The Project Design Matrix(ver.2)

ANNEX I

1. The project for the West African Centre for International Parasite Control (WACIPAC)
2. Project period (January 2004~December 2008)
3. Implementing agency: Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana
4. Project site:
   Project Office: Noguchi Memorial Institute for Medical Research
   Model Project site: Dangme-East District, Greater Accra Region
   Supporting sites: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal and Togo
5. Target group: Policy makers, programme managers, frontline officers, academia from health and education sector

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

Outputs **Output 1:** **WACIPAC is fully established.**	1. Advisory Committee meetings are held annually. 2. Steering Committee meetings are held quarterly or bi-annually. 3. WACIPAC management meeting is held weekly.	1. Project documents	
Output 2: **A model project site for school-based parasitic diseases control is fully established.**	1-1. Task Force for the model project site functions fully. 1-2. No. of Task Force meetings held. 2-1. No. of PCA oversight committee meetings held. 3-1. The PCA functions practically. 3-2. No. of communities where PCA has been established. 4-1. No. of IEC materials for BCC developed and tested. 4-2. No. of radio/TV programmes developed. 5. School children and communities in the model project site acquire their knowledge of parasite control and take preventive actions. 6-1. No. of pupils covered by the baseline surveys. 6-2. No. of school-age children regularly dewormed. 6-3. Baseline survey reports are compiled and distributed to all stakeholders. 7-1. Human capacity in the model project site is strengthened. 7-2. No. of technicians and health/education personnel trained. 8-1. Physical capacity in the model project site is	1. Project records 2. PCA activity records 3. PCA activity records 4. Project records 5. Project records 6. Project records 7. Model Project District Assembly reports	Fund for intervention is secured from some funding resources other than from JICA

	strengthened. 8-2. No. of water/sanitation facilities provided. 9. School-based parasitic diseases control activities are expanded into the community. 10. No. of meetings with NGOs and other development partners held.	8. Project records 9. Project records 10. Project records	
Output 3: **Human Resources for school-based parasitic diseases control in the West African sub-region are trained by WACIPAC.**	1. The approach advocated by WACIPAC focusing on human resource development is adopted for parasite control in Supporting sites in the sub-region. 2-1. At least 180 personnel are trained by WACIPAC. 2-2. The number of international training courses/ workshops/ seminars organized and/or supported by WACIPAC and the cumulative number of participants. 2-3. The number of the in-country trainings supported and/or promoted by WACIPAC and the cumulative number of the participants. 3. The participants of international training courses acquire experiences and confidence in practicing parasite control in the fields. 4. The personnel/agencies acquire management skills for planning and implementation of the school-based parasitic diseases control activities in Supporting sites.	1-1. Review on government's policies of Supporting sites for parasite control 1-2. Interview and inquiry survey with health and education policy makers 2. Project reports 3-1. Evaluation reports of the international training courses 3-2. Interview and inquiry survey with participants with regards to level of comprehension 4. Interview and inquiry survey with participants with regards to management skill	

Output 4 **WACIPAC functions as a hub for information network within the West African sub-region and among three GPCI International Centres (CIPACs).**	1. The network system established in WACIPAC results in the increase of exchange of information and other interactions among the following group of people and organizations; the participants of international training courses; Ghanaian and Japanese experts; among GPCI Centers; related international organizations.	1-1. Interview and Inquiry survey with the participants, Ghanaian and Japanese experts, GPCI Centers, and others 1-2. Report of IT unit of NMIMR 1-3. Reports from users (i.e. member country's experts, the number of access to the Homepage, quality/quantity of information on the web and database)	
Output 5: **The advocacy of school-based parasitic diseases control is promoted within the sub-region and among three CIPACs.**	1-1. The number of seminars/workshops for policymakers organized by WACIPAC and the cumulative number of the participants. 1-2. The number of donor coordination workshops advocated and promoted by WACIPAC and the cumulative number of participants. 2. The number of country visits and reports. 3. Exchange of data, documents, experience is promoted. 4. Newsletters are periodically issued by WACIPAC. 5. The number of visits to the WACIPAC home page is increased.	1. Project reports 2. Project records 3. Project reports 4. Newsletters 5. The number of visits to WACIPAC home page	
Output 6: **Start-up activities on school-based parasitic diseases control are implemented in the Supporting sites.**	1. The fund for start-up activities in Supporting sites is secured. 2. Level of technique and skill of management, health policy, operational research, etc, are heightened in the sub region. 3. School children and communities in the sub-region acquire their experiences of parasite control and take preventive actions.	1. WACIPAC financial report 2. The report of start up activities 3. The report of start up activities	The fund for start-up activities in Supporting sites is secured from some funding resources other than JICA

Activities	Inputs		
(Output 1) 1.1. WACIPAC is officially established. 1.2. Strengthen the management structure of WACIPAC. 1.2.1. Establish the proper management structure of WACIPAC at Ghana level. (The joint coordinating committee and management committee of WACIPAC) 1.2.2. Establish the proper management structure of WACIPAC at International level. 1.3. Develop human resources for WACIPAC. 1.3.1. Recruit necessary staff of WACIPAC. 1.3.2. Train human resources of WACIPAC. 1.3.3. Dispatch key WACIPAC human resources to various international trainings. 1.3.4. Dispatch key WACIPAC human resources to the counterpart trainings in Japan and/or in a Third Country. 1.3.5. Provide support to postgraduate students under the JICA Research Resident scheme in the field of school-based parasitic diseases control. (Output 2) 2. 1.Establish the management mechanism for the model project site for WACIPAC. 2.1.1. Establish a Task Force for the model project site. 2.1.2. Organize regular discussion meetings of the Task Force for planning, implementing, monitoring and evaluating the activities in the model project site. 2.1.3. Promote collaboration with the Ministry of Health and the Ministry of Education, Youth and Sports. 2.1.4. Get approval from District Assembly. 2.1.5. Build consensus with district Health and Education offices. 2.1.6. Strengthen the linkage with regional/district School Health Education Programme (SHEP) Coordinators. 2.1.7. Establish the autonomous management structure for operating activities at the model project site (Parasite Control Association: PCA / oversight committees) at three levels;(1) national level, (2) district level and (3) community level 2.1.8. Implement PCA activities.	(A)Inputs from the Ghanaian Side (Project personnel including counterpart personnel) 1. Project Director: Director of Noguchi Memorial Institute for Medical Research (NMIMR) 2. Project manager: Head of Parasitology Unit, NMIMR 3. Officers, Personnel at Ministry of Health and Ministry of Education, Youth and Sports 4. Experts: Parasitology, Information, Education and Communication (IEC), Laboratory Technicians 5. Other Counterparts and Administrative personnel. Technical Experts of Global Parasite Control in the model project site - Information net work –IEC , Administration (Land and Facility) 1. Project Coordination Office in the compound of NMIMR 2. Project field laboratory facility in the model project site 3. Training facilities in the compound of NMIMR (Project operation budget) 1. Salaries and related allowances for Ghanaian staff & Personnel 2. Expenses of electricity, water, gas, and other fuel 3. Regular expenses incurred by the machineries, equipment, and other supplies provided by JICA including custom clearance costs, storage costs, inland transportation costs, installation costs and other supplies. 4. Any costs for maintaining facilities and machineries, equipment and other supplies (B) Input from the Japanese side (Long term experts) 1. Chief Advisor 2. Project Coordinator 3. Expert in the technical field of: a. Public Health (or Primary Health Care) b. Global Parasite Control c. School Health Education d. Others, when necessary		

2.2. Develop health education materials for parasitic diseases control. 2.2.1. Develop posters, games, flip charts for parasitic diseases control. 2.2.2. Develop radio spots, T.V spots, and audio visual IEC materials for parasitic diseases control. 2.2.3. Develop songs, dramas etc for parasitic diseases control. 2.2.4. Test and modify the above-mentioned IEC materials at the selected schools in the model project site. 2.2.5. Utilize the developed IEC materials. 2.3. Conduct baseline (KAP and parasitological) surveys. 2.3.1. Map out existing health, education and sanitary facilities in the model project site. 2.3.2. Select the target schools for baseline survey. 2.3.3. Organize the training workshops for teachers, health volunteers, parents and key persons in the communities. 2.3.4. Conduct the baseline survey based on the operational study planning. 2.3.5. Analyze and evaluate the baseline survey data 2.3.6. Make the baseline report. 2.3.7. Organize report meetings for pupils, teachers, parents and other key persons. 2.4. Implement 'control activities'. 2.4.1. Conduct periodic deworming activities at the target schools and communities. 2.4.2. Conduct periodic health education activities at the target schools and communities. 2.4.3. Implement the 'control activities' at the selected schools (providing water supply, toilet facilities, waste disposal facilities etc.) in collaboration with other development partners. 2.4.4. Monitor and evaluate control activities. 2.4.5. Conduct 'Operational Research' to improve the efficacy of project implementation. 2.4.6. Publish and disseminate the results. 2.5. Build human capacity in the model project site. 2.5.1. Recruit personnel for model project site activities.	Note: Chief Advisor and Project Coordinator may serve concurrently as experts in one or two of above-mentioned technical fields. (Short term experts) 1. Public Health (Parasitology) 2. IEC (Flip charts, games, posters) 3. IEC (Audio Visual) 4. System Engineer (web site and data base) 5. PCM facilitator for training WACIPAC staff to be PCM facilitators 6. Others will be dispatched upon demand (Counterpart training) 1. IEC (Audio Visual) materials production 2. Information Technology 3. Public Health and Community Health 4. PCM facilitation 5. Training opportunities in Japan and/or in a Third Country for counterparts will be provided (Machinery, Equipment and Materials) 1. Equipment for parasitological survey and examination 2. Equipment for public health activities 3. Equipment for training on Global Parasite Control activities 4. Vehicles 5. Administration building 6. Other necessary equipment for the implementation of the project		

2.5.2. Train local human resources such as laboratory technicians, health volunteers, etc. for the purpose of enhancing sustainability of the activities. 2.5.3. Organize periodical SHEP Coordinators and teachers training for promoting WACIPAC health education interventions. 2.6. Build physical facilities in the model project site. 2.6.1. Inspect the existing facilities, equipment and means of transportation in the model project site 2.6.2. Improve the existing facilities, equipment and means of transportation. 2.6.3. Conduct the need assessment for the materials/equipment and physical facilities for WACIPAC activities in the model project site. 2.6.4. Acquire materials/ equipment if necessary. 2.6.5. Construct physical facilities (laboratory, training facility, sleeping quarters, and library if necessary) 2.7. Propagate GPCI activities through PCA into community. 2.7.1. Propagate the GPCI activities into communities in close collaboration with the Planned Parenthood Association of Ghana (PPAG) 2.7.2. Implement the above-mentioned plan. 2.7.3. Evaluate the activities. 2.7.4. Make the report of the implementation. 2.8. Secure funding for some part of the control activities in the model project site. 2.8.1. Organize meetings for enhancing partnership cooperation in the model project site. 2.8.2. Strengthen the collaboration with other development partners in provision of water supply and sanitary facilities in the model project site. 2.9. Develop the guideline (minimum package) for implementing school-based parasitic diseases control activities in the Supporting sites. 2.9.1. Compile the activities from 2.1 to 2.8 into a package. 2.9.2. Compile IEC materials developed into a package. 2.9.3 Create the guideline (minimum package) for implementing GPCI			

activities in the Supporting sites (Output 3) 3.1. Conduct international workshops/seminars for health and education policy makers from the Supporting sites and development partners (two days, every two years). 3.1.1. Identify health and education policy makers in the Supporting sites. 3.1.2. Prepare general information for the workshops/seminars. 3.1.3. Conduct advocacy workshops/seminars. 3.1.4. Make the workshop/seminar report. 3.1.5. Distribute the report to those concerned in the Supporting sites. 3.1.6. Visit Supporting sites as follow-up activities. 3.2. Conduct international training courses/workshops for health and education programme managers and NGO programme officers (4~6 weeks once a year). 3.2.1. Identify health and education programme managers in the Supporting sites. 3.2.2. Prepare general information for the workshops/seminars. 3.2.3. Conduct the training courses/workshops. 3.2.4. Make the training/workshop report. 3.2.5. Distribute the report to those concerned in the Supporting sites. 3.2.6. Visit Supporting sites as follow-up activities. 3.3. Conduct international training courses/workshops for health and education frontline officers including NGO frontline officers. 3.3.1. Identify health and education frontline officers in the Supporting sites. 3.3.2. Prepare general information for the training courses/workshops. 3.3.3. Conduct training courses/workshops. 3.3.4. Make the training report. 3.3.5. Distribute the report to those concerned in the Supporting sites. 3.3.6. Visit Supporting sites as follow-up activities. 3.4. Conduct in-country training courses/workshops for frontline officers from both Health and Education sectors and development partners in the targeted Supporting sites. 3.4.1. Conduct need assessment for the in-country training in the			

Supporting sites using the participatory approach. 3.4.2. Discuss the detailed content of the in-country trainings with the related government in the Supporting sites. 3.4.3. Sign the minutes of understanding between JICA/WACIPAC and the related government. 3.4.4. Conduct the in-country training courses/workshops. 3.4.5. Make the training report. 3.4.6. Distribute the training report to those concerned. 3.5. Strengthen collaboration with international organizations in conducting training courses/workshops in the field of parasitic diseases control in: 3.5.1. identifying suitable participants for WACIPAC training courses/workshops. 3.5.2. developing curriculum and IEC materials. 3.5.3. identifying appropriate facilitators for the training courses/workshops. 3.5.4. providing technical support to closely related training courses/workshops organized by other international organizations. (Output 4) 4.1. Establish a committee for planning, implementing and monitoring the information network activities. 4.2. Organize regular meetings (at least once a month). 4.3. Prepare infrastructure for networking at WACIPAC. 4.4. Initiate and maintain activities for an internet-based network including website and discussion group. 4.5. Establish database on parasitic diseases in the West African sub-region. 4.6. Develop CD-ROM based bibliography of literatures on parasitic diseases. 4.7. Exchange information and data among countries, three CIPACs and international organizations. (Output 5) 5.1 Visit the Supporting sites as a part of follow-up activities of international training courses/workshops. 5.2. Promote the partnership collaboration.			

5.3. Create the opportunities to enhance advocacy among all stakeholders. 5.4. Distribute newsletters and reports to Supporting sites and other stakeholders. (Output 6) 6.1. Provide technical assistance to the Supporting sites to implement start-up activities. 6.2. Provide technical assistance to the Supporting sites to develop school health education materials. 6.3. Encourage partnership collaboration in the Supporting sites.			

Project Design Matrix (PDM) **ANNEX II**

Project Title: The project for the West African Centre for International Parasite Control (WACIPAC)
Project Implementation Period: January 2004 - December 2008
Implementing Agency: Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana
Project Site: Project Office: Noguchi Memorial Institute for Medical Research, Model Project site: Dangme-East District, Greater Accra Region, Member countries: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal and Togo
Target Groups: Policy makers, programme managers, academia from health and education sector
(**Super Goal:** The burden of parasitic diseases is substantially reduced in the West African sub-region.)

Version No:3
Date:1 March 2007

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Parasitic diseases control programmes of the member countries in the West African sub-region are implemented by the capacity built by/at WACIPAC.	*In 3~5 years after the end of the 5 years project,* 1. School-based Parasitic Control programmes are actively implemented in the member countries. 2. 80% of target personnel involved in parasite control and school health programmes in the member countries successfully receive training at WACIPAC.	1. Inquiry survey and/or Interview 2. Statistics of the Ministry of Health and Education in the member countries	· Political stability is maintained in the member countries. · Partnership cooperation is firmly established in the member countries. · Political commitment to parasitic diseases control is enhanced in the member countries. · Economic growth is secured in the member countries.
Project Purpose: WACIPAC performs the role of building capacity for integrated parasite control activities of the member countries in the West African sub-region.	*By the end of project,* 1. 60% of target personnel involved in parasite control and school health programmes (policy makers, managers) of the member countries successfully receive training. 2. Recognition level of WACIPAC in the member countries as a training centre of parasitic disease control is heightened. 3. Communication among personnel working on parasite control is stimulated by WACIPAC. 4. Policy framework and programmes on parasite control and school health in the Supporting countries are strengthened by WACIPAC.	1. Project records 2. Interview and/or inquiry survey 3. Project records, Inquiry survey 4. Proposals from the member countries, Policy papers of the Supporting countries	· Adequate budgetary support to parasitic disease control from all stakeholder Governments does not decrease in respective countries. · At least half of trained personnel actively participate in parasite control activities.
Outputs: 1. Institutional capacity of WACIPAC is strengthened.	1-1 WACIPAC is officially established with assigned staff and budget as a centre of University of Ghana 1-2 Management meeting / Job seminars are regularly held 1-3 WACIPAC staff acquire skills and knowledge for operational research and training management	1-1 Organogram and budget of University of Ghana 1-2 Project records 1-3 Project record, Papers/articles prepared or supervised by WACIPAC staff	· Fund for intervention is secured from some funding resources other than JICA concerning Output 2 · Fund for activities in Supporting countries is secured from some funding resources other than JICA concerning Output 5

2. A model* for school health based intervention for parasite control is developed through field research activities in Ghana.	2-1 IEC materials for BCC developed and tested.	2-1 Project record	
	2-2 School children and communities in the model project site acquire their knowledge of parasite control and take preventive actions.	2-2 Monitoring record	
	2-3 Efficacy of "school to community approach" is verified with scientific evidences.	2-3 Project record, Papers/articles prepared or supervised by WACIPAC staff	
	2-4 A demonstration site for international training is established as a suitable model	2-4 Established model site	
3. Policy makers and programme managers of the member countries acquire knowledge and skills concerning school health based intervention for parasite control through the international training courses and follow-up.	3-1 At least 100 personnel from 10 member countries are trained through the international training courses	3-1 Evaluation reports of the international training courses	
	3-2 The participants of international training courses acquire experiences and confidence in practicing parasite control in the fields	3-2 Evaluation reports of the international training courses	
	3-3 The personnel/agencies acquire management skills for planning and implementation of the school-based parasitic diseases control activities in Supporting countries	3-3 Interview and inquiry survey with participants with regards to management skill	
4. WACIPAC functions as a hub for information network within the member countries, and promotes networking among three GPCI International Centres (CIPACs)	4-1 The network system established in WACIPAC results in the increase of exchange of information and other interactions among the participants of international training courses, Ghanaian and Japanese experts, and among CIPACs and related international organisations.	4-1 Interview and Inquiry survey with the participants, Ghanaian and Japanese experts, GPCI Centers, and others	
	4-2 Website based information sharing system is developed.	4-2 Developed Website	
	4-3 Newsletters are periodically issued by WACIPAC.	4-3 Issued Newsletters	
	4-4 Two presentation at scientific conferences and at least five articles	4-4 Project record, Papers/articles prepared or supervised by WACIPAC staff	
5. Supporting countries start activities on school health based intervention for parasite control.	5-1 At least two member countries start school health based intervention for parasite control supported by WACIPAC.	5-1 Proposals from the member countries, Monitoring report	
	5-2 At least 30 frontline officers are trained in the supporting countries	5-2 Training reports prepared by stakeholders in the supporting countries	
	5-3 Level of technique and skill of management, health policy, operational research, etc, are heightened in the member countries	5-3 The report of activities	
	5-4 The recommendations for implementing school health based intervention for parasite control activities in the Supporting countries are developed.	5-4 Developed recommendations	

Activities:	Inputs:	
1. Capacity Building of WACIPAC 1-1 Obtain approval from University of Ghana for official establishment of WACIPAC 1-2 Hold JCC and other meetings with counterpart authorities and other stakeholders. 1-3 Strengthen the management structure of WACIPAC. 1-4 Develop human resources for WACIPAC including trainings in Japan **2. Model Development through Field Research** 2-1 Establish the management mechanism for the model project site for WACIPAC. 2-2 Develop health education materials for parasitic diseases control. 2-3 Build human capacity in the model project site. 2-4 Implement 'control activities' in the model project site. 2-5 Conduct field research and monitoring/ evaluation to verify efficacy of model activities such as "school to community approach" in collaboration with community based organisations in the model project site **3. International training Course** 3-1 Conduct international workshops/seminars for health and education policy makers from the member countries and development partners (two days, every two years). 3-2 Conduct international training courses/workshops for health and education programme managers (1~2 weeks once a year). 3-3 Strengthen collaboration with international organizations in conducting training courses/workshops in the field of school health based intervention for parasite control 3-4 Visit the member countries as a part of follow-up activities of international training courses/workshops.	**(A)Inputs from the Ghanaian Side** (Project personnel including counterpart personnel) 1. Project Director: Director of Noguchi Memorial Institute for Medical Research (NMIMR) 2. Project manager: Head of Parasitology Unit, NMIMR 3. Officers, Personnel at Ministry of Health and Ministry of Education, Science and Sports 4. Experts: Parasitology, Information, Education and Communication (IEC), Laboratory Technicians 5. Other Counterparts and Administrative personnel. Technical Experts of Global Parasite Control in the model project site - Information net work –IEC, Administration (Land and Facility) 1. Project Coordination Office in the compound of NMIMR 2. Project field laboratory facility in the model project site 3. Training facilities in the compound of NMIMR (Project operation budget) 1. Salaries and related allowances for Ghanaian staff & Personnel 2. Expenses of electricity, water, gas, and other fuel 3. Regular expenses incurred by the machineries, equipment, and other supplies provided by JICA including custom clearance costs, storage costs, inland transportation costs, installation costs and other supplies. 4. Any costs for maintaining facilities and machineries, equipment and other supplies **(B) Inputs from the Japanese Side** (Long term experts) 1. Chief Advisor 2. Project Coordinator 3. Expert in the technical field of: a. Public Health (or Primary Health Care) b. Global Parasite Control c. School Health Education d. Others, when necessary Note: Chief Advisor and Project Coordinator may serve concurrently as experts in one or two of above-mentioned technical fields. (Short term experts) 1. Public Health (Parasitology) 2. IEC (Flip charts, games, posters) 3. IEC (Audio Visual) 4. System Engineer (web site and data base) 5. PCM facilitator for training WACIPAC staff to be PCM facilitators 6. Others will be dispatched upon demand	· Cooperation and understanding on the model project from local people is obtained · Trained participants of the international training courses by WACIPAC are working continuously on the activities · Customs clearance is done on time · Migration clearance is done on time

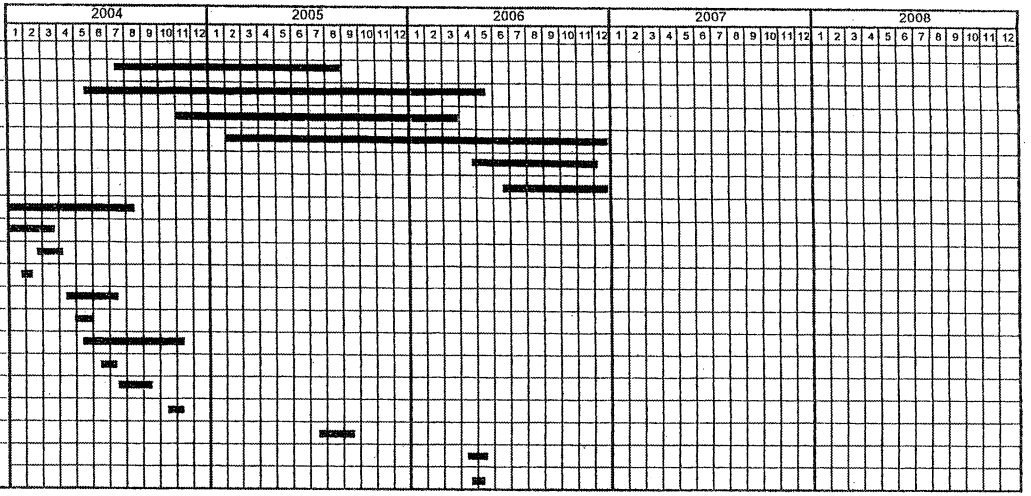
4. Information Network 4-1 Prepare infrastructure for networking at WACIPAC 4-2 Initiate and maintain promotion activities including an internet-based network and publishing Newsletters. 4-3 Establish database on parasitic diseases with available data in the supporting countries 4-4 Exchange information and data among the member countries, three CIPACs and international organizations to promote partnership collaboration. 4-5 Present the outcomes of project to local/international conferences **5. Support to the Supporting Countries** 5-1 Develop recommendations for implementing school health based intervention for parasite control activities in the Supporting countries. 5-2 Provide technical assistance to the Supporting countries to implement activities such as training courses/workshops for frontline officers from both Health and Education sectors and development partners. 5-3 Provide technical assistance to the Supporting countries to enhance policy framework and programs on school health and parasite control. 5-4 Encourage collaboration among stakeholders in the Supporting countries. 5-5 Monitor and evaluate activities in the Supporting countries.	(Counterpart training) 1. IEC (Audio Visual) materials production 2. Information Technology 3. Public Health and Community Health 4. PCM facilitation 5. Training opportunities in Japan and/or in a Third Country for counterparts will be provided (Machinery, Equipment and Materials) 1. Equipment for parasitological survey and examination 2. Equipment for public health activities 3. Equipment for training on Global Parasite Control activities 4. Vehicles 5. Administration building 6. Other necessary equipment for the implementation of the project	**Pre-conditions:** • The role of WACIPAC is clearly defined under the GPCI • Clear understanding on roles and responsibilities from both parties • Active participation from NMIMR is obtained. • Active participation of policy makers, programme managers, academia from health and education sector in Ghana and the member countries is obtained. • Necessary support is given to the project from all the governments that are stakeholders to the project • Political stability is secured in the member countries

** Demonstration site at the moment*

ANNEX III: List of experts and Counterparts and Their Input

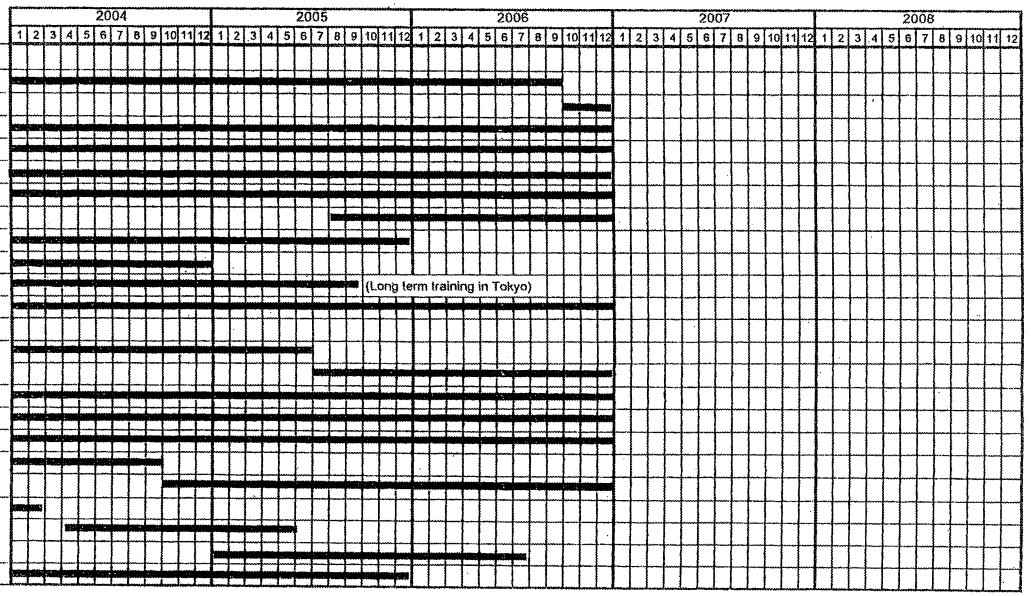
Japanese Experts

	Title	Name	Term
Long Term	Chief Advisor	Mr.Hisayoshi Ogiwara	04/07/20 ~ 05/08/31
	Project Coordinator	Ms.Yukari Koga	04/05/19 ~ 06/05/18
	Parasite Control	Dr.Tatsuru Hara	04/11/02 ~ 06/03/31
	Public Health and Prasite Control	Dr.Toshiki Awazawa	05/02/05 ~ 07/02/04
	Chief Advisor/School health	Mr.Koichi Morinaka	06/04/26 ~ 06/12/9
	Project Coordinator/Regional Cooperation	Ms.Maki Ozawa	06/06/12 ~ 08/06/11
Short Term	Acting Chief Advisor	Mr.Koichi Morinaka	04/01/01 ~ 04/08/18
	Project Coordinator, Prasite Control and Public Health	Dr.Shinji Yamaguchi	04/01/01 ~ 04/03/26
	Project Coordinator	Mr.Shuji Noda	04/02/27 ~ 04/04/05
	Techinical Advisor	Dr.Somei Kojima	04/01/28 ~ 04/02/08
	Training Cycle Management	Ms.Nobuko Kamonji	04/04/20 ~ 04/07/19
	Parasite Disease Control	Mr.Hisahiro Ishijima	04/05/07 ~ 04/06/04
	IEC	Ms.Keiko Uchiumi	04/05/14 ~ 04/11/13
	IEC	Ms.Risa Yamamoto	04/06/22 ~ 04/07/04
	Information Technology	Mr.Hiroyuki Ikeda	04/07/21 ~ 04/09/21
	School Based Health	Dr.Takaaki Hara	04/10/16 ~ 04/11/05
	IEC Material	Ms.Noriko Koma	05/07/11 ~ 05/09/18
	Parasite Control	Dr. Eiji Hayashi	06/04/19 ~ 06/05/18
	School Health	Dr. Kazuhiko Moji	06/04/26 ~ 06/05/09



Counterpart Distribution

	Position	Name	Terms
Senior Member	Director	David Ofori-Adjei	04/01/00 ~ 06/09/30
	Director	Alexander Nyarko	06/10/01 ~
	Deputy Director	M.D. Wilson	04/01/01 ~
	Project Manager/Head of Parasitology Unit	K.M. Bosompem	04/01/01 ~
	Senior Research Fellow	D.A. Boakye	04/01/01 ~
	Senior Research Fellow	M.A. Appawu	04/01/01 ~
	Senior Research Fellow	Irene Ayi	05/08/01 ~
	Secondment from MOE	S.O. Balden	04/01/01 ~ 05/12/31
	Secondment from MOH	Judith Stephens	04/01/01 ~ 04/12/31
Senior Staff	Principal Research Assistant	W.K.Anyan	04/01/01 ~ 05/09/25
	Chief Laboratory Technician	J.R.K. Asigbee	04/01/01 ~ 05/
	Superindent Laboratory Technologist		05/
	Assistant Technician/	J.K.Quartey	04/01/01 ~ 05/06/30
	Laboratory Technician		05/07/01 ~
	Technical Assistant	O.A. Duah	04/01/01 ~
	Assistant Technician	I.A. Hudson-Odoi	04/01/01 ~
	Senior Research Assistant	D.K.De Souza	04/01/01 ~
	Principal Research Assistant	Daniel Boamah	04/01/01 ~ 04/09/30
	Principal Research Assistant		06/06/12 ~
	Laboratory Technician	S.K.Mortu	04/01/01 ~ 04/02/28
	Laboratory Technician II		04/03/01 ~ 05/05/31
	Senior Technician		05/05/31 ~ 06/07/31
	Research Assistant	D.A.Joppa	04/01/01 ~ 05/12/31



List of Equipment Purchased by WACIPAC Project Budget 2004
（現地購入機材）

ANNEX VI: List of Equipment

Item 機材名	Product 製造元 / 型番	Quality	Amount 価格	Location 設置場所	Purchase 購入した国	Dispo 消耗品	Exist 有・無	Usage 使用頻度	Main 維持管理状態	Manage 管理状況	Remark
Digital Camera	-	1	US$295.00	NMIMR	Ghana	-	o	-	-	-	
Cabinet	-	1	8,080,000	Administration Room	Ghana	-	o	A	A	A	
Cabinet	Cream Lion	2		CA Room	Ghana	-	o	A	A	A	
Executive Chair	-	1		CA Room	Ghana	-	o	A	A	A	
Executive Desk	-	1		CA Room	Ghana	-	o	A	A	A	
Glass Table	-	1		CA Room	Ghana	-	o	A	A	A	
Chair	-	4		CA Room	Ghana	-	o	A	A	A	
Coffee Table	-	1		NMIMR	Ghana	-	o	-	-	-	
Cabinet	Maruwa Lion/	3		Administration Room	Ghana	-	o	A	A	A	
Biding Machine	Rexel Acco./ CB405 TIP System	1	5,155,556	Administration Room (Cabinet)	Ghana	-	o	B	A	A	
Liner for Cargo Deck (Pickup)	-	1	3,500,000	Nissan Pick-Up	Ghana	-	o	A	A	A	
Mercury rewritable Drive	-	1	3,300,000	NMIMR	Ghana	-	o	-	-	-	
Drinking Water Dispenser	Clean Water Preparation System/ W2-310	1	2,050,000	Kitchen	Ghana	-	o	A	A	A	
Safe Box	Connex/ CS 110	1	4,000,000	Administration Room	Ghana	-	o	A	A	A	
Chair for Laboratory	-	3	6,000,000	Ada 2nd School, PCA-Lab	Ghana	-	o	C	A	A	
Digital Camera Olympus N-Mini	Oympus/ 4.0 Mega Pixwl	1	9,270,000	Administration Room (Cabinet)	Ghana	-	o	B	A	A	
TV	Sony/ KV-SW25M50	1	5,700,000	Meeting Room	Ghana	-	o	B	A	A	
Digital Camera	Olympus/ N-Mini	1	9,270,000	Administration Room (Cabinet)	Ghana	-	o	B	A	A	

List of Equipment Purchased by WACIPAC Project Budget 2004
（現地購入機材）

Software	Project Standard 2003 (min. 5 Client License)	1	30,738,000	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Software	Visio Standard	1	3,448,000	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Printer Cabinet	?/ 308	1	3,500,000	CA Room	Ghana	-	o	A	A	A	
		1	3,500,000	Prof. Room	Ghana	-	o	A	A	A	
		1	3,500,000	Model Site Room	Ghana	-	o	A	A	A	
		1	3,500,000	SPP Room	Ghana	-	o	A	A	A	
		1	3,500,000	IT&Network Room	Ghana	-	o	A	A	A	
		1	3,500,000	Corridor	Ghana	-	o	A	A	A	
		3	3,500,000	Administration Room	Ghana	-	o	A	A	A	
Software	Systran 5.0 Pro. Premium	1	19,182,345	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Drive Station USB2.0 External Hard Drive	Buffalo Inc./ H250U2	1	9,900,000	Administration Room	Ghana	-	o	B	A	A	
Linkstation Network Storage Center	Buffalo Inc./ H250	1	9,100,000	Administration Room	Ghana	-	o	A	A	A	
Rotor	IES/ 1024	1	7,850,000	Administration Room	Ghana	-	o	A	A	A	
Fax	Panasonic/ UF-490	1	11,050,000	Administration Room	Ghana	-	o	B	A	A	
Monitor	Dell/ PF 997 AA	1	2,500,000	NMIMR Room	Ghana	-	o	A	A	A	

A : Everyday　A:Good　A:Good
B:Once a week　B:Not good　B:Not good
C:Once a month/several months
D:Not yet used

List of Equipment Purchased by WACIPAC Project Budget 2005
（現地購入機材）

Item	Product	Quality	Amount	Location	Purchase	Dispo	Exist	Usage	Main	Manage	Remark
機材名	製造元 / 型番		価格(Cedi)	設置場所	購入した国	消耗品	有・無	使用頻度	維持管理状態	管理状況	
Software	Windows XP Pro French	1	4,715,000	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Software	Microsoft Front Page 2003	1	2,990,000	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Water Pump	Interdub/?	1	3,300,000	Outside of WACIPAC	Ghana	-	o	A	A	A	
Intercom	Panasonic/ ICX-TA 308	1	6,000,000	Administration Room	Ghana	-	o	-	A	A	

List of Equipment Purchased with Experts 2004
(携行機材)

Item 機材名	Product 製造元 / 型番	Quality	Amount 価格 (\ )	Location 設置場所	Purchase 購入した国	Dispo 消耗品	Exist 有・無	Usage 使用頻度	Main 維持管理状態	Manage 管理状況	Remark
Battery Pack	FRU P/N 92P0989, ASM P/N 92P0990	1	22,500	Administration Room	Japan	-	o	A	A	A	
Battery Pack	Sony/PCGA-BP2S	1	28,800	SPP Room	Japan	-	o	C	A	A	
CD-RW Drive	Plextor/ Premium-U 127-2675	2	21,700	Administration Room	Japan	-	o	A	A	A	
Centrifuge	Eppendorf/Angle-Rotor, F-35-30-17, 5702 704.008	2	58,000	Meeting Room	Japan	-	o	D	A	A	
Centrifuge	Eppendorf/Swing-Rotor, A-4-38, 6702 720.003	2	102,500	Meeting Room	Japan	-	o	D	A	A	
Centrifuge, AC100V, w/Transformer	Eppendorf 5702 06884	2	200,000	Meeting Room	Japan	-	o	D	A	A	
Color Printer	Canon/Pixus 80i	1	33,800	Administration Room (Cabinet)	Japan	-	o	-	A	A	
Compact Flush Media	Lexar Media/CFB4GB-80-380	1	67,900	SPP Room	Japan	-	o	A	A	A	
Digital Camera	Canon/Powershot A75	1	30,000	Administration Room (Cabinet)	Japan	-	o	B	A	A	
Digital Video Camera	-	1	128,000	NMIMR	Japan	-	o	-	-	-	
Extention Guarantee 5639V75	-	1	25,300	Model Site Room	Japan	-	x	-	-	-	
Geographical Positioning System	Garmin/GPS MAP60C	1	83,800	SPP Room	Japan	-	o	C	A	A	
Hard Disk	IO-DATA/HDN-60DS	1	35,100	SPP Room	Japan	-	o	C	A	A	
Inkjet Printer	-	1	46,600	NMIMR	Japan	-	o	-	-	-	
Label Writer	King Jim/Tepura Pro	1	33,800	Administration Room	Japan	-	o	C	A	A	
Liquid Crystal Projector	Plus/V-1100Z	1	264,000	Administration Room (Cabinet)	Japan	-	o	-	A	A	

List of Equipment Purchased with Experts 2004
（携行機材）

Memory Card 31P9832	-	1	29,900	Model Site Room	Japan	-	×	-	-	-	
Monitor	-	1	143,000	NMIMR	Japan	-	○	-	-	-	
Note-Type Computer	IBM/ThinkPad R51(N887-7MW)	1	258,000	Administration Room (Cabinet)	Japan	-	○	-	A	A	
Note-Type Computer	IBM/ThinkPad R 52	1	276,000	Model Site Room	Japan	-	×	-	-	-	
Note-Type Computer	IBM 2887-7MJ S/N 99-CL225	1	377,000	Administration Room (Cabinet)	Japan	-	○	-	A	A	
Note-Type Computer	IBM/2389-EQJ	1	269,000	NMIMR	Japan	-	○	-	-	-	
Note-Type Computer	Mac Power Book G4	1	195,000	Administration Room	Japan	-	○	-	A	A	
Personal Computer XW4100/CT	-	1	381,000	NMIMR	Japan	-	○	-	-	-	
Portable Hard Disk	IBM/ E-D011-03-2569 (B)	1	39,800	Administration Room	Japan	-	○	A	A	A	
Print Server	HP J7934A	1	35,000	Administration Room	Japan	-	○	A	A	A	
Printer	HP/LaserJet 5500, C9656A	1	298,500	Model Site Room	Japan	-	○	A	A	A	
Ram Board	IO-DATA/SDD333-1G	1	60,500	SPP Room	Japan	-	○	C	A	A	
Scanner	Epson/GT-F600	1	29,600	SPP Room	Japan	-	○	C	A	A	
Software	Microsoft/PowerPoint 2003	1	26,000	CA Room	Japan	-	×	-	-	-	
Software	Filemaker Pro 7.0	1	39,000	CA Room	Japan	-	×	-	-	-	
Software	Microsoft/Office 2003 Professional	1	60,500	Administration Room	Japan	-	×	A	A	A	
		1	61,000	NMIMR	Japan	-	○	-	-	-	
Software	Microsoft/Office Standard2003 021-06322	1	54,000	Model Site Room	Japan	-	○	D	A	A	

List of Equipment Purchased with Experts 2004
（携行機材）

Software for IEC material design	Adobe/Creative Suite Standard	1	178,000	SPP Room	Japan	-	o	B	A	A	
Software for Video production	Adobe/Premiere pro 1.5	1	94,000	NMIMR	Japan	-	o	-	-	-	
Transformer	?/AVR-2000E	1	58,000	NMIMR	Japan	-	o	-	-	-	
Uninterrupted Power Supply	APS/CS500	1	20,100	SPP Room	Japan	-	o	A	A	A	
USB Memory	IO-DATA/EDP2-2G	1	40,200	SPP Room	Japan	-	o	A	A	A	
USB Memory Key	ASM 22P9027, FRU 22P9031	1	22,500	Administration Room	Japan	-	o	A	A	A	
Zip Drive	Iomega/ Z750USB	2	20,500	Administration Room	Japan	-	o	A	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

Item 機材名	Product 製造元 / 型番	Quality	Amount 価格	Location 設置場所	Purchase 購入した国	Dispo 消耗品	Exist o・無	Usage 使用頻度	Main 維持管理状態	Manage 管理状況	Remark
Laser Printer	HP/ Laserjet 5100N	1	-	Administration Room	-	-	o	A	A	A	
Achromat Phase 100X	Olympus Corporation PLN 100*OPH	1	1,889.60	Meeting Room	Ghana	-	o	D	A	A	
Achromat Phase 10X	Olympus Corporation PLN 10*OPH	1	440.34	Meeting Room	Ghana	-	o	D	A	A	
Achromat Phase 20X	Olympus Corporation PLN 20*OPH	1	596.89	Meeting Room	Ghana	-	o	D	A	A	
Achromat Phase 40X	Olympus Corporation PLN 40*OPH	1	793.95	Meeting Room	Ghana	-	o	D	A	A	
Adobe Page Maker 7.0	-	1	-	NMIMR	-	-	o	-	-	-	
Adobe Photoshop Element	-	1	-	NMIMR	-	-	o	-	-	-	
Binocular Tube	Olympus Corporation/ U-BI30-2-2	4	1,386.95	Meeting Room	Ghana	-	o	D	A	A	
Photocopier	Canon/ IRI 600	1	-	CA Room	-	-	o	C	A	A	
Chroma 257	Sherwood Scientific Ltd/ 257	1	1,630.20	Meeting Room	Ghana	-	o	D	A	A	
Condenser	Olympus Corporation/ U-PCD2	1	1,365.96	Meeting Room	Ghana	-	o	D	A	A	
Copy Machine	Canon/ NP 7161	1	3091.11	Administration Room	Ghana	-	o	A	A	A	
Degital Copy Machine	Ricoh/ AMICIO 2026	1	4705.51	Corridor	Ghana	-	o	A	A	A	
Desktop Computer Denon 2000	-	1	-	NMIMR	-	-	o	-	-	-	
Digital Duplicator	Nashuaten/ CP 306	1	5341.73	Meeting Room	Ghana	-	o	C	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

Discard Container	Astell Scientific Ltd/ AAN 348	1	319.20	Meeting Room	Ghana	-	o	D	A	A	
DVE 774 Video Editing	-	1	-	NMIMR	-	-	o	-	-	-	
LCD Projector	Seico EPSON/ EMP S1	1	-	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Executive Chair	-	1	94.44	Prof. Room	Ghana	-	o	A	A	A	
Executive Desk	-	1	94.44	Prof. Room	Ghana	-	o	A	A	A	
Eyepiece FN22	Olympus Corporation/ WHN10X	5	230.53	Meeting Room	Ghana	-	o	D	A	A	
Eyepiece FN23 Focusable	Olympus Corporation/ WHN10X-H	5	277.36	Meeting Room	Ghana	-	o	D	A	A	
Halogen Lamp	Olympus Corporation/ U-LH100-3	1	362.41	Meeting Room	Ghana	-	o	D	A	A	
Heraeus Labofuge	Kendro Laboratory Products/ Labofugw-200	2	1,420.44	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
Color Printer	HP/ Laserjet 5500	1	-	Administration Room	-	-	o	A	A	A	
Jecons Glass Water Still Model	Autostills Ltd/ 4000X	1	4,409.44	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
Jenway Meter	Jemmay 430 Portable	1	758.10	Parasitology Unit	Ghana	-	o	A	A	A	
Mechanical Stage	Olympus Corporation/ U-SVLB-4	1	693.15	Meeting Room	Ghana	-	o	D	A	A	
Meeting Amplifier	Max CW-4008	1	2,011.09	PCA Chairman's House	Ghana	-	o	D	A	A	
Meeting Room Chair	-	12	83.33	Meeting Room	Ghana	-	o	A	A	A	
Meeting Room Desk	-	4	1466.5	Meeting Room	Ghana	-	o	A	A	A	
Bus	Mersedenze/ MCV 400	1	104,650.00	NMIMR Garage	Ghana	-	o	B	A	A	
Micro Haematocrit Centrifuge	Hawksley & Sons Ltd/ Micro-Centrifuge 01400-00	1	1,098.00	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

Microscope	Olympus Corporation/ CX21FSI-2	2	1,474.47	Ada 2nd School, PCA-Lab	Ghana	-	o	D	A	A	
		1		Ada Health Center				A	A	A	
		1		District Hospital	Ghana	-	o	A	A	A	
		2		Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
		4		Store	Ghana	-	o	D	A	A	
Microscope Frame	Olympus Corporation/ BX51TF	1	3,477.84	Meeting Room	Ghana	-	o	D	A	A	
Microsoft Office XP	-	1	-	NMIMR	-	-	o	-	-	-	
Microsoft Windows XP Professional	-	1	-	NMIMR	-	-	o	-	-	-	
Patrol	Nissan/	1	35,577.00	NMIMR Garage	Ghana	-	o	A	A	A	
Office Chair	-	2	72.22	Model Site Room	Ghana	-	o	A	A	A	
		2		SPP Room	Ghana	-	o	A	A	A	
		2		IT&Network Room	Ghana	-	o	A	A	A	
		5		Administration Room	Ghana	-	o	A	A	A	
Office Cupboard	-	1	327.77	Prof. Room	Ghana	-	o	A	A	A	
		1		Model Site Room	Ghana	-	o	A	A	A	
		1		SPP Room	Ghana	-	o	A	A	A	
		1		IT&Network Room	Ghana	-	o	A	A	A	
		6		Administration Room	Ghana	-	o	A	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

Office Desk	-	2	455.55	Model Site Room	Ghana	-	o	A	A	A	
		2		SPP Room	Ghana	-	o	A	A	A	
		2		IT&Network Room	Ghana	-	o	A	A	A	
		5		Administration Room	Ghana	-	o	A	A	A	
Personal Computer (Desk Top)	Dell/ Optiplex GX 280	1	1366.67	Model Site Room	Ghana	-	no	-	-	-	
		1		SPP Room	Ghana	-	o	A	A	A	
		2		IT&Network Room	Ghana	-	o	B	A	A	
		2		GES	Ghana	-	o	A	A	A	
		1		PCA Office (6-May-05)	Ghana	-	o	A	A	A	
		1		Administration Room	Ghana	-	o	A	A	A	
		2		Model Site Room	Ghana	-	o	A	A	A	
Personal Computer(Flat Screen)	Dell/ E173 FPs 09	1	2022.22	Prof. Room	Ghana	-	o	A	A	A	
		4		Administration Room	Ghana	-	o	A	A	A	
		1		SPP Room	Ghana	-	o	A	A	A	
Personal Computer(Lap Top)	Dell/ LBL PIN IU907A05	2	1802.78	Administration Room (Cabinet)	Ghana	-	o	A	A	A	
Printer	HP/ Laserjet 5100tn	1	1911.11	Prof. Room	Ghana	-	o	-	A	A	
		1		GES	Ghana	-	o	-	A	A	
		1		IT&Network Room	Ghana	-	o	-	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

		1		SPP Room	Ghana	-	o	-	A	A	
		1		PCA Office (6-May-05)	Ghana	-	o	B	A	A	
Reference Manager 10.0 for Windows	-	1	-	NMIMR	-	-	o	-	-	-	
Refrigerator	LEC/ EL 755 AW	2	460.36	Meeting Room	Ghana	-	o	D	A	A	
		1		Kitchen	Ghana	-	o	A	A	A	
		1		Parasitology Unit (16-May-05)	Ghana	-	o	A	A	A	
		1		Store	Ghana	-	o	A	A	A	
Scanner	Epson/ GT-15000	1	1,650.00	Administration Room	Ghana	-	o	B	A	A	
Digital Camera	Sony/ Cybershot DSC-P32	1	-	Administration Room (Cabinet)	-	-	o	B	A	A	
SPSS Base 12.0 for Windows	-	1	-	NMIMR	-	-	o	-	-	-	
Stepdown Transformer	-	1	-	NMIMR	-	-	o	-	-	-	
Stuart Shaker	Bibby Sterilin Ltd/ SSL3	1	4,800.60	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
		1	4,800.60	Meeting Room	Ghana	-	o	D	A	A	
Swiftlock Autoclave	Astell Scientific Ltd/ AMB220N	1	6,099.00	Meeting Room	Ghana	-	o	D	A	A	
Telescope	Olympus Corporation/ U-CT30	1	251.36	Meeting Room	Ghana	-	o	D	A	A	
Transformer	Toei Henseki Co. Ltd/ Stepdpwn	1	-	Administration Room (Cabinet)	-	-	o	C	A	A	
Trinocular Tube	Olympus Corporation/ U-TR30-2-2	1	1,718.66	Meeting Room	Ghana	-	o	D	A	A	
		2		Model Site Room	Ghana	-	o	A	A	A	

List of Equipment Purchased given to C/P 2004
（供与機材）

UPS	APC/ Back Up Cs 650	1	144.44	Model Site Room	Ghana	-	no	-	-	-	
		1		Prof. Room	Ghana	-	o	A	A	A	
		8		Administration Room	Ghana	-	o	A	A	A	
		2		GES	Ghana	-	o	A	A	A	
		1		PCA Office (6-May-05)	Ghana	-	o	A	A	A	
		2		IT&Network Room	Ghana	-	o	B	A	A	
		1		SPP Room	Ghana	-	o	A	A	A	
UPS (For Work Station)	APC/ Smart UPS 1000	1	433.33	SPP Room	Ghana	-	o	A	A	A	
Vortex Genie	Scientific Industries Inc/ G-560E	1	402.19	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
		1		Meeting Room	Ghana	-	o	D	A	A	
Water Bath	Grant Instruments Ltd/ MXB36	1	1,768.90	Parasitology Unit(2005/9/2)	Ghana	-	o	D	A	A	
		1	1,768.90	Meeting Room	Ghana	-	o	D	A	A	
Work Station	Dell/ Precision G70	1	7,429.00	NMIMR Room	Ghana	-	o	A	A	A	

List of Equipment Purchased given to C/P 2005
（供与機材）

Item 機材名	Product 製造元 / 型番	Quality	Amount 価格	Location 設置場所	Purchase 購入した国	Dispo 消耗品	Exist 有・無	Usage 使用頻度	Main 維持管理状態	Manage 管理状況	Remark
Multi Viewing Observation Body	Olmpus Corporation/ U-MDOB3	1	3,252.64	Meeting Room	Ghana	-	o	D	A	A	
Multi Viewing Observation Side viewer	Olmpus Corporation/ U-MDOSV-2	2	2,369.79	Meeting Room	Ghana	-	o	D	A	A	
Spectronic Genesys	Thermo Electron Corporation 4001	1	2,143.96	Parasitology Unit(2005/8/23)	Ghana	-	o	C	A	A	
		1		Meeting Room	Ghana	-	o	D	A	A	
Bulti-in Printer	Thermo Electron Corporation 4088-1601	1	810.16	Parasitology Unit(2005/8/23)	Ghana	-	o	C	A	A	
		1		Meeting Room	Ghana	-	o	D	A	A	
Service Manual	Thermo Electron Corporation 4001-10023	1	259.35	Meeting Room	Ghana	-	o	D	A	A	
		1		Parasitology Unit(2005/8/23)	Ghana	-	o	C	A	A	

ANNEX V: List of training activities for the Counterparts

Name/Title	Subject	Institution	Term
Jonas Roland Komla Asigbee Chief Loboratory Technician	Primary Health Care	Institute of Tropical Medicine	04/9/19 ~ 05/3/4
Isac Afaak wei Hudson-Odoi Assistant Technician	Multimedia Technology for E-Education	JICA, Okinawa Office	05/1/11 ~ 05/4/28
Michael David Wilson Deputy Director	Seminar on Parasite Control, Administratio for Senior Officers II A step Towards Primary Health Care	Japan Association of Parasite Control	05/1/18 ~ 05/02/12
Kwabena Mante Bosompem Head of Parasitology Unit	Participatory Local Social Development;Project Planning and Management	Nihon Fukushi Uni.	05/02/02 ~ 05/03/22
Eben Na Puplampu District Secretary in Dangme-East	Participatory Local Social Development; Project Planning and Management II	Nihon Fukushi Uni.	05/08/08 ~ 05/09/17
Dziedsom Komi De Souza Senior Research Assistant	GIS Technology for Sustainable Management of Natural Resources and Agricultural Products	International Cooperation Center for Agricultural Education	05/08/15 ~ 05/09/22
Samuel Kweku Mortu Laboratory Technician II	Clinical Laboratory Technology II	Japan International Medical Technology Foundation	05/11/06 ~ 06/02/06
Daniel Adjei Boakye Senior Research Fellow	Seminar on Parasite Control, Administratio for Senior Officers II A step Towards Primary Health Care	Japan Association of Parasite Control	06/01/17 ~ 06/02/11

ANNEX VI: Operational Cost from the JICA Project fund

Unit: JPY

No.	Category	*Actual Expense* JFY.2004	*Actual Expense* JFY.2005	*As of Dec* JFY.2006	JFY.2007	JFY.2008	Total
1	General Expense		7,541,127	1,967,090			24,004,269
2	Output 1	14,496,052	1,553,416	1,335,615			2,889,030
3	Output 2	11,833,825	6,044,199	1,422,725			19,300,749
4	Output 3	22,156,018	7,908,298	6,271,505			36,335,820
5	Output 4	(incl. General & O1)	1;440,440	1,584,127			3,024,566
6	Output 5		3,756,441	3,034,246			14,191,508
7	Output 6	7,400,821	-	514,753			514,753
Total		55,886,716	28,243,920	16,130,061	-	-	100,260,697

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Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
Verification of performance	Is input implemented as planned?	**Ghanaian Side**		
		Assignment of counterpart staff	Compare with planned values Relevance of input	* Approx. 529 MM for counterpart personnel. (As of Dec 2006) (JER ANNEX III Assignment record) * However, most of the counterparts have participate the project as not full time counterpart but part time.
		Land and facility	Compare with planned values Relevance of input	* Project Coordination Office in the compound of NMIMR→Project provided building and facility in fact. * Project field laboratory facility in the model project site→Project provided extension building and facility in fact. * Training facilities in the compound of NMIMR→International trainings have been conducted in the conference room in NMIMR.
		Project operation budget	Compare with planned values Relevance of input	* Regular expenses incurred by the machineries, equipment, and other supplies provided by JICA including custom clearance costs, storage costs, inland transportation costs, installation costs and other supplies. (JER Annex VI) FY2004: JY55,886,716 FY2005: JY28,243,920 (General 26.7%, OP1 5.5%, OP2 21.4%, OP3 28%, OP4 5.1%, OP5 13.3%, OP6 0%) FY2006: JY16,130,061 (As of Dec 2006) * 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.
		Japanese Side		
		Despatch Japanese experts	Compare with planned values Relevance of input	* Approx. 78 MM for long term experts, and approx. 27 MM for short term experts. However, there were the absence of chief advisor around 15 months. (As of Dec 2006) (JER ANNEX III Assignment record)
		Counterpart training	Compare with planned values Relevance of input	* A total of 8 persons have been trained in Japan 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 (Annex V Training record) * Under the training programmes supported by JICA, one C/P benefited from long-term post graduate training programme in the field of
		Machinery, equipment, and materials	Compare with planned values Relevance of input	* Most of equipment except a rotor and fax are used and maintained well. However, some of equipment are not used frequently (JER ANNEX IV).
	Is output produced as planned?	Output 1: Is WACIPAC fully established?	1-1 Advisory Committee meetings are held annually.	* 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?	* 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?	* Weekly meeting has been held periodically. * Task force meetings are organized based on the necessity. * Since May 2006, Monitoring and Evaluation TF meetings have been held (July 24, 25,27, Aug 8, 14, 21, Sep 1,8,15,22,29, Oct 13,20) * Since May 2006, Model Site (Deworming and Health Education) TF meetings have been held (July 5, 11,12, 20,24,25,30 Aug 9, 14, 15, 17, 21, 29,30, Aug 8, 14,21, Sep 6, Oct 10,11,12) * Since May 2006, International Training TF meetings have been held (Aug 4, 8,11, 14, 28) * Continue to hold weekly meetings periodically
		Output 2: Is a model project site for school-based parasitic diseases control fully established?	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 (July 5, 11,12, 20,24,25,30 Aug 9, 14, 15, 17, 21, 29,30, Aug 8, 14,21, Sep 6, Oct 10,11,12)
			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. However, Big Ada PCA is no longer functioned.
			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 * According to the Evaluation Report in December 2005, Radio Ada which is an local FM radio station under GES has been contributing to the Model Site programmes by the promotion of PCA's philosophy of cleanliness and development. They have contributed tremendously to the broadcast of issues regarding the control of parasites and STH.
			2-5. School children and communities in the model project site acquire their knowledge of parasite control and take preventive actions.	* 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.	* 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. * However, coherence of the survey in terms of target pupils and survey methods tended to be lacked. * The follow up surveys will be conducted for P3 pupils in three monitoring schools for monitoring the prevalence changes of STH, Schistosomiasis and Malaria with appropriate scientific research protocols.
			2-6-2.No. of school-age children regularly dewormed.	* Total 3,093 pupils were de-wormed (STH 545 and Schisto 652 in Ada Foah, STH 712 and Schisto 1,211 in Big Ada) under the WACIPAC intervention.
			2-6-3. Baseline survey reports are compiled and distributed to all stakeholders.	* 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.	* 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.	* 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 under the National Deworming Programme.
			2-8-1.Physical capacity in the model project site is strengthened.	* Laboratory extension in Ada Foah Health Centre and PCA office were constructed. 4 Motorbikes were provided to District Education Service

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
			2-8-2 No. of water/sanitation facilities provided.	* DANIDA constructed school toilet facilities in some of the model schools.
			2-9.School-based parasitic diseases control activities are expanded into the community.	* 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
			2-10.No. of meetings with NGOs and other development partners held.	* 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 stakeholder 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 * Continue to promote the collaboration with NGOs and other development partners.
		Output 3: Are Human Resources for school-based parasitic diseases control in the West African sub-region trained by WACIPAC?	3-1. The approach advocated by WACIPAC focusing on human resource development is adopted for parasite control in Supporting sites in the sub-region.	* 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). * 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.
			3-2-1.At least 180 personnel are trained by WACIPAC.	* 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 * 44 programme managers will be trained in the International Training Course in 2007 and 2008 * 200 teachers trained in deworming and health education in Ghana in 2006 and 2007 * 400 teachers will be trained in Benin and Niger for deworming, health education and school health
			3-2-2. The number of international training courses/ workshops/ seminars organized and/or supported by WACIPAC and the cumulative number of participants.	* 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.	* 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.	* Participants were satisfied with the international training in general according to the evaluation reports. The motivation of participants seems to be high. (Questionnaires for International training in Nov 2006)
			3-4.The personnel/agencies acquire management skills for planning and implementation of the school-based parasitic diseases control activities in Supporting sites.	* 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 function as a hub for information network within the West African sub-region and among three GPCI International Centres (CIPACs)?	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.	* 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: Is the advocacy of school-based parasitic diseases control promoted within the sub-region and among three CIPACs?	5-1-1 The number of seminars/workshops for policymakers organized by WACIPAC and the cumulative number of the participants.	* 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.	* 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.	* 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.	* 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.	* 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.	* 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: Are Start-up activities on school-based parasitic diseases control implemented in the Supporting sites?	6-1. The fund for start-up activities in Supporting sites is secured.	* 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.	* 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.	* The start-up activities have just started. It is difficult to measure the achievement of this indicator in this moment.

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
	Are there prospects that the project objective will be achieved?	Project Purpose: Will WACIPAC perform the role of building capacity for integrated parasite control activities in the West African sub-region?	1. 60% of personnel involved in parasite control and school health programmes (managers and frontline officers) of Supporting sites successfully receive training.	* 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.	* Recognition level of WACIPAC among the member countries seems to be high due to the international training courses with high satisfaction of participants. * WHO recognizes CIPACs human resource capacity building activities and together developed harmonized curriculum for training. All WACIPAC international training courses have been organised in collaboration with WHO. NGOs in the sub-region has recognized WACIPAC as international training centre (Burkina NGO applied and attended international workshop 2004 and Nigerian NGO seeks for the collaboration with WACIPAC 2006-07.)
			3. Communication among personnel working on parasite control is stimulated by WACIPAC.	* ACIPAC experts participated to conduct the international training in 2006. However, the networking system has not been functioned so far. * International Training workshops organised promoted communication among participants and between MoH and MoE and among the countries through sharing of country experiences. Communication among the stakeholder strengthened by country visit.
			4. Participants submit proposals of start-up activities in their own countries.	* 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
Verification of implementation process	Are activities implemented as planned?	1-1 Is WACIPAC officially established?	Compare with planned values	* Inauguration of WACIPAC when R/D was signed. * Inadequate workforces for WACIPAC activities in general
		1-2 Is the management structure of WACIPAC strengthened?	Compare with planned values concerning "1.2.1 Establish the proper management structure of WACIPAC at Ghana level (The joint coordinating committee and management committee of WACIPAC)"	* 9 Steering Committee * 3 Advisory Committee * Task forces (Model Site, TOT for deworming, School Health promotion, International Training Course) * Inadequate workforces for WACIPAC activities in general (Without Japanese staff, they can not maintain the proper management.)
			Compare with planned values concerning "1.2.2 Establish the proper management structure of WACIPAC at International level"	* 22 participants from 10 member countries participated the Workshop for Policy makers (June, 2004) * According to the PDM, in 2004,2006, and 2008, three times policy maker workshops were planned to be organized. Practically one more policy maker workshops for wrapping up the first phase of WACIPAC is desirable. * Policy makers workshop will be organised in the year JFY 2008.
		1-3 Are human resources for WACIPAC developed?	Compare with planned values concerning "1.3.1 Recruit necessary staff of WACIPAC"	* Employed 3 bilingual secretaries, 2 scientists, 3 drivers, 1 research assistant (At present 2 bilingual secretaries, 1 scientist and three drivers) * Inadequate workforce from Noguchi especially in the administration causes sustainability problem
			Compare with planned values concerning "1.3.2 Train human resources of WACIPAC"	* Reorientation from control oriented activities to school health and health education oriented activates among WACIPAC staffs was successful to some extent but there is a limitation of researchers and laboratory technicians to be interested in school health. * C/P training (8 courses), Mock TOT for deworming, Mock TOT for health education and school health, Computer statistic training for laboratory technicians
			Compare with planned values concerning "1.3.3 Dispatch key WACIPAC human resources to various international training"	* Created opportunities for the counterparts to study the other CIPACs activities * ESACIPAC, ACIPAC, GPCI Workshop, WHO/Afro
			Compare with planned values concerning "1.3.4 Dispatch key WACIPAC human resources to the counterpart trainings in Japan and/or in a Third country"	* Created opportunities for the counterparts to study the other CIPACs activities and study in Japan * ESACIPAC training, ACIPAC international training, Public Health training in Japan, OJT in ACIPAC/Mahidon University, IEC, PLSD, P.C. Administration, GIS, Clinical Laboratory Technician, Seminar on parasite control
			Compare with planned values concerning "1.3.5 Provide support to postgraduate students under the JICA Research Resident scheme in the field of school-based parasitic diseases control."	* A post graduate student was supported from August 2004 to March 2005. * In March 2005, this scheme was terminated.
		2.1 Is the management mechanism for the model project site for WACIPAC established?	Compare with planned values concerning "2.1.1 Establish a Task Force for the model project site"	* Reorientation of model site activities was discussed at the meeting. Activities plan was also discussed for implementation. * Internal task force (NMIMR) * Task Force (model project site) established in 2004 * 3 new task force teams newly started on May 2006 * Limited number of counterparts (only Dr,Irene, Mr.Asigbee,Mr.Quartey are available)
			Compare with planned values concerning "2.1.2 Organise regular discussion meetings of Task Force for planning, implementing, monitoring and evaluating the activities in the model project site."	* Task force meetings for reorientation of model site activates were held 25 times between May and September 2006
			Compare with planned values concerning "2.1.3 Promote collaboration with the Ministry of Health and Ministry of Education, Youth and Sports."	* Visited MOH and MOE regularly (National, Regional District) * Invited MOE staff National and Regional staff to the WACIPAC internal workshops (4 times in 2006) and teacher's trainings (3 times in 2006)* Attended the national deworming programme implementation meetings at first as observers and later members (since June 2006 6 times) * Secondment of MOH officials to WACIPAC in 2004, Secondment of MOE officials to WACIPAC in 2004, Collaboration with SHEP in connection with National Deworming Programme * Secondment of a MOH official to WACIPAC in 2004 was cancelled in 2005, Secondment of a MOE official to WACIPAC in 2004 is not functioning since 2005
			Compare with planned values concerning "2.1.4 Get approval from District Assembly"	* Done before and just after starting WACIPAC
			Compare with planned values concerning "2.1.5 Build consensus with district Health and Education offices."	* Done in 2004 * With regards to the reorientation of WACIPAC model site activities, consensus has been built between May and July. * As to the model site school based activates, from planning discussion with the district education and health. * Visited schools in Model sites together with District Education SHEP, training officer and a circuit supervisor from July 2006 as a part of their jobs.
			Compare with planned values concerning "2.1.6 Strengthen the linkage with regional/district School Health Education Programme (SHEP) Coordinators."	* Strong linkage has been established * Visited MOH and MOE regularly (Regional District) * Invited MOE staff National and Regional District staff to the WACIPAC internal workshops (4 times in 2006) and teacher's trainings (3 times in 2006) as facilitators
			Compare with planned values concerning "2.1.7 Establish the autonomous management structure for operating activities at the model project site (Parasite Control Association: PCA / oversight committees) at three levels; (1) national level, (2) district level and (3) community level."	* Two PCAs at the sub district level were established. * In 2004 and 2005, advocacy meetings were held to establish PCAs. In March 2004,PCA in Ada Foah was established. In August 2005, PCA in Big Ada was established. * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
			Compare with planned values concerning "2.1.8 Implement PCA activities."	* See the review results of the evaluation of the models site Page 9-16 (December 2005) * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.
		2-2 Are health education materials for parasitic diseases control developed?	Compare with planned values concerning "2.2.1 Develop posters, games, flip charts for parasitic diseases control."	* 2 IEC materials ("Worms and Ladder" game and STH Flipchart) were developed * 2 IEC materials (Schistosomiasis Flipchart and Malaria story) were developed and tested. * In 2003 and 2004, participants of WACIPAC international training course developed the skeleton of the education materials and a Japanese short term experts improved and completed them. Pre-tested and tested. * How to utilize them effectively at school is to be studied more. * More cost effective version should be developed for dissemination
			Compare with planned values concerning "2.2.2 Develop radio spots, TV spots, and audio visual IEC materials for parasitic diseases control."	* Video IEC material was developed. * WACIPAC promotion video (Two kinds) were developed. * Reorientation of shifting to school health activities should be reflected in the promotion video.
			Compare with planned values concerning "2.2.3 Develop songs, dramas etc for parasitic diseases control."	* Discussion in Teacher workshop (Feb and October 2006) followed by trail in some schools.
			Compare with planned values concerning "2.2.4 Test and modify the above-mentioned IEC materials at the selected schools in the model project site."	* 2 IEC materials ("Worms and Ladder" game and STH Flipchart) were developed and tested. * 2 IEC materials (Schistosomiasis Flipchart and Malaria story) were developed and tested. * In schools and during the training courses, pre-tested and tested.
			Compare with planned values concerning "2.2.5 Utilize the developed IEC materials."	* In the WACIPAC 3rd International Training course, how to utilize the materials and applied version of application were demonstrated by school to the participants. * How to use IEC materials was taught and discussed in Teachers Workshop(Feb.2006 and Oct 2006) * Teachers are busy in teaching many subjects, no much time for using the materials
		2-3 Are baseline (KAP and parasitological) surveys conducted?	Compare with planned values concerning "2.3.1 Map out existing health, education and sanitary facilities in the model project site."	* GIS Maps (2003,2004) * In 2002 and 2003, in Ada Foah and Big Ada some part of mapping out was done * In November 2007 KAP survey will be conducted for monitoring and evaluation purpose
			Compare with planned values concerning "2.3.2 Select the target schools for baseline survey."	* Selection of school had been done (2002-2003) * Selection of three monitoring schools (2006) * Before WACIPAC started, baseline surveys had been done in Ada Foah and Big Ada. For the monitoring purpose, selected three schools in 2006 to conduct follow up surveys * Baseline survey, follow up survey (monitoring) and wrap up survey (evaluation) should be completed as one set. * In November 2008 KAP survey will be conducted for monitoring and evaluation purpose
			Compare with planned values concerning "2.3.3 Organise the training workshops for teachers, health volunteers, parents and key persons in the communities."	* Training WS and report workshos(2002 and 2003) * Follow up report mini workshops in three schools (2006) * In 2002 and 2003, training workshops for baseline survey were conducted. In 2006 follow up report miniworkshops were conducted in three schools. * Organize as many Report workshops as possible to enhance the consciousness of importance of health education for pupils, teachers and parents
			Compare with planned values concerning "2.3.4 Conduct the baseline survey based on the operational study planning.."	* Done(2002-03) / Follow up surveys are being conducted in 2004 and 2006 * Before WACIPAC started, baseline surveys were done in Ada Foah and Big Ada. * In November 2008 KAP survey will be conducted for monitoring and evaluation purpose
			Compare with planned values concerning "2.3.5 Analyse and evaluate the baseline survey data."	* Ada Foah Done(2002), Big Ada Done(2004) * Follow up survey analysis being prepared (2006) * In 2003 and 2004,analysis and evaluation of baseline surveys were done. In 2006, follow up survey analysis was done.
			Compare with planned values concerning "2.3.6 Make the baseline report."	* Ada Foah Done(2002), Big Ada Done(2004) * Follow up survey analysis being prepared (2006) * In 2003 and 2004, report of baseline surveys were made. In 2006, follow up survey report being prepared. * Baseline survey, follow up survey (monitoring) and wrap up survey (evaluation) should be completed as one set.
			Compare with planned values concerning "2.3.7 Organise report meetings for pupils, teachers, parents and other key persons."	* Ada Foa Done(2002-3), Big Ada done (2004) * Follow up report mini workshops in three schools (2006) * In 2003 and 2004, report meetings of baseline surveys were done. In 2006, follow up survey report meetings were held.
		2-4 Are 'control activities' implemented?.	Compare with planned values concerning "2.4.1 Conduct periodic deworming activities at the target schools and communities."	* Regular treatment of pupils were done in 2002, 2004 and 2006. * Mass treatment was done in 2002-03 and Selective treatment 2004-05 in Ada Foah and Big Ada.・Mass treatment was done in 10 schools after TOT for deworming.(July, 2006) * Mass treatment and selective treatment are mixed
			Compare with planned values concerning "2.4.2 Conduct periodic health education activities at the target schools and communities."	* Health Education was done by WACIPAC staff, PCA staff and teachers 23 times in 2003-05. * Teacher training for targeting TOT was organized (Feb and Oct 2006) * Mini workshops for teachers and parents were organized in three monitoring schools in 2006
			Compare with planned values concerning "2.4.3 Implement 'control activities' at the selected schools (providing water supply, toilet facilities, waste disposal facilities etc.) in collaboration with other development partners."	* Discussion started in September 2006 for supporting the toilet construction in Pute school where PTA reached the conclusion to construct the school toilet by collecting contribution from PTA members.
			Compare with planned values concerning "2.4.4 Monitor and evaluate control activities."	* PCA activates review report (December 2005) * Monitoring report of three schools (November 2006) * Starting the introduction of the school self evaluation system in collaboration with National, Regional and District SHEP. * Data collection for PCA activities from 2004-2005 was done and analyzed. * Method of Monitoring and Evaluation is under discussion through Task Force on Monitoring and Evaluation * Preparatory activities of introduction of the school self evaluation system * At the beginning of the year 2008, the establishment of the school self evaluation system will go into implementation stage
			Compare with planned values concerning "2.4.5 Conduct 'Operational Research' to improve the efficacy of project implementation."	* Field Researches are under planning as operational researches. - Evaluation of efficacy of linkage between school health based approach and community based approach - Evaluation of efficacy of malaria education from school to community - Evaluation of cure rate of mebendazole and praziquantel
			Compare with planned values concerning "2.4.6 Publish and disseminate the results."	* Under planning

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
		2-5 Is human capacity in the model project site built?	Compare with planned values concerning "2.5.1 Recruit personnel for model project site activities."	* 3 lab technicians were employed till 2005. * The advisory mission (Dec. 05) recommended to stop employment in the model site.
			Compare with planned values concerning "2.5.2 Train local human resources such as laboratory technicians, health volunteers, etc. for the purpose of enhancing sustainability of the activities."	* 3 lab technicians were trained. * 10 teachers and other people were trained in deworming. * 50 teachers were trained in health education. * In 2003 and 2004, three technicians received trainings in Noguchi. * 50 teachers in total attended the workshop for health education in Feb and Oct 2006. * 15 teachers and health personnel attended the teacher training for deworming in July 2006.
			Compare with planned values concerning "2.5.3 Organise periodical SHEP Coordinators and teachers training for promoting WACIPAC health education interventions."	* 50 teachers in total attended the workshop for health education in Feb and Oct 2006. * 15 teachers and health personnel attended the teacher training for deworming in July 2006. * Establishment of Dissemination mechanism should be established at least. This cannot be done if the target schools are Ada Foah 10 school
		2-6 Are physical facilities in the model project site built?.	Compare with planned values concerning "2.6.1 Inspect the existing facilities, equipment and means of transportation in the model project site."	* In 2003-4 done. In 2006, survey at school level was conducted.
			Compare with planned values concerning "2.6.2 Improve the existing facilities, equipment and means of transportation."	* In 2003-4 done. In 2006, survey at school level was conducted.
			Compare with planned values concerning "2.6.3 Conduct the need assessment for the materials/ equipment and physical facilities for WACIPAC activities in the model project site."	* Done 2003-04
			Compare with planned values concerning "2.6.4 Acquire materials/equipment if necessary."	* Done 2003-04
			Compare with planned values concerning "2.6.5 Construct physical facilities (laboratory, training facility, sleeping quarters, and library if necessary)"	* Not done * Not necessary
		2-7 Are GPCI activities through PCA into community propagated?	Compare with planned values concerning "2.7.1 Propagate GPCI activities into community in close collaboration with the Planned Parenthood Association of Ghana (PPAG)"	* The Evaluation Report on the model site Ada Foah (December 2005) * The Joint Evaluation team evaluated the PCA activities and submitted the report to the Advisory mission (Dec. 05). * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.
			Compare with planned values concerning "2.7.2 Implement the above-mentioned plan."	* The Evaluation Report on the model site Ada Foah (December 2005) * The Joint Evaluation team evaluated the PCA activities and submitted the report to the Advisory mission (Dec. 05). * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.
			Compare with planned values concerning "2.7.3 Evaluate the activities."	* The Evaluation Report on the model site Ada Foah (December 2005) * The Joint Evaluation team evaluated the PCA activities and submitted the report to the Advisory mission (Dec. 05). * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.
			Compare with planned values concerning "2.7.4 Make the report of the implementation."	* The Evaluation Report on the model site Ada Foah (December 2005) * The Joint Evaluation team evaluated the PCA activities and submitted the report to the Advisory mission (Dec. 05). * The Joint evaluation team (Dec. 2005) proposed that WACIPAC and PCA should be independent from and seek after proper collaboration with each other. Expression of PDM needs to be modified.
		2-8 Is funding for some part of the control activities in the model project site secured?.	Compare with planned values concerning "2.8.1 Organise meetings for enhancing partnership cooperation in the model project site"	* The linkage of the model site activities to the National Deworming activities was established. * Meeting with WHO, UNICEF, WFP, MOH etc. * Stakeholder meeting for National Deworming Programme (June 2006) * Ghana technical assistance activates are now being planned
			Compare with planned values concerning "2.8.2 Strengthen the collaboration with other development partners in provision of water supply and sanitary facilities in the model project site."	* With PPAG, continued to maintain collaboration but without any substantial achievements. * Should seek after collaboration with DANIDA who is active in the model site
		2-9 Is the guideline (minimum package) for implementing school-based parasitic diseases control activities in the Supporting sites developed?	Compare with planned values concerning "2.9.1 Compile the activities from 2.1 to 2.8 into a package."	* The First version of the guideline was compiled for 2nd International training. * In 2003 and 2004, compilation was done * Reorientation of Model site activates should be reflected in the guideline * It needs to be revised and corrected based on the redesign of the model site activities
			Compare with planned values concerning "2.9.2 Compile IEC materials developed into a package"	* In Feb and October 2006, teacher training workshops discussed IEC materials utilization but not developed into package.
			Compare with planned values concerning "2.9.3 Create the guideline (minimum package) for implementing GPCI activities in the Supporting sites."	* The First version of the guideline was compiled for 2nd International training in 2005. * Based on the reorientation of model site activities, the new version is under preparation. * Reorientation of Model site activates should be reflected in the guideline * It needs to be revised and corrected based on the redesign of the model site activities
		3-1 Are international workshops/seminars for health and education policy makers from the Supporting sites and development partners (two days, every two years) conducted?	Compare with planned values concerning "3.1.1 Identify health and education policy makers in the Supporting sites."	* Done for the 1st Policy Maker WS in 2004. * According to the PDM policy maker workshops will be conducted every two years. But in 2006, it could not be organized for various reasons. A policy maker workshop will be organised in 2008 JFY
			Compare with planned values concerning "3.1.2 Prepare general information for the workshops/ seminars."	* Done for the 1st Policy Maker WS in 2004.
			Compare with planned values concerning "3.1.3 Conduct advocacy workshops/seminars."	* 22 policy makers (including 1 Minister) participated (June,2004)

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
			Compare with planned values concerning "3.1.4 Make the workshop/seminar report."	* Done for the 1st Policy Maker WS in 2004.
			Compare with planned values concerning "3.1.5 Distribute the report to those concerned in the Supporting sites."	* Done for the 1st Policy Maker WS in 2004.
			Compare with planned values concerning "3.1.6 Visit Supporting sites as follow-up activities."	* In 2004, Burkina Faso, Togo, Nigeria. Benin. Cote D'ivoir and Niger (Feb.-May) * In 2005, Cote d'Ivoire (Feb), Niger and Burkina Faso (Mar), Nigeria (Feb-Mar), Cameroon and Benin (July - Aug) * In 2006, Benin and Niger (Feb), Benin (Mar, Sep.x2 times, Oct and November)
		3-2 Are international training courses/workshops for health and education programme managers and NGO programme officers (4-6 weeks once a year) conducted?	Compare with planned values concerning "3.2.1 Identify health and education programme managers in the Supporting sites."	* Done for the 1st to 3rd training. * In 2004, 2005 and 2006, identified in advance of organizing international training courses or workshops. * In 2007 and 2008, targeting on 10 countries
			Compare with planned values concerning "3.2.2 Prepare general information for the workshops/ seminars."	* Done for the 1st to 3rd training. * In April 2004, April 2005, August 2006, general information were distributed.
			Compare with planned values concerning "3.2.3 Conduct the training courses/workshops."	* Organized by inviting 10 member countries just after organizing the 1st 3 day Policy maker workshop. 24 programme managers from MOH & MOE (10 countries) participated (2004) * In June, for two weeks, the WACIPAC second international training courses was organized by inviting 6 member countries. 18 programme managers (6 countries) participated (2005) * In October to November for two weeks the WACIPAC the third international training course was conducted by inviting 6 member countries. 15 programme managers (6 countries) participated (2006) * In 2007 and 2008, targeting on 10 countries from MOH and MOE (22 participants in each year) * In 2005 the international training course was conducted under the name of the SP proposal making without budget preparation in 2006 in order to compensate the non participating countries in 2005, 4 countries including priority countries Ghana and Niger were invited.
			Compare with planned values concerning "3.2.4 Make the training/workshop report."	* Report on the 1st training. And on the 2nd were made. * 2004 report was completed in 2004 in full version * 2005 report was completed in September 2006 (simple report version). * 2006 report is under preparation expected to be completed in early 2007. * International training implementation management system did not function in 2005. It took more than 1 year to complete report.
			Compare with planned values concerning "3.2.5 Distribute the report to those concerned in the Supporting sites."	* Report on the 1st training was distributed. * 2004 report has been distributed to stakeholders. 2005 report is just completed in simple version and reported to JICA office.
			Compare with planned values concerning "3.2.6 Visit Supporting sites as follow-up activities."	* In 2004, Burkina Faso, Togo, Nigeria. Benin. Cote D'ivoir and Niger (Feb.-May) * In 2005, Cote d'Ivoire (Feb), Niger and Burkina Faso (Mar), Nigeria (Feb-Mar), Cameroon and Benin (July - Aug) * In 2006, Benin and Niger (Feb), Benin (Mar, Sep.x2 times, Oct and November)
		3-3 Are international training courses/workshops for health and education frontline officers including NGO frontline officers conducted?	Compare with planned values concerning "3.3.1 Identify health and education frontline officers in the Supporting sites."	* Decided to cancel this activities in the WACIPAC management meetings * Three years after starting WACIPAC, this activities were planned, but as of 2006 it was decided to implement these activities taking into consideration of WACIPAC capacity.
			Compare with planned values concerning "3.3.2 Prepare general information for the workshops/ seminars."	* Decided to cancel this activities in the WACIPAC management meetings
			Compare with planned values concerning "3.3.3 Conduct the training courses/workshops."	* Decided to cancel this activities in the WACIPAC management meetings
			Compare with planned values concerning "3.3.4 Make the training report."	* Decided to cancel this activities in the WACIPAC management meetings
			Compare with planned values concerning "3.3.5 Distribute the report to those concerned in the Supporting sites."	* Decided to cancel this activities in the WACIPAC management meetings
			Compare with planned values concerning "3.3.6 Visit Supporting sites as follow-up activities."	* Decided to cancel this activities in the WACIPAC management meetings
		3-4 Are in-country training courses/workshops for frontline officers from both Health and Education sectors and development partners in the targeted Supporting sites conducted?	Compare with planned values concerning "3.4.1 Conduct need assessment for in-country training in the Supporting sites using the participatory approach."	* Proposal in 2005 workshop (2005) * Country visit report (Feb 2006) * Draft of Minutes * Skeleton of Agreement draft (Nov 2006) * Needs assessment in Niger (Feb.2006) * Discussion in the WACIPAC third training course (Oct 23-Nov 6) with 3 Niger participants
			Compare with planned values concerning "3.4.2 Discuss the detailed content of the in-country trainings with the related government on the Supporting sites."	* Proposal in 2005 workshop (2005) * Country visit report (Feb 2006) * Draft of Minutes * Skeleton of Agreement draft (Nov 2006) * Discussion about the detailed content of the training with MOH and MoE in Niger, JICA Niger and JOCV group on school health (by e-mails and telephone and direct discussion in the training course.
			Compare with planned values concerning "3.4.3 Sign the minutes of understanding between JICA/WACIPAC and the related government."	* Minutes with Niger was signed in the middle of November 2006 and Agreement for detailed activities was in January 2007.
			Compare with planned values concerning "3.4.4 Conduct the in-country training courses/workshops."	* In Niger, in February 2007
			Compare with planned values concerning "3.4.5 Make the training report."	* Not yet
			Compare with planned values concerning "3.4.6 Distribute the training report to those concerned."	* Not yet
		3-5 Is collaboration with international organisations in conducting training courses/workshops in the field parasitic diseases control in 3.5.1 - 3.5.4 strengthened?	Compare with planned values concerning "3.5.1 identifying suitable participants for WACIPAC training courses/workshops."	* Since 2002, maintaining good collaboration * WHO co-organised WACIPAC 3rd International training course

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
			Compare with planned values concerning "3.5.2 developing curriculum and IEC materials."	* Discussion with PPAG and UNESCO with no substantial achievement
			Compare with planned values concerning "3.5.3 identifying appropriate facilitators for the training courses/workshops"	* In 2004, WHO, UNICEF, PPAG, WB were the facilitators. * In 2006, WHO is also a facilitator in training course.
			Compare with planned values concerning "3.5.4 providing technical support to closely related training courses/workshops organised by other international organisations."	* In February 2006, request from WFP was turned down by WACIPAC because of confusion due to reorientation. * Seeking after the collaboration with WFP
		4-1 Is a committee for planning, implementing and monitoring the information network activities established?	Compare with planned values	* WACIPAC website was reactivated and newsletters were issued periodically. * Committee was established. in 2004. Since it was dormant it was reactivated in July 2006. * Not sufficient C/Ps.
		4-2 Are regular meetings (at least once a month) organised?	Compare with planned values	* The IT activities were activated from dormant conditions. * The meetings were held on July 5,12, 20, and 25, Aug 1, 2, 7 and 18 in 2006 for reactivation. * Not sufficient C/Ps.
		4-3 Is infrastructure for networking at WACIPAC prepared?.	Compare with planned values	* Using the existing system. * WACIPAC Network system was developed
		4-4 Are activities for an internet-based network including website and discussion group initiated and maintained?	Compare with planned values	* Website is maintained. * Web site is established and uploaded in January 2005. Some part was updated in 2006. * Not sufficient C/Ps. Full updating is needed for English version and French version are in preparation.
		4-5 Is database on parasitic diseases in the West African sub-region established?	Compare with planned values	* Database system was established, although the content of Database system is not solid. * The workstation purchased for this purpose was handed over to NMIMR administration in February 2006 by the previous Chief advisor and coordinators. * In 2004, it was established, but not continued to be accumulated.
		4-6 Is CD-ROM based bibliography of literatures on parasitic diseases developed?	Compare with planned values	* Made CD ROMs for the participants of International Training Courses.
		4-7 Are information and data among countries, three CIPACs and international organisation exchanged?	Compare with planned values	* Exchanged information through Websites and Newsletters. * Exchanged experiences through International training courses and workshops
		5-1Does visit of the Supporting sites as a part of follow-up activities of international training courses/workshops be conducted?	Compare with planned values	* The Benin start-up project has started. * The Niger technical assistance has started. * In 2004,Burkina Faso, Togo, Nigeria. Benin. Cote D'ivoir and Niger (Feb.-May) * In 2005, Cote d'Ivoire (Feb), Niger and Burkina Faso (Mar) Nigeria (Feb-Mar), Cameroon and Benin (July - Aug) * In 2006, Benin and Niger (Feb), Benin (Mar, Sep.x2 times, Oct and November) * Follow up visits should be shifted to extending technical assistance to the some selected countries. * Access to some member countries is difficult because of air flight restriction
		5-2 Is the partnership collaboration promoted?	Compare with planned values	* The Benin start-up project has started. * The Niger technical assistance has started. * In 2004,Burkina Faso, Togo, Nigeria. Benin. Cote D'ivoir and Niger (Feb.-May) * In 2005, Cote d'Ivoire (Feb), Niger and Burkina Faso (Mar) Nigeria (Feb-Mar), Cameroon and Benin (July - Aug) * In 2006, Benin and Niger (Feb), Benin (Mar, Sep.x2 times, Oct and November) * Follow up visits should be shifted to extending technical assistance to the some selected countries. * Access to some member countries is difficult because of air flight restriction
		5-3 Are the opportunities to enhance advocacy among all stakeholders created?	Compare with planned values	* The Benin start-up project has started. * The Niger technical assistance has started. * In 2004,Burkina Faso, Togo, Nigeria. Benin. Cote D'ivoir and Niger (Feb.-May) * In 2005, Cote d'Ivoire (Feb), Niger and Burkina Faso (Mar) Nigeria (Feb-Mar), Cameroon and Benin (July - Aug) * In 2006, Benin and Niger (Feb), Benin (Mar, Sep.x2 times, Oct and November) * Follow up visits should be shifted to extending technical assistance to the some selected countries. * Access to some member countries is difficult because of air flight restriction
		5-4 Are newsletters and reports to Supporting sites and other stakeholders distributed?	Compare with planned values	* 21 newsletters issued * No.1 to No.21 newsletters were compiled and printed. (uploaded in the website and distributed to the stakeholders) * 35 newsletters until the end of 2008 * Distribute the newsletters in good timing and to the stakeholders regularly.
		6-1 Is technical assistance to the Supporting sites to implement start-up activities provided?	Compare with planned values	* In Benin, the start up project has been implemented since September 2006 * Technical assistance in planning and implementing in Benin is under discussion for 2007. * In Ghana, WACIPAC has provided the technical assistance to the National Deworming Implementation Task Force by providing the know-hows and teacher training materials * Start up Project are successfully implemented in two or three member countries until the end of 2008.
		6-2 Is technical assistance to the Supporting sites to develop school health education materials provided?	Compare with planned values	* At the international training courses and advocacy visits, WACIPAC health education materials were provided for the utilization based on the request. * All member countries are provided with WACIPAC developed materials * In Benin, and Niger, the workshops for extending technical assistance are being planned in 2007. * Teacher trainings are conducted in two or three member countries until the end of 2008.
		6-3 Is partnership collaboration in the Supporting site encouraged?	Compare with planned values	* In Benin, and Niger, the stakeholder meetings for school based parasitic diseases control and school health respectively have been done.. * In Ghana, the partnership collaboration was promoted several times. * Donor collaboration meetings are organized in two or three member countries until the end of 2008.
	Are there no problem in the method for technology transfer?			* In terms of activities in the model sites, interventions have produced fruitful output, but they have not been strategised as research with scientific data. * 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.
	Are there no problem in the project management system?			* There had been lack of common understandings concerning vision and contents of the Project among the stakeholders especially in the model site activities according to the report prepared by the Advisory Missions in 2005 and interviews during this mission. * Communication among the stakeholders was insufficient, especially in year 2004 and 2005. * A cause of weak project management seemed 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. * Communication among Japanese experts, counterpart staff and JICA Ghana office has been improved through meetings among Japanese experts, among the project members and also between JICA Ghana office and NMIMR which were conducted when necessary.

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
	Does the project have a high recognition in the implementing agency and counterpart?			* Yes
	Is a suitable counterpart assigned?			* The Japanese experts pointed out the shortage of counterpart assignment for Output 4. It would be better the secretariat of NMIMR could assist WACIPAC for the logistic of international training.
	Is the degree of participation of the target group and related organisations in the project high? Is the recognition with respect to the project high?			* The degree of participation seems high because 10 countries have sent appropriate personnel to WACIPAC's international training. Ghana school education programme asked technical advice from WACIPAC when they wanted to start National Deworming Programme in 2006, which showed WACIPAC recognised as resource centre for parasite control.
	Did any other problems occur during the process of implementing the project? What is the cause?			* Common understanding was necessary for some part of activities such as "Start-up Activities" So, PDM should be modified as reflecting the current activities.) and also it is better to determine the implementation guideline of Start-up project and in-country training before starting the project. * 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.
Relevance	Is the project strategy appropriate to reduce the burden of parasitic diseases in the West Africa region?			* School health based intervention for parasite control seems to be relevant to reduce burden of parasitic diseases in the region, although the efficacy and efficiency of this approach should be evaluated by the end of Project.
	Is the project in line with Japan's foreign aid policy? Is the approach of the project adequate as a means?	Does the project address the focus issues for aid?		* The Project is relevant to Japan's ODA policy as the Project was launched in response to the agreement at the Denver G8 Summit in 1998 where Japan proposed promotion of Global Parasite Control (Hashimoto Initiatives) which focuses on control of parasitic diseases through human resource development. * 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.
	Is the selection of the target group appropriate in terms of target, volume, gender, ethnicity distribution?			* 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.
	Is the selection of the target group adequate?	Are the needs for cooperation from the NMIMR high?		* NMIMR needs to acquired skills for research management including administration and monitoring and evaluation for conducting field research (model site activities) and international trainings.
		Is the size of the target group adequate?		* The number of target countries was adequate for implementing international training, but it might be big number for giving technical advice to what ex-participants do in their own countries.
	Are there any ripple effects beyond the target group?			* WACIPAC has provided technical supports to other parasite control and/or school health programmes funded by other donors.
	Does Japan have a technological advantage compared to other countries?			* 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 and filariasis were main parasitic diseases in Japan, but mass examination/selected treatment with health education was successfully eliminated STH. It is relevant to introduce the Japanese experiences on parasite control for effective training and control activities.
Effectiveness	Achievement forecast for the project objective	Looking at the input and output performance and at the activity, is the objective likely achieved?		* 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.
		Are there any factors that inhibit the achievement of the project objective?		* Insufficient management capacity of NMIMR concerning operational research and training cycle management * Limited human resources of both Japanese and Ghanaian sides * Different level of understanding in school to community approach on parasitic diseases control among the stakeholders * Insufficient involvement of persons from GHS and GES that participated to training in Japan
	Is the output sufficient to achieve the project objective?			* The six outputs are sufficient to achieve the project purpose in general. However, those outputs should be clearly modified considering expected achievement of the project in the end of 2008.
	Are the important assumptions from the output to the project objective correct also at the present point of time? Is it likely that the important assumptions will occur?	Is fund for intervention secured from some funding resources other than JICA? (Important assumptions)		* Research fund from IMCA has contributed to research activities of WACIPAC at the model site. * DANIDA constructed toilet facilities at a model school under the Project.
		Is the fund for start-up activities in Supporting sites secured from some funding resources other than JICA? (Important assumptions)		* 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 planed to hold donor collaboration meetings in Benin and Niger to call support from concerned donors.
		Are there any other influences?		N.A.
Efficiency	Achievement level of output	Is the output achievement level adequate?	Compare performance with target	* Some of activities have not been implemented or cancelled. The achievement level of outputs is relatively insufficient considering original plan and its schedule.
		Are there any factors that inhibit the achievement of the outputs?		* There seems to be difference about image of output 2 between Japanese side and Ghanaian side.

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
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	Causal relationship	Were the activities sufficient to produce the outputs?		* Some of activities have not been implemented or cancelled, although there are sufficient activities to achieve outputs. Casual relationship between activities and outputs were not logical. Also some of activities are no longer relevant to produce outputs under the implementation of Project. Outputs and activities of PDM ver.2 should be revised logically and practically considering the prospected achievement of project at the end.
		Was the input sufficient to produce the outputs?		* Input of equipment is timely and utilised without serious problem. However, insufficient input of chief advisor inhibited efficiency. * 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.
		Are the important assumptions from the activities to the outputs correct also at the present point of time? Is there any influence from important assumptions?		* In PDM ver.2, there is no important assumption for from the activities to the out puts.
	Timing	Was input of an adequate quantity and quality performed in the right time to conduct the activities as planned? Is it being implemented?		* 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.
	Cost	Does the output justify the cost to be invested compared to similar project?	Comparison with overall invested costs of similar projects	* The consultation team in December 2005 pointed out that the cost for the Output 2 activities was too much in JFY 2005.
		Are there prospects that a project objective will be achieved that justifies the input compared similar projects?	Comparison with unit costs of similar projects	* Cost efficiency of the model site activities including deworming seems to be almost same as ones supported by other donors.
	Are there factors that inhibited efficiency?			* Lack of communication among Japanese experts and counterparts, and lack of sharing common understanding about the PDM might inhibited efficiency. * 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. * Preparedness of Japanese side for region-wide cooperation seemed to be insufficient to conduct support activities in the member countries efficiently
Impacts	Are there prospects that the overall goal will be achieved?	In 3~5 years after the end of the 5 years project, will School-based Parasitic Control programmes be implemented actively in Supporting sites?		* Benin and Niger have started the activities on school-based parasite control. Also, another four countries prepared proposals for their own activities for parasite control. It is expected that more than three (Benin, Niger and Ghana) member countries will have implemented activities on school health based intervention for parasite control until 2013.
		In 3~5 years after the end of the 5 years project, will 80% of personnel involved in parasite control and school health programmes in Supporting sites be received successfully training at WACIPAC		* There are approx. 200 persons who are involved in parasite control and school health programmes in the 10 countries. The project expects to cover 60% (120 person) through international and in-country trainings by the end of project (2008). The remaining 20 % (40 persons) is expected to cover through both international and in-country training in supporting countries until 2013.
	Are there factors that impede the achievement of the overall goal?			* So far, no.
	Are the overall goal and the project objective consistent?			* Yes.
	Are the important assumptions from the project objective to the overall goal correct also at the present point of time? Is the possibility high that the important assumptions are true?	Does not adequate budgetary support to parasitic diseases control from each government decrease in respective countries? (Important assumptions)		* There is no information or report about decrease of budgetary support to parasitic diseases control from each government in the region.
		Do at least half of trained personnel actively participate in parasitic control activities? (Important assumptions)		* There is no information or report about actual participation of the trained persons in the region.
	Are there any other ripple effects?	Are any effects or influences beyond the overall goal assumed? A measures taken to ease particularly negative influences due to differences between genders, ethnic groups or social layers?		* So far, no.
		Impact on policies and systems related to parasitic diseases control in the West African sub-region.		* 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.
	Does the project contribute highly to the impact produced?	Is there any demarcation line with respect to order related donor agencies, and are there synergy effects?		* 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.
	Are there any other (positive or negative) influences?			* So far, no.
Sustainability	Policies and systems	Will policy aid continue also after the cooperation is finished?		* NMIMR recognises that WACIPAC is the centre for human resource development on parasitic disease control in West African sub-region.
		Are the relevant regulations and legal systems prepared? Are there plans for their preparation?		* 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.
	Organisational and financial aspects	Is there sufficient organisational capacity to implement activities to produce effects also after the cooperation has ended?	Assignment of human resources, decision making process	* 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.
		Is a sense of ownership towards the project at the implementing agencies sufficiently secured?		* The counterpart staff have a sense of ownership of WACIPAC.

Evaluation Items	Evaluation Question		Criteria and Method for Judgment	Result
	Question	Sub-question		
		Is the budget secured including operating expenses? Are sufficient budget measures taken at the side of Ghana?		* NMIMR owns some of operation cost including staff salary, water and electric. However, most of the expenditures such as trainings, travel expenses, and allowance are expended by Japanese side. By the end of project, those operation cost should be secured by NMIMR from government budget and/or donors.
		How high is the probability that the budget increases in the future through the implementation of the project? Are the measures to secure budgets sufficient?		* WACIPAC may needs cost for implementation of international trainings, field research, and maintenance for developed network after the end of project. Official authorisation of WACIPAC may be able to secure own budget from University of Ghana. It is necessary to monitor this issue carefully until the terminal evaluation.
	Technology	Are the methods of technology transfer used in the project being accepted?	Technology level, social and conventional factors	* 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. * Capacity of WACIPAC to conduct operational research by itself has been limited.
		Is equipment appropriately maintained and managed?		* Most of equipment are used and maintained well (JER ANNEX IV).
		Does the project contain a mechanism for its dissemination?		* International workshops/trainings for policy makers and programme managers * Support to the supporting countries including start-up projects, in-country trainings and country visits
		How high is the probability that WACIPAC maintain the mechanism for its dissemination?		* International trainings have disseminated technology of school health based intervention for parasite diseases control to the 10 countries. Also, WACIPAC provided technical assistance to the supporting countries. However, capacity of WACIPAC concerning training management should be enhanced.
		Is the technology one that can be disseminated to other sites?		* Field researches are expected to verify the efficacy of school health based intervention for parasite control, and WACIPAC will expand the developed model to other areas in Ghana and the West African sub-region.
	Society, culture, and environment	Is there any possibility that a sustained effect is inhibited through a lack of consideration for women, ethnic minority, and the socially vulnerable?		* So far, no.
		Is there any possibility that a sustained effect is impeded through a lack of consideration for the environment?		* So far, no.
	Others	Are there any other factors that might inhibit sustainability?		* So far, no.
Necessity of adjustment	Is an achievement of the project objective possible in the current condition (changes in the target group or target society)?			* Regarding the model site activity, it is difficult to develop a replicable model of school health based intervention for parasite control utilise the past activities at the model site. It is necessary to acquire scientific evidence through further field researches based on appropriate research protocols. * As assistance to the supporting countries, it is impossible to support all 10 countries until the end of project considering the limited budget and human resources. It may have to consider that WACIPAC concentrate on approx three supporting countries including Ghana to provide technical assistance.
	Is it necessary to adjust the input, activities and output?			* Concerning input, it is important to reinforce input from both side as planned rather than revising them. * Outputs should be modified logically and practically. For instance, Output 5 seems to be duplicated as some of output 4 and 6. * There are too detail activities with duplication in PDM ver.2. Activities need to be modified considering revised outputs and to be simplified.
	Are there any new important assumptions that influence the project?			* The past PDMs do not set any important assumptions for activity level and pre-conditions. The existing PDM should be modified reconsidering current situation of Project and prospect of achievement by the end of Project.
	How have problems, issues, risks, etc. pointed out in the ex-ante evaluation changed?			* Deterioration of political stability of Cote dIvore.
	What issues must be remembered for the future?			* 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. * Efforts should be made for the sufficient number of counterpart staffs needed to participate in required activities of WACIPAC. * Considering limited activities of WACIPAC, its prompt authorisation is strongly needed. * The model project site activities should be implemented as field research based on a scientific research protocol. * The Project is making significant progress in the supporting countries. Those results should be compiled as good practices.

ガーナ国

国際寄生虫対策西アフリカセンター（WACIPAC）

プロジェクト

モデル活動評価

2005 年 12 月

独立行政法人　国際協力機構

ガーナ大学野口記念医学研究所

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略語

FCUBE	Free Compulsory Basic Education 無料義務教育
GES	Ghana Education Service
GHS	Ghana Health Service
GNCCE	Ghana National Commission on Civic Education 市民教育に関するガーナ国内委員会
GPCI	Global Parasite Control Initiative 国際寄生虫対策イニシアティブ
JICA	Japanese International Cooperation Agency 国際協力機構
LG	Local Government 地方政府
MOE	Ministry of Education Youth and Sports 教育青年スポーツ省
MOH	Ministry of Health 保健省
NMIMR	Noguchi Memorial Institute for Medical Research 野口記念医学研究所
PCA	Parasite Control Association 寄生虫対策協会
PDM	Project Design Matrix プロジェクト・デザイン・マトリックス
PO	Plan of Operation 実施計画
SHEP	School Health Education Programme 学校保健教育プログラム
STH	Soil Transmitted Helminthiasis 土壌伝播寄生虫症
TFM	Task Force Members タスクフォースメンバー
UNICEF	United Nations International Children Education Fund ユニセフ（国連児童基金）
WACIPAC	West African Centre for International Parasite Control 国際寄生虫対策西アフリカセンター

１．調査背景

国際寄生虫対策イニシアティブの具体化のため、西アフリカ地域での寄生虫対策分野における人材育成と情報ネットワークの拠点として、ガーナ大学野口記念医学研究所に WACIPAC（国際寄生虫対策西アフリカセンター）が設置され、学校保健を通じた寄生虫対策モデルの確立、研修及びワークショップの開催､情報ネットワークの構築等を行う技術協力プロジェクトが 2004 年１月から５年間の予定で実施されている。

WACIPAC の活動対象国は､西アフリカ地域の 10 カ国（ベニン､ブルキナファソ､カメルーン､コートジボアール、ガーナ、マリ、ニジェール、セネガル、トーゴ）である。ガーナ政府側の主要な協力機関は教育省、保健省、財務省ならびにガーナ大学である。

学校保健を通じた寄生虫対策のモデルを確立するために、モデルサイトをグレーターアクラ州のダンメ・イースト県に設置され、実践的な教材として周辺国からの研修員に紹介することは、WACIPAC プロジェクトの重要な活動である。

モデル活動のターゲットグループは学齢期の児童と他のリスクグループである。コミュニティ参加の度合いを高め、自立発展性を促進するために、寄生虫対策協会（PCA）を組織するという手法が導入された。

PCA はダンメ・イースト郡の１地区であるアダフォで開始され、おおよそ 140 の地区内の団体が参加し、PCA の活動を監督するための６つのタスクフォースで構成されている。最近では毎年催されるフェスティバル（Asafotu fiam festival）の場で、ビッグアダ地区に第２の PCA が立ち上げられており、近々、同様の PCA が他の地区にも続くことが期待されている。PCA の調達・管理業務等の支援のため、地元高校卒業生３人をモデルサイトでの検査と駆虫を支援する検査技師として訓練している。彼らは、アダフォ地区にある地域保健センターに設置された WACIPAC の検査室に所属して活動している。

２．調査手順

JICA および NMIMR から与えられた委託の具体的条件として､ガーナ人コンサルタント及び｢調査分析」と「効果測定・評価」を担当する日本人コンサルタントは､以下の調査活動を実施した。

(1) JICA の評価グリッドと実施計画、評価方法、評価手順をもとに、評価者に評価の手法と手順について説明し、合意を得る。
(2) JICA の評価グリッドをもとに、モデルサイト関係者、WACIPA の C/P および日本人専門家にインタビューを行う。
(3) モデルサイト活動実績（インプット、活動、結果）とそのプロセスについてのデータを収集・加工し、要約する。
(4) モデルサイトで収集したデータを分析し、モデルサイトの結果を草稿する。この結果は学校をベースとした寄生虫対策活動と他の活動を分けて記述する。
(5) PDM とモデルサイトの結果をもとに、モデルサイトの評価を行い、評価グリッドとその

要約版を草稿する。

(6) モデルサイトの結果と評価グリッドをもとに評価結果を評価者に対し発表し、合意を得る。

３．レビューの目標

レビューの目標は以下のとおり。

- モデルサイトの現在の活動について、データと情報を収集する。
- 現在の活動を分類する。
- モデルの目的を達成するために PCA の役割を明確にする。
- モデル活動の今後の方向性について提言し、必要に応じ PDM および PO に変更を反映させる。

４．調査手法

JICA の評価グリッドと実施計画をもとに、次の点のレビューを行うための評価を実施した。

- 実績の検証
- 実施プロセスの検証
- 妥当性
- 有効性
- 効率性
- インパクト
- 自立発展性

実績と実施プロセスはモデルプロジェクト活動の妥当性、有効性、効率性、インパクトの評価を通じ実施された。評価者は、モデルサイトプロジェクトにおける活動を以下の区分に分類することとした。

- 学校をベースとした寄生虫対策活動
- 通学していない学齢期の児童や他のリスクグループを含む学校をベースとしていない寄生虫対策活動
- コミュニティ開発を含む支援活動
- PCA 形成のための支援活動

妥当性は、現在の活動に関し、GPCI 理念からみた場合とモデルの目的からみた場合について次のポイントから評価した。

- アプローチの適正さ
- 保健省、教育省、GHS、GES、学校、寄生虫協会等の実施機関の役割と責任の明確化

モデル活動の妥当性はすでに述べたアプローチの妥当性に関し「優先度」と「手段の妥当性」の視点から評価される。それには、「明確な目的と活動範囲」、「タスクフォースとその活動内容」の面、「予算の制限」と「使用できる資源の限度」の項目も含まれ、精査される。

モデル活動は、国際研修の参加者に紹介するためのモデルという視点から評価される。

プロジェクトとモデルプロジェクトのターゲットグループは、プロジェクトは寄生虫対策を実施するための人材育成プログラムであること、モデルプロジェクトはプロジェクトの中で国際研修の参加者に紹介するためのモデルであるという、個々の目的から説明できる。

有効性と効率性

モデル活動の有効性と効率性は次の基準により評価される。

- プロジェクトの目的と GPCI の理念に基づいたモデルを開発するための費用対効果
- モデル活動がどの程度アダフォ地区のターゲットグループに裨益しているか。

自立発展性

モデル活動の自立発展性は戦略、組織、財政、技術の面から評価される。

- モデル活動の便益は JICA の協力終了後も継続するか。

レプリカビリティ（普及･拡散）の可能性

- プロジェクト対象の周辺国において WACIPAC のモデルが普及する可能性があるか。

インタビューで使用した主な手法

- フォーカスグループディスカッション
- 詳細インタビュー
- 参加者観察

インタビューはモデルサイトの次のカテゴリーの人々に対し実施された。

- WACIPAC の C/P
- 地方政府職員
- 地方教育省: 教育長、地方学校保健教育プログラムの担当者
- 地方保健省
- PCA の中心メンバー
- アダフォ地区の学童
- 学校周辺からの両親および保護者
- アダフォ地区の学校校長、教師、学校保健教師
- 各タスクフォースの代表者
- アダフォ地区の伝統的首長

５．評価結果

５－１　学校をベースとした寄生虫対策活動

2004 年から 2005 年９月現在までに実施された学校をベースとした寄生虫対策の活動はアダフォ地区で、小学校 11 校、中学校６校、高校１校、幼稚園２校、技術専門学校１校、職業訓練短大１校、ビッグアダ地区では小学校 12 校、中学校５校である。学校での活動は次の６項目から構成されている。

- 啓発活動および検査・駆虫

- 使用練習を伴った飲料カップと手洗い桶の供与
- 学校衛生環境と身体衛生の検査
- 教師による学校保健教育
- 学校での生徒による PCA クラブ活動
- 衛生的な生活を模範的に実施した者への表彰状の授与

加えて、対象校では学年末に、保健衛生に関するコンテストを実施した。

アダフォ地区（2004～2005）
活動地域：11 小学校、６中学校、１高校、２幼稚園、１技術専門学校、１職業訓練短大
実績：

検査	5,144 生徒、167 教師、５両親
駆虫	全学校（土壌伝播寄生虫 545、住血吸虫 652）、 ６学校　フォローアップ（数不明）
啓発	12 日（７小学校、４中学校、高校、技術専門学校、職業訓練短大）
教材を使った保健教育	20 回（９小学校）
保健衛生	（以下の各校の生徒による実施）
・学校環境検査	10 小学校、６中学校
・一般一斉清掃	10 小学校、６中学校
PCA クラブの組織化	12 回（10 小学校）
クイズ	３回（対象 10 小学校）

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マラリアと貧血検査数（上記検査数に含まれる）
マラリア：4,050 生徒、131 教師
貧血：2,356 生徒、34 教師

ビッグアダ地区
活動地域：12 小学校、５中学校（2004 年２月３日～12 月）
８小学校、５中学校（2005 年１月～９月）
実績：

（2004 年）	
検査	923 生徒
駆虫	1,858 生徒（土壌伝播寄生虫 705、住血吸虫 1,153）
啓発	３学校（２小学校、１中学校）
（2005 年）	
検査	907 生徒、９先生
駆虫	65 生徒（土壌伝播寄生虫７、住血吸虫 58）
啓発	11 学校（８小学校、３中学校）
教材を使用した保健教育	３回

・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

マラリアと貧血検査数（上記検査数に含まれる）
マラリア：394 生徒、９教師
貧血：674 生徒、２教師

（1）検査と駆虫

検査・駆虫はアダフォ地区とビッグアダ地区の以下の小学校、中学校、高校で実施された。

アダフォ地区	ビッグアダ地区
小学校	
1. Ada Foah DA primary	1. Pediatorkorpey D/C Primary
2. Ada Foah Presby primary	2. Aflive D/C Primary
3. Elavanyo RC Primary	3. Tuanikope D/C Primary
4. Ocanseykope DA primary	4. Alorkpem D/C Primary
5. Pute Presby Primary	5. Gorm ‘A’ Primary
6. Totimekope DA primary	6. Gorm ‘B’ Primary
7. Anyakpor RC primary	7. Luhueses D/C Primary
8. Ada Foah Methodist Primary	8. Obane D/C Primary
9. Azizanya DC primary	9. Big Ada Presby Primary
10. Ada Foah RC primary	10. Big Ada Methodist Primary
11. Big Ada DC Primary	
12. Azizakpe DC Primary	
中学校	
1. Ada Foah Presby Junior Secondary	1. Gorm ‘A’ Junior Secondary
2. Pute Presby Junior Secondary	2. Gorm ‘B’ Junior Secondary
3. Ocanseykope D/C Junior Secondary	3. Luhueses D/C Junior Secondary
4. Ada-Foah Methodist Junior Secondary	4. Big Ada Presby Junior Secondary
5. Ada-Foah RC Junior Seconday	5. Big Ada Methodist Junior Secondary
6. Totimekope DC Junior Secondary School	
高校	
1. Ada Foah Secondary	
他の学校	
1. Ada Technical Institute	
2. King’s Kids Nursery School	
3. Ada Foah No.1 Nursery	

PCA は、通学していない学齢期の児童とコミュニティの住民にまで、検査と駆虫活動を広げている。検査は、土壌伝播寄生虫、住血吸虫、マラリア、貧血を調べるためのもので、尿、便、血液サンプル収集を行っており、現在までに、６種類の寄生虫が確認された。PCA の検査駆虫タクスフォースはこれまでに、検査と駆虫をすることを住民に浸透させるためのいくつかの方法を確立してきた。学齢期の児童を優先すること、学校やコミュニティで最初に一般的啓発的説明をすることが大切であること。また、PCA が通学していない児童に対して行う検査や駆虫の前にその

意図することを説明する、検査活動のいろいろな過程で住民全体を巻き込んでいくことが必要、などである。

検査・駆虫活動は、教師、青少年、両親、保護者を含のコミュニティ住民の協力を受けている。しかしながら、マラリア検査のための血液の採取は訓練を受けており、適格である３人の検査技師が保健センターのスタッフ支援を受けて実施している。PCA は検査と駆虫活動のために必要な実施管理を行っている。

（２）保健教育

就学児童は流行している寄生虫、主に土壌伝播寄生虫及び住血吸虫、トイレと食事の前後の手洗いなど、感染の危険にさらされないための予防的行動を教えられ、常にサンダルや靴を履くよう奨励される。“虫とはしご”と呼ばれるゲームをしたり、土壌伝播寄生虫や住血吸虫についてのフリップチャートを使った物語を聞くことにより、児童たちはこれまでに教えられたことを具体的に理解する。

これらの教育は教師により、総合科学、生活技術、環境学などの学科の授業の一部として行われる。これらの生活技術に関する指導は、罹患リスクを減少させることを目的としている。教師へのガイダンスやコーディネーションは、PCA の保健教育タクスフォースの一員でもあり、GES の下で実施されている学校保健教育プログラム（SHEP）に携わっている学校保健教師が行っている。また、同じく PCA の保健教育タクスフォースの一員でもでもあり、GES の学校監督官は、各校を少なくとも一週間に一度訪問し、SHEP の方針ガイドラインに沿った適切な保健教育、環境衛生、生活技術の授業が行われるようにしている。

５－２　学校をベースとしていない寄生虫対策

これは主に就学していない学齢期の児童と妊婦などのリスクグループの人々を対象としている活動である。アダフォ地区の 27 のコミュニティと 40 の団体およびビッグアダ地区の 18 のコミュニティと２つの団体に対してコミュニティ活動が実施された。活動の主な構成は以下のとおり。

- 検査・駆虫に関する啓発活動および検査・駆虫
- 保健衛生の啓発
- 清掃活動に関する啓発
- 実践訓練を伴うトイレ使用の啓発
- ゴミ箱の設置
- 公共の場の清潔さに関するコンテスト
- 動機付けのための優秀実践者への表彰状の授与
- マラリア予防に関する啓発
- 海岸侵食のモニタリング
- コミュニティラジオによる広報

活動の概要は以下のとおり。

アダフォ地区（2004～2005）
活動範囲：27 コミュニティ、40 団体
実績：

検査　58 回（コミュニティ／4,676 人、団体／670 人）
駆虫　21 回（コミュニティ；土壌媒介寄生虫 137、住血吸虫 270）
（団体；土壌媒介寄生虫 15、住血吸虫 35）
啓発　74 回（27 コミュニティ、34 団体）
保健衛生　26 回（一般一斉清掃）

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マラリアと貧血検査数（上記検査数に含まれる）
マラリア：1,863 住民
貧血：無

ビッグアダ地区（2004 年 12 月～2005 年９月現在）
活動範囲：18 コミュニティ、２団体
実績：

検査　53 人（２団体）
駆虫　５人（土壌媒介寄生虫２、住血吸虫２）
啓発　18 回

・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

コミュニティの住民を対象に検査と駆虫の活動は実施されていない。

（１）検査と駆虫

コミュニティ住民に対する検査と駆虫は、住民が PCA に対して提出する要請に基づき実施される。PCA の保健教育タスクフォースと検査駆虫タスクフォースとともにコミュニティ住民の検査を行う。就学していない学齢期の子どもとコミュニティの住民に対する検査と駆虫は通常、教会の敷地内等で行われる。地域の FM 放送局「ラジオアダ」は、検査や駆虫の実施場所と時間の情報を提供し、コミュニティの参加を奨励する。

（２）保健教育と環境衛生

保健教育は寄生虫のライフサイクルや感染についての情報提供である。また、手洗いなどの衛生実習のデモンストレーションや環境衛生改善活動が行われる。環境衛生タスクフォースに属する青年グループは、主にコミュニティが環境衛生活動するように働きかけている。彼らは学校やコミュニティで環境衛生向上の啓発を WACIPAC から供与されたメガフォンを使って実行している。

また環境衛生タスクフォースは、保健教育タスクフォースならびにダンメ・イースト議会（地方政府）環境部と連携し、公共清掃キャンペーンを実施している。さらに、トロトロ（乗り合いバス）やタクシーの運転手を啓発し、乗客にゴミのポイ捨てをしないよう呼びかける、環境保全促進活動を行っている。FM 放送局「ラジオアダ」により啓発メッセージの発信が行われており、市民教育に関するガーナ国内委員会（GNCCE）、GES、GHS は PCA の主要メンバーであり、ラジオアダ FM 放送局を通じて児童とコミュニティ住民のための啓発プログラムを毎日放送している。

（３）海岸保全

海岸保全タスクフォースは毎週、海岸侵食の経過をモニタリングし、２週間に１回、地方政府に報告する。これは地方と国内外への海岸保全のための資金調達広報のために使用される。

（４）貧困削減

貧困削減タスクフォースは家庭ごみを分別し、有機ごみ成分を農業生産向上のための堆肥作りを行う計画を立案している。PCA のメンバー（薬剤師の Mr. William Sarpor）が現在、選別された家庭ごみの有機成分を動物の飼料に加工する技術を開発中である。

（５）資金調達

資金調達タスクフォースは地域の団体に対し、PCA に定期的に寄付をすることにより検査と駆虫および他の活動を促進・継続させるための呼びかけを行っている。この面ではすでに、検査を受けた学童やコミュニティ住民が様々な金額の寄付をしており、2005 年１月現在でその総額が 2,336,800 セディに達している。

（６）広報

GES の管轄下にある FM 放送局「ラジオアダ」は PCA 活動を自主的に支援し、活動日程や行動変容促進にかかわる放送を行っている。

５－３　PCA 形成のための支援活動

WACIPAC は PCA の設立のための呼びかけと合意形成ため、地域の人々（学校、保健省、教育省、地方政府、伝統的首長等）に GPCI の学校をベースとした理念と活動の説明を行った。地域の人々は学校をベースとした寄生虫対策プロジェクトを主体的に実施するため PCA を設立することに同意した。これを受けて WACIPAC は、地方政府、中央保健省、中央教育省によって選定されたモデルサイトであるダンメ・イースト県の最初の実施地区であるアダフォ地区で、PCA が形成され、円滑に運営されるよう熱心に支援した。WACIPAC に支援を受けたアダフォ地区 PCA のタクスフォース[1]は、現在、自己の経験をもとにビッグアダ地区に PCA を形成するための支援を行っている。

主な活動の概要は以下のとおり。

アダフォ地区（2004 年１月～ 2004 年 12 月）	
実績：	
PCA 組織化の啓発	6
PCA 活動開始式	1
政策決定者、プログラム管理者のためのワークショップ（含準備）	5
PCA がコミュニティへの啓発をするための支援	1
WACIPAC 検査技師へのガイダンス	1

訳注[1]：WACIPAC に支援され、モデル活動に関わったタスクフォースは検査駆虫タスクフォース、保健教育タスクフォース、環境衛生タスクフォース、資金調達タスクフォースである。

ビッグアダ地区（2004 年 1 月～2005 年 9 月）	
実績：	
PCA 組織化の啓発	2
PCA 組織化の協議	5
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
注：PCA 組織化の協議５回のうち４回は WACIPAC から車の支援を受けて、アダフォの PCA メンバーだけで行った。	

６．GPCI の理念とモデルの目的からみた現在の活動の妥当性

６－１　プロジェクトとその妥当性

（１）プロジェクト

プロジェクト・デザイン・マトリックス（PDM）のプロジェクト目標は以下のとおり。

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

つまりプロジェクトは、周辺 10 カ国で寄生虫対策プログラムを少なくとも実験的に実施するための人材養成プロジェクトである。学校をベースとしたアプローチの提唱ならびにモデル活動でのこのアプローチの採用、このアプローチの普及の３点は、PDM のアウトプット２、３、５、６のなかに明確に記述されている。また、アウトプット４、５、６に記述されているように、このアプローチに沿ってプログラム実施するために必要となる提唱活動を行うことにより、対象国の寄生虫対策に影響を与えることを意図している。

ガーナ側と日本側で、学校をベースとした寄生虫対策に関する GPCI 理念の理解が多少異なっているが、これは、正確な理念の理解について相互に確認するために必要な初期のコミュニケーションが欠けていたことによる。

次の点については PDM に明確に記述されていないものであるにもかかわらず、プロジェクト関係者は十分に理解している。①包括的な寄生虫対策活動は、駆虫のみならず、学齢期の子どもおよび危険な状態にいる人々の行動変容を促進するための活動も含めたものである②プロジェクトが重点に置いている寄生虫は住血吸虫および土壌伝播寄生虫である③対象となる10カ国の西アフリカ諸国は、ガーナ、トーゴ、ニジェール、ナイジェリア、ブルキナファソ、マリ、セネガル、コートダジュール、カメルーンである[2]。

（２）プロジェクトの妥当性

学校をベースとした寄生虫対策プログラムの実施を可能にしていくための人的資源開発と若干の制度改革を通じて、発展途上国に重点を置いた世界的寄生虫対策に貢献しようというプロジェクトの企図は、以下の点に正応するものである：WACIPAC 参加各国で流行している対象疾病（すなわち土壌伝播寄生虫および住血吸虫）については、その罹患率の高さと国家としての取り組みの必要性は認識されているものの、国家政策の中では、マラリアや HIV/AIDS のような優先度の

訳注[2]：対象国については PDM に Supporting Sites として記載があり、原文作成の際の誤り。

高い健康問題と比較するとその優先順位は低い。

プロジェクト対象 10 カ国は、これらの疾病対策の優先度は低いものの、疾病による悪影響を認識し、適切な人材育成を必要としている。

このプログラムの長所は、学校保健を通じた保健教育により、継続性のある行動変化につながる効果があることである。

費用対効果の高いアプローチとして広く認められている、コミュニティとの連携も視野に入れた総合学校保健アプローチ（HIV/AIDS、マラリアその他の疾病対策だけでなく公衆衛生と環境の改善にも適用が可能）の導入過程（エントリーポイント）として適切な活動である。

WACIPAC アプローチ[3]の適正さは日本の経験により証明されている。

６－２　モデル活動のアプローチの適切さ

（１）ターゲットグループ

プロジェクトは学齢期の子どもと「その他のリスクグループ」の人々を適切に対象としている。ただし PCA の導入により、「その他のリスクグループ」が強調されすぎているように見受けられるが、寄生虫病の対策にはコミュニティの参加が重要であるという日本と異なるガーナの状況からみて、その必要性は理解できる。

（２）コミュニティを直接対象とするアプローチの採用

寄生虫対策活動の有効性を追求するため WACIPAC は、学校をベースとしたアプローチだけでなく、「学校をベースとしたアプローチ」を導入過程（エントリーポイント）としてコミュニティに直接働きかけるアプローチをモデル活動において採用している。

これについては、ガーナおよび対象の西アフリカ諸国の地域的状況から、就学していない児童やコミュニティの参加を排除するような学校をベースとしたアプローチは望ましくない、という点からみて理解可能である。日本のシステムと比べてみると、ダンメ・イーストの学校教育システムは人的資源、施設、資金、社会的地位の面で劣弱である。したがって日本の成功経験とガーナの状況を比較すると、学校をベースとした寄生虫対策プログラムの西アフリカでの国際研修参加者への紹介と普及のためには、モデル活動の実施内容を状況に合うように変える必要がある。無料義務教育プログラムや人頭補助金[4]もかかわらずダンメ・イースト地域の子どもの就学率は非常に低く、学齢期児童の多くは学校の外にいる。

もし、学校をベースとしたアプローチだけをこの状況で行うとしたら、学齢期の子どもの相当数はモデル活動の外側におかれることとなる。

訳注[3]：ここに言う WACIPAC アプローチとは、寄生虫協会を設立し学校保健を中心とした教育啓蒙活動を含め、総合的に寄生虫対策を行うアプローチ。

訳注[4]：就学率 100％をめざし、現在諸経費の負担のために子どもを学校へやれない両親の経済的負担を軽減し「小学校の完全無償化（諸経費の撤廃）」を徹底するための施策である。

PDM で示されているように、PCA の活動とコミュニティの関与は、モデル確立のための最初の覚え書きの重要な部分に記述されている[5]。

これについてはコンセプトの理解が異なっているというだけではなく、モデル活動の制御不能な拡大に伴う費用増加が重大な関心事となるものであるため、費用対効果の面からもモデル活動の範囲を限定することは重要である。この範囲の限定は、寄生虫をよく認識した生活様式とそれに必要な知識を普及させることに関する費用対効果について、学校をベースとしたアプローチの直接コミュニティを対象としたアプローチに対する長所を考慮して実施されなければならない。

６－３　土壌伝播寄生虫と住血吸虫を対象とした寄生虫対策の制約と学校アプローチの利点

土壌伝播寄生虫と住血吸虫を対象とした寄生虫対策プログラムの最も重要な制約のひとつが、予算獲得あるいは資金調達[6]である。寄生虫対策プログラム単独では十分な予算配分を得ることは難しい。なぜならこれらの疾病は、認知され、国家保健政策にもあげられてはいるが、政策実施過程での優先度は、HIV/AIDS やマラリアなどの他の優先度の高い疾病に比べて、きわめて低い位置にある。したがって、単独の保健プログラムとしては、十分な予算配分を得ることが難しい。しかしながら地方分権化の中、地方政府の共通資金を通して、開発プログラムの予算配分を得ることは可能である。この制約を克服するため、GES の既存の学校保健教育プログラムと既存の保健サービスシステムを活用する学校をベースとしたアプローチは、モデル活動実施のための財政・資源負担を最小限にするという利点がある。またモデル活動が既存のコミュニティ保健・コミュニティ開発プログラムを利用し、コミュニティの参画を得ていることから、コミュニティを直接対象とするアプローチを採用することは、プログラムを成功裡に実現化する可能性をもたらすものともいえる。

上記の観点からみて、モデル活動は適切に実施されており、採用されたコミュニティを直接対象とするアプローチは特定の状況においては推奨されるべきものであるといえる。

６－４　PCA の設立と活動の実施

PCA は学校をベースとした活動および直接コミュニティを対象とした活動を含むモデル活動の実施主体として設立された。PCA は、地方議会および各中央機関から PCA との共同活動を行うための権限を与えられている地方レベルの GHS・GES の支援を受けている。

PCA は、政府機関を含むすべての部門で構成されたコミュニティを中心としたボランティア組織、と説明されている。この説明から受ける印象は、ほとんどの活動が金銭報酬なしでコミュニティの人々によって実施されている、というものである。しかしながら、はっきりさせておかなくてはいけないことは、ほとんどの活動は、政府職員[7]もしくは当該活動と同じ分野を担当している公務員によって実施されている、という点である。WACIPAC の検査技師の支援を受け、モデ

訳注[5]：プロジェクトの R/D

訳注[6]：予算は政府予算で、資金調達は NGO 等の資金援助など。

訳注[7]：政府職員（Government officials）とは、中央政府職員を指し、公務員（civil servants）とは、広く公職についている人を指す。

ル活動の一環として、彼らの職務を遂行している。例外は、特に検査資材や試薬のような物資の面で WACIPAC に大きく依存している検査と駆虫である。その依存度は、WACIPAC に雇用されている検査技師からの支援[8]を受けつつ PCA のメンバーが実際の検査と駆虫活動を実施するようになってきており、減少している。

コミュニティの一般住民はモデル活動全般において活動を積極的に実施していく、あるいは人々を動員していく側ではなく、サービスや知識を授けられる側、環境衛生や保健教育の啓発活動に協力して活動する人である。また彼らは望ましい行動変容を実現する個人といった立場ではあるが、これらのコミュニティ活動には積極的に参加している。

伝統的首長や教会などのコミュニティの主導的立場にある存在は、モデル活動の重要性とその目的を理解し、金銭・資源[9]の寄贈、コミュニティ住民の動員等を通して積極的に PCA 活動に関わっている。

PCA は、地方レベルの政府組織とプログラムを効果的に利用し、GES・GHS のような中央政府機関、地方政府、GNCCE と効果的な関係を結んでいる。

PCA 活動について、今後検討すべき事項は以下の通りである。
(1) PCA の地理的活動範囲
(2) 地区全体を対象に活動する必要があるのかどうか[10]。
(3) 中央政府によってもし類似のモデルが開始された場合、その成功度合いをどのように測定するか。

６－５　活動の妥当性

（１）PCA の規模と活動

モデル活動の一部としての PCA の妥当性は、特に経費に関して議論されなければならない。すでに挙げられている重要な２つの疑問点は以下のとおり。

１）PCA はコミュニティすべてによって構成される組織（団体）であるべきか。
２）地区全体を対象とすべきか。

この問題については関連する利害関係者の間で議論されるべきである。モデル活動内での PCA の役割、およびどの程度まで資金援助をするかについて議論する必要がある。

（２）学校をベースとした活動

学校をベースとした活動は、検査と駆虫活動を除きモデルプロジェクトの本質的活動であるので、基本的にモデル活動に含めることで問題ない。

訳注[8]：PCA 活動の実施全般にかかるが、特に啓発、検査・駆虫など。
訳注[9]：懸賞や清掃道具など。
訳注[10]：コミュニティを含めるだけでなく、対象となる学校を全地域にするということも考慮するということ。

（３）学童の検査と駆虫

検査と駆虫の内容、タイミングおよび規模の明確な定義は、しっかりとした実施計画が欠けているためできていない。土壌伝播寄生虫と住血吸虫の検査に加えて、貧血とマラリアの検査を含めることは、住民への誘因としての必要性および生徒の一般的健康状態の観察の必要性の観点から、その必要性につき検討されなければならない。

検査[11]はプログラムの効果を測るためモデル活動に組み込まれている。検査は費用が高いので、PCA 活動として実施する必要はない。検査は WACIPAC そのものが実施するモデルサイト活動に限定することも可能である。

一方、駆虫は病気の治療であるので、感染しているすべての子どもに実施されるべきである。少なくとも初期の段階では、再感染率が高いためすべての学齢期の子供の定期駆虫が必要である。駆虫のタイミングと規模については、更なる議論が必要である。検査と駆虫の規模と重要性については２つの側面がある。

- 対象となる学校の範囲
- モデル活動として、あるいは外部からの支援なく、既存のリソースを活用して実施する必要性

（４）他の検査項目を含める点

マラリアや貧血など他の検査項目を検査に含めることについては、JICA からの資金支出という点からは議論の余地がある。これは対象住民の健康状態を測定するだけでなく住民への誘因と理解される。誘因としてみた場合は、その必要性が議論されなくてはならない。

（５）駆虫のタイミング

コミュニティの住民（両親）、コミュニティリーダー、PCA タクスフォースメンバーへのインタビューでは、「人間の体からそんなに大きな虫がでてきたのを見たとき、私は恐ろしく驚いた」「そして、寄生虫を予防するための生活習慣の重要性が強く印象付けられた」等が駆虫に関する表現とてして頻繁にうかがわれた。これは、駆虫結果をみせられることは相当のインパクトがあり、生活習慣を変える影響力のあることを意味している。

この影響力を考慮すると、モデル活動の初期の段階での駆虫実施は、実験的実施として教育的、啓発的努力[12]が伴っている場合には、妥当なものとみなされる。実験的意味合いからは、対象学校への実施タイミングを個別に変えることも考慮されてよい。

（６）駆虫の規模

西アフリカ諸国で寄生虫対策プログラムを実施する際に再感染を予防するためには一斉駆虫の実施が必須項目であるといわれているが、モデル活動の一環としては年１回か２回の一斉駆虫が行われている。

訳注[11]：全数検査に特に限定していない。

訳注[12]：努力＝活動と理解していただければよいと思います。（原文では efforts となっているのでそのまま訳しています。）

就学しているいないにかかわらず学齢期の児童に対し、一斉駆虫をすべきである。この点は、多くの児童が就学していないことに考慮すると特に重要である。モデル活動でどのような規模と程度、内容で実施すべきかを評価し、学校に行っていない子どもを含むべきかどうかを決定しなくてはならない。もし資金不足により彼らを含むことができないのであれば、モデル活動を補完するものとして、学校外の活動の支援を受けるために他の支援機関やドナーを探し出さなくてはならない。もし JICA が学校外の活動に資金供与しないというのであれば、地方政府、コミュニティ団体、WACIPAC の協働作業が必要となる[13]。

（７）学齢期の児童含むコミュニティ住民の駆虫

学齢期の子どもを含むコミュニティ住民の駆虫は重要であるが、モデル活動あるいは PCA として必須のものであるかについては、関係する専門家の熟考を待たねばならない。

（８）その他のコミュニティ保健活動

その他のコミュニティ保健活動を実行するには GES と GHS との協働が必要となるが、そのような活動は学校をベースとしたアプローチという面からだけではなく、費用負担の面からも、必ずしもモデル活動の一部である必要はない。それらの活動は、それぞれの政府部門の省庁と地方政府が率先して行うべきものである。

（９）コミュニティ開発

コミュニティ開発はコミュニティの課題として常に重要であるが、モデル活動にとって必要不可欠なものであるとは理由付けできない。諮問機関としての役割も果たしている WACIPAC の専門家が、必要となるコミュニティ開発プログラムの見極めと案出ができるとはいえ、コミュニティ開発プログラムそのものは本来、地方政府がその共通資金を使って実施すべきものである。

６－６　実施機関の役割と責任の明確化

図１にモデル活動の主な組織・個人とそれらの役割・機能を示す。モデル活動関連機関の役割と責任は以下の各項に記述する。

（１）WACIPAC

WACIPAC は、モデル活動を監督、支援、モニターする主体である。WACIPAC は、モデル活動の実施機関として PCA を設立し、PCA の活動を指導、監督、支援、モニタリングしている。

指導活動には、PCA の概念および PCA 活動を具体的に見せ、説明することによる啓発やトレーナートレーニングが含まれる。支援は①指導教材、カップ、手洗い桶の供与、②事務所の改修およびコンピューターやプリンターなどの必要機材の供与、③移動・輸送手段の提供、で構成される。

検査と駆虫の実施形態に曖昧さがあり、明確にしなくてはならない点がいくつかある。

- PCA が実施する一斉駆虫活動は、モデル活動に必須なものか。

訳注[13]：資金獲得に特定する必要はありません。

- JICA の資源を使用する際にその財務的意味合いがどのようなもので、どの程度使用されるべきか。
- 検査については、プロジェクトのモニタリングとしての性質をどの程度強調しなければならないか。

WACIPAC と PCA が協働して JICA の資金を使用する程度については、PCA が幅広い活動を行っていることに留意して明確にする必要がある。

（２）保健省と教育省ならびに中央レベルの GHS と GES

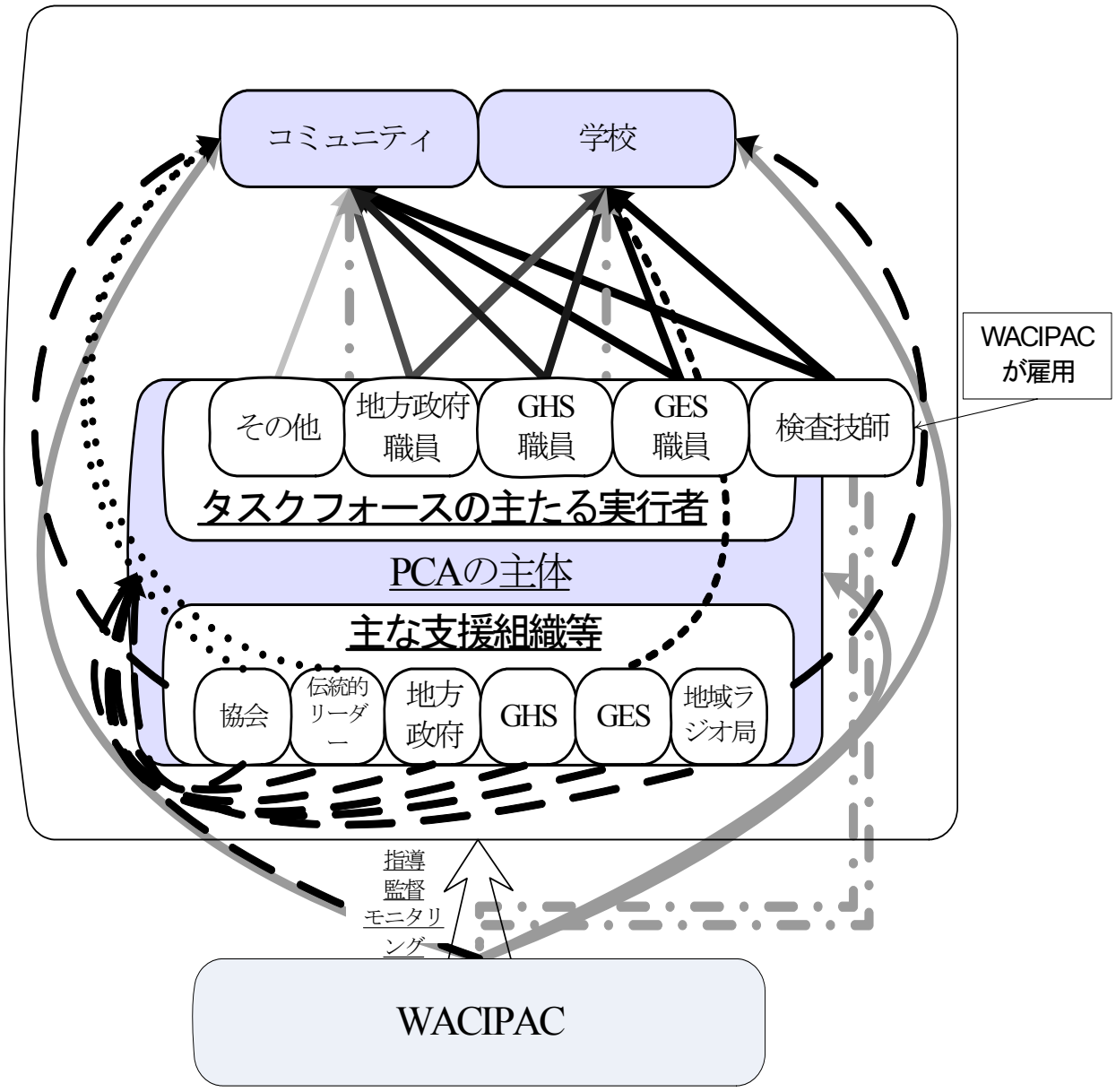
これら中央レベルの政府機関はモデルサイトの選定作業に携わっており、また地方レベルの組織にモデル活動と協働する権限を委譲しているが、現在はモデル活動のオブザーバー的活動のみを行っている。

保健省と GHS を含む保健セクターの各機関の関与[14]は、将来的にモデル活動が国家的に展開されるという、拡大される可能性の予兆とみることができる。また、UNICEF と学校をベースとしたコミュニティへの水供給プログラムを実施している GES は、モデル活動を含む学校をベースとした保健関連活動の強化に熱意がある。

2004 年９月の教育省と保健省とのワークショップで、PCA の採用促進[15]を国家戦略として合意したが、政策として公文書化されるにはいたっていない。

訳注[14]：中央政府がプロジェクトサイトを選択し、ディストリクトレベル保健省や GHS へ PCA 支援することを奨励している。
訳注[15]：PCA を国家戦略に含め、ガーナ全体に拡大していくことに合意したということ。

図１：モデルプロジェクト



（３）地方レベルの GHS と GES

地方レベルの GHS と GES はモデル活動に関与しており、モデル活動への関与の度合いは以下の事実にあらわれている。

１）GHS

- 保健所内に検査室の場所を提供
- コミュニティ活動のために移動・輸送手段を提供
- 職員を PCA タスクフォースのメンバーとして参加させることによりコミュニティ保健活動の支援
- GHS 傘下の地方病院が検査[16]に協力

２）GES

- 中学校内に PCA 事務所の場所を提供
- 学校での PCA の学校保健活動を容認
- 検査・駆虫を支援するための自主的寄付を許可[17]
- 教師に対する WACIPAC による研修の実施を容認
- PCA の学校ベースの活動のために教師を動員
- PCA タスクフォースメンバーである学校の監督官による教師の活動の確実化

（４）学校

モデルサイトの学校はタスクフォースメンバーでもある GES の職員の監督下にあり、学校保健教育、検査と駆虫に関し WACIPAC と協働している。また学童たちは学校で PCA クラブを組織している。

（５）PCA と地方政府

基本的に PCA は、学校をベースとした活動の促進と実施、コミュニティを直接対象とした活動を実施するモデル活動の実施主体である。

地方政府はフルタイムの管理者を派遣し、財政支援を調達し、職員が PCA タスクフォースメンバーとして衛生に関する啓発と改善のため活動していることを容認することにより、PCA を支援している。また、PCA の事務所を支援するためにインターンシッププログラムの学生２名を派遣している。

（６）ラジオアダ

GES 傘下の地方 FM ラジオ局「ラジオアダ」は、「清潔さと開発（Cleanliness and Development）」という PCA の理念に基づき、寄生虫対策に関する現状や問題を放送することにより、モデル活動に大いに貢献している。

（７）運転手協会

運転手協会は乗客に対し飲んだ後のビニールの水バックをポイ捨てしないよう注意を喚起し、清潔な環境の維持に貢献している。

訳注[16]：寄生虫検査
訳注[17]：GES としてその傘の学校が組織として PCA が寄付を募ることと受益者が寄付することを認めるということ。

７．モデル活動の効率性と有効性

モデル活動の効率性の評価は、この調査で収集されたデータ・情報をもとに行ったが、系統だった情報蓄積･モニタリングが行われていない状況下であったため､限定的評価のみを実施した。

また相互で合意したコンセプトが欠如していることにより、プロジェクトの効率性と有効性に関する評価がある程度あいまいになっている。

７－１　有効性

モデル活動の目標達成は次の事実によって見込まれる：①学校保健教育を含む学校をベースとした活動と衛生環境を含む保健啓発に関する実践は少なくともいくつかの学校では部分的に定常化している（インタビューと観察で確認)、②学校の生徒とコミュニティ住民の一部に行動変容が認められる、③土壌伝播と寄生虫住血吸虫および他の感染症に脅かされない健康的な生活の重要さが少なくともコミュニティの中心となる人々と一部の一般住民によく認識されている。④活動や上述の現象を通じて、コミュニティ全体としてのコミットメントが観察される。ただし、コミュニティのコミットメントが観察されているとはいえ、分析のための体系だったデータ・情報が欠如しているため、その有効性を定量的に測定することはできない。

７－２　効率性

この点についてはモデルプロジェクトの規模・範囲の妥当性とその適切な活動の構成内容と密接に関連しており、良好な費用実績･効果が見込まれるものの、すぐに利用できる適切なデータ・情報が欠如しているため数値により明示することができない。

７－３　体系的モニタリングとコミュニケーション促進機能の欠如

妥当性、有効性、効率性の評価については、必要とされる適切で正確なデータ・情報が欠如しているため、徹底した評価・検討ができない状況にある。これは、そのままですぐに分析に利用できる組織的データ・情報を収集および蓄積するシステムが欠如していることに起因している。

国際研修でモデル活動を紹介するためにも WACIPAC と PCA の活動は適切にモニタリングされ、評価されなくてはならない。活動の改善・修正のためのモニタリング、評価、フィードバックには、戦略的かつ体系的に策定された計画が不可欠である。

資本投資、要員の活動、車を含む資機材の使用、資材消費、それらにかかわる費用に関するデータ・情報は体系的かつ定期的に収集されなければならない。インプットと活動にかかわる情報がそれらに伴う結果と効果との関連で把握された場合に、モデルプロジェクトの WACIPAC 国際研修の事例としての適切さの証明に活用が可能となる。

７－４　プロジェクトの制約要素

人員の不足、特にモニタリングや評価のデータ入力のための要員不足が、プロジェクトの実施の妨げになっている。WACIPAC の CP は､すでに NMIMR の他のプロジェクトにも従事している。したがって、WACIPAC では、人的資源の基盤にかかわる改善が必要である。

もう１つの主要な制約要素は、プロジェクトに対する予算配分の透明性の欠如である。

さらに、プロジェクトの効果的運営に必要な JICA 事務所、WACIPAC プロジェクト、NMIMR との間のコミュニケーションが欠如している。

７－５　コミュニケーション促進機能の欠如

適切なコミュニケーションを促進する機能が欠如していることが結果として、相互で合意したコンセプトの欠如、プロジェクトの利害関係者間での不十分な情報共有、体系的モニタリングシステムの欠如、その他種々雑多な事柄を含む多くの問題となっている。これが、プロジェクト全般にわたる円滑で効果的な運営を阻害しているのである。

８．自立発展性

８－１　プロジェクトの自立発展性

来年には実現すると見込まれているが、WACIPAC をガーナ大学 NMIMR の正式なセンター組織とすることが、自立発展性の鍵である。正式なセンターとしての地位を確立することが、予算や資金調達のための基盤となる。資金調達の可否は主として、モデル活動の結果を活用した周辺国支援活動を通じて得る評価に大きく影響される。

８－２　モデル活動の自立発展性

子どもの駆虫を両親に観察させることも自立発展性の鍵となる。政府部門を含むコミュニティ全体としての PCA 活動に対するコミットメントはより高度な自立発展性に寄与する。このコミットメントは WACIPAC が組織した活動によって保健に対する認識を高めたことにより獲得されている。これは結果として、PCA 活動のために動員される、資金、人材、技術を含めた多様な資源となってあらわれるものである。それらはまだ不十分ではあるが、ある程度実現されている、もしくは実現されつつある。具体的には以下のとおりである。

- 地方政府による、新規プログラムを使った US$5, 000 相当の PCA への資金調達[18]
- 地方政府による、フルタイム１名とインターンシップ２名の PCA 管理業務担当者の手配。また、PCA 環境衛生向上タスクフォース管理者として少なくとも１名の職員の活動を容認
- 伝統的首長の清掃活動に対する住民動員や用具の調達、そして PCA コンテストへの住民動員と懸賞の寄付などの貢献
- 県レベル GES の学校をベースとした活動と保健教育の全般にわたる貢献
- 県レベル GHS の保健と衛生に関連した様々な活動への貢献
- FM 放送局「ラジオアダ」による PCA に関連した放送を通じた自主的な協力
- 教会の PCA 活動に関する協力
- 受益者による検査・駆虫料金の支払い
- 県内でのその他プロジェクトとの連携

訳注[18]：国家レベルの HIV 活動組織が公募している資金支援プログラム（対象は保健衛生向上にかかわる活動全般）に応募しており、US$5,000 相当の資金援助。

これらのほかさらに、長期にわたって WACIPAC を運営していくための制度的設定が必要である。

- ５年間にわたるプロジェクトの終了に向け、段階的撤退が必要でその点に関する協議が必要である。
- ガーナ大学からの財政支援を得るためには、ガーナ大学システムの中で WACIPAC がプロジェクトという立場か（正式な組織としての）センターとなる必要がある。

９．レプリカビリティあるいは普及の可能性

９－１　モデル活動のレプリカビリティあるいは普及の可能性

適切なデータ・情報に基づき精査する必要があるが、モデル活動は費用対効果が高く、初期投資が低いことが見込まれる。

政府部門をも含むコミュニティ全体としてのコミットメントを得ている PCA のような組織は有用で、コミュニティが関与する様々な種類のプログラムの実施主体として持続可能な組織であるため、政府がモデルを採用する対象として関心を寄せる見込みは高い。

（PCA を）組織していく者や促進していく者を擁する組織の設立が課題となる。また政府の採用を容易ならしめるには、コミュニティの人々の気づきを高めコミットメントをするまでに導くような関心を得るために効果のある活動や情報を明確にする必要がある。

１０．コンサルタントの提言

10－１　PCA 活動とモデル活動の明確な定義の確立

モデル活動を実施するために WACIPAC によって創設された PCA は、その活動をモデル活動として適切な範囲を超えた活動にまで拡大しているので、PCA とモデル活動の混同を避けるためには、PCA のモデル活動を実施するための活動について明確な定義を確立することが不可欠である。

多岐にわたるコミュニティ開発の実施部隊として利用可能な組織の活動をコミュニティが、寄生虫対策や保健に関するものに限定せずに拡大していくのは自然なことである。しかしながら、モデル活動とその他の活動の区別は、WACIPAC プロジェクトとしての責務のために明確にされなければならない。この責務には２つの面がある。１つは、プロジェクトの本来の趣旨に沿った資金提供のためであり、もう１つは、国際研修参加者に紹介し得るモデルであることを証明のためである。

10－２　プロジェクトの運営実施の改善とモデル活動検証のための体系的モニタリングシステムの確立

国際研修と提唱活動に適切なモデルを確立させるためには、計画、実施、モニタリング・評価、フィードバックのサイクルを、戦略的かつ体系的に行う必要がある。モデル活動は良い方向で実施されているようであるが、その正確な評価は、必要となる分析にすぐに利用できる形での適切なデータ・情報が欠如していることにより、実現不能である。

モデル活動の正確な評価なしに、参加国それぞれの状況にあった形に修正することのできる基本モデルの確立は見込めない。モデル開発には、評価を基にしたフィードバックによる改善・修正が必須である。また評価は、GPCI の学校保健をベースとした寄生虫対策のアプローチとしてのモデルの適正さを検証することともなる。

体系的なモニタリングシステムの確立は、戦略的かつ体系的計画なしには実践することができないものであるので本件は、システム設計に当たっての前述の提言「PCA 活動とモデル活動の明確な定義の確立」と密接な関係がある。

10－３　コミュニケーションと情報共有促進のための仕組みの確立

JICA、WACIPAC、NMIMR の間で、定期的な協議が必要である。これについては、この三者の代表による定期月例会議の形態が考えられる。

プロジェクトの円滑な運営と活動実施のために協議した事項について合意形成の必要がある。

また、プロジェクトのすべての利害関係者が情報を共有できる仕組みが必要である。この情報共有の手配により、プロジェクト目標とその活動に関する誤解を解消し、プロジェクトとモデル活動の有効性と効率性を向上させることになる。

コミュニケーションや情報の共有の形態については、関係者全員の同意によるものでなくてはならない。