実施した。聞き取りを行った対象者と聞き取り調査のポイントは、表2-1のとおりである。主要機関への質問項目は、付属資料2参照。

(4) フォーカスグループ・ディスカッション (Focus Group Discussion : 以下、「FGD」と記す)

評価グリッドに基づき第23回DCD参加者を対象に、FGDを実施し、DCDに対する率直な意見を収集した。FGD参加者と議論のポイントは、表2-1のとおりである。FGDでの質問項目は、付属資料2の研修修了生対象アンケートに準ずる。

表2-1 聞き取り調査の対象者と主なポイント

①C/P (IOD職員)	<ul style="list-style-type: none"> ・プロジェクトの実施体制－IODの役割と取り組み ・活動の進捗状況 ・評価5項目に関連した質問事項
②日本人専門家	<ul style="list-style-type: none"> ・プロジェクトの実施体制－日本人専門家の役割と取り組み ・活動の進捗状況 ・実施過程で直面した問題や課題
③研修修了生	<ul style="list-style-type: none"> ・現在の所属機関での立場と役割 ・DCD参加の理由 ・DCDの有効性や内容に対する意見
④TICA・JICA	<ul style="list-style-type: none"> ・プロジェクトの実施体制－TICA・JICAの役割 ・実施過程で直面した問題や課題 ・今後の支援の方向性
⑤23回DCD研修生	<ul style="list-style-type: none"> ・(FGD形式で) ・現在の所属機関での立場と役割 ・DCD参加の理由 ・DCDの有効性や内容に対する意見

(5) プロジェクト活動の視察

供与機材に関しては調査期間中に可能な範囲でその稼動状況・保管状況を確認した。

第3章 プロジェクトの実績

3-1 投入実績

3-1-1 日本側の投入実績

(1) 短期専門家の派遣

2006年8月中旬時点での短期専門家の派遣は、2004年度10人、2005年度9人、2006年度2人の計21人であり、それぞれ約2週間、皮膚病学に関連する専門分野で派遣されている（付属資料4参照）。

(2) 研修員の受入れ

2006年8月時点での研修員受入れ人数は計5人で、詳細は付属資料5に示したとおりである。

(3) 機材供与

2004年度に検査機器であるSkin Visiometer (2,495,395円)、2005年度にレーザー機器であるCO₂ Laser (6,235,193円) が供与されている。

(4) DCD運営経費（第三国研修経費）

DCDの運営に関する日本側（JICA）の投入は、以下のとおりである。

2004年度	3,551,416タイ・パーツ
2005年度	2,959,377タイ・パーツ

3-1-2 タイ側の投入実績

(1) C/P

2006年8月時点で、IODの皮膚科医10人がC/Pとして、日本人専門家とともにDCDの運営に携わっている。

(2) 施設、機材の提供

IODの講義施設や設備・機材を利用して、C/Pが運営している。

(3) DCD運営経費（第三国研修経費）

DCDの運営に関するタイ側（TICA）の投入は、以下のとおりである。

2004年度	2,534,318タイ・パーツ
2005年度	2,504,644タイ・パーツ

3-2 成果の達成度

プロジェクトの想定する3つの成果について、PDMで設定された指標をもとにその達成度を示す。その際に利用するのは、R/Dに記載されているPDM（以下、「PDM0」と記す／付属資料1のAttachment1）を2005年4月に改定したPDM（以下、「PDM1」と記す）である。R/Dに記載されている当初のPDM0に関しては、付属資料6の評価グリッドにおいてPDM1とともに検証を行った。

成果の達成度に関して特徴的な点は、IODを含む関係機関が、DCDの実施・運営に関連する成果1

に注力しており、成果1の達成度が高い点である。一方で、成果2、成果3の達成度は芳しくなく、今後、力を入れていく必要がある。

(1) 成果1

成果1	研修参加者が皮膚病学分野での高等知識・技術を得る。
指標	1-1. コース内容に満足している研修参加者の割合。 1-2. ディプロマを取得した研修参加者の割合。 1-3. 全ての研修参加者が試験において平均60%以上の点数を取る。

成果1を測る3つの指標からは、研修参加者がDCDでの学習を通して、皮膚病分野での高等知識・技術を得ていることがわかる。例えば、DCDでは、修了に際し、研修参加者によるコース評価を実施しているが、その評価結果によると、第21回DCD（2004年5月から2005年3月）、第22回DCD（2005年5月から2006年3月）の研修参加者による評価では、それぞれ93%、79%の研修参加者が、本コースを「よく計画されている（well planned）」と回答している（IODでは、満足度を測るものとしてこの値を採用）。（指標1-1）

また、第21回DCDにおいては29人全員がディプロマを取得しており、第22回DCDにおいては、29人中28人が取得している。第22回コースにおいては、ラオスからの参加者1人が、筆記試験後の最終口頭試験で合格点に届かず、DCDを取得するに至らなかった。（指標1-2）

加えて、IOD作成のコースレポートによると、第21回DCDでは29人中25人（86%）が、第22回のDCDでは29人中26人（89%）が、平均60%以上の点数を取得している。（指標1-3）

これらの指標から、成果1の達成度はきわめて高いといえる。指標1-3に関しては、すべての研修参加者が試験において平均60%以上の点数を取るとなっているが、試験結果は多分に研修参加者個々人の能力とやる気に左右されるため、100%を達成することは難しいと考えられ、第21回86%、第22回89%も、成果1の達成を表すのに十分に高い数字と考えられる。

(2) 成果2

成果2	研修修了者が学習を継続し、アジア・太平洋地域における皮膚病学の学術協力を強化する。
指標	2-1. 皮膚病学分野のさらなる研究をIODに提出する研修参加者の割合。 2-2. 60%以上の研修修了者がニューズレターを受け取る。

「学習の継続」の指標に関しては、IODが提供するサブ・スペシャリティーを強化する1か月間のフェローシッププログラム（Fellowship Programs）と呼ばれる研修や研修医コース（Residency Course）への参加者の数から算出されている。IODの資料によれば、過去3年間の参加者は表3-1のとおりである。IODでは、この参加者の割合の目標を全参加者の10%においており、その目標は達成されている。21回、22回のコースはDCD修了から間もないこともあり、現在の数は少ないが、今後、その数は増加することが予想される。

表 3-1 IODの研修コースに参加しているDCD研修修了者の数

	20 DCD	21 DCD	22 DCD
DCD参加者総数	24	29	29
うちFellowship Programs等への参加者数	12	5	6
うちFellowship Programs等への参加者の割合(%)	50.0	17.2	20.6

「学術協力の強化」に関しては、実質的な成果を上げるに至っていない。ニューズレターの配布が指標となっており、実際、研修コース修了に際し、研修修了者全員にニューズレターを配布しているため、その意味では全員が一度は受け取っているといえる。しかしながら、「研修修了者対象アンケート」によると、ニューズレターを受け取ったことがあると答えた研修修了者の数は11人であり（有効回答数55件）、帰国後、継続してニューズレターを受け取っている研修修了者の割合は小さく、この指標が真に達成されているとはいいがたい。

いずれにせよ、研修修了者による「アジア・太平洋地域における皮膚病学の学術協力」とは具体的にどのようなものを指すのか、「学術協力」がニューズレターの定期刊行のみで測れるものなのか、関係者で内容を再検討し、それに基づいて指標を作りなおすことが必要である。

(3) 成果 3

成果 3	皮膚病学研究所の持続的に研修コースを運営する能力が向上する。
指標	3-1. 研修コースで講義を行うC/P研修を受けたC/Pの数が年々増加する。 3-2. 日本人講師、あるいは日本人講師が担当する講義分野が減少する。 3-3. 自費による参加者が年々増加する。

成果 1 に比して、成果 3 の進捗は芳しくなく、日本人専門家、C/Pへのインタビューでは、日本人講師に伍して基礎医学分野の講義を行える人材の育成には時間がかかるという意見が主流であった。

一方で、成果 3 の指標を見てみると、どの指標も一応の改善傾向を示している。指標 3-1 に関しては、実際、C/P研修を受けた 5 人のうち、4 人まではC/P研修以前から熱心に講師を務めてきており、残り 1 人は、2006年 8 月末に帰国し次第、第23回DCD（2006年 5 月～2007年 3 月）で講義を行う予定である。指標 3-2 の日本人講師の人数は、2004年度の第21回コースに派遣された専門家の数は 9 人、2005年度の第22回コースに派遣された専門家の数は 8 人と減少傾向にある。指標 3-3 の「自費による研修参加者が年々増加する」に関しては、表 3-2 のとおり増加傾向にあることが見てとれる。

表 3-2 私費参加者数

	私費参加者			私費応募者		
	タイ人	外国人	合計	タイ人	外国人	合計
第21回DCD	4	6	10	34	16	50
第22回DCD	5	6	11	37	12	49
第23回DCD	7	10	17	45	16	61

指標は改善傾向を示しているものの、これだけではIODの能力が向上したとはいえ、実際に重要な点は、基礎医学分野での人材育成を含む長期的な人材育成であると考えられる。基礎医学分野での能力向上には、機材や設備の整ったラボでの研究を継続することが必要であり、この分野の能力を短期間で向上させることは難しい。成果3に関する活動を見直し、より適切な指標を設定する必要がある。

3-3 プロジェクト目標の達成見込み

(1) プロジェクト目標1

プロジェクト 目標1	アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識が向上する。
指標	1-1. 本コースが自身の技術向上に役立っていることを認識している研修参加者の割合。 1-2. 本コースが部下の技術向上に役立っていることを認識している研修修了者の上司の割合。

「研修修了者対象アンケート」では、下記のとおり、多くの研修修了者が、本コースは技術向上に役立ったと認識している²。(指標1-1)

表3-3 DCDの貢献度合い

1	ほとんど貢献していない	1
2	ある程度は貢献している	3
3	かなりの程度貢献している	20
4	大いに貢献している	34
	合計	58

DCDを修了後、所属先を変更している研修修了者もいることが予想されたこともあり、今回研修修了者の上司を対象としたアンケート調査は実施していない。20を超える国に点在する多くの研修修了者を対象にアンケートを実施することだけでも非常に困難なことを考えると、上司へのアンケート調査を必要とする本指標の変更を検討する必要もあろう。

「研修修了者対象アンケート」では、研修終了後のキャリアパスについても質問をしており、その回答からは、多くの研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。このことは、1984年から第三国研修として始まった10か月間のDCDが、アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識の向上に役立ってきたことを示している(活躍の詳細例は、付属資料6. 評価グリッド参照)。このように、指標1-1や研修修了者の活躍を考えると、プロジェクト目標1の達成の見込みは高いといえるであろう。

² 質問文(英文)は次のとおりである。

“How do you evaluate the extent to which this course has contributed to your upgrading of techniques and knowledge?”

(2) プロジェクト目標 2

プロジェクト 目標 2	皮膚病学研究所がアジア・太平洋地域における研修・サービスの適切な最新技術を発展させることができる。
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プロジェクト目標 2 を測る指標が設定されておらず、今後、指標に基づいたモニタリング・評価を実施するためにも、早急に指標を設定することが必要である。本中間評価においては、日本人専門家に対するアンケートの結果や、IOD スタッフに対するインタビューの結果をもとに、目標 2 の達成度を検討する。

日本人専門家、IOD スタッフともに、プロジェクト目標 2 の達成のためには、IOD スタッフの能力強化が不可欠であるが、IOD スタッフの能力はいまだ不十分であり、目標達成の見込みは低いとの認識であった。日本人専門家だけでなく、IOD のスタッフ自らが、IOD スタッフを含むタイ人医師は臨床経験は豊富だが、基礎医学分野は弱いことを認識している。基礎医学の研究には、十分な機材と設備の整ったラボが必要であり、能力強化は一朝一夕に進まない。基礎医学分野での能力向上をめざした日本への留学が、1960年代頃より行われてきているが、日本に留学したIOD スタッフ12人のうち、現在もIODに残っているのは4人（医師2人、技術者2人）のみという状況にある。2004年に技術協力プロジェクトとなったあとは、能力不足を補うべく、現在までに5人の医師を3か月のC/P研修に派遣した。今後は、C/P研修を受けた医師が中心となり、IODのスタッフの能力強化を進めていくことが望まれる。

3-4 上位目標の達成見込み

上位目標	皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する。
指標	1. 習得した技術・知識をコースに活用する研修修了者の割合。 2. 研修修了者から、何らかの技術移転を受けた人の数。

「研修修了者対象アンケート」からは、研修修了者の多くが、自国において皮膚病学の分野で活躍を続け、積極的に技術移転を行っていることが明らかになった。一方で、プロジェクト期間に限ってみれば、その知識をDCDのために活用している研修修了者、すなわちDCDで講義を担当している研修修了者はいない。2004年以前にDCDを受講した研修修了者も含めると、第5回DCDのタイ人卒業生で現在IOD職員の医師1人、第12回DCDのタイ人研修修了者で、現チェンマイ大学の職員1人が、DCDで講義を行っているとのことであった。（指標1）

同じく、「研修修了者対象アンケート」によれば、回答者全員（有効回答数58）が、現在も皮膚病学分野での仕事を続け、習得した技術・知識を日常の業務で活用していると答えている。うち44人は、第三者への技術移転を行っていると回答しており、その方法としては、以下のとおりである。

表 3-4 技術移転の方法（複数回答質問）

大学での講義を通じて	28
セミナーやワークショップを通じて	21
職場での交流を通じて	33
学術誌への論文掲載を通じて	14

日常業務を通しての技術移転のほかに、大学医学部での講義、セミナーでの発表や論文発表など、多くの方法で技術移転が活発に行われてきたことがわかった。このように、現在まで、研修修了者から技術移転を受けた人の数はきわめて大きいと考えられる。今後も、同様に多くの人が、研修参加者から、彼らが習得した技術や知識の移転を受けることが予想される。（指標 2）

指標 1 からは上位目標達成の見込みが低いという、また、指標 2 からは達成の見込みが高いという正反対の達成見込みが結論付けられるという状況であり、指標を見直すとともに、「皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する。」とは具体的にどういうことを指すのか、関係者でイメージの共有化が必要であると思われる。

3-5 実施のプロセス

実施プロセスの検証からは、成果 1 に関連する活動、すなわち DCD の実施・運営に関する活動は、円滑に行われていることがわかった。DCD では、研修参加者へのアンケートによりコース全体が評価されており、コースの質のモニタリングも、適宜行われているといえる。一方で、プロジェクト全体としてみた場合、成果 2、成果 3 に関連する活動の実施体制やモニタリングには、改善の余地があることがわかった。成果 3 の「皮膚病学研究所の持続的に研修コースを運営する能力が向上する。」に関連し、少しでも人材育成に資するために、専門を同じくする C/P と日本人専門家間のより密な関係が望まれる。成果 2、成果 3 に共通していえることは、それぞれの活動に関し担当者を明確にした実施計画表を作成し、活動の実施・モニタリングを確実にを行う必要があるという点である。

第4章 評価結果

4-1 評価5項目による評価結果

4-1-1 妥当性

本中間評価に際して実施した、JICA事務所を通じての参加国の保健省への聞き取り調査、第23回研修参加者を対象にしたFGDでの聞き取り調査からは、多くの参加国において、皮膚科医の育成は重要な課題であり、DCDへの期待が非常に大きいことが確認された。DCDのプライオリティーが高い理由としては、保健分野において皮膚病のプライオリティーが高いというよりは、皮膚科医が非常に少なく、皮膚科医を育成する機関が自国内にないことが主な理由といえる。実際、これらの地域では、ハンセン病、皮膚結核、性感染症、HIV/AIDSに伴う皮膚疾患まで考慮にいと、皮膚病患者の数は少なくとも全患者数の15～20%を占めると考えられており、皮膚科医育成への潜在的ニーズは高い。保健省医療サービス局のチャトリ局長へのインタビューからは、本DCDが同局の戦略的プログラムの一つとして認定されていることがわかった。これらの点より、本プロジェクトの妥当性は高いといえる。

4-1-2 有効性

DCDが円滑に運営されており、成果1の進捗は順調である点、また、その成果1の貢献により、プロジェクト目標1の達成見込みはきわめて高いことなどより、プロジェクト目標1に関する限り有効性は高いと判断できる。一方で、成果2、3に関しては、明確な成果のイメージの共有や的確な指標の設定がなされておらず、その達成度合いが非常に低いため、成果がプロジェクト目標を達成するために十分であったかどうかという有効性を検討できる状態にない。

4-1-3 効率性

主な投入は、短期専門家派遣、C/P研修、機材供与であるが、どの投入も十分に活用されており、効率性は高いといえる。日本人専門家の投入に関しては、IOD職員、研修参加者から高く評価されており、タイ人講師が臨床に関する指導を、日本人専門家が基礎医学に関する指導を担当するというコースカリキュラムは、DCDの質の向上に大いに貢献している。日本人専門家は、研修終了後の参加者による評価で個別に評価されているが、総じてその評価は高い。C/P研修は、3か月と短期間であるが、短期間でできるだけ事柄が学べるようにと、受入れ機関と受入れ専門家がC/P研修員と話し合っ、効率のよい研修が行われているということであった。研修に参加した4人全員にインタビューをしたが、概して、その満足度は高かった（プロジェクト開始以降派遣されている5人のうち1人は中間評価後の8月下旬に帰国予定）。うち2人は、供与（予定）機材の使用方法等についても、C/P研修期間中に学んでおり、C/P研修は機材投入の効率性の確保にも貢献しているといえる。投入機材の使用頻度は高く、使用状態も良好である。

4-1-4 インパクト

インパクトの発現には時間がかかるため、通常、中間評価時点では計測は難しいが、本DCDは、2004年から技術協力プロジェクトとして実施される以前に、第三国研修として1984年から行われており、研修修了者は26か国からの550人以上に及ぶため、その研修修了者を対象にしたアンケート結果をもとにプロジェクトのインパクトを検証する。「研修修了者対象アンケート」では、研修終了後

のキャリアパスについても質問をしており、その回答からは、多くの研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。セミナーでの発表、論文発表などを通して、それぞれの国において皮膚病学の発展に貢献していることが推測される。実際、所属病院においてハンセン病・皮膚病科を立ち上げたフィリピンの第11回研修修了者は、同国のハンセン病に関するガイドラインを執筆している。このように、今後も、研修修了者は、自国において皮膚病学分野の中心的存在として活躍を続けることが予想され、その波及効果・インパクトは大きいことが予想される。

4-1-5 自立発展性

インパクトと同様、通常、中間評価時点での自立発展性の評価は難しいが、DCD自体は20年以上続いている点を考慮し、プロジェクトの自立発展性を検証する。IOD職員が70%以上の748時間に及ぶ講義・実習を担当し、研修参加者の指導にあたっている事実を考えれば、IODは研修を継続するだけの力をつけつつあることがわかる。実際の講義担当時間だけでなく、コースカリキュラムの立案、外部講師への講義依頼、コースの実施・運営と、そのほとんどをIOD職員自らが行っており、研修運営能力は高いといえる。しかしながら、懸案は、基礎医学に強い外国人専門家の投入なしに、タイ人医師だけで、DCDカリキュラムのすべてを実施することがきわめて難しいという点である。基礎医学分野での能力向上には、機材や設備の整ったラボでの研究を継続することが必要であり、この分野の能力を短期間で向上させることは難しいため、今後も、日本人専門家を含む、外国人専門家の最低限の投入が必要な状況が続くことが予想される。私費研修参加者の数を増やすなどの予算確保を含む対策も取る必要があるだろう。

4-2 結論

IODはじめ関係者の努力下、DCDは滞りなく円滑に実施・運営されており、現在までに多くの研修修了者を輩出している。研修修了者がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることも明らかとなっており、地域の皮膚病学発展に対するDCDの貢献は大きいといえる。本プロジェクトは、IODのキャパシティの向上を通じて、このDCDが地域の皮膚病学発展に貢献し続けることをめざしたものである。実際、IODはDCDを安定的に運営するだけの力をつけつつあることがわかる。一方で、タイ人講師だけでは基礎医学分野の講義を行うことが難しい点、また、プロジェクト期間中に基礎医学分野の知識・技術を向上させることは難しいことが明らかとなった。このような状況を踏まえ、より現実的なIODキャパシティ向上とネットワーク化に焦点をあてた成果を追加した新しいPDMが作成された。今後、この新しいPDMの実施を通して、プロジェクト目標を達成し、DCDの効果を持続させるため、関係者の更なる努力が期待される。

第5章 提 言

- (1) 改定されたPDMに基づき、IODは活動計画表（Plan of Operation : PO）を作成し、それぞれの活動と担当者を明確にし、適切なプロジェクト運営を行う。
- (2) 改定されたPDMにあるIOD講師の能力向上のため、IODは日本人専門家に対応するC/Pを指名し、日本人専門家は以下の技術指導を行う。
 - 1) タイ側C/Pに教授法の指導を行う。
 - 2) C/Pに講義内容と学術活動に関する面談・指導を行う。
 - 3) 症例検討の技術的指導を行う。これに伴い、R/Dに記載の専門家の業務内容に、上記1)～3)を追加することを提言する。プロジェクト目標を達成し、DCDが地域の皮膚病学の発展に貢献し続けるために必要不可欠であれば、必要な数と分野の短期専門家を派遣する。
- (3) 改定されたPDMの成果4「研修修了者に経験と情報の共有を行う機会を皮膚病学研究所が提供する。」に関連して、IODがタイ国内の研修修了者だけでなく他国の研修修了者も招いて国際セミナー・ワークショップを開催する。

第6章 協議結果

今回の中間評価の結果を踏まえ、PDMの改定を行うとともに、専門家の業務内容・分野・人数の変更を行うこととした。以下2点はR/Dの改定に該当するため、ミニッツで確認を行った。

(1) PDMの改定

R/Dに添付されたPDM0、2005年に関係者間で協議されたPDM1をレビューし、今回の中間評価の結果に基づいて、改定版PDM2（以下、「PDM2」と記す／付属資料1のAttachment3参照）を作成した。主な改定のポイントは以下のとおり。

1) 上位目標

IODの組織としてのVisionに合わせて、「皮膚病学研究所がアジア地域の学術機関の指導的役割を果たし、タイ国内で指導者となる。」とした。

2) プロジェクト目標

プロジェクト目標2の「皮膚病学研究所がアジア太平洋地域の研修・サービスのために適切で最新の技術を開発できるようになる。」を、意味を明確にするため、「皮膚病学研究所が適切で最新の研修を提供するためのキャパシティを強化する。」に改定した。

3) PDM0の成果2「研修修了者が科学的知識を広げるために自学自習を継続する。」、成果3「研修修了者が知識・技術を広げ、この地域で皮膚病学の科学的協力を強化する。」は、PDM1の成果2「研修修了者が自習を継続し、皮膚病学の科学的協力を強化する。」に統合されたが、今回のPDM2で「皮膚病学研究所が、研修修了者に経験と情報を共有する機会を提供する。」に改定された。理由としては以下2点があげられる。すなわち、①指標の一つであった「一定割合の研修修了者がその後皮膚病学研究所でさらに勉強を続ける。」で測った場合、ある一定の効果はみえるが、PDM1の成果2のイメージが関係者間で共有されていないために、実質的な成果をあげられなかった。IODが主体的に実施する活動によって、研修修了者の経験と知識を共有することが重要であり、この点をPDM2で明確にした。

4) PDM0の成果4「コースを持続的に運営する皮膚病学研究所の能力が改善される。」は、評価の結果十分ではないことが明らかとなったため、IODの能力を個人と組織の両面から強化することとし、PDM2では成果2「皮膚病学研究所講師の能力が改善される。」（個人）、成果3「コース運営が改善される」（組織）と2つに分けた。

5) 活動と指標を、上記及び皮膚病学研究所の現状を踏まえて改定した。

(2) 専門家の業務内容

中間評価では、「PDM2の皮膚病学研究所講師の能力向上のため、皮膚病学研究所は日本人専門家に対応するC/Pを指名し、日本人専門家は次の技術指導を行う。①タイ側C/Pに教授法の指導を行う、②C/Pに講義内容と学術活動に関する面談を行う、③症例検討の技術的指導を行う。」ことが提言されている。

これに伴い、R/Dに記載の専門家の業務内容に、上記①～③を追加する。

また、プロジェクト目標を達成しDCDの効果を持続するために不可欠であれば、必要な数と分野の短期専門家を派遣する。

IOD側から要望のあった2007年度の短期専門家の要望分野は次のとおり。①生化学、②免疫皮

膚病学、③分子皮膚病学、④レーザー外科、⑤生命工学、⑥光線皮膚病学、⑦口頭試問。

注：R/Dに記載の招聘国に関し、招聘国以外の私費参加の応募があった場合、IODはTICAと日本側に参考までにそれを知らせる。

第7章 総括（団長所感）

タイでプロジェクトを行う際によく頭によぎることであるが、プライマリーヘルスケアの優等生であるこの国に、何故、そして何を、日本が技術提供できるのであろうかと考え込むことがある。しかし、じっくりとこの国の状況を見てみると、医師数が足りないなど様々な問題点が見えてくる。要するに、プライマリーヘルスケアということで、その時点、その時点でその国に存在するリソースを最大限有効に活用するという理念のもとで行ってきたものの、人材育成という時間がかかる事業は若干先送りにされてきた感があるため、表向きは何の問題もないようにしていろいろな事業が展開されているが、地方に行くと十分な医療サービスを受けられないなどの多くの課題が出てきているというのが現状のようである。

今回のタイ国皮膚病学プロジェクトにおいても、研修はよく運営されている一方、課題も多く認められた。研修修了者の評価を聞いて私費でも参加する価値があると知って私費参加してきている参加者がいることは驚きにも値し、IODの研修実施能力は着実に向上しつつあるといえる。しかしながら、今回の中間評価で詳細に見てみると、IODの研修運営管理には改善の余地があること、また、基礎医学の分野においてはIOD講師陣の能力が不十分であるなど、多くの課題を有していることが明らかとなった。

今回の調査から、IODの運営管理能力の向上に向けて、日本からの投入の充実も含め、能力強化に向けた活動を充実する方向でPDMの改定などを行った。なお、PDMの改定にあたっては、①最新の知識と情報、②それぞれの国に適した研修であること、③IOD職員の能力向上、④IODの運営管理能力の向上、⑤知識や技術に関するネットワークの構築、といった項目をキーワードとして、改定を行った。

IODの運営管理能力及び職員の能力の向上の点では、研修内容の評価の充実に関して、症例検討会の充実などを通して、日本人専門家による指導体制を充実することとした。研修修了者たちのネットワークが私費参加者を増加させていることから、IODでの研修終了後も新たな技術や情報をIODが提供していくことができるようなネットワークの構築をめざし、その基盤づくりのための国際セミナーやワークショップの開催をJICAとしても支援していくこととした。

これらの活動を通して、IODの機能の充実と自立発展性の確保が期待されるものと考えている。しかし、IODの職員の転職も多いことから、職員の動き次第では将来像に陰りが出てくることも否めないところであり、今後のIODの機能が充実発展していくかについては、注意深く観察していく必要がある。

付 属 資 料

1. ミニッツ・合同評価報告書
2. 中間評価の調査計画・質問票
3. 質問票の結果の要約
4. 専門家派遣実績
5. 研修員受入れ実績
6. 評価グリッド

1. ミニッツ・合同評価報告書

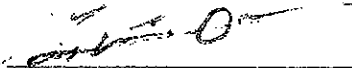
MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF THAILAND
ON JAPANESE TECHNICAL COOPERATION PROJECT
ON THE DIPLOMA COURSE IN DERMATOLOGY

The Japanese Mid-term Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Kishio ONO, visited the Kingdom of Thailand from August 6 to 18, 2006. The purpose of the Team was to monitor the activities and evaluate the achievements made so far in the Project on the Diploma Course in Dermatology (hereinafter referred to as "the Project").

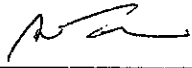
During its stay, both the Team and authorities concerned of the Kingdom of Thailand (hereinafter referred to as "both sides") had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and evaluated the achievement based on the Record of Discussions signed on December 31, 2003 (hereinafter referred to as "R/D") and the Project Design Matrix (hereinafter referred to as "PDM").

As a result of the discussions, both sides agreed to the matters referred to in the documents attached hereto.

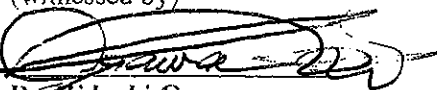
Bangkok, August 18, 2006



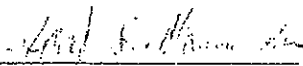
Dr. Kishio Ono
Leader
The Mid-term Evaluation Study Team
Japan International Cooperation Agency
Japan



Dr. Suravit Techathuvanan
Deputy Director General
Department of Medical Services
Ministry of Public Health
Kingdom of Thailand

(witnessed by)


Dr. Hideoki Ogawa
Japanese Chief Organizer for the Project
President
Juntendo University
Japan



Dr. Jirot Sindhvananda
Director
Institute of Dermatology
Ministry of Public Health
Kingdom of Thailand

THE ATTACHED DOCUMENT

The agreed result of joint monitoring and mid-term evaluation of the Project is attached in this document as Joint Mid-term Evaluation Report (see Attachment 4). As a result of the mid-term evaluation, both sides agreed the amendment of R/D as follows;

1. Amendment of the Project Design Matrix (hereinafter referred to as "PDM")

In view of the progress of the Project, the PDM which is given in ANNEX I of the R/D (hereinafter referred to as "PDM0", see Attachment 1) was substantially revised as PDM1 shown in Attachment 2 in 2005 by discussions among related organizations. In order to achieve the project purposes in the remaining cooperation period as referred to in the Conclusion of the Joint Mid-term Evaluation, PDM 2 is formulated as shown in Attachment 3 of this document on this occasion. The main points are as follows;

(1) Overall goal is revised, in accordance with the Vision of the Institute of Dermatology (hereinafter referred to as 'IOD'): 'To become a leading academic institution in the field of dermatology in the Asia region and a leader in Thailand by the Year 2010,' as follows;

'The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in the Asia region and a leader in Thailand.'

(2) The second Project Purpose 'The Institute of Dermatology will enable to develop a suitable updated technology for training and service for Asia and Pacific Region.' in PDM0 was revised as 'The Institute of Dermatology enhances capacity to organize suitable and updated training.' in order to clarify the meaning.

(3) Output 2 'Ex-participants have continue learning by themselves in order to broaden scientific knowledge.' and Output 3 'Ex-participants diffuse or exchange acquired knowledge and skills and strengthen the scientific cooperation in dermatology in this region.' in PDM0 were integrated into Output 2 'Ex-participants have continue learning and strengthen the scientific cooperation in dermatology in this field.' in PDM1. It is revised as Output 4 'IOD provides ex-participants with opportunities to exchange experiences and information,' for the following reasons;

(a) According to the Mid-term Evaluation, although a certain percentage of ex-participants participated in other IOD courses such as one-month sub-specialty training course and the residency course, Output 2 in PDM1 could not produce

substantial output yet mainly due to the fact that the image of this output is not shared well among stakeholders.

(b) It is important to share experiences and information of ex-participants and IOD by activities of IOD. The Output is revised to clarify this image.

(4) Output 4 'Capacity of the Institute of Dermatology to sustainably manage the Course is improved.' in PDM0 (it was Output 3 in PDM1) is amended as follows;

Output 2: Capacity of the IOD lecturers of the Course is improved.

Output 3: Capacity of the course management is improved.

According to the Mid-term Evaluation, improvement of capacity of IOD is not enough. The reason for the amendment of this Output is that, in order to achieve the Project Purposes, the capacity of IOD should be strengthened from both individual side and institutional side. The former is expressed in Output 2 in PDM2, in view of capacity of lecturers as an individual. The latter is expressed in Output 3 in PDM2, in view of capacity of IOD to manage the course as a whole institute.

(5) Activities and indicators

Activities and indicators in PDM2 are formulated in view of the present situation of IOD.

2. Amendment of the Tentative Terms of Reference of Japanese Experts

To achieve Output 2 in PDM2 under the present situation of IOD, the following is included in Recommendations of the mid-term evaluation;

“In order to enhance the capacity of IOD lecturer written in the PDM2, IOD should assign counterparts correspondent to Japanese experts, and Japanese experts provide their technical expertise in the following areas;

- 1) Provide technical advice on teaching methodology to Thai counterparts
- 2) Consult with counterparts regarding contents of lectures and other academic activities
- 3) Provide technical advice to case conferences”

In accordance with this, following activities are added to the Job Description of short-term experts of the field other than Oral Examination shown in ANNEX IV 'Tentative Terms of Reference of Japanese Experts.' of the R/D;

- 1) Provide technical advice on teaching methodology to Thai Counterparts

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- 2) Consult with counterparts regarding contents of lectures and other academic activities
- 3) Provide technical advice to case conferences

If it is indispensable in order to reach the project purposes and sustain the contribution of Diploma Course in Dermatology, as referred to in the Conclusion of the Joint Evaluation Report, necessary numbers and fields of short-term experts will be dispatched.

IOD requested the following fields of short-term experts for JFY 2007;

- Biochemistry
- Immunodermatology
- Molecular dermatology
- Laser Surgery
- Bioengineering
- Photobiology
- Oral Examination

Remarks: In relation to the Item 6 'INVITED COUNTRIES' of ANNEX III 'THIRD COUNTRY TRAINING' of the R/D, if there is an application for self-funded (private) participants from countries other than those described in the above Item 6, IOD is recommended to inform Thailand International Development Cooperation Agency and the Japanese side of it for reference.

Attachment 1: PDM0

Attachment 2: PDM1

Attachment 3: PDM2

Attachment 4: Joint Mid-term Evaluation Report

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Below it, the initials "HO" are written in a larger font.
To the left of "HO", there are smaller handwritten marks, possibly initials.

Project Name: Diploma Course in Dermatology
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Project Master Plan (Project Design Matrix)

Ver.No. PDMD (Nov. 2003)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
OVERALL GOAL The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand	<ul style="list-style-type: none"> Percentage of ex-participants who apply the acquired knowledge/ techniques to the course Number of persons benefited from formal/non-formal trainings by the ex-participants of the course 	<ul style="list-style-type: none"> Evaluation Study - ditto - 	
PROJECT PURPOSE Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. The Institute of Dermatology will enable to develop a suitable updated technology for training and service for Asia and Pacific Region	<ul style="list-style-type: none"> Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades. Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades. 	<ul style="list-style-type: none"> Evaluation Study - ditto - 	<ul style="list-style-type: none"> Demand for dermatologists exist in the beneficiary countries. Relevant governments do not reduce the priority of dermatology and projects
OUTPUTS 1 Trainees acquire advanced knowledge and skill to work as dermatologist in respective countries. 2 Ex-Participants have continue learning by themselves in order to broaden scientific knowledge. 3 Ex-Participants diffuse or exchange acquired knowledge and skills and strengthen the scientific cooperation in dermatology in this region. 4 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.	1-1 Percentage of students satisfied with the content of the Course 1-2 Percentage of Course participants granted with the Diploma course in Dermatology 1-3 All the Course participants scores average 80% and above in the tests during the Course 2-1 Percentage of course participants each year who submitted a study of dermatology in respective countries 3-1 Ex-participants are active in disseminating their knowledge 3-2 Number of countries which has Alumni Association, or organise some activities among ex-participants of the Course 3-3 60% of ex-participants was received the newsletter for Alumni Association 3-4 40% of ex-participants join the activities of Alumni Association in Thailand 4-1 Number of participants in the long-term study programme and in the C/P training programme who performs as lecturers in the Course is increased annually 4-2 Number of ex-participants of the Course invited to perform as Lectures in the Course is increased 4-3 Number of lecturers from relevant Thai institutions participated in the Course 4-4 Number of Japanese lecturers per course is decreased 4-5 Percentage of costs (excluding costs for Japanese experts and for students enrolled in long-term study programme) expended by Japanese ODA sources is decreased to 50%.	<ul style="list-style-type: none"> Course Report from institute - ditto - - ditto - Reports from The Institute Reports from the Alumni Association - ditto - - ditto - - ditto - Reports from the Institute/Evaluation Study - ditto - - ditto - Reports from JICA Hqs./the Institute Reports from JICA Hqs./Evaluation Study 	<ul style="list-style-type: none"> Participants of the Course continue to pursue their career in the field of Dermatology.
ACTIVITIES (IOD) 1-1 Formulate course curriculum. 1-2 Prepare teaching materials, laboratory and facilities 1-3 Assign an adequate number of staff as lecturers/instructors for the Course. 1-4 Teaching and guide trainees 1-5 Evaluate participants' achievement, course content, curriculum and administrative performance. 1-6 Improve curriculum based on the results of the follow-up and relevant governments (IOD) 2-1 The Institute provide necessary resources for the participants to conduct the study. (IOD) 3-1 Update the data base of ex-participants or alumni member 3-2 Distribute questionnaires for follow-up and update ex-participants in each countries 3-3 Encourage ex-participants to be active in exchanging news of Dermatology Technology joint activities (Japanese side and Thai side) 3-4 Conduct short conference, workshop, seminar in Thailand 4-1 Assign Thai counterpart/Thai lecturer for training in Japan 4-2 The Institute to invite qualified ex-participants of the Course as lecturers. 4-3 The Institute to invite adequate lecturers from relevant Thai institutions 4-4 Necessary equipment for the course is installed	INPUTS Japanese Side 1 Personnel a) Short term experts upon necessity 2 Counterpart training in Japan 3 Provision of Equipment As the necessary required 4 Course Cost a) Excluded the running expenses b) 4,575,492 Baht for the Year 2004 For the Year 2005 and later JICA shall reduce the cost annually. 14 participants for JFY2004 12 participants for JFY 2005 10 participants for JFY 2006 8 participants for JFY 2007 6 participants for JFY 2008 Thai Side 1 Personnel - administrative staff - course instructors/lecturers 2 Provision of Training Facilities 3 Provision of Equipment All the necessary items 4 Course Cost a) Running expenses of IOD b) 2,196,928 Baht for the Year 2004 For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses. 7 participants for JFY 2004 6 participants for JFY 2005 5 participants for JFY 2006 4 participants for JFY 2007 3 participants for JFY 2008 c) IOD shall make effort to cover as much as possible of training expenses d) IOD shall increase the number of self funded participants at least 3 persons/year	<ul style="list-style-type: none"> Demand for the Course remain adequate in selected 16 countries Selected Alumni of the Course are able to co-operate with the Institute Selected Alumni of the Course are trained in the PhD in dermatology through Long-term Study Programme in Japan. Participants' ability and willingness to learn remains high throughout the Course 	PRECONDITIONS Thailand Governmental Reform

(Attachment 1)

Project Name: Diploma Course in Dermatology

Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok

Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology

Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Ver.No PDM1 (April 2005)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<p>OVERALL GOAL The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand</p>	<ul style="list-style-type: none"> - Percentage of ex-participants who apply the aquired knowledge/ techniques to the course - Number of persons benefitted from formal/non-formal tranings by the ex-participants of the course 	<ul style="list-style-type: none"> - Evaluation Study - ~ ditto ~ 	
<p>PROJECT PURPOSE Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. The Institute of Dermatology will enable to develop a suitable updated technology for training and service for Asia and Pacific Region.</p>	<ul style="list-style-type: none"> - Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades. - Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades. 	<ul style="list-style-type: none"> - Evaluation Study - ~ ditto ~ 	<ul style="list-style-type: none"> - Demand for dermatologists exist in the beneficiary countries. - Relevant governments do not reduce the priority of dermatology and projects
<p>OUTPUTS</p> <p>1 Trainees acquire advanced knowledge and skill to work in dermatology field.</p> <p>2 Ex-Participants have continue learning and strengthen the scientific cooperation in dermatology in this region.</p> <p>3 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.</p> <p style="text-align: right;">H/O</p>	<p>1-1 Percentage of students satisfied with the content of the Course</p> <p>1-2 Percentage of Course participants granted with the Diploma course in Dermatology</p> <p>1-3 All the Course participants scores average 60% and above in the tests during the Course</p> <p>2-1 Percentage of course participants each year who submitted a further study in dermatology at IOD</p> <p>2-2 Alumni Association of IOD distributed newsletters to ex-participants.</p> <p>3-1 Number of participants in the long-term study programme and in the C/P training programme who performs as lecturers in the Course is increased annually</p> <p>3-2 Number of Japanese lecturers/fields of lecturers per course is decreased</p> <p>3-3 Number of private participants are increased</p>	<ul style="list-style-type: none"> - Course Report from Insitute - ~ ditto ~ - ~ ditto ~ - Reports from The Institute - Reports from the Alumni Association - Reports from the Institute, JICA/Evauation Study - ~ ditto ~ - Reports from the Institute 	<p>Participants of the Course continue to persue their carrier in the field of Dermatology.</p>

ACTIVITIES	INPUTS		
	Japanese Side	Thai Side	
(IOD)			
1-1 Formulate course curriculum.	1 1.Personnel	1 Personnel	- Demand for the Course remain adequate in selected 16 countries.
1-1 Prepare teaching materials, laboratory and facilities.	a)Short term experts upon necessity)	- administrative staff	- Selected Alumni of the Course are able to co-operate with the Institute.
1-3 Assign an adequate number of staff as lecturers/instructors for the Course.		- course instructors/lecturers	
1-4 Teaching and guide trainees	2 Counterpart training in Japan	2 Provision of Training Facilities	
1-5 Evaluate participants' achievement, course content, curriculum and administrative performance.			- Selected Alumni of the Course are trained in the PhD in dermatology as prospective Thai lecturers through Long-term Study Programme in Japan.
1-6 Improve curriculum based on the results of the follow-up and relevant governments	3 Provision of Equipment As the necessity required	3 Provision of Equipment All the necessary items	
2-1 The Institute provide necessary resources for the participants to conduct the studv.			
3-1 Update the data base of ex-participants or alumni member	4 Course Cost	4 Course Cost	
3-2 Provide informative of dermatology technology in Thailand by newsletter	a) Excluded the running expenses	a) Running expenses of IOD	- Participants' ability and willingness to learn remains high throughout the Course
3-3 Conduct short conference, workshop, seminar in Thailand	b)4,575,492 Baht for the Year 2004	b) 2,198,928Baht for th Year 2004	
3-4 Distribute questionnaires for follow-up and update dermatology condition in each countries	For the Year 2005 and later JICA shall	For the Year 2005 and later DTEC shall	
3-5 Encourage ex-participants to be active in Alumni Association and Dermatology technology news	reduce the cost annually.	shall make effort to cover as much as possible for training expenses	
4-1 Assign Thai counterpart/Thai lecturer for training in Japan	14 participants for JFY2004	7 participants for JFY 2004	
4-2 The Institute to invite ex-participants of the Course as lecturers.	12 participants for JFY 2005	6 participants for JFY 2005	
4-3 The Institute to invite adequate lecturers from relevant Thai institutions.	10 participants for JFY 2006	5 participants for JFY 2006	
4-4 Necessary equipment for the course is installed	8 participants for JFY 2007	4 participants for JFY 2007	
	6 participants for JFY 2008	3 participants for JFY 2008	
		c)IOD shall make effort to cover as much as possible of training expenses	
		d)IOD shall increas the number of self funded participants at least 3 persons/year	
			PRECONDITIONS
			Thailand Governmental Reform

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Project Name: Diploma Course in Dermatology

Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok

Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology

Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Ver.No PDM2 (August 2006)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
OVERALL GOAL The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand	1 Numbers of IOD academic staffs who are members of national-level committees 2 No. of references asked from other public health institutions 3 No. of lectures/presentations delivered at the invited seminars / workshops / courses in Thailand and other countries 4 No. of applicants to the residency course	- IOD documents - IOD documents - IOD documents	
PROJECT PURPOSE 1 Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. 2 The Institute of Dermatology enhance capacity to organize suitable and updated training.	1-1 75% of Course participants who acknowledge contribution of the Course to their skills upgrades. 2-1 satisfaction rate by the participants' evaluation 2-2 Number of private participants is increased at least 70% of the course capacity (Note: Full capacity is 30 persons) 2-3 No. of applicants to DCD. 2-4 No. of ex-participants who apply to other IOD courses such as fellowship programs	- Result of course evaluation - ~ ditto ~ - IOD documents - ~ ditto ~ - ~ ditto ~	- Demand for dermatologists exist in the beneficiary countries. - Relevant governments do not reduce the priority of dermatology and projects
OUTPUTS 1 Participants acquire advanced knowledge and skill to work in dermatology field. 2 Capacity of the IOD lecturers of the Course is improved. 3 Capacity of the Course management is improved. 4 IOD provides ex-participants with opportunities to exchange experiences and information.	1-1 80% of participants satisfied with the curriculum of the Course 1-2 90% of the Course participants, whose total score is 60% or above at the end of the Course, granted with Diploma of the Course. 2-1 80% of participants satisfied with each lecture by IOD lecturers 2-2 Percentage of lectures by IOD lecturers is not less than 70% of total hours. 2-3 Total numbers of studies conducted by IOD lecturers not less than 3 studies per year 3-1 70% of participants are satisfied with the course management 3-2 Number of improved items and their contents 3-3 Percentage of income from private participants increases 10% per year. 4-1 Number of ex-participants participated in seminars/ workshops/ conferences 4-2 Contents of seminars/ workshops/ conferences 4-3 Numbers of newsletters issued and uploaded on the web 4-4 Number of professional information such as abstracts of academic journals uploaded on the web	- Course report from IOD - ~ ditto ~ - Result of course evaluation - IOD documents - Reports from the research committee in IOD - Result of course evaluation - IOD documents - IOD documents - Register of attendance - IOD documents - IOD web site - IOD web site	- Participants of the Course continue to pursue their carrier in the field of Dermatology.

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(Annex 3)

ACTIVITIES	Japanese Side	INPUTS Thai Side	
1-1 Formulate course curriculum. 1-1 Prepare teaching materials, laboratory and facilities. Assign an adequate number of staff as 1-3 lecturers/instructors for the Course. 1-4 Teaching and guide trainees	1 Personnel a) Short term experts upon necessity	1 Personnel - administrative staff - course instructors/lecturers	- Demand for the Course remain adequate in selected 16 countries. - Selected Alumni of the Course are able to co-operate with the Institute.
2-1 Assign Thai counterpart/Thai lecturer for training in Japan 2-2 Necessary equipment for the course is installed Assign IOD lecturers correspondent to Japanese 2-3 experts in order to strengthen cooperation between both sides 2-4 Technological guidance from Japanese experts to IOD lectures.	2 Counterpart training in Japan 3 Provision of Equipment As the necessity required	2 Provision of Training Facilities 3 Provision of Equipment All the necessary items	- Selected Alumni of the Course are trained in the PhD in dermatology as prospective Thai lecturers through Long-term Study Programme in Japan.
3-1 Evaluate participants' achievement, course content, curriculum and administrative performance. 3-2 Improve curriculum based on the results of the evaluation 3-3 Collect information about the needs of neighbouring countries and study the course competitiveness Explore the possibility to increase foreign participants 3-4 such as by sending advertisements to MOH, medical institutions, ex-participants 3-5 Prepare and present financial statement of DCD course at JCC	4 Course Cost a) Excluded the running expenses (Baht) JFY2004: 3,551,416.00 JFY2005: 2,959,377.00 JFY2006: 2,724,456.50 For the Year 2005 and later JICA shall reduce the cost annually	4 Course Cost a) Running expenses of IOD (Baht) JFY2004: 2,534,318.00 JFY2005: 2,504,644.00 JFY2006: 2,538,021.00 For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses.	Participants' ability and willingness to learn remains high throughout the Course Number of IOD academic staffs is not decreased.
4-1 Conduct academic activities such as national and international conferences, workshops, seminars in Thailand 4-2 Distribute newsletters of Alumni Association to ex-participants by post as well as via internet (PDF) 4-3 Upload professional articles (PDF) on the web site	14 participants for JFY2004 12 participants for JFY 2005 10 participants for JFY 2006	7 participants for JFY 2004 6 participants for JFY 2005 5 participants for JFY 2006	PRECONDITIONS
	8 participants for JFY 2007 6 participants for JFY 2008	4 participants for JFY 2007 3 participants for JFY 2008 c)IOD shall make effort to cover as much as possible of training expenses d)IOD shall increase the number of self funded participants at least 3 persons/year	Thailand Governmental Reform

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(Attachment 4)

Joint Mid-term Evaluation Report
for
the Project on the Diploma Course in Dermatology

August 18, 2006

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Chapter 1 OUTLINE OF THE EVALUATION STUDY

1.1. Background of the Evaluation Study

The Institute of Dermatology (hereinafter referred to as "IOD"), the implementing agency of the Project on Diploma Course in Dermatology (hereinafter referred to as "the Project") was established in 1972 with the support by WHO, aiming to be a center for research, education and treatment in dermatology in the Asia-pacific region.

After the Royal Thai Government implemented 3 month training course from 1976 to 1983, the Royal Thai Government proposed to implement the Third Country Training Program (hereinafter referred to as "TCTP") to the Government of Japan, in order to develop the quality of the course and to invite more participants. The first Diploma Course in Dermatology (hereinafter referred to as "DCD") as the TCTP was started in March in 1984. Since then the DCD has been implemented for more than 20 years. The terminal evaluation studies for DCD were conducted every five years (in 1989, 1993, 1998, and 2003) and based on the latest terminal evaluation study in 2003, the DCD was reformed as a Technical Cooperation Project (hereinafter referred to as "TCP") and has been implemented for five years (JFY2004-2009).

The major inputs to the TCP are described in the R/D, which include 1) TCTP, 2) the Japanese short term experts, 3) equipment and 4) counterpart training to Japan.

Two years and three months have passed since the start of the TCP, the mid-term evaluation study is conducted in order to evaluate the achievement in the past two years by the five evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability) and to consider necessary measures to be taken in the next 3 years.

1.2. Objectives of the Evaluation Study

- 1) To review the progress of the Project and evaluate the achievement in accordance with the five evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability)
- 2) To draw the factors to promote/impede the effects
- 3) To consider the necessary actions to be taken and make recommendations for the Project
- 4) To revise the PDM and PO, if necessary
- 5) To summarize the result of the study in a joint evaluation report

1.3. Schedule of the Evaluation Study

Date	Schedule
Aug.6 (Sun)	Arrival of a consultant in Bangkok
Aug.7 (Mon)	Meeting with JICA
	Meeting with IOD, TICA and JICA Explanation of methodology, confirmation of schedule and discussions
Aug.8 (Tue)	Discussion with TICA (related staff)
	Discussion with JICA (related staff)
Aug.9 (Wed)	Interview with Dr.Jirot, Director, IOD
	Interview with Dr.Ratsanee, Ms.Arporn and Dr.Pranet, Dr.Phooklin, Dr.Wesarut, IOD
Aug.10 (Thu)	Interview with Dr.Patcharin, Dr.Jinda, IOD
Aug.11 (Fri)	Discussion/interview with a external Thai lecturer
	Focus group discussion with participants of 23rd (Private group and sponsor group)
	Discussion/interview with Prof.Ogawa
Aug.12 (Sat)	Draft of report
Aug.13 (Sun)	Arrival of two other members in Bangkok
	Briefing session by a consultant to the team members
	Meeting with RR of JICA Office
Aug.14 (Mon) (holiday)	Meeting with JICA Office and Embassy of Japan
	Confirmation of 1) Evaluation Grid
Aug.15 (Tue)	Courtesy call on TICA
	Discussion with IOD and TICA on the result of the evaluation
	Courtesy call on DMS
Aug.16 (Wed)	Discussion with IOD and TICA (Draft of M/M)
	Interview with Dr.Walaion
Aug.17 (Thu)	Discussion with Prof.Ogawa (Draft of M/M)
	Finalization of M/M attached with 1,2,3
Aug.18 (Fri)	JCC Meeting
	• Report of activities in JFY2005/ JFY2006
	• Discussion on plans in JFY2006/ JFY2007
	• Report of Mid-term Evaluation
	• Signing M/M
Opening Ceremony of the JFY2006 course	
Aug.19 (Sat)	Departure of team members of the evaluation study

1.4. Members of Mid-term Evaluation Team

1.4.1. Japanese side

(1) Dr. Kishio ONO (Leader)

Executive Technical Advisor to the Director General, Human Development Department
Japan International Cooperation Agency (JICA)

(2) Mr. Kenichi ITO (Cooperation Planning)

Health Personnel Development Team, Group III, Human Development Department, Japan
International Cooperation Agency (JICA)

(3) Ms. OISHI Misa (Evaluation Analysis)

Consultant, Consulting Division, IC Net Limited

1.4.2. Thai side

(1) Ms. Vitida Sivakura, Programme Officer, Countries partnership Branch

Thailand International Development Cooperation Agency (TICA)

1.5. Methodology of Evaluation

The Project was evaluated based on the Project Design Matrix (hereinafter referred to as "PDM") of this Project. The PDM is a summary table describing the outline of the Project. In view of the progress of the Project, the PDM which is given in ANNEX I of the R/D (hereinafter referred to as "PDM0", see Annex 1) was substantially revised as PDM1 shown in Annex 2005 by discussions among related organizations. The mid-term evaluation was carried out based on this PDM1.

1.5.1. Evaluation procedure

First, the Team formulated the evaluation grid which identified the specific evaluation points and the data collection methods. For the data and information collection, the Team applied various methods such as the questionnaire, the interview, the focus group discussions (FGD), and the observation of the laboratories and provided equipment on site. The Team analyzed and evaluated the Project in terms of the achievement level of the Project, the implementation process, and five evaluation criteria such as Relevance, Effectiveness, Efficiency, Impact and Sustainability. Finally, the Team made the recommendations based on the results.

1.5.2. Points for the evaluation

Achievement level and Implementation Process of the Project

The achievement level in terms of Inputs, Activities, Outputs, and Project Purpose was assessed in comparison with the Record of Discussions (hereafter referred to as "R/D"), PDM1 and other project

documents. The implementation process of the Project was also confirmed from the various viewpoints.

Evaluation Criteria

The following five evaluation criteria are applied to the project evaluation.

- (1) **Relevance:** An overall assessment of whether the project purpose and overall goal are in line with policy of both sides and with partner countries' needs.
- (2) **Effectiveness:** A measure of whether the project purpose has been achieved. This is then a question to the degree to which the outputs contribute towards achieving the intended project purpose.
- (3) **Efficiency:** A measure of the production of outputs (results) of the Project in relation to the total resource inputs.
- (4) **Impact:** The positive and negative changes, produced directly and indirectly as the result of the Project.
- (5) **Sustainability:** An overall assessment of the extent to which the positive changes achieved by the Project can be expected to last after the completion.

Chapter 2 OUTLINE OF THE PROJECT

The Project on Diploma Course in Dermatology has been carried out since May 2004 for the period of five years. The expected overall goal, project purposes and outputs written in PDM1 are as follows:

Overall Goal:

The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand

Project Purposes:

1. Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded.
2. The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and Pacific region.

Outputs:

1. Trainees acquire advanced knowledge and skill to work in dermatology field.
2. Ex-participants have continued learning and strengthen the scientific cooperation in dermatology in this region.
3. Capacity of the Institute of Dermatology to sustainably manage the Course is improved.

Chapter 3 ACHIEVEMENT AND IMPLEMENTATION PROCESS

3.1. Inputs

3.1.1. Inputs from Japanese side

In total, the Japanese side has allocated and appropriated necessary budget for the project activities and management as shown in the following table.

Unit: Thai Bhat

	JFY2004	JFY2005
Total Cost for Project Implementation	3,551,416	2,959,377

Below are the details regarding main inputs provided by JICA (all the numbers and figures below are as of mid August 2006).

(1) Dispatch of Japanese experts

As of mid August 2006, the following numbers of experts were dispatched and assigned:

- Ten (10) short-term experts (in various sub-specialties of dermatology) in JFY2004
- Nine (9) short-term experts (in various sub-specialties of dermatology) in JFY2005
- Two (2) short-term experts (in various sub-specialties of dermatology) in JFY2006

(2) Counterpart Training in Japan

As of mid August 2006, in total five doctors of IOD has been sent to three-month counterpart training in Japan to learn their sub-specialties as follows.

- Two (2) in Bioengineering
- Two (2) in Laser surgery
- One (1) in Immunodermatology

(3) Provision of equipment

Skin Visiometer and CO₂ Laser were procured and installed in IOD in JFY2004 and JFY2005 respectively.

3.1.2. Inputs from the Thai Side

In total, the Thai side has allocated and appropriated necessary budget for the project activities and management as shown in the following table.

Unit: Thai Bhat

	JFY2004	JFY2005
Total Cost for Project Implementation	2,534,318	2,504,644

3.2. Achievement of the Project

3.2.1. Outputs

Output1. “Trainees acquire advanced knowledge and skill to work in dermatology field.”

Trainees have successfully acquired advanced knowledge and skill in dermatology through the study in DCD. There are three indicators in PDM1 to measure this output, and every three indicators shows smooth implementation of the DCD. For example, according to the evaluation of 21st DCD and 22nd DCD, it became apparent that 93% and 79% of participants respectively considered the course “well planned”. Another example is that all 29 participants of 21st DCD and 28 out of all 29 participants of 22nd DCD obtained the diploma. (For details, please refer to Annex 3: Evaluation Grid.) These figures indicate that Output1 has been carried out successfully.

Output 2. “Ex-participants have continued learning and strengthen the scientific cooperation in dermatology in this region”

As for the aspect of “continuous learning”, the achievement level was measured by percentage of course participants each year who participated in other IOD courses such as one-month sub-specialty training course and the residency course. IOD sets the target of 10% for this indicator. As for ex-participants of 20th course, 12 out of 24 participated in some courses in IOD. In case of 21st DCD and 22nd DCD, these figures are 5 out of 29 and 6 out of 29. By considering the fact that 21st course and 22nd course were just finished in 2005 and 2006 respectively, more ex-participants of these courses are expected to apply for IOD courses over time.

As for another aspect of this output, “the scientific cooperation”, the Project has not produced substantial output yet. There could be many reasons, but the major reason seems to be that the image of this output is not shared well among stakeholders; thus it is imperative first to clarify the meaning of this output and then breakdown into activities. The achievement level of Output 2 , as just seen, are still limited at this stage.

Output 3. “Capacity of the Institute of Dermatology to sustainably manage the course is improved”

The implementing agency, IOD, has put great emphasis on Output1, and has been running DCD to great extent; however IOD has paid only limited attention to Output 2 and Output 3. By looking at indicators, it is difficult to conclude if capacity of IOD is enhanced. For example, one of the indicators is “number of lecturers in the C/P training programmes who performs as lecturers in the Course is increased annually”, and in fact there will be an increase of one person from 23rd DCD. Since the target number has not decided yet, it is rather difficult to conclude something from

this figure. Another indicator is “number of private participants is increased annually”, and as seen in the Annex 3: Evaluation Grid, in fact, there is a steady upward trend in this number. This upward trend may suggest the capacity development of IOD, but it is difficult to conclude something concrete from these figures. This situation without any concrete information is self-explaining that the achievement of this output is very limited at this stage.

3.2.2. Project Purposes

“Techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries are upgraded.”

According to the questionnaire survey to ex-participants¹, many respondents recognized that the course has contributed to upgrading their skills and knowledge. (For reference: the question is “*How do you evaluate the extent to which this course has contributed to your upgrading of techniques and knowledge?*”) Thirty four out of 58 respondents realized “very good contribution”, and 20 out of 58 appreciated “fairly good contribution” from DCD.

In addition, by considering that IOD has been organizing and implementing DCDs well, the achievement level of the first project purpose which is achieved through Output 1 is reasonably high at this stage.

“The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and Pacific region”

Since there is no indicator for this project purpose, it is imperative to set the appropriate indicator for this. For now, it could be projected from the achievement level of Output 3, which would mainly contribute in achieving this second project purpose. As for details, please see Output3 in the previous page. To sum up, by looking at the achievement level of Output 3 and various other factors such as time constraints faced by IOD doctors, the achievement of this project purpose is very limited at this stage.

3.2.3. Implementation Process

As for the DCD, there are not much drawbacks although, according to the interviews with IOD doctors and the questionnaire surveys, it became apparent that there is a room to explore more close and effective relationship between IOD doctors and Japanese experts. In addition, it

¹ The 10-month Diploma Course in Dermatology started in 1984 as the third country training program changed its scheme from the mere third country training program to the five-year technical cooperation project from 2004, and the total numbers of ex-participants amount to more than 500 from 26 countries by now. In order to verify the achievement level of the Project, the evaluation study team conducted questionnaire survey to ex-participants. Please note that, by expecting the difficulties of tracing ex-participants and thus low response rate, the Team targeted the ex-participants even before the Project on the Diploma Course in Dermatology. Numbers of responses are 58 from 12 countries.

became apparent that there is no Plan of Operation (PO) with names of person in charge for each activity. This could be one of reasons for limited achievements for some outputs.

Chapter 4 EVALUATION BY FIVE CRITERIA

4.1. Relevance

The project purpose is relevant to the needs of many participating countries according to hearing from participants and questionnaire survey to Ministry of Health in participating countries. It is not necessarily because the priority to dermatology is high among many health issues in those countries, but rather numbers of dermatologists and institutions to train dermatologists are very limited. However, in fact, there is the high incidence of dermatological diseases such as leprosy, skin tuberculosis and syphilis in the region. More recently, the number of AIDS patients seen by dermatologists is increasing, thus potential needs could be even higher. In addition to need's aspect, it became apparent that Department of Medical Services under MOPH considers the DCD is one of strategically important training programs in the department. By considering these aspects (some other aspects are introduced in Annex 3: Evaluation Grid), the relevance of the Project can be concluded as secured.

4.2. Effectiveness

It is rather difficult to discuss the effectiveness of the project due to the lack of tangible and specific target indicators, and it is also too early to examine the overall result at this stage. Some evidence indicates effective implementation of the Project. For example, IOD runs DCDs smoothly; thus achievement level of Output 1 and the first project purpose is very high. Some other indicators, however, indicate ineffective implementation of the Project, especially components related to Output 2 and Output 3, thus, to the second project purpose.

4.3. Efficiency

In comparison of current outputs and inputs, the inputs were well utilized for the activities to yield expected outputs in general. As for Japanese experts, IOD staffs and participants highly appreciate their participation in the course. As commented by IOD staffs, the quality of DCD is raised by combination of Japanese experts who are strong in basic science and Thai doctors who are well experienced in clinical dermatology. Japanese experts are individually evaluated by participants, and the results of the evaluation are in general good. As for C/P training in Japan, four IOD doctors who underwent training confirmed that though it is very short to learn new technologies, but the receiving institutes and Japanese professors kindly tried to maximize the benefit of three-month training. Two doctors learned about usage of the provided (providing) equipment during stay in

Japan; thus C/P training contributes in securing the efficiency of equipment. As for equipment, Skin Visiometer in JFY2004 and CO2 Laser in JFY 2005 were provided by now, and the present status of use is satisfactory. To sum up, the inputs (Japanese experts/ C/P training/ equipment) are efficiently utilized.

4.4. Impact

Usually it is too early to assess the overall impact of the project at the juncture of mid-term evaluation. However, since DCD has been carried out for more than 20 years, we could see some impacts from ex-participants who graduated from DCDs even before the inauguration of the Project. One of questions of the questionnaire survey to ex-participants is about their career paths after attending DCD, and many answers reveal that ex-participants have been playing important roles in their respective countries, as seen in the Evaluation Grid, and thus contributing to the development of dermatology in their respective countries. In addition, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers. No doubts about there are ripple effects to the wider public in the region. Another example is that the ex-participants from the Philippines who started the leprosy and dermatology department in his/her belonging institution wrote the national guideline of leprosy treatment. The similar impacts can be expected from the graduates of DCDs during the project period.

4.5. Sustainability

It is usually too early and thus too difficult to assess the sustainability of the Project at the time of mid-term evaluation, however the team tries to assess it to certain extent from the long history of DCD management by IOD. As for the operational capacity, IOD doctors are responsible for 748 hours of lectures and practical sessions of DCD out of total 1067 course hours, and train participants. In addition to these professional inputs by doctors, most of other administrative course management such as scheduling of courses, arranging external Thai lectures, implementation, evaluation is IOD's responsibility. By looking at these factors, the operational capability of IOD to manage the DCD is being enhanced. However, the great concern remains since it is still difficult for Thai doctors to give lectures on basic science. It is expected that the situation which require experts from foreign countries including Japan will continue for some time, and thus IOD should start considering taking measures on this issue.

4.6. Conclusion

As seen in Chapter 3, IOD has been running DCD successfully with its great efforts. Indeed,

many ex-participants have been playing important roles in their respective countries, as seen in the Evaluation Grid attached as Annex 3 and thus contributing to the development of dermatology in their respective countries. The Project aims to sustain this great contribution of DCD by enhancing the capacity of IOD. Indeed certain capacity of IOD has been greatly strengthened, however it became apparent that it is difficult to enhance the knowledge and skill especially in the field of basic science during the project period.

By considering these circumstances, other outputs focusing on capacity development of IOD and networking are added by reviewing PDM1. The Project is expected to make maximum efforts to reach the project purposes and sustain the contribution of DCD by carrying out these revised activities.

Chapter 5 RECOMMENDATIONS

1. Based on the revised PDM (hereinafter referred to as "PDM2"), IOD will formulate Plan of Operation, and clarify each activity and a person in charge for it, and manage the Project appropriately.
2. In order to enhance the capacity of IOD lecturer written in the PDM2, IOD should assign counterparts correspondent to Japanese experts, and Japanese experts provide their technical expertise in the following areas;
 - 1) Provide technical advice on teaching methodology to Thai counterparts
 - 2) Consult with counterparts regarding contents of lectures and other academic activities
 - 3) Provide technical advice to case conferences

In accordance with this, the above mentioned activities are recommended to be included in the Job Description of short-term experts of the field other than Oral Examination shown in ANNEX IV 'Tentative Terms of Reference of Japanese Experts.' of the R/D.

If it is indispensable in order to reach the project purposes and sustain the contribution of Diploma Course in Dermatology, as referred to in the Conclusion of the Joint Mid-term Evaluation Report, necessary numbers and fields of short-term experts should be dispatched.

3. In relation with Output 4 in PDM2, IOD will organize international seminars / workshops by inviting not only Thai IOD graduates but also ex-participants of DCD from participating countries.

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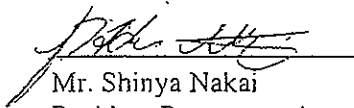
RECORD OF DISCUSSIONS BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF
THAILAND
ON JAPANESE TECHNICAL COOPERATION PROJECT
ON THE DIPLOMA COURSE IN DERMATOLOGY
IN THE KINGDOM OF THAILAND

In response to the cooperation proposal of the Government of the Kingdom of Thailand, the Government of Japan has decided to cooperate a Japan-Thailand Technical Cooperation Project on the Diploma Course in Dermatology in the Kingdom of Thailand (hereinafter referred to as "the Project") in accordance with the Agreement on Technical Cooperation between the Government of Japan and the Government of the Kingdom of Thailand signed on November 5, 1981 (hereinafter referred to as "the Agreement") and the Embassy of Japan's Note No. 130/03 dated 18 September, 2003 and the Ministry of Foreign Affairs Note No. 0605/14946 dated 26 September, 2003.

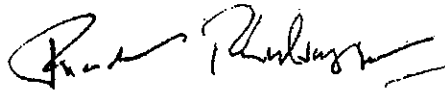
Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the executing agency responsible for the implementation of the technical cooperation programme of the Government of Japan, will cooperate with the authorities concerned of the Government of the Kingdom of Thailand on the Project.

JICA and the Thai authorities concerned held a series of discussions on the framework of the Project. As a result of the discussions, JICA, the Department of Technical and Economic Cooperation (DTEC), Ministry of Foreign Affairs (hereinafter referred to as "DTEC"), and the Institute of Dermatology, Department of Medical Services (hereinafter referred to as "IOD"), agreed on the matters referred to in the document attached hereto.

Bangkok, Kingdom of Thailand, December 31, 2003



Mr. Shinya Nakai
Resident Representative,
Japan International Cooperation Agency
Thailand Office



Mr. Pradap Pibulsonggram
Director-General
Department of Technical and Economic
Cooperation
Ministry of Foreign Affairs



Dr. Seree Tuchinda
Director-General
Department of Medical Services
Ministry of Public Health

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JAPANESE AND THAI SIDES

1. IOD will implement the Project in collaboration with DTEC and JICA.
2. The Project will be implemented in accordance with the Project Master Plan which is given in Annex I as in the form of Project Design Matrix (PDM). The tentative schedule of implementation (TSI) for the Project is given as shown in Annex II.

II. MEASURES TO BE TAKEN BY JAPANESE SIDE

In accordance with the laws and regulations related with development cooperation activities in force in Japan and the provisions of Article III of the Agreement, JICA will take, at its own expense, the following measures under the technical cooperation scheme of Japan. Such privileges and benefits will be provided for the actual implementation in Thailand.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex IV.

2. TRAINING OF THAI COUNTERPART PERSONNEL IN JAPAN

JICA will receive the Thai counterpart personnel connected with the Project for technical training in Japan as listed in Annex VI.

3. THE THIRD COUNTRY TRAINING

JICA will bear the invitation expenses relevant to participants and training expenses for Third Country Training on Diploma Course in Dermatology (hereinafter referred to as "the Course") as listed in Annex III.

4. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in ANNEX V. The provisions of Article I-2 of the Agreement will be applied to the Equipment.

III. MEASURES TO BE TAKEN BY THAI SIDE

1. IOD will take necessary measures to ensure that self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project of all related authorities, beneficiary groups and institutions.

2. IOD will ensure that the technologies and knowledge acquired by the staff as a result of the Japanese technical cooperation will contribute to the capacity building of the IOD.
3. IOD will take necessary measures to ensure that the knowledge and experience acquired by the Thai personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
4. In accordance with the provision of Article IV-(3) of the Agreement, IOD will provide the services of Thai counterpart personnel and administrative personnel as listed in Annex VII.
5. In accordance with the provision of Article IV-(3) of the Agreement, IOD will provide the office space and facilities for the Project as listed in Annex VIII.
6. In accordance with the laws and regulations in force in the Kingdom of Thailand, IOD will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided through JICA under II-4 above.
7. In accordance with the laws and regulations in force in the Kingdom of Thailand, IOD will take necessary measures to meet the running expenses necessary for the implementation of the Project.
8. DTEC will bear the invitation expenses relevant to participants and training expenses for conducting the Course as listed in Annex III.
9. Specific privileges and other benefits necessary to conduct the Project will be provided in accordance with the Agreement.

IV. ADMINISTRATION OF THE PROJECT

1. Institute of Dermatology, Department of Medical Services is the implementing agency of the Project. A part of project activities will be conducted in close collaboration with DTEC.
2. Project Director: The Director-General of the Department of Medical Services will bear overall responsibility for the Project.
3. Project Manager: The Director of Institute of Dermatology will bear overall responsibility for the administration and implementation of the Project.

M. JTC

4. The Japanese Chief Organizer will provide necessary recommendations and advice to the Project Manager on any matters pertaining to the implementation of the Project.
5. The Japanese experts will give necessary lectures and advice to Thai counterpart personnel on technical matters pertaining to the implementation of the Project.
6. To ensure effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee (hereinafter referred as "the JCC") will be established whose functions and composition are described in Annex IX.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by the two governments through JICA, DTEC, IOD and the authorities concerned, at the mid-term and final evaluation around six (6) months before the termination of the cooperation term in order to examine the level of achievement.

VI. MUTUAL CONSULTATION

There will be mutual consultation among JICA, DTEC and IOD on any major issues arising from, or in connection with this Attached Document. Modification or addition of project activities, experts, training and equipment shall be mutually agreed among JICA, DTEC and IOD in the form of Minutes of Meeting, referring to this Record of Discussions.

VII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting understanding and support for the Project, IOD will take appropriate measures as follows:

- (1) develop suitable updated technology for training in the Asia-Pacific region.
- (2) cooperate in Asia-Pacific region activities such as networking and collaboration among relevant agencies, develop to be the center of training and scientific cooperation in research study in this region.
- (3) increase of self-funded participants to the Course.

VIII. TERM OF COOPERATION

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M. J. J.

The duration of the technical cooperation for the Project under this Attached Document will be five (5) years, starting from May 3rd 2004

IX. OTHERS

This attached document and the following Annexes attached hereto shall be deemed to be part of the Project

- Annex I Project Master Plan (Project Design Matrix)
- Annex II Tentative Schedule of Implementation (TSI)
- Annex III Third-Country Training
- Annex IV Tentative Terms of Reference of Japanese Experts
- Annex V List of Machinery and Equipment
- Annex VI Training of Thai Counterpart Personnel in Japan
- Annex VII List of Thai Counterparts and Administrative Personnel
- Annex VIII List of Buildings and Facilities
- Annex IX Joint Coordinating Committee

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K. M.

Project Name: Diploma Course in Dermatology
 Project Area or Location: Institute of Dermatology, Department of Medical Services, BICPH, Bangkok
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Project Master Plan (Project Design Matrix)

Ver.No. PDMA/Nov.2003

ANNEX1

OVERALL GOAL	NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
	The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand	<ul style="list-style-type: none"> Percentage of ex-participants who apply the acquired knowledge/techniques to the course Number of persons benefited from formal/non-formal trainings by the ex-participants of the course 	<ul style="list-style-type: none"> Evaluation Study - ditto - 	
PROJECT PURPOSE	<p>Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded.</p> <p>The Institute of Dermatology will enable to develop a suitable updated technology for training and service for Asia and Pacific Region</p>	<ul style="list-style-type: none"> Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades. Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades. 	<ul style="list-style-type: none"> Evaluation Study - ditto - 	<ul style="list-style-type: none"> Demand for dermatologists exist in the beneficiary countries. Relevant governments do not reduce the priority of dermatology and projects
OUTPUTS	<ol style="list-style-type: none"> Trainees acquire advanced knowledge and skill to work as dermatologist in respective countries. Ex-Participants have continuous learning by themselves in order to broaden scientific knowledge. Ex-Participants diffuse or exchange acquired knowledge and skills and strengthen the scientific cooperation in dermatology in this region. Capacity of the Institute of Dermatology to sustainably manage the Course is improved. 	<ol style="list-style-type: none"> 1-1 Percentage of students satisfied with the content of the Course 1-2 Percentage of Course participants granted with the Diploma course in Dermatology 1-3 All the Course participants scores average 80% and above in the tests during the Course 2-1 Percentage of course participants each year who submitted a study of dermatology in respective countries 3-1 Ex-participants are active in disseminating their knowledge 3-2 Number of countries which has Alumni Association, or organize some activities among ex-participants of the Course 3-3 50% of ex-participants was received the newsletter for Alumni Association 3-4 40% of ex-participants join the activities of Alumni Association in Thailand 4-1 Number of participants in the long-term study programme and in the CIP training programme who performs as lecturers in the Course is increased annually 4-2 Number of ex-participants of the Course invited to perform as Lectures in the Course is increased 4-3 Number of lecturers from relevant Thai institutions participated in the Course 4-4 Number of Japanese lecturers per course is decreased 4-5 Percentage of costs (excluding costs for Japanese experts and for students enrolled in long-term study programme?) expended by Japanese ODA sources is decreased to 50%. 	<ul style="list-style-type: none"> Course Report from Institute - ditto - - ditto - Reports from The Institute / Reports from the Alumni Association - ditto - - ditto - - ditto - Reports from the Institute/Evaluation Study - ditto - - ditto - Reports from JICA Hqs./the Institute Reports from JICA Hqs./Evaluation Study 	<p>Participants of the Course continue to pursue their career in the field of Dermatology.</p>
ACTIVITIES	<p>(IOD)</p> <ol style="list-style-type: none"> 1.1 Formulate course curriculum. 1-1 Prepare teaching materials, laboratory and facilities 1-3 Assign an adequate number of staff as lecturers/instructors for the Course. 1-4 Teaching and guide trainees 1-5 Evaluate participants' achievement, course content, curriculum and administrative performance. 1-6 Improve curriculum based on the results of the follow-up and relevant governments <p>(IOD)</p> <ol style="list-style-type: none"> 2-1 The Institute provide necessary resources for the participants to conduct the study. <p>(IOD)</p> <ol style="list-style-type: none"> 3-1 Update the data base of ex-participants or alumni member 3-2 Distribute questionnaires for follow-up and update ex-participants in each countries 3-3 Encourage ex-participants to be active in exchanging news of Dermatology Technology joint activities (Japanese side and Thai side) 3-4 Conduct short conference, workshop, seminar in Thailand <ol style="list-style-type: none"> 4-1 Assign Thai counterpart/Thai lecturer for training in Japan 4-2 The Institute to invite qualified ex-participants of the Course as lecturers. 4-3 The Institute to invite adequate lecturers from relevant Thai institutions 4-4 Necessary equipment for the course is installed 	<p>Japanese Side</p> <ol style="list-style-type: none"> 1 Personnel <ul style="list-style-type: none"> a) Short term experts upon necessity 2 Counterpart training in Japan 3 Provision of Equipment <ul style="list-style-type: none"> As the necessary required 4 Course Cost <ul style="list-style-type: none"> a) Excluded the running expenses 114,575,492 Baht for the Year 2004 For the Year 2005 and later JICA shall reduce the cost annually. 14 participants for JFY 2004 12 participants for JFY 2005 10 participants for JFY 2006 8 participants for JFY 2007 6 participants for JFY 2008 <p>Thai Side</p> <ol style="list-style-type: none"> 1 Personnel <ul style="list-style-type: none"> - administrative staff - course instructor/lecturers 2 Provision of Training Facilities 3 Provision of Equipment <ul style="list-style-type: none"> All the necessary items 4 Course Cost <ul style="list-style-type: none"> a) Running expenses of IOD M 2,198,9280Baht for the Year 2004 For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses 7 participants for JFY 2004 6 participants for JFY 2005 5 participants for JFY 2006 4 participants for JFY 2007 3 participants for JFY 2008 c) IOD shall make effort to cover as much as possible of training expenses d) IOD shall increase the number of self funded participants at least 3 persons/year 	<ul style="list-style-type: none"> Demand for the Course remain adequate in selected 16 countries Selected Alumni of the Course are able to co-operate with the Institute Selected Alumni of the Course are trained in the PhD in dermatology through Long-term Study Programmes in Japan. Participants' ability and willingness to learn remains high throughout the Course <p>PRECONDITIONS</p> <p>Thailand Government's Return</p>	

Tentative Schedule of Implementation (TSI)

Annex II

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr.	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TCTP activities	Activities of the Project																		
1)Course Preparation			—	—	—	—	—	—											
2)Buget request				—	—	—													
3)Acceptance					—	—													
4)Budget release								—											
5) Training implementation									—	—	—	—	—	—	—	—	—	—	—
6) Statement of Expenditure																			—
7) Joint evaluation																			—
8) JCC meeting												—							—
1. Japanese side	Technical Cooperation Programme																		
1) Short-term experts		—	—	—						—	—	—	—	—	—	—	—	—	—
2)Provision of Machinery,Equipment and other materials		—	—	—						—	—	—	—	—	—	—	—	—	—
3)Counterpart training in Japan		—	—	—						—	—	—	—	—	—	—	—	—	—
2. Thai side																			
1)Provision of land, buildings and facilities for the Project and project offices, experts' rooms and so on										—	—	—	—	—	—	—	—	—	—
2)Operation cost										—	—	—	—	—	—	—	—	—	—
3)Maintenance and replacement cost for equipment		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4)Assignment of counterparts for Training in Japan										—	—	—	—	—	—	—	—	—	—
5)Assignment of supporting staff for TCTP				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6)follow-up and alumni activities				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

— submit request/plan

— operation/implementation

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21 FEB

THIRD COUNTRY TRAINING

The Government of Japan and the Government of the Kingdom of Thailand will cooperate with each other in organizing a training course in the field of dermatology (hereinafter referred to as "the Course").

The Government of the Kingdom of Thailand will conduct the Course with the support of the technical cooperation scheme of the Government of Japan. The Course will be held once a year from the Japanese Fiscal Year (JFY) 2004 to (JFY) 2008, subject to annual consultations between both Governments.

The Course will be conducted in accordance with the following arrangements:

1. TITLE

Diploma Course in Dermatology

2. PURPOSE

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

3. OBJECTIVES

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

1. gain knowledge in basic sciences, clinical dermatology, advanced technology diagnostic approaches and management as well as research methodology in dermatology,
2. be able to serve their people with the knowledge and experience they have gained from this course and continue learning by themselves in order to broaden scientific knowledge,
3. create the good relationship among trainees from different countries to strengthen the scientific cooperation in dermatology in this region.

4. DURATION

The duration of the Course will be approximately ten (10) months and the Course for JFY 2004 (hereinafter referred to as "the first Course") will be held from May 3, 2004.

5. CURRICULUM

The outline of the Course curriculum is shown in Appendix II.

6. INVITED COUNTRIES

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

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H. MB

Bangladesh, Bhutan, Cambodia, China, Indonesia, Láo PDR., Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam, Afghanistan and Timor Leste

The countries to be invited from JFY2004-2008 will be considered according to the allotment of countries in previous years.

7. NUMBER OF PARTICIPANTS

The number of participants from the invited countries in JFY2004 shall not exceed fourteen (14) in total. The number of participants from Thailand shall not exceed seven (7). The number of participants from the invited countries in JFY 2005 to JFY 2008 will be reduced annually by two (2) persons, respectively, that is; (12), (10), (8), (6) in total. The number of participants from Thailand will be reduced annually by one (1) person, respectively, that is; (6), (5), (4), (3) in total.

IOD will increase annually the number adding three (3) more each year of self-funded participants both from other countries and Thailand.

8. QUALIFICATION FOR APPLICANTS

Applicants for the Course are to:

- 8-1 be nominated by their respective Government in accordance with the procedure stipulated in 10-1 below;
- 8-2 have completed a medical degree,
- 8-3 have at least one (1) year working experience in the field of dermatology and preferably for a government organization,
- 8-4 be under forty-five (45) years of age,
- 8-5 have good command of spoken and written English. If English is not their countries' official language, English language certificates should also be submitted for consideration,
- 8-6 to be in good health both physically and mentally; each participant should have a health certificate provided by an authorized physician. This form is also attached together with the Nomination form. Pregnancy is regarded as a disqualifying condition for participation in the course.

9. FACILITIES AND INSTITUTIONS

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

10. APPLICATION PROCEDURE

M. J. K.

10-1 The Government applying for the Course on behalf of its nominee(s) should forward three (3) copies of the prescribed application form for each nominee to the Government of the Kingdom of Thailand through its diplomatic channels not later than sixty (60) days before the commencement of the Course.

10-2 The Government of the Kingdom of Thailand will inform the applying Governments whether or not the applicant is accepted to the Course not later than thirty (30) days before the commencement of the Course.

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

In organizing and implementing the Course, both Governments will take the following measures in accordance with the relevant laws and regulations in force in each country. The tentative schedule of the Course implementation is attached as Appendix I.

11-1 The Government of the Kingdom of Thailand

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

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

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11-1-2 Institute of Dermatology, Department of Medical Services, Ministry of Public Health

- (1) To formulate the curriculum based on ANNEX I.
- (2) To draft and print the General Information.
- (3) To assign an adequate number of its staff as lecturers/instructors for the Course.
- (4) To provide training facilities and equipment for the Course.
- (5) To select participants for the Course.
- (6) To arrange domestic study tour (s) as a part of the Course, if necessary.
- (7) To arrange accommodation for participants during field visit.
- (8) To issue Diploma to the participants who successfully complete the Course, co-signed by IOD, Japanese Chief Organizer, DTEC and JICA.
- (9) To evaluate participants' achievements, course content, curriculum and administrative performance.
- (10) To submit a course report to the JICA Office and DTEC within thirty (30) days after the termination of the Course.
- (11) To coordinate any matters related to the Course.

11-2 The Government of Japan

- (1) To dispatch Japanese experts, in accordance with the regular procedures of its technical cooperation scheme, who will give advice to IOD, and give lectures on the subjects as mentioned in Appendix II. This, however, is subject to the availability of the JICA budget for this purpose and the number of suitable expert (s) in Japan. IOD is expected to pre-inform the JICA Office of the request for the Japanese expert (s) not later than the annual consultation.
- (2) To bear a portion of the following expenses subject to budget availability, and consultation between both Governments each year. A provisional estimate of expenses for the Course is attached as Appendix III.
 - a) Expenses relevant to participants from invited countries such as international economy-class flight fare, accommodation, per-diem and medical treatment for participants.
 - b) Expenses relevant to the IOD such as study tour(s), texts, teaching aids, expendable office supplies, copies and honoraria for lecturer (s).

12. PROCEDURE FOR REMITTANCE OF FUNDS AND EXPENDITURE

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

- 12-1 DTEC will open a bank account in the Kingdom of Thailand to receive the funds remitted by JICA, and inform the JICA Office of the name of the bank, the account code number and the name of the account holder.
- 12-2 DTEC will submit to the JICA Office a bill of estimate for the expenses to be borne by the

Government of Japan not later than sixty (60) days before the commencement of the Course.

- 12-3 JICA will assess the bill of estimate and remit the approved amount of expenses to the account mentioned in 12-1 above within thirty (30) days after receipt of the bill of estimate.
- 12-4 DTEC will submit to the JICA Office a statement of expenditure within forty five (45) days after the termination of the Course annually, and not later than 31 March.
- 12-5 In case there is any unspent remainder of the amount remitted by JICA, DTEC will reimburse the unspent amount to JICA in accordance with the advice given by JICA. The fund allocated for the transportation, accommodation, per-diem and medical insurance premiums shall not be appropriated for any other purposes.
- 12-6 By request from JICA, DTEC makes available for JICA's reference all the receipts and other documentary evidence necessary to verify the expenditures stated in 12-4 above.

3. OTHERS

This attached document and the following Appendix attached hereto shall be deemed to be part of Third Country Training Course.

- Appendix I : Schedule for the Course Implementation
- Appendix II : The Outline of the Course Curriculum
- Appendix III : Estimate of Expenses for the Diploma Course in Dermatology

H. J. T. C.

SCHEDULE FOR THE COURSE IMPLEMENTATION

	THAI SIDE	JAPANESE SIDE
November	Signing of Record of Discussions	Official approval
December~ January	1.Preparation of General Information Brochures 2.Distribution of Application Form 3.Submission of Request of Japanese Lecturer	1.Submission of request of Japanese Lecturer (s)
February	1. Submission of Bills of Estimates 2. Receive Application Forms	1.Japanese lecturer recruitment
March~April	1. Selection and Notification of Participants	1.Remittance of Expenses
May~ March	1.Implementation of the Course 2.Submission of Statement of Expenditures 3.Joint Coordinating Committee and Course Evaluation	1.Dispatch of Japanese Lecturer(s)
April	1. Submission of Course Report	

H. M.

OUTLINE OF THE COURSE CURRICULUM

LECTURES

- 1.1 Introduction to dermatology
- 1.2 Bacteriology
- 1.3 Contact dermatitis
- 1.4 Cosmetic dermatology
- 1.5 Connective tissue diseases
- 1.6 Disease of hair
- 1.7 Disease of nails
- 1.8 Dermatitis and eczema
- 1.9 Erythema group
- 1.10 Geriatric dermatology
- 1.11 Genodermatosis
- 1.12 Histopathology & Electron microscopy
- 1.13 Immunology
- 1.14 Leprosy
- 1.15 Mycology
- 1.16 Occupational dermatoses
- 1.17 Parasitology & arthropods
- 1.18 Pharmacology
- 1.19 Papulosquamous eruption
- 1.20 Pigmentation
- 1.21 Pediatric dermatology
- 1.22 Photobiology
- 1.23 Research methodology
- 1.24 Skin signs in systemic disease
- 1.25 Skin tumors
- 1.26 Virology
- 1.27 Venereal disease
- 1.28 Vesiculobullous eruption

CLINICAL DERMATOLOGY

- 2.1 Clinical demonstration
- 2.2 O.P.D.
- 2.3 I.P.D. and ward round
- 2.4 Symposium
- 2.5 Clinico-pathological conference

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H. M. C.

- 2.6 Journal club
- 2.7 Subspecialty clinics
 - 2.7.1 Immunology clinic
 - 2.7.2 Contact clinic
 - 2.7.3 Mycology
 - 2.7.4 Photobiology clinic

FIELD TRIP

- 3. Chiang mai University

LABORATORIES AVAILABLE AND SUBSPECIALTIES

- 4.1 Dermatopathology
- 4.2 Mycology
- 4.3 Bacteriology
- 4.4 Immunology
- 4.5 Photobiology
- 4.6 contact and Occupational dermatitis
- 4.7 Clinical microscopy
- 4.8 Electron microscopy
- 4.9 Dermatosurgery & laser surgery

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H. P. H.

Estimate of Expenses for the Diploma Course in Dermatology

May 3, 2004 to March 4, 2005

Item of Expenses	JICA	DTEC	Total	Breakdown	Remark
<u>I. Invitation Expenses</u>					
1. International Airfare	308,000		308,000	22,000 x 14 persons	
Airport Tax		7,000	7,000	500 x 14 persons	
Domestic airfare	215,460		215,460	(4,550 +5,710)x 21 persons	
2. Per diem	1,400,000			(10,000 x 10 months) x 14 pers.	
Settle down		84,000	84,000	6,000 x 14 persons	
3. Accommodation		980,000	980,000	7,000 x 10 months x 14 persons	
for study tour	112,000		112,000	1,000 x 14 pers x 8 nights	
4. Allowance for Thai		420,000	420,000	6,000 x 7 pers. X 10 months	
		42,000	42,000	6,000 x 7 pers.	
		490,000	490,000	7,000 x 7 pers. X 10 months	
			210,000	1,000 x 4 pers x 15 nights	
for study tour		56,000	56,000	1,000 x 7 pers x 8 nights	
5. Medical Insurance	84,112		84,112	6,008 x 14 persons	
		26,768	26,768	3,824 x 7 persons	
6. Pick-up/send-off		18,200	18,200	650 x 14 persons x 2 times	
7. VISA extension fee		19,000	19,000	1,900 x 10 persons	
8. Book allowances	56,000	28,000	84,000	(4,000 x 14 persons)+(4,000 x 7 person)	
Sub total	2,175,572	2,170,968	4,346,540		
<u>II. Training Expenses</u>					
1. Honorarium for lecture	304,000	282,000	586,000	External (1,000 x 226 hrs)+(500x 156 hrs.)+Internal (1,000 x 78 hrs)+ (500 x 408 hrs)	
Airfare and accommodate	50,000		50,000	10,000 x 5 pers	
2. Transportation	117,500		117,500	Bus rental (8,000 x 5 days)+(2,500x 3 Unit x 5 days)+gasoline 40,000	
allowance for accompany	69,780		69,780	airfare, per diem and accommodate	
3. Employment fee	30,000		30,000	(200 x 10 pers. X 15 days)	
4. Expendable Supplies	1,023,600		1,023,600	Laboratories, material and textbook	
5. Meeting expenses	60,000	1,000	61,000	(@500 x 60 pers x 2 times)+1,000	
6. Printing	50,000		50,000	Year book and Certificate	
7. Other	20,000		20,000	Case study, communications, post	
Sub Total	1,724,880	283,000	2,007,880		
Grand Total	3,900,452	2,453,968	6,354,420		
	61.38%	38.62%	100%		

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M. M. O.

ANNEX IV TENTATIVE TERMS OF REFERENCE OF JAPANESE EXPERTS

<Short-term Expert (s)>

Short-term experts will give necessary lecture and advice to Thai counterpart personnel on technical matters pertaining to the implementation of the Project.

Ten (10) short-term experts in the following field, will be dispatched in Japanese Fiscal year 2004.

1. Biochemistry
2. Immunodermatology
3. Molecular dermatology
4. Occupational dermatoses
5. Photodermatology
6. Laser surgery
7. Bioengineering
8. Histopathology
9. Mycology
10. Oral examination

Qualification:

- (1) Age: not less than 35 years old
- (2) Academic degree: Ph.D. or its equivalent
- (3) Experience: More than 10 years experience in the field
- (4) Language level required: Good command of spoken and written English

Job Description:

Short-term Expert 1~9:

- 1) To give a lecture and advice to Thai counterpart personnel in the field.
- 2) Duration: 2 weeks each
- 3) Location/office: Institute of Dermatology

Short-term Expert 10:

- 1) To take the oral examination with participants.
- 2) To monitor and review the plan of the project activities
- 3) Duration: 2 weeks
- 4) Location/office: Institute of Dermatology

Note: The proposed fields, number and terms of assignment of experts from JFY 2005 will be decided in consideration of the progress of the Project through mutual consultations attended by the Joint Coordinating Committee for each Japanese Fiscal Year as the tentative plan follows;

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H. JTC

JFY 2005	JFY2006	JFY2007	JFY2008
1.Biochemistry	1.Biochemistry	1.Biochemistry	1.Biochemistry
2.Immunodermatology	2.Immunodermatology	2.Immunodermatology	2.Immunodermatology
3.Molecular dermatology	3.Molecular dermatology	3.Molecular dermatology	3.Molecular dermatology
4.Occupational dermatoses	4.Laser surgery	4.Laser surgery	4.Oral examination
5.Photodermatology	5.Bioengineering	5.Oral examination	
6.Laser surgery	6.Oral examination		
7.Bioengineering			
8.Oral examination			

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ANNEX V LIST OF MACHINERY AND EQUIPMENT

1. Bioengineering equipment
Cutometer, Reviscometer, Neurimeter
2. Laser
Excimer laser
3. Immunology equipment
Fluorescent Microscope
4. Laser equipment
Laser
5. Molecular biology equipment
Freezer-70 c

Note:

- 1) The above-mentioned equipment is limited to that necessary for the transfer of technology by the Japanese experts and C/P training in Japan
- 2) Content, specifications, and quantity of the above-mentioned equipment and necessary equipment after Japanese Fiscal Year 2004 will be decided through mutual consultations and based on the allocated budget of each Japanese Fiscal Year.

A. Att.

ANNEX VI TRAINING OF THAI COUNTERPART PERSONNEL IN JAPAN

A series of Counterpart Training will be carried out in Japan for the duration of the Project based on the following framework.

1.PURPOSE

Counterpart Training in Japan will be implemented in order to satisfy the specific needs of the Thai side for the improvement of the Institute of Dermatology staff's capacity building for the respective topics to Japan in order to replace the Japanese Experts.

2.SPECIFICATION OF THE SUBJECTS;

JFY 2004	1) Laser surgery 2)Bioengineering
JFY2005	1)Immunodermatology 2)Bioengineering
JFY2006	1)Occupational dermatoses 2)Photobiology
JFY2007	1)Immunology 2)Laser surgery
JFY2008	1)Biochemistry 2)Molecular biology

3.PARTICIPANTS; (2 persons per year, some of them twice a year)

Qualification:

- be nominated by Government of Thailand;
- be basically from 30-50 years old;
- have enough knowledge in each specific training;
- be government administrators in supervisory level in the Institute of Dermatology, Department of Medical Services, Ministry of Public Health, who continue their careers in the specific issues regarded as necessary for the specific issues and play active role to be the lecturer in the Course.

Note:

Content, specifications, quantity, duration of the above-mentioned training will be decided through mutual consultations between both governments and based on the allocated budget of each Japanese Fiscal Year.

M. M.C.

ANNEX VII LIST OF THAI COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director: The Director-General of Department of Medical Services

2. Project Manager: The Director of Institute of Dermatology

3. Counterpart Personnel of IOD:

Suitably qualified personnel assigned continuously to work with Japanese experts in the field as specific in ANNEX IV.

4. Administrative Personnel

- 1) Administrative staff
- 2) Other supporting staff mutually agreed upon as necessary

5. Other personnel mutually agreed upon as necessary

2. JTC

ANNEX VIII LIST OF BUILDINGS AND FACILITIES

1. Land, buildings and facilities necessary for implementation of the Project
2. Rooms and space necessary for installation and storage of equipment
3. Office space and necessary facilities for the Japanese experts and related staff members
4. Other facilities mutually agreed upon as necessary

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ANNEX IX JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will be held at least once a year and whenever necessity arises. Its functions are as follows:

- (1) To settle on the Annual Tentative Schedule of Implementation (ATSI) in line with the Project Design Matrix (PDM), formulated under the framework of the Record of Discussions;
- (2) To coordinate necessary actions to be taken by both sides;
- (3) To review the overall progress of the PDM;
- (4) To consult for the Course budget and sharing portion;
- (5) To review and plan the number, fields of the Experts from Japan and counterpart training; and
- (6) To exchange views on major issues arising from or in connection with PDM.

2. Composition

(1) Chairperson:

- Project Director

(2) Committee Members:

(Thai side)

- Project Manager
- Representative (s), DTEC
- Thai lecturers
- Administrative staff
- Other personnel concerned with the Project decided by the Thai side, if necessary

..2 (Japanese side)

- Representative (s), of JICA Thailand Office
- Japanese Chief Organizer
- Japanese Lecturer (s) designated by the Chief Organizer
- Representative (s), of Embassy of Japan in the Kingdom of Thailand

2.3 Other personnel concerned to be decided and/or dispatched by JICA and Thai side, if necessary

M. M.

Project Name: Diploma Course in Dermatology

Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok

Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology

Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Ver.No PDM1 (April 2005)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<p>OVERALL GOAL The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand</p>	<ul style="list-style-type: none"> - Percentage of ex-participants who apply the acquired knowledge/ techniques to the course - Number of persons benefitted from formal/non-formal trainings by the ex-participants of the course 	<ul style="list-style-type: none"> - Evaluation Study - ~ ditto ~ 	
<p>PROJECT PURPOSE Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. The Institute of Dermatology will enable to develop a suitable updated technology for training and service for Asia and Pacific Region.</p>	<ul style="list-style-type: none"> - Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades. - Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades. 	<ul style="list-style-type: none"> - Evaluation Study - ~ ditto ~ 	<ul style="list-style-type: none"> - Demand for dermatologists exist in the beneficiary countries. Relevant governments do not reduce the priority of dermatology and projects
<p>OUTPUTS</p>			
<p>1 Trainees acquire advanced knowledge and skill to work in dermatology field.</p>	<p>1-1 Percentage of students satisfied with the content of the Course</p> <p>1-2 Percentage of Course participants granted with the Diploma course in Dermatology</p> <p>1-3 All the Course participants scores average 60% and above in the tests during the Course</p>	<ul style="list-style-type: none"> - Course Report from Institute - ~ ditto ~ - ~ ditto ~ 	<p>Participants of the Course continue to persue their carrier in the field of Dermatology.</p>
<p>2 Ex-Participants have continue learning and strengthen the scientific cooperation in dermatology in this region.</p>	<p>2-1 Percentage of course participants each year who submitted a further study in dermatology at IOD</p> <p>2-2 Alumni Association of IOD distributed newsletters to ex-participants.</p>	<ul style="list-style-type: none"> - Reports from The Institute - Reports from the Alumni Association 	
<p>3 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.</p>	<p>3-1 Number of participants in the long-term study programme and in the C/P training programme who performs as lecturers in the Course is increased annually</p> <p>3-2 Number of Japanese lecturers/fields of lecturers per course is decreased</p> <p>3-3 Number of private participants are increased</p>	<ul style="list-style-type: none"> - Reports from the Institute, JICA/Evauation Study - ~ ditto ~ - Reports from the Institute 	

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(Annex 2)

ACTIVITIES

INPUTS

(IOD)

- 1-1 Formulate course curriculum.
- 1-1 Prepare teaching materials, laboratory and facilities.
- 1-3 Assign an adequate number of staff as lecturers/instructors for the Course.
- 1-4 Teaching and guide trainees
- 1-5 Evaluate participants' achievement, course content, curriculum and administrative performance.
- 1-6 Improve curriculum based on the results of the follow-up and relevant governments
- 2-1 The Institute provide necessary resources for the participants to conduct the study.
- 3-1 Update the data base of ex-participants or alumni member
- 3-2 Provide informative of dermatology technology in Thailand by newsletter
- 3-3 Conduct short conference, workshop, seminar in Thailand
- 3-4 Distribute questionnaires for follow-up and update dermatology condition in each countries
- 3-5 Encourage ex-participants to be active in Alumni Association and Dermatology technology news
- 4-1 Assign Thai counterpart/Thai lecturer for training in Japan
- 4-2 The Institute to invite ex-participants of the Course as lecturers.
- 4-3 The Institute to invite adequate lecturers from relevant Thai institutions.
- 4-4 Necessary equipment for the course is installed

Japanese Side

Thai Side

- | | |
|--|--|
| <ul style="list-style-type: none"> 1 1.Personnel
a)Short term experts upon necessity 2 Counterpart training in Japan 3 Provision of Equipment
As the necessity required 4 Course Cost
a) Excluded the running expenses
b)4,575,492 Baht for the Year 2004
For the Year 2005 and later JICA shall reduce the cost annually.
14 participants for JFY2004
12 participants for JFY 2005
10 participants for JFY 2006
8 participants for JFY 2007
6 participants for JFY 2008 | <ul style="list-style-type: none"> 1 Personnel
- administrative staff
- course instructors/lecturers 2 Provision of Training Facilities 3 Provision of Equipment
All the necessary items 4 Course Cost
a) Running expenses of IOD
b) 2,198,928Baht for th Year 2004
For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses
7 participants for JFY 2004
6 participants for JFY 2005
5 participants for JFY 2006
4 participants for JFY 2007
3 participants for JFY 2008
c)IOD shall make effort to cover as much as possible of training expenses
d)IOD shall increas the number of self funded participants at least 3 persons/year |
|--|--|

- Demand for the Course remain adequate in selected 16 countries.

- Selected Alumni of the Course are able to co-operate with the Institute.

- Selected Alumni of the Course are trained in the PhD in dermatology as prospective Thai lecturers through Long-term Study Programme in Japan.

- Participants' ability and willingness to learn remains high throughout the Course

PRECONDITIONS

Thailand Governmental Reform

Project Name: Diploma Course in Dermatology
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Ver.No PDM2 (August 2006)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
OVERALL GOAL The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand	1 Numbers of IOD academic staffs who are members of national-level committees 2 No. of references asked from other public health institutions 3 No. of lectures/presentations delivered at the invited seminars / workshops / courses in Thailand and other countries 4 <u>No. of applicants to the residency course</u>	- IOD documents - IOD documents - IOD documents	
PROJECT PURPOSE 1 Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. 2 The Institute of Dermatology enhance capacity to organize suitable and updated training.	1-1 75% of Course participants who acknowledge contribution of the Course to their skills upgrades. 2-1 satisfaction rate by the participants' evaluation 2-2 Number of private participants is increased at least 70% of the course capacity (Note: Full capacity is 30 persons) 2-3 No. of applicants to DCD. 2-4 No. of ex-participants who apply to other IOD courses such as fellowship programs	- Result of course evaluation - ~ ditto ~ - IOD documents - ~ ditto ~ - ~ ditto ~	- Demand for dermatologists exist in the beneficiary countries. - Relevant governments do not reduce the priority of dermatology and projects
OUTPUTS 1 Participants acquire advanced knowledge and skill to work in dermatology field. 2 Capacity of the IOD lecturers of the Course is improved. 3 Capacity of the Course management is improved. 4 IOD provides ex-participants with opportunities to exchange experiences and information.	1-1 80% of participants satisfied with the curriculum of the Course 1-2 90% of the Course participants, whose total score is 60% or above at the end of the Course, granted with Diploma of the Course. 2-1 80% of participants satisfied with each lecture by IOD lecturers 2-2 Percentage of lectures by IOD lecturers is not less than 70% of total hours. 2-3 Total numbers of studies conducted by IOD lecturers not less than 3 studies per year 3-1 70% of participants are satisfied with the course management 3-2 Number of improved items and their contents 3-3 Percentage of income from private participants increases 10% per year. 4-1 Number of ex-participants participated in seminars/ workshops/ conferences 4-2 Contents of seminars/ workshops/ conferences 4-3 Numbers of newsletters issued and uploaded on the web 4-4 Number of professional information such as abstracts of academic journals uploaded on the web	- Course report from IOD - ~ ditto ~ - Result of course evaluation - IOD documents - Reports from the research committee in IOD - Result of course evaluation - IOD documents - IOD documents - Register of attendance - IOD documents - IOD web site - IOD web site	- Participants of the Course continue to pursue their carrier in the field of Dermatology.

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ACTIVITIES	Japanese Side	INPUTS Thai Side	
1-1 Formulate course curriculum. 1-1 Prepare teaching materials, laboratory and facilities. 1-3 Assign an adequate number of staff as lecturers/instructors for the Course. 1-4 Teaching and guide trainees	1 Personnel a) Short term experts upon necessity	1 Personnel - administrative staff - course instructors/lecturers	- Demand for the Course remain adequate in selected 16 countries. - Selected Alumni of the Course are able to co-operate with the Institute.
2-1 Assign Thai counterpart/Thai lecturer for training in Japan 2-2 Necessary equipment for the course is installed Assign IOD lecturers correspondent to Japanese 2-3 experts in order to strengthen cooperation between both sides 2-4 Technological guidance from Japanese experts to IOD lectures.	2 Counterpart training in Japan 3 Provision of Equipment As the necessity required	2 Provision of Training Facilities 3 Provision of Equipment All the necessary items	- Selected Alumni of the Course are trained in the PhD in dermatology as prospective Thai lecturers through Long-term Study Programme in Japan.
3-1 Evaluate participants' achievement, course content, curriculum and administrative performance. 3-2 Improve curriculum based on the results of the evaluation 3-3 Collect information about the needs of neighbouring countries and study the course competitiveness Explore the possibility to increase foreign participants such as by sending advertisements to MOH, medical institutions, ex-participants 3-4 Prepare and present financial statement of DCD course at JCC 3-5	4 Course Cost a) Excluded the running expenses (Baht) JFY2004: 3,551,416.00 JFY2005: 2,959,377.00 JFY2006: 2,724,456.50 For the Year 2005 and later JICA shall reduce the cost annually	4 Course Cost a) Running expenses of IOD (Baht) JFY2004: 2,534,318.00 JFY2005: 2,504,644.00 JFY2006: 2,538,021.00 For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses.	- Participants' ability and willingness to learn remains high throughout the Course Number of IOD academic staffs is not decreased.
Conduct academic activities such as national and international conferences, workshops, seminars in Thailand 4-1 4-2 Distribute newsletters of Alumni Association to ex-participants by post as well as via internet (PDF) 4-3 Upload professional articles (PDF) on the web site	14 participants for JFY2004 12 participants for JFY 2005 10 participants for JFY 2006 8 participants for JFY 2007 6 participants for JFY 2008	7 participants for JFY 2004 6 participants for JFY 2005 5 participants for JFY 2006 4 participants for JFY 2007 3 participants for JFY 2008	PRECONDITIONS Thailand Governmental Reform c) IOD shall make effort to cover as much as possible of training expenses d) IOD shall increase the number of self funded participants at least 3 persons/year

Annex 3: Evaluation Grid of Mid-term Evaluation

Country: Thailand

Project Name: Diploma Course in Dermatology

Prepared on 15nd August 2006

Item	Evaluation Questions		Results								
	Questions	Sub-questions (indicators)									
Verification of Performance <i>38</i>	<p>Achievement of the Overall Goal (Prospect)</p> <p>The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand</p>	<ol style="list-style-type: none"> Percentage of ex-participants who apply the acquired knowledge / techniques to the course Number of persons benefited from formal /non-formal trainings by the ex-participants of the course 	<p>The 10-month Diploma Course in Dermatology (hereinafter DCD) started in 1984 as the third country training program changed its scheme from the mere third country training program to the five-year technical cooperation project from 2004, and the total numbers of ex-participants amount to more than 500 from 26 countries by now. In order to verify the achievement level of the overall goal, the mid-term evaluation study team (hereinafter "the Team") conducted questionnaire survey to ex-participants (hereinafter "the Survey"). Please note that, by expecting the difficulties of tracing ex-participants and thus low response rate, the Team targeted the ex-participants even before the Project on the Diploma Course in Dermatology (hereinafter the Project). Numbers of responses are 58 from 12 countries.</p> <p>The Survey reveals that many of ex-participants have been working actively in the field of dermatology in respective countries, and have actively transferred the acquired knowledge and skills to others. On the other hand, the number of ex-participants who have utilized the acquired knowledge and skills to DCD is very limited. According to IOD, two Thai graduates from DCD perform lectures in DCD, one is working at IOD and the other is working at Chaing Mai university presently. (Indicator 1)</p> <p>According to the Survey, it became clear that all of the 58 responses have continued working in the field of dermatology, and have applied the knowledge and techniques acquired through DCD on their daily duties. Forty four out of 58 have transferred those skills and knowledge to others through the following mediums.</p> <p>Table1: Medium of transfer (multiple answer)</p> <table border="1"> <tbody> <tr> <td>1. College / university class</td> <td>28</td> </tr> <tr> <td>2. Short-term seminars / workshops</td> <td>21</td> </tr> <tr> <td>3. On-the-job personal contact</td> <td>33</td> </tr> <tr> <td>4. Publications</td> <td>14</td> </tr> </tbody> </table> <p>Table 1 reveals that, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers in addition to the most common method, on-the-job personal contact. Up to now, the numbers of persons benefited from the knowledge and skills of these 58 ex-participants can be concluded as large enough. It can be expected that many could be benefited from the knowledge and skills of participants from now on, too. (Indicator 2)</p> <p>Now it became clear both indicators imply completely opposite prospects of achievement of the overall goal. It is essential for the Project to review and revise indicators, and also discuss among stakeholders to clarify the meaning of the overall goal.</p>	1. College / university class	28	2. Short-term seminars / workshops	21	3. On-the-job personal contact	33	4. Publications	14
1. College / university class	28										
2. Short-term seminars / workshops	21										
3. On-the-job personal contact	33										
4. Publications	14										

Annex 3

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<p>Achievement of the Project Purposes (Prospect)</p> <p>(1) Techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries are upgraded</p> <p>(2) The Institute of Dermatology will enable to develop a suitable upgraded technology for training and service for Asia and the Pacific region</p>	<p>1. Percentage of course participants who acknowledge contribution of the course to their skills upgrades</p> <p>2. Percentage of managers of the ex-participants of the course who acknowledge contribution of the course to their skills upgrades</p>	<p>According to the Survey, many respondents recognized that the course has contributed to upgrading their skills and knowledge. (For reference: the question: "How do you evaluate the extent to which this course has contributed to your upgrading of techniques and knowledge?")</p> <p>Table2: Extent of contribution</p> <table border="1" data-bbox="965 288 1408 472"> <tr> <td>1</td> <td>Very little contribution</td> <td>1</td> </tr> <tr> <td>2</td> <td>More or less contribution</td> <td>3</td> </tr> <tr> <td>3</td> <td>Fairly good contribution</td> <td>20</td> </tr> <tr> <td>4</td> <td>Very good contribution</td> <td>34</td> </tr> <tr> <td>5</td> <td>Total</td> <td>58</td> </tr> </table> <p>Since it is expected that many ex-participants has changed their organizations after such a long time, the Team did not conduct a questionnaire survey to the supervisors of ex-participants. In addition, by considering difficulties to trace even ex-participants in more than 20 countries, it is advisable to revise this second indicator which requires the Project to trace and contact supervisors and managers. (Indicator 2)</p> <p>The Survey also asked about their career paths after attending DCD, and many answers reveal that ex-participants have been playing important roles in their respective countries, as seen below, and thus contributing to the development of dermatology in their respective countries. (Examples)</p> <ul style="list-style-type: none"> • Was working as a doctor of the China-Japan Friendship Hospital at that time, and now active in teaching and research as a professor of dermatology in Peking University. (14th batch: China) • Was working as a doctor of the STD control department in Yangon Hospital, and now teaching as a head of dermatology department in Univ. of Medicine I. (8th batch: Myanmar) • Still working in the NGO and provide trainings on community-based prevention approach of some skin diseases. In addition, seeing 7,000 patients per year in low income areas. (19th batch: Bangladesh) • Holding two posts now; vice director of the National Institute of Dermatology and a head of dermatology dept at the medical college. (11th batch: Laos) • After attending DCD, worked as a head of technical guidance department of the National Institute of Dermato-Venereology. In addition obtained a Ph.D in dermatology. (11th batch: Viet Nam) • After attending DCD, started the new department of leprosy and dermatology in the belonging medical institute. (11th batch: Philippines) • Right after attending DCD, was asked to start OPD in dermatology by the head of the department, and did so. (3rd batch: Sri Lanka) <p>Based on the indicator 1 and the successful career development of ex-participants, it is plausible to achieve the first objective of the Project during the project period.</p>	1	Very little contribution	1	2	More or less contribution	3	3	Fairly good contribution	20	4	Very good contribution	34	5	Total	58
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4.1

		<p>3. No indicator is set to measure the second project purpose</p>	<p>It is imperative to set appropriate indicators to monitor and evaluate the progress of second project purpose. On this occasion of the mid-term evaluation, the achievement of second project purpose is verified based on interviews to IOD staffs and results of questionnaire survey to Japanese experts.</p> <p>Both Japanese experts and IOD staffs recognize that capacity building of IOD staffs is urgently necessary. Unfortunately the present level of capacity of IOD staffs is insufficient; thus they consider that it is difficult to achieve the second project purpose before the completion of the Project. Not only Japanese experts but IOD doctors themselves realize that though they are well experienced in clinical application of dermatology, weak in basic science. It will take substantially long time to upgrade their knowledge and skills in basic science since research in basic science requires laboratories with advanced equipment and moreover time. Twelve staffs participated in the long-term training conducted since mid 1960s, however only four among these 12 (two doctors and two technicians) are still working in IOD. After the inauguration of the Project in 2004, five doctors have been sent to Japan for 3-month C/P training in order to fill these personnel gap. It is expected that these doctors play major roles to develop capacity of IOD.</p>															
	<p>Achievement of the Outputs 1. Trainees acquire advanced knowledge and skill to work in dermatology field.</p>	<p>1-1. Percentage of students satisfied with the content of the course</p> <p>1-2. Percentage of course participants granted with the Diploma Course in Dermatology</p> <p>1-3. All the Course participants scores average 60% and above in the tests during the Course</p>	<p>Every DCD is evaluated by participants at the end of the course. According to the evaluation of 21st DCD and 22nd DCD, it became apparent that 93% and 79% of participants respectively considered the course "well planned". (IOD employ this figure as satisfaction rate.)</p> <p>In addition, the Survey also asked if they are satisfied with DCD, and the result is shown in Table 3. (For reference: the question: "How do you rate your satisfaction with the Course at the Institute of Dermatology? Describe in percentage. Note that 100% means fully satisfied.") (Indicator1-1)</p> <table border="1" data-bbox="936 774 1346 981"> <caption>Table 3: Satisfaction level of ex-participants</caption> <tr> <td>1</td> <td>100% - 90%</td> <td>32</td> </tr> <tr> <td>2</td> <td>89% - 80%</td> <td>11</td> </tr> <tr> <td>3</td> <td>79% - 70%</td> <td>9</td> </tr> <tr> <td>4</td> <td>69% - 60%</td> <td>6</td> </tr> <tr> <td></td> <td>Total</td> <td>58</td> </tr> </table> <p>All 29 participants of 21st DCD and 28 out of all 29 participants of 22nd DCD obtained the diploma. As for 22nd course, a participant from Laos could not get a passing score after written and oral examination, and thus could not obtain the diploma. (Indicator 1-2)</p> <p>According to the score sheet placed in the course reports prepared by IOD, <u>25 out of 29 (86%)</u> in 21st batch and <u>26 out of 29 (89%)</u> in 22nd batch scores more than 60 points on average. (Indicator 1-3)</p> <p>Based on the progress just mentioned above, the present achievement level of output 1 is high and satisfactory. As for indicator 1-3, though it says "All the Course participants scores average 60% and above in the tests during the Course", by considering the fact that examination results highly depend on individual capability, thus 86% in 21st batch and 89% in 22nd bath can be considered high enough to</p>	1	100% - 90%	32	2	89% - 80%	11	3	79% - 70%	9	4	69% - 60%	6		Total	58
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		indicate the satisfactory achievement level of output1.																
2. Ex-participants have continued learning and strengthen the scientific cooperation in dermatology in this region.	2-1. Percentage of course participants each year who submitted a further study in dermatology at IOD	<p>Now the Project uses the ratio of ex-participants of DCD who participated in other IOD courses such as one-month sub-specialty training course and the residency course to measure indicator 2-1. The figures obtained from IOD are as follows.</p> <p>Table4 : No. of participants in other IOD programs after DCD</p> <table border="1"> <thead> <tr> <th></th> <th>20 DCD</th> <th>21 DCD</th> <th>22 DCD</th> </tr> </thead> <tbody> <tr> <td>a. No. of participants in each DCD</td> <td>24</td> <td>29</td> <td>29</td> </tr> <tr> <td>b. No. of participants in other IOD programs after DCD</td> <td>12</td> <td>5</td> <td>6</td> </tr> <tr> <td>a / b (%)</td> <td>50.0</td> <td>17.2</td> <td>20.6</td> </tr> </tbody> </table> <p>IOD sets the target of 10% for this indicator. According to the figures in Table 4, the target is achieved well enough. In addition, 21st course and 22nd course were just finished in 2005 and 2006 respectively, thus more ex-participants of these courses may apply for IOD courses over time. (Indicator 2-1)</p> <p>Presently all the participants received English newsletters of Alumni Association of IOD at least once during DCD. In this sense, distribution rate can be said as 100%. However, according to the Survey, only 11 ex-participants out of 55 valid responses said they have received newsletter. It seems that the number of ex-participants who regularly receive newsletters after their return home is very limited and thus this target is not achieved truly. (Indicator 2-2)</p> <p>Anyhow, it seems imperative, first of all, to clarify what the scientific cooperation in dermatology in the region means to stakeholders. Then the Project should consider if it can be measured by issuing newsletters or if it is necessary to create new indicators.</p>		20 DCD	21 DCD	22 DCD	a. No. of participants in each DCD	24	29	29	b. No. of participants in other IOD programs after DCD	12	5	6	a / b (%)	50.0	17.2	20.6
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2-2. Alumni Association of IOD distributed newsletter to ex-participants																		
3. Capacity of the Institute of Dermatology to sustainably manage the Course is improved.	3-1. Number of lecturers in the C/P training programmes who performs as lecturers in the Course is increased annually.	By now, five IOD doctors have undergone three-month C/P trainings in Japan. In fact, four out of five those doctors took active parts in DCDs as lecturers even before C/P trainings. One doctor, who comes back at the end of August, will join the 23 rd course as a lecturer. (Indicator 3-1)																
	3-2. Number of Japanese lecturers / fields of lectures per course is decreased.	As for numbers of Japanese experts, its number in 21 st course and 22 nd course were 9 and 8 respectively, showing the decreasing trend. (Indicator 3-2)																
	3-3. Number of private participants is increased annually.	As for numbers of private participants, the upward trend is observed as seen in Table 5. Fee for DCD is US\$6,000 per person. (Indicator 3-3)																

Table 5: No. of private participants and applicants for DCD

	No. of private participants			No. of private applicants		
	Thai	Foreigners	Total	Thai	Foreigners	Total
21 st DCD	4	6	10	34	16	50
22 nd DCD	5	6	11	37	12	49
23 rd DCD	7	10	17	45	16	61

Three indicators show changes in expected directions, though at the limited extent. However it is clear that more efforts should be made to achieve this output, and thus it is ideal for relevant parties to consider to which extent they should enhance IOD's capacity, and what indicators could measure capacity development of IOD more precisely.

Verification of Implementation Process	<u>Implementation status of activities</u>	Implementation status	Were activities implemented as planned?	<p>As for output 1, which is about implementation of DCD with more than 20-year long life, DCD is smoothly carried out every year, as planned. In fact, DCD was carried out based on the improved curriculum which was written in the annex of R/D.</p> <p>On the other hand, as for output 2 and 3, since the meaning and image of outputs were not clarified and shared among stakeholders, many relating activities were not carried out with full extent. In addition, the person in charge for each activity is not clarified, neither, and that cause delays in implementation of some activities. For example, stakeholders should consider what to do with activity 2-1 and 3-4, which IOD did not implement, activity 3-3 and 3-5 with low progress; it is imperative to review and revise activities and decide who will be in charge.</p>
	Implementation status of monitoring	Has monitoring been carried out?	Is monitoring mechanism appropriate?	<p>(As for the course management of DCD)</p> <p>From interviews to C/Ps and questionnaire survey to Japanese experts, they consider that in general their activities have been monitored adequately. In fact, each DCD is evaluated by participants at the end of the course, and IOD staffs discuss about the result at the monthly staff meetings. The Japanese experts are also evaluated individually by participants. These results are summarized as a course report and distributed widely to stakeholders. Likewise, there are not major problems as for monitoring system of DCD.</p> <p>According to IOD staff personnel, JICA and TICA officials, as for DCD, roles and responsibilities of relevant organizations are clear and the communication channel has been established.</p> <p>(As for the Project as a whole)</p> <p>There are two formal occasions, namely JCC in August and regular meeting in March, to discuss the Project as a whole, and no project steering committee, which most of the technical cooperation has, was not formed under the Project. In addition, only core members of IOD have participated in these meetings; thus limited numbers of IOD staffs and Japanese experts understand the whole picture of the Project and its progress.</p> <p>Persons in charge have not been clearly set for some activities under output 2 and 3; thus it is essential for the Project to clarify who is in</p>

			charge for each activity and consider how to monitor them.																													
Relationship between C/Ps and Japanese experts	Status of communication	Change in C/Ps' attitude (Independence and activeness)	Presently Japanese experts provide lectures to DCD participants and train them, but have not spent enough time to share their knowledge and techniques with Thai counterpart. According to questionnaire survey to Japanese experts, capacity of individual doctors in IOD is high, but it is difficult for them to spare time with Japanese experts for academic discussion since they have been busy with treating patients, teaching at other courses and so on. In addition, five out of nine experts said that C/Ps have not participated in their lectures, and three said they came only once or twice by now. IOD doctors, too, confirmed that although they would like to participate in more lectures of Japanese experts, they could not simply because they are very busy with routine works and seeing patients at O.P.D./ I.P.D. From the interview to the vice director of IOD, lectures were recorded on video tapes and this might help them to see lectures of Japanese experts, despite of their time constraints. One particular point worth mentioning is that the expert-counterpart relationship/ communication based on their academic interest have not been created explicitly for especially experts who have not received IOD doctors as a part of C/P trainings. Thus the communication between IOD doctors and Japanese experts has been rather limited, mainly because Japanese experts stay only two weeks and IOD doctors are busy with other duties. However, it is worth considering at this occasion of the mid-term evaluation if there are any ways that both parties could spend more time together to discuss, and establish more intimate academic relations																													
	Appropriateness of selected C/Ps																															
Ownership of C/P organizations	Degree of participation of C/P organization		(As for the course management of DCD) The degree of participation and ownership of C/P organization can be said substantially high. In fact, as seen in Table 6, IOD doctors are responsible for 748 hours of lectures and practical sessions of DCD, and train participants. In addition to these professional inputs by doctors, most of other administrative course management such as scheduling of courses, arranging external Thai lectures, implementation, evaluation is IOD's responsibility. Thus the team could conclude that the degree of participation is evidently high.																													
	Budget allocation (incl. the course fee)		<p>Table 6: Responsible hours of DCD</p> <table border="1"> <thead> <tr> <th>Persons in charge</th> <th>Type</th> <th>Hours</th> <th></th> <th>(%)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">IOD staffs</td> <td>theory</td> <td>109</td> <td rowspan="2">748</td> <td rowspan="2">70.1</td> </tr> <tr> <td>clinical</td> <td>639</td> </tr> <tr> <td rowspan="2">Thai external lecturers</td> <td>theory</td> <td>146</td> <td rowspan="2">224</td> <td rowspan="2">21.0</td> </tr> <tr> <td>clinical</td> <td>78</td> </tr> <tr> <td>Japanese experts</td> <td>theory</td> <td>95</td> <td>95</td> <td>8.9</td> </tr> <tr> <td>Total</td> <td></td> <td>1067</td> <td>1067</td> <td>100.0</td> </tr> </tbody> </table> <p>(Source) IOD data based on 22nd DCD</p>	Persons in charge	Type	Hours		(%)	IOD staffs	theory	109	748	70.1	clinical	639	Thai external lecturers	theory	146	224	21.0	clinical	78	Japanese experts	theory	95	95	8.9	Total		1067	1067	100.0
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Appropriateness of allocation and assignment of C/Ps			According to the interview with the director general, the department of medical service under MOPH, DMS recognizes DCD as one of																													

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strategic programmes under MOPH. The recognition by MDS of MOPH can be considered as a kind of evidence of high degree of participation.

Presently DCD receive more and more private participants, and it secures own financial resources for DCD. (see Table 5 and Table 7 below.)

Table 7: Financial contribution by private participants

	Sponsored budget		Private	Total	JICA/Total (%)
	JICA	TICA			
21th DCD	1,590,380	338,500	2,488,754	4,417,634	36.0
22th DCD	1,470,489	419,000	2,621,918	4,511,407	32.6
23th DCD	1,492,980	428,500	4,080,000	6,001,480	24.9

(Source) IOD data: Consider only training expenses: (Calculate by US1\$=40Bhats)

(As for the Project as a whole)

However, as for the Project as a whole, the stakeholders and especially IOD staffs have not discussed well enough about some activities and responsible persons for each activity under the Project. In this sense, IOD's ownership is unfortunately rather low.

Anyhow, one of the biggest concerns is that it is very difficult for them to spare enough time to do research and conduct training courses because of gigantic amount of their daily duties. If there is not enough time for them to spare, it becomes rather difficult for the Project to encourage further IOD's involvement to the Project.

(Note: The director of IOD said IOD plans to increase numbers of doctors at least 7 or so during next 4 to 5 years.)

Evaluation by Five Evaluation Criteria

Criteria	Evaluation Questions		Result
	Question	Sub-question	
Relevance	Is the Project consistent with the development policy and health policies in each country?	Consistency of the overall goal with the development policy and health policy	<p>The team conducted hearings to Ministries of Health in participating country in DCD, and the result clarified the status in Laos, China, Timor Leste and Cambodia. (The team has not received any replies from other countries yet.) In these countries, the demands on and priorities of DCD is confirmed high. In these countries, expectations towards DCD are substantially high. It is not necessarily because the priority to dermatology is high among many health issues, but rather numbers of dermatologists and institutions to train dermatologists are very limited.</p> <p>Thus, according to the evaluation conducted in 2003, the Bangladesh, where the national diploma course in dermatology was started, showed less priority than before.</p> <p>In addition, the team organized focus group discussions (FGDs) participated by participants of 23rd course. According to those FGDs, it is confirmed that skin diseases are highly prevalent in their countries, but there are very little or little dermatologists and opportunities to learn dermatology.</p>
		Consistency of the project purpose with various policies	
		Priority of dermatology in health policies	
Relevance	Was the selection of the target group appropriate?	Are the project's components highly needed by IOD?	<p>According to the organizational brochure issued by IOD, IOD defines their responsibility as follows. (Excerption) "The Institute of Dermatology is responsible for dermatological research, services, trainings and education. It is a scientific information center and also a coordination centre for national and international scientific interest, as well as training center in dermatology." Thus the approach of cooperation to IOD can be said relevant.</p> <p>As noted previously, according to the interview with the former IOD director, the present director and vice director, this DCD is recognized as one of strategic programmes under MOPH. The recognition by the line ministry can be considered as a kind of evidence of relevance, too.</p>
		Are the project's components highly needed by participants / participating countries?	
		Is the size of the target group appropriate?	
Relevance	Is the Project consistent with Japan's foreign aid policy and JICA's plan for sector-specific program implementation?		<p>Direct beneficiaries are participants to DCD. As mentioned above, from hearings from them, it became clear that skin diseases are highly prevalent in their countries, but there are very little or little dermatologists and opportunities to learn dermatology. Thus beneficiaries (participants) with needs have been selected appropriately.</p> <p>According to "Health and Development Initiative" prepared by Ministry of Foreign Affairs, Japan, human development of health personnel is highly prioritized.</p>
Effectiveness	Are the achievement levels of the project purposes adequate at this stage?		(see verification of achievement)

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	Were the outputs sufficient to achieve the project purpose?		It is rather difficult to conclude the prospect of effectiveness at this stage, since the achievement level of some outputs are rather low, though the achievement level of some others are high enough. However, the fact that major stakeholders such as IOD staffs, TICA and JICA officials recognized necessity to modify outputs, indicators and activities is a self-explanatory evidence of insufficiency of outputs.
	What are the inhibiting and promoting factors for the achievement of the project purposes?	Are there any influences from organizational changes of IOD (incl. changes in staffs) and change in aid policies?	<p>The following ideas were presented by Japanese experts and IOD staffs.</p> <p>(Promoting factors)</p> <ul style="list-style-type: none"> • The quality of DCD could be improved by combination of Japanese experts who are strong in basic science and Thai doctors who are well experienced in clinical dermatology. • Prompt introduction of new and popular technology such as laser surgery enhanced the quality of DCD. • There have been well developed cooperation relationships among IOD, TICA, JICA and Japanese experts. • DCD has been participated by participants with high motivation from various countries with great needs. • High level of personnel in the C/P organization, IOD <p>(Inhibiting factors)</p> <ul style="list-style-type: none"> • IOD staffs are extremely busy with their daily duties. (could not attend lecturers by Japanese experts. Could not leave IOD for long-term training.) • Experienced staffs of IOD who underwent long-term trainings left IOD. <p>In addition to those points, by considering the inhibiting factors to the achievement of the Project as a whole, the Team would like to point out that the Project is still considered as the third-country training programs and not the Project by many stakeholders, thus the implementing agency is weak in project management. The stakeholders should allocate some time to discuss about the Project and draw the detailed plan with information on who conduct and how to conduct of implementation for each activity.</p>
Efficiency	Is the output production adequate compared to the inputs?	Adequacy of the achievement level of outputs	(see verification of achievement)
		Adequacy of human resources, trainings, equipment invested	As for Japanese experts, IOD staffs and participants highly appreciate their participation in the course. As commented by IOD staffs, the quality of DCD is raised by combination of Japanese experts who are strong in basic science and Thai doctors who are well experienced in clinical dermatology. Japanese experts are individually evaluated by participants, and the results of the evaluation are in general good. In addition, the Survey shows the following result.

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		<p>Table 8: Evaluation by ex-participants</p> <table border="1"> <thead> <tr> <th></th> <th>Japanese lecturers</th> <th>Thai lecturers</th> </tr> </thead> <tbody> <tr> <td>1 Not so knowledgeable</td> <td>1</td> <td>1</td> </tr> <tr> <td>2 More or less knowledgeable</td> <td>0</td> <td>3</td> </tr> <tr> <td>3 Knowledgeable</td> <td>15</td> <td>29</td> </tr> <tr> <td>4 Very knowledgeable</td> <td>42</td> <td>25</td> </tr> <tr> <td>Total</td> <td>58</td> <td>58</td> </tr> </tbody> </table> <p>As for C/P training in Japan, three IOD doctors who underwent training confirmed that though it is very short to learn new technologies, but the receiving institute and Japanese professors kindly tried to maximize the benefit of three-month training. They all are quite satisfied with the training. (Note that one doctor could not complete three month due to the urgent family matter.) Both Dr. Jinda and Dr. Patcharin learned about usage of the provided (providing) equipment during stay in Japan; thus C/P training contribute in securing the efficiency of equipment.</p> <p>As for equipment, Skin Visiometer in JFY2004 and CO2 Laser in JFY 2005 were provided by now, and the present status of use is satisfactory. The specification of provided laser machines was reviewed by Thai doctors and Japanese doctors and finally the machine with lower specification but with many usages was installed based on the recommendation by Japanese doctors. In fact, the machine is uses every day. Thus the adequacy of provided equipment can be said secured.</p>		Japanese lecturers	Thai lecturers	1 Not so knowledgeable	1	1	2 More or less knowledgeable	0	3	3 Knowledgeable	15	29	4 Very knowledgeable	42	25	Total	58	58
	Japanese lecturers	Thai lecturers																		
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	<p>Level of utilization of inputs (human resources, trainings, equipment) / Adequacy of timing of inputs</p>	<p>As mentioned previously, presently Japanese experts provide lectures to DCD participants and train them, but have not spent enough time to share their knowledge and techniques with Thai counterpart. According to questionnaire survey to Japanese experts, capacity of individual doctors in IOD is high, but it is difficult for them to spare time with Japanese experts for academic discussion since they have been busy with treating patients, teaching at other courses and so on. However it is rather pity for both IOD doctors and Japanese experts to loose opportunities to exchange their professional views; thus it is highly expected for both parties to spend more time for exchange views and ideas.</p> <p>As for the C/P trainings, it is recognized as "too short" by IOD doctors and Japanese experts, however, it is rather impossible for IOD to release its staff more than three months now. The present situation is that the persons involved in C/P training tried to make maximum use of limited time of three month.</p> <p>As for equipment, the present status of use is satisfactory as just mentioned.</p>																		
<p>What are the inhibiting and promoting factors?</p>		<p>According to IOD doctors and Japanese experts, the followings are inhibiting and promoting factors at this level.</p> <p>(Promoting factor)</p> <ul style="list-style-type: none"> • High level of personnel of the C/P organization, IOD <p>(Inhibiting factor)</p>																		

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			<ul style="list-style-type: none"> • IOD staffs are extremely busy with their daily duties. (could not attend lecturers by Japanese experts. Could not leave IOD for long-term training.)
Impact	Are there prospects that the overall goal will be achieved as an effect of the Project?		(see verification of achievement)
	Are there any ripple effects to people or organizations other than the target groups?	Are effects towards health policy making process realized?	As mentioned previously, the Survey also asked about their career paths after attending DCD, and many answers reveal that ex-participants have been playing important roles in their respective countries, as seen below, and thus contributing to the development of dermatology in their respective countries. In addition, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers. No doubts about there are ripple effects to the wider public in the region. Another example is that the ex-participants from the Philippines who started the leprosy and dermatology department in his/her belonging institution wrote the national guideline of leprosy treatment.
		Are there any impacts toward other organizations such as MOPH?	
		Others	
Sustainability	By considering organizational and institutional aspects, are there prospects that the sustainability is secured?	Have IOD acquired operational and managerial capacity to continue the diploma course?	<p>As seen in Table 6, IOD doctors are responsible for 748 hours of lectures and practical sessions of DCD, and train participants. In addition to these professional inputs by doctors, most of other administrative course management such as scheduling of courses, arranging external Thai lectures, implementation, evaluation is IOD's responsibility. By looking these factors, the operational capability of IOD to manage DCD is being enhanced.</p> <p>However, the great concern remains since it is still difficult for Thai doctors to give lectures on basic science. It is expected that the situation which require experts from foreign countries including Japan continues for some time, and thus IOD should start considering to take measures on this issue.</p> <p>Just for reference, the Survey asked if they would like to join DCD if the course were managed only by Thai lecturers. The answer is 39 out of 58 would participate and the rest would not participate. By looking at reasons, it became apparent that those who attach a high value to basic science answered no.</p>
		Are supports from the government, MOPH and TICA expected?	MOPH and TICA has been supporting this DCD for more than 20 years. According to the interview with the former IOD director, the present director and vice director, this DCD is recognized as one of strategic programmes under MOPH. The recognition by the line ministry can be helpful to secure sustainability in the future. On the other, according to hearings from TICA officials, TICA considers this five-year period is

		the last period to support DCD financially.
By considering financial aspects, are there prospects that the sustainability is secured?	Is financial situation of IOD good? (ie. Fees from the participants)	As for numbers of private-participants, the upward trend is observed as seen in Table 5. As a result, as seen in Table 7, financial dependency on external sources are gradually decreasing. From now on, it is necessary for IOD to make efforts to attract private participants, call on foreign specialists in the field of basic science by own funds, and so on. If these efforts are materialized, the sustainability of DCD is substantially enhanced.
	Is IOD likely to secure resources (human resources and budget) to continue the diploma course?	
By considering technical aspects, are there prospects that the sustainability is secured?	Will the transferred technology and equipment be used widely?	As for the sustainability from technical point of view, it is most important for IOD to consider its long term plan for human resource development, including personnel development in the field of basic science. It is true that it takes long time to develop human resource in the field of basic science since it requires continuous researches in well-equipped laboratories. Thus in the short-run, it will become also necessary for IOD to invite foreign scholars including Japanese professors.
	Is a level of transferred technology appropriate enough to be spread?	
	Have C/Ps acquire knowledge and the transferred technology enough?	In addition, it is advisable for IOD to communicate more closely with Japanese experts in order to enhance the capacity of IOD staffs and secure sustainability as much as possible. As for equipment, seen in the previous section, Skin Visiometer in JFY2004 and CO2 Laser in JFY 2005 were provided by now, and the present status of use is satisfactory. The specification of provided laser machines was reviewed by Thai doctors and Japanese doctors and finally the machine with lower specification but with many usages was installed based on the recommendation by Japanese doctors. In fact, the machine is used every day. Thus the adequacy of provided equipment is high and thus it will be used in the sustainable manner.

Project Name: Diploma Course in Dermatology
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long

Ver.No. PDM2 (August 2006)

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
OVERALL GOAL			
The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in the Asia Region and a leader in	1 Numbers of IOD academic staffs who are members of national-level committees 2 No. of references asked from other public health institutions 3 No. of lectures/presentations delivered at the invited seminars / workshops / courses in Thailand and other countries 4 No. of applicants to the residency course	- IOD documents - IOD documents - IOD documents	
PROJECT PURPOSE			
1 Techniques and knowledge in the field of dermatology among Course participants from Asian and the Pacific countries are upgraded. 2 The Institute of Dermatology enhance capacity to organize suitable and updated training.	1-1 75% of Course participants who acknowledge contribution of the Course to their skills upgrades. 2-1 satisfaction rate by the participants' evaluation 2-2 Number of private participants is increased at least 70% of the course capacity (Note: Full capacity is 30 persons) 2-3 No. of applicants to DCD. 2-4 No. of ex-participants who apply to other IOD courses such as fellowship programs	- Result of course evaluation - ~ ditto ~ - IOD documents - ~ ditto ~ - ~ ditto ~	- Demand for dermatologists exist in the beneficiary countries. - Relevant governments do not reduce the priority of dermatology and projects
OUTPUTS			
1 Participants acquire advanced knowledge and skill to work in dermatology field.	1-1 80% of participants satisfied with the curriculum of the Course 1-2 90% of the Course participants, whose total score is 60% or above at the end of the Course, granted with Diploma of the Course.	- Course report from IOD - ~ ditto ~	- Participants of the Course continue to pursue their carrier in the field of Dermatology.
2 Capacity of the IOD lecturers of the Course is improved.	2-1 80% of participants satisfied with each lecture by IOD lecturers 2-2 Percentage of lectures by IOD lecturers is not less than 70% of total hours. 2-3 Total numbers of studies conducted by IOD lecturers not less than 3 studies per year	- Result of course evaluation - IOD documents - Reports from the research committee in IOD	
3 Capacity of the Course management is improved.	3-1 70% of participants are satisfied with the course management 3-2 Number of improved items and their contents 3-3 Percentage of income from private participants increases 10% per year.	- Result of course evaluation - IOD documents - IOD documents	
4 IOD provides ex-participants with opportunities to exchange experiences and information.	4-1 Number of ex-participants participated in seminars/ workshops/ conferences 4-2 Contents of seminars/ workshops/ conferences 4-3 Numbers of newsletters issued and uploaded on the web 4-4 Number of professional information such as abstracts of academic journals uploaded on the web	- Register of attendance - IOD documents - IOD web site - IOD web site	

ACTIVITIES

- 1-1 Formulate course curriculum.
- 1-1 Prepare teaching materials, laboratory and facilities.
- 1-3 Assign an adequate number of staff as lecturers/instructors for the Course.
- 1-4 Teaching and guide trainees

- 2-1 Assign Thai counterpart/Thai lecturer for training in Japan
- 2-2 Necessary equipment for the course is installed
- 2-3 Assign IOD lecturers correspondent to Japanese experts in order to strengthen cooperation between both sides
- 2-4 Technological guidance from Japanese experts to IOD lectures.

- 3-1 Evaluate participants' achievement, course content, curriculum and administrative performance.
- 3-2 Improve curriculum based on the results of the evaluation
- 3-3 Collect information about the needs of neighbouring countries and study the course competitiveness
- 3-4 Explore the possibility to increase foreign participants such as by sending advertisements to MOH, medical institutions, ex-participants
- 3-5 Prepare and present financial statement of DCD course at JCC

- 4-1 Conduct academic activities such as national and international conferences, workshops, seminars in Thailand
- 4-2 Distribute newsletters of Alumni Association to ex-participants by post as well as via internet (PDF)
- 4-3 Upload professional articles (PDF) on the web site

Japanese Side

- 1 1. Personnel
a) Short term experts upon necessity
- 2 Counterpart training in Japan
- 3 Provision of Equipment
As the necessity required
- 4 Course Cost
a) Excluded the running expenses (Baht)

- JFY2004: 3,551,416.00
- JFY2005: 2,959,377.00
- JFY2006: 2,724,456.50

- For the Year 2005 and later JICA shall reduce the cost annually

- 14 participants for JFY2004
- 12 participants for JFY 2005
- 10 participants for JFY 2006
- 8 participants for JFY 2007
- 6 participants for JFY 2008

INPUTS
Thai Side

- 1 Personnel
- administrative staff
- course instructors/lecturers
- 2 Provision of Training Facilities
- 3 Provision of Equipment
All the necessary items
- 4 Course Cost
a) Running expenses of IOD (Baht)

- JFY2004: 2,534,318.00
- JFY2005: 2,504,644.00
- JFY2006: 2,538,021.00

- For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses.

- 7 participants for JFY 2004
- 6 participants for JFY 2005
- 5 participants for JFY 2006
- 4 participants for JFY 2007
- 3 participants for JFY 2008
- c) IOD shall make effort to cover as much as possible of training expenses
- d) IOD shall increase the number of self funded participants at least 3 persons/year

- Demand for the Course remain adequate in selected 16 countries.
- Selected Alumni of the Course are able to co-operate with the Institute.
- Selected Alumni of the Course are trained in the PhD in dermatology as prospective Thai lecturers through Long-term Study Programme in Japan.
- Participants' ability and willingness to learn remains high throughout the Course
- Number of IOD academic staffs is not decreased.

PRECONDITIONS

Thailand Governmental Reform

Annex 4: List of persons met

Institute of Dermatology

Dr. Jirot Sindhvananda, Director
Dr. Rutsanee Akaraphanth, Deputy Director
Dr. Patcharin Janjamratsang
Dr. Poohglin Trisukosol
Dr. Praneet Sajjachareonpong
Dr. Jinda Rotchanamethin
Dr. Walai-orn Prachyapruit
Ms. Arporn Givaganont

Pramongkutklao Hospital

Dr. Krisada Duangurai (external Thai lecturer to DCD)

Thailand International Development Cooperation Agency

Mr. Apinan Phatarathiyanon, Deputy Director-General
Ms. Rumpuey Patthamavichaiorn, Director, Countries Partnership Branch
Ms. Charintip Yosthasan, Programme Officer
Ms. Malaiwan Lerdkhumsap, Programme Officer, Countries Partnership Branch
Ms. Vitida Sivakua, Programme Officer, Countries partnership Branch
Ms. Veraya Jaru-Ampornpun, Director Human Resource Development Branch

Department of Medical Services, Ministry of Public Health

Mr. Chatri Banchuin, Director
Mr. Suravit Techathuvanan, Deputy Director
Mr. Vichien Tanvannarak, Chief of Foreign Relations

Japan International Cooperation Agency, Thailand Office

Mr. Sato Mikiharu, Resident Representative
Mr. Ogawa Masazumi, Deputy Resident Representative
Mr. Suzuki Hirofumi, Assistant Resident Representative
Ms. Somsri Sukumpantanasan, Programme Officer

Embassy of Japan

Mr. Ono Toshiki, Second Secretary

Japanese expert

Dr. Ogawa Hideoki, C.E.O. & President, Juntendo University

Others

Dr. Pimonpun Gritiyarangsarn, the advisor to IOD

MID-TERM EVALUATION PLAN

Project on the Diploma Course in Dermatology

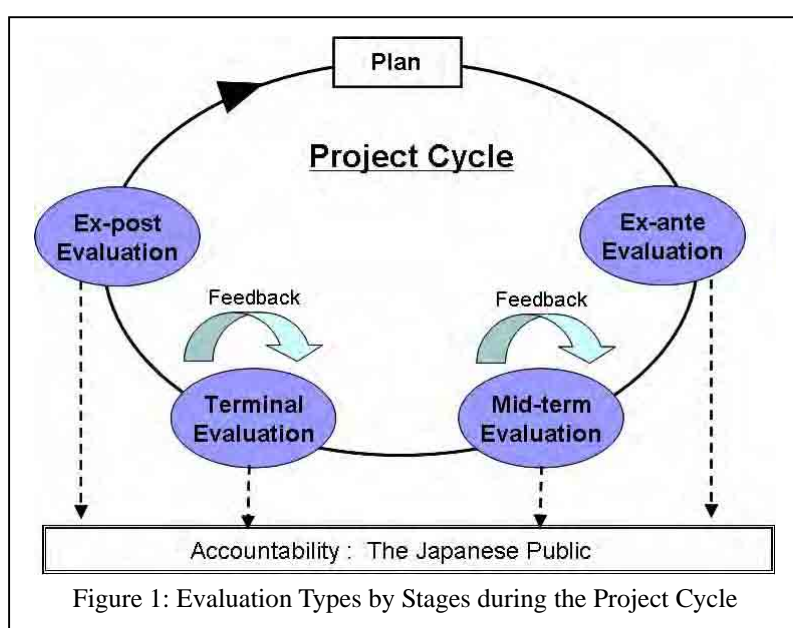
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1. Objective of Mid-term Evaluation

Every JICA's project is evaluated at different stages during the project cycle as seen in Figure 1 below. Evaluation is a tool for judging as objectively as possible the relevance and effectiveness of JICA's cooperation activities at four stages, namely ex-ante, mid-term, terminal and ex-post.

This time, two years and three months after the inauguration of the project called The Project on the Diploma Course in Dermatology (hereinafter referred as the Project), mid-term evaluation is conducted to evaluate whether the Project has been achieving the expected outputs and the project purpose. The mid-term evaluation is utilized to draw the conclusion on whether the Project should be revised and make recommendation for further improvement of project management, and draw lessons to be applied to other similar projects of JICA.



2. Structure of the Project

The Project, which aims to (1) upgrade techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries and (2) enable the Institute of Dermatology (IOD) to develop a suitable updated technology for training and service for Asia and Pacific region, has been carried out since May 2004 for the period of five years.

The expected overall goal, project purposes and outputs are as follows:

Overall Goal	The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand
Project Purposes	<ul style="list-style-type: none"> Techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries are upgraded.

	<ul style="list-style-type: none"> The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and Pacific region.
Outputs	<ol style="list-style-type: none"> 1) Trainees acquire advanced knowledge and skill to work in dermatology field. 2) Ex-participants have continued learning and strengthen the scientific cooperation in dermatology in this region. 3) Capacity of the Institute of Dermatology to sustainably manage the course is improved.

3. Structure of Mid-term Evaluation

The mid-term evaluation is intended to undertake the following tasks.

- (1) to review and confirm the achievement and implementation process of the Project
- (2) to evaluate the Project in terms of five evaluation criteria, namely relevance, effectiveness, efficiency, impact and sustainability, based on the Project Design Matrix (PDM)
- (3) to review and evaluate changes in external conditions
- (4) to reach the conclusion on whether the Project should be revised
- (5) to make recommendation for further improvement of the Project to stakeholders
- (6) to draw lessons that can be applied to other similar ongoing and future projects of JICA

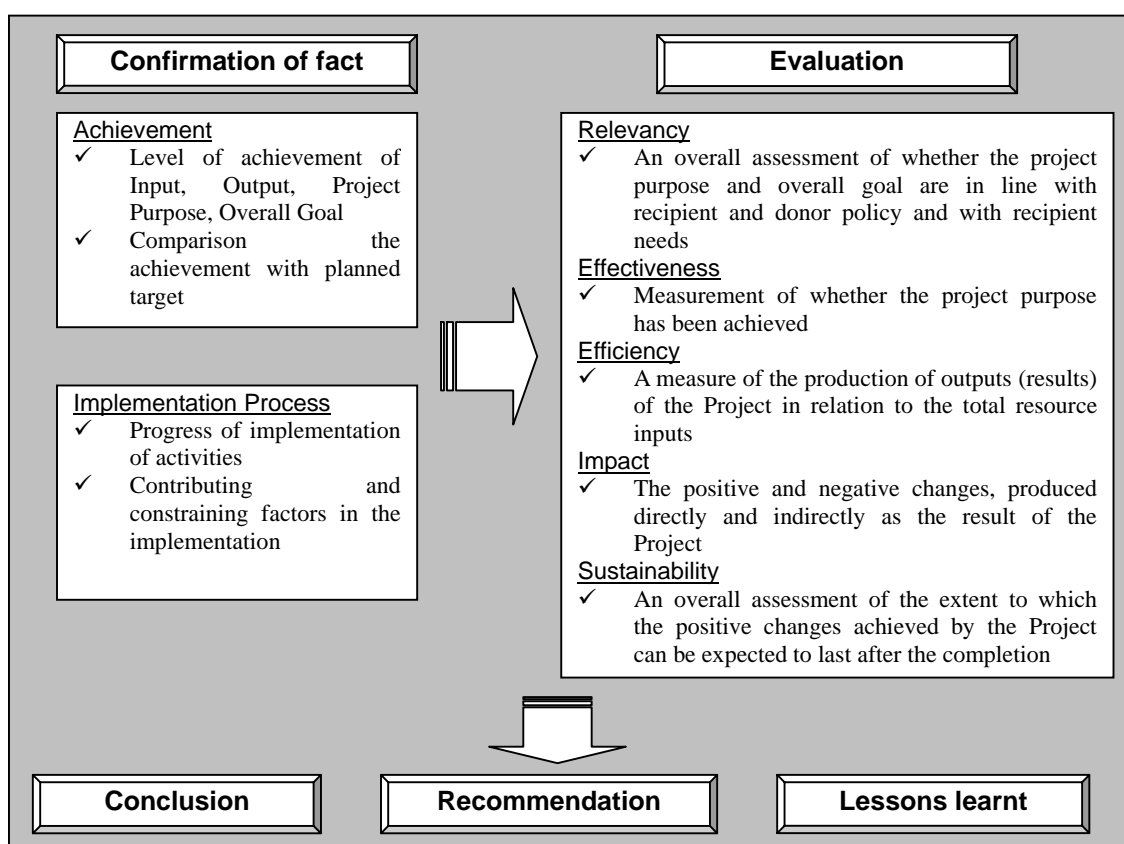


Figure 2: Structure of Terminal Evaluation

4. Survey Method for Mid-term Evaluation

Major survey methods, namely, questionnaire survey, interviews and focus group discussion are briefly explained here.

4.1 Questionnaire Survey

Questionnaire surveys will be circulated among two groups of stakeholders, namely ex-participants from Asian and the Pacific countries and Japanese short-term experts. The points to investigate are as follows.

Table 1 : Main Points to Investigate via Questionnaire Surveys

Target groups	Main points to survey
Ex-participants	<ol style="list-style-type: none"> 1. Opinions towards the Diploma course 2. Utilization of acquired knowledge and skills 3. Situation of technical transfer to colleagues
Japanese experts	<ol style="list-style-type: none"> 1. Achievement of the Project by five criteria 2. Contributing and constraining factors during implementation

4.2 Interviews

A series of interviews are to be conducted based on the questionnaire forms to different groups. Those are intended not only to evaluate the achievement and non (under) achievement of the Project but also to identify contributing and constraining factors to such situations.

Table 2 : Interviewees and Main Points to Survey

Target groups	Main points to survey
IOD C/Ps, incl. selected course lectures	<ol style="list-style-type: none"> 1. Duties and efforts made by IOD (e.g. efforts includes human resource development of IOD employees, gathering latest information on the dermatology from international academic conferences and international organizations, etc.) 2. Achievement of the Project by five criteria 3. Details in implementation process
TICA	<ol style="list-style-type: none"> 1. Duties and efforts made by TICA 2. Achievement of the Project by five criteria 3. Details in implementation process
Ministry of Public Health	<ol style="list-style-type: none"> 1. Efforts made by MOPH 2. Relationship with the Project 3. Relationship with other organizations
Japanese Experts / Japanese project staffs	<ol style="list-style-type: none"> 1. Efforts made by the Project (Japanese experts) 2. Achievement of the Project by five criteria 3. Details in implementation process

4.3 Focus group discussion

Focus group discussion (FGD) is to be held targeting those who currently undergo the Diploma course in order to investigate the following points.

Table 3: Target group and Main Survey Items

Target group	Main survey items
Participants	<ol style="list-style-type: none"> 1. Participants' duties in their respective organizations 2. Reasons for attending the training sessions 3. Opinions towards the Diploma course in terms of usefulness, applicability, coverage and so on.

5. Tentative Schedule of the Mid-term Evaluation Study

Table 4: Schedule of the Mid-term Evaluation Study

Date	Time	Schedule	Place
Aug.6 (Sun)		Consultant arrival Bangkok	
Aug.7 (Mon)	9:00	Meeting with JICA	JICA
	10:00	Meeting with EOJ	EOJ
	11:00	Interview to Director-General and staff , DMS	DMS
	13:30	Meeting with IOD, TICA and JICA Explanation of methodology, confirmation of schedule discussions	IOD
Aug.8 (Tue)	9:30	Discussion with TICA (related staff) (Interview regarding the project)	TICA
	14:00	Discussion with JICA (related staff)	JICA
Aug.9 (Wed)		Discussion/interview with IOD Dr.Jirot and staff	IOD
Aug.10 (Thu)		Discussion/interview with Lecturer (Thai and Japanese)	IOD
Aug.11 (Fri)		Discussion/interview with participants	IOD
Aug.12 (Sat)		Draft of report	
Aug.13 (Sun)		Draft of report Dr.Kishio Ono and team arrival Bangkok Consultant meeting with mission team	
Aug.14 (Mon) (holiday)		Meeting with JICA Office Confirmation of 1) Evaluation Grid 2)Evaluation report 3) PDM&PO	JICA
Aug.15 (Tue)		Courtesy call on TICA	TICA
		Courtesy call on DMS	DMS
		Discussion with IOD and TICA(1,2,3)	IOD
Aug.16 (Wed)		Discussion with IOD and TICA (Draft of M/M)	

MID-TERM EVALUATION PLAN FOR
THE PROJECT ON THE DIPLOMA COURSE IN DERMATOLOGY

Aug.17 (Thu)		Documentation	
		Finalization of M/M attached with 1,2,3	
Aug.18 (Fri)	13:00	JCC Meeting	IOD
		1)Report of activities in JFY 2005	
		2)Report of activities conducted in JFY2006	
		3)Discussion on plans in JFY2006	
		4)Discussion on plans in JFY2007	
	5) Signing M/M		
	19:00	Opening Ceremony of the JFY2006 course	IOD
Aug.19 (Sat)		Leave Bangkok	

6. Attachment

1. Questionnaire for C/Ps in IOD and TICA officials
2. Questionnaire for Ex-participants

Questionnaire for C/Ps in IOD and TICA Officials

Name: _____

Organization and designation: _____

Period of your engagement in the Project : _____ ~ _____

1. IOD's role and activities

1.1 (Only for IOD officials) Before asking detailed information on the Project, I would like you to tell me about the role and activities of IOD. I heard that there are different courses for Thai nationals (Residency Course) and for foreign nationals (Diploma Course). Could you describe how different or similar these courses are (in terms of objectives of the course, obtainable degree, lectures, curriculum, etc.)

()

1.2 (Only for IOD officials) What are the organizational mission (or mandate) of IOD, especially in regard with human resource development?

()

1.3 (Only for IOD officials) Do you consider providing the diploma course to foreign nationals is what IOD should do as IOD's mandate?

()

1.4 (Only for IOD officials) Are there any particular activities or programs aiming at upgrading

skills of IOD employees? Could you kindly describe how IOD develops its human resources (IOD employees)?

[]

1.5 (Only for IOD officials) How do you obtain internationally latest scientific information on the subject?

[]

2. About implementation process

2.1 From here, I would like to ask you about the Project. Could you kindly describe your duties in the Project?

[]

2.2 Does the Joint Coordinating Committee(August) and regular meeting (March) work adequately to support the Project in terms of frequency and the contents of discussion? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

[]

2.3 How do you monitor the progress of the Project and share its monitoring information except for the meetings mentioned above? Please describe the way you monitor the progress. (e.g. briefing session by each expert)

()

2.4 Does the monitoring mechanism you have mentioned function adequately to monitor the progress of the project and share its information in terms of frequency and the contents of discussion? If adequate, why you consider it is adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

()

2.5 Do C/Ps and Japanese experts communicate adequately enough to implement the Project efficiently and effectively? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

()

2.6 Do C/Ps and TICA/JICA communicate adequately enough to implement the Project efficiently and effectively? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

TICA:
JICA:

()

3. Relevance: a criterion for considering the validity and necessity of the project

3.1 Does the Project adequately meet the needs of IOD/TICA? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved?

Note: Needs of each organization can be rephrased as follows: (i) In case of IOD, does IOD have a strong intention to become a training institute to provide diploma courses for participants from Asian and the Pacific regions with the Project's support? (ii) In case of TICA, does TICA consider the Project essential in order to enable IOD to become a training institute to provide diploma courses?

Adequate Not adequate No opinion

3.2 Is the Project's approach (provide diploma courses for participants from Asian and the Pacific regions and upgrade techniques and knowledge of those participants) appropriate? If appropriate, please describe why you consider it is appropriate. If inappropriate, how do you think it could be improved?

Appropriate Not appropriate No opinion

3.3 The Project has another purpose, namely, enabling IOD to develop a suitable updated technology for training and services for Asian and the Pacific regions. In other words, IOD is expected to run Diploma courses independently in a sustainable manner after the Project. Does the Project take enough and appropriate measures to achieve this purpose? If you think so, please describe why you consider it is enough and appropriate. If not, how do you think it could be improved?

Enough and appropriate Not enough and not appropriate No opinion

3.4 Are technical suggestions (by short-term experts or acquired by counterpart trainings) and

technologies used in the Project appropriate? Please describe your opinion.

Appropriate Not appropriate No opinion

3.5 Did you learn something new and useful from technical suggestions from Japanese experts?
If so provide some examples.

4. Effectiveness : a criterion for considering whether the implementation of project will benefit the intended beneficiaries

4.1 Looking at the present situation, do you think that the project purpose “Techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries are upgraded.” will be achieved within the Project period? Please provide us the reason of your choice.

Will be achieved Will not be achieved No opinion

4.2 Please describe the present level of achievement of the project purpose “Techniques and knowledge in the field of dermatology among course participants from Asian and the Pacific countries are upgraded.” in percentage. **Note:** 100% means “fully achieved.”

(Describe in percentage: ____ %)

4.3 Looking at the present situation, do you think that the project purpose “The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and the Pacific region.” will be achieved within the Project period? Please provide us the reason of your choice.

Will be achieved Will not be achieved No opinion

(

4.4 Please describe the present level of achievement of the project purpose “The Institute of Dermatology will enable to develop a suitable updated technology for training and services for Asia and the Pacific region.” in percentage. **Note:** 100% means “fully achieved.”

(Describe in percentage: ____ %)

4.5 Do three outputs contribute enough to achieve the project purpose? If enough, please describe why you consider it is enough. If not enough, how do you think it could be improved?

Note: Three outputs are explained under the next question, so see the question 5.1

Enough Not enough No opinion

(

5. Efficiency : a criterion for considering how economic resource / inputs are converted to results

5.1 How do you know / think about the present status of three outputs?

- (1) Trainees acquire advanced knowledge and skill to work in dermatology field.
- (2) Ex-participants have continue leaning and strengthen the scientific cooperation in dermatology in this region
- (3) Capacity of the Institute of Dermatology to sustainably manage the course is improved.

Please explain what you know for each output

(

5.2 Have activities been sufficient to produce the outputs? Any activities that you would like to request the project to enhance for the rest of the project period?

(

5.3 Have Japanese short-term experts been dispatched adequately in terms of their expertise, numbers of experts, period and timing in order to carry out the planned activities? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

(

5.4 Has provision of equipment been adequate in terms of variety, quantity and timing? If adequate, please describe why you consider it was adequate. If inadequate, how do you think it could be improved?

Adequate Not adequate No opinion

(

*5.5 (Only to those who participated in trainings in Japan) Was the training useful? If so, especially what was useful? If not so useful, how do you think the training could be improved?

Useful Not useful No opinion

(

5.6 Are Thai C/Ps allocated adequately in terms of their expertise and numbers in order to carry out the planned activities? If adequate, please describe why you consider it is adequate. If inadequate, how do you think it could be improved? (Note: check if there is any other similar projects in IOD)

Adequate Not adequate No opinion

6. Impact : a criteria for considering the effect of the project with an eye on the longer term effects including direct or indirect, positive or negative, intended or unintended

6.1 Is the overall goal of the Project, “The Institute of Dermatology will develop to be the centre of dermatology training and scientific cooperation in research study in Thailand”, likely to be achieved with the Project’s contribution? If “likely to be achieved”, please describe how do you think it can be achieved. If “unlikely to be achieved”, please describe how do you think the project should have been carried out.

Likely to be achieved Unlikely to be achieved No opinion

6.2 (For IOD C/Ps) Are any other impacts on activities of IOD? For example, influences on the curriculum development of other IOD courses and so on.

6.3 (For TICA officials) Are any other impacts on activities of TICA? For example, influences on the policy formulation of the other third-country training programmes.

7. Sustainability : a criteria for considering whether produced effects continue after the rumination of the project

7.1 The Project aims to enable IOD to become the centre of dermatology training and scientific cooperation in research study. In order to do so, are the leanings and technologies for trainings obtained from the Project mainstreamed within IOD at present? How would be when the Project end? How would be after 3 to 5 years of the Project?

MID-TERM EVALUATION PLAN FOR
THE PROJECT ON THE DIPLOMA COURSE IN DERMATOLOGY

Present Mainstreamed Little mainstreamed No opinion

Reason for your answer:

()

At the end of the Project Mainstreamed Little mainstreamed No opinion

Reason for your answer:

()

After 3-5 yrs of the Project Mainstreamed Little mainstreamed No opinion

Reason for your answer:

()

7.2 What can the Project do to enable IOD to become the centre of dermatology training and scientific cooperation in research study from now on and even after the completion of the Project?

Japanese experts

()

C/Ps (incl. financial/management aspect if necessary)

()

TICA

()

JICA

()

8. Others

8.1 Could you kindly list all your publications - books and academic papers- with title, page numbers, name of journals, their scores, place of publication, year of publication?

()

8.2 Any other comments that you would like to add?

()

Thank you for your cooperation.

Questionnaire for Ex-participants of the Diploma Course in Dermatology

Name: _____ Age: _____
Country: _____ Gender: M / F
Month/Year of participation: _____ Batch No.: _____

(At the time of participation in the Diploma course)

Belonging organization: _____

Bureau/Office: _____ Position: _____

(Present)

Belonging organization: _____

Bureau/Office: _____ Position: _____

1.Participants' Expectation

1-1 Before applying for the Diploma Course (hereinafter referred as the Course), what was your major motivation to do so? (Circle all that apply)

- (a) Told by your supervisor
- (b) To open your own clinic
- (c) To obtain the Diploma
- (d) To upgrade your own skills and knowledge
- (e) Other (Specify: _____)

1-2 Before applying for the Course, which skills and knowledge were you most interested in? (Circle all that apply)

- (a) Practical clinical skills
- (b) Research skills
- (c) Knowledge for teaching
- (d) Knowledge in basic science
- (e) Other (Specify: _____)

1-3 Why did you select this particular Course in Thailand? Please list all reasons such as cost, contents, proximity to home country, no other opportunities in the field of dermatology, etc.

Answer:

2.Satisfaction Level of the Course

- 2-1 Are the contents (techniques / knowledge) acquired in the Course useful? (Circle one)
- (a) Not useful
 - (b) Most of them were not useful
 - (c) Some of them were useful
 - (d) Most of them were useful
- 2-2 Considering practical application of the techniques in your country, are the technical level of the Course too specialized (high)? (Circle one)
- (a) Too specialized
 - (b) Rather specialized
 - (c) Not too specialized
 - (d) Adequate
- 2-3 Did you acquire enough knowledge/techniques on the use of laboratory/medical equipment? (Circle one)
- (a) Not at all
 - (b) Not very enough
 - (c) Fairly enough
 - (d) Enough
- 2-4 Did you encounter or feel any difficulties in actual application of acquired technical knowledge after going back to your own country? If so, could you kindly describe details such as (i) which technologies did you face difficulties to apply, (ii) why was it difficult to apply, etc.
- Answer:
- 2-5 Were the Japanese lecturers knowledgeable about the subject? (Circle one)
- (a) Not so knowledgeable
 - (b) More or less knowledgeable
 - (c) Knowledgeable
 - (d) Very knowledgeable
- 2-6 Were the Thai lecturers knowledgeable about the subject? (Circle one)

MID-TERM EVALUATION PLAN FOR
THE PROJECT ON THE DIPLOMA COURSE IN DERMATOLOGY

- (a) Not so knowledgeable
- (b) More or less knowledgeable
- (c) Knowledgeable
- (d) Very knowledgeable

2-7 How do you rate the usefulness/quality of the textbook, handouts and audiovisuals? (Circle one)

- | | | | | |
|---------------------|----------|----------------|----------|---------------|
| Textbook: | (a) Poor | (b) Acceptable | (c) Good | (d) Very good |
| Handouts: | (a) Poor | (b) Acceptable | (c) Good | (d) Very good |
| Audiovisual: | (a) Poor | (b) Acceptable | (c) Good | (d) Very good |

2-8 How do you rate your satisfaction with the Course at the Institute of Dermatology? (Describe in percentage. Note that 100% means “fully satisfied”.)

Satisfaction Level: _____%

2-9 How do you evaluate the extent to which this Course has contributed to your upgrading of techniques and knowledge? (Circle one)

- (a) Very little contribution
- (b) More or less contribution
- (c) Fairly good contribution
- (d) Very good contribution

2-10 Do your government / relevant authorities give accreditation to the Diploma awarded by the Institute of Dermatology in Thailand?

- (a) Yes
- (b) No

2-11 If the Diploma Course were organized only by Thai lecturers, would you still have participated in the Course?

- (a) Yes
- (b) No

(Those who answered “No”) Could you explain reasons?

Answer:

3. Practical Application of the Acquired Knowledge and Techniques

3-1 Are you still working in the field of dermatology?

- (a) Yes (b) No

(Those who answered "No") Could you explain reasons?

Answer:

3-2 Do you still continue studying dermatology?

- (a) Yes (b) No

(Those who answered "No") Could you explain reasons?

Answer:

3-3 Have you applied the knowledge / techniques acquired through the Course on your daily duties?

- (a) Yes (b) No

(Those who answered "No") Could you explain reasons?

Answer:

3-4 (To those who answered **YES** to the previous question) How have you applied the knowledge / techniques? (Circle all that apply)

- (a) Transfer of the knowledge/techniques to others
- (b) Clinical application
- (c) As basis for further study
- (d) As basis for further research
- (e) Other (Specify: _____)

3-5 (To those who answered **(a)** to the previous question) What were the form / medium of transfer?

(Circle all that apply)

- (a) College / university classes
- (b) Short-term seminars / workshops
- (c) On-the-job personal contacts
- (d) Publications
- (e) Other (Specify: _____)

4.Potential impacts – Networking –

4-1 How often do you have correspondence with other ex-participants from your country? (Circle one)

- (a) Not at all
- (b) Not very often
- (c) Often
- (d) Very often

4-2 Please describe any activities you have done together with other ex-participants from your country?

Answer:

4-3 How often do you have correspondence with other ex-participants from other countries? (Circle one)

- (a) Not at all
- (b) Not very often
- (c) Often
- (d) Very often

4-4 Please describe any activities you have done together with other ex-participants from other countries?

Answer:

4-5 How often do you have correspondence with course lecturers? (Circle one)

- (a) Not at all
- (b) Not very often
- (c) Often
- (d) Very often

4-6 Please describe any activities you have done together with course lecturers?

Answer: (With Thai lecturers) (With Japanese lecturers)

4-7 Do you receive the newsletters from IOD?

- (a) Yes (b) No

(Those who answered “YES” to the previous question) How do you rate the usefulness/quality of the newsletters? (Circle one)

- (a) Poor (b) Acceptable (c) Good (d) Very good

4-8 Please describe, if any positive and negative changes you have experienced as a result of taking this course?

Answer: <u>Positive:</u> <u>Negative:</u>

4-9 Could you kindly describe the career path that you have taken in the field of dermatology after completing the Diploma Course up to now?

MID-TERM EVALUATION PLAN FOR
THE PROJECT ON THE DIPLOMA COURSE IN DERMATOLOGY

Answer:

- 4-10 Could you describe your present position and role in the field of dermatology in your country?

Answer:

- 4-11 Could you kindly list all your publications - books and academic papers- with title, page numbers, name of journals, their scores, place of publication, year of publication?

Answer:

- 4-12 How has the Diploma Course been useful for you to develop your career?

Answer:

- 4-13 Any other comments that you would like to add?

Comments:

Thank you very much for your time and cooperation.

3. 質問票の結果の要約

Summary Results of Questionnaire Survey for Ex-participants of DCD

1. Profile of Respondents

- 1.1 Number of respondents: 58
- 1.2 Average age of respondents: 44.5
- 1.3 Gender and fund resources of respondents:

Gender		Funds	
Male	Female	Sponsored	Private
30	28	46	12
58		58	

- 1.4 Countries of respondents:

Country Name	No. of responses
1 Bangladesh	1
2 Cambodia	13
3 China	4
4 India	1
5 Lao PDR	7
6 Malaysia	8
7 Myanmar	3
8 Philippines	7
9 South Africa	1
10 Sri Lanka	2
11 Timor Leste	1
12 Viet Nam	10
Total	58

2. Participants' Expectation

- 2.1 Before applying for the Diploma Course (hereinafter referred as the Course), what was your major motivation to do so? (Circle all that apply)

(a) Told by your supervisor	17
(b) To open your own clinic	9
(c) To obtain the Diploma	29
(d) To upgrade your own skills and knowledge	54
(e) Other	5

- 2.2 Before applying for the Course, which skills and knowledge were you most interested in?

(Circle all that apply)

(a) Practical clinical skills	54
(b) Research skills	26
(c) Knowledge for teaching	32
(d) Knowledge in basic science	35
(e) Other	2

3.Satisfaction Level of the Course

3.1 Are the contents (techniques / knowledge) acquired in the Course useful? (Circle one)

(a) Not useful	0
(b) Most of them were not useful	0
(c) Some of them were useful	4
(d) Most of them were useful	54
Total	58

3.2 Considering practical application of the techniques in your country, are the technical level of the Course too specialized (high)? (Circle one)

(a) Too specialized	8
(b) Rather specialized	11
(c) Not too specialized	9
(d) Adequate	29
Total	57

3.3 Did you acquire enough knowledge/techniques on the use of laboratory/medical equipment? (Circle one)

(a) Not at all	2
(b) Not very enough	13
(c) Fairly enough	22
(d) Enough	21
Total	58

3.4 Were the Japanese lecturers knowledgeable about the subject? (Circle one)

(a) Not so knowledgeable	1
(b) More or less knowledgeable	0
(c) Knowledgeable	15
(d) Very knowledgeable	42
Total	58

3.5 Were the Thai lecturers knowledgeable about the subject? (Circle one)

(a) Not so knowledgeable	1
(b) More or less knowledgeable	3
(c) Knowledgeable	29

(d) Very knowledgeable	25
Total	58

3.6 How do you rate your satisfaction with the Course at the Institute of Dermatology?
(Describe in percentage. Note that 100% means “fully satisfied”.)

(a) 100% - 90%	32
(b) 89% - 80%	11
(c) 79% - 70%	9
(d) 69% - 60%	6
Total	58

3.7 How do you evaluate the extent to which this Course has contributed to your upgrading of techniques and knowledge? (Circle one)

(a) Very little contribution	1
(b) More or less contribution	3
(c) Fairly good contribution	20
(d) Very good contribution	34
Total	58

3.8 If the Diploma Course were organized only by Thai lecturers, would you still have participated in the Course?

(a) Yes	39
(b) No	19
Total	58

4. Practical Application of the Acquired Knowledge and Techniques

4.1 Are you still working in the field of dermatology?

(a) Yes	58
(b) No	0
Total	58

4.2 Do you still continue studying dermatology?

(a) Yes	52
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(b) No	6
Total	58

4.3 Have you applied the knowledge / techniques acquired through the Course on your daily duties?

(a) Yes	58
(b) No	0
Total	58

4.4 (To those who answered **YES** to the previous question) How have you applied the knowledge / techniques? (Circle all that apply)

(a) Transfer of the knowledge/techniques to others	44
(b) Clinical application	54
(c) As basis for further study	30
(d) As basis for further research	29
(e) Other	2

4.5 (To those who answered **(a)** to the previous question) What were the form / medium of transfer? (Circle all that apply)

(a) College / university classes	28
(b) Short-term seminars / workshops	21
(c) On-the-job personal contacts	33
(d) Publications	14
(e) Other	1

5.Potential impacts – Networking –

5.1 How often do you have correspondence with other ex-participants from your country?

(Circle one)

(a) Not at all	10
(b) Not very often	23
(c) Often	16
(d) Very often	9
Total	58

5.2 How often do you have correspondence with other ex-participants from other countries?

(Circle one)

(a) Not at all	20
(b) Not very often	28
(c) Often	8
(d) Very often	2
Total	58

5.3 How often do you have correspondence with course lecturers? (Circle one)

(a) Not at all	27
(b) Not very often	22
(c) Often	7
(d) Very often	2
Total	58

5.4 Do you receive the newsletters from IOD?

(a) Yes	11
(b) No	44
Total	55

5.5 Could you kindly describe the career path that you have taken in the field of dermatology after completing the Diploma Course up to now?

- Was working as a doctor of the China-Japan Friendship Hospital at that time, and now active in teaching and research as a professor of dermatology in Peking University. (14th batch: China)
- Was working as a doctor of the STD control department in Yangon Hospital, and now teaching as a head of dermatology department in Univ. of Medicine I. (8th batch: Myanmar)
- Still working in the NGO and provide trainings on community-based prevention approach of some skin diseases. In addition, seeing 7,000 patients per year in low income areas. (19th batch: Bangladesh)
- Holding two posts now; vice director of the National Institute of Dermatology and a head of dermatology dept at the medical college. (11th batch: Laos)
- After attending DCD, worked as a head of technical guidance department of the National Institute of Dermato-Venereology. In addition obtained a Ph.D in dermatology. (11th batch: Viet Nam)
- After attending DCD, started the new department of leprosy and dermatology in the belonging medical institute. (11th batch: Philippines)
- Right after attending DCD, was asked to start OPD in dermatology by the head of the department, and did so. (3rd batch: Sri Lanka)

4. 専門家派遣実績

	氏名 漢字	氏名 英字	担当内容	担当内容	派遣開始年	派遣終了年	勤務先名
1	島田 眞路	SHINJI SHIMADA	免疫皮膚学	Immunodermatology	2004/7/5	2004/7/16	国立大学法人山梨大学
2	鈴木 啓之	HIROYUKI SUZUKI	組織病理学	Histopathology	2004/7/24	2004/8/7	日本大学
3	小川 秀興	HIDEOKI OGAWA	生化学	Biochemistry	2004/8/9	2004/8/21	順天堂大学
4	北島 康雄	YASUO KITAJIMA	分子皮膚科学	Molecular Dermatology	2004/8/22	2004/8/31	岐阜大学
5	田上 八朗	HACHIRO TAGAMI	生命工学	Bioengineering	2004/10/12	2004/10/23	無職
6	神崎 保	TAMOTSU KANZAKI	職業皮膚病	Occupational Dermatoses	2004/11/29	2004/12/10	国立大学法人鹿児島大学
7	渡辺 晋一	SHINICHI WATANABE	レーザー外科	Laser Surgery	2004/12/12	2004/12/23	帝京大学
8	今村 貞夫	SADAO IMAMURA	菌学	Mycology	2005/1/10	2005/1/21	松江市立病院
9	橋本 公二	KOJI HASHIMOTO	光線皮膚科学	Photodermatology	2005/1/31	2005/2/11	国立大学法人愛媛大学
10	小川 秀興	HIDEOKI OGAWA	口頭試験	Oral Examination	2005/3/2	2005/3/6	順天堂大学
11	鈴木 啓之	HIROYUKI SUZUKI	職業皮膚病学／光線皮膚科学	Occupational dermatoses	2005/7/24	2005/8/6	日本大学
12	小川 秀興	HIDEOKI OGAWA	生化学	Biochemistry	2005/8/6	2005/8/20	順天堂大学
13	北島 康雄	YASUO KITAJIMA	分子皮膚病学	Molecular Dermatology	2005/8/21	2005/8/31	国立大学法人 岐阜大学
14	田上 八朗	HACHIRO TAGAMI	生命工学	Bioengineering	2005/10/24	2005/11/5	無職
15	神崎 保	TAMOTSU KANZAKI	分子皮膚病学	Molecular Dermatology	2005/11/28	2005/12/9	国立大学法人鹿児島大学
16	橋本 公二	KOJI HASHIMOTO	免疫皮膚病学2	Immunodermatology	2005/12/25	2006/1/7	国立大学法人愛媛大学
17	島田 眞路	SHINJI SHIMADA	免疫皮膚病学	Immunology	2006/1/9	2006/1/20	国立大学法人 山梨大学
18	渡辺 晋一	SHINICHI WATANABE	レーザー外科	Laser surgery	2006/1/24	2006/2/3	帝京大学
19	小川 秀興	HIDEOKI OGAWA	口問試験	Oral Examination	2006/3/1	2006/3/4	順天堂大学
20	鈴木 啓之	HIROYUKI SUZUKI	生命工学	Bioengineering	2006/7/23	2006/8/5	無職
21	小川 秀興	HIDEOKI OGAWA	生化学	Biochemistry	2006/8/6	2006/8/19	順天堂大学

5 . 研修員受入れ実績

	年度	研修コース	研修コース英文	研修員氏名	受入期間		来日時現職	研修実施機関
1	2004	バイオエンジニアリング	Bioengineering	Walaiorn PRATCHYAPRUIT	2004/6/22	2004/9/12	Institute of Dermatology, Bangkok	東北大学医学部
2	2004	レーザー外科治療	Laser surgery	ROJANAMATIN Jinda	2005/1/16	2005/3/17	Chief of Dermatosurgery and Laser/Inst.of Dermatology	帝京大学医学部
3	2005	免疫皮膚病学	Immunodermatology	Patcharin JANJUMRATSANG	2005/8/2	2005/11/5	Chief of Immunodermatology, Institute of Dermatology	山梨大学
4	2005	バイオエンジニアリング	Bioengineering	Rutsanee AKARAPHANTH	2005/11/30	2005/12/23	Institute of Dermatology, Bangkok	東北大学大学院 医学系研究科
5	2006	レーザー外科	Laser Surgery	Suthatip SOMBOONVIT	2006/5/30	2006/8/31	Doctor, Dermatosurgery and Laser/ Institute of Dermatology, Bangkok	帝京大学医学部

作成 2006 年 8 月 23 日

評価項目	評価設問		調査結果								
	大項目	小項目									
実績の確認	上位目標の達成度 (見込み)		<p>1984 年から第三国研修として始まった 10 ヶ月間の皮膚病学ディプロマコース (Diploma Course in Dermatology, DCD) は、現在、2004 年から 5 年間の技術協力プロジェクトとして実施されており、研修修了者は 26 カ国からの 550 名以上に及ぶ。上位目標の達成状況を把握するため、本中間調査では、研修修了者を対象としたアンケート調査を実施したが、その際には、回収の難しさを考慮し、プロジェクト化される前に研修を受けた修了生も対象とした。(「研修修了生対象アンケート」の結果要約に関しては、付属資料 3 参照。) 本評価グリッド作成時点での「研修修了生対象アンケート」の回答数は 12 カ国からの 58 件であった。</p> <p>「研修修了生対象アンケート」からは、修了生の多くが、母国で皮膚病学の分野で活躍を続け、積極的に技術移転を行っていることが明らかになった。一方で、プロジェクト期間に限ってみれば、その知識を DCD のために活用している修了生、すなわち DCD で講義を担当している修了生はいない。2004 年以前に DCD を受講した修了生も含めると、5 期 DCD のタイ人卒業生で現在 IOD 職員の医師 1 名、12 期 DCD のタイ人卒業生で、現チェンマイ大学の職員 1 名が、DCD で講義を行っているとのことであった。(指標 1)</p> <p>同じく、「研修修了生対象アンケート」によれば、回答者全員 (有効回答数 58) が、現在も皮膚病学分野での仕事を続け、習得した技術・知識を日常の業務で活用していると答えている。また、うち 44 名は、第三者への技術移転を行っていると回答しており、その方法としては、以下の通りである。</p> <p>表 1 : 技術移転の方法 (複数回答質問)</p> <table border="1"> <tbody> <tr> <td>大学での講義を通じて</td> <td>28</td> </tr> <tr> <td>セミナーやワークショップを通じて</td> <td>21</td> </tr> <tr> <td>職場での交流を通じて</td> <td>33</td> </tr> <tr> <td>学術誌への論文掲載を通じて</td> <td>14</td> </tr> </tbody> </table> <p>日常業務を通しての技術移転のほかに、大学医学部での講義、セミナーでの発表や論文発表など、多くの方法で技術移転が活発に行われてきたことが分かった。このように、現在まで、研修生から技術移転を受けた人の数は極めて大きいと考えられる。また、今後も、同様に多くの人が、研修参加者から、彼らが習得した技術や知識の移転を受けることが予想される。(指標 2)</p> <p>指標 1 と指標 2 によって、全く正反対の上位目標の達成見込みが結論付けられるという状況であり、指標を</p>	大学での講義を通じて	28	セミナーやワークショップを通じて	21	職場での交流を通じて	33	学術誌への論文掲載を通じて	14
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職場での交流を通じて	33										
学術誌への論文掲載を通じて	14										
	皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する。	<p>1. 習得した技術・知識をコースに活用する研修修了者の割合</p> <p>2. 研修修了者から、何らかの技術移転を受けた人の数</p>									

			<p>見直すとともに、「関係者で皮膚病学研究所が、皮膚病における研修と調査研究の学術協力の中心として発展する」とは具体的にどういうことを指すのかイメージの共有化が必要であると思われる。</p>															
<p>プロジェクト目標の達成度（見込み）</p>	<p>(1) アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識が向上する。</p> <p>(2) 皮膚病学研究所がアジア・太平洋地域における研修・サービスの適切な最新技術を発展させることができる。</p>	<p>1. 本コースが自身の技術向上に役立っていることを認識している研修参加者の割合</p> <p>2. 本コースが部下の技術向上に役立っていることを認識している研修修了者の上司の割合</p>	<p>「研修修了生対象アンケート」では、下記の通り、多くの研修生が、本コースは技術向上に役立ったと認識している。（指標1） 参考：質問文（英文）“How do you evaluate the extent to which this course has contributed to your upgrading of techniques and knowledge?”</p> <p>表2：貢献度合い</p> <table border="1" data-bbox="952 391 1460 593"> <tr> <td>1</td> <td>ほとんど貢献していない</td> <td>1</td> </tr> <tr> <td>2</td> <td>ある程度は貢献している</td> <td>3</td> </tr> <tr> <td>3</td> <td>かなりの程度貢献している</td> <td>20</td> </tr> <tr> <td>4</td> <td>大いに貢献している</td> <td>34</td> </tr> <tr> <td>5</td> <td>合計</td> <td>58</td> </tr> </table> <p>DCD を修了後、所属先を変更している研修生もいることが予想されたこともあり、今回研修修了者の上司を対象としたアンケート調査は実施していない。また、20を超える国に点在する多くの研修修了生を対象にアンケートを実施することだけでも非常に困難なことを考えると、上司へのアンケート調査を必要とする本指標の変更を検討する必要もあろう。（指標2）</p> <p>「研修修了生対象アンケート」では、研修終了後のキャリアパスについても質問をしており、その回答からは、多くの卒業生がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。このことは、1984年から第三国研修として始まった10ヶ月間のDCDが、アジア・太平洋地域の研修参加者の皮膚病学分野における技術と知識の向上に役立ってきたことを示している。</p> <p>（研修修了生の活躍例）</p> <ul style="list-style-type: none"> ・ 研修当時は中日友好病院の医師であったのが、現在は、北京大学医学部の皮膚科教授として活躍中。（14期生：中国） ・ 研修当時はヤンゴン総合病院 STD コントロール部門の医師であったが、現在は、医科大学（Univ. of Medicine I）、皮膚科長として医師の指導にあたっている。（8期生：ミャンマー） ・ NGOで貧困地域を対象にコミュニティレベルの皮膚病予防を指導している。また、実際、それらの地域で、年間7,000人程度の皮膚病患者を診察している。（19期：バングラデシュ） ・ 現在、国立皮膚病学研究所の副所長と医科大学の皮膚科長を兼任している。（11期：ラオス） ・ DCD終了後、National Institute of Dermato-Venereologyの技術指導部の長を務めた。また、皮膚病学分野で博士号を取得した。（11期生：ベトナム） ・ 所属病院においてハンセン病・皮膚病科を立ち上げた。（11期生：フィリピン） 	1	ほとんど貢献していない	1	2	ある程度は貢献している	3	3	かなりの程度貢献している	20	4	大いに貢献している	34	5	合計	58
1	ほとんど貢献していない	1																
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3	かなりの程度貢献している	20																
4	大いに貢献している	34																
5	合計	58																

		<p>・ DCD 修了直後から、所属病院において皮膚科診療（OPD）を開始した。（3期生：スリランカ） 指標1や研修修了生の活躍に鑑みるに、プロジェクト目標（1）の達成の見込みは高いといえるであろう。</p>															
	<p>3. （2）をはかる指標がない。</p>	<p>目標2を測る指標が設定されておらず、今後、指標に基づいたモニタリング・評価を実施するためにも、早急に指標を設定することが必要である。本中間評価においては、日本人専門家に対するアンケートの結果、また、IOD スタッフに対するインタビューの結果をもとに、目標2の達成度を検討することとする。</p> <p>日本人専門家、IOD スタッフともに、プロジェクト目標（2）の達成のためには、IOD スタッフの能力強化が不可欠であるが、IOD スタッフの能力は未だ不十分であり、目標達成度は低いとの認識であった。日本人専門家だけでなく、IOD のスタッフ自らが、IOD スタッフを含むタイ人医師は臨床経験は豊富だが、基礎科学分野は弱いことを認識している。基礎科学の研究には、十分な機材と設備の整ったラボが必要であり、能力強化は一朝一夕に進まない。基礎科学分野での能力向上を目指した長期研修が、1960年代頃より行われてきているが、長期研修を受けたIOD スタッフ12名の内、現在もIODに残っているのは4名（医師2名、技術者2名）のみという状況にある。2004年にプロジェクトとなった後は、その不足を補うべく、現在までに5名の医師を、3ヶ月のC/P研修に派遣している。今後は、C/P研修を受けた医師が中心となり、IODのスタッフの能力強化を進めていくことが望まれる。</p>															
<p>成果の達成度 1. 研修参加者が皮膚病分野での高等知識・技術を得る。</p>	<p>1-1. コース内容に満足している研修参加者の割合</p>	<p>DCDでは、修了に際し、研修生によるコース評価を実施しているが、その評価結果によると、21回目DCD（2004年5月から2005年3月）、22回DCD（2005年5月から2006年3月）の研修生による評価では、それぞれ、93%、79%の研修生が、本コースを“well planned”と回答している。（IODでは、この値を満足度を測るものとして採用している。）</p> <p>また、「研修修了生対象アンケート」においても満足度を聞いているが、それによると回答者58名の満足度は、表3の通りである。参考：質問文（英文）“How do you rate your satisfaction with the Course at the Institute of Dermatology? (Describe in percentage. Note that 100% means fully satisfied.)”（指標1-1）</p>															
	<p>1-2. ディプロマを取得した研修参加者の割合</p>	<p>表3：研修に対する満足度</p> <table border="1" data-bbox="952 1093 1400 1292"> <tr> <td>1</td> <td>100% - 90%</td> <td>32</td> </tr> <tr> <td>2</td> <td>89% - 80%</td> <td>11</td> </tr> <tr> <td>3</td> <td>79% - 70%</td> <td>9</td> </tr> <tr> <td>4</td> <td>69% - 60%</td> <td>6</td> </tr> <tr> <td></td> <td>合計</td> <td>58</td> </tr> </table>	1	100% - 90%	32	2	89% - 80%	11	3	79% - 70%	9	4	69% - 60%	6		合計	58
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	<p>1-3. 全ての研修参加者が試験において平均60%以上の点数をとる。</p>	<p>21回DCDにおいては29名全員がディプロマを取得しており、22回DCDにおいては、29名中28名がディプロマを取得している。22回コースにおいては、ラオスからの参加者1名が、筆記試験後の最終口頭試験を</p>															

			<p>経ても、合格点に届かず、ディプロマコースを取得するに至らなかった。(指標 1-2)</p> <p>IOD 作成のコースレポートによると、21 回目 DCD においては 29 名中 25 名 (86%) が、22 回目の DCD に関しては 29 名中 26 名 (89%) が、平均 60 ポイント以上の点数を取得している (満点は 100 ポイント)。(指標 1-3)</p> <p>これらの指標から、成果 1 の達成度は極めて高いといえる。指標 1-3 に関しては、全ての研修参加者が試験において平均 60%以上の点数をとる、となっているが、試験結果は多分に研修生個人々の能力ややる気に左右されるため、100%を達成することは難しいと考えられ、実際の、21 回目 86%、22 回目 89%も、成果 1 の達成を表すのに十分に高い数字と考えられる。</p>																
<p>2. 科学的知識を深めるため、研修修了者が学習を継続する。</p>	<p>2-1. それぞれの国において、皮膚病学分野のさらなる研究を提出する研修参加者の割合。</p>		<p>「研修修了生対象アンケート」によれば、58 人中 52 人が独自に何らかの方法で、皮膚病学の勉強を続けていると回答している。また、残りの 6 名は、国内に皮膚病の勉強の継続を可能にする機関がないため、勉強が続けられていないとしている。</p> <p>実際、研修修了者の研究の動向を詳細に追跡することは難しいため、JCC や定例会議では、既に、PDM を微調整し (PDM 1)、より現実的な指標が用いられていた。(PDM 1 の指標 2-1)。それは「皮膚病学分野のさらなる研究を IOD に提出する研修参加者の割合」というもので、IOD が提供するサブ・スペシャリティーを強化する一ヶ月間のフェローシップ・プログラムと呼ばれる研修や研修医コース (Residency Course) への参加者の数から算出されている。IOD の資料によれば、過去 3 年間の参加者は以下の通りである。</p> <p>表 4 : IOD の研修コースに参加している DCD 研修修了生の数</p> <table border="1" data-bbox="913 900 1995 1059"> <thead> <tr> <th></th> <th>20 DCD</th> <th>21 DCD</th> <th>22 DCD</th> </tr> </thead> <tbody> <tr> <td>DCD 参加者総数</td> <td>24</td> <td>29</td> <td>29</td> </tr> <tr> <td>内 Fellowship Programs 等への参加者数</td> <td>12</td> <td>5</td> <td>6</td> </tr> <tr> <td>内 Fellowship Programs 等への参加者の割合(%)</td> <td>50.0</td> <td>17.2</td> <td>20.6</td> </tr> </tbody> </table> <p>IOD では、このターゲットを 10%とおいており、その目標は達成している。また、21 回、22 回のコースは DCD 修了から時間がたっていないこともあり、現在の数は少ないが、今後、その数は増加することが予想される。</p> <p>「研修修了生対象アンケート」の結果と、上述 IOD の研修コースに参加している DCD 研修修了生の数から、成果 2 の達成は順調であると考えられる。</p>		20 DCD	21 DCD	22 DCD	DCD 参加者総数	24	29	29	内 Fellowship Programs 等への参加者数	12	5	6	内 Fellowship Programs 等への参加者の割合(%)	50.0	17.2	20.6
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<p>3. 研修修了生が習得した技術・知識を、アジア・太平洋地域における皮膚病学の学術協力を強化するため、普及させる。</p>	<p>3-1. 研修修了生が知識の普及に熱心である。</p>	<p>上位目標の達成度(見込み)でも紹介したように、「研修修了生対象アンケート」によれば、回答者全員（有効回答数 58）が、現在も皮膚病学分野での仕事を続け、習得した技術・知識を日常の業務で活用していると答えている。また、うち 44 名は、第三者への技術移転を行っていると回答しており、その方法に関しては、表 1 に詳しい。それによると、日常業務を通しての技術移転のほかに、大学医学部での講義、セミナーでの発表や論文発表など、多くの方法で技術移転が活発に行われてきたことが分かった。このように、研修修了生は、熱心に知識の普及を行っている。（指標 3-1）</p>
	<p>3-2. 同窓生組織の設立や、修了生による活動などを行ったことがある国の数。</p>	<p>現在行われている 23 回 DCD に参加しているパキスタンからの参加者によると、パキスタンにおいては、DCD 修了生による同窓生組織が設立されており、年次会議が開かれていると聞かすが、「研修修了生対象アンケート」にパキスタンからの回答がないため、活動の詳細については不明である。パキスタンの一例を除いて、研修修了生による目立った活動の情報はない。「研修修了生対象アンケート」によれば、所属機関が同じ場合には、研修修了者の間で一定のコミュニケーションがあるようだが、そうでない場合、同じ国の修了生同士でもコミュニケーションは少ないことが分かった。（指標 3-2）</p>
	<p>3-3. 研修修了生の 60% が同窓生組織の発行するニュースレターを受け取っている。</p>	<p>同窓生組織がパキスタンにしか存在せず、かつパキスタンの同窓生組織の活動内容が分かっておらず、指標 3-3 は現状に適した指標とはいえない。（指標 3-3）</p> <p>また、タイの同窓生組織はタイ語で運営されており（会報もタイ語）、運営スタッフもタイ語しか話さない。このような状況に加え、タイ人の DCD 参加者の割合は 40% を下回っており、40% がタイの同窓生組織の活動に参加するという指標も適切な指標とはいえない。（指標 3-4）一方、DCD 参加者だけでなく、他の IOD コース卒業生も参加しているこのタイの同窓生組織は、会報を出したり、年次会合を開いたりと活発な活動をしていることは、特筆に値する。</p>
	<p>3-4. 研修修了生の 40% がタイの同窓生組織の活動に参加する。</p>	<p>実際、現在、PDM 1 では、当初の PDM の成果 2 と成果 3 を統合した成果「研修修了者が学習を継続し、アジア・太平洋地域における皮膚病学の学術協力を強化する。」（PDM1 の成果 2）が目指されており、その成果を測る指標として、上述 PDM 1 の指標 2-1 とともに、PDM 1 の指標 2-2 として「60% 以上の研修修了生がニュースレターを受け取る。」が利用されている。研修の修了に際し、研修生全員にニュースレターを配布しているので、その意味では全員が一度は受け取っているといえる。しかしながら、「研修修了生対象アンケート」によると、ニュースレターを受け取ったことがあると答えた修了生の数は 11 人であり（有効回答数 55 件）、帰国後、継続してニュースレターを受け取っている研修生の割合は小さく、この指標が真に達成されているとはいえない。</p>

<p>4. 皮膚病学研究所の持続的に研修コースを運営する能力が向上する。</p>		<p>いずれにせよ、研修修了生による「アジア・太平洋地域における皮膚病学の学術協力」とは具体的にどのようなものを指すのか、ニューズレターの定期刊行のみで測れるものなのか、関係者でイメージを共有し、それに基づいて指標を作りなおすことが必要と思われる。</p>																												
	<p>4-1. ディプロマコースにおいて講義を行う長期研修、C/P研修への参加者の数が年々増加する。</p>	<p>プロジェクト開始以来、5名のIOD医師が3ヶ月間のC/P研修を受けている。(プロジェクト開始以降、長期研修に参加したIODスタッフはいない。)そのため、現在は、PDM1の指標3-1として、「研修コースで講義を行うC/P研修を受けたC/Pの数が年々増加する。」が利用されている。(PDM1版の成果2と3が統合され、成果自体も3つになっており、その3つ目の成果は、この当初PDMの成果4と同じものである。)</p> <p>実際、5名のうち、4名まではIODのスタッフとしてC/P研修以前から、熱心に講師を務めてきている。残り1名は、今年8月末に帰国し次第、23回目DCD(2006年5月～2007年3月)で講義を行う予定である。(指標4-1)(PDM1の指標3-1)</p>																												
	<p>4-2. ディプロマコースにおいて講義を行う研修修了者の数が増加する。</p>	<p>IODスタッフに対する聞き取り調査では、指標4-2は適切な指標ではないという意見が出された。IODのスタッフ(講義を担当する医師)や外部講師は、研修医訓練を経て、また、海外留学を経て、Thai Boardの皮膚科医資格試験に合格し、皮膚科医として長年にわたり皮膚病学分野での研究・経験を重ねてきた医師であり、10ヶ月のディプロマコースを修了した研修生が、彼らと伍して講義を行えるようになるという事はあり得ず、指標自体に問題があると考えられる。(指標4-2)</p>																												
	<p>4-3. タイの関係機関からディプロマコースに参加する講師の数</p>	<p>例えば、22回のDCDにおいては、47名のタイ人講師が講義を行っているが、12名がIOD医師あるいは技術者であり、残り35名は、タイの他の医療機関から講師として本コースに参加しているタイ人講師である。このように、多くの外部機関から関係者の協力を得ている。IOD職員、外部講師、日本人専門家の担当時間量に関しては、下記、表5参照。(指標4-3)</p>																												
	<p>4-4. 各コースの日本人講師数が徐々に減少する。</p> <p>4-5. 日本のODA支援の割合(日本人専門家派遣費、長期研修費を除く)が</p>	<p>表5: 担当者別時間配分</p> <table border="1" data-bbox="936 1086 1776 1374"> <thead> <tr> <th>担当者</th> <th>内容</th> <th>時間</th> <th></th> <th>割合(%)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">IOD職員</td> <td>講義</td> <td>109</td> <td rowspan="2">748</td> <td rowspan="2">70.1</td> </tr> <tr> <td>臨床指導</td> <td>639</td> </tr> <tr> <td rowspan="2">外部講師</td> <td>講義</td> <td>146</td> <td rowspan="2">224</td> <td rowspan="2">21.0</td> </tr> <tr> <td>臨床指導</td> <td>78</td> </tr> <tr> <td>日本人専門家</td> <td>講義</td> <td>95</td> <td>95</td> <td>8.9</td> </tr> <tr> <td>合計</td> <td></td> <td>1067</td> <td>1067</td> <td>100.0</td> </tr> </tbody> </table> <p>(出所) IOD 内部資料: 22回コースに基づく。</p>	担当者	内容	時間		割合(%)	IOD職員	講義	109	748	70.1	臨床指導	639	外部講師	講義	146	224	21.0	臨床指導	78	日本人専門家	講義	95	95	8.9	合計		1067	1067
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	50%まで下がる。	<p>日本人講師の数に関連しては、現在、指標 4-4 に代わる指標として、PDM 1 の指標 3-2「日本人講師、あるいは日本人講師が担当する講義分野が減少する。」が使われている。実際、2004 年度の 21 回コースに派遣された専門家数は 9 名、2005 年度の 22 回コースに派遣された専門家数は 8 名と減少傾向にある。(指標 4-4) (PDM 1 の指標 3-2)</p> <p>JICA と TICA の負担割合を、支援を受けた研修生(sponsored participants)に関して見ると、JICA の負担割合は、50%を少し超える程度である。私費参加者(21 回コース 10 名、22 回コース 11 名、23 回コース 17 名)からのコース収入を加えた場合、その割合は、下記、表 6 の通り 50%を大幅に下回ることとなる。また、私費参加者の学費は、一人当たり US\$6,000 である。</p> <p style="text-align: center;">表 6 : JICA 負担割合 (収入ベース) (単位 : タイバーツ)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">支援研修生</th> <th rowspan="2">私費研修生</th> <th rowspan="2">合計</th> <th rowspan="2">JICA/合計 (%)</th> </tr> <tr> <th>JICA</th> <th>TICA</th> </tr> </thead> <tbody> <tr> <td>21 回 DCD</td> <td style="text-align: right;">1,590,380</td> <td style="text-align: right;">338,500</td> <td style="text-align: right;">2,488,754</td> <td style="text-align: right;">4,417,634</td> <td style="text-align: right;">36.0</td> </tr> <tr> <td>22 回 DCD</td> <td style="text-align: right;">1,470,489</td> <td style="text-align: right;">419,000</td> <td style="text-align: right;">2,621,918</td> <td style="text-align: right;">4,511,407</td> <td style="text-align: right;">32.6</td> </tr> <tr> <td>23 回 DCD</td> <td style="text-align: right;">1,492,980</td> <td style="text-align: right;">428,500</td> <td style="text-align: right;">4,080,000</td> <td style="text-align: right;">6,001,480</td> <td style="text-align: right;">24.9</td> </tr> </tbody> </table> <p>(出所) IOD 資料: 研修費のみの比較</p> <p>23 回 DCD の私費参加者のコース費に関しては、換算レートは US\$=40Bhats を使用。</p> <p>現在、関係者の間では、PDM 1 の指標 3-3 として「自費による参加者が年々増加する」という指標が測定されており、次表の通り増加傾向にあることがみてとれる。</p> <p style="text-align: center;">表 7 : 私費参加者数</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">私費参加者</th> <th colspan="3">私費応募者</th> </tr> <tr> <th>タイ人</th> <th>外国人</th> <th>合計</th> <th>タイ人</th> <th>外国人</th> <th>合計</th> </tr> </thead> <tbody> <tr> <td>21回DCD</td> <td style="text-align: center;">4</td> <td style="text-align: center;">6</td> <td style="text-align: center;">10</td> <td style="text-align: center;">34</td> <td style="text-align: center;">16</td> <td style="text-align: center;">50</td> </tr> <tr> <td>22回DCD</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">11</td> <td style="text-align: center;">37</td> <td style="text-align: center;">12</td> <td style="text-align: center;">49</td> </tr> <tr> <td>23回DCD</td> <td style="text-align: center;">7</td> <td style="text-align: center;">10</td> <td style="text-align: center;">17</td> <td style="text-align: center;">45</td> <td style="text-align: center;">16</td> <td style="text-align: center;">61</td> </tr> </tbody> </table>		支援研修生		私費研修生	合計	JICA/合計 (%)	JICA	TICA	21 回 DCD	1,590,380	338,500	2,488,754	4,417,634	36.0	22 回 DCD	1,470,489	419,000	2,621,918	4,511,407	32.6	23 回 DCD	1,492,980	428,500	4,080,000	6,001,480	24.9		私費参加者			私費応募者			タイ人	外国人	合計	タイ人	外国人	合計	21回DCD	4	6	10	34	16	50	22回DCD	5	6	11	37	12	49	23回DCD	7	10	17	45	16	61
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活動の進捗状況	活動は計画通りに行われたか	<p>成果 1 に関連する活動(コース運営)に関しては、DCD の運営が 20 年以上続いていることもあり、大きな問題もなく、非常にスムーズに、そして、計画通り行われているといえる。実際、コース内容も R/D 添付のものから改良されたカリキュラムで実施されている。</p> <p>一方、成果 2、成果 3、成果 4 に関しては*、成果の意味やイメージが統一されていないためか、しっかり</p>																																																												

実施プロセスの検証			<p>と実施されていない活動が多い。また、誰が実施に責任を持つかということが明確にされておらず。実施が進まない要因となっている。例えば、IOD からは実施していないと回答のあった活動 2-1 や 3-4 をどう捉えるのか、また、進捗の遅い活動 3-3、3-5 をどうするのか、誰が実施主体かを含め、活動の見直しが急務である。</p> <p>*実際、プロジェクト関係者は、当初の PDM の成果 2 と 3 を統合して、PDM 1 では全部で 3 つの成果であると認識しているが、活動は修正・統合されておらず、当初 PDM と同じものを利用している。その意味でも活動の見直しが急がれる。</p>
	モニタリングの実施状況	モニタリングは行われていたか	<p>(DCD として考えた場合)</p> <p>C/P インタビュー、日本人専門家への質問票調査からは、関係者は概して、十分なモニタリングが行われていると考えているようであった。実際、各 DCD は終了後、研修生から評価をされており、その評価の結果は、IOD の月次スタッフ会議で議論されている。また、日本人専門家は、専門家毎にその講義の内容やスタイルが評価されており、それらの結果は、コースレポートとしてまとめられ、広く関係者に配布されている。このように、DCD のコースとしてのモニタリングシステムに問題はない。</p>
		モニタリングの仕組みは適当か	<p>また、TICA 関係者、JICA 関係者、IOD 関係者からの聞き取りからは、コース運営に関して、関係機関の役割は非常に明確であり、必要に応じて、すぐに連絡がとれる体制ができていることが分かった。</p> <p>(プロジェクトとして考えた場合)</p> <p>プロジェクトとして考えた場合には、プロジェクト全体を議論する機会は、年に一度 8 月に開催される JCC と毎年 3 月に開催される関係者会議のみとなっており、通常の技プロにあるようなプロジェクト運営委員会 (Project Steering Committee) などはおかれていない。また、JCC と関係者会議には、限られた人しか参加しておらず、そのため、プロジェクトとして本件の全体像を理解している関係者は、IOD の医師、日本人専門家の中にも少ない。</p>
		関係機関の役割は明確か (IOD と JICA あるいは TICA のコミュニケーションを含む)	<p>成果 1 以外の成果に関する活動は、責任者が明確にされていないケースもあるため、まずは、関係機関の役割と責任者を明らかにし、同時に、どうやってモニタリングしていくかを検討する必要があると思われる。</p>
専門家とカウンターパートの関係性	コミュニケーションの状況	<p>現在の日本人専門家の主な業務は、講義を行い、DCD 参加者を指導することであり、タイ滞在中のカウンターパートへの技術移転は、可能な場合に行われているというのが現状である。また、日本人専門家への質問票調査からは、IOD 医師個人々の能力は高いが、とにかく臨床業務・日常業務に忙しく、日本人専門家と議論したり、日本人専門家の講義を見学したりする時間のないことが明らかとなった。また、同質問票調査</p>	

	選択された C/P の適性	によれば、9名の専門家のうち5名が、CPが担当する講義を聴きに来ることはないと答え、3名が内容によっては、まれに聞きに来る関係者がいる程度ということであった。IOD 医師の方からも、専門家の講義に出たいという気持ちがあっても、OPD や IPD、他のコースでの講義など、日本人専門家が講義を行っている時間は、他の業務がはいっていることが普通であり、なかなか参加できないという発言があった。また、副所長によると、講義内容はビデオに録画しており、必要な場合には、それば閲覧できるよう配慮しているとのことであった。
	カウンターパートの変化 (主体性・積極性)	専門家と C/P の関係性で特徴的なのは、本邦研修で IOD 医師を受け入れたことのある専門家とその IOD 医師との間には、1対1のカウンターパート・専門家関係が強いが、本邦研修で IOD 医師を受け入れたことのない専門家の場合、IOD 医師とのコミュニケーションは限られているという点である。日本人専門家の滞在期間が短いこと、また、IOD 医師が業務に忙しいことが主な原因であると考えられるが、今後は、専門を同じくする C/P と日本人専門家間のより密な関係が望まれる。
相手国実施機関のオーナーシップ	実施機関関係者の参加の度合い	<p>(DCD として考えた場合)</p> <p>実施機関である IOD の参加の度合い、オーナーシップの度合いは非常に高いと考えられる。実際、先述表 5 にあるとおり、70%以上の 748 時間におよぶ講義・実習を担当し、研修生の指導にあつたっている。また、実際の担当時間だけでなく、コースカリキュラムの立案、外部講師への講義依頼、コースの実施・運営と、そのほとんどを IOD 自らがこなっており、このような事実からも、実施機関の参加の度合いは高いといえる。</p>
	予算手当て(授業料収入を含む)	
	カウンターパート配置の適性度	<p>保健省医療サービス局チャトリ局長へのインタビューからは、保健省医療サービス局において、本 DCD を局の戦略的プログラムの一つとして認定しているとのことであった。</p> <p>現在は、私費参加者を積極的に受け入れており、独自の収入も確保しつつある。(表 6、表 7 参照。)</p> <p>(プロジェクトとして考えた場合)</p> <p>しかしながら、プロジェクトとして考えた場合には、活動の内容や実施は誰かということについての議論が深められていないこともあり、IOD のオーナーシップは低い。</p> <p>どちらにせよ、大きな懸念は、IOD 医師の数に比して、診療業務や日常業務の量が大きく、彼らが今以上に研究や教育に時間を割くことが難しいという点である。(注：ジローIOD 所長によれば、今後 4-5 年の間に 7 名程度は医師の数を増やす予定があるとのことであった。)</p>

5 項目評価結果

評価項目	評価設問		調査結果
	大項目	小項目	
妥当性	上位目標やプロジェクト目標は国家開発計画や保健政策に合致しているか	上位目標の国家開発戦略や保健政策との整合性	本中間評価に際して実施した参加国の保健省への聞き取り調査からは、ラオス、中国、東チモール、カンボジアの状況を知ることが出来た。これらの国においては、皮膚科医の育成は重要な課題であり、DCD への期待が非常に大きいことが確認された。DCD のプライオリティーが高い理由としては、保健分野において皮膚病のプライオリティーが高いというよりは、皮膚科専門医が非常に少なく、且つ、皮膚科専門医を育成する機関が自国内にないことが主な理由といえる。
		プロジェクト目標の各国の保健政策との整合性	また、23 回研修生を対象にした FGD においては、多くの国で皮膚疾患が非常に多いこと、しかしながら皮膚科医が非常に少なく、さらに皮膚病学を教える機関がない（あるいは非常に少ない）こと（例：カンボジア、アフガニスタン、スリランカ、モルジブ）が確認された。
		保健政策における皮膚病分野の優先度	また、2003 年の終了時評価報告書によると、自国でディプロマコースを開催することが出来るようになったバングラディッシュのような国にとっては、以前より、DCD の重要性は低下しているということであった。
	ターゲットグループの選定は妥当であったか	IOD への協力内容に対するニーズは高いか	IOD が発行した冊子によると、IOD は自らの役割を以下のように規定しており、IOD への協力のアプローチ（本プロジェクトのアプローチ）は妥当だといえる。（抜粋）“The Institute of Dermatology is responsible for dermatological research, services, trainings and education. It is a scientific information center and also a coordination centre for national and international scientific interest, as well as training center in dermatology.”
		保健分野において IOD/DCD はどのような役割を果たしているか。	先述の通り、保健省医療サービス局チャトリ局長へのインタビューからは、保健省医療サービス局において、本 DCD が局の戦略的プログラムの一つとして認定されていることが分かった。 直接の受益者は、研修に参加する各国からの研修生であるが、上述のように多くの国で皮膚疾患が非常に多いこと*、しかしながら皮膚科医が非常に少なく、さらに皮膚病学を教える人材がいない、機関がない（あるいは非常に少ない）こと（例：カンボジア、アフガニスタン、モルジブ、スリランカ）などが確認されており、ニーズの高いターゲットグループが選定されている。
		ターゲットグループは適切か	*ハンセン病、皮膚 TB、性感染症、HIV/AIDS に伴う皮膚疾患まで考慮にいれると、皮膚病患者の数は少なくとも全患者数の 15-20% を占めると考えられる。（出所：“International Diploma Course in Dermatology – Education of dermatologists and sexually transmitted disease specialists in Asia-Pacific region”. Hideoki Ogawa et al. Journal of Dermatological Science, Vol.12 (1996)）

	わが国開発課題、援助重点分野と合致しているか。	援助重点課題との関連性はあるか	日本政府が2005年に発表した「保健と開発」に関するイニシアティブでは、保健医療従事者の育成を重要な取り組みの一つとして掲げている。
有効性	プロジェクト目標達成度は現時点において適性範囲内か		(実績の確認の通り)
	成果はプロジェクト目標を達成するために十分であったか		成果によっては、その達成度合いが非常に低いため、中間評価の段階では、成果がプロジェクト目標を達成するために十分であったかどうか検討できる状態にない。また、IOD関係者、JICA、TICA関係者共に、本中間評価を機に、成果の修正、指標の設定、活動の見直しを行う必要性を感じているということは、成果はプロジェクト目標を達成するために十分とは考えられていないといえるであろう。
	プロジェクト目標の達成の妨げとなったあるいは促進した要因はあるか	IODの組織変更や、保健政策の変更の影響はなかったか その他	日本人専門家やIOD関係者からは、下記のような貢献要因や阻害要因に関する意見が聞かれた。 (貢献要因) <ul style="list-style-type: none"> ・ IODスタッフが臨床面での研修を中心にを行い、日本人専門家が基礎科学分野(学術面)の研修を中心に行うことでDCDの質を上げることが出来た点 ・ レーザー外科などニーズの高い新しい技術をすばやく導入することで、DCDの質をあげることが出来た点 ・ コースの運営に関して、IOD、TICA、JICA、日本人専門家の間で協力体制が築けている点 ・ ニーズの高い多様な国から熱心な研修参加者を選んでいる点 ・ IODカウンターパートのレベルが高い点 (阻害要因) <ul style="list-style-type: none"> ・ IOD職員が臨床業務で多忙であること(日本人専門家の講義を聴講できない。長期研修を受けられない。) ・ 長期研修を受けた中堅職員の多くがIODを辞めてしまったこと <p>上記に加え、「プロジェクト目標の達成の妨げ」を考えた際に強調すべきは、本プロジェクトが、関係者の多くに以前と同じ研修プログラムとして認識されており、プロジェクト管理が不十分であるということであろう。研修以外の活動(活動1以外の活動)の進捗管理を誰が、どのように行うのか、議論を深めるべきである。</p>
効率性	投入された資源量に見合った成果が達成されているか	成果の達成度合いの適性度	(実績の確認の通り)

		<p>投入された人材・研修・機材の適性度</p>	<p>日本人専門家の投入に関しては、IOD 職員、研修参加者から高く評価をされており、タイ人講師が臨床に関する指導を、日本人専門家が基礎科学に関する指導を担当するというコースカリキュラムは、DCD の質の向上に大いに貢献している。日本人専門家は、研修終了後の参加者による評価で個別に評価されているが、総じてその評価は高い。また、「研修修了生対象アンケート」では、以下のような結果も出ている。</p> <p>表 8：講師の担当科目に関する知識</p> <table border="1" data-bbox="913 395 1742 639"> <thead> <tr> <th></th> <th>日本人講師</th> <th>タイ人講師</th> </tr> </thead> <tbody> <tr> <td>1 それ程知識が豊富ではない</td> <td>1</td> <td>1</td> </tr> <tr> <td>2 ある程度知識が豊富である</td> <td>0</td> <td>3</td> </tr> <tr> <td>3 知識が豊富である</td> <td>15</td> <td>29</td> </tr> <tr> <td>4 非常に知識が豊富である</td> <td>42</td> <td>25</td> </tr> <tr> <td>合計</td> <td>58</td> <td>58</td> </tr> </tbody> </table> <p>C/P 研修は、3 ヶ月と短期間であるが、短期間で出来るだけの事柄が学べるようにと、受入機関と受入専門家が研修生と話し合っ、効率のよい研修が行われているということであった。研修に参加した 4 名全員にインタビューをしたが、（プロジェクト開始以降派遣されている 5 名のうち 1 名は 8 月下旬に帰国予定。）概して、その満足度は高かった。（例外：Dr. Rutsanee は家庭の事情で 3 ヶ月の研修期間を修了することなく、1 ヶ月で帰国している。）Dr. Jinda、Dr. Patcharin とともに、供与（予定）機材の使用方法等についても、C/P 研修期間中に学んでおり、C/P 研修は機材投入の効率性の確保にも貢献しているといえる。</p> <p>2004 年度に Skin Visiometer（検査機器）1 台、2005 年に CO₂ Laser（レーザー機器）1 台がそれぞれ投入されており、現在の使用状況は良好である。レーザー機器に関しては、日本人専門家からの提案で、当初投入予定の機器からスペックダウンをしているが、実際の手術において汎用性が高く、毎日使用されているということであり、投入機材の適切度も高いといえよう。</p>		日本人講師	タイ人講師	1 それ程知識が豊富ではない	1	1	2 ある程度知識が豊富である	0	3	3 知識が豊富である	15	29	4 非常に知識が豊富である	42	25	合計	58	58
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合計	58	58																			
		<p>投入（人・研修・機材）のタイミングや活用度</p>	<p>先述の通り、現在の日本人専門家の主な業務は、講義を行い、DCD 参加者を指導することであり、タイ滞在中のカウンターパートへの技術移転は、可能な場合に限り行われているというのが現状である。また、日本人専門家への質問票調査からは、IOD 医師個人々の能力は高いが、とにかく臨床業務・日常業務に忙しく、日本人専門家と議論したり、日本人専門家の講義を見学したりする時間のないことが明らかとなった。しかしながら、日本人専門家が、研修生の講義に終始するというのもったいない話であり、今後は、日本人専門家と IOD 職員のより強い学問的な交流が望まれる。</p>																		

			<p>C/P 研修に関しては、3ヶ月というのは短すぎるという意見がある一方で、IOD の臨床業務量・日常業務量に鑑みるに3ヶ月以上職場を離れることは難しいという意見もあった。3ヶ月という限られた時間を効率的に利用しているというのが現状である。</p> <p>機材の活用に関しては、上述の通り。</p>
	効率性を阻害あるいは貢献した要因はあったか		<p>先述、有効性の項目と重複するが、日本人専門家や IOD 関係者から、貢献要因としては、IOD カウンターパートのレベルが高い点、阻害要因としては、IOD 職員が臨床業務で多忙であるため、日本人専門家の講義を聴講できない、あるいは、長期研修を受けられない、といった意見が聞かれた。</p>
インパクト	上位目標「皮膚病学研究所が皮膚病における研修と調査研究の学術協力の中心として発展する。」は達成される見込みか		(実績の確認の通り)
	ターゲットグループ以外への波及はあるか	参加国の保健政策作成過程への影響は発現しているか	<p>先述の通り、「研修修了生対象アンケート」では、研修終了後のキャリアパスについても質問をしており、その回答からは、多くの卒業生がそれぞれの国で皮膚病学分野の中心的存在として活躍を続けていることが明らかとなった。また、セミナーでの発表、論文発表などを通して、それぞれの国において皮膚病学の発展に貢献していることが推測される。また、実際、所属病院においてハンセン病・皮膚病科を立ち上げた 11 期生（フィリピン）は、同国のハンセン病にかかるガイドラインを執筆している。</p>
		MOPH など他の機関への影響はあるか	<p>先述の通り、保健省医療サービス局チャトリ局長へのインタビューからは、保健省医療サービス局において、本 DCD が局の戦略的プログラムの一つとして認定されていることが分かった。</p>
自立発展性	組織・制度的側面からみて、自立発展の見込みは高いか	事業を継続するだけの能力が IOD に備わっているか	<p>先述の通り（表 5 参照）、IOD 職員が 70%以上の 748 時間におよぶ講義・実習を担当し、研修生の指導にあたった事実を鑑みれば、IOD は研修を継続するだけの力を付けつつあることが分かる。また、実際の講義担当時間だけでなく、コースカリキュラムの立案、外部講師への講義依頼、コースの実施・運営と、そのほとんどを IOD 職員自らがおこなっており、研修運営能力は高いといえる。</p> <p>しかしながら、懸案は、基礎科学に強い外国人専門家の投入なしに、タイ人医師だけで、DCD カリキュラムの全てを実施することが極めて難しいという点である。今後も、日本人専門家を含む、外国人専門家の最低限の投入が必要な状況が続くことが予想されるため、予算確保を含む対策を取る必要がある。</p> <p>参考までに、「研修修了生対象アンケート」で、DCD がタイ人講師だけで運営された場合、参加を希望するかという質問に対し、58 人中 39 人(67%)は参加する、残り 19 人 (33%) は参加しないと回答している。</p>

		<p>参加しない理由として、タイ人講師は実習指導に関しては豊富な知識を持つが、基礎科学分野の知識は不十分である、あるいは、最新情報へのアクセスが重要であり日本人専門家は不可欠である、などといった意見が挙げられている。</p>
	MOPH、TICA からの支援は期待できるか	<p>保健省は TICA とともに、長年この DCD の支援を続けている。保健省医療サービス局は、DCD を戦略プログラムの一つに掲げており、保健省医療サービス局にとっても重要なコースとして認識されていると言える。同局チャトリ局長によれば、IOD が優秀な人材（皮膚科医）を確保し、研修・研究を継続していくことを側面支援するが、日本からの支援は是非続けて欲しいとのことであった。一方、TICA は、本研修プログラムには長期にわたり支援を続けてきているため、本プロジェクト期間以降は支援を続けたいとのことであった。</p>
財政的側面からみて、自立発展の見込みは高いか	IOD は活動を継続する上で必要な予算（人件費含む）を確保できるか	<p>先述の表 7 の通り、DCD への私費参加希望者は年々増加の傾向にあり、それに伴って、実際の受け入れも増加している。その結果、DCD 全体で見た場合の、JICA あるいは TICA への依存度は減少傾向にある。今後も私費研修生の数を増やしつつ、自らの予算で基礎科学分野を担当する外国人専門家を確保するといった努力が必要になる。そうした努力が可能なる場合には、自立発展性は格段に高まるであろう。</p>
技術的側面からみて、自立発展の見込みは高いか	機材、移転技術などが、今後も広く活用されるか	<p>技術的側面から見た自立発展性に関して最も重要な点は、基礎科学分野での人材育成を含む、長期的な人材育成であると考えられる。基礎科学分野での能力向上には、機材や設備の整ったラボでの研究を継続することが必要であり、この分野の能力を短期間で向上させることは難しい。短期的には、日本人専門家を含む外国人専門家を確保するといった努力が必要になる。</p>
	IOD スタッフの技術レベルを配慮した適切な技術の開発・移転がなされたか	
	C/P は、移転された技術、知識を十分身につけたか	<p>しかしながら、少しでも自立発展性を高めるためには、日本人専門家の派遣が約束されているプロジェクト期間には、今以上に日本人専門家と学問的な交流を深めるといった積極的な姿勢も重要になる。</p> <p>機材に関しては、2004 年度に Skin Visiometer（検査機器）1 台、2005 年に CO₂ Laser（レーザー機器）1 台がそれぞれ投入されており、現在の使用状況は良好である。レーザー機器に関しては、日本人専門家からの提案で、当初投入予定の機器からスペックダウンをしているが、実際の手術において汎用性が高く、毎日使用されているということであり、投入機材の適切度も高いといえよう。また、その使用に関しては、C/P 研修期間中に学んだ IOD 医師もおり、投入機材は今後も広く利用されると思われる。</p>

