

# Terminal Evaluation

## Asia

### I. Outline of the Project

- Country: Thailand
- Project title: Third Country Training Programme on Communicable Disease Control
- Issue/Sector: Health/Medical Care
- Cooperation scheme: Third Country Training Programme
- Division in charge: Infectious Disease Control Team, Group IV (Health II), Human Development Department
- Total cost: 9,235,475 Baht  
Cost per participant: 83,202 Baht  
Share of Japan's Contribution: 100 %
- Period of Cooperation  
(R/D): 23 May 2002  
From : JFY 2002  
To : JFY 2004
- Partner Country's Related Organization: Thailand International Development and Cooperation Agency (TICA), Ministry of Foreign Affairs
- Partner Country's Related Organization: Department of Communicable Disease Control, Ministry of Public Health

### 1 Background of the Project

Being aware of the rapid spread of HIV/AIDS and Malaria and recognizing the importance of training health personnel, the Government of Japan and the Government of the Kingdom of Thailand have cooperated to organize training courses in the field of Communicable Diseases Control and Surveillance (hereinafter referred to as "the Course") under JICA's Third Country Training Program, with targets being health personnel from Cambodia, China (Yunnan), Laos, Myanmar, Thailand, and Vietnam.

The Course was conducted in three different related areas. The first sub-course is Training Course on Malaria Prevention and Control (hereinafter referred to as "Sub-course on Malaria"); the second sub-course is HIV/AIDS Prevention and Problem Alleviation (hereinafter referred to as "Sub-course on HIV/AIDS"); the third sub-course is Surveillance and Epidemiological Investigation (hereinafter referred to as "Sub-course on Epidemiology").

### 2 Project Overview

"Sub-course on Malaria" and "Sub-course on HIV/AIDS" were held once a year in Thailand from Japanese fiscal year (JFY) 2002 to 2004 with a total of 48 and 43 participants respectively. "Sub-course on Epidemiology" was held only in the fiscal year 2004 with a total of 20 participants.

#### (1) Overall Goal

Health of people in Greater Mekong Basin Countries is protected from common and serious communicable disease.

#### (2) Project Purpose

Measures against communicable diseases are promptly conducted in ex-participants' home countries.

#### (3) Outputs

Output 1: Knowledge and capability of participants from Greater Mekong Basin Countries in conducting field operation of Malaria control, HIV/AIDS Prevention and Problem Alleviation, Surveillance and Outbreak Investigation are increased.

Output 2: Information on the occurrence of Malaria, HIV/AIDS and other diseases is shared and exchanged among participants.

#### **(4) Inputs**

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##### **Japanese side:**

Total Cost:	9,235,475 Baht
Cost by year:	2,508,963 Baht (JFY2002)
	2,146,257 Baht (JFY2003)
	4,580,255 Baht (JFY2004)

##### **Thai side:**

Administrative Personnel

#### **II. Evaluation Team**

Members of Evaluation Team

TICA: Ms.Suthanone FUNGTAMMASAN, Mr.Dumri KARN SIRIKUL

MOPH: Dr.Chaiporn ROJANAWATSIRIVET, Ms.Kanitha TANTHAPHAN

JICA: Mr.Katsumi ISHII, Ms.Somsri SUKUMPANTANASA, Dr.Arphatchanee HONGSWADHI

Period of Evaluation

14 January - 31 March 2005 (JFY2004)

Type of Evaluation:

Terminal

#### **III. Results of Evaluation**

##### **1 Summary of Evaluation Results**

###### **(1) Relevance**

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The relevance of the Third Country Training Programme on Communicable Disease Control is moderately high, considering that most participating countries are facing a high prevalence of malaria and high rates of HIV/AIDS epidemic especially along borders. Both diseases have been the main public health problems and are considered high priority programmes of the GMS countries.

Training for health personnel of the GMS countries is considered highly appropriate and continuous capacity building of HIV/AIDS and Malaria related health personnel is considered highly essential due to limited skills of personnel working on HIV/AIDS and Malaria in contrast with the heavy burden of disease in most countries.

###### **(2) Effectiveness**

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Ex-participants of the sub-course on Malaria utilized knowledge/skills at a very high rate, which implies high effectiveness of the Course. Effectiveness of sub-course on HIV/AIDS is also acceptable owing to fair rate of utilization of knowledge/skills obtained from the sub-course. Relocation was found in a few cases but was considered to have a lot less influence on the achievement of the Project Purpose since the duties are principally the same as those previously conducted.

Achievement of Output 1 appeared to be high, based on: post-testing of the sub-course on Malaria; and level of application comparing to level of understanding of the sub-course on HIV/AIDS. Achievement of Output 2 was acceptable, considering that participation and communication in the Course itself, and course curriculum which includes 'Country Presentation', have led to the sharing and exchanging of information on Malaria, HIV/AIDS, and other diseases. Action to add a subject on "Network Management" in the year 2004 to provide information on healthcare networks is considered to be able to assist fulfilling the achievement of this Output at the termination of the Course.

###### **(3) Efficiency**

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Efficiency of the sub-course on Malaria is satisfactorily high owing to high relevance of the sub-course contents and ex-participants' needs, proper duration of the sub-course, and highly efficient materials, texts, equipments, teaching methodology, and high-skilled lecturers provided by the sub-course. Efficiency of the sub-course on HIV/AIDS is considered to be fair owing to a fair result of suitability of curriculum, with fairly efficient inputs in terms of human resources and materials.

MOPH is considered the suitable organization to conduct the training of both sub-courses, provided that the Ministry could provide more experiences on fieldwork conducted by personnel affiliated to the ministry both at the central and provincial levels. Besides, the Ministry's strong connection with other related organizations is another asset that provides participants full opportunities to better understand the importance of organizational networks and to observe the cooperating activities in dealing with communicable diseases.

#### **(4) Impact**

Some ex-participants got promoted after attending the Course, which could be evaluated as a high positive impact given that certificates provided are not those to be evaluated for the post promotion.

The tendency to achieve the overall goal in the next 3-4 years seemed to be slightly difficult considering the present rate of prevalence and the possibility of emerging of new diseases. Besides, human resources on both Malaria and HIV/AIDS are still limited. Only 1-3 personnel/sub-course/ country/year provided by the course still could not timely respond to each country's needs unless those trained personnel transferred the same level of knowledge/skills obtained to a relatively large number of health personnel in their country.

#### **(5) Sustainability**

The capability of the organizing institution of both sub-courses on Malaria and HIV/AIDS was found technically sufficient to maintain the course in the future. The administrative capability of both sub-courses is considered sufficient, while the capability of the sub-course on HIV/AIDS is expected to be elevated in the future, owing to the establishment of an International Training Center (ITC) in December 2004 to be mainly in charge of training conducted by MOPH. However, in terms of the financial situation, it still takes time for the organizing institutions to solely manage the Course without any support or under the present circumstance where no marketing components have been included.

### **2. Factors Promoting Sustainability and Impact**

#### **(1) Factors Concerning the Planning**

n/a

#### **(2) Factors Concerning the Implementation**

The current National Malaria Control Program in each GMS country was developed based on the Roll Back Malaria (RBM) Mekong Initiative, to which strategies and activities concerning Malaria prevention and control in each country are relatively similar. The sub-course on Malaria was also designed based on this RBM, which straightly could satisfy the needs of all participating countries.

### **3. Factors inhibiting sustainability and impact**

#### **(1) Factors concerning Planning**

In the planning stage, objectives of the Course were anticipated on the achievement of actual performances in the participants' home countries. However, the Course has no component to monitor or verify activities of those ex-participants, but only the component of training in Thailand. This factor prevents the achievement of Project Purpose in terms that the extent of effectiveness in conducting each kind of activity could not be confirmed. The Terminal Evaluation might be able to confirm the existence of the activities, but not their punctuality or effectiveness.

#### **(2) Factors concerning the Implementation Process**

- For the sub-course on HIV/AIDS, highly different situations and different policies on HIV/AIDS in the participating countries are the factors inhibiting the efficiency of curriculum design and the effect of the sub-course. The curriculum could hardly fulfill the satisfaction of "all" participating countries, whose needs are highly different based on policy and the variety of target groups.
- In the process of participant selection, there is no methodology to verify the participants' English capability except for the case of Thailand. For the announcement, late announcement is the factor hindering adequate number of application which affects the securing of appropriate participants due to less time available.

### **5. Recommendations**

- Continuation of the Course for at least 3 years, during which time the organizing institutions should find methods, whether by developing marketing strategy or finding budgets, to secure the financial sustainability of the Course, is recommended.
- To be able to confirm the quality of the activities conducted by ex-participants in their home countries, the training should definitely be "the training with follow-up or monitoring programmes". The organizing institutions should add a component of monitoring and follow-up by utilizing scheme on dispatch of experts, with an approach to secure a separate budget besides budgets from the Programme.
- For sub-course on HIV/AIDS, needs of participating countries should be categorized and a curriculum should be carefully designed in accordance with those needs. The organizing institution should focus on a specific topic, by setting only specific target groups from specific countries following analysis of the results of a needs survey.

- Third Country Training Programme (TCTP) should be integrated with other schemes, such as having MOPH conducted TCTP on Training of Trainers (TOT) for the core personnel who have full career and English capability and simultaneously having in-country training programmes supported by JICA country offices or other donors. The in-country training should have components of inviting lecturers from the TOT course to allow lecturers to conduct a follow-up and could give further advice to cope with the situation of each country. This would facilitate problems of language barriers and education backgrounds of promising health personnel and would also assist in extending the number of trained personnel in each participating country.

## **6. Lessons Learned**

- To gain a suitable standard of English ability of all participants, each country should have a system, such as examinations, to ensure the participants have enough English Capability. JICA in each country may be the site to conduct such examinations or cooperation should be requested from WHO, UNDP country offices who have already conducted such examinations for expected participants.
- In selecting participants, JICA may help to find appropriate participants through existing JICA projects and/or experts. However, to avoid problems at the Thai Embassy in each participating country, JICA should inform those participants to contact through the focal points designated by the Thai Embassy. TICA is now creating a list of focal points for each field and will submit it to JICA after it is finished.