THE ASIAN CENTER OF INTERNATIONAL PARASITE CONTROL (ACIPAC): FIVE YEARS OF ACHIEVEMENT

V. EVALUATION OF THE ACIPAC PROJECT

ACHIEVEMENTS OF THE PROJECT

Narrative summary	Objectively verifiable indicator	Result
Super Goal Parasitic diseases are substantially reduced as public health problems in the Southeast Asia.		
Overall Goal Parasite control programs are strengthened by the health human resource development in the Southeast Asia.	1. Parasite control programs are actively implemented in Thailand and its neighboring countries.	See “4. Impact”.
Project Purpose Asian Center of International Parasite Control (ACIPAC) performs the role of an international human resource development center for parasite control activities in the region.	1. Recognition level of ACIPAC in the subject region as a training center is heightened. 2. Communication among personnel working on parasite control is stimulated by ACIPAC. 3. Recognition level of ACIPAC in CLMTV as an information center is heightened. 4. At least half of trained personnel actively participate in parasite control activities, including fieldwork in their countries.	1. At the Workshop on Global Parasite Control Initiative 2004, the future direction of the ACIPAC was discussed and a conclusion was reached that the ACIPAC would play an important role for human resource development in Asia. See “Effectiveness” for more detail. 2. See “2. Effectiveness”. 3. See “2. Effectiveness”. 4. Almost 87% of the questionnaire respondents say they are working in the field relevant to school health and/or parasite control.
Outputs Output 1 School-based approach advocated by ACIPAC is accepted as effective for parasite control by the region, of which core countries are Cambodia, Lao PDR, Myanmar, Thailand and Vietnam (CLMTV).	1.1 School-based approach for the parasite control is initiated in the target region.	1.1 See Output 1 in “3. Efficiency”.

Table
Relevancy of work (N=92).

Country	Relevant	Not relevant
Cambodia (N=19)	15.6%	5.6%
Lao PDR (N=20)	18.9%	3.3%
Myanmar (N=14)	14.4%	1.1%
Thailand (N=20)	16.7%	3.3%
Vietnam (N=19)	21.1%	0.0%
Total	86.7%	13.3%

Narrative summary	Objectively verifiable indicator	Result
Output 2 Human resources for parasite control in the region are trained by ACIPAC in its international training course, incorporating model activities in Thailand.	2.1 The approach advocated by ACIPAC focusing on human resource development is adopted for parasite control in CLMTV. 2.2 Personnel trained by the course are increased up to 100 persons. 2.3 Level of technique and skill of management, health policy, operational research, etc is strengthened.	2.1 See Output 2 in 3. Efficiency. 2.2 The international training course has trained more than 100 trainees in four years. Table Number of trainees in 2001-2004. Country 2001 2002 2003 2004 Total Cambodia 5 6 5 6 21 Lao PDR 5 7 5 5 23 Myanmar 5 0 5 5 15 Thailand 5 6 5 5 21 Vietnam 5 6 5 4 20 Kenya 1 1 1 1 4 Ghana 1 1 1 3 Timor L'este 3 1 4 Total 26 27 30 28 111 2.3 Trainees showed the improvement of knowledge in the subjects of the training course as follows. Table Average scores of pre test and post test. Pre test score % Post test score % 2001 (Max score=60) 24.73 41.2 32.00 53.3 2002 (Max score=50) 20.63 41.3 31.11 62.2 2003 (Max score=50) 19.95 39.9 25.45 50.9 2004 (Max score=30) 14.07 46.9 15.71 52.4
Output 3 Small-scale pilot projects on school-based malaria and soil-transmitted helminthiases (STH) prevention and control are implemented as a practical training in the field in CLMTV.	3.1 The participants of international training courses acquire experience and confidence in practicing parasite control in the actual field. 3.2 The personnel/agencies acquire management skills for planning and implementation of the parasite control activities based on the operational research in CLMTV. 3.3 Schoolchildren and communities in the subject area develop their knowledge of parasite control and take preventive actions throughout the pilot projects.	3.1 See Output 3 in "3. Efficiency". 3.2 See Output 3 in "3. Efficiency". 3.3 See Output 3 in "3. Efficiency".

<table>
<tr><th>Narrative summary</th><th>Objectively verifiable indicator</th><th>Result</th></tr>
<tr><td>Output 4
ACIPAC functions as a center for human and information network to promote interaction among personnel/agencies in the region.</td><td>4.1 Active communication among the following group of people takes place, being promoted by ACIPAC: the participants of international training course, Japanese and Thai experts; the three projects originated by the Hashimoto Initiative; related international organizations; SEAMEO-TROPMED; other concerning agencies among CLMTV.
4.2 Exchange of information and other interactions increase based on the network system established in ACIPAC.</td><td>4.1 See Output 4 in “Efficiency”.

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

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

Narrative summary	Objectively verifiable indicator	Result
Activities 1.1 Prepare an appropriate school-based approach to the parasite control in the region. 1.2 Conduct activities to deliver an idea of the approach and formulate regional acceptance. 1.3 Monitor the situation concerning the approach. 1.4 Modify the approach and reformulate the acceptance if necessary. 2.1 Discuss with the concerned countries on the needs and requests for international training courses in the region. 2.2 Prepare curricula and teaching materials based on the needs identified by the activities 1.1-1.4 and 2.1 2.3 Provide appropriate opportunities for instructors to obtain the ACIPAC school-based approach. 2.4 Prepare field and facilities required for the practicum in the training courses other than lectures. 2.5 Develop model activities related to activities 1.1 and 3.1 as well. 2.6 Establish the operational body for the implementation of the courses. 2.7 Implement the international training course annually for the appropriately selected trainees. 2.8 Monitor and evaluate the level of comprehension and satisfaction of the participants regarding the courses, and then feedback the results. 3.1 Plan and prepare the small-scale pilot projects in CLMTV, in principle, based on the international training participants' plans. 3.2 Conduct IEC activities for the schoolchildren. 3.3 Promote the involvement of the public health service and educational sectors for school-based parasite control activity.	Inputs (Thai side) 1. Provision of land, buildings and facilities for ACIPAC and project offices, experts' rooms and so on. 2. Cost of utilities such as electricity and water (see Annex 8) 3. Assignment of counterpart personnel, including experts (see Annex 7) 1) Project Manager 2) Members of General Management Meeting 3) Members of Training Development Committee 4) Members of Information Network Committee 4. Secretaries for the Japanese Experts	Inputs (Japanese side) 1. Long-Term experts (see Annex 3): 1) Chief Advisor 2) Project Coordinator 3) Parasite Control 4) School Health 2. Total # m/m Short-term Experts (see Annex 3): 1) School Health 2) Information Network 3) Regional Cooperation 4) Parasite Control 5) Seminar Lectures 6) Model Activities 7) South-South Cooperation 8) Project Cycle Management 9) Others. 3. Provision of following machinery, equipment, and other materials (see Annex 5): 1) Computer systems, peripheral equipments, and accessories 2) Copy machines 3) Audio-visual equipments 4) Microscopes 5) Vehicles 6) Storage equipments and generators 7) Other necessary machinery, equipment, and materials which may be mutually agreed upon. 4. Counterpart training in Japan (see Annex 4) 5. Financial support (see Annex 6)

Narrative summary	Objectively verifiable indicator	Result
3.4 Conduct research on the impact of the school health activities on the community. 3.5 Conduct monitoring continually and integrate feedbacks for further activities and international training course. 3.6 Review and modify the schemes if necessary. 4.1 Create opportunities to build human network, such as workshops, symposia, and conferences, among the following groups of people: 1) the participants of international training courses, and Japanese and Thai experts; 2) the three projects originated by the Hashimoto Initiative; 3) related international organizations; 4) SEAMEO-TROPMED; 5) concerned agencies in CLMTV. 4.2 Conduct the following activities to establish information network: 1) prepare infrastructure for networking; 2) formulate the task force team for operating the information network; 3) establish, operate and maintain activities for telecommunication network including homepage and mailing list; 4) establish the database regarding the parasites; 5) exchange information and data with international organizations, *eg* WHO; 6) establish a consultation system for information network users.		

IMPLEMENTATION PROCESS

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

Evaluation item	Survey item	Means of verification	Result
	-Region wide technical cooperation scheme -Relationship between ACIPAC, JICA headquarters and resident offices	-Interview with staff of HQs, resident offices, experts	[Region wide technical cooperation] As the problems inherent to a region-wide technical co-operation scheme were recognized by JICA resident offices in CLMTV, the meetings among them were already held to discuss the measures to address and tackle these issues. In the interview with JICA resident offices, several issues were pointed out as the difficulties experienced in the implementation process of the ACIPAC project. 1. Lack of consultation in the project formulation stage (planning) There was an opinion that as the resident office was not well consulted at the stage of project formulation and its opinions were not taken into consideration. 2. Insufficient information sharing (implementation) Some of the resident offices feel that they receive or share limited information and tend to lose the sense of ownership. This might have led to a situation where the direction of the Project was not shared enough with the resident office, which resulted in waste of time and energy. In this regard, some offices suggested that a monitoring form for the SSPP should be produced for the partner countries, but not realized. Another office suggested there should be a plan of how to hand over the SSPP to the partner country side after the assistance of the ACIPAC is terminated at the time of planning stage. 3. Difficulty of management by JICA resident office alone in the partner country (implementation) Some suggested there should be a Japanese expert in the partner countries in addition to those in Bangkok. Management of the activities is likely to be limited if the Japanese experts stay in Bangkok and regularly visit the partner countries. It does not work well if JICA resident office simply receives and disburses money. The case of Lao DPR can be regarded as successful as there has been communication among JICA Lao PDR office, KIDSMILE project, experts dispatched to Ministry of Education and Health, respectively, and ACIPAC experts.
4. Recognition of Project by implementing agency and C/P		-Interview with C/P	Members of the committees include, not only Japanese experts and members of the Faculty of Tropical Medicine, but also Ministries of Education and Public Health, and other organization in Thailand, which has made the Project well recognized by such people. Furthermore, through organizing symposia and seminars, the Project is well recognized by CLMV countries, donors, and NGOs in the region.

Evaluation item	Survey item	Means of verification	Result
5. Assignment of counterpart staff		-Project report -Interview with experts and C/P	Counterpart staffs are assigned to working groups of General Management, Curriculum Development, and Information Network.
6. Participation and recognition on Project among target group and relevant agencies in CLTMV		-Discussion with target group (trainees) -Interview with ministries and donors in CLMTV.	[Partner countries] Japanese experts and the staff of Mahidol university regularly visited those concerned with school health and parasite control in CLMTV. The Project invited them to the symposia and seminars organized by the ACIPAC. The Project also reached agreement with each of the partner countries regarding the implementation of the SSPP. Thus, the Project is well recognized by the authorities concerned of the partner countries. [Trainees] Trainees also understand that the Project is a region-wide technical cooperation project, supported by the government of Thailand and the Government of Japan. According to the questionnaire survey, 90.5% of the trainees who answered the questionnaire recognized this fact.
7. Problems and constraining factors in the implementation process		-Interview with experts and C/P -Interview with ministries in CLMTV	There were some cases of delay in the implementation of the SSPP. [Myanmar] The implementation of the SSPP delayed due to political situation and suspension of aid-related activities in the country in 2003. However, the SSPP restarted in September 2004. [Vietnam] The organizational reform of Ministry of Health made it difficult to disburse advance payment from the Ministry in 2003. In addition, as the school vacation was from June to September, the implementation of the SSPP activities was postponed to the end of the vacation period. [Inappropriate system or non-existence of the system for disbursement of budget from JICA] This problem existed at the initial stage, though this issue was already discussed and resolved by ACIPAC, JICA headquarter, and resident offices. A lack of communication and miscommunication between ACIPAC and resident offices also existed.

EVALUATION GRID

1. Relevance

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

Evaluation item	Survey item	Means of verification	Result
2. Relevance of needs of target group (trainees, SSPP beneficiary)	-Evaluation of international training course	-Questionnaire and discussion with trainees	[International training course] The ACIPAC's international training course is relevant to the needs of the trainees as a target group. According to the result of the questionnaire survey, more than 65% of 92 trainees agreed that the course met their expectation completely or almost completely.

Table
Level of expectation met by the training course.

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

In addition, each subject of the course is evaluated as very useful or useful by the majority of the trainees. In discussion with ex-trainees, the combination of managerial and technical matters in the course also received good evaluation, especially management subjects were new to those with technical background.

Table
Usefulness of subjects taught in the training course.

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

[SSPP]
The site of the SSPP in each country was selected by the condition of the area such as the prevalence and intensity of STH and malaria, which were identified by the baseline survey. Therefore, it can be assumed that the SSPP adequately addresses the need of the target group in the site (see the summary of the SSPP of each country for more detail).

Evaluation item	Survey item	Means of verification	Result
3. Relevance to the policy of the region	-	-Project report -Interview with ministries -Interview with experts -Interview with donors	The Project intended to influence the policy direction of school health and parasite control in CLMTV and its achievement further enhance the relevance of the Project in terms of policy direction (see Output 1 in "Efficiency"). [Cambodia] Cambodian government is in the process of formulating the School Health Policy, which is likely to strengthen the intervention on school health. The formulation of the policy is supported mainly by WHO and UNESCO. A workshop is likely to be held in 2004 in order to finalize the policy. The Cambodian side recognizes that school-based health approach is effective for parasite control and is planning to carry out the National Program for Malaria. It is also running National Deworming Program. [Lao PDR] Ministry of Health formulated the National Intestinal Helminth Prevention and Control Policies, including school health education in March 2003. A National Policy for School Health is being drafted at the final stage and is going to be approved by the Ministry of Health and Ministry of Education. A Coordination Meeting for School Health and National Task Force of School Health was established in 2004, by combining National Health Promoting School Meeting and National Committee for School Health. The members include Ministry of Health (Dept of Health, Dept of Hygiene and Prevention, CMPE, CLE, Center of Information Health Education) and Ministry of Education (Dept of General Education, Research Center of Education Science). [Myanmar] Myanmar has its long history of implementing a School Health Program since1977-1978. The National School Health Committee, which is composed of by Ministry of Health and Ministry of Education, was already established before the ACIPAC Project started. National Health Plan 2001-2006 of Ministry of Health assumes that school health is included as one component of community health care, which is placed in the first priority in the Plan. [Thailand] The Ministry of Public Health has been implementing the five-year royal project on Helminthiasis Control in Schoolchildren under the Royal Initiative Project since 2003. The project targets remote and rural areas in 48 provinces out of 76 provinces. The number of schools covered by the project is approximately 585 and that of schoolchildren reaches up to 60,000. The activities include (1) baseline survey to be conducted for all the target schools by the provincial health office (including sample stool examination), (2) mass treatment (twice a year), (3) provision of health education materials (pamphlet, brochure,

Evaluation item	Survey item	Means of verification	Result
			VCD), and (4) teacher training (25% of teachers were trained this year). As for the teacher training, one teacher is to be trained per school. National Malaria Control Program has been implemented as well. [Vietnam] There is no school health policy or parasite control policy yet. However, the government held a national meeting on Reviewing Direction on School-based Helminth Control in Vietnam in March 2003, which was also joined by the ACIPAC. WHO is planning to organize a partnership meeting in early next year, while the ACIPAC has been urging WHO to organize this meeting.
4. Appropriateness of methodology	-Appropriateness of Project as strategy to address the development issues in the region	-Project document -Interview with C/P and experts -Interview with donors	[Appropriate selection of school based approach for parasite control] The approach has been regarded and implemented as a cost effective method in many countries due to the following factors. 1. Children are the most susceptible to STH and malaria. 2. Japan successfully and significantly reduced the number of children with STH after World War II by combining selective mass treatment and health education. 3. Schoolbased approach is useful and efficient not only for control of malaria and STH, but also for general school and community health promotion as children are expected to disseminate the health related information to their parents, siblings, and neighbors.
5. Appropriateness of selecting target group	- Appropriateness of selection of target group in terms of need and scale		[Trainees] The ACIPAC training course is aimed at human resource development, targeting those who are involved in policy making and program/project management of parasite control. Although the partner countries have some interventions in this area, the opportunities of training are not sufficiently available to them. In this regard, ACIPAC has appropriately chosen the target group for the training course. [Schoolchildren] WHO promotes a school health program as a strategy to prevent and control the important health risks, when referring to “worm infections” as “the greatest cause of disease among 5-14 year old children.” In May 2001, the World Health Assembly adopted a resolution calling on member countries to support strategies to reduce the burden of disease from intestinal parasites. The resolution suggests cost-effective approaches to parasite control, such as regular treatment of at-risk populations, especially school-age children. The 75% coverage of deworming is being pursued.

Evaluation Item	Survey Item	Means of verification	Result
6. Relevance to aid policy of Japanese government		-Hashimoto Initiative related documents	At the Birmingham Summit in 1998, the political leaders of the Group of Eight (G8) decided to take action to reduce the burden of those who are suffering from infectious diseases, including malaria and parasites, in developing countries. This Hashimoto Initiative was further supplemented by the Okinawa Infectious Diseases Initiative at the Okinawa-Kyushu Summit in 2000. In this Initiative, Japan was supposed to tackle infectious diseases, focusing on malaria and parasitic diseases as well as on HIV/AIDS, tuberculosis, and polio through the promotion of the Hashimoto Initiative and South-South cooperation.
7. Comparative advantage of technology of Japan		-Experience of Japan	Japan has a history of succeeding in controlling parasitic disease. After the Second World War, a prevention movement for STH among schoolchildren was initiated under support of an academic group of parasitologists in 1949, and this movement gained cooperation from community people who sustained the control programs by cost sharing. Parasite control was extended to the community and integrated with other public health programs. The Japanese history of parasite control tells that effects of de-worming of schoolchildren are visible, useful for health education, understandable to parents and community, and as a result quite effective for community people to take sustainable measures.
8. Appropriateness of Mahidol University as C/P organization			Faculty of Tropical Medicine, Mahidol University has an office for Regional Tropical Medicine and Public Health Network, Southeast Asian Ministers of Education Organization (SEAMEO TROPMED Network). SEAMEO TROPMED has four regional Centers in Indonesia, Malaysia, the Philippines and Thailand. Thailand office in Mahidol University in particular is responsible for general and clinical tropical medicine and tropical pediatrics, which justifies the faculty as the counterpart organization. The Faculty has close cooperation with the Faculty of Public Health and the Ministry of Public Health as well.

2. Effectiveness

Evaluation item	Survey item	Means of verification	Result
1. Achievement of the Project Purpose	OVI 1: Recognition level of ACIPAC in the subject region as a training center is heightened.	-Annual report -Interview with experts and C/P	There is general agreement about the ACIPAC as a training center. The participants for the Workshop on Global Parasite Control Initiative, which was held in March 2004, reached an agreement on several issues. In this agreement, the ACIPAC was assigned the major role in human resource development. Reflecting this role, the ACIPAC organized an international curriculum development workshop by inviting participants from the partner countries and donors in June 2004. There are several examples that indicate the higher recognition of the ACIPAC as a training course. UNICEF provided the funding of tuition fees for the trainees from Timor L'este in 2004, which is an indication of the recognition for ACIPAC. In Cambodia, ACIPAC is recognized as a partner for STH control, especially in human resource development, by the National Task Force of STH control.
	OVI 2: Communication among personnel working on parasite control is stimulated by ACIPAC.		Communication fostered by ACIPAC goes beyond those organization indicated in Output 4. The ACIPAC have been facilitating communication with many other organizations. For example, at the initial stage, there was close contact with the EC on malaria project and had a discussion on a plan to take over their website. Communication with the Kenan Institute led to the dispatch of their lecturer to the ACIPAC training course in 2003 and 2004, and there was a discussion with the PCD for the possible cooperation in organizing the training course, to name a few. In addition, the communication and coordination between the Ministries of Education and Health were facilitated through the implementation of the SSPP and recognized in some of the partner countries. The relationship between the partner countries is also facilitated as well, as is the case between Thailand and Lao PDR, which held a meeting in September 2004.
	OVI 3: Recognition level of ACIPAC in CLMTV as an information center is heightened.		There are several cases where the materials developed by the ACIPAC are or will be utilized for other programs and projects in the relevant field. For example, the royal project on Helminthiasis Control in Schoolchildren of Thailand is going to use the teaching manual and textbook developed by the ACIPAC.
	OVI 4: At least half of trained personnel actively partici-		As described in "Achievement", nearly 90% of trainees are involved in the work related to school health/parasite control. Approximately 38% are involved in the SSPP in

Evaluation item	Survey item	Means of verification	Result
	pate in parasite control activities including the fieldwork in their countries.		some way, while 20% are involved in policy making. Other types of work include the management of other related projects such as water and sanitation and investigation. There are a few cases of retirement and studying abroad.

Table
Type of work involved.

Country	SSPP	Policy making	Others
Cambodia	8.4%	4.2%	6.3%
Lao PDR	11.6%	2.1%	7.4%
Myanmar	3.2%	0.0%	9.5%
Thailand	9.5%	6.3%	3.2%
Vietnam	5.3%	8.4%	14.7%
Total	37.9%	21.1%	41.1%

2. External condition from outputs to Project Purpose		As the implementation of international training courses has been supported by JICA as the project activities, the external condition was met during the project period.
3. Contributing and constraining factors to achievement of Project Purpose	-Project report -Interview with C/P and experts	ACIPAC's effort to disseminate information and expand its network through regular visits of experts and the continuous efforts to discuss and seek consensus with the organizations concerned such as donors.

3. Efficiency

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

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

Table
Self-evaluation of level of understanding on the course.

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

Evaluation item	Survey item	Means of verification	Result

Table
Evaluation of the course from different perspectives.

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

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

Furthermore, almost all of ex-trainees feel the need for additional or more advanced training.

Table
Need for additional or more advanced training.

Answer	Yes	No	No answer
	92.4%	6.5%	1.1%

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

Table
Subjects for additional or more advanced training.

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

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

Evaluation Item	Survey Item	Means of verification	Result
	Output 3 (SSPP)	-SSPP M/M -SSPP project report -Questionnaire to trainees -Interview with trainees involved in SSPP -Interview with those involved in SSPP -Discussion with beneficiary	Approximately 38% of the trainees are involved in the SSPP somehow (see Table: Type of work involved in "1. Achievement of the Project Purpose" of "2. Effectiveness"). They regard the implementation of the SSPP as almost all activities (>90%) or the majority of activities (70-90%) as scheduled.

Table
Progress of SSPP (N=45).

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

On the other hand, the SSPP encounters problems in the implementation stage. Indeed, unlike the answers in the above table, there was substantial delay in some of the countries. For example, Vietnam's SSPP.

Table
Constraints of SSPP implementation.

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

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

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

A variety of activities have been implemented in the partner countries. Such activities are producing positive impacts. Although it is the subjective judgment of those

Evaluation item	Survey item	Means of verification	Result

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

Table
Positive impacts produced by SSPP.

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

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

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

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

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

Evaluation item	Survey item	Means of verification	Result

[Cambodia]
A model child activity is one of the major activities in the SSPP site. A model child is selected from those who can speak clearly, two children per class, in Grades 4-6, at one school, and Grades 3-6 at another school. The selected children attend a two-day training about hygienic matters (lifecycle of STH and malaria, process of infection, communication method) and are given hygiene books and some reward (*eg* bag, notebook).
Model children teach how to use a latrine properly, how to prevent infection by washing hands, nail cutting, and wearing shoes in their schools and communities. Children draw pictures and write stories related to STH and malaria, and these are used for transferring activities. Children write records on the data, persons, the subject of knowledge transferred.
The number of latrines in the community increased, more children want to use latrines. More children came to use toilet properly.

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

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

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

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

[Thailand]
Schoolchildren are regarded as active promoters and communicators in their own community. Schoolchildren

Evaluation item	Survey item	Means of verification	Result
			bring pamphlets to their families to disseminate information. The school also organized a house hygiene contest, which make the family members work together. [Vietnam] The subject is taught in "health education" (35 minutes a week) or as extra curricular. The subject is taught once a month. Pictures are used in teaching for all grades. Diagrams showing the lifecycle of a worm is also used for higher grade students. Students also learn from games or interviewing to check behavior. Besides school health education, broadcasting of radio program and by using loud speaker is used to promote health education at the community level. The KAP survey also shows the significant change of behavior (baseline survey in March 2002 and KAP survey in September 2004).
	Output 4 (human and information network)	-Questionnaire to trainees -Interview with ministries -Interview with donors -Interview with C/P and experts	By implementing a variety of activities and utilizing meeting with those concerned with school health and parasite control, the ACIPAC has been making an effort to establish and strengthen the human and information network. Activities seem to be producing positive impacts as expected. However, the frequency and level of communication seems to be different from one to another. Indeed, many of the ex-trainees are in a disadvantaged position without access to internet, which make it difficult to disseminate information via website and email. [Communication of trainees with others] Output 4 is aimed to facilitate active communication among those involved in ACIPAC. According to the questionnaire, more than 80% of trainees keep contact. Such contact is however limited to those trainees in the same country. In the interview with trainees, it was found that only a few trainees have some contact with those who live overseas.

Table
Still keep in touch.

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

Evaluation item	Survey item	Means of verification	Result

Table
Type of persons keeping in touch.

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

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

Table
Method to keep in touch.

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

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

[Symposia and seminars]
Communication among those involved in school heath and parasite control has been enhanced by organizing international symposia and seminars. ACIPAC invited the participants from ministries of partner countries and international/regional organizations.

Table
Symposia and seminars.

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

Evaluation Item	Survey Item	Means of verification	Result

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

Furthermore, reflecting the agreement of the 2004 seminar, the first joint international curriculum development committee was held with the participation from the partner countries, WRRO, UNICEF, SEAMEO TROPMED, and Kenan Institute Asia. The participants agreed with the support to ACIPAC's training course in the future.

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

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

[South-South cooperation]

Coordination and cooperation with the ESACIPAC in Kenya and the WAICIPAC in Ghana have been enhanced. Four trainees were dispatched from Kenya since 2001, and three from Ghana since 2002. According to the questionnaire result of Project Manager and Chief Advisor of ESACIPAC and WAICIPAC, the ACIPAC's training course was highly regarded, but there are several suggestions for further improvement: trainees should be dispatched from not only Kenya but also neighboring countries; the length of the course should be three months; and preparation and finalization and project proposal should be emphasized.

In addition, there have been various opportunities to invite representative from each other as a lecturer to the training course or a participant in seminars, such as the International Workshop on Global Parasite Control for Policy Makers from West African Countries in 2001 and the Workshop on "Program Design and Course Organization for Global Parasitic Diseases Control in Eastern Africa" in 2002. Regarding the issue of the network of the CIPACs, there was a suggestion that the network between three CIPACs should be further strengthened

Evaluation item	Survey item	Means of verification	Result
			by organizing a meeting or symposium between the centers and exchanging information, in addition to more frequent exchange of staff, implementation of joint research, and implementation of mutual educational visit of Asian and African countries. There was another occasion of inviting the trainees from Central and South America. In November 2003, the ACIPAC supported Central and South America's trainees (15 trainees from 12 countries) on the parasite workshop held in Tokyo to attend a few day training in Bangkok. They visited the model site of Suan Phueng and observed the model schools and training facilities. [Information network] ACIPAC has been making constant effort to establish the network of disseminating information, through ACIPAC Mail Magazine, which was renamed after ACIPAC Times, Mekong Parasite News, and its website, in addition to symposia and seminar. The number of issues of ACIPAC Mail Magazines reached 24, while that of ACIPAC Times was 21. The number of issue of Mekong Parasite News reaches four since it started to be published. These newsletters are also uploaded to the website of ACIPAC and made available to those who are interested in ACIPAC's activities. The number of access to the website is small, only 1,336. ACIPAC Human Resource Database is included in the website to offer information about experts and to create a human resource link. The number of those registered is 80, but is expected to increase more as the registration forms were distributed to and collected from ex-trainees recently.
2. Adequacy of quantity, quality, and timing of inputs	-Number, period, field of expertise of experts [Judgment method] Comparison with the planned and the actual	-Project report -Interview with C/P -Interview with experts	Long-term and short-term experts were dispatched as planned without significant delays.
	-Items, prices and utilization of equipment	-Project report -Questionnaire to trainee -Interview with C/P -Interview with experts	Equipment was procured as planned, though some of the lecturers pointed out that microscopes and microscope measurement were not sufficient in quantity; as only 15 microscopes and few microscope measurements were available for 30-35 participants at the model site in Nakhon Si Thammarat.

Evaluation item	Survey item	Means of verification	Result
	-Number and contents of C/P training	-Project report -Interview with C/P for training -Interview with experts	The staff of Mahidol University, who were dispatched to the counterpart training, highly evaluate the training in Japan.
	-Number, allocation, and expertise of C/P	-Project report -Interview with C/P -Interview with experts	As mentioned earlier, Mahidol university has sufficient managerial capacity and assigned necessary personnel to each of the committees, which resulted in the smooth implementation of the international training course, symposia, and seminars.
	-Budget allocation	-Project report -Interview with C/P in management position	Deworming tablets were supplied by the MoPH and procured by the National Program for NST model site.
3. Cost effectiveness (adequacy of output level in relation to cost compared with other similar projects)	-Other similar projects [Judgment method] -Comparison with total cost or unit cost	-Interview with experts -Interview with donors	The cost had been decreasing slightly every year, but the unit cost increased in 2004.

Table
Cost of the training course (unit: baht).

Year	Total cost	Unit cost	Remark
2001	3.60 mil	142,692	12 weeks
2002	3.47 mil	138,979	12 weeks
2003	3.39 mil	135,549	12 weeks
2004	2.41 mil	96,592	6 weeks

3.5 Contributing and constraining factors to efficiency

[Output 2]

1. Regular review and improvement of training course curriculum.

Despite the improvement of the exam score and the relatively high level of understanding, ACIPAC was not simply satisfied with such evaluation, but has made continuous efforts to improve the course and increase the satisfaction of trainees. In addition to the regular planning before the course and the evaluation after the course, the joint international curriculum development committee was held in June 2004, reflecting the recognition of the ACIPAC as a human resource development center at the Workshop on Global Parasite Control Initiative 2004.

2. Experience and capability of Mahidol university

Mahidol University has a center with the SEAMEO TROPMED Network. The center specializes in general and clinical tropical medicine and tropical pediatrics. This fact indicates that the University is recognized as an academic and research center in this field. The majority of lecturers for the ACIPAC's training course are from the Faculty of Tropical Medicine and other faculties of Mahidol University. The Faculty and other faculties have the experience of running the international postgraduate degree course taught in English, which also

Evaluation item	Survey item	Means of verification	Result

proves the technical and managerial capacity of managing international training course.

3. Combination of trainees from different background
The international training course has a characteristic that trainees are invited from both health and education sectors. As a result, those trainees from the education sector had some difficulty in understanding the technical issues such as malaria and STH. Reflecting the different background and level of knowledge, the lecturers managed to enable such trainees to understand by making the content of lecture more basic and simple, dividing the trainees into two groups based on the educational and occupational background and giving these groups different examples for better understanding. Although this tends to be regarded as a constraint, it is noteworthy that many ex-trainees regard this combination as acceptable as it enhances communication and cooperation between the sectors.

4. English competency
Some of the trainees tend to have low level of English competency. This problem was dealt with somehow, by allowing Thai or Lao trainees to speak Thai language, for example. The ACIPAC also made effort to include at least one trainee who has good command of English and can help colleagues from the same country. It was observed that trainees of the same country tended to help each other.

[Output 3]
1. Delay of implementation due to change of external conditions
There was substantial delay of implementation of the SSPP in some countries. In Myanmar, the implementation delayed due to the suspension of aid to the country in 2003. In Vietnam, Ministry of Health was unable to make advance payment to the SSPP because of its organizational reform.

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

3. One time implementation of SSPP
Although the SSPP was started to give a chance of practical training after trainees have returned to their countries, it seems one-time implementation, which limits chances of practical training to other ex-trainees. Reflecting this situation, ACIPAC-PCD International Symposium in 2003 decided that the candidates should be selected from health, education, academic sector and the project managers who are involved in the donor-sup-

Evaluation item	Survey item	Means of verification	Result

ported parasite control projects can attend the ACIPAC training course as they have more chances to gain practical experience in their respective projects.

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

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

[Output 4]
1. Coverage of information dissemination
It was found in the interview with ex-trainees that a very few of them have ever received email newsletters, mainly due to a difficulty in access to internet or failure of registration of email address. Quarterly newsletters also fail to reach the majority of ex-trainees, partly due to the fact that newsletters are not distributed directly to individual ex-trainees. The number of those ex-trainees who ever accessed the ACIPAC's website is a few and they check it infrequently.

Table
Reasons for not keeping in touch.

Country	1	2	3	4	5
Cambodia	50.0%	12.5%	62.5%	12.5%	12.5%
Lao PDR	50.0%	0.0%	50.0%	0.0%	0.0%
Myanmar	0.0%	50.0%	50.0%	50.0%	0.0%
Thailand	100.0%	0.0%	50.0%	0.0%	0.0%
Vietnam	66.7%	0.0%	50.0%	0.0%	0.0%
Total	52.9%	12.5%	56.3%	12.5%	6.3%

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

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

4. Impact

Evaluation item	Survey item	Means of verification	Result
1. Direct impact (Overall Goal level)	-Expected impact	-Statistics -Interview with ministries -Interview with donors -Interview with experts	[Dissemination of knowledge and skill from ex-trainees to others] Ex-trainees are making effort to not only utilize but also disseminate the knowledge and skill acquired from the training course. The majority of them are doing so in their daily work. Other measures are also utilized as well with varying degree. From the result of discussion with ex-trainees in each country.

Table
Dissemination of knowledge to others.

Country	Yes	No
Cambodia	84.2%	15.8%
Lao PDR	100.0%	0.0%
Myanmar	100.0%	0.0%
Thailand	100.0%	0.0%
Vietnam	100.0%	0.0%
Total	96.7%	3.3%

Table
Measures for disseminating knowledge.

Country	1	2	3	4	5	6
Cambodia	12.5%	75.0%	50.0%	18.8%	37.5%	31.3%
Lao PDR	10.0%	10.0%	60.0%	15.0%	55.0%	5.0%
Myanmar	0.0%	42.9%	85.7%	14.3%	28.6%	28.6%
Thailand	45.0%	60.0%	55.0%	40.0%	30.0%	5.0%
Vietnam	10.5%	21.1%	94.7%	36.8%	21.1%	10.5%
Total	16.9%	40.4%	68.5%	25.8%	34.8%	14.6%

1. seminar, 2. workshop, 3. giving knowledge and information to boss and colleagues in daily work, 4. circulation of textbooks and information obtained from the course, 5. through implementing projects, 6. others

Although they are rather anecdotal, there are some examples that ex-trainees are contributing to school health and/or parasite control programs. Ex-trainees of School Health Department engaged in preparing a proposal for the Global Fund. There is another case that one ex-trainees prepared a proposal for the grass root grant scheme and succeeded in getting approval from the Embassy of Japan. One ex-trainee of Myanmar prepared a proposal to seek funding.

Evaluation item	Survey item	Means of verification	Result
2. Other impacts	-Direct and indirect impact (policy, economy, institution/ organization, technology, socio culture, environment)		[Coordination and cooperation with other organizations] Co-organizing of symposia can be regarded as one of the impacts deriving from active communication. ACPAC's annual symposia were co-organized with other organizations: with WHO (HQ, WPRO, SEARO), Thai government, JICA, JICWELS in 2004, Partnership for Child Development (PCD) in 2003.
3. Change in external conditions			Although governmental support to parasite control in terms of budget is weak in the partner countries, school health and/or parasite control programs are implemented or likely to be implemented with the assistance of donor agencies, as described in "5.2 Policy/institutional aspects".

5. Sustainability

Evaluation item	Survey item	Means of verification	Result
5.1 Technical aspects	Technical level of C/P organization	-Interview with C/P -Interview with experts -Questionnaire to and discussion with trainees	As referred to in "3.5 Contributing and constraining factors to efficiency", the University has a center specializing in tropical medicine under the SEAMEO TROPMED Network and its faculties have international postgraduate degree courses taught in English, all of which is a proof for the technical capacity of the University.
5.2 Policy/ program aspects	Prospect of program implementation CLMTV	-Interview with CLMTV ministries -Interview with experts -Interview with donors	The school based approach has been already accepted or is likely to be accepted. Furthermore, there are ongoing and future project related to school health and/or parasite control program, though with different scale of funding. [Cambodia] Cambodia is going to receive the fund for malaria from the Global Fund. National Malaria Center is going to receive the fund of 3 million dollars from the Fund. The Center plans to focus on Behavior Change Communication (BCC). It mainly focuses on two components: (1) training to community people, teachers, etc and (2) IEC materials development. The center plans to distribute one school kit for malaria per school in addition to broadcasting via TV and radio. School Health Department of MoEYS spends the fund of US$300,000 for the next five years. The fund is used for malaria prevention program in 13 provinces: (1) training for the school health department staff of the central, provincial, and district level and school staff and (2) IEC material development in cooperation with National Malaria Center. [Lao PDR] There are several on-going projects in school health and parasite control. IEC Malaria project has been implemented in six countries (Yunnan, Lao PDR, Myanmar, Cambodia, Thailand, and Vietnam) for IEC material development until this year and the following phase is likely to focus on the dissemination, including the training component. WFP's three-year school feeding program with deworming component is likely to be extend for another five years, though the funding source needs to be pursed and secured. [Myanmar] Global Fund for HIV/AIDS, tuberculosis, and malaria reaches 35.6 million dollars for the first two years in Myanmar. Intervention for malaria (9.4 million dollars) may include prevention, diagnosis, treatment, environment, provision of mosquito net, and capacity building of community health worker and laboratory staff.

Evaluation item	Survey item	Means of verification	Result
			[Thailand] As mentioned earlier, the Ministry of Public Health is implementing the royal project on Helminthiasis Control in Schoolchildren under the Royal Initiative Project since 2003. The Ministry is going to utilize the textbook developed by the ACIPAC. [Vietnam] WHO-supported "health promoting school" is implemented in 15 provinces, including the components of teachers training, IEC material development, and equipment provision. UNICEF-supported "Child Friendly School" is implemented in other 15 provinces, focusing on child development in remote areas and including teachers training.
	Prospect of sustaining, replication and expansion of SSPP	-Interview with CLMTV ministries -Interview with those involved in SSPP	In principle, the majority of the SSPP budget came from the ACIPAC (JICA headquarters, KIDSMILE project in the case of Lao PDR), though there are some cases of the cost sharing for physical construction work. There is a concern of how to sustain, replicate, and expand the activities even after the ACIPAC project is terminated. So far, There are several cases of possibility of replication and expansion. In Thailand, teachers manuals and student books are likely to be used in other areas and projects. In Vietnam, the province of Thai Ngyuen has a plan to replicate the SSPP activities in three districts (one school will be selected per district), though the detail information is not available. Application of more cost effective measures and summarizing of the experience of the SSPP seem necessary to sustain, replicate, and expand the SSPP activities in the future. Especially, the summarizing of the SSPP experience could increase the possibility of its utilization for the above mentioned programs and projects. Although the strategies on these issues should have been paid more attention at the time of planning, the ACIPAC made suggestion on the following potential measures in the 2003 annual report to sustain the activities of the SSPP. The possibility of realizing these measures need to be explored. (1) to reduce the cost for supervision and monitoring by mobilizing the local government staff in stead of the central government staff; (2) to secure the funding from other sources; community cost sharing, donors, the private sector; (3) to promote cost effective method for behavior change communication; (4) to make use of the existing system; and, (5) to utilize school cluster system.

Evaluation item	Survey item	Means of verification	Result
5.3 Organizational /financial aspects	Management capability of C/P organization		As mentioned in "5.1 Technical aspects", the University already has the experience of running the international postgraduate degree courses. In addition, as the ACIPAC's training course is evaluated highly by the ex-trainees. The majority of the lecturers interviewed of the University showed the confidence in their managerial skill and this fact indicates that the Faculty has good managerial capacity.
	Prospect of budget allocation from Mahidol University		The Faculty of Tropical Medicine firmly commit itself to making an effort to share the cost of the international training course up to 30% of the total cost at maximum, exclusively for the funding for the Thai trainees in addition to the contribution in kind such as the provision of office.
	Potential funding source for the international training course		The move toward more coordination and cooperation between ACIPAC and donors has been facilitated, which was observed particularly in Lao PDR and Cambodia. This is likely to enhance complementary relationship between their interventions in school health, health promotion and/or parasite control. There is one case of funding from other funding source so far (UNICEF for trainees of Timor L'este). Although there are no commitment of other potential funding organization at present, Joint Curriculum Development Committee, which was organized in June 2004, invited participants from not only CLMTV countries but from international and regional organizations. Such effort helps the ACIPAC and Mahidol University strengthen the financial and institutional sustainability by securing the participation of potential funding organizations for the training course.

Possible recommendations

1. Summary and dissemination of SSPP's experience in partner countries on the occasion of annual meetings and other meetings.
2. The possibility of continuing and/or replicating the SSPP is not clear at this stage. At least, the Project should confirm the achievement and implementation process, and evaluate , and summarize the SSPP as case studies or as a reference book to enable those who are interested in school health and parasite control to utilize the experience of the SSPP.
3. Further efforts to adjust the curriculum and content of the international training course.
4. The combination of trainees from education and health sectors is generally accepted. However, there was a suggestion from ex-trainees regarding the need to adjust the course appropriately for those with different level of knowledge and skill. If the training course is to be continued, then further efforts should be made to deal with this issue.
5. Summarizing of the process of the assistance of ACIPAC for policy formulation in partner countries.

Lessons learnt

1. Careful planning of the intervention in the region requires wide technical cooperation.
2. At the planning stage, the JICA resident offices and the organizations of the countries concerned should be consulted, well in advance of the planning stage.
3. There should be a clear definition of objectively verifiable indicators