

JOINT MID-TERM EVALUATION REPORT
ON
THE PROJECT FOR THE WEST AFRICAN CENTRE FOR
INTERNATIONAL PARASITE CONTROL (WACIPAC)

1 MARCH 2007

JAPAN INTERNATIONAL COOPERATION AGENCY
JAPAN

AND

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
REPUBLIC OF GHANA

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Abbreviations and Acronyms

ACIPAC	Asia Centre of International Parasite Control
CIPAC	Centre for International Parasite Control
CP	Counterpart
DANIDA	Danish International Development Agency
ESACIPAC	East and South African Centre of International Parasite Control
GES	Ghana Education Service
GHS	Ghana Health Service
GIS	Geographic Information System
GPCI	Global Parasite Control Initiative
IEC	Information, Education and Communication
JCC	Joint Coordination Committee
JFY	Japanese Fiscal Year
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
MM	Man Month
NGO	Non-Governmental Organisation
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Disease
ODA	Official Development Assistance
PCA	Parasite Control Association
PCM	Project Cycle Management
PDM	Project Design Matrix
PTA	Parents and Teachers Association
R/D	Record of Discussion
STH	Soil Transmitted Helminthiasis
SHEP	School Health Education Programme
UNICEF	United Nations International Children Education Fund
USAID	United States Agency for International Development
WACIPAC	West African Centre for International Parasite Control
WHO	World Health Organisation

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1. Introduction

1.1 Evaluation Study Team

JICA (Japan International Cooperation Agency) dispatched the Mid-term Evaluation Team (hereinafter referred as "the Team") to Ghana from 15th February to 3rd March 2007 for the West African Centre for International Parasite Control (WACIPAC) (hereinafter referred as "the Project"). The Team was headed by Prof. Tsutomu TAKEUCHI, Chairperson of Technical Advisory Committee for the Project. The Team established the Joint Evaluation Team with Japanese experts and Ghanaian counterparts, and reviewed the achievements made in the past three-year cooperation period of the Project and prepared this Evaluation Report in collaboration with Project implementers, to summarise the achievements of the Project and to report recommendations for modification of the Project.

The members of the Joint Evaluation Team were as follows:

Table 1.1 Member of the Joint Evaluation Team

Name	Designation	Affiliation	Duration of Stay
Prof. Alexander K. Nyarko	Project Director	Director of NMIMR, University of Ghana	-
Prof. Michael D. Wilson	Deputy Project Director	Deputy Director of NMIMR, University of Ghana	-
Prof. Kwabena M. Bosompem	Project Manager	Head of Parasitology Unit, NMIMR, University of Ghana	-
Prof. Daniel A. Boakye	Senior Member	NMIMR, University of Ghana	-
Mr. Maxwell A. Appawu	Senior Member	NMIMR, University of Ghana	-
Dr. Irene Ayi	Senior Member	NMIMR, University of Ghana	-
Prof. Tsutomu TAKEUCHI	Team Leader/ Parasite Control, Japanese Mid-term Evaluation Team	Chairperson, Technical Advisory Committee, Professor, Department of Tropical Medicine and Parasitology, School of Medicine, Keio University	21 Feb.-1 Mar. 2007
Ms. Naoko UEDA	Deputy Team Leader, Japanese Mid-term Evaluation Team	Team Director, Infectious Disease Control Team, Group IV, Human Development Department, JICA	21 Feb.-1 Mar. 2007
Mr. Kohei TAKIMOTO	Evaluation Planning, Japanese Mid-term Evaluation Team	Staff, Infectious Disease Control Team, Group IV, Human Development Department, JICA	15 Feb.-3 Mar. 2007
Mr. Masaya SEKIGUCHI	Evaluation Analysis, Japanese Mid-term Evaluation Team	Consultant, Pacific Consultants International	21 Feb.-3 Mar. 2007
Dr. Jun KOBAYASHI	Advisor from ACIPAC on International Parasite Control	JICA Specialist on Parasite Control, JICA-Mahidol University ACIPAC Project	15 Feb.-28 Feb. 2007
Dr. Toshiki AWAZAWA	Public Health and International Parasite Control Expert	JICA Long-term Expert	-
Ms. Maki OZAWA	Project Coordinator/Regional Cooperation	JICA Long-term Expert	-

1.2 Background and Summary of the Project

In response to Global Parasite Control Initiative (Hashimoto Initiative), "the West African Centre for International Parasite Control (WACIPAC) was established at the Noguchi Memorial Institute for Medical Research (NMIMR) as one of the three global centres to build human capacity and promote human/information network in school-based parasite control among the West African sub-region.

The Project started in January 2004 whose member countries are Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal, and Togo. Since then, it had conducted following activities: human resources development through the international training courses; model project site activities; establishing information network; and support for the Start-up projects in member countries. In December 2005, after two years from the commencement, the Japanese Project Consultation Team was dispatched to Ghana. The Consultation Team and WACIPAC agreed to modify PDM through the discussion. The PDM for the Project was accordingly modified as ANNEX I (PDM ver.2) and is summarised as Table 1.2.

Table 1.2 Narrative Summary of PDM ver.2

Overall Goal	Parasitic diseases control programmes of Supporting sites in the West African sub-region are implemented by the capacity built by/at WACIPAC.
Project Purpose	WACIPAC performs the role of building capacity for integrated parasite control activities in the West African sub-region.
Output1	WACIPAC is fully established.
Output2	A model project site for school-based parasitic diseases control is fully established.
Output3	Human Resources for school-based parasitic diseases control in the West African sub-region are trained by WACIPAC.
Output4	WACIPAC functions as a hub for information network within the West African sub-region and among three GPCI International Centres (CIPACs).
Output5	The advocacy of school-based parasitic diseases control is promoted within the sub-region and among three CIPACs.
Output6	Start-up activities on school-based parasitic diseases control are implemented in the Supporting sites.

2. Methodology of Evaluation

2.1 Method of Evaluation

The Evaluation Team conducted the evaluation in line with the Project Cycle Management (PCM) method as follows:

- 1) The Team assessed the degree and prospects of achievement of the Project Purpose and Outputs based on the Project Design Matrix (PDM) attached as ANNEX I.
- 2) The implementation process was assessed and evaluated from the aspect of the project management.
- 3) The Team analysed and evaluated the Project from the viewpoints of "Relevance", "Effectiveness", "Efficiency", "Impact" and "Sustainability".
- 4) The Team made the conclusion and recommendation of the Project, and also identified lessons learnt from the Project.

2.2 Data Collection Method

- 1) Review of existing document reports related to the Project implementation
- 2) Interview with the Ghanaian counterparts engaged in the Project, Japanese experts, and other stakeholders.
- 3) Field visits in Dangme East District.

2.3 Five Criteria of Evaluation

1) Relevance

Relevance of the Project is reviewed as the validity of the Project Purpose and the Overall Goal in connection with the development policy and needs of Ghana/West African sub-region region and participating countries as well as Japan's ODA policy.

2) Effectiveness

Effectiveness is assessed by evaluating the extent to which the Project has achieved and contributed to the beneficiaries.

3) Efficiency

Efficiency of the Project implementation is analysed focusing on the relationship between outputs and inputs in terms of timing, quality and quantity.

4) Impacts

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

5) Sustainability

Sustainability of the Project was forecasted in organizational, financial and technical aspects by examining the extent to which the achievement of the Project would be sustained or expanded after the Project is completed.

2.4 Scope of Mid-term Evaluation

2.4.1 Target Period of the Mid-term Evaluation

The mid-term evaluation was carried out based on the PDM (ver.2) made in December 2005. However, the review of the Project implementation process covered from the commencement in January 2004 to now (February 2007).

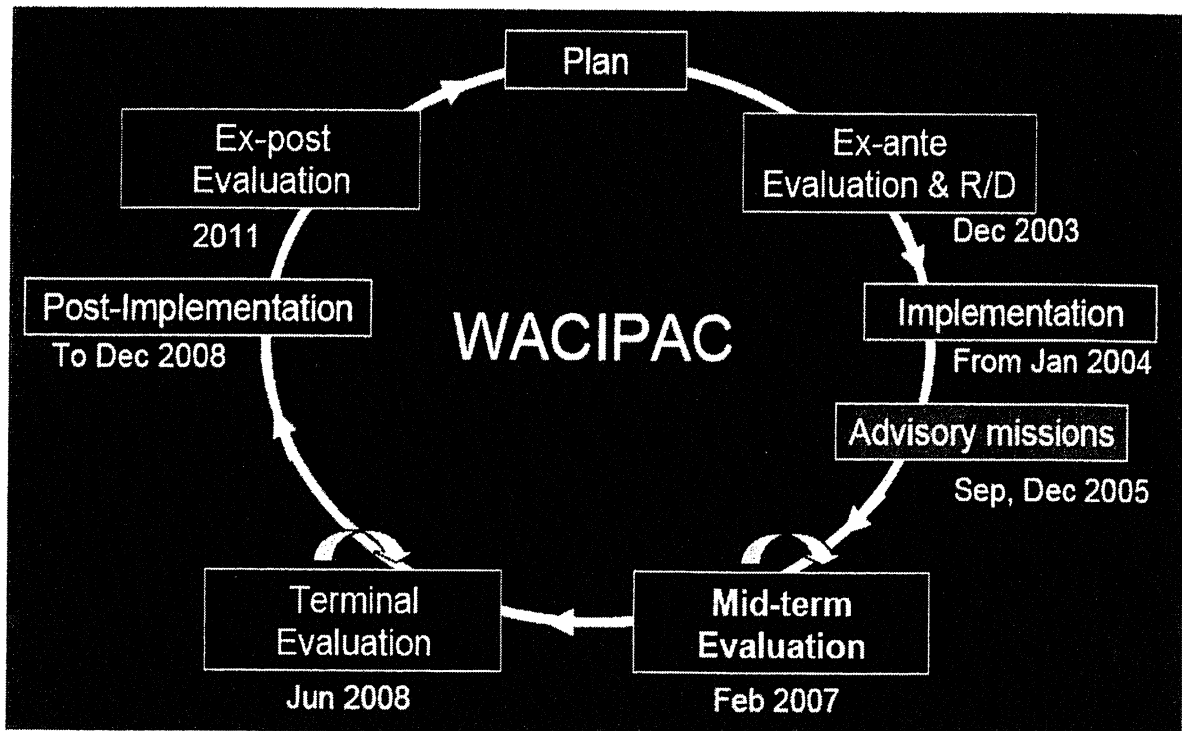


Figure 2.1 Project Cycle of WACIPAC

3. Project Performances and Implementation Process

Achievement of the Project was measured in terms of inputs, activities, outputs and project purpose, all of which were based on the Project Design Matrix (ver.2).

3.1 Input

3.1.1 Japanese Contribution

1) Long and Short-Term Experts

The list of experts is shown in ANNEX III.

A total of 6 Long-Term Experts totalling 78 MM, have been assigned by December 2006. The areas of expertise include Chief Advisory, Project Coordination as well as various sub-disciplines in Parasite Control, School Health, and Regional Cooperation.

A total of 13 Short-Term Experts totalling 27 MM, have been dispatched by December 2006. The fields of expertise include Parasite Control, School Health, Training Cycle Management, IEC and Information Technology. In addition, Dr. Jun Kobayashi and Dr. Pimpimon Thongthien from ACIPAC were despatched to the third international training course in 2006 as trainers.

2) Provision of equipments

The list of equipments provided to the Project is shown in ANNEX IV. The equipments included those brought by Long and Short-term Experts, worth 2,634,810,027 Cedi¹.

3) Training for Counterparts

The list of training activities for the Counterparts is shown in ANNEX V.

A total of 8 persons have been trained under the Counterpart (C/P) training scheme as of February 2007. The areas of training include Primary Health Care, Multimedia Technology for E-Education, Parasite Control, Participatory Local Social Development, GIS Technology for Sustainable Management of Natural Resources and Agricultural Products, and Clinical Laboratory Technology.

Under the training programmes supported by JICA, one C/P benefited from long-term post graduate training programme in the field of immunology/molecular biology in the Tokyo Medical and Dental University.

In addition, the C/Ps have benefited from an exposure to international courses conducted by the CIPACs and other international conferences as well in which a cumulative sum of three persons had

¹ US\$1=Cedi9,250 (February 2007)

participated. Among them were:

<International courses/ symposiums by CIPACs >

1. ACIPAC International Training Course on School-based Malaria and STH control, 2004, Thailand
2. ESACIPAC International Training Course on School-based Parasite Control, 2004, Kenya
3. ESACIPAC International Training Course on School-based Parasite Control, "Strengthening School Health and Nutrition Programmes", 2005, Kenya
- 4) Operational Cost for the Project

Annual Operational Cost from the JICA Project fund is shown in ANNEX VI.

A total of 7,724,251,179 Cedi has been expended for local operational costs by the Project fund from January 2004 to December 2007.

3.1.2 Ghanaian Contribution

- 1) Appointment of core Counterpart personnel

The name list of counterparts is shown in ANNEX III.

- 2) Facilities and Office space for Japanese experts

As per the R/D, 1) Project Administration Office on the compound of NMIMR, 2) Project field laboratory facility at GHS in Dangme East District, and 3) Training facilities on the compound of NMIMR have been provided in sufficiency.

- 3) Allocation of Budget to Project Activities

Allocated budget and expenses to the project activities from Ghanaian side are not recorded clearly, although the expenses include salary for the counterparts, electricity and water.

3.2 Output

The degree to what each Output has been achieved is as below.

Output 1: WACIPAC is fully established.

WACIPAC was officially inaugurated when the Record of Discussion was signed in 17 December 2003. Since the establishment, counterparts are assigned and necessary staffs have been recruited. Nine Steering Committee meetings and three Advisory Committee meetings have been held on time. Also the international training courses were conducted by WACIPAC successfully. In general, the basic management structure of WACIPAC has been established.

However, most of the counterparts are not on a full-time basis and their workforce is limited. For the purpose of securing necessary workforce and achieving the project purpose by the end of project, it is necessary that WACIPAC is officially recognised as a Centre of University of Ghana. NMIMR is preparing a proposal for official authorisation of WACIPAC in combination with Lymphatic Filariasis Support Centre for Africa in this regard.

Table 3.1 Achievement of Indicators (Output 1)

Indicator	Results
1-1 Advisory Committee meetings are held annually.	<ul style="list-style-type: none">➤ Advisory Committee has been held annually (3 times; March 04, May 05, Feb. 06)➤ Continue to hold Advisory Committee Meetings annually..
1-2. Steering Committee meetings are held quarterly or bi-annually.	<ul style="list-style-type: none">➤ Steering Committee has been held quarterly to bi-annually (9 times)➤ Continue to hold Steering Committee Meetings bi-annually
1-3 WACIPAC management meeting is held weekly.	<ul style="list-style-type: none">➤ Weekly meeting has been held periodically➤ Continue to hold weekly meetings periodically

Output 2: A model project site for school-based parasitic diseases control is fully established

The model project sites have been established in Dangme East district. WACIPAC conducted baseline surveys in Ada Foah and Big Ada and established community based organisations named Parasite Control Association (PCA) in the sub-districts. WACIPAC implemented control activities at the model sites including training of teachers who are engaged in health education, development of IEC materials, and de-worming activities at target schools and communities. The activities of Ada Foah PCA were active. The PCA had a good collaboration with local government such as GHS, GES/SHEP coordinator and the District Assembly as well as the Radio Ada and the Drivers Union, concerning parasite diseases control, although Big Ada PCA is no longer functioned. Also the model schools have enhanced their capacities of school health activities including parasitic diseases

control through teacher training workshops supported by WACIPAC. Before the teacher training workshops, District SHEP coordinators, training officers and circuit supervisors attended three mini-workshops at the WACIPAC for deworming, health education and health promoting school.

Concerning the PCA activity, the Advisory Mission in December 2005 identified good practices concerning school health based intervention for parasite control. On the other hand, the mission recommended that WACIPAC intervention for the activity should be reconsidered, because it was difficult to verify efficacy and efficiency of the activities with scientific evidence. In addition, observations and the results of interviews during the mid-term evaluation led to the conclusion that the model project site activities should be reconsidered as a field research based on a scientific research proposal and its protocol.

In addition, some of activities and indicators related to Output 2 need to be modified because of unclear outcomes from actual activities, especially in PCA activities.

Table 3.2 Achievement of Indicators (Output 2)

Indicator	Results
2-1-1 Task Force for the model project site functions fully.	➤ The Task Force (Model Site) was established in 2004 and was reorganised in May 2006 and started functioning.
2-1-2. No. of Task Force meetings held.	➤ 21 meetings were held in 2006
2-2-1. No. of PCA oversight committee meetings held.	➤ N.A.
2-3-1 The PCA functions practically.	➤ The activities of Ada Foah PCA were active. The PCA had a good collaboration with local government such as GHS, GES and District Assembly as well as Radio Ada and the Drivers Union, concerning parasite diseases control.
2-3-2. No. of communities where PCA has been established.	➤ Two PCAs has been established by WACIPAC facilitation. Ada Foah PCA changed its name (CDDA) and expanded its roles and functions rather than parasitic disease control.
2-4-1. No. of IEC materials for BCC developed and tested.	➤ 2 IEC materials ("Worms and Ladder" game and STH Flipchart) were developed, 2 IEC materials (Schisto Flipchart and Malaria story) are also developed and tested in Benin as well as the model site.
2-4-2. No. of radio/TV programmes developed.	➤ Not yet developed
2-5. School children and communities in the model project site acquire their knowledge of parasite control and take preventive actions.	<ul style="list-style-type: none"> ➤ Heath education has been conducted through PCA (2005) and teacher's workshops (2006) to educate children about parasitic diseases and hygiene and behaviour changes are observed. ➤ In October and November 2007, the KAP (Knowledge ,Attitude and Practice) survey for monitoring and evaluation will be conducted so that the comparison of the 2002 KAP survey and 2006 KAP survey will show us how deep the knowledge of children has been improved and how they have changed behaviours during the 5 years period.

2-6-1.No. of pupils covered by the baseline surveys.	<ul style="list-style-type: none"> ➤ Before WACIPAC started, in 2002 & 2003, the baseline survey conducted for 515 Primary 3 pupils in Ada Foah 10 schools. In 2003 to 2004, the baseline survey was conducted for more than 600 pupils in 12 schools of Big Ada. The follow-up surveys were conducted in 2004 for Ada Foah and Big Ada. In May 2006, the three schools were selected as monitoring schools and in September 2006 the follow up survey was conducted for 150 P3 pupils in 3 monitoring schools. ➤ The follow up surveys will be conducted for P3 pupils in three monitoring schools for monitoring the prevalence changes of STH, Schistosomiasis and Malaria.
2-6-2.No. of school-age children regularly de-wormed.	<ul style="list-style-type: none"> ➤ Total 3093 pupils were de-wormed (STH 545 and Schisto 652 in Ada Foah, STH 712 and Schisto 1211 in Big Ada).
2-6-3. Baseline survey reports are compiled and distributed to all stakeholders.	<ul style="list-style-type: none"> ➤ Baseline survey report for Ada-Foah sub district was compiled and distributed in 2003. Big Ada was compiled and distributed in 2004.
2-7-1. Human capacity in the model project site is strengthened.	<ul style="list-style-type: none"> ➤ Two District School Health Education (SHEP) Coordinators of Model site attended the WACIPAC international training course as observers. District SHEP coordinators, training officers and circuit supervisors attended three mini-workshops at the WACIPAC for deworming and health education and health promoting school before teacher training workshops (June, August and November 2006) ➤ Human resources in the model site especially in the education sector continue to be strengthened. More emphasis is being shifted to monitoring and evaluation aspect activities
2-7-2.No. of technicians and health/education personnel trained.	<ul style="list-style-type: none"> ➤ 3 lab technicians were trained, 10 teachers were trained for mass-deworming in July 2006, 20 head teachers and health teachers were trained in health education in February 2006, 30 teachers were trained in health education in October 2006.
2-8-1.Physical capacity in the model project site is strengthened.	<ul style="list-style-type: none"> ➤ Laboratory extension in Ada Foah Health Centre and PCA office were constructed. 4 Motorbikes were provided to District Education Service
2-8-2 No. of water/sanitation facilities provided.	<ul style="list-style-type: none"> ➤ DANIDA constructed school toilet facilities in some of the model schools.
2-9.School-based parasitic diseases control activities are expanded into the community.	<ul style="list-style-type: none"> ➤ In 2004 & 2005, parasitic diseases control activates were introduced directly into the communities through PCA. In 2006, the school health oriented parasitic diseases control encourages school to community approach through Health Club, School Management Committee. ➤ By introducing the school based Malaria control activities, school to community activities are more activated through School Health Committee and PTA.
2-10.No. of meetings with NGOs and other development partners held.	<ul style="list-style-type: none"> ➤ In September 2004, a stakeholder meeting was organized by WACIPAC with a little progress. In 2006, between May and June, intensive visits to NGOs and other development partners by WACIPAC team leader and project manager led to the stake holder meeting for National Deworming Programme in Ghana. Currently the technical aspect of the National Deworming Programme and preparation of National Strategic Plan are being discussed among the Task Force including WACIPAC

Output 3: Human Resources for school-based parasitic diseases control in the West African sub-region are trained by WACIPAC.

The achievement of output 3 seems to be of sufficient level. 1 policy maker workshop and 3 international trainings were conducted with 22 policy makers and 57 programme managers participated in total. Also 29 personnel trained in the in-country training in Niger in February 2007. The participants are satisfied with the international training in general and were motivated to utilise acquired knowledge and skills on school based parasitic disease control according to the past evaluation reports on the trainings.

However, lessons learned from the model project site have been integrated into training curriculum to some extent. A school to community approach model that is verified through the field research activities by WACIPAC is expected to introduce participants at the international training in 2008.

In addition, some of activities and indicators related to Output 3 should be modified, because the Project decided to cancel international trainings for frontline officers.

Table 3.3 Achievement of Indicators (Output 3)

Indicator	Results
3-1 The approach advocated by WACIPAC focusing on human resource development is adopted for parasite control in Supporting sites in the sub-region.	<ul style="list-style-type: none"> ➤ A WACIPAC Policy Maker Workshop in June 2004 successfully advocated the school based parasitic diseases control activities to 44 participants (22 policy makers and 24 programme managers).
3-2-1. At least 180 personnel are trained by WACIPAC.	<ul style="list-style-type: none"> ➤ 79 personnel trained in total (22 policy makers attended the WACIPAC policymaker workshop in June 2004, 57 programme managers from MoH and MoE trained in international training courses ➤ 29 personnel trained in the in-country training in Niger in February 2007 ➤ 60 teachers trained in deworming and health education in the model site in Ghana in 2006, 110 teachers trained in Benin in November 2006)
3-2-2. The number of international training courses/ workshops/ seminars organized and/or supported by WACIPAC and the cumulative number of participants.	<ul style="list-style-type: none"> ➤ 1 policy maker workshop and 3 international trainings were conducted with 22 policy makers and 57 programme managers participated in total. Cumulative number of participants is 79. ➤ One international policy maker workshop in 2008 and two international training courses for programme manager are planned. At the end of the year 2008, the cumulative number of participants will be 145.
3-2-3. The number of the in-country trainings supported and/or promoted by WACIPAC and the cumulative number of the participants.	<ul style="list-style-type: none"> ➤ 29 personnel trained in the in-country training in Niger in February 2007

3-3. The participants of international training courses acquire experiences and confidence in practicing parasite control in the fields.	<ul style="list-style-type: none"> ➤ Participants were satisfied with the international training in general according to the evaluation reports. The motivation of participants seems to be high.
3-4. The personnel/agencies acquire management skills for planning and implementation of the school-based parasitic diseases control activities in Supporting sites.	<ul style="list-style-type: none"> ➤ Participants were satisfied with the international training in general according to the evaluation reports. The third international training emphasised importance of health promoting school with effective monitoring system.

Output 4: WACIPAC functions as a hub for information network within the West African sub-region and among three GPCI International Centres (CIPACs).

The website of WACIPAC was built in January 2005, for the purpose of interaction and information exchange among the participants of international training courses, Ghanaian and Japanese experts, and among CIPACs and concerned international organisation. However, the function of website is insufficient for the interaction as the average number of access to the website is 17.5 hits per day. Lack of staff in charge of developing the network has inhibited its achievement.

Table 3.4 Achievement of Indicators (Output 4)

Indicator	Results
4-1. The network system established in WACIPAC results in the increase of exchange of information and other interactions among the following group of people and organizations; the participants of international training courses; Ghanaian and Japanese experts; among GPCI Centres; related international organizations.	<ul style="list-style-type: none"> ➤ The number of access to home page is 11,889 as of November 9, 2006 which started in January 2005. Average 17.5 hits per day. ➤ The website is only available in English, and not updated frequently. French version is progress now.

Output 5: The advocacy of school-based parasitic diseases control is promoted within the sub-region and among three CIPACs.

The advocacy of school health based intervention for parasite control to the 10 member countries has been promoted by WACIPAC in collaboration with ACIPAC experts through the international training courses, visit to the member countries, and donor coordination as well as publication such as newsletters.

Considering logical framework of the Project, however, this output tends to duplicate with output 4 in terms of information networking, and with output 6 in terms of supporting the member countries. Thus, the output and its activities need to be integrated into output 4 and 6 respectively.

Table 3.5 Achievement of Indicators (Output 5)

Indicator	Results
5-1-1 The number of seminars/workshops for policymakers organized by WACIPAC and the cumulative number of the participants.	<ul style="list-style-type: none"> ➤ A policy maker workshop was held in 2004 with 22 policy makers participated. ➤ One more policy maker workshop will be organised to wrap-up the project activities at the end of 2007 or in 2008 JFY.
5-1-2 The number of donor coordination workshops advocated and promoted by WACIPAC and the cumulative number of participants.	<ul style="list-style-type: none"> ➤ In September 2004, a stakeholder meeting was organized in Ghana by WACIPAC with a little progress. In 2006, between May and June, intensive visits to NGOs and other development partners by WACIPAC team leader and project manager led to the stakeholder meeting for National Deworming. The number of donor collaboration meetings in Ghana is twice. The cumulative number of participants is 35. ➤ In Benin, the donor collaboration meetings for parasitic diseases control are planned and are being implemented. In Niger, donor collaboration in school health education is also done in 2007.
5-2. The number of country visits and reports.	<ul style="list-style-type: none"> ➤ 1) Burkina Faso, Togo, Nigeria, Benin, Cote d'Ivoire and Niger (Feb.-May 2005), 2) Cameroon and Benin (July - Aug. 2005), 3) Benin and Niger (Feb. 2006), 4) Benin (March 2006), 5) Benin (Sep. x twice and Oct. 2006), 6) Benin (Nov 2006, January, February in 2007), 7) Niger (Nov 2006, February 2007)
5-3. Exchange of data, documents, experience is promoted.	<ul style="list-style-type: none"> ➤ ACIPAC experts (Prof. Kojima, Dr. Kobayashi) and ACIPAC counterpart (Dr. Pimpimon) worked for WACIPAC as short term experts to exchange experiences. ACIPAC, ESACIPAC and WACIPAC reports were shared by each others
5-4. Newsletters are periodically issued by WACIPAC.	<ul style="list-style-type: none"> ➤ 21 newsletters were issued. The frequency of publish was not periodical in 2005, but it has been improved in 2006.
5-5. The number of visits to the WACIPAC home page is increased.	<ul style="list-style-type: none"> ➤ The number of access to home page is 11,889 as of November 9, 2006 which started in January 2005. Average 17.5 hits per day. ➤ The full updating of Home page is being planned.

Output 6: Start-up activities on school-based parasitic diseases control are implemented in the Supporting sites.

Proposals for the Start-up activities from Benin, Niger, Senegal, Nigeria, Burkina Faso, and Mali were submitted to WACIPAC after the international training course in 2005. So far, Benin and Niger have commenced the Start-up activities. In Benin, the Start-up project has started in Dangbo district since September 2006. It included baseline survey, material development, teacher training on deworming and school health, and deworming implementation. The activities have collaborations with other resources from Japan such as JOCV and grant aid for school construction. The Project was launched officially as the national programme of Benin. In Niger, WACIPAC supported to conduct the in-country training to prepare national policy on school health with good

donor coordination. Also JICA is facilitating collaboration with JOCV activity on school health promotion in Dosso province. Apart from the neighbouring countries, in Ghana, WACIPAC contributed developing training materials and dispatching trainers for teacher training under National Deworming Programme in Ghana funded mainly by UNICEF.

Three countries including Ghana among ten member countries have started practices with WACIPAC intervention so far. However, it seems to be difficult to implement Start-up activities in the remaining seven member countries within the remaining project period.

Table 3.6 Achievement of Indicators (Output 6)

Indicator	Results
6-1. The fund for start-up activities in Supporting sites is secured.	<ul style="list-style-type: none"> ➤ Fund for start-up activities in Benin were supported by JICA. In addition, the government of Benin pays some part of the activities and the Project plans to involve other donors through donor collaboration workshops. ➤ Fund for in-country training in Niger was supported by JICA. ➤ WACIPAC contributed to develop training materials under National Deworming Programme in Ghana funded by UNICEF.
6-2. Level of technique and skill of management, health policy, operational research, etc, are heightened in the sub region.	<ul style="list-style-type: none"> ➤ The start-up activities have just started. It is difficult to measure the achievement of this indicator in this moment.
6-3. School children and communities in the sub-region acquire their experiences of parasite control and take preventive actions.	<ul style="list-style-type: none"> ➤ The start-up activities have just started. It is difficult to measure the achievement of this indicator in this moment.

3.3 Achievement of Project Purpose

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

Institutional capacity of WACIPAC as institute for human resource development on school health based intervention for parasite control has been strengthened through experience of conducting the international training courses and supporting the Start-up projects in the member countries, although the current capacity is insufficient.

WACIPAC has not developed a model of school health based intervention for parasite control in West African contexts, although it has utilised experiences of Japan and other CIPACs. Both human and financial capacities of WACIPAC, in addition, need to be improved. It is necessary for achieving the project purpose by the end of 2008 that WACIPAC enhances its management capacities for field research and training as well as securing budget and human resources.

Table 3.7 Achievement and Prospect of Project Purpose

Indicator	Results
1. 60% of personnel involved in parasite control and school health programmes (managers and frontline officers) of Supporting sites successfully receive training.	<ul style="list-style-type: none"> ➤ 96 personnel out of 160 personnel in 10 member countries are the target number. In 2004, 24 programme managers, in 2005, 18 programme managers and in 2006, 15 programme managers, in total 57 programme managers received WACIPAC trainings. Achievement rate is 59 % ➤ In 2007 and 2008, the international training course will be conducted for 10 member countries. 44 programme managers are expected to receive WACIPAC training courses. In total 101 managers will have completed WACIPAC training, with 105 % achievement rate.
2. Recognition level of WACIPAC in the sub-region as a training centre of parasitic disease control is heightened.	<ul style="list-style-type: none"> ➤ Recognition level of WACIPAC among the member countries seems to be high due to the international training courses with high satisfaction of participants.
3. Communication among personnel working on parasite control is stimulated by WACIPAC.	<ul style="list-style-type: none"> ➤ ACIPAC experts participated to conduct the international training in 2006. However, the networking system has not been functioned so far.
4. Participants submit proposals of start-up activities in their own countries.	<ul style="list-style-type: none"> ➤ 6 countries submitted proposals in 2004 and 2005. One from Benin was selected and the start up project was started in July 2006. ➤ In the year 2007, technical assistance in Niger is scheduled to start in April as a part of start up project. In Ghana, National Deworming programme is going to be started

3.4 Implementation Process of the Project

3.4.1 Technology Transfer

According to the evaluation reports of international training courses, technology transfer concerning knowledge and skills on school health based intervention for parasite control to the participants from the member countries seems to be done successfully. Trainers from ACIPAC also contribute introducing ideas of health promoting school.

Contrary, technology transfer to counterparts of NMIMR seems to be insufficient, although the Project provided opportunities of participating training in Japan and other CIPACs international training courses to them. Insufficient input of chief advisors inhibited the technology transfer to the counterpart in terms of management skills on operational research and training cycle management. Insufficient assignment of some counterparts inhibited the technology transfer either.

3.4.2 Project Management

Project management of WACIPAC faced difficulties, although monitoring of the Project implementation has been regularly carried out through Joint Coordination Committee (JCC) and

other meetings. Inputs to some activities in the original version of the project PDM, especially activities in the model site, were higher than what was anticipated in comparison with other activities according to the report prepared by the Advisory Missions in 2005. Communication among the stakeholders from both Japanese and Ghanaian sides was insufficient, especially in year 2004 and 2005.

Nevertheless, there have been efforts for enhancing project management and solving problems while the project activities were stagnated. Two advisory missions were despatched to Ghana in 2005 to discuss about misunderstanding on the model site activities and to modify the activities. Based on the discussion in the missions, communication and common understanding among stakeholders have been improved gradually by the effort of Japanese experts and the counterparts. Also, both sides discussed and confirmed how to improve project management during the Mid-term evaluation.

3.4.3 Others

The PDM version 2 which was revised slightly in December 2005 as well as the original PDM is too complicated. Although the ex-ante evaluation mission recommended modifying the original PDM as soon as possible, it has not been changed drastically until the Mid-term evaluation. It is necessary to simplify the PDM logically and rationally considering the prospected achievement in the end of 2008, although the original approach of project should be respected. The PDM version 3 was drafted in this regard through the participatory workshops during the evaluation.

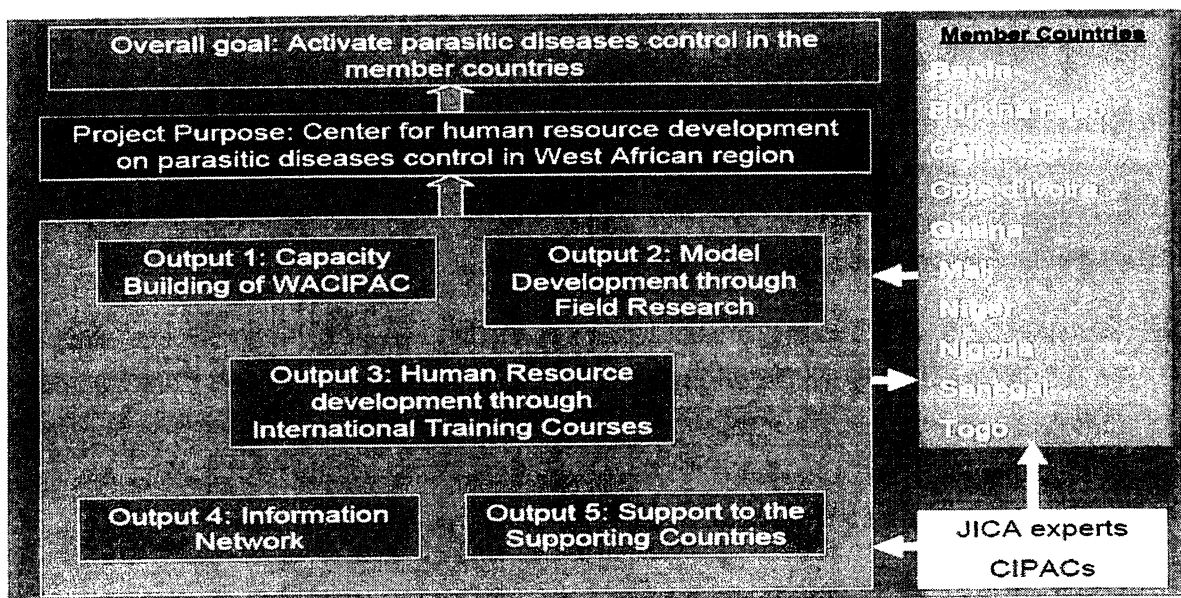


Figure 3.1 Project Framework (PDM version 3)

4. Results of Evaluation

4.1 Relevance

Relevance of the Project is high. The Project is coherent to the assistance policy of Japan as well as international initiatives such as MDGs, and concept of Human Security. The purpose also meets the needs of Ghana and the nine member countries.

(1) Relevance to Japan's ODA policy:

The Project is relevant to Japan's ODA policy as the Project was launched in response to the agreement at the Birmingham G8 Summit in 1998 where Japan proposed promotion of Global Parasite Control Initiative (Hashimoto Initiatives) which focuses on control of parasitic diseases through human resource development.

Also, in 2005, in order to strengthen its assistance to tackling health issues in developing countries, Japan launched the "Health and Development' Initiative" aiming to materialise this in developing countries. Japan's Action Plan in Combating Infectious Diseases in Africa, furthermore, was declared in 2006. The Action Plan endorses that Japan, in partnership with WHO and other organisations, strives to promote health research, train researchers and strengthen information exchange, giving leading roles to core medical institutions established by Japan's assistance in the East and West Africa (Kenya Medical Research Institute and NMIMR), and to promote the control of schistosomiasis and dracunculiasis through school health models by WACIPAC. The Project is on the same line of these policies.

In addition, the good collaboration between WACIPAC and ACIPAC is a good practice of south-south cooperation in response to the Action Plan concerning creation of network among the CIPACs.

(2) Relevance to needs of Ghana and nine neighbouring countries:

The Project is relevant to needs of Ghana and the nine neighbouring countries (Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Niger, Nigeria, Senegal, and Togo), because the infection rates of STH infection and schistosomiasis, which are target diseases of the Project, are high. Also there are similar programmes such as National Deworming Programme in Ghana supported by UNICEF and Neglected Tropical Disease (NTD) Programme in Ghana, Niger, Mali and Burkina Faso supported by USAID, which include same target diseases and can collaborate with the Project.

During the interview with Ghana Health Service (GHS) and Ghana Education Service (GES) / SHEP, however, there are opinions that WACIPAC should take a holistic approach to address parasitic diseases control focusing not only on school health based on Japan's experience but also on

integrating various issues such as improvement of water and sanitation environment, social and mental aspects of health education, and culture of Ghana.

(3) Comparative Advantages:

The Okinawa Infectious Disease Initiative (IDI) in 2000 addressed the effectiveness of Japanese experiences of parasite control and stressed the necessity of utilizing its experiences in the Global Parasite Control Initiative. During the post-war period, malaria, STH infection and filariasis were main parasitic diseases in Japan, but mass examination/selected treatment with health education successfully eliminated STH. It is relevant to introduce the Japanese experiences on parasite control for effective training and control activities.

(4) Relevance of the Implementing Agency:

Regarding the direct counterpart, NMIMR is relevant to conduct WACIPAC project in West African sub-region according to the result of interview with the stakeholders, although the function of NMIMR seems not to cover all the responsibility of WACIPAC. As size of the member countries, on the other hand, ten countries are relevant for the international training courses. Considering the capacity of NMIMR, however, ten countries seem to be overabundant to implement the Start-up projects and in-country trainings.

4.2 Effectiveness

The Project has produced positive effects through the international training courses. Six member countries submitted their proposals to WACIPAC after the training courses and the Project decided to implement the Start-up projects in Benin and Niger. However, the institutional capacity of WACIPAC seems to be insufficient to achieve the project purpose, and should be strengthened. In addition, it is significantly difficult to assess the achievement of the project purpose due to the unclear indicators in the PDM ver.2.

(1) Achievement Forecast for the Project Purpose

Institutional capacity of WACIPAC as institute for human resource development on school health based intervention for parasite control has been strengthened through experience of conducting the international training courses, supporting the Start-up projects in Benin and the in-country training in Niger, although the current capacity is not sufficient.

WACIPAC has not developed a model of school health based intervention for parasite control in West African contexts, although it has utilised experiences of Japan and other CIPACs. Both human and financial capacities of WACIPAC, in addition, are limited. It is necessary for achieving the Project purpose by the end of 2008 that WACIPAC enhances its management capacities for field

research and training as well as securing budget and human resources.

Concerning the important assumptions to achieve the project purpose, it is an important factor that the Supporting countries secure sufficient budget to conduct parasitic diseases control activities from donors other than JICA. The Project has planned to hold donor collaboration meetings in Benin and Niger to call support from concerned donors.

(2) Promoting Factors and Hampering Factors:

Promoting Factors:

- (a) Continues efforts of the counterparts and Japanese experts
- (b) High motivation of people in the model schools and communities in Ada Foah sub-district
- (c) Good collaboration with ACIPAC experts
- (d) Good relationship with SHEP

Hampering factors:

- (a) Insufficient management capacity of NMIMR concerning operational research and training cycle management
- (b) Limited human resources of both Japanese and Ghanaian sides
- (c) Different level of understanding in school to community approach on parasitic diseases control among the stakeholders
- (d) Insufficient involvement of persons from GHS and GES that participated to training in Japan

4.3 Efficiency

It is difficult to evaluate that efficiency of the project implementation is high due to the weak project management in the past. In addition, it is significantly difficult to assess the achievement of the outputs due to the unclear indicators in the PDM ver.2. However, its efficiency has been improved gradually by the effort of both Japanese experts and Ghanaian counterparts. All the outputs of project would be achieved by the end of 2008, if both sides conduct the activities which are described in the PDM version 3 in a timely manner.

(1) Achievement level of outputs:

The achievement level of outputs is relatively insufficient considering original plan and its schedule.

(2) Timing of inputs

Input of equipment is timely and utilised without serious problem. However, a lack of managerial enforcement to coordinate dispatch of chief advisor in timely manner inhibited efficiency, although the efforts of short-term experts and experts from ACIPAC minimised the delay of the Project.

There is no fulltime counterpart who is engaged in WACIPAC, although the counterparts try to work for the project activities. The limited number of manpower inhibited efficient implementation of the Project.

(3) Cost

Cost efficiency of the model site activities including deworming seems to be almost same as ones supported by other donors. The remains should be evaluated.

(4) Others

Political instability of the neighbouring countries especially in Cote d'Ivoire inhibited efficient movement to the member countries. As movement to Niger, for instance, Japanese expert was not allowed to visit Niger through Abidjan due to security policy of Japan. It took much time and cost for them to visit Niger via France.

Also, preparedness of Japanese side for region-wide cooperation seemed to be insufficient to conduct support activities in the member countries efficiently.

4.4 Impact

The team has confirmed positive impacts through interviews and field observation.

(1) Positive impact:

Project Manager and Japanese expert on parasitic diseases control from WACIPAC were invited to the National Deworming Task Force under National Deworming Programme by Ghana Education Service/SHEP. WACIPAC experts contributed to prepare training materials and to conduct some of trainings for the National Training of Trainers' workshops.

A participant from Benin to the first international training course for programme manager has been appointed as Health Minister of Benin. The policy paper and teacher training materials on school health was prepared in 2006 by her initiative and experience in the international training.

(2) Negative impact:

No negative impact has either been reported or observed.

4.5 Sustainability

The Project needs further effort to secure sustainability, especially in enhancing its institutional and technical capacities.

(1) Policy and System:

NMIMR recognises that WACIAPC is the centre for human resource development on parasitic disease control in West African sub-region. NMIMR is preparing a proposal for official authorisation of WACIPAC, in combination with Lymphatic Filariasis Support Centre for Africa, as a Centre of University of Ghana.

(2) Organisation and financial aspect:

Both organisational and financial capacities of WACIPAC are limited. At this moment, it seems to be difficult to implement operational researches and international training courses by their own budget after the termination of project. The official authorisation of WACIPAC may contribute institutional sustainability.

(3) Technology:

WACIPAC has provided qualified training using own Ghanaian experts at the international training courses. The capacity of counterparts as trainer seems to be sufficient. However, its capacity of course conduct and logistical arrangement are needed to improve involving administration office of NMIMR.

Also, capacity of WACIPAC to conduct operational research by itself has been limited.

4.6 Conclusion

The Project had faced difficulties of project management. However, appropriate efforts have been made to modify project activities.

It would be expected to achieve the project purpose, if both Japanese and Ghanaian sides share common vision of WACIPAC in the future and allocate appropriate resources especially in human resources into the project activities for the remaining period.

The crucial role of WACIPAC, as a centre of excellence for school health based intervention for parasite control, is to build human capacity in the West African sub-region.

5. Lessons Learnt and Recommendations

5.1 Lessons Learnt

Based on experiences from Project's implementation, the following lessons are drawn:

- (a) A cause of weak project management and insufficient consistency seems to be lack of clear understanding on roles and responsibilities from both Japanese and Ghanaian sides as well as lack of clear vision of WACIPAC under the GPCI. An appropriate intervention in a timely manner is needed as soon as possible when the Project faces difficulties.
- (b) Good collaboration between WACIPAC and ACIPAC verified effectiveness of south-south cooperation with good practices.
- (c) Donor collaboration and policy framework building in the supporting countries by WACIPAC proved effective for scaling up school health based intervention.
- (d) Preparedness for region-wide cooperation is needed in advance.

5.2 Recommendations

In order to strengthen capacity of WACIPAC as a centre for human resource development in the West Africa for effective control of parasitic diseases, and to achieve the project objective by the end of the Project, the Evaluation Team recommended that:

- (a) Monitoring the Project using PDM

It is necessary to conduct monitoring of the overall Project with the PDM version 3 being conscious of terminal evaluation to be expected approximately in June 2008.

- (b) Assignment of counterpart staffs

There is no fulltime counterpart who is engaged in WACIPAC. However, the counterparts spend time to work for the project activities. The limited manpower inhibited efficient implementation of the Project. Thus, efforts should be made for the sufficient number of counterpart staffs needed to participate in required activities of WACIPAC.

- (c) Authorisation of WACIPAC as a Centre of University of Ghana

Considering limited activities of WACIPAC, its prompt authorisation is strongly needed.

- (d) Field research with scientific evidence

The model project site activities should be implemented as field research based on a scientific

research protocol.

(e) Good practices in the supporting countries

The Project is making significant progress in the supporting countries. Those results should be compiled as good practices.