

## 付 属 資 料

1. M/M・合同評価報告書
  - Annex1 : PDM (version0,1,and 2)
  - Annex2 : List of the Participants in DCD
  - Annex3 : List of the Japanese experts
  - Annex4 : List of the participants in training in Japan
  - Annex5 : List of the provided equipment
  - Annex6 : Evaluation Grid
2. 研修修了者用質問票
  - 2-1. 2006年研修修了者用質問票 (中間評価)
  - 2-2. 2008年研修修了者用質問票 (終了時評価)
3. 質問票の取りまとめ結果の要約
4. 評価グリッド (日本語、2008年8月実施回答分反映)
5. 研修終了者活動状況 (2008年8月実施追跡調査結果)
  - 5-1. ケース1 : Litnarone Yotrichanthachach医師 (51歳) ラオス 11期生
  - 5-2. ケース2 : Nguyen Duy Hung医師 (55歳) ベトナム 11期生



1. M/M・合同評価報告書

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

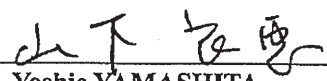
Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Terminal Evaluation Team (hereinafter referred to as "Japanese Team"), headed by Ms. Yoshie YAMASHITA, to the Kingdom of Thailand from August 6 to August 16, 2008, for the purpose of conducting joint evaluation of the Project on the Diploma Course in Dermatology (hereinafter referred to as "the Project").

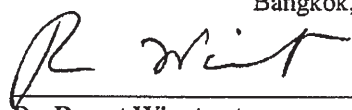
The Joint Evaluation Team (hereinafter referred to as "the Team"), which consists of members from Japanese Team and a member from Thailand International Development Cooperation Agency (hereinafter referred to as "TICA") was organized for the purpose of conducting this evaluation.

As a result of the evaluation, both sides agreed to the matters referred to in the document attached hereto, and presented it to the Joint Coordinating Committee meeting on 15 August, 2008.

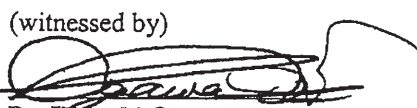
The members of the Joint Coordinating Committee confirmed the document and agreed to forward it to the respective Governments.


Bangkok, 15 August, 2008

  
Ms. Yoshie YAMASHITA  
Leader  
The Terminal Evaluation Study Team  
Japan International Cooperation Agency  
Japan

  
Dr. Rewat Wisutwet  
Director General  
Department of Medical Services  
Ministry of Public Health  
Kingdom of Thailand

(witnessed by)

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

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

THE ATTACHED DOCUMENT (Recommendations)

The agreed results of the Terminal Evaluation of the Project are compiled as a Joint Evaluation Report which is appended herewith.

Considering the results of the Terminal Evaluation, the Thai and Japanese sides agree to make the following recommendations.

1. It is recommended that IOD continue to conduct a quality Diploma Course in Dermatology as a leading academic institution in the Region. In order to realize it, it is recommended that efforts to secure a sufficient number of lecturers and to further upgrade their capacity be pursued, and that the financial condition of IOD be strengthened continuously.
2. On the basis of the results of the Terminal Evaluation, it is recommended that a follow-up cooperation by way of dispatching Japanese experts be implemented for two years after the completion of the Project, especially in the field of basic science (i.e. 5-6 experts on technical areas including Biochemistry, Molecular-dermatology, Immuno-dermatology, and Special histological pathology), in order to support IOD's efforts described in 1 above.
3. Accordingly, when a follow-up dispatch of Japanese experts is officially requested by IOD through TICA, the Japanese side is recommended to consider the request favourably.



Joint Terminal Evaluation Report  
for  
The Project on the Diploma Course in Dermatology

15 August, 2008

Joint Evaluation Team

## CONTENTS

Chapter 1	OUTLINE OF THE EVALUATION STUDY
	1.1. Background of the Evaluation Study
	1.2. Objectives of the Evaluation Study
	1.3. Schedule of the Evaluation Study
	1.4. Members of the Joint Evaluation Team
	1.5. Methodology of Evaluation
Chapter 2	HISTORY AND ACHIEVEMENTS OF THE COOPERATION AMONG IOD, TICA AND JICA
Chapter 3	OUTLINE OF THE PROJECT
Chapter 4	ACHIEVEMENTS AND IMPLEMENTATION PROCESS
	4.1. Inputs
	4.2. Achievements of the Project
Chapter 5	EVALUATION BY FIVE CRITERIA
	5.1. Relevance
	5.2. Effectiveness
	5.3. Efficiency
	5.4. Impact
	5.5. Sustainability
Chapter 6	CONCLUSIONS

### Annexes

Annex 1: Project Design Matrix (PDM) versions 0, 1 and 2

Annex 2: List of the participants in DCD

Annex 3: List of the Japanese experts

Annex 4: List of the participants in training in Japan

Annex 5: List of the provided equipment

Annex 6: Evaluation Grid

## ABBREVIATIONS AND ACRONYMS

C/P	Counterpart
CPC	Clinical Pathology Conference
DCD	Diploma Course in Dermatology
DTEC	Department of Technical and Economic Cooperation (Former name of Thai International Development Cooperation Agency)
FGD	Focus Group Discussion
GI	General Information
IOD	Institute of Dermatology
IPD	Inpatient Department
JFY	Japanese Fiscal Year
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
MM	Man/Month
M/M	Minutes of Meeting
MOPH	Ministry of Public Health
ODA	Official Development Assistance
OPD	Outpatient Department
PDM	Project Design Matrix
PO	Plan of Operation
R/D	Record of Discussions
TCTP	Third Country Training Program
TICA	Thailand International Development Cooperation Agency
WHO	World Health Organization

## Chapter 1 OUTLINE OF THE EVALUATION STUDY

### 1.1. Background of the Evaluation Study

In the Asia-Pacific region, a large number of people are suffering from dermatoses, ranking after that of people suffering from internal and surgical diseases. On the other hand, the number of dermatologist is insufficient; indeed not many countries in the region have even one dermatologist per hundred thousands persons. The Institute of Dermatology (IOD), the implementing agency of the Diploma Course in Dermatology (DCD), was established in 1972 with support from the World Health Organization (WHO), aiming to be a center for research, education and treatment in dermatology in the Asia-Pacific region.

A short-term training course in dermatology started in 1976 was upgraded into a 10-month comprehensive course in 1984 as a course under the Third Country Training Program (TCTP) in response to a proposal from the Royal Thai Government to the Government of Japan, in order to enhance the quality of the course. Since then, DCD has been implemented for more than 20 years. As a latest development, DCD was redesigned as a technical cooperation project named the Project on the Diploma Course in Dermatology (hereinafter referred to as “the Project”) and has been implemented for five years since Japanese Fiscal Year (JFY) 2004. The major inputs to the Project described in the Record of Discussions (R/D) include 1) TCTP arrangement, 2) Japanese short term experts, 3) equipment and 4) counterpart(C/P) training in Japan.

In August 2006, the mid-term evaluation was implemented to review and confirm the progress of the Project, and the then existing PDM version 1 (hereinafter referred to as “PDM1”) was revised into the PDM version 2 (hereinafter referred to as “PDM2”) in line with the results of the mid-term evaluation. This time, approximately eight months prior to the completion of the Project, terminal evaluation is conducted to evaluate to what extent and how the Project has achieved the expected outputs and the project purposes. Results of the terminal evaluation are utilized to draw conclusions on whether it is appropriate to complete the Project as scheduled or necessary to extend cooperation, and to learn lessons to be applied to other similar projects of Japan International Cooperation Agency (JICA). Besides, by this evaluation the achievements and inputs of the cooperation between Thailand and Japan from 1984 are reviewed.

### 1.2. Objectives of the Evaluation Study

The specific objectives of terminal evaluation are outlined as follows:

- (1) to review the achievements and inputs of TCTP from 1984 up to the inauguration of the Project



- (2) to review and evaluate the achievements and implementation process of the Project
- (3) to evaluate the Project in terms of five evaluation criteria, namely relevance, effectiveness, efficiency, impact and sustainability, based on PDM2
- (4) to review and evaluate changes in external conditions
- (5) to draw conclusions on the extent and the way of achievements of the project purposes and realized the outputs
- (6) to make recommendations for further improvement of the Project to stakeholders
- (7) to draw lessons that can be applied to other similar ongoing and future projects of JICA

### 1.3. Schedule of the Evaluation Study

Aug.6(Wed)	PM	Ms. Oishi arrives in Bangkok
Aug.7(Thu)	AM	Meeting with IOD, TICA, and JICA office for explanation of methodology, confirmation of schedule and discussions
	13:00-14:00	Discussion/Interview with Prof. Ogawa
	PM	Discussion/Interview with IOD lecturers
Aug.8(Fri)		Discussion/Interview with IOD lecturers and participants
Aug.9(Sat)	All day	Drafting of report
	PM	Ms. Yamashita and Ms. Shimizu arrive in Bangkok Internal Meeting
Aug.10(Sun)	All day	Drafting of report
Aug.11(Mon)	AM	Meeting with JICA office for discussion on draft Minutes of Meeting (M/M)
		Courtesy call/ Meeting on/with TICA
	PM	Courtesy call/Meeting on/with IOD
Aug.12(Tue)		(H.M.the Queen's Birthday) - Drafting of report
Aug.13(Wed)	AM	Discussion with IOD and TICA on draft M/M
	PM	Meeting with Prof. Ogawa
Aug.14(Thu)	All day	Documentation / Finalization of M/M
	17:00-21:00	Opening Ceremony of 25 DCD
Aug.15(Fri)	9:00-12:00	JCC Meeting (including discussions on and signing of M/M)
Aug.16(Sat)	AM	Ms. Yamashita, Ms. Shimizu, Ms. Oishi leave Bangkok

### 1.4. Members of the Joint Evaluation Team

The joint evaluation team (hereinafter referred to as "the Team") consists of the following members.

#### **1.4.1. Japanese members**

(1) Ms. YAMASHITA Yoshie (Leader)

Deputy Director General and Group Director for Health Human Resources and Infectious Disease Control, Human Development Department, JICA

(2) Ms. SHIMIZU Aimi (Cooperation Planning)

Health Human Resource Division, Health Human Resources and Infectious Disease Control Group, Human Development Department, JICA

(3) Ms. OISHI Misa (Evaluation Analysis)

Consultant, Overseas Operation Department, Kokusai Kogyo Co., Ltd.

#### **1.4.2. Thai member**

(1) Ms. Suthanone Fungtammasan, Programme Officer, Technical Support and Evaluation, Thailand International Development Cooperation Agency (TICA)

### **1.5. Methodology of Evaluation**

The Project is evaluated based on the Project's PDM, a summary table describing the outline of the Project. At the time of the mid-term evaluation, the then existing PDM1 was revised into the PDM2 as shown in Annex 1. The terminal evaluation is carried out based on this PDM2.

#### **1.5.1. Evaluation procedure**

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

#### **1.5.2. Points for the evaluation**

##### *Achievement levels and Implementation Process of the Project*

The achievement levels in terms of Inputs, Activities, Outputs, and Project Purposes and the Overall Goal are assessed in reference to R/D, PDM2 and other project documents. Various aspects of the implementation such as monitoring and communication between C/P and the Japanese experts are also reviewed.

nh tint →

### *Evaluation Criteria*

In addition to verification of achievement levels and implementation process of the Project, the terminal evaluation study assesses the Project from the following five evaluation criteria.

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

## **Chapter 2 HISTORY AND ACHIEVEMENTS OF THE COOPERATION AMONG IOD, TICA AND JICA**

As briefly stated in the previous chapter, IOD was established in 1972 as a center for research, education and treatment in dermatology, responding to the great needs for dermatologists in the Asia-Pacific region.

IOD provided a one-month course in 1976 and six three-month courses from 1978 to 1983 inviting international participants, with support from agencies of the Royal Thai Government, namely Ministry of Public Health (MOPH) and Department of Technical and Economic Cooperation (DTEC). Then, the Royal Thai Government requested cooperation to the Government of Japan to upgrade the three-month course into a 10-month course as a TCTP. In response, a preparatory study mission was dispatched by JICA, and the mission confirmed (i) IOD had sufficient infrastructure, experiences and commitment as an implementing agency, (ii) IOD seriously considered to implement a 10-month course, through which IOD could grant diploma on participants and (iii) the relevant agencies such as MOPH and DTEC supported this idea. Based on the findings from the preparatory study, an R/D mission was dispatched to sign the R/D in August 1983.

The first DCD, which was 10-month long, started in March in 1984 as a part of the five-year TCTP,

Handwritten signature or initials.

inviting participants from 17 countries<sup>1</sup>. This was the beginning of the cooperation among IOD, TICA and JICA. Since then, five-year TCTPs were repeatedly implemented several times based on the recommendations of the evaluation study for each TCTP. The first TCTP was implemented from 1984 to 1989 and the evaluation for that period was conducted in 1989, the second TCTP from 1989 to 1994 and its evaluation in 1993, the third TCTP from 1994 to 1999 and its evaluation in 1998, and the fourth TCTP from 1999 to 2004 and its evaluation in 2003. As a result, DCD has been implemented for more than 20 years with close collaboration of the IOD academic staff and the Japanese experts, who are prominent professors-cum-doctors, dispatched by JICA. In the beginning of the cooperation, the number of the participants from the invited countries was less than expected due to the delay of General Information (GI) dissemination. However, the situation was soon improved once DCD gained acknowledgement in the invited countries, and indeed applicants outnumbered available seats since the fifth DCD. In recent years, in addition to the sponsored participants from the invited countries, the number of privately-funded participants is in the upward trend thanks to the established reputation of DCD, as one of a few international Diploma courses in Dermatology in the world. From the first DCD to the latest 25th DCD, more than 600 diploma holders were raised as seen in Annex 2.

Great contributions of the longstanding cooperation were suggested by the fact that many DCD ex-participants have been playing important roles in their home countries as seen in the following examples.

- I was working as a doctor of the sexually transmitted diseases control department in Yangon Hospital, and now I am teaching as a head of dermatology department in Univ. of Medicine I. (8<sup>th</sup> batch: Myanmar)
- I am holding two posts now; vice director of the National Institute of Dermatology and the head of dermatology department at the medical college. (11<sup>th</sup> batch: Laos)
- After attending DCD, I started the new department of leprosy and dermatology in the belonging medical institute. (11<sup>th</sup> batch: Philippines)
- After attending DCD, I worked as the head of technical guidance department of the National Institute of Dermato-Venereology. In addition, I pursued the study in the field and obtained a Ph.D in dermatology. (11<sup>th</sup> batch: Vietnam)
- I am still working in an NGO and providing training sessions on community-based prevention approach of some skin diseases. In addition, I see 7,000 patients per year in low income areas. (19<sup>th</sup> batch: Bangladesh)

---

<sup>1</sup> They are Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Laos, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam and Thailand.

ch *Print A*

There is another encouraging example. Not individually as seen above, but DCD ex-participants in Pakistan as a group have contributed for the development of dermatology in Pakistan. They formed an alumni association named Association of Bangkok Alumni of Dermatology (ABAD) - Pakistan in 1996, and have implemented activities such as holding academic meetings, conducting medical education for school children and medical camps for the underprivileged people in the country.

The evaluation studies conducted in 1989, 1993, 1998 and 2003, periodically reviewed the DCD's achievements. Every evaluation study supported participants' satisfaction with DCD and its contribution to the invited countries, although the first and the second evaluation studies revealed that it took a few years for DCD to gain acknowledgement and for IOD to get used to implementation processes of the 10-month long DCD. The fourth evaluation study also suggested the great contribution of DCD by stating "All or the majority of dermatologists are the ex-participants in DCD in Bhutan, Cambodia, Laos, Myanmar, and Nepal where the number of dermatologists is insufficient in comparison to the large number of dermatological patients."

By considering the needs in the Asia-Pacific region and the contribution by DCD, JICA cooperation to IOD was recommended to be continued for these years. However, the focus of the cooperation has been shifted from the mere smooth implementation of DCD to the institutional capacity development of IOD as the implementation agency, aiming for IOD to implement DCD on its own in a sustainable manner. According to the evaluation study in 2003, "Sufficient management and operational capacity to conduct the course has long been acquired through 19 years of experiences. However, financially and technically the course relies on the external supports from DTEC, JICA and Japanese experts. Measures to improve technical and financial sustainability of IOD should be considered". Based on this evaluation result and recommendations, DCD was redesigned as a technical cooperation project and has been implemented for five years since JFY 2004 with the new invited countries<sup>2</sup>. One of the major components of the current technical cooperation is for development of IOD's technical capacity.

### Chapter 3 OUTLINE OF THE PROJECT

The Project has been carried out since May 2004 for the period of five years. The expected overall goal, project purposes and outputs written in PDM2 are as follows:

---

<sup>2</sup> The new invited countries in R/D signed on December 31, 2003 are Bangladesh, Bhutan, Cambodia, China, Indonesia, Lao PDR, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Vietnam, Afghanistan and Timor Leste.

da *Arif Ali*

**Overall Goal:**

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

**Project Purposes:**

1. Techniques and knowledge in the field of dermatology among Course participants from Asia and the Pacific countries are upgraded.
2. The Institute of Dermatology enhances capacity to organize suitable and updated training.

**Outputs:**

1. Participants acquire advanced knowledge and skill to work in dermatology field.
2. Capacity of the IOD lecturers of the Course is improved.
3. Capacity of the Course management
4. IOD provides ex-participants with opportunities to exchange experiences and information.

**Chapter 4 ACHIEVEMENT AND IMPLEMENTATION PROCESS**

**4.1. Inputs**

**4.1.1. Inputs from the Japanese side**

JICA has allocated and appropriated necessary budget for the implementing TCTP (invitation expenses and training expenses) as shown in the following table.

Unit: Thai Baht

JFY2004	JFY2005	JFY2006	JFY2007
3,551,416	2,959,377	2,724,456	2,247,144

Other than the above expenses, JICA has provided the following in-kind inputs (all the numbers and figures below are as of August 2008).

**(1) Dispatch of Japanese experts**

As of August 2008, the following numbers of experts were dispatched and assigned; For details, see Annex 3.

- Ten (10) short-term experts in JFY2004
- Nine (9) short-term experts in JFY2005
- Eight (8) short-term experts in JFY2006
- Eight (8) short-term experts in JFY2007
- Two (2) short-term experts in JFY2008

**(2) Counterpart Training in Japan**

As of August 2008, in total six lecturers has been sent to three-month counterpart training in Japan to

*cl Ant 11*



learn their sub-specialties as follows. For details, see Annex 4.

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

(3) Provision of equipment

Skin Visiometer in JFY2004, CO2 Laser in JFY 2005, ELISA Processor in JFY 2006 and Er. Yag Laser in JFY 2007 were provided. For details, see Annex 5.

(4) Provision of teaching materials

Several kinds of textbooks were provided.

**4.1.2. Inputs from the Thai side**

TICA has allocated and appropriated necessary budget for the implementing TCTP (invitation expenses and training expenses) as shown in the following table.

Unit: Thai Baht

JFY2004	JFY2005	JFY2006	JFY2007
2,534,318	2,504,644	2,538,021	2,222,472

IOD has allocated enough course instructors/ lecturers, administrative staff, training facilities, equipment and necessary items for the smooth implementation of the Project.

**4.2. Achievements of the Project**

**4.2.1. Overall Goal**

**“The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in Asia Region and a leader in Thailand.”**

IOD has been establishing its position as a leading institution in the field of dermatological clinical application, researches and education in Thailand, and also, IOD has been contributing greatly to the human resource development in the Asia-Pacific region by producing more than 600 DCD ex-participants. Therefore, the prospect to achieve the Overall Goal of the Project is high. This is confirmed from the status of four indicators. As seen in Annex 6, the Evaluation Grid, 12 lecturers in IOD are members of several national level committees and academic societies. The nature of their involvement varies in each case, but many of them play significant roles. Moreover, these lecturers often write papers and make presentations at various occasions organized by academic societies

*Handwritten signature/initials*

(Indicator 1). As for Indicator 2, the number of referrals is in the upward trend since 2004 and it shows that IOD is recognized as an important tertiary medical institution in the field of dermatology. As for Indicator 3, though frequency is different for each lecturer, all the IOD lecturers are active in publicizing the outcomes of their medical studies through various occasions like seminars and workshops. As observed in the presentation list in the evaluation grid, at least 40 major presentations have been so far conducted by the time of this terminal evaluation. Lastly Indicator 4 shows the important role of IOD to train Thai dermatologists and indeed applicants to the residency course at IOD substantially outnumber the available residents' seats for the whole period.

#### **4.2.2 Project Purposes**

##### **Project Purpose 1. "Techniques and knowledge in the field of dermatology among Course participants from Asia and the Pacific countries are upgraded."**

Almost all the participants were granted with diploma, which is meant for the participants who score more than 60% in each subject and pass the oral examination. According to the survey carried out at the time of the mid-term evaluation study in August 2006 (hereinafter "the Survey")<sup>3</sup>, as many as 93% of respondents considered learning at DCD as either "Fairly good contribution" or "Very good contribution" to their skill development. In addition, the focus group discussions participated by the participants in 25<sup>th</sup> DCD confirmed that most of them are highly satisfied with the course and appreciated what they have learned from DCD. Thus, it can be safely concluded that the achievement level of the Project Purpose 1 is satisfactory.

##### **Project Purpose 2. "The Institute of Dermatology enhances capacity to organize suitable and updated training."**

It seems that the achievement level of the Project Purpose 2 is also satisfactory if only its indicators are considered. According to the course evaluation conducted at the end of each DCD, it is clear that the overall participants' satisfaction is substantially high (Indicator 1). In addition, the number of applicants is in an upward trend, and the number of private participants in the 25<sup>th</sup> DCD was increased up to 73% (Indicator 2 and 3). Also, many ex-participants in DCD re-registered themselves in the specialized fellowship courses. (Indicator 4).

However, as for capacity development of the IOD lecturers, it usually takes a long time to enhance technical capacity in the field of basic sciences, and thus it is rather difficult to replace the Japanese

---

<sup>3</sup> This is a questionnaire survey to ex-participants since the very beginning of DCD. Numbers of responses are 58 from 12 countries.



experts by the IOD lecturers immediately, while the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of Clinical Pathology Conference (CPC) and other occasions, or by guiding the IOD lecturers during their training in Japan. Thus, the achievement of the Project Purpose 2 should be concluded as partial.

#### 4.2.3 Outputs

**Output 1. “Participants acquire advanced knowledge and skill to work in dermatology field.”**

IOD offers the prominent DCD, one of the few international diploma courses in dermatology in the world, and the participants have acquired advanced knowledge and skill to work in the dermatology field. In other words, the achievement level of Output 1 is satisfactory, and this is supported by the status of two indicators. As for Indicator 1-1, according to the course evaluation at the end of each DCD, more than 80% of participants answered “yes” to the question if the program covered all the subjects that participants wanted to know. As Indicator 1-2, almost all the participants were granted with diploma, which is meant for the participants who score more than 60% in each subject and pass the oral examination.

**Output 2. “Capacity of the IOD lecturers of the Course is improved.”**

The achievement level of Output 2 is somewhat limited, and this is verified so from the combination of satisfactory status of Indicator 2-1 and 2-3 and unsatisfactory status of Indicator 2-2. As for Indicator 2-1, the course evaluation at the end of each DCD includes session-wise evaluation such as each subspecialty, OPD, IPD and so on, and the result of this session-wise evaluation is that more than 80% of the participants stated either “Excellent” or “Good” for all sections. More inclusively, the overall satisfaction of DCD is also very high. However, percentage of lectures by IOD, Indicator 2-2, could not reach the targeted 70% before the completion of the Project, although it has been increased from 57.0 % in 21<sup>st</sup> DCD to 63.0% in 25<sup>th</sup> DCD<sup>4</sup>. As for indicator 2-3, it became known that eleven IOD lecturers have conducted a number of studies, and published many articles in connection with these studies. Indeed, although the duration of Japanese experts’ stay in Thailand is only for two weeks, the experts tried to attend the CPC to give advice to the IOD lecturers. Some experts also gave guidance to some of the IOD lecturers while they stayed in Japan as trainees. However, it usually takes a long time to enhance lecturers’ capacities in the field of basic sciences,

---

<sup>4</sup> A retired director of IOD and three former IOD lecturers, who still teach at DCD, are currently counted as Thai external lecturers. A former director retired in 2005, one IOD lecturer resigned from IOD in 2006 and two others resigned in 2007.

da Rait A

and it is rather difficult to replace the Japanese experts with the IOD lecturers immediately. Thus, the achievement level of Output 2 is concluded as somewhat limited.

**Output 3. “Capacity of the Course management”**

It is known that IOD’s capacity of the course management is substantially good, and indeed a series of activities such as curriculum development, course implementation and management, course evaluation and public relations has been carried out smoothly by IOD. This managerial capacity of IOD has been further enhanced through the Project activities and the achievement is suggested by the status of indicators.

As for Indicator 3-1, according to the course evaluation at the end of DCD, many participants considered DCD as “well-planned”; thus it can be concluded that the satisfaction with the course management is reasonably high. As for Indicator 3-2, IOD has improved many things, and one of the examples is curriculum development and its revision. Regularly the IOD lecturers and administrative staff discuss curriculum development and its revision based on the results of the participants’ evaluation, which is carried out at the completion of DCD. Then, sessions of highly demanded subspecialty like the dermatosurgery are increased in response to the evaluation results. As for Indicator 3-2, the income from private participants has been increasing well. Thus it can be concluded that the achievement level of Output 3 is satisfactory.

**Output 4. “IOD provides ex-participants with opportunities to exchange experiences and information.”**

Currently IOD plans to organize a symposium titled “3<sup>rd</sup> Asia-Pacific Dermatology Symposium” on March 3<sup>rd</sup> and 4<sup>th</sup>, 2009. Approximately 100 participants, including Japanese experts, Thai lecturers, ex-participants and the current DCD participants, will be invited to the symposium (Indicator 4-1 and 4-2). In addition, newsletters have been regularly issued and their contents were uploaded on the IOD website (Indicator 4-3). Also, IOD has recently set up a home page (<http://ioddiploma.net>) for DCD, and provides the details of courses as well as information about the researches done by IOD related doctors. The academic information is also available on <http://ioddiploma.net/content/Articles> (Indicator 4-4). All these activities are planned to provide ex-participants with opportunities for networking, and therefore it can be expected that Output 4 will be achieved before the completion of the Project.

#### 4.2.4. Implementation Process

IOD has a longstanding relationship with TICA, JICA and the Japanese experts headed by the Chief Organizer, and the IOD lecturers and the DCD participants expressed their consistent appreciation of timely and appropriate inputs from TICA, JICA and the distinguished scientific expertise of the Japanese experts. Also, IOD's commitment and dedication to provide the quality international diploma course are genuine. Indeed, no critical drawbacks are found in the implementation process.

### Chapter 5 EVALUATION BY FIVE CRITERIA

#### 5.1. Relevance

The Team concludes that the Project remains highly relevant as seen below.

The hearings to the Ministries of Health of the invited countries, which were conducted at the time of mid-term evaluation, clarified the status in Laos, China, Timor Leste and Cambodia. In these countries, the demands and expectations for DCD are confirmed high. It is not necessarily because the priority to dermatology is high among many health issues, but rather the numbers of dermatologists and institutions to train dermatologists are very limited. In addition, the Project is relevant in terms of needs of the implementing agency. IOD's mission, which is the same as the Project's overall goal, is to become "a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand"; thus, the Project that supports IOD in providing the prestigious international diploma course is indeed appreciated by IOD. The Project is also in line with the policies of the Japanese government. As stated in the Japan's Economic Cooperation Program for Thailand (May 2006), which is a policy document by the Ministry of Foreign Affairs, Japan, "Thailand is expected to become a partner of Japan when implementing assistance to a third country."

#### 5.2. Effectiveness

The Team concludes that the effectiveness of the Project is only partially secured, since a concern still remains regarding the IOD lecturers' capacity in basic sciences, as described below.

The Project has been implemented, aiming to achieve the following two project purposes.

1. Techniques and knowledge in the field of dermatology among Course participants from Asia and the Pacific countries are upgraded.

2. The Institute of Dermatology enhances capacity to organize suitable and updated training.

As seen in the previous chapter, the satisfactory achievement level of the Project Purpose 1 is confirmed by its indicator and the hearings from the focus group discussions with the current DCD participants. As for the Project Purpose 2, it seems that its achievement seems also satisfactory if only its indicators are considered. However, it usually takes a long time to enhance capacities in the field of basic sciences, and thus it is rather difficult to replace the Japanese experts by the IOD lecturers immediately, while the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of CPC and other occasions, or by guiding the IOD lecturers during their training in Japan. Thus the Team concludes the effectiveness of the Project is not fully secured.

### 5.3. Efficiency

A number of activities have been carried out and the outputs are being produced as mostly planned. In addition, the interview surveys show that overall satisfaction towards the Project's inputs such as human resources (Japanese experts), training, equipment and teaching materials is high, and so is the level of utilization, as seen below. Therefore, the efficiency is high.

#### Human resources (the Japanese experts)

IOD lecturers and participants highly appreciate their participation in the course. As commented by IOD lecturers, the quality of DCD is raised by the combined efforts of Japanese experts who are eminent scholars in basic sciences and Thai lecturers who are well experienced in clinical dermatology.

#### Training courses in Japan

IOD lecturers who underwent training in Japan confirmed that although three months are rather short to learn new technologies, the receiving institute and the Japanese professors kindly tried to maximize the benefit of its training. In the case of two of the main C/Ps, they learned about usage of the provided equipment during their stays in Japan; thus C/P training contributes to securing the efficient use of equipment. In the case of another C/P, by taking an opportunity of the training in Japan, a collaborative research was carried out with researchers at the receiving institution. The result was published in an international journal.

#### Equipment and teaching material

All the equipment and teaching materials provided so far are being used satisfactorily.

#### 5.4. Impact

IOD has been establishing its position as a leading institution in the field of dermatological clinical application, researches and education in Thailand, and also, IOD has been contributing greatly to the human resource development mainly in the Asia-Pacific region by producing more than 600 DCD ex-participants. Therefore the prospect to achieve the Overall Goal of the Project is high. The Survey in August 2006, which asked about their career paths after attending DCD verified the above. Many answers indicated that ex-participants have been playing important roles, and thus contributing to the development of dermatology in their respective countries. In addition, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers. It is apparent that there have been ripple effects to the wider public in the region.

#### 5.5. Sustainability

The Team concludes that the sustainability in terms of institutional and financial aspects is likely to be secured; the sustainability in terms of technical aspect will be secured if IOD takes appropriate measures, as seen below.

##### Institutional aspect

IOD's mission, which is the same as the Project's overall goal, is to become "a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand", and IOD plans to continue providing DCD. In fact, IOD has been contributing greatly to the human resource development in the Asia-Pacific region by producing more than 600 DCD ex-participants. Through all these courses, a series of activities such as curriculum development, course implementation and management, course evaluation and public relations activities has been carried out smoothly. Thus it can be concluded that the sustainability in terms of institutional aspect is highly likely to be secured.

##### Financial aspect

As for the number of private participants, the upward trend is observed. As a result, the financial dependency on TICA and JICA has been gradually decreasing. In order to attain financial sustainability, IOD needs to make further efforts to attract private participants and call on foreign specialists in the field of basic sciences by its own funds if necessary. If these efforts are materialized, the financial sustainability of DCD will be substantially enhanced.

dl 2007/01

### Technical aspect

As for the capacity development of IOD lecturers, based on the recommendation of the mid-term evaluation in August 2006, the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of CPC and other occasions during their two-week stays in Thailand, or by guiding the IOD lecturers during their training in Japan. However, enhancing capacities in the field of basic sciences requires continuous researches at fully-equipped laboratories, and thus it is rather difficult to develop capacity in this field within a short-time. IOD should take notice of this issue of technical sustainability, and try to secure supports from the Japanese experts in the field of basic sciences in a short-run and start seriously considering long-term measures to be taken.

## Chapter 6 CONCLUSIONS

1. The results of the evaluation study show that the Project has been progressing smoothly, and by and large achieving the expected outputs and project purposes set in the beginning of the Project. The following are especially remarkable findings of the evaluation.
  - (1) The satisfaction ratings by the training participants who have gained techniques and knowledge are very high, and the number of private applicants to DCD, either Thais or foreigners, is steadily large, which has resulted in the increasing number of private participants. Therefore, IOD's own financial resource has been increasing.
  - (2) DCD meets the needs of the neighboring countries as the increase in the numbers of private applicants shows. To begin with, only a few diploma level courses in the field of dermatology are known to exist in the world. Among those few courses, DCD deals with a large number of actual cases frequently observed in participating countries, and provides very practical training contents including clinical practice.
  - (3) IOD management capacity is continuously maintained high, to such an extent that the high capacity can be regarded as the organization's culture. Concretely, it is clear that IOD itself always works on the curriculum improvement by evaluating each course and reflecting the opinions of the course participants to the next year curriculum. Besides, IOD very efficiently does the paperwork for DCD implementation including information accumulation and management.
2. All the verifiable indicators at the overall goal level show that IOD steadily plays active roles as a leading academic institution. It is assumed that the overall goal can be achieved if IOD keeps the same situation, because IOD has already acquired high recognition inside and outside the



country and its financial condition is being strengthened, as the large number of private applicants show.

3. The appropriate implementing process is one of the important promoting factors for the achievement of the Project Purposes. That is supported by the trust-relationship between Thai and Japanese sides which has been established through the cooperation from 1984, the earnest efforts by the people concerned, and IOD's high management capacity.
4. It is necessary to expand the percentage of the lectures by IOD lecturers, in order to further the current progress mentioned above, and promote even more achievement. While the percentage of the lectures by IOD has been smoothly increased, the targeted ratio of 70% would hardly be achieved during the Project period. It can be assumed, from the progress of IOD capacity development found in this evaluation, that another two years would be needed to achieve the 70% target, and during the two years it would be necessary to seek for assistance by Japanese experts in the field of basic science.
5. In order to make the achievement of the overall goal certain and continuously expand IOD's performance, it would be necessary for IOD to make continuous efforts on its capacity development. Although the improvement of basic science study is not directly related to the achievement of the Project Purposes, it is a vital part of academic dermatology, this process, as was pointed out through the mid-term evaluation, will take years to fruition. In order to further secure IOD's position as a leading academic institution according to its vision, it is necessary for IOD itself to keep continuous efforts in capacity development in the future.

dl - *[Handwritten signature]*

Project Name: Diploma Course in Dermatology  
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOH, Bangkok  
 Target Group: Participants from Asian and the Pacific 16 countries and academic staff of Institute of Dermatology  
 Project Period: From July 2004 to March 2007 (36 months) **EXPIRES IN COURSE OF 10 months-long**

**NARRATIVE SUMMARY**

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

**PROJECT PURPOSE**

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

**OUTPUTS**

- 1 Trainees acquire advanced knowledge and skill to work as dermatologist in respective countries.
- 2 Ex-participants have continue learning by themselves in order to broaden scientific knowledge.
- 3 Ex-Participants diffuse or exchange acquired knowledge and skills and strengthen the scientific cooperation in dermatology in their region.
- 4 Capacity of the Institute of Dermatology to sustainably manage the Course is improved.

ACTIVITIES	VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
<p>(IOD)</p> <p>1-1 Formulate course curriculum.</p> <p>1-1-1 Prepare teaching materials, laboratory and facilities.</p> <p>1-3 Assign an adequate number of staff as lecturers/instructors for the Course.</p> <p>1-4 Teaching and guide trainees</p> <p>1-5 Evaluate participants' achievement, course content, curriculum and administrative performance.</p> <p>1-6 Improve curriculum based on the results of the follow-up and relevant governments</p> <p>2-1 The Institute provide necessary resources for the participants to conduct the study.</p> <p>3-1 Update the data base of ex-participants or alumni member</p>	<p>Percentage of ex-participants who apply the acquired knowledge/ techniques to the course</p> <p>Number of persons benefited from formal/non-formal trainings by the ex-participants of the course</p> <p>Percentage of Course participants who acknowledge contribution of the Course to their skills upgrades.</p> <p>Percentage of managers of the Ex-participants of the Course who acknowledge contribution of the Course to their skills upgrades.</p> <p>1-1 Percentage of students satisfied with the content of the Course</p> <p>1-2 Percentage of Course participants granted with the Diploma course in Dermatology</p> <p>1-3 All the Course participants scores average 60% and above in the tests during the Course</p> <p>2-1 Percentage of course participants each year who submitted a study of dermatology in respective countries</p> <p>3-1 Ex-participants are active in disseminating their knowledge</p> <p>3-2 Number of countries which has Alumni Association, or organize some activities among ex-participants of the Course</p> <p>3-3 60% of ex-participants was received the newsletter for Alumni Association</p> <p>3-4 40% of ex-participants join the activities of Alumni Association in Thailand</p> <p>4-1 Number of participants in the long-term study programme and in the CPD training programme who performs as lecturers in the Course is increased annually.</p> <p>4-2 Number of ex-participants of the Course invited to perform as Lecturers in the Course is increased</p> <p>4-3 Number of lecturers from relevant Thai institutions participated in the Course</p> <p>4-4 Number of Japanese lecturers per course is decreased.</p> <p>4-5 Percentage of costs (teaching costs for Japanese experts and for students enrolled in long-term study programme) expensed by Japanese ODA sources is decreased to 30%.</p>	<p>Evaluation Study</p> <p>- ditto -</p> <p>Evaluation Study</p> <p>- ditto -</p> <p>Course Report from Institute</p> <p>- ditto -</p> <p>Reports from The Institute /</p> <p>Reports from the Alumni Association</p> <p>- ditto -</p> <p>- ditto -</p> <p>- ditto -</p> <p>Reports from JICA Hqs./the Institute</p> <p>Reports from JICA Hqs./Evaluation Study</p>	<p>Demand for dermatologist exist in the beneficiary countries.</p> <p>Relevant governments do not reduce the priority of dermatology and process</p> <p>Participants of the Course continue to pursue their carrier in the field of Dermatology.</p> <p>Demand for the Course remain adequate in selected 16 countries.</p> <p>Selected Alumni of the Course are able to cooperate with the Institute.</p> <p>Selected Alumni of the Course are invited in the field of dermatology to disseminate their knowledge through Long-term Study Programme in Japan.</p>
<p>Japanese Side</p> <p>1 Personnel</p> <p>a) Short term experts upon necessity</p> <p>2 Counterpart training in Japan</p> <p>3 Provision of Equipment</p> <p>At the necessary required</p> <p>4 Course Cost</p> <p>a) Excluded the running expenses</p>	<p>Thai Side</p> <p>1 Personnel</p> <p>- administrative staff</p> <p>- course instructor/lecturers</p> <p>2 Provision of Training Facilities</p> <p>3 Provision of Equipment</p> <p>All the necessary items</p> <p>4 Course Cost</p> <p>a) Running expenses of IOD</p>	<p>INPUTS</p>	

*Handwritten signature/initials*



<p>3-2 Provide informative of dermatology technology in Thailand by newsletter          3-3 Conduct short conference, workshop, seminar in Thailand          3-4 Distribute questionnaires for follow-up and update dermatology condition in each countries          3-5 Encourage co-participants to be active in Alumni Association and Dermatology technology news</p>	<p>b) 4,575,492 Baht for the Year 2004          For the Year 2005 and later JICA shall reduce the cost annually:          14 participants for JFY 2004          12 participants for JFY 2005          10 participants for JFY 2006          8 participants for JFY 2007          6 participants for JFY 2008</p>	<p>b) 2,198,928 Baht for the Year 2004          For the Year 2005 and later DTEC shall make effort to cover as much as possible for training expenses          7 participants for JFY 2004          6 participants for JFY 2005          5 participants for JFY 2006          4 participants for JFY 2007          3 participants for JFY 2008          c) IOD shall make effort to cover as much as possible of training expenses          IOD shall increase the number of self-funded participants at least 2 persons/year</p>	<p>- Participants' ability and willingness to learn remain high throughout the Course           PRECONDITIONS          Thailand Governmental Reform</p>
---	--	---	---

ch *Print* 011

Annex 1: Project Design Matrix

Project Name: Diploma Course in Dermatology  
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok  
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology  
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long  
 Ver.No. PDML (April 2005)

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

ch 2/10/05

Annex 1: Project Design Matrix

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

ch. 1-1-1-1

Annex 1: Project Design Matrix

Project Name: Diploma Course in Dermatology  
 Project Area or Location: Institute of Dermatology, Department of Medical Services, MOPH, Bangkok  
 Target Group: Participants from Asian and the Pacific 16 countries and academic staffs of Institute of Dermatology  
 Project Period: From May 2004 to March 2009 which covers five courses of 10 months-long  
 Ver.No. PDM2 (August 2006)

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

Handwritten signature/initials

Annex 1: Project Design Matrix

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

Annex 2: List of the participants in DCD

Country	Number of the participants (persons)																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17*	18	19	20	21**	22	23***	24	25	Total		
Year	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total		
1 Afghanistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	1	-	7		
2 Australia	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2		
3 Bangladesh	2	1	1	-	3	3	2	2	3	3	2	2	1	2	3	3	3	1	3	3	3	3	2	-	-	52		
4 Bhutan	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9		
5 Cambodia	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	2	1	1	1	3	2	2	1	1	-	21		
6 China	1	2	3	2	4	5	4	4	2	3	4	2	2	3	3	2	2	2	1	-	-	-	-	-	-	53		
7 Denmark	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
8 Fiji	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5		
9 India	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6		
10 Indonesia	1	-	1	4	1	-	1	2	2	2	-	-	2	-	1	1	-	2	-	-	-	-	-	-	-	21		
11 Iraq	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
12 Jordan	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
13 Laos	-	-	-	-	-	-	-	-	-	-	1	2	-	2	2	1	1	1	2	-	-	1	2	-	-	16		
14 Malaysia	-	1	2	2	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	16		
15 Maldives	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5		
16 Myanmar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11		
17 Nepal	1	3	1	-	1	2	-	2	1	1	-	1	2	1	-	1	2	1	-	1	2	1	1	-	-	29		
18 Pakistan	1	1	-	-	2	2	4	4	3	3	5	4	2	3	3	4	4	2	3	2	2	3	4	6	3	70		
19 Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
20 Philippines	1	2	4	6	4	5	4	5	4	2	3	1	3	1	1	-	-	3	-	2	1	1	2	2	3	60		
21 Saudi-Arabia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
22 South Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
23 Sri Lanka	-	1	1	2	-	1	-	-	-	1	-	1	1	1	-	1	1	2	1	-	-	-	-	2	2	20		
24 Tonga Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
25 Timor Leste	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
26 United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
27 Vietnam	-	-	-	-	-	-	-	-	-	-	3	2	1	2	1	-	1	2	3	1	-	2	1	1	1	22		
28 Thailand	7	9	7	6	7	6	7	7	8	7	7	7	6	7	7	9	9	8	8	10	10	11	12	15	15	212		
Total	14	23	23	25	24	25	26	27	26	27	29	24	25	25	24	26	25	26	25	24	29	29	31	31	34	647		

\* In 17th DCD, one participant from Sri Lanka died before completion of the course.

\*\* In 21st DCD, one participant from Bangladesh was unable to obtain the Diploma.

\*\*\* In 23rd DCD, one participant from Afghanistan was unable to obtain the Diploma.

Handwritten signature or initials.

Annex 3: List of the Japanese experts

	Name	Subspeciality	Period		Days	MM
1	SHINJI SHIMADA	Immunodermatology	2004/7/5	2004/7/16	12	0.40
			2006/1/9	2006/1/20	12	0.40
			2007/1/8	2007/1/19	12	0.40
			2007/11/20	2007/12/1	12	0.40
2	HIROYUKI SUZUKI	Histopathology/Occupational dermatoses/Bioengineering	2004/7/24	2004/8/7	15	0.50
			2005/7/24	2005/8/6	14	0.47
			2006/7/23	2006/8/5	14	0.47
			2007/7/22	2007/8/4	14	0.47
3	HIDEOKI OGAWA	Biochemistry/Oral Examination	2004/8/9	2004/8/21	13	0.43
			2005/3/2	2005/3/6	5	0.17
			2005/8/6	2005/8/20	15	0.50
			2006/3/1	2006/3/4	4	0.13
			2006/8/6	2006/8/19	14	0.47
			2007/2/27	2007/3/3	5	0.17
			2007/8/5	2007/8/18	14	0.47
			2008/3/3	2008/3/8	6	0.20
4	YASUO KITAJIMA	Molecular Dermatology	2004/8/22	2004/8/31	10	0.33
			2005/8/21	2005/8/31	11	0.37
			2006/8/21	2006/9/1	12	0.40
			2007/8/20	2007/8/31	12	0.40
5	HACHIRO TAGAMI	Bioengineering	2004/10/12	2004/10/23	12	0.40
			2005/10/24	2005/11/5	13	0.43
			2006/11/19	2006/12/2	14	0.47
			2007/12/2	2007/12/15	14	0.47
6	TAMOTSU KANZAKI	Occupational Dermatoses/Molecular Dermatology	2004/11/29	2004/12/10	12	0.40
			2005/11/28	2005/12/9	12	0.40
7	SHINICHI WATANABE	Laser Surgery	2004/12/12	2004/12/23	12	0.40
			2006/1/24	2006/2/3	11	0.37
			2007/1/23	2007/2/3	12	0.40
			2008/1/22	2008/2/2	12	0.40
8	SADAO IMAMURA	Mycology	2005/1/10	2005/1/21	12	0.40
9	KOJI HASHIMOTO	Photodermatology/Immunodermatology	2005/1/31	2005/2/11	12	0.40
			2005/12/25	2006/1/7	14	0.47
			2006/12/24	2007/1/6	14	0.47
			2007/12/23	2008/1/5	14	0.47
Total					431	14.37

Annex 4: List of the participants in training in Japan

	JFY	Theme of the training	Name of the trainees	Period	
1	2004	Bioengineering	Walaiorn PRATCHYAPRUIT	2004/6/22	2004/9/12
2	2004	Laser surgery	Jinda ROJANAMATIN	2005/1/16	2005/3/17
3	2005	Immunodermatology	Patcharin JANJUMRATSANG	2005/8/2	2005/11/5
4	2005	Bioengineering	Rutsanee AKARAPHANTH	2005/11/30	2005/12/23
5	2006	Laser Surgery	Suthatip SOMBOONVIT	2006/5/30	2006/8/31
6	2006	Photodermatology	Worachet ANUNTRANGSEE	2006/9/3	2006/12/1

Annex 4-1

*da Anit D*



Annex 5: List of the provided equipment

JFY	Name of Equipment	Unit: Thai Baht
		Expenses
2004	Skin Visiometer	918,000
2005	CO2 Laser	2,200,000
2006	ELISA Processor	1,800,000
2007	Er: YAG Laser	2,202,000

Annex 5-1

di ANK

Annex 6: Evaluation Grid (Terminal Evaluation)

Country: The Kingdom of Thailand

Project Name: The Project on the Diploma Course in Dermatology

Item	Evaluation Questions		Results															
	Questions	Sub-questions (indicators)																
<p>Achievement of Overall Goal (Prospect)</p> <p>The Institute of Dermatology (IOD) will become a leading academic institution in the field of dermatology in Asia Region and a leader in Thailand</p>	Verification of performance		<p>As seen below, 12 lecturers in IOD are members of several national level committees and academic societies. The nature of their involvement varies in each case, but many of them are significant. Some are members of the sub-committee on research funding in Dermatological Society of Thailand, and contribute to the research fund distribution. Others are members of another sub-committee on medical complaints in the Society, and conduct examinations in response to requests from Thai Medical Council and The Royal College of Physician of Thailand. Moreover, these lecturers often write papers and make various presentations at various occasions organized by academic societies. -</p>															
	1.	Numbers of IOD academic staffs who are members of national level committees																
<p>Table 1: Member list of the national and international level committees and academic societies</p> <table border="1"> <thead> <tr> <th>#</th> <th>Name of academic staff</th> <th>Name of organizations</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Dr. Jirof Sindhvananda</td> <td>(In Thailand)  <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council</li> <li>• Sub-committee of Thai Food and Drug Administration in Cosmetic Product and Medical Equipment</li> <li>• Sub-committee on National List of Essential Drugs in the field of dermatology</li> </ul> </td> </tr> <tr> <td>2</td> <td>Dr. Rutsanee Akaraphanth</td> <td>(In Thailand)  <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul> </td> </tr> <tr> <td>3</td> <td>Dr. Patcharin Janjamsang</td> <td>(In Thailand)  <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand (Sub-committee on the dermatological board examination)</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul> </td> </tr> <tr> <td>4</td> <td>Dr. Walai-orn Prachyapruit</td> <td>(In Thailand)</td> </tr> </tbody> </table>				#	Name of academic staff	Name of organizations	1	Dr. Jirof Sindhvananda	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council</li> <li>• Sub-committee of Thai Food and Drug Administration in Cosmetic Product and Medical Equipment</li> <li>• Sub-committee on National List of Essential Drugs in the field of dermatology</li> </ul>	2	Dr. Rutsanee Akaraphanth	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul>	3	Dr. Patcharin Janjamsang	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand (Sub-committee on the dermatological board examination)</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul>	4	Dr. Walai-orn Prachyapruit	(In Thailand)
#	Name of academic staff	Name of organizations																
1	Dr. Jirof Sindhvananda	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council</li> <li>• Sub-committee of Thai Food and Drug Administration in Cosmetic Product and Medical Equipment</li> <li>• Sub-committee on National List of Essential Drugs in the field of dermatology</li> </ul>																
2	Dr. Rutsanee Akaraphanth	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul>																
3	Dr. Patcharin Janjamsang	(In Thailand) <ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand (Sub-committee on the dermatological board examination)</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology</li> </ul>																
4	Dr. Walai-orn Prachyapruit	(In Thailand)																

Annex 6-1

CL A1007

		<ul style="list-style-type: none"> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• Forum for Ethical Review Committees in Thailand</li> <li>• Committee of Clinical Research and Ethical Medical Service Department, Ministry of Public Health</li> <li>• The Thai Medical Council</li> </ul>
5	Dr. Poohglin Tresukosol	<ul style="list-style-type: none"> <li>• (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand (Sub-committee on ethics)</li> <li>• The Thai Medical Council</li> <li>• Sub-committee on Cosmetic Labeling, Thai Food and Drug Administration</li> </ul>
6	Dr. Jinda Rotchanamethin	<ul style="list-style-type: none"> <li>• (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• Committee of Thai Dermatology Society</li> <li>• Science subcommittee of Thai Dermatology Society</li> <li>• Public relations subcommittee of Thai Dermatology Society</li> <li>• Sub-committee on Cosmetic Medical Equipment, Thai Food and Drug Administration (Overseas)</li> <li>• American Academy of Dermatology</li> </ul>
7	Dr. Vesarat Wessagowit	<ul style="list-style-type: none"> <li>• (In Thailand)</li> <li>• The Royal College of Physician of Thailand (Sub-committee on the dermatological board examination)</li> <li>• Dermatological Society of Thailand (Science Sub-committee and Public Relations Sub-Committee)</li> <li>• The Thai Medical Council</li> </ul>
8	Dr. Prapawan Chawavanich	<ul style="list-style-type: none"> <li>• (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council</li> </ul>
9	Dr. Kowit Kampirapap	<ul style="list-style-type: none"> <li>• (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Royal College of Family Medicine Physicians of Thailand</li> <li>• Virology Association of Thailand</li> <li>• International Internet Learning</li> </ul>

Annex 6-2

Handwritten signature/initials.

			<ul style="list-style-type: none"> <li>• The Thai Medical Council (Overseas)</li> <li>• American Academy of Dermatology (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council (In Thailand)</li> <li>• The Medical Council of Thailand</li> <li>• Dermatological Society of Thailand (In Thailand)</li> <li>• The Royal College of Physician of Thailand</li> <li>• Dermatological Society of Thailand</li> <li>• The Thai Medical Council</li> </ul>
10	Dr. Oraya Kwangsukstid		
11	Dr. Pailin Samutrapong		
12	Dr. Bensachee Pattamadilok		

2. No. of referrals asked from other public health institutions

As seen in Table 2, the number of referrals is in the upward trend since 2004; it shows that IOD is recognized as an important tertiary medical institution in the field of dermatology.

Table 2 : No. of referrals asked from other public health institutions

Year	Total no. of patients	No. of referrals	No. of referrals admitted to IPD** by types of referring hospital				
			1	2	3	4	5
2004	130,130	572	N.A.	N.A.	N.A.	N.A.	N.A.
2005	150,342	778	N.A.	N.A.	N.A.	N.A.	N.A.
2006	156,311	867	29	37	54	2	10
2007	159,281	1,086	24	24	78	-	7
2008*	83,175	633	4	16	35	-	2

\*As of March 2008

\*\*Figures 1 to 5 indicate the following medical institutions.

1. Regional hospitals : Rayong hospital, Saraburi hospital, Nopparat Rajthane hospital, Nakhonpathom hospital, Rajavithi hospital
2. General hospitals : Buriram hospital, Makarak hospital, Samutprakam hospital, Somdej Prasangkraj 17 hospital, Angthong hospital, Cholapratan hospital
3. District hospitals : Bangrajun hospital, Wisetchaichan hospital, Maesareang hospital, Nongphai hospital, Klong Jeoung hospital
4. Other government hospitals
5. Private hospitals

Annex 6-3

Handwritten signature/initials

		<p>*** From 2004 to 2005, the number of referrals admitted to IPD by hospital types is not available.</p> <p>Though frequency is different in each individual case, all the IOD lecturers are active in publicizing the outcomes of their medical studies at various occasions like seminars and workshops. As observed in the presentation list in Appendix Table 1 at the end of this evaluation grid, at least 40 major presentations have been so far conducted by the time of this terminal evaluation.</p> <p>As seen in Table 3 below, applicants to the residency course at IOD substantially outnumber the residents' seats available for the whole period.</p>
<p>3. No. of lectures/ presentations delivered at the invited seminars/ workshops/ courses in Thailand and other countries</p>		
<p>4. No. of applicants to the residency course<sup>1</sup></p>		

Table 3: Applicants to the residency course

	Period	No. of applicants	No. of accepted residents
1	Year 2004	36	4
2	Year 2005	41	4
3	Year 2006	23	4
4	Year 2007	29	5
5	Year 2008*	34	5

\* At the time of terminal evaluation.

<sup>1</sup> IOD offers various training courses as follows:

1. Courses for the Thais
  - Residency course : 4 years
  - Fellowship course in Dermatology : 2 years
  - Fellowship course in Dermatosurgery : 1 year
  - Dermatology course for general practitioner : 1 month
  - Refresh course : 2 days
2. Courses for the Internationals (for Thai and Foreigners)
  - DCD: 10 months
  - DPCD (Diploma Course in Primary Care in Dermatology) : 3-4 weeks (Although the course name includes the term "diploma", it is not granted in this course.)
  - Fellowship course in Dermatosurgery : 1 month (5-6 times holding in a year in response to requests from the participants)
  - Other fellowship courses : 1 month (Offered in the fields such as Mycology and Contact and Occupational Dermatology upon requests)

*Handwritten signature*

<p><b>Achievement of Project Purpose</b></p> <p>1. Techniques and knowledge in the field of dermatology among Course participants from Asia and the Pacific countries are upgraded.</p>	<p>1.1 75% of Course participants who acknowledge contributions of the Course to their skills upgrades</p>	<p>At the time of the mid-term evaluation study in August 2006, a questionnaire survey (hereinafter "the Survey") was conducted to all the ex-participants who participated in the course since the very beginning of DCD. The number of responses was 58 from 12 countries.</p> <p>According to the Survey, as many as 93% of respondents answered either "Fairly good contribution" or "Very good contribution" to the question as to "How do you evaluate the extent to which this course has contributed to your upgrading of techniques and knowledge?". Indeed it can be said that many respondents recognized that the course has greatly contributed to upgrading their skills and knowledge.</p>																
<p>2. The Institute of Dermatology enhances capacity to organize suitable and updated training.</p>	<p>2.1 Satisfaction rate by the participants' evaluation</p>	<p>According to the course evaluation conducted at the end of each DCD, it is clear that the overall participants' satisfaction is substantially high.</p> <p><b>(i) Course evaluation (21<sup>st</sup> DCD- 23<sup>rd</sup> DCD)</b></p> <p>As seen in Table 5 below, the course evaluation results of 21<sup>st</sup> DCD to 23<sup>rd</sup> DCD shows that many participants considered DCD as "well planned."</p> <p>Table 5.: Course evaluation results</p> <table border="1" data-bbox="1037 470 1197 1187"> <thead> <tr> <th>Course</th> <th>No of participants</th> <th>Who answered DCD as "well planned"</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>21<sup>st</sup> DCD</td> <td>29</td> <td>27</td> <td>93.1</td> </tr> <tr> <td>22<sup>nd</sup> DCD</td> <td>29</td> <td>23</td> <td>79.3</td> </tr> <tr> <td>23<sup>rd</sup> DCD</td> <td>31</td> <td>29</td> <td>93.5</td> </tr> </tbody> </table> <p><b>(ii) Course evaluation (24<sup>th</sup> DCD)</b></p> <p>As seen in Table 6 below, the course evaluation format was slightly modified for 24<sup>th</sup> DCD; the question, "The Training program is _____?" is asked in the new format. The followings are its answers.</p>	Course	No of participants	Who answered DCD as "well planned"	%	21 <sup>st</sup> DCD	29	27	93.1	22 <sup>nd</sup> DCD	29	23	79.3	23 <sup>rd</sup> DCD	31	29	93.5
Course	No of participants	Who answered DCD as "well planned"	%															
21 <sup>st</sup> DCD	29	27	93.1															
22 <sup>nd</sup> DCD	29	23	79.3															
23 <sup>rd</sup> DCD	31	29	93.5															

Ch Rinko

Table 6: Course evaluation results

Course	No of participants	"Perfect"	"Very well"	"Well"	"Not well"	"Not at all"
24 <sup>th</sup> DCD	31	11	16	4	0	0

As seen in Table 7 below, the number of private participants has increased in a stable manner, and this indicator is indeed realized.

Table 7: Applicants and participants

Course	No. of total applicants		% of private participants		Sponsored Applicants		Private Applicants		Participants	
	Applicants	% of private participants	Total	Private	Total	Private	Total	Private	Total	Private
21 DCD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
22 DCD	78	34.68	6	23	29	16	34	16	30	13
23 DCD	73	37.93	7	23	32	12	37	12	40	18
24 DCD	64	34.84	11	23	32	16	45	16	61	25
25 DCD	65	67.74	5	8	19	14	31	14	45	17
		73.33	5	14	19	14	32	14	46	19

As seen in Table 7 above, the number of applicants substantially outnumbered the number of participants. The principal factor behind this is the increase of private Thai applicants. The director of DCD expects more overseas applicants since DCD is an "international" diploma course.

2.2 Number of private participants is increased at least 70% of the course capacity (Note: Full capacity is 30 persons.)

2.3 No. of applicants to DCD

2.4 No. of ex-participants who apply to other IOD courses such as fellowship programs

As observed in Table 8, many ex-participants in DCD re-registered themselves in the specialized fellowship courses. The fellowship course in laser surgery has been especially in high demand, and many ex-participants proceeded to this course, which is offered about 6 times a year.

Table 8: Number of ex-participants who applied to other IOD courses

No. of participants	Course	21 DCD	22 DCD	23 DCD	24 DCD
No. of DCD participants who applied to other IOD programs after DCD	Fellowship in Laser	29	29	31	31
	Fellowship in COD*	15	6	13	9
	Total	15	6	15	11
No. of DCD participants who enrolled in other IOD programs after DCD	Fellowship in Laser	7	6	9	5
	Fellowship in COD	-	-	2	1
	Total	7	6	11	6

\*COD: Contact and Occupational Dermatology

*Handwritten signature*

<p><b>Achievement of the Outputs</b></p> <p>1. Participants acquire advanced knowledge and skill to work in dermatology field.</p>	<p>1.1 80% of participants satisfied with the curriculum of the Course.</p>	<p>As seen in the Project Purpose 2, the participants' overall satisfaction with DCD is reasonably high. In addition, according to the course evaluation at the end of each DCD, more than 80% of participants answered "yes" to the question questioned if the program covered all the subjects that participants wanted to know. To sum up, it can be said that the satisfaction with the curriculum of DCD is substantially high.</p> <p>Table 9: Answers to the question "Does the program cover all the subjects that you want to know?"</p> <table border="1"> <thead> <tr> <th>Course</th> <th>No of participants</th> <th>Yes</th> <th>No</th> <th>No comment</th> <th>Ratio of "Yes"*</th> </tr> </thead> <tbody> <tr> <td>21<sup>st</sup> DCD</td> <td>29</td> <td>20</td> <td>4</td> <td>5</td> <td>83.3</td> </tr> <tr> <td>22<sup>nd</sup> DCD</td> <td>29</td> <td>20</td> <td>4</td> <td>5</td> <td>83.3</td> </tr> <tr> <td>23<sup>rd</sup> DCD</td> <td>31</td> <td>24</td> <td>5</td> <td>2</td> <td>82.2</td> </tr> </tbody> </table> <p>*The effective number of answers, that is subtraction of "no comments" from "number of participants", is used as a denominator.  **The course evaluation format for 24<sup>th</sup> DCD did not include this question.</p>	Course	No of participants	Yes	No	No comment	Ratio of "Yes"*	21 <sup>st</sup> DCD	29	20	4	5	83.3	22 <sup>nd</sup> DCD	29	20	4	5	83.3	23 <sup>rd</sup> DCD	31	24	5	2	82.2						
Course	No of participants	Yes	No	No comment	Ratio of "Yes"*																											
21 <sup>st</sup> DCD	29	20	4	5	83.3																											
22 <sup>nd</sup> DCD	29	20	4	5	83.3																											
23 <sup>rd</sup> DCD	31	24	5	2	82.2																											
	<p>1.2 90% of the Course participants, whose total score are 60% or above at the end of the Course, granted with Diploma of the Course.</p>	<p>Almost all the participants were granted with the diploma, which is meant for the participants who score more than 60% in each subject and pass the oral examination., as seen in Table 10 below.</p> <p>Table 10: No. of participants granted with the diploma</p> <table border="1"> <thead> <tr> <th>Course</th> <th>No of participants</th> <th>Total score: 60% and above</th> <th>Oral examination: Pass</th> <th>No. of participants granted with diplomas</th> <th>% of participants granted with diplomas</th> </tr> </thead> <tbody> <tr> <td>21<sup>st</sup> DCD</td> <td>29</td> <td>25</td> <td>29</td> <td>29</td> <td>100.0</td> </tr> <tr> <td>22<sup>nd</sup> DCD</td> <td>29</td> <td>26</td> <td>28</td> <td>28*</td> <td>96.6</td> </tr> <tr> <td>23<sup>rd</sup> DCD</td> <td>31</td> <td>29</td> <td>30</td> <td>30**</td> <td>96.8</td> </tr> <tr> <td>24<sup>th</sup> DCD</td> <td>31</td> <td>30</td> <td>31</td> <td>31</td> <td>100.0</td> </tr> </tbody> </table> <p>*One participant returned home without completing the course.  **One participant who failed to pass the oral examination couldn't obtain a diploma.</p>	Course	No of participants	Total score: 60% and above	Oral examination: Pass	No. of participants granted with diplomas	% of participants granted with diplomas	21 <sup>st</sup> DCD	29	25	29	29	100.0	22 <sup>nd</sup> DCD	29	26	28	28*	96.6	23 <sup>rd</sup> DCD	31	29	30	30**	96.8	24 <sup>th</sup> DCD	31	30	31	31	100.0
Course	No of participants	Total score: 60% and above	Oral examination: Pass	No. of participants granted with diplomas	% of participants granted with diplomas																											
21 <sup>st</sup> DCD	29	25	29	29	100.0																											
22 <sup>nd</sup> DCD	29	26	28	28*	96.6																											
23 <sup>rd</sup> DCD	31	29	30	30**	96.8																											
24 <sup>th</sup> DCD	31	30	31	31	100.0																											
<p>2 Capacity of the IOD lecturers of the Course is improved.</p>	<p>2.1 80% of participants satisfied with each lecture by IOD lecturers.</p>	<p>Though the course evaluation at the end of each DCD does not include evaluation questions of individual lecturers, it does include session-wise evaluation such as each subspecialty, OPD, IPD and so on; and the results of this session-wise evaluation showed more than 80% of the participants answered either "Excellent" or "Good" for all sections. More inclusively, the overall satisfaction about</p>																														

Handwritten marks/signatures at the bottom right of the page.



DCD is very high as seen in Table 11.

Table 11: Satisfaction with the courses

Course	(1) "Excellent"	(2) "Good"	(3) "Fair"	(4) "Poor"	(5) "No comments"	(6)* Satisfaction ratio(%)
21 <sup>st</sup> DCD	12	14	0	0	3	100.0
22 <sup>nd</sup> DCD	15	10	0	0	4	100.0
23 <sup>rd</sup> DCD	17	14	0	0	0	100.0
24 <sup>th</sup> DCD	21	9	1	0	0	96.8

\*Satisfaction ratio (6) is calculated as ((1)+(2))/(no. of participants – (5)).

2.2 Percentage of lectures by IOD lecturers is not less than 70% of total hours.

As seen in Table 12, percentage of lectures by IOD lecturers has been increased from 57.0 % in 21<sup>st</sup> DCD to 63.0% in 25<sup>th</sup> DCD; however it could not reach the targeted 70% before the completion of the Project.

Table 12: Percentage of lectures by IOD lecturers

Persons in charge	Type	21 DCD		22 DCD		23 DCD		24 DCD		25 DCD	
		Hours	%	Hours	%	Hours	%	Hours	%	Hours	%
IOD staffs	theory	108	57.0	114	61.0	138	63.0	141	63.3	159	63.0
	clinical	441		450		450		456		429	
Thai external lecturers	theory	117	19.9	129	20.5	102	18.3	102	18.1	93	18.0
	clinical	75		60		69		69		75	
Japanese experts	theory	222	23.1	171	18.5	174	18.6	175	18.6	177	19.0
		963	100.0	924	100.0	933	100.0	943	100.0	933	100.0

\*A retired director of IOD and three former IOD lecturers, who still teach at DCD, are currently counted as Thai external lecturers.

2.3 Total numbers of studies conducted by IOD lecturers are not less than 3 studies per year

Eleven IOD lecturers in total have conducted a number of studies, i.e. 23 studies in 2004, 19 studies in 2005, 15 studies in 2006, 18 studies in 2007 and 3 studies as of March 2008; this fact suggests that these lecturers are keen on improving their capacities through academic researches. Moreover, in connection with these studies, many articles have been published by them. One of the main C/P took the opportunity of the training in Japan, conducted collaborative research with researchers at the receiving institution, and published its result in an international journal as seen in Table 13. These are international academic articles, which are searched in PubMed

Handwritten marks: a checkmark and the word "links".

Table 13: List of academic articles published by IOD lecturers (Since 2004)

Period	Title of articles
2004	<ol style="list-style-type: none"> <li>1. <u>Kullavanijaya P, Lim HW</u>. Topical calcipotriene and narrowband ultraviolet B in the treatment of vitiligo. <i>Photodermatol Photoimmunol Photomed</i>. 2004 Oct; 20(5):248-51.</li> <li>2. <u>Sajjachareonpong P, Cahill J, Keegel T, Saunders H, Nixon R</u>. Persistent post-occupational dermatitis. <i>Contact Dermatitis</i>. 2004 Nov-Dec; 51(5-6):278-83.</li> <li>3. <u>Keegel T, Saunders H, Milne R, Sajjachareonpong P, Fletcher A, Nixon R</u>. Topical corticosteroid allergy in an urban Australian centre. <i>Contact Dermatitis</i>. 2004 Jan; 50(1):6-14.</li> <li>4. <u>Ungpakorn R, Ayutanont T, Reangchainam S, Supanya S</u>. Treatment of <i>Microsporum spp. tinea capitis</i> with pulsed oral terbinafine. <i>Clin Exp Dermatol</i>. 2004 May; 29(3):300-3.</li> <li>5. <u>Ungpakorn R, Lohapraphan S, Reangchainam S</u>. Prevalence of foot diseases in outpatients attending the Institute of Dermatology, Bangkok, Thailand. <i>Clin Exp Dermatol</i>. 2004 Jan; 29(1):87-90.</li> <li>6. <u>Wessagowit V, Mallipetti R, McGrath JA, South AP</u>. Altered expression of L-arginine metabolism pathway genes in chronic wounds in recessive dystrophic epidermolysis bullosa. <i>Clin Exp Dermatol</i>. 2004 Nov; 29(6):664.</li> <li>7. <u>Mallipetti R, Wessagowit V, South AP, Robson AM, Orchard GE, Eady RA, McGrath JA</u>. Reduced expression of insulin-like growth factor-binding protein-3 (IGFBP-3) in squamous cell carcinoma complicating recessive dystrophic epidermolysis bullosa. <i>J Invest Dermatol</i>. 2004 May; 122(5):1302-9.</li> </ol>
2005	<ol style="list-style-type: none"> <li>1. <u>Kullavanijaya P, Lim HW</u>. Photoprotection. <i>J Am Acad Dermatol</i>. 2005 Jun; 52(6):937-58; quiz 959-62.</li> <li>2. <u>Puavilai S, Noppakun N, Sitakalin C, Leenuatphong V, Wattanakrai P, Nakakes A, Kalthanan K, Asawanonda P, Akaraphan B, Tresukosol P, Suthipinittharm P, Somburanasin P, Charuwichiratrana Rajatanavin N</u>. Drug eruptions at five institutes in Bangkok. <i>J Med Assoc Thai</i>. 2005 Nov; 88(11):1642-50.</li> <li>3. <u>Ungpakorn R</u>. Mycoses in Thailand: current concerns. <i>Nippon Ishinkin Gakkai Zasshi</i>. 2005; 46(2):81-6.</li> <li>4. <u>Fassih H, Wessagowit V, Ashton GH, Moss C, Ward R, Denyer J, Mellerio JE, McGrath JA</u>. Complete paternal uniparental isodisomy of chromosome 1 resulting in Hertz junctional epidermolysis bullosa. <i>Clin Exp Dermatol</i>. 2005 Jan; 30(1):71-4.</li> <li>5. <u>Lai Cheong JE, Wessagowit V, McGrath JA</u>. Molecular abnormalities of the desmosomal protein desmoplakin in human disease. <i>Clin Exp Dermatol</i>. 2005 May; 30(3):261-6. Review.</li> </ol>

<p>6. <u>Wessagowit V, Kim SC, Woong Oh S, McGrath JA.</u> Genotype-phenotype correlation in recessive dystrophic epidermolysis bullosa: when missense doesn't make sense. <i>J Invest Dermatol.</i> 2005 Apr;124(4):863-6.</p> <p>7. <u>Fassih H, Wessagowit V, Jones C, Dopping-Hepenstal P, Denyer J, Mellerio JE, Clark S, McGrath JA.</u> Neonatal diagnosis of Kindler syndrome. <i>J Dermatol Sci.</i> 2005 Sep;39(3):183-5.</p> <p>8. <u>Wessagowit V, Nalla VK, Rogan PK, McGrath JA.</u> Normal and abnormal mechanisms of gene splicing and relevance to inherited skin diseases. <i>J Dermatol Sci.</i> 2005 Nov;40(2):73-84.</p> <p>9. <u>Wessagowit V, McGrath JA.</u> Clinical and molecular significance of splice site mutations in the plakophilin 1 gene in patients with ectodermal dysplasia-skin fragility syndrome. <i>Acta Derm Venereol.</i> 2005;85(5):386-8.</p> <p>10. <u>Fassih H, Diba VC, Wessagowit V, Dopping-Hepenstal PJ, Jones CA, Burrows NP, McGrath JA.</u> Transient bullous dermolysis of the newborn in three generations. <i>Br J Dermatol.</i> 2005 Nov;153(5):1058-63.</p>	<p>1. <u>Liu L, Choy YS, Wessagowit V, Ozoemena L, Dopping-Hepenstal PJ, Fassih H, McGrath JA.</u> Single nucleotide polymorphism in a commonly utilized LAMB3 primer sequence: implications for mutation detection and haplotype analysis in junctional epidermolysis bullosa. <i>Dermatol Sci.</i> 2006 Oct;44(1):48-51.</p> <p>2. <u>Singalavanija S, Noppakun N, Limpongsanuruk W, Wisutsearwong W, Aunhachoke K, Chumharas A, Wananukul S, Akaraphanth R.</u> Efficacy and safety of tacrolimus ointment in pediatric patients with moderate to severe atopic dermatitis. <i>J Med Assoc Thai.</i> 2006 Nov;89(11):1915-22.</p> <p>3. <u>Rojanamatin J, Choawavanich P.</u> Treatment of inflammatory facial acne vulgaris with intense pulsed light and short contact of topical 5-aminolevulinic acid: a pilot study. <i>Dermatol Surg.</i> 2006 Aug;32(8):991-6; discussion 996-7.</p> <p>4. <u>Jowsey IR, Basketter DA, McFadden JP, Kullavanijaya P, Duangdeeden I.</u> Elicitation response characteristics to permanent hair dye in paraphenylenediamine-allergic volunteers. <i>Contact Dermatitis.</i> 2006 Dec; 55(6):330-4.</p> <p>5. <u>Basketter DA, Jefferies D, Safford BJ, Gilmour NJ, Jowsey IR, McFadden J, Chansinghakul W, Duangdeeden I, Kullavanijaya P.</u> The impact of exposure variables on the induction of skin sensitization. <i>Contact Dermatitis.</i> 2006 Sep; 55(3):178-85.</p> <p>6. <u>Ungpakorn R, Reangchainam S.</u> Pulse itraconazole 400 mg daily in the treatment of chromoblastomycosis. <i>Clin Exp Dermatol.</i> 2006 Mar; 31(2):245-7.</p> <p>7. <u>Fassih H, Wong T, Wessagowit V, McGrath JA, Mellerio JE.</u> Target proteins in inherited and acquired blistering skin disorders. <i>Clin Exp Dermatol.</i> 2006 Mar; 31(2):252-9.</p> <p>8. <u>Has C, Wessagowit V, Pascucci M, Baer C, Didona B, Wilhelm C, Pedicelli C, Locatelli A, Kohlhase J, Ashton GH, Tadini G, Zamburo G, Bruckner-Tuderman L, McGrath JA, Castiglia D.</u> Molecular basis of Kindler syndrome in Italy: novel</p>
	<p>2006</p>

Handwritten marks: a checkmark and the word "Final" written vertically.

<p>and recurrent Alu/Alu recombination, splice site, nonsense, and frameshift mutations in the KIND1 gene. <i>J Invest Dermatol.</i> 2006 Aug; 126(8):1776-83.</p> <p>9. Fassih H, Lu L, <u>Wessagowit V</u>, Ozoemena LC, Jones CA, Dopping-Hepenstal PJ, Foster L, Atherton DJ, Mellerio JE, McGrath JA. Complete maternal isodisomy of chromosome 3 in a child with recessive dystrophic epidermolysis bullosa but no other phenotypic abnormalities. <i>J Invest Dermatol.</i> 2006 Sep; 126(9):2039-43.</p>		
<p>1. <u>Akaraphanth R</u>, <u>Sindhavananda J</u>, <u>Gritivarangsan P</u>. Adult-onset actinic prurigo in Thailand. <i>Photodermatol Photoimmunol Photomed.</i> 2007 Dec; 23(6):234-7.</p> <p>2. <u>Akaraphanth R</u>, <u>Kanjanawanitkikul W</u>, <u>Gritivarangsan P</u>. Efficacy of ALA-PDT vs blue light in the treatment of acne. <i>Photodermatol Photoimmunol Photomed.</i> 2007 Oct; 23(5):186-90.</p> <p>3. <u>Pratchayapruit W</u>, <u>Kikuchi K</u>, <u>Gritivarangsan P</u>, <u>Aiba S</u>, <u>Tagami H</u>. Functional analyses of the eyelid skin constituting the most soft and smooth area on the face: contribution of its remarkably large superficial corneocytes to effective water-holding capacity of the stratum corneum. <i>Skin Res Technol.</i> 2007 May; 13(2):169-75.</p> <p>4. <u>Arita K</u>, <u>Jacyk WK</u>, <u>Wessagowit V</u>, <u>van Rensburg EJ</u>, <u>Chaplin T</u>, <u>Mein CA</u>, <u>Akiyama M</u>, <u>Shimizu H</u>, <u>Happle R</u>, <u>McGrath JA</u>. The South African "bathing suit ichthyosis" is a form of lamellar ichthyosis caused by a homozygous missense mutation, p.R315L, in transglutaminase 1. <i>J Invest Dermatol.</i> 2007 Feb; 127(2):490-3.</p> <p>5. <u>Lai-Cheong JE</u>, <u>Liu L</u>, <u>Sethuraman G</u>, <u>Kumar R</u>, <u>Sharma VK</u>, <u>Reddy SR</u>, <u>Vahlquist A</u>, <u>Pather S</u>, <u>Arita K</u>, <u>Wessagowit V</u>, <u>McGrath JA</u>. Five new homozygous mutations in the KIND1 gene in Kindler syndrome. <i>J Invest Dermatol.</i> 2007 Sep; 127(9):2268-70.</p> <p>6. <u>Sercu S</u>, <u>Poumay Y</u>, <u>Herphelin F</u>, <u>Liekens J</u>, <u>Beek L</u>, <u>Zwijzen A</u>, <u>Wessagowit V</u>, <u>Huybroeck D</u>, <u>McGrath JA</u>, <u>Merregaert J</u>. Functional redundancy of extracellular matrix protein 1 in epidermal differentiation. <i>Br J Dermatol.</i> 2007 Oct; 157(4):771-5.</p> <p>7. <u>Arita K</u>, <u>Wessagowit V</u>, <u>Inamadar AC</u>, <u>Palit A</u>, <u>Fassih H</u>, <u>Lai-Cheong JE</u>, <u>Pourreynon C</u>, <u>South AP</u>, <u>McGrath JA</u>. Unusual molecular findings in Kindler syndrome. <i>Br J Dermatol.</i> 2007 Dec; 157(6):1252-6.</p> <p>8. <u>Wessagowit V</u>, <u>Chunharas A</u>, <u>Wattanasirichaigoon D</u>, <u>McGrath JA</u>. Globalization of DNA-based prenatal diagnosis for recessive dystrophic epidermolysis bullosa. <i>Clin Exp Dermatol.</i> 2007 Nov; 32(6):687-9.</p>	<p>2007</p>	
<p>1. <u>Clements SE</u>, <u>Wessagowit V</u>, <u>Lai-Cheong JE</u>, <u>Arita K</u>, <u>McGrath JA</u>. Focal dermal hypoplasia resulting from a new nonsense mutation, p.E300X, in the PORCN gene. <i>J Dermatol Sci.</i> 2008 Jan; 49(1):39-42.</p> <p>2. <u>Arita K</u>, <u>Nanda A</u>, <u>Wessagowit V</u>, <u>Akiyama M</u>, <u>Alsaleh QA</u>, <u>McGrath JA</u>. A novel mutation in the VDR gene in hereditary vitamin D-resistant rickets. <i>Br J Dermatol.</i> 2008 Jan; 158(1):168-71.</p>	<p>2008*</p>	<p>*At the time of terminal evaluation.</p>

Handwritten initials/signature.

			<p><b>**Single underlined lecturers have resigned from IOD. Double underlined lecturers are staff of IOD At the time of terminal evaluation.</b></p>																																								
<p>3 Capacity of the Course management</p>	<p>3.1 70% of participants are satisfied with the course management.</p>	<p>As seen in the Project Purpose 2, according to the course evaluation at the end of DCD, many participants considered DCD as "well-planned"; thus it can be concluded that the satisfaction with the course management is reasonably high.</p>	<p>As seen in the Project Purpose 2, according to the course evaluation at the end of DCD, many participants considered DCD as "well-planned"; thus it can be concluded that the satisfaction with the course management is reasonably high.</p>																																								
	<p>3.2 Number of improved items and their contents.</p>	<p>Table 14: Satisfaction with the course management (20<sup>th</sup> DCD-23<sup>rd</sup> DCD)</p> <table border="1" data-bbox="592 481 751 1178"> <thead> <tr> <th>Course</th> <th>No of participants</th> <th>"well planned"</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>20<sup>th</sup> DCD</td> <td>24</td> <td>24</td> <td>100.0</td> </tr> <tr> <td>21<sup>st</sup> DCD</td> <td>29</td> <td>27</td> <td>93.1</td> </tr> <tr> <td>22<sup>nd</sup> DCD</td> <td>29</td> <td>23</td> <td>79.3</td> </tr> <tr> <td>23<sup>rd</sup> DCD</td> <td>31</td> <td>29</td> <td>93.5</td> </tr> </tbody> </table> <p>* The course evaluation format for 24<sup>th</sup> DCD did not include this question.</p> <ul style="list-style-type: none"> <li>• Regularly the IOD lecturers and administrative staff discuss curriculum development and its revision based on the results of the participants' evaluation, which is carried out at the completion of DCD. For example, sessions of highly demanded subspecialty like the dermatosurgery are increased, while most sessions of general subjects remain the same.</li> <li>• IOD takes full advantage of the presence of the Japanese experts; i.e. provision of the basic sessions by IOD lecturers before the more specialized sessions by the Japanese experts.</li> <li>• Besides conducting the course itself, DCD conduct publicity activities effectively. After the mid-term evaluation study, the pamphlet for DCD was revised and the website (<a href="http://ioddiploma.net">http://ioddiploma.net</a>) was newly set up. The website features the summary of courses, movie of commenting ex-participants, and information about the various researches.</li> <li>• It is worth mentioning a research tour conducted by a team of IOD members, composed of the director, the deputy director and other two staff members, over to U.K., Pakistan and Cambodia. In U.K., the team visited St. John's Institute of Dermatology, which provided an international diploma course in dermatology similar to DCD. The team exchanged useful information with the concerned persons. In Pakistan and Cambodia, the team met with some of the DCD ex-participants to confirm their career development and exchange ideas on further collaboration.</li> </ul>	Course	No of participants	"well planned"	%	20 <sup>th</sup> DCD	24	24	100.0	21 <sup>st</sup> DCD	29	27	93.1	22 <sup>nd</sup> DCD	29	23	79.3	23 <sup>rd</sup> DCD	31	29	93.5	<p>Table 14: Satisfaction with the course management (20<sup>th</sup> DCD-23<sup>rd</sup> DCD)</p> <table border="1" data-bbox="592 481 751 1178"> <thead> <tr> <th>Course</th> <th>No of participants</th> <th>"well planned"</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>20<sup>th</sup> DCD</td> <td>24</td> <td>24</td> <td>100.0</td> </tr> <tr> <td>21<sup>st</sup> DCD</td> <td>29</td> <td>27</td> <td>93.1</td> </tr> <tr> <td>22<sup>nd</sup> DCD</td> <td>29</td> <td>23</td> <td>79.3</td> </tr> <tr> <td>23<sup>rd</sup> DCD</td> <td>31</td> <td>29</td> <td>93.5</td> </tr> </tbody> </table> <p>* The course evaluation format for 24<sup>th</sup> DCD did not include this question.</p> <ul style="list-style-type: none"> <li>• Regularly the IOD lecturers and administrative staff discuss curriculum development and its revision based on the results of the participants' evaluation, which is carried out at the completion of DCD. For example, sessions of highly demanded subspecialty like the dermatosurgery are increased, while most sessions of general subjects remain the same.</li> <li>• IOD takes full advantage of the presence of the Japanese experts; i.e. provision of the basic sessions by IOD lecturers before the more specialized sessions by the Japanese experts.</li> <li>• Besides conducting the course itself, DCD conduct publicity activities effectively. After the mid-term evaluation study, the pamphlet for DCD was revised and the website (<a href="http://ioddiploma.net">http://ioddiploma.net</a>) was newly set up. The website features the summary of courses, movie of commenting ex-participants, and information about the various researches.</li> <li>• It is worth mentioning a research tour conducted by a team of IOD members, composed of the director, the deputy director and other two staff members, over to U.K., Pakistan and Cambodia. In U.K., the team visited St. John's Institute of Dermatology, which provided an international diploma course in dermatology similar to DCD. The team exchanged useful information with the concerned persons. In Pakistan and Cambodia, the team met with some of the DCD ex-participants to confirm their career development and exchange ideas on further collaboration.</li> </ul>	Course	No of participants	"well planned"	%	20 <sup>th</sup> DCD	24	24	100.0	21 <sup>st</sup> DCD	29	27	93.1	22 <sup>nd</sup> DCD	29	23	79.3	23 <sup>rd</sup> DCD	31	29	93.5
Course	No of participants	"well planned"	%																																								
20 <sup>th</sup> DCD	24	24	100.0																																								
21 <sup>st</sup> DCD	29	27	93.1																																								
22 <sup>nd</sup> DCD	29	23	79.3																																								
23 <sup>rd</sup> DCD	31	29	93.5																																								
Course	No of participants	"well planned"	%																																								
20 <sup>th</sup> DCD	24	24	100.0																																								
21 <sup>st</sup> DCD	29	27	93.1																																								
22 <sup>nd</sup> DCD	29	23	79.3																																								
23 <sup>rd</sup> DCD	31	29	93.5																																								

Handwritten marks: a checkmark and the signature "A'ish".



As seen in Table 15, the income from private participants has been increasing well.

Table 15: Income from sponsored/private participants

	Sponsored		Private	Increment (%)	Total	Private/Total		JICA/Total	
	JICA	TICA				(%)	(%)	(%)	(%)
21 DCD	1,590,380	338,300	2,488,754	0.24	4,417,634	56.3	36.0	7.7	
22 DCD	1,470,489	419,000	2,621,918	0.05	4,511,407	58.1	32.6	9.3	
23 DCD	1,492,980	428,300	4,437,900	0.41	6,359,380	69.8	23.5	6.7	
24 DCD	980,920	441,000	4,250,000	-0.04	5,671,920	74.9	17.3	7.8	
25 DCD	780,000	1,530,000	6,250,000	0.32	8,560,000	73.0	9.1	17.9	

Unit: Thai Baht

\* During 21<sup>st</sup> DCD to 22<sup>nd</sup> DCD, incomes from JICA and TICA are equal to training expenses that these agencies spent.

\*\*In the 25<sup>th</sup> DCD, JICA covered the cost of THB 250,000 for each Thai sponsored participant, and TICA spent the same amount for each foreign sponsored participant. In addition, both JICA and TICA expensed THB 30,000 each for the cost of opening and closing ceremonies.

\*\*\*The income from private participants was calculated by multiplication of the amount of individual fee with the number of participants. The fee was originally US\$7,100 or THB 250,000. Subsequently, it became clear that the currency exchange rate caused significant fluctuation of the income. Therefore, in the 25<sup>th</sup> DCD, payment was done only in Thai Baht.

4 IOD provides ex-participants with opportunities to exchange experiences and information.

4.1 Number of ex-participants participated in seminars/workshops/ conferences.

4.2 Contents of seminars/workshops/ conferences.

4.3 Numbers of newsletters issued and uploaded on the web

IOD plans to organize a symposium titled "3<sup>rd</sup> Asia-Pacific Dermatology Symposium" on March 3<sup>rd</sup> and 4<sup>th</sup>, 2009. Approximately 100 participants, including Japanese experts, Thai lecturers, ex-participants and the current DCD participants, will be invited to the symposium.

As for contents of the symposium, please see the tentative agenda attached as Appendix Table 2 at the end of this evaluation grid.

As seen below, newsletters have been regularly issued and their contents have been uploaded on the IOD website.

Table 16: No. of newsletters issued and uploaded on the IOD website

	No. of newsletters issued	No. of newsletters uploaded on the IOD website
1 2004	2	2
2 2005	2	2
3 2006	2	2
4 2007	2	2

Annex 6-13

Handwritten marks: a checkmark and the signature "AM" with a date "20".

	5	2008 *	In preparation	In preparation
*At the time of terminal evaluation.				
	As mentioned above, IOD has recently set up a home page ( <a href="http://ioddiploma.net">http://ioddiploma.net</a> ) for DCD, and provides the details of courses as well as information about the researches done by IOD related doctors. As for the academic information, eight "Medical Researches" and one "Medical Article" are cited on <a href="http://ioddiploma.net/content/Articles">http://ioddiploma.net/content/Articles</a> .			
<b>Verification of Implementation Process</b>				
<b>Implementation status of activities</b>	Activities were implemented mostly as scheduled.			
Implementation status	<ul style="list-style-type: none"> <li>• As for activities relating Output 1, the implementation of DCD, IOD is fairly experienced and manages the whole course from the curriculum formulation to course operation, evaluation, and improvement in a well-ordered way.</li> <li>• As for activities relating to Output 2, the strengthening of IOD lecturers, based on the recommendation of the mid-term evaluation, the collaboration of Japanese experts and IOD lecturers have been enhanced. It is confirmed that the Japanese experts promoted capacity development of the IOD lecturers during their two-week stays in Thailand. However, in some cases, the Japanese experts could not attend CPC due to the overlapping of timing with their own lectures. For some other cases, CPC was occasionally carried out in Thai as CPC is designed primarily for Thai residents, which leads to hampering the participation of the Japanese experts.</li> <li>• As for the activities relating to Output 3, development of IOD's managerial capacity, it can be safely judged that it has been strengthened through a series of activities such as curriculum development, course implementation and management, course evaluation and public relation activities.</li> <li>• As for activities relating to Output 4, networking among DCD ex-participants, the 3rd Asid-Pacific Dermatology Symposium is scheduled in March 2009. In addition, other tools including news/letter and homepage are being utilized for the networking purpose.</li> </ul>			
Implementation status of monitoring	Interviews with IOD lecturers and the questionnaire survey to the Japanese experts confirm the sufficient monitoring. IOD holds a monthly Academic Committee Meeting participated by all IOD lecturers and management staff members, and discusses the progress of all training courses including DCD. For example, for DCD, the results of mid-term and final examinations, any problems arises during the course, as well as of the course evaluation results are discussed and shared at the Academic Committee Meetings. Modification of the course curriculum, if any, and plans of public relations			
Has monitoring been carried out?	Yes			
Is monitoring mechanism appropriate?	Yes			

Handwritten signature or initials.

	<p>activities are also discussed at these meetings. Considering the fact that no substantial delay in any activities has occurred, it can be said that management of DCD has been well organized, and that monitoring mechanism has been appropriate.</p> <p>Status of communication can be judged satisfactory. Involvement of the Japanese experts in this project lasted for a substantial period, and IOD lecturers are now well-prepared to effectively collaborate with the visiting Japanese experts. As mentioned above, after the mid-term evaluation, the collaboration of Japanese experts and IOD lecturers has been further enhanced in some fields. But still, the Japanese experts have mostly used their time to provide lectures at DCD. Thus, guidance to IOD lecturers has been somewhat limited.</p> <p>All of the IOD lecturers are dermatologists with subspecialty. They conduct not only clinical activities but also play important roles as lecturers in many IOD courses. Group interviews to 18 participants in the current DCD (25<sup>th</sup> DCD) confirmed that they all highly appreciate the commitment and dedication of IOD lecturers.</p>	<p>Are responsibilities shared clearly among C/Ps?</p> <p>Status of communication</p> <p>C/Ps' attitude (Independence and activeness)</p> <p>Appropriateness of allocation and assignment of the selected C/Ps</p> <p>Budget allocation</p> <p>Degree of participation of C/P organization</p> <p>The degree of commitment as well as ownership on the part of IOD is obviously high. In fact, as shown in Table 12, approximately 60% of lectures and practical sessions equivalent to about 600 hours are conducted by IOD lecturers. In addition, IOD is in charge of overall course management from the curriculum development, scheduling, arrangement of external Thai lecturers, implementation and evaluation.</p> <p>As observed in Table 15, the share of private participants is increasing, and their share in the total revenue regarding DCD exceeded 70%, which means that the private participants are a principal income source for DCD.</p>
<p>Relationship between Thai C/Ps and Japanese experts</p>		
		<p>Ownership of C/P organizations</p>

Handwritten mark: a stylized signature or initials.



Evaluation by Five Evaluation Criteria

Criteria	Evaluation Questions		Results	
	Questions	Sub-questions		
Relevance	<p>Is the Project (Overall Goals and Project Purpose) consistent with the national development plan and health policies?</p> <p>Was the selection of the target group appropriate?</p>	<p>Consistency of the Overall Goals with the national development plan and health policies</p>	<p>The hearings to the Ministries of Health in invited countries, which were conducted at the time of mid-term evaluation, clarified the status in Laos, China, Timor Leste and Cambodia. In these countries, the demands and expectations for DCD are confirmed high. It is not necessarily because the priority to dermatology is high among many health issues, but rather numbers of dermatologists and institutions to train dermatologists are very limited.</p> <p>In addition, the focus group discussions (FGDs) were held with participants in the current 25<sup>th</sup> DCD course. According to these FGDs, it is confirmed that although skin diseases are highly prevalent in their countries, either there are no institutions to raise dermatologists (i.e. Timor Leste, Fiji and Maldives) or very limited opportunities to receive dermatological training (i.e. Thailand, Sri Lanka and Nepal). Even some participants from the countries where dermatological training opportunities are locally available highly evaluated DCD, as they could receive equally good to or better training at DCD than in their countries.</p> <p>IOD's mission, which is the same as the Project's overall goal, is to become "a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand"; thus, the Project that supports IOD in providing the prestigious international diploma course is in need of IOD. In fact, in comparison with one of a few international diploma courses in Dermatology, namely St. John's Institute of Dermatology<sup>2</sup>, DCD has the following advantages.</p> <ul style="list-style-type: none"> <li>• In U.K. where there is a rigid referral system, specialized institutions like St. John's Institute of Dermatology receive mostly rare and complicated cases. On the other hand, IOD receives not only rare and complicated cases but rather common cases in the Asian region, and therefore the participants in DCD have opportunities to deal with a wide range of dermatological cases.</li> <li>• At the St. John's Institute of Dermatology, clinical activities by participants are not allowed and they are only allowed to observe treatments by medical staff; on the other hand, at IOD, participants have opportunities for hands-on experiences on clinical applications at the outpatient department (OPD) and the inpatient department (IPD).</li> </ul> <p>According to an interview with TICA, TICA thinks DCD has been successful because the number of</p>	
		<p>Consistency of the Project Purpose with health policies</p>		<p>Is the Project highly needed by IOD?</p> <p>Do IOD and DCD play important roles in health sector?</p>
		<p>Priority of dermatology in health policies</p>		

<sup>2</sup> The institute belongs to King's College London, University of London

Handwritten notes: "ch" and "first,"

			<p>applicants, either Thais or foreigners, is steadily large, which means there are extensive needs in participating countries. TICA expects IOD to continue DCD, and TICA thinks IOD is now able to arrange DCD and attract participants on its own. Considering the significance of DCD, TICA will support DCD in the form of scholarships for developing countries.</p> <p>In addition to IOD, participants in DCD are also direct beneficiaries of the Project. As mentioned above, from hearings from the current participants, skin diseases are highly prevalent in their countries, but there are no institutions to raise dermatologists or very limited opportunities to receive dermatological training, and dermatologists are insufficient in their countries. Thus it can be said that beneficiaries (participants) with needs have been selected appropriately.</p> <p>According to the <i>Health and Development Initiative</i> presented by the Ministry of Foreign Affairs, Japan, human development of human resources for health is highly prioritized. In addition, as stated in the Japan's Economic Cooperation Program for Thailand (May 2006), which is a policy document by the Ministry of Foreign Affairs, Japan, "Thailand is expected to become a partner of Japan when implementing assistance to a third country."</p> <p>The Project has been implemented, aiming to achieve the following two project purposes.</p> <ol style="list-style-type: none"> <li>1. Techniques and knowledge in the field of dermatology among Course participants from Asia and the Pacific countries are upgraded.</li> <li>2. The Institute of Dermatology enhances capacity to organize suitable and updated training.</li> </ol>
Effectiveness	<p>Is the Project consistent with Japan's foreign aid policy?</p> <p>Is the achievement level of the Project Purpose adequate at this stage?</p> <p>Were the outputs sufficient to achieve the Project Purpose?</p>	<p>Is the Project related with any prioritized areas of ODA strategy?</p> <p>Adequacy of the achievement level of the Project Purpose</p> <p>Numbers, contents and qualities of the outputs</p>	<p>As seen in "Verification of Performance", the satisfactory achievement level of the Project Purpose 1 is confirmed by its indicator and the hearings from the focus group discussions with the current DCD participants. As for the Project Purpose 2, it seems that its achievement seems also satisfactory if only its indicators are considered. However, it usually takes a long time to enhance capacities in the field of basic sciences, and thus it is rather difficult to replace the Japanese experts in the field of immediately, while the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of CFC and other occasions, or by guiding the IOD lecturers during their training in Japan. Thus the Team concludes the effectiveness of the Project is not fully secured.</p> <p>At the time of mid-term evaluation, the PDM was revised and four comprehensive outputs were newly set as seen below. Thus, numbers, contents and expected qualities of the outputs can be considered as adequate.</p> <ol style="list-style-type: none"> <li>1. Participants acquire advanced knowledge and skill to work in dermatology field.</li> <li>2. Capacity of the IOD lecturers of the Course is improved.</li> </ol>

Annex 6-17

<p>3. Capacity of the Course management</p> <p>4. IOD provides ex-participants with opportunities to exchange experiences and information.</p> <p>As for the achievement levels of Output 1, Output 3 and Output 4, relating activities have been carried out as planned, and therefore their achievement levels are satisfactory. As for Output 2, although the duration of Japanese experts' stay in Thailand is only for two weeks, the experts tried to attend the CPC to give advice to the IOD lecturers. Some experts also gave guidance to some of the IOD lecturers while they stayed in Japan as training participants. However, it usually takes a long time to enhance lecturers' capacities in the field of basic sciences, and it is rather difficult to replace the Japanese experts by with the IOD lecturers immediately. Thus the achievement level of Output 2 is somewhat limited.</p>		
<p>According to the interviews to IOD lecturers and the Japanese experts, the following points were presented as the inhibiting factors and the promoting factors.</p> <p><u>Inhibiting factors</u></p> <ul style="list-style-type: none"> <li>• IOD lecturers are very busy with their daily duties such as patients' treatment, provision of lectures to various courses and managerial works, and currently they can not concentrate on researches in the field of basic sciences.</li> </ul> <p><u>Promoting factors</u></p> <ul style="list-style-type: none"> <li>• The quality of DCD was well enhanced by combination of the Japanese experts who are eminent scholars in basic sciences and Thai lecturers who are well experienced in clinical dermatology.</li> <li>• The efforts by the Japanese Chief Organizer enable the Project to recruit the world-class scientists in each subspecialty of dermatology as the Japanese experts.</li> <li>• Utilization of the training opportunities in Japan and the equipment provided through the Project enables prompt introduction of new and popular technology such as laser surgery, and it enhanced the quality of DCD.</li> <li>• There have been well established cooperation relationships among IOD, TICA, JICA and the Japanese experts.</li> <li>• The DCD has been participated by participants with high motivation from various countries with great needs.</li> <li>• High level of personnel in the C/P organization, IOD.</li> </ul>	<p>Any changes in external factors</p>	<p>What are the inhibiting factors for the achievement of the Project Purpose?</p>
	<p>Any changes in external factors</p>	<p>What are the promoting factors for the achievement of the Project Purpose?</p>

Handwritten signature/initials

Efficiency	Is the achievement level of the outputs adequate at this stage?	Adequacy of the achievement level of the outputs	As mentioned previously, as for the achievement levels of Output 1, Output 3 and Output 4, relating activities have been carried out as planned, and therefore their achievement levels are satisfactory. As for Output 2, it is rather difficult to replace the Japanese experts by IOD lecturers immediately, and thus the achievement level of Output 2 is somewhat limited.
	Are the activities adequate and sufficient to produce four outputs?	Numbers, contents and qualities of the activities	As seen in "Verification of Performance", the activities have been carried out as planned. As for activities relating to the Output 2, the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of CPC and other occasions during their two-week stays in Thailand, and thus the collaborative relationships have been further strengthened. However, it usually takes a long time to enhance capacities in the field of basic sciences, and thus it is rather difficult to replace the Japanese experts by the IOD lecturers immediately.
	Is the output production adequate compared to the inputs?	Adequacy of human resources, trainings and equipment invested  Level of utilization of inputs (human resources, trainings, equipment)  Adequacy of timing of inputs	As for Japanese experts, IOD lecturers and participants highly appreciate their participation in DCD. As commented by IOD lecturers, the quality of DCD is raised by combination of Japanese experts who are eminent scholars in basic sciences and Thai lecturers who are well experienced in clinical dermatology.  As for C/P training in Japan, IOD lecturers who underwent training confirmed that though three-month training is rather short to learn new technologies, the receiving institute and the Japanese professors kindly tried to maximize the benefit of its training. In the case of Dr. Jinda and Dr. Patcharin, they learned about usage of the provided equipment during their stay in Japan; thus C/P training contributes to securing the efficient use of equipment. In the case of Dr. Walai-orn, by taking an opportunity of the training in Japan, a collaborative research was carried out with researchers at the receiving institution. The result was published in an international journal as seen in Table 13.  As for equipment, Skin Visiometer in JFY2004, CO2 Laser in JFY 2005, ELISA Processor in JFY 2006 and Er. Yag Laser in JFY 2007 were provided, and the present status of use is satisfactory. Thus the adequacy of provided equipment can be said secured.
	What are the inhibiting and promoting factors?		According to the interviews to IOD lecturers and the Japanese experts, the following points were raised as the inhibiting factors and the promoting factors.  <u>Inhibiting factors</u> <ul style="list-style-type: none"> <li>• Some experienced IOD staff who underwent the long-term training in Japan left IOD.</li> </ul>

			<p><u>Promoting factors</u></p> <ul style="list-style-type: none"> <li>Utilization of the training opportunities in Japan and the equipment provided through the Project enables prompt introduction of new and popular technology such as laser surgery to meet the demands of the participants.</li> <li>In the case of curriculum development, IOD takes full advantage of the presence of the Japanese experts; i.e. provision of the basic sessions by IOD lecturers before the more specialized sessions by the Japanese experts.</li> <li>The effective use of three-month training in Japan is also well considered. Currently, IOD plans to send a newly-recruited young staff to Japan.</li> </ul>
<p>Are there prospects that the Overall Goal will be achieved as an effect of the Project?</p>	<p>As seen in the Verification of Performance, IOD has been establishing its position as a leading institution in the field of dermatological clinical application, researches and education in Thailand, and also, IOD has been contributing greatly to the human resource development in the Asia-Pacific region by producing more than 600 DCD ex-participants. Therefore, the prospect to achieve the Overall Goal of the Project is high.</p>		
<p>Impact</p>	<p>Are there any ripple effects to people or organizations other than the target groups?</p>	<p>Any ripple effects to other organizations in Thai and countries of participants.</p>	<p>The Survey in August 2006 also asked about their career paths after attending DCD, and many answers indicated that ex-participants have been playing important roles in their respective countries, and thus contributing to the development of dermatology in their respective countries. In addition, knowledge and techniques have been actively transferred to others through lectures at universities, presentations at seminars and workshops, and publishing academic papers. It is apparent that there have been ripple effects to the wider public in the region. Another example is that the ex-participants from the Philippines who started the leprosy and dermatology department in the institution she was working for wrote the national guideline of leprosy treatment.</p> <p>The Survey also revealed that ex-participants have been playing important roles in their respective countries, as seen below, and thus contributing to the development of dermatology in their respective countries.</p> <p>(Examples)</p> <ul style="list-style-type: none"> <li>I was working as a doctor of the China-Japan Friendship Hospital at that time, and now active in teaching and research as a professor of dermatology in Peking University. (14th batch: China)</li> <li>I was working as a doctor of the STD control department in Yangon Hospital, and now teaching as a head of dermatology department in Univ. of Medicine I. (8th batch: Myanmar)</li> <li>I am still working in the NGO and provide trainings on community-based prevention approach of some skin diseases. In addition, seeing 7,000 patients per year in low income areas. (19th batch: Myanmar)</li> </ul>
<p>Any other impacts, either positive or negative?</p>			

Handwritten signature/initials



			<p>Bangladesh)</p> <ul style="list-style-type: none"> <li>I am holding two posts now; vice director of the National Institute of Dermatology and a head of dermatology dept at the medical college. (11th batch: Laos)</li> <li>After attending DCD, I started working as a head of technical guidance department of the National Institute of Dermato-Venereology. In addition obtained a Ph.D in dermatology. (11th batch: Vietnam)</li> <li>After attending DCD, I started the new department of leprosy and dermatology in the belonging medical institute. (11th batch: Philippines)</li> <li>Right after attending DCD, I was asked to start OPD in dermatology by the head of the department, and did so. (3<sup>rd</sup> batch: Sri Lanka)</li> </ul>
	<p>By considering institutional aspects, are there prospects that the sustainability is secured?</p>	<p>Position of IOD/DCD in the field of dermatology</p> <p>Did IOD acquire institutional capacity to continue the project activities?</p> <p>Are supports from the Government organizations such as TICA and MOPH expected?</p>	<p>IOD's mission, which is the same as the Project's overall goal, is to become "a leading academic institution in the field of dermatology in the Asia Region and a leader in Thailand", and IOD plans to continue providing DCD. In fact, IOD has been contributing greatly to the human resource development in the Asia-Pacific region by producing more than 600 DCD ex-participants. Through all these courses, a series of activities such as curriculum development, course implementation and management, course evaluation and public relations activities has been carried out smoothly. Thus it can be concluded that the sustainability in terms of institutional aspect is highly likely to be secured.</p>
<p>Sustainability</p>	<p>By considering financial aspects, are there prospects that the sustainability is secured?</p>	<p>Is IOD likely to secure budget (incl. personnel expenses) to continue DCD?</p>	<p>As for numbers of private participants, the upward trend is observed in Table 7. As a result, IOD's financial dependency on TICA and JICA has been gradually decreasing. In order to attain financial sustainability, IOD needs to make further efforts to attract private participants and call on foreign specialists in the field of basic sciences by its own funds if necessary. If these efforts are materialized, the financial sustainability of DCD is substantially enhanced.</p>
	<p>By considering technical aspects, are there prospects that the sustainability is secured?</p>	<p>Are appropriate technologies developed and transferred, in consideration of the technical level of IOD?</p> <p>Did C/Ps and other beneficiaries sufficiently acquire knowledge and skills that are transferred by the</p>	<p>As for the capacity development of IOD lecturers, based on the recommendation of the mid-term evaluation in August 2006, the Japanese experts promoted capacity development of the IOD lecturers by providing guidance at the time of CPC and other occasions during their two-week stays in Thailand, or by guiding the IOD lecturers during their training in Japan. However, enhancing capacities in the field of basic sciences requires continuous researches at fully-equipped laboratories, and thus it is rather difficult to develop capacity in this field within a short-time. IOD should take notice of this issue of technical sustainability, and try to secure supports from the Japanese experts in</p>

Annex 6-21

Handwritten signature/initials

		Project?	the field of basic sciences in a short-run and start seriously considering long-term measures to be taken.
		Will the transferred technology and equipment be used widely?	As for equipment, Skin Visiometer in JFY2004, CO2 Laser in JFY 2005, ELISA Processor in JFY 2006 and Er. Yag Laser in JFY 2007 were provided, and the present status of use is satisfactory. In fact, the equipment is and will be used almost every day.

ch *[Handwritten signature]*

Appendix Table 1: Titles of presentations and lectures

	Title of presentations/lectures	Names of seminars /workshops /course /training that you participated in	Organizer of seminar/workshop/course	Date of participation
<b>Dr. Ruisanee Akaraphanath</b>				
1	Adult onset actinic prurigo in Thailand	16 <sup>th</sup> Congress of the European Academy of Dermatology and Venerology (EAD)	Vienna, Austria	May 2007.
2	New Therapies in Acne Management	The Annual Scientific of Dermatological Society of Thailand	Dermatological Society of Thailand	Feb 2007
3	Experience with the use of phototherapy for condition other than psoriasis and vitiligo.	The 16 <sup>th</sup> Regional conference of Dermatology	(Asian - Australasia)	July 2004
<b>Dr. Patcharin Janjumsatsang</b>				
4	What's Hot and What's not in Atopic dermatitis?	The Annual Academic meeting	China	Nov 2004
5	Hot topic in immunology	The Annual meeting Dermatologic association meeting	Central Hotel	Feb 2005
6	Towards the control of atopic Dermatitis with early intervention	The Annual Academic meeting	Korea	Jan 2005
7	Improving control of atopic dermatitis	Escape eczema weekend	Chieng Rai Hospital	Nov 2005
8	How to approach Urticaria	The Current Practice in Medical and Cosmetic Dermatology	Institute of Dermatology Alumni Association Thailand	Oct 2006
9	How to approach Urticaria	The Annual Academic meeting	Sawanpracharak Hospital	Aug 2007
10	Basic Knowledge of the skin and Eczema	The Annual Academic meeting	Phrae Hospital	July 2008
<b>Dr. Jinda Rojanamatin</b>				
11	Intense Pulsed Light	The Annual Academic meeting	Institute of Dermatology Alumni Association Thailand	Oct 2006
12	How I do it?	1 <sup>st</sup> ECAA	the Euromedicam at Bangkok, Thailand.	Jan 2007
13	Light and Laser treatment of melasma : my approach ; IPL	The annual scientific meeting	Dermatological Society of Thailand	Mar 2007
14	Fillers for facial rejuvenation	ADLAS 2007	Sentosa, Singapore.	May 2007
15	Treatment of benign facial pigmented lesions.	IMCAS 2007	Bangkok, Thailand.	July 2007
16	Current thoughts on laser treatments	21st World Congress of Dermatology	Argentina	Sep 2007
17	Update on Non-ablative Laser Skin Rejuvenation	East meets West: The Penang Conference on The Art and Science of Dermatology	Batu Ferringhi, Penang, Malaysia.	Nov 2007
18	Conversations in scar management : Panel discussion	The annual scientific meeting 2008	Dermatological Society of Thailand	Feb 2008
<b>Dr. Poohglin Tresukosol</b>				
19	Oral Presentation: Common Causes of Shoe Dermatitis: Prospective analysis.	16 <sup>th</sup> Regional Conference of Dermatology (Asian-Australasian).	Singapore	2004.
20	Oral Presentation: Allergic Contact Dermatitis due to Pandanus Leaf.	8 <sup>th</sup> Asia-Pacific Environmental & Occupational Dermatology Symposium.	Philippines	2004
21	Allergic Contact Dermatitis from	8th Asia-Pacific Environmental and Occupational	Philippines	Oct. 2005

Annex 6-23



	Pandanus leaf	Dermatology Symposium	
22	Hand Eczema	Meet the Expert. 22 <sup>nd</sup> Annual Meeting.	The Royal College of Physicians of Thailand 2006
23	How do I treat my patients? (Interactive case discussion)	The annual scientific meeting 2008	Dermatological Society of Thailand Feb 2008
24	Adverse Drug Reaction		Sisaket Hospital, Thailand 2008
<b>Dr. Kowit Kamirapap</b>			
25	Assessing the Quality of Leprosy Services from the Clients' Perspective	Annual, Academic Meeting	the Ministry of Public Health, Phuket, Thailand. 2004.
<b>Dr. Walai-orn Pratchayapruit</b>			
26	Compare the treatment of Lichen amyloidosis by Dimethylsulfoxide (DMSO) 10% and 30%	The Annual Academic Meeting	Department of Medical Service 2007
27	The study of skin eyelid by Bioengineering instrument	The Annual Academic Meeting	Department of Medical Service 2007
28	การทดสอบความทนทานของฟิล์ม chamber test Hill Top Chamber ions ในฟิล์มที่ปรับความหนาของฟิล์ม Human 4 hour Patch Testing (H4hPT)	The Annual Academic Meeting	Department of Medical Service 2007
29	The sensitivity, specificity and the concordance of Finn chamber versus Hill Top chamber on acute skin irritation potential by Human 4 hour Patch Testing	21st World Congress of Dermatology	Argentina 2007
30	Bacterial infection of the skin	Diploma Dermatology, Phnom Penh	University of Health Science, Kampuchea 2008
<b>Dr. Vesarat Wessagawit</b>			
31	Update in atopic dermatitis : Genetics of AD	The annual scientific meeting 2008	Dermatological Society of Thailand Feb 2008
32	Introduction in Clinical Molecular Genetics : Mutations and Diseases	21st World Congress of Dermatology	Argentina Sep 2007
<b>Dr. Prapawan Chawavanich</b>			
33	Poster presentation : Punch grafting in bullous pemphigoid patient with a large chronic leg ulcer	American Academy of Dermatology Annual Meeting	New Orleans, USA Feb 2005
34	Laser application in medical and cosmetic dermatology"	The Annual Academic Meeting	Department of Medical Service Sep 2004
35	Posture Presentation " Full thickness punch grafting in Bullous pemphigoid patient with chronic leg ulcer "	63 <sup>rd</sup> Annual Meeting of the American Academy of Dermatology	Academy of Dermatology, USA Feb 2005
36	AAD Highlights 2005	Skin forum of Dermatological Society of Thailand	Dermatological Society of Thailand May 2005,
37	"Clinical, Surgical therapy : Hypertrophic scar"	The Annual Academic Meeting	Mae fa Loueng University Nov 2006
38	Surgical management in common nail disease	Annual meeting of Dermatological Society of Thailand	Dermatological Society of Thailand March 2007,
<b>Ms. Suthirat Riangchainam (IOD staff of Clinical microbiology laboratory)</b>			
39	Basic laboratory diagnosis: Procedures made Simple " (Section 2: Challenge in Lab.Dx)	7 <sup>th</sup> Asian Congress of Dermatology Incorporating the 5 <sup>th</sup> Regional Conference of Pediatric Dermatology	Kuala Lumpur, Malaysia. 2005
40	The incidence of genital white piedra	The Annual Academic Meeting	Department of Medical Service Sep 2004

Appendix Table 2: Agenda of the Planned Symposium

Date	Schedule
Day 1	08.30-09.00 Registration 09.00-09.30 Opening Remarks Chair..... Co-Chair..... - Department of Medical Services - Organizer in Chief of Japan Side 09.30-09.45 Coffee Break 09.45-11.30 <u>Keynote Lecture</u> Chair..... Co-Chair: Dr. Veesat <i>Symposium on translation research into Clinical Practice- Japanese Expert</i> 11.30-13.00 <u>Session I</u> Lunch Symposium (Janssen) <i>Atopic Dermatitis : Japanese Expert</i> <u>Session II</u> 13.00-14.30 Free paper presentation Chair..... Co-chair..... (Paper 1 to Paper 9) 7 min./paper) 14.30-15.00 Coffee Break <u>Session III</u> 15.00-16.00 Free paper presentation Chair..... Co-chair..... (Paper 10 to Paper 18) 7 min./paper) 18.00-20.00 <u>Session IV</u> Dinner Symposium -Sunscreen/Whitening: Japanese Expert (Prof.Tagami) <u>Session V</u> Pediatric dermatology - Dr. Vanev, - Dr. Wasuthida 10.00-10.30 Coffee Break <u>Session VI</u> 10.30-11.30 Infection - Dr. Sabri, - Dr. Chan Vichet 11.30-13.00 <u>Session VII</u> Lunch Symposium (Eucerin) - Antitwinkle : Japanese Expert 13.00-14.0 <u>Session VIII</u> Symposium on emerging technology of light-based device in dermatology -Japanese Expert (Prof.Watanabe) - Dr.Prapawan 14.00-14.30 Coffee Break 14.30-15.30 <u>Session IX</u> Plenary discussion CPG - Japanese Expert 16:30-17:00 Closing Remarks - Symposium - 25 <sup>th</sup> DCD 18:30-21:00 Cocktail Reception
Day 2	