No.

タイ国
エイズ予防・地域ケアネットワークプロジェクト
運営指導調査団報告書

平成12年２月

国際協力事業団
医療協力部

医協一
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序　　文

タイ国ではエイズの爆発的な流行を背景に、1991年、エイズ対策を政府が取り組む最優先課題として位置づけ、首相府を中心とする14の省庁からなる「国家エイズ委員会」が設立されました。以降、タイ政府はエイズの感染予防に取り組んできましたが、これに対し、わが方では感染予防を主軸としたプロジェクトを行うことによりタイ政府に協力を行ってきました。

しかしながら、エイズに感染した人々に対するケア体制の整備も感染予防と同様に重要であることが認識されるようになり、上記予防策が一定の成果をみせ、感染者数がほぼ横ばいになってきたことを背景に、タイ政府のエイズにかかる施策も予防からケア体制の整備に重点が置かれるようになってきています。

このため、右目的に沿ったエイズ予防・地域ケアネットワークプロジェクトを実施してほしいとの要請がタイ国政府から提出されました。その結果、1998年２月から５年間の予定でプロジェクトを開始し、バンコクとパヤオ県において活動を展開中です。

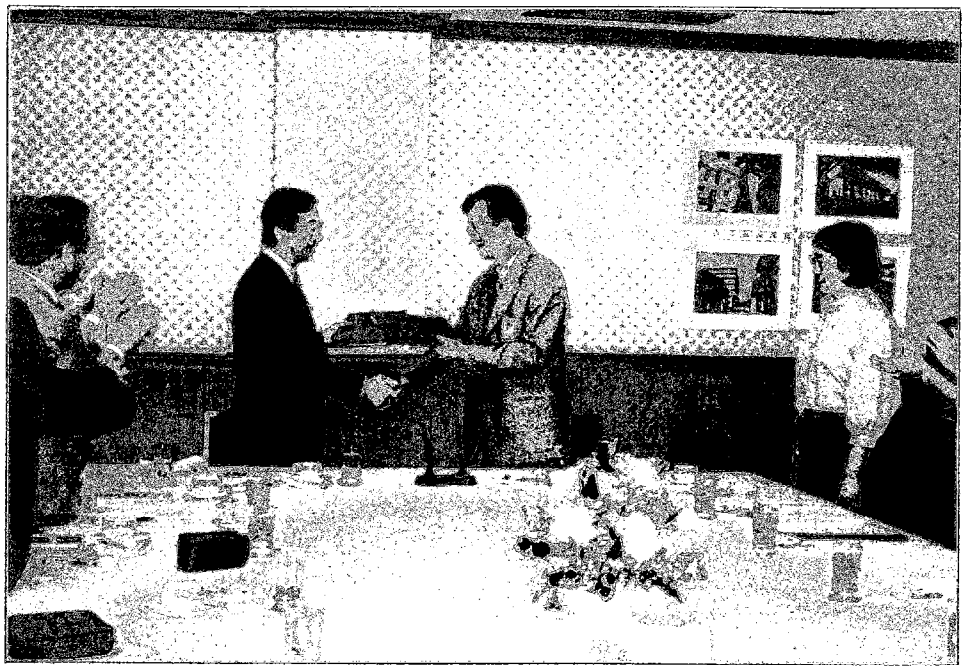
国際協力事業団は、開始から約２年を経た本プロジェクトの円滑な実施のために、その進捗状況を確認したうえで今後の協力の方向性について協議すべく、2000年１月22日から１月29日まで、東海大学医学部長黒川清氏を団長として運営指導調査団を派遣しました。

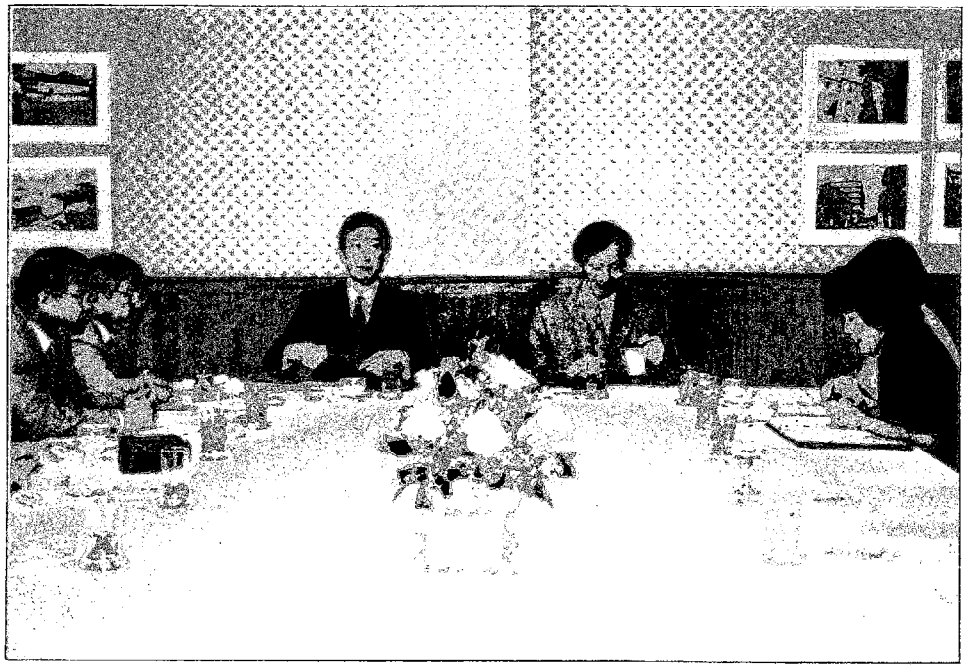
本報告書は、右調査の結果を取りまとめたものです。

ここにこれらの調査にあたりまして、ご協力を賜りました関係各位に対しまして、深甚なる謝意を表します。

平成12年２月

国際協力事業団
理事　阿　部　英　樹





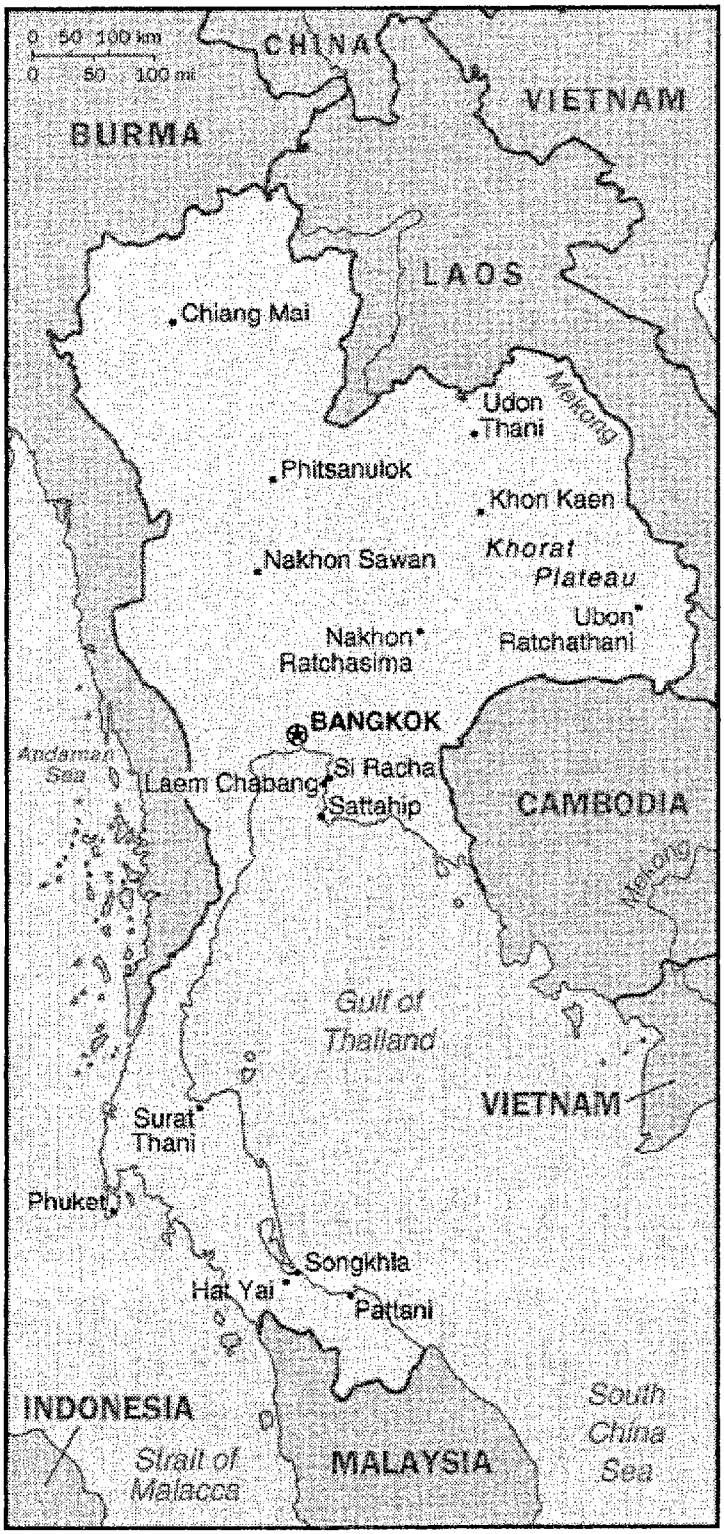
ミニッツ署名

パヤオ県副知事表敬

DTEC表敬

病院視察

地図：タイ王国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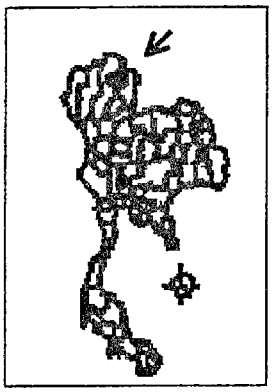
Nakhon Ratchasima
BANGKOK
Andaman Sea
Laem Chabang
Si Racha
Sattahip
CAMBODIA
Mekong
Gulf of Thailand
VIETNAM
Surat Thani
Phuket
Songkhla
Hat Yai
Pattani
INDONESIA
Strait of Malacca
MALAYSIA
South China Sea

MAP OF PHAYAO PROVINCE



△ Provincial Health Office
● General Hospital
○ Community Hospital

Chiang Rai

Lao PDR

N

Poosang

Chiangkam

Maejai

Chun

Pookamyao

Nan

Pong

△
●
Dokkamtai

Muang

Lampang

Chiangmuan

Phrae

目　　次

１．運営指導調査団派遣

１－１　調査団派遣の経緯と目的

タイ王国（以下、タイ）国民のエイズ感染率は１％を超えており、感染予防対策のみでなく、エイズ患者との社会的共存が可能なケアシステムの構築まで含めた施策が必要とされている。

タイ政府は1991年に国家エイズ委員会を設立し、エイズ予防対策国家５カ年計画（1997～2001）を策定するなど、予防策については従来から積極的に取り組んでいる。タイ政府の要請に基づき、わが国は1993年から３年間、右予防策の強化を目的とするエイズ予防対策プロジェクトを実施した。

上記プロジェクト実施後、その成果を受けつつ、上述のエイズにかかわる社会的状況を踏まえ、タイ政府はいまだ本格的な取り組みに着手されていなかった地域（特に郡）でのケアシステムの構築をめざし、本件プロジェクトによる協力を要請してきた。

(1) プロジェクト目標

国家レベルでのエイズ対策に適応するエイズ予防および地域ケアにかかる継続的・包括的な実施モデルの開発と普及

(2) 期待される成果

(3)の６分野を視野に入れた、県衛生局、郡衛生局、ヘルスセンターを軸とするネットワークシステムの開発およびその評価システムの開発がパヤオ県で行われ、右モデルがタイの政策として採用され、他地域に普及されること。

(3) 活動項目

以下の６分野について、政策、各種プログラムを含む現状分析を行い、その改善計画を立案する。また研修教材・カリキュラムを開発する。さらに、全国セミナーおよび他地域からパヤオ県へのスタディツアーを実施、パヤオ県での活動の成果を分析し、他県でのモデル展開の支援につなげていく。

①婚前から終末に至る継続的・包括的なエイズ予防・ケアネットワーク

②HIV・エイズの感染・発症に特化した地域保健情報ネットワーク

③スーパーバイザーによる相談員サポートシステム

④保健医療施設における感染予防対策

⑤ラボラトリーネットワーク

⑥中高生を対象とするエイズ教育

対処方針：プロジェクト開始から約２年を経過した現時点で、これまでの進捗状況のレビューを行い、対象地域拡大の計画、プロジェクトデザインマトリックス（PDM）、その他懸案事項等について先方と協議を行い、円滑なプロジェクト運営を図る。

特にプロジェクトから提案されている上記(3)活動項目の再編について十分に意見を聴取し、議論を行い、最終案を持ち帰ることとする。

１－２　調査団の構成

	担　当	氏　名	所　　属
(1) 団　長	総括／保健政策	黒川　　清	東海大学医学部長
(2) 副団長	地域保健	田中喜代史	国立国際医療センター国際医療協力局長
(3) 団　員	医療協力	吉武　克宏	国立国際医療センター派遣協力第一課長
(4) 団　員	協力計画	山田　史子	JICA医療協力部医療協力第一課

１－３　調査日程

日順	月日	曜日	移動および業務
1	1.21	金	移動（団員２）　ヤンゴン→バンコク（NH952）
2	1.22	土	資料収集（団員２）
3	1.23	日	移動（団員１）　鹿児島→福岡→バンコク（TG140） 移動（団員３、４）　成田→バンコク（JL717） 担当所員との打合せ
4	1.24	月	移動　バンコク→チェンライ（TG132）、チェンライ→パヤオ（車両） 専門家との打合せ
5	1.25	火	県副知事表敬、ミニッツ協議
6	1.26	水	セミナー、関連施設等視察
7	1.27	木	移動　パヤオ→チェンライ（車両）、チェンライ→バンコク（TG131） 専門家との打合せ
8	1.28	金	ミニッツ署名、DTEC、日本大使館、JICA事務所報告
9	1.29	土	移動　バンコク→成田（JL708）

１－４　主要面談者

(1) タイ側関係者

１）DTEC

Mr. Banchong Amornchewin	Chief of Japan Sub-Division
Mr. Anuman Leelason	Staff of Japan Sub-Division
Ms. Thawoot	Staff of Japan Sub-Division
Mr. Keiichi TAKEDA	JICA Senior Advisor

２）保健省

Dr. Narongsak Angkasuwapala	Deputy Permanent Secretary
Ms. Udomsiri Panrat	Provincial Hospital Division, Office of Permanent Secretary
Ms. Napa Wongsilp	Rural Health Division, Office of Permanent Secretary
Ms. Kanjana Sirikomon	Rural Health Division, Office of Permanent Secretary

３）パヤオ県庁

Mr. Somporn Anuyouthpong	Vice Governor of Phayao Province

４）パヤオ県医務局

Dr. Petchsri Sirinirund	Provincial Chief Medical Officer Director
Dr. Aree Tanbanjon	Deputy Provincial Chief Medical Officer
Ms. Saowanee Panpathanakul	Chief, STD Section and AIDS Action Center
Mr. Suwat Lerchayantee	Technical Officer, AIDS Action Center

(2) 日本側関係者

１）JICAタイ事務所

岩口　健二	所長
梅崎　　裕	次長
笛吹　　弦	所員

２．総　括

２年目までの総括として、このプロジェクトの難しさはHIV／AIDSが従来からのタイの重要懸案であり、すでに国としての対応策が導入されているということと、これらとJICAの役割の分担の明確化と調整にあると考えられる。昨年度の訪問では、本プロジェクトの全般的な目的と各活動項目の内容と推進策は理解されたものの、これらの目標設定と実行の実現への効果と進捗状況の把握が必要と判断されたため、次年度以降は年間の中間報告書を提出するよう求めた。

これらを踏まえた現地での討論によって、2000年度からはプロジェクトに包括される内容を変更することなく、全体の活動項目を３つの実行可能と思われるプログラムに再編成することが提案された。本調査団はこの変更を検討し、さらに今回の現地調査訪問での現地当局者、JICA側担当者の意見聴取と討論を通じて、この再編が適切であり、プロジェクト遂行に有効であることを確認した。さらに、より具体的な指標の設定と、年次の進捗スケジュール表の作成を要望した。

最近のHIV／AIDSの動向では結核合併の重要性が広く認識されているところであるが、このことがタイそしてパヤオ県でも事実であることが確認できた。したがって、INH投与や直接監視下短期化学療法（DOTS）などの結核対策の実行性向上がHIV／AIDS対策には必須であり、そのためにもタイ公衆衛生局の対応が重要であり、このことをタイ当局に要請した。

年次計画遂行には、当局の協力と両国の当事者の強い意思と実行力は不可欠であり、この点を再度強調した。２年目の調査訪問はこれらの問題点について改めて認識し、相互の理解を得た。年次計画に沿ったプログラムの遂行と実行状況のモニターと、タイムリーなフィードバックの提供がこのプロジェクトの成功へ欠かせないことをさらに確認した。プロジェクトにかかわるすべての委員、関係者が日常的な作業と業務の遂行にあたっていることを確認したが、一人一人の努力がより的確かつ適切なリーダーシップを通じてさらに効果をあげるよう、いっそうの努力を要望した。

以上の各項目についてタイ当局と関係者の理解と合意を得て、１月28日にミニッツの署名に至った。

３．プロジェクト実施上の諸問題

３－１　プロジェクトの進捗状況

1998年２月に開始された技術協力は、HIV／AIDSについての包括的予防とケアを地方保健行政の一環として、全国の規範となるべきモデル開発を北タイのパヤオ県を舞台に行おうというものである。当初の計画では期待される成果として６つの項目が設定され、その実現に向けて活動が開始された。それはHIV／AIDSについての、①包括的予防と継続的ケア、②地域に根ざした情報システム、③カウンセリング・ネットワーク、④ラボラトリー検査ネットワーク、⑤ユニバーサル・プレコーション、⑥中学・高校における啓蒙活動、である。

約１年間の上記の成果をモデルとして発展させる活動を経て、上記の各成果の関連性が明確でなく、構築すべきモデルの概念が不明確過ぎるとして、日本側専門家とカウンターパートが協議した結果、本プロジェクトの成果は問題解決または改善に至るプロセスをモデルとして提示すると結論づけた。そしてそのモデルはLearning and Action Network on AIDS、略してLANAと呼ばれ、このプロセス・モデルLANAが適応される地域レベルに応じてAIDS competent Tambon、AIDS competent District、AIDS competent Provinceとなることが期待された。そしてこの場合のTambon（村）レベルの活動はヘルスワーカーを中心にした人材養成であり、District（郡）レベルではヘルスシステム開発であり、Provincial（県）レベルでは各関連機関や団体との連携・協力関係強化をめざしたパートナーシップ促進という具合に重点的活動項目が設定された。このLANAを基本的コンセプトとして、さらに当初計画としてあげられた①～⑥の６つの技術向上活動を織り込みながら活動が進められた。

しかし半年が経った時点で、さらに日本側専門家とタイ側カウンターパートとの議論が重ねられてきた結果、再度PDMの改編が必要となってきた。それには以下のような背景がある。まず第一に、タイ側の強いイニシアティブにより、人材養成の活動が急速な高まりをみせているのに対して、当初計画の６つの技術向上活動が方向性を見出せないまま、進捗が遅れている状況が明確になってきた。またTambonレベルの人材養成は、自主的に保健問題全体を考える態度を育成するため、エイズに特化した研修の導入は時期尚早とされた。加えて地域保健全般の研修の完了まで、地域保健スタッフの労働量を増やしたり、自主性を失わせたりする介入は控えてほしいというタイ側からの強い要請があった。第二に、パヤオ県のエイズ対策を全国のモデルとするという意気込みも、現実にはあるコンポーネント（たとえば住民活動や結核対策など）では、他県のほうが進んでいる事例もあることから、むしろ他県との経験交流が必要とされた。第三に、プロジェクト開始時期には、治験的段階であったHIV母子感染予防プログラムが、途上国で可能なHIV対策として国際的認知を得てきた。またHIV感染者の結核発症率の高まりとともにDOTS療法の重要性がはっきりしてきた。すなわちHIV／AIDS対策のモデルをめざすプロジェクトで、これらを

考慮しない活動はその存在意義を問われる状況となってきた。

また前回の調査団往訪時に指摘されていた、プロジェクト成果の整理・簡素化、優先順位づけ、資源の集中化、なども考慮されるべき時期にきていた。

以上の結果から、プロジェクトの成果は３つに絞り込まれた。①人材開発、②母子感染予防を突破口とした、システム・技術開発、③コミュニティ活動、である。特に②の技術開発の分野に日本側からの強い技術協力を求められた。

これはAZTがタイで国内生産されるようになった結果、近い将来にタイ側で自前調達の可能性が高くなってきていることを踏まえ、AZT投与と粉ミルク授乳による母子垂直感染を予防することをエイズ対策の切り口として感染母親とその子へのケアの輪を広げていくというものである。プロジェクト開始直後に押し寄せたタイの経済危機に対して実施した、JICAの開発支援費を通じた途上国として最小限可能な薬剤AZTと粉ミルク供与による母子垂直感染予防対策は、本プロジェクトが最も力を入れて支援してきた部分であり、すでに、この成果は母子垂直感染対策の国家政策に取り入れられた。これは国家的エイズ対策の立案に寄与するという、Super Goalをすでに満たしている。

さらに新規結核患者の半数以上がHIV／AIDS患者であることから、結核併発のエイズ患者をDOTS療法で治療することで、彼らのケアの向上を図ろうとする手法も導入された。将来は結核の予防投薬（IPT）、日和見感染予防、さらに究極的にはHIV陽性者の発症予防もしくは早期治療につながるトータルケアの道をめざそうという分野で日本側からの技術移転の期待が最も高い。

それ以外の①人材開発と③コミュニティ活動強化は、パヤオ県がタイのヘルスケア・リフォーム政策（ヨーロッパ連合の支援を受けている）のフィールドトライアルの場とされている都合上、またタイ側が熱心な啓蒙的人材開発手法の実施上、エイズ対策に特化したプログラムの実施をしばらく控えるように申し渡されている分野として、日本側としては待たざるを得ない状況にある。多くの援助が入り、また独自に開発手法を身につけているタイ特有の現象として、冷静に受け止めざるを得ない。

３－２　問題と対応策

３－２－１　プロジェクトの計画について

今回、プロジェクト側からPDMの改訂の提案があった。当初計画から1999年初めに１度改訂が行われ、さらに今回修正が行われたことはすでに述べた。上位目標、直接目標は当初計画どおりとして、プロジェクトの成果とそれに至る活動計画が主に変更された。成果を、①人材開発、②母子感染予防と未発症者へのサービス向上を根幹とした技術開発、③コミュニティによるエイズ対策の推進の３本柱にし、本プロジェクトがめざしている方向を明確にしようという姿勢は評価できる。

しかし、なお以下の点でPDMをより完成したものにして、活動項目と評価点を明確にする必要がある。

１）成果の達成目標を明確にし（数値目標が設置できれば、なおよい）、その評価指標を明らかにする。

２）①および③の成果項目が計画のうえで明確化されていない。

３）このPDMに基づいた残り３年の活動計画を明確にする必要がある。

３－２－２　プロジェクトの実施体制

パヤオ県における諸活動は、県保健局長をカウンターパートの責任者として技術協力が行われている。しかし活動が多彩なだけに各活動間の関連や位置づけが明確でない部分がある。各活動の担当者と責任者、そして日本側専門家のかかわりを明示するような組織図が欲しい。

中央政府、特に保健省とプロジェクトのかかわりは、DTECからも疑問が投げかけられたが、思ったほど積極的ではない。プロジェクト合同会議は１度開かれたきりで、DTECはその会議に呼ばれなかったとのこと。また、プロジェクトの活動が母子垂直感染予防やDOTSやカウンセリングなどメディカルケアの分野にも広がっていて、保健省の監督部署である病院課、地方課、CDC、結核課、精神衛生課などとの調整が急務になってきている。保健省も本プロジェクトにかかわるタスクフォースをもつことを考えているようであるが、調査団としては既存のプロジェクト合同調整委員会や運営委員会をもっと活性化させて、頻回に開くことを提案したい。

最終的には、本プロジェクトの成果を保健省が政策レベルまたは全国レベルでどう生かしたいかを明らかにしてほしい。本プロジェクトが地域におけるエイズ対策のモデル開発を行い、それを国レベルにどう生かすかは、中央政府の責任であることを意識してほしいし、そのつもりでプロジェクトの進捗を積極的にモニターしてほしい。

３－２－３　プロジェクト日本側専門家への提言

本プロジェクトの難しさは以下の点に集約できる。まずはタイにおけるエイズが国の屋台骨を揺るがしかねない事態に対し、すでにタイ側自身である程度の対策がとられているなかで、外国の介入は、それがよほど効果的でなければ受け入れられない可能性がある。次にエイズについては、先進国では早期治療法が確立されつつある状況であるが、タイではエイズ治療薬が高価であるという理由でその対策がとれない、つまりエイズ患者についてすでに存在する最も効果的な方法がとれない状況があり、その点を外した対策モデルは説得力に乏しい。最後に、タイの保健省関係者（中央も地方も）はすでにかなりの知識と経験を有しているところ（それが効果をあげているかどうかは疑問がなくはない）、日本からの技術移転をどこまで受け入れる姿勢があるかについても難しい面がある。

以上の背景のなかで、プロジェクト専門家は相手側との友好関係を保ちつつ、一定の成果をあげている点は高く評価したい。この結果は終了時評価で明らかにされるし、その点については調査団は何ら危惧はしていない。ただそれをどう表現するかは工夫が必要だろう。

そこで今後、以下の点に留意して技術協力活動をすすめていくことが望ましい。ひとつには本プロジェクトにおける日本の貢献を明確にすること。すでに述べたが、タイ側はすでにある程度の知識と経験を有しているために、自前でやったという意識が強いだろうが（誇りをもつことはいいが）、本技術協力に限り、日本側のODAに対するパートナー国としての積極的評価を引き出すためにも必要なことかと思われる。次に日本側専門家のチームリーダーと調整員がバンコクに、他の専門家がプロジェクト・サイトのパヤオという地方にそれぞれ活動拠点をもっているところ、くれぐれも専門家同士、および専門家とJICA事務所の連絡、合意を密に行いながら活動をして頂きたい。これはかなり意識して行わないと途切れがちとなる可能性がある。

プロジェクト開始後２年が経過して、チームリーダーの交代も予定されているところ、これから後半戦に向けて、形に残る成果がでるような活動を期待したい。そのためにも日本側専門家のプロジェクト目標を見据えたチームワークとカウンターパートとの緊密な協力関係、さらにJICA関係者や国内委員会等の支援体制の強化が望まれる。

３－３　資機材の利用状況

ミニッツ（附属資料①）中のリストにある供与済みの機材は、すべて有効に活用されている。また長期および短期派遣専門家の携行機材として購入されたパソコンは、不安定な電圧および気候の関係もあり故障、修理に及んだケースがあったが、調査団派遣時点では問題がなかった。

プロジェクト開始後３年程度を経た時期に資機材の利用状況を調査する場合には、プロジェクト終了に向けた先方のメンテナンス体制の構築状況をあわせて調べることが必要と思われる。

４．合同調整委員会の協議事項

４－１　経緯と概要

協議以前にミニッツ案についてDr. Petchsri局長の基本的な合意は得られていたが、24日の打合せおよび25日のPDM再編に関する説明と議論を踏まえ、わが方として以下の事項について加筆・修正をした案を作成し、右案に関し説明を行った。

さらにPDMの指標に関しては、明確な指標を設定したほうが各レベルの保健医療従事者にとりめざすべきものは何かがわかりやすいと判断されること、またどのような指標を設定するかについては、基本的にプロジェクトにかかわる専門家とカウンターパートにより案を作成するのが望ましいことを説明した。

（マイナーな訂正を除く）主な加筆・修正事項は以下のとおりである。

・２．SUMMARY OF DISCUSSIONSの(4)Promotion of Community Responses to HIV／AIDSにあげられている各活動について、専門家がNGOおよびPeople with HIV／AIDS（PWA）グループとの協調、連携および既存の県レベルのプログラムの質の改善により促進される旨を加筆した。

・同じく２．の(5)Modification of the Project Design Matrixの項で、指標の設定が必要な旨を加筆した。

・４．TENTATIVE SCHEDULE OF IMPLEMENTATIONについて、毎年指標に基づいて各活動項目に関する評価を行う旨を追記した。

・５．REINFORCEMENT OF PROJECT ORGANIZATIONの項を追加し、結核対策と人材開発の重要性に鑑み、討議議事録（R/D）で合意されたProject Task Forceに結核課および人材開発局を加える必要があること、さらに県、郡レベルで結核、母子保健およびエイズ関係スタッフの緊密な共同作業が求められる旨を加筆した。

４－２　提言事項

上記協議の結果を踏まえ、調査団から以下の事項について提言を行った。

〈対プロジェクト〉

PDM再編後の３つのコンポーネントの目標設定、特に１と３については進め方の点で明確にされない部分があり、先方との協議のなかで確認したが、いまだ議論が定まらない部分もある。このためプロジェクトに対し全体の明確な目標設定を行うことを提言したので、これにより双方の認識の違いは解消されていくものと考える。

〈対タイ側〉

ミニッツの署名交換にあたり、サイナーとなった副次官（次官のフォアサイン）に対し、団

長から以下のとおり提言を行った。

(1) 今回PDMの再編を行い、残された３年の協力期間の達成目標、たとえば結核治療の脱落率を10%以下に抑える等の明確な根拠に基づく数値目標を設定するように提言したので、右に関しては保健省としての強力な支援をぜひお願いしたい。

(2) プロジェクトとしてPDMの目標で設定されているとおり全国レベルに普及可能なモデルづくりをめざしているので、保健省としてもその方向で努力をお願いしたい。

(3) 本プロジェクトの活動はきわめて多岐にわたっており、そのため関係部局間の調整が重要となってくる。この点に関しても積極的な関与をお願いしたい。特にR/Dで合意された合同調整委員会等については、できるかぎり頻繁に開催し、プロジェクトの進捗状況の確認や共通認識の形成による順調なプロジェクト運営を図るようDTECからも助言を受けており、この点についてもご協力をお願いしたい。

５．その他

今回は調査団の目的のひとつであるプロジェクトの円滑な運営を支援する意図から、カウンターパートのインセンティブを高めるべく、団長および副団長による講演が行われた。

出席者はエイズアクションセンターをはじめとする県保健局からの参加に加え、県病院からも出席していた。

彼らにとり若干難解な部分もあったと思われるが、全員が最後まで真剣に聴き、なかには自らの経験に照らしつつ熱心に質問する姿も見られ、有意義な機会となったものと思われる。

附　属　資　料

① ミニッツ

② インテリム・レポート

③ 団長名レター

④ Brief Information of Phayao

① ミニッツ

MINUTES OF MEETINGS BETWEEN THE JAPANESE MANAGEMENT CONSULTATION TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF THAILAND ON THE JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR MODEL DEVELOPMENT OF COMPREHENSIVE HIV/AIDS PREVENTION AND CARE

The Japanese Consultation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Kiyoshi Kurokawa visited the Kingdom of Thailand from January 23 to 29, 2000.

During its stay, the Team exchanged views and had a series of discussions with Thai authorities concerned to review the activities of the Project for Model Development of Comprehensive HIV/AIDS Prevention and Care (hereinafter referred to as "the Project").

As a result of the discussions, both sides agreed upon the matters in the document attached hereto.

Nonthaburi, January 28, 2000

Dr. Kiyoshi Kurokawa
Leader
Management Consultation Team
Japan International Cooperation Agency
Japan

for Dr. Sucharit Sriprapandh
Permanent Secretary
Office of Permanent Secretary
Ministry of Public Health
The Kingdom of Thailand

ATTACHED DOCUMENT

1. GENERAL REVIEW

The Project started in Phayao Province on February 1, 1998, for the purpose of improving quality of Comprehensive HIV/AIDS Prevention and Care, and developing a model of them with regards to expansion to other provinces in Region 10 and contributing to future national policies and strategies on HIV/AIDS control.

In accordance with the Record of Discussions (hereinafter referred to as "R/D") signed on December 1, 1997 by both sides, JICA has dispatched 4 long-term experts to Thailand and accepted 8 counterpart personnel as trainees in Japan, and will also provide equipment to activate the implementation of the Project. Both sides reviewed the activities in regard to the implementation of the Project. Based on the common understanding of the present situation of the Project, both sides discussed the future implementation plan of the Project.

2. SUMMARY OF DISCUSSIONS

Both sides agreed upon the following matters:

(1) Expected outputs of the project

Outputs and activities of the project have been rearranged as follows: 1) Health Manpower Development for solving HIV/AIDS related problems, 2) Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children, 3) Promotion of community responses to HIV/AIDS.

This revision is made because: 1) it is necessary to have common direction of "Technology Development" areas in the Project Design Matrix (hereinafter referred to as "PDM") revised in 1999 for prioritization and effective communication with other provinces, 2) it is necessary to have practical approaches for promoting community responses to HIV/AIDS as partnership development, and 3) it is necessary to promote exchange of good practices in each province for model development.

This revision does not change the super goal, goal, project purpose agreed in the PDM revised in 1999. It aims to rearrange the existing activities to set a clear common

direction and priority for 6 areas of "Technology Development", to clarify the strategy of partnership development for promoting community responses to HIV/AIDS, and to promote exchange of experiences across the provinces.

(2) Health Manpower Development for solving HIV/AIDS related problems

Health Manpower Development for solving HIV/AIDS related problems remains same. Major activities include 1) development of provincial trainers, 2) attitude reform by "Community Assessment" training course, 3) new system formulation: community assessment and area-based planning, 4) consolidation and stabilization: implementation, supervision and monitoring & evaluation, 5) sharing experiences with other provinces.

(3) Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children

Six areas of "Technology Development" need to be rearranged setting a common direction of "Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children". Major activities involve: 1) reinforcement of existing HIV/AIDS related programs, 2) development of coordinated prevention and care services, 3) utilization-oriented information system development, and 4) exchange of experiences among provinces.

(4) Promotion of Community Responses to HIV/AIDS

"Health Manpower Development for solving HIV/AIDS related problems" takes time. Therefore, prior to facilitation of community responses to HIV/AIDS by health staff, series of activities will be carried out for promoting community responses to HIV/AIDS as follows: 1) assessment of existing community responses to HIV/AIDS, 2) development of tools and media to support community facilitators, 3) support to community responses and experience sharing. The activities above shall be promoted by improving quality of existing provincial programs and by mobilizing NGOs and PWA groups in close collaboration with JICA experts.

(5) Modification of the Project Design Matrix

The "outputs" and "activities" of the present PDM need to be modified according to: 1) Health Manpower Development for solving HIV/AIDS related problems; 2) Establishment of HIV/AIDS prevention and care with an emphasis on mothers and

children; and 3) Promotion of community responses to HIV/AIDS. The PDM in ANNEX I has been proposed by the both sides, but requires specific indicators.

3. ACHIEVEMENT OF TENTATIVE SCHEDULE OF IMPLEMENTATION

The technical cooperation activities under the Project that have been carried out by the middle of January 2000 are presented in ANNEX II. Annual progress of each activity should be summarized in an interim report for further consultation and recommendation.

4. TENTATIVE SCHEDULE OF IMPLEMENTATION

According to the present situation of progress of the Project, both sides jointly formulated the Implementation Plan of the Project. The timetable of the Implementation of the Project is presented in ANNEX III. To ensure the progress of project activities, indicators of achievement should be set on annual basis. Each activity of the project will be assessed and evaluated by the indicators every year, and may be modified/revised as appropriate.

5. REINFORCEMENT OF PROJET ORGANIZATION

Project Task Force at the national level established according to the R/D needs to include representatives of Tuberculosis Division as well as Bureau of Health Manpower Development because Tuberculosis control and Health Manpower Development have been identified as important. Closer working relations are encouraged at provincial and district levels among personnel in charge of Tuberculosis, Mother and Child Health and other AIDS related services.

Project Design Matrix 2000

Annex I/Draft

Summary of Objective/Activities	Objectively Verifiable Indicators	Means/Source of verification	Important Assumptions
Super Goal 1. Reduction of new HIV infected cases 2. Improvement of QOL among PWA and their families			
Overall Goal to which project contributes The nationwide process model of the provincial health system which enables the system to continuously respond to HIV/AIDS problem and other local health problems is developed.			
Project Purpose The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province and applied effectivaly to other selected provinces.	Number of AIDS Competent Tambons(*1), Number of AIDS Competent Districts(*2), Number of AIDS Competent Province(*3)	periodical assessment	Government and concerning organization take the models national strategy.
Results/Outputs 1. Health Manpower Development for solving HIV/AIDS related problems 2 Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children 3 Promotion of community responses to HIV/AIDS	(To be completed and submitted for approval by the JICA Advisory Committee on February 8, 2000)	periodical assessment	
Activities 1. Health Manpower Development for solving HIV/AIDS related problems 1.1 Development of Provincial Trainers 1.2 Attitude reform by "Community Assessment" training course 1.3 New system formulation: community assessment and area planning 1.4 Consolidation and stabilization: implementation, supervision and monitor & evaluation 1.5 Sharing experiences with other provinces 2 Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children 2.1 Reinforcement of existing HIV/AIDS related programs i)Prevention of Mother to Child Transmission (PMCT) program ii)TB and other opportunistic infections control iii)Counseling service iv)Laboratory service v)Nosocomial infection control/UP 2.2 Development of coordinated prevention and care services i)Development of multi-program collaboration ii)Development of health services for asymptomatic PWA iii)Development of comprehensive functions of self-help group iv)Development of collaborative relationship with schools through study on sexual behavior of secondary school students 2.3 Utilization-oriented information system development i)Development of provincial data base ii)Tool development for utilizing quantitative information 2.4 Sharing experiences among provinces 3 Promotion of community responses to HIV/AIDS 3.1 Assessment of existing community responses to HIV/AIDS 3.2 Development of tools and media to support community facilitators 3.3 Support to community responses and experience sharing			

*1:AIDS Competent Tambon (ACT)" is the sub-district in which people (i.e. individuals, families and community) have the potentiality to cope with the HIV/AIDS problem through:
1)accessing to information, 2)analyzing and assessing their risks & vulnerable factors to HIV/AIDS and acting on them, and 3)accessing to effective HIV/AIDS core services.

*2:"AIDS Competent District(ACD)" is the district in which the district working unit (i.e. the district health office , the community hospital and health centers) is capable to coordinate multisectoral collaboration for:
1)facilitating people's response to HIV/AIDS, and 2)providing effective HIV/AIDS core services.

*3: "AIDS Competent Province(ACP) " is the province in which the provincial working unit (i.e. the provincial health office, general hospitals) is capable to coordinate multisectoral collaboration for:
1)facilitating capability of district working units to be AIDS competent, and 2)providing effective HIV/AIDS referral services.

Achievement of Tentative Schedule of Implementation

Table 1. Project Meeting

No	Category	Date	Participants		Chair person
1	Project Coordinating Committee	June 12, 1998	24	Ministry of Public Health (16), Provincial Health Office (2), JICA (6)	Dr. Supachai
2	Project Directorate Board	October 5, 1998	33	Ministry of Public Health (22), Provincial Health Office (2), UNAIDS (2), WHO (1), JICA (5)	Dr. Prakrom
3	Project Provincial Committee	October 6, 1999	26	Ministry of Public Health (3), Phayao Provincial Health Office (14), Phayao General Hospital (4), JICA (5)	Dr. Supachai
4	Project Directorate Board and Project Coordinating Committee	January 11, 2000	31	Ministry of Public Health (24), Phayao Provincial Health Office (2), JICA (5)	Dr. Supachai

Table 2. Major Activities of Health Manpower Development

No	Category	Date	Participants		Remark
	<Development of Provincial Trainers>				
1	Trainer training ("Community Assessment" training course #1)	November 16-20, 1998	51	Provincial trainer (32) Program manager (2) External trainer (15) Observer (2)	JICA
2	Trainer training on "Community Assessment" (course design 1)	December 24-25, 1998	40	Provincial trainer (30) Program manager(2) External trainer (7) Observer (1)	JICA
3	Trainer training on" Community Assessment" (course design 2)	January 11-13, 1999	35	Provincial trainer (27) Program manager (2) External trainer (6)	JICA
4	Preparation for CA#2	February 1-3, 1999	21	Provincial trainer (20) Program manager (1)	JICA
5	Wrap up meeting of CA#2	March 8-10, 1999	36	Provincial trainer (28) Program manager (1) External trainer (7)	JICA
6	Trainer training on qualitative study	March 23-26, 1999	35	Provincial trainer (27) Program manager (2) External trainer (3) Observer (3)	JICA
7	Preparation for CA#3	April 20-21, 1999	24	Provincial trainer (15) Observer (9)	Thai

8	Wrap up meeting of CA#3	July 1-2, 1999	25	Provincial trainer (20) External trainer (5)	Thai
9	Preparation for CA#4	August 17-18, 1999	14	Provincial trainer (14)	Thai
10	Wrap up meeting of CA#4	September 15, 1999	18	Provincial trainer (18)	Thai
11	Preparation for CA#5	December 2-3, 1999	15	Provincial trainer (15)	JICA
12	Wrap up meeting of CA#5 (1)	January 11, 2000	13	Provincial trainer (12) Program manager (1)	JICA
13	Wrap up meeting of CA#5 (2)	January 17, 2000	15	Provincial trainer (10) Program manager (2) External trainer (3)	JICA
	<Attitude reform by "Community Assessment" training course>				
1	"Community Assessment" training course #2	February 8-12, 1999	53	Trainee (30) Provincial trainer (16) Program manager (2) External trainer (5)	JICA
2	"Community Assessment" training course #3	May 10-14, 1999	41	Trainee (23) Provincial trainer (14) Program manager (2) External trainer (2)	Thai
3	"Community Assessment" training course #4	August 23-27, 1999	49	Trainee (30) Provincial trainer (15) Program manager (2) External trainer (2)	Thai
4	"Community Assessment" training course #5	December 20-24, 1999	50	Trainee (27) Provincial trainer (14) Program manager (2) External trainer (6) Observer (1)	JICA
	<New system development: community assessment, area planing, M&E>				
1	Orientation of community assessment in their locality	July 19, 1999	57	Trainee (37) Provincial trainer (17) Program manager (1) External trainer (4)	Thai
2	Topics selection for community assessment	November 15-16, 1999	66	Trainee (45) Provincial trainer(15) Program manager (1) External trainer (5)	JICA

Table 3. Dispatch of Japanese Experts

No	Name	Designation	Duration	
	<Long term>			
1	Dr. CHOSA, Toru	Chief Advisor/Health Policy	February 22, 1998	(February 21, 2000)
2	Ms. KAMONJI, Nobuko	Coordinator	February 15, 1998	(February 14, 2000)
3	Ms. KONDO, Yuko	Community Health	April 5, 1998	(April 4, 2000)
4	Dr. FUJITA, Masami	Health Management	February 1, 1999	(January 31, 2001)
	<Short term>			
1	Dr. MARUI, Eiji	Community Health	April 5, 1998	April 11, 1998
2	Dr. MATSUURA, Kencho	Management of Information System	April 5, 1998	May 1, 1998
3	Dr. FUJITA, Masami	Health Management	April 5, 1998	June 13, 1998
4	Ms. TAKEUCHI, Momoe	Health Economics	August 25, 1998	September 30, 1998
5	Dr. YASUOKA, Akira	HIV/AIDS Clinical Management	October 11, 1998	October 30, 1998
6	Dr. YOSHIYAMA, Takashi	TB/DOTS Management	October 26, 1998	November 6, 1998
7	Mr. USHIYAMA, Masahide	IEC	November 15, 1998	January 13, 1999
8	Ms. SAWAMOTO, Misao	HIV/AIDS Nursing (UP)	December 21, 1998	January 23, 1999
9	Dr. MATSUURA, Kencho	Management of Information System	January 18, 1999	February 3, 1999
10	Dr. MORITSUGU, Yasuo	Laboratory	February 15, 1999	April 10, 1999
11	Dr. TAKAGI, Hirohumi	Management of Information System	July 19, 1999	September 3, 1999
13	Ms. KUDO, Fumiko	IEC(UP)	August 18, 1999	January 15, 2000
12	Dr. MARUI, Eiji	Health Policy/Community Health	September 12, 1999	September 18, 1999
14	Dr. YASUOKA, Akira	HIV/AIDS Clinical Management	September 12, 1999	September 18, 1999
15	Dr. INABA, Junichi	Prevention of HIV Vertical Transmission	September 27, 1999	October 16, 1999
16	Dr. HIRANO, Kayoko	HIV/AIDS Nursing	January 12, 2000	(February 5, 2000)
17	Dr. YOSHITAKE, Katstuhiro	Health Economics	January 23, 2000	(January 29, 2000)

TABLE 4. Counterpart Training in Japan

No	Name	Course Title	Duration	
1	Dr. Petchsri Sirinirund	Health Services System	March 15, 1998	March 24, 1998
2	Dr. Aree Tanbanjong	Health Services System	March 15, 1998	March 24, 1998
3	Ms. Saowanee Panpattanakul	Community Health	August 20, 1998	November 20, 1998
4	Dr. Paiboon Thanakiatsakul	Health Policy/Hospital Administration	August 20, 1998	November 20, 1998
5	Mr. Chachawan Boonruang	Health Information	August 20, 1998	November 20, 1998
6	Mr. Suwat Lertchayantee	Health Information	September 5, 1999	November 28, 1999
7	Ms. Sangtuan Kaewjino	Community Health	September 5, 1999	November 28, 1999
8	Dr. Piphat Jiranairada	HIV Clinical Management/Health Policy	October 26, 1999	November 21, 1999

TABLE 5. Provision of Equipment from the Japanese Government as of FY 1998

No	Item	Quantity	Place of Installation
1	Class I Safety Cabinet	1	Phayao Provincial Hospital
2	Binocular Microscope with Accessories	1 1 1 1	Chun Community Hospital Chiangkam General Hospital Phayao Provincial Hospital Pong Community Hospital
3	Water Purification Unit	1 1	Phayao Provincial Hospital Chiangkam General Hospital
4	Ultrasonic Cleaner	1 1	Phayao Provincial Hospital Chun Community Hospital
5	Autoclave with Accessories	1 1	Phayao Provincial Hospital Chiangkam General Hospital
6	Respirator	1	Phayao Provincial Hospital
7	Computer Set	4	AIDS Action Center
8	Copy Machine	1 2	Phayao Provincial Health Office JICA AIDS II, MOPH and Phayao
9	Risograph Copy machine	1	Phayao Provincial Health Office
10	Digital Video Camera	1	JICA AIDS II, Phayao
11	Portable Data Projector	1	JICA AIDS II, Phayao
12	TOYOTA Commuter High Roof	1	Phayao Provincial Health Office

13	TOYOTA Hi-Ace	1	Phayao Provincial Health Office
14	Automatic Blood Cell Counter	1	Chun Community Hospital
15	Class II Biological Safety Cabinet	1 1 1	Chun Community Hospital Pong Community Hospital Dokkamtai Community Hospital
16	Automatic Blood Culture System	1 1	Phayao Provincial Hospital Chiangkam General Hospital
17	PCR Machine	1	Phayao Provincial Hospital
18	EMI Microplate Reader	1	Phayao Provincial Hospital
19	EMI Microplate Washer	1	Phayao Provincial Hospital
20	Multi-Channel Pipet	1	Phayao Provincial Hospital
21	Automatic Blood Chemistry	1	Chiangkam General Hospital
22	Refrigerator	1	Chun Community Hospital
23	Sphygmomanometer with Child Arm-band	10	Chun Community Hospital
24	Weighing Scale for Newborn	10	Chun Community Hospital
25	TV	10	Health Centers
26	Video	10	Health Centers
27	Video Camera	1	JICA AIDS II, Phayao

Tentative Schedule of Implementation for Japanese Fiscal Year 2000-2001 (April 2000 to March 2001)

Item	Contents			4	5	6	7	8	9	10	11	12	1	2	3
Goal	The nationwide process model of the provincial health system which enables the system to continuously respond to HIV/AIDS problem and other local health problems is developed.														
	1) Health Manpower Development for solving HIV/AIDS related problems 2) Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children 3) Promotion of community responses to HIV/AIDS														
Meeting	(1)Project Directorate Board Meeting (2)MOPH Project Coordinating Committee (3)Provincial Project Coordinating Committee									▼					▼
					▼			▼	▼		▼			▼	
Training	Health Manpower Development: including Community Assessment training and practice, Trainer Training									▼			▼		
Mission	Evaluation/Monitoring Team												▼		
Expert Dispatch	Long Term	1)Chief Advisor													
		2)Coordinator													
		3)Community Health													
		4)Health Management													
	Short Term	1)HIV/AIDS Health Policy	A1 △												
		2)Health Economics	A1 △												
		3)HIV/AIDS Clinician	A1 △												
		4)TB/DOTS Clinician	A1 △												
		5)Community Health and IEC	A1 △												
		6)HIV/AIDS Nursing	A1 △												
		7)Laboratory	A1 △												
		8)Management Information System	A1 △												
		9)Clinician for Prevention of HIV Vertical Transmission	A1 △												
Counterpart Training	1)HIV/AIDS Care		A2,3		△										
	2)Health Management		A2,3		△										
	3)Community Health		A2,3		△										
Provision of Equipment			A4 △												
Local Cost:	for Japanese Experts				▲apply	△									
	Promotional Activities of Japanese Experts				▲apply	△									
	Cost Sharing Middle Level Manpower Development Program							▲apply		△					
	Budget for AIDS Collaborating Research Program				▲apply		△								

② インテリム・レポート

Interim Report
of
JICA Project for
Model Development of Comprehensive
HIV/AIDS Prevention and Care
(JICA AIDS II)

January 2000

Phayao Provincial Health Office
Ministry of Public Health
JICA AIDS II

Contents

Introduction

In February 1998, the JICA Project for Model Development of Comprehensive HIV/AIDS Prevention and Care in Thailand (JICA AIDS II) started in Phayao Province of Upper-Northern Thailand where HIV/AIDS most seriously hit the society. The project is expected to develop the model of Comprehensive HIV/AIDS Prevention and Care, which can be shared among Phayao and other provinces, and can contribute to national policies and strategies.

The project has achieved considerable progress so far in the area of Health Manpower Development and Technology Development in Phayao Province. From the viewpoint of "Model Development", however, the wide ranges of project activities do not necessarily have a common vision that can be explicitly communicated with other provinces. Therefore, the project activities have been rearranged without changing the project purpose and framework. The revised major components include 1) Health Manpower Development for solving HIV/AIDS related problems, 2) Establishment of prevention and care for people with HIV/AIDS (PWA) and their families with an emphasis on mothers and children, 3) Promotion of community responses to HIV/AIDS. All the expected outputs and activities in the present PDM are included in these three components. This Interim Report describes the progress and next steps according to them. (cf. Annex 1. tentative PDM2000)

1 Executive Summary

1.1 The first year

The expected outputs of the initial PDM (Project Design Matrix) included:

1) Comprehensive Prevention and Continuum Care
2) Community-based Information System
3) Counseling Network
4) Laboratory Network
5) Universal Precautions
6) Secondary School Student Education

Although various activities started according to the expected outputs above, the concept of "model" was not clear enough. As a result of intensive discussions among personnel concerned, it was agreed that the project should focus on developing the process model that can be applied in various situation, particularly in other provinces, because the situation surrounding HIV/AIDS changes overtime and is area and population group specific. The process was named "Learning and Action Network on AIDS: LANA" to develop "competence" to cope with HIV/AIDS issues at Tambon (sub-district), district and provincial levels. The process model would also contribute to a vision of decentralized health system.

The major strategies to achieve "AIDS Competent Tambon", "AIDS Competent District" and "AIDS Competent Province" were identified as 1) Health Manpower Development, 2) System Development, and 3) Partnership Development to promote community responses to HIV/AIDS. One of the reasons why such a large framework was formulated was that many projects in the past were not sustainable enough because they were quite vertical in nature and too much attention was paid to visual outputs in a short period.

The PDM was modified at the beginning of 1999 based on the discussions above. The expected outputs are as follows:

1) Health manpower are developed systematically
2) Specific components of technology relating to HIV/AIDS prevention and care are developed:
    - Comprehensive Prevention and Continuum Care
    - Community-based Information System
    - Counseling Network
    - Laboratory Network
    - Universal Precautions
    - Secondary School Student Education
3) LANA is developed in Phayao province
4) Other provinces are actively involved in the process of the model expansion
5) National policies and programs as well as situation of Phayao and other provinces are reviewed

1.2 The second year

Since the latter half of the first year, training programs of HMD were extensively conducted followed by activities of Technology Development. The following issues were identified in the meantime:

1) Necessity of common direction of Technology Development areas for prioritization and effective communication with other provinces

Six component teams for Technology Development have been trying to respond to local needs, while they have diverse ideas of expected outputs. They do not have a clear common vision that would facilitate model development and experience sharing with other provinces within a limited time frame.

2) Necessity of practical approaches for promoting community responses to HIV/AIDS as Partnership Development

Although Phayao Province has been establishing active multi-sectoral partnership on HIV/AIDS

especially at province level, extensive responses to HIV/AIDS at community level are yet to be developed. Since Health Manpower Development has been identified as the priority strategy of province-wide general health development mobilizing tremendous workforce in Phayao Province, facilitation of community responses to HIV/AIDS by health staff is postponed to the latter half of the project.

3) Recognition of good practices in each province for model development through exchanging experiences

As the project has recognized good practices of each province, "expansion of the model developed in Phayao" may not be an appropriate approach.

In order to address the issues above, a draft proposal on revision of project activities was developed. The rearranged three major components are as follows:

1) Health Manpower Development for solving HIV/AIDS related problems,

The Health Manpower Development program has been the priority program of general health development in Phayao Province. HIV/AIDS is identified as one of the major subjects of the program. The Phayao side is taking the initiative in conducting the extensive training courses.

2) Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children,

Six areas of Technology Development are rearranged setting a common direction of "Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children". This is based on the review of the HIV/AIDS program in Northern Thailand where remarkable progresses have been made with reduction of new infection, while care systems for PWA, especially for those of asymptomatic phase are yet to be developed. Apart from Prevention of Mother to Child Transmission (PMCT), services for asymptomatic people are not provided extensively. It is expected that the quality of life of PWA and families will be improved through systematic and coordinated services and activities of prophylaxis of TB and other opportunistic infections, strengthening of self-help groups' activities, promoting self-care, etc. Provisions of effective services for asymptomatic people will also promote HIV testing in the early stages for promoting prevention. These will be combined with reinforcement of existing programs focusing on quality of services, as well as utilization-oriented information system development, for developing comprehensive responses to local needs.

3) Promotion of community responses to HIV/AIDS

Promotion of community responses to HIV/AIDS is an urgent issue under the circumstances that HIV/AIDS affects every aspect of people's life in the community. While some communities have actively responded to HIV/AIDS, number of such communities is still limited. As capacity

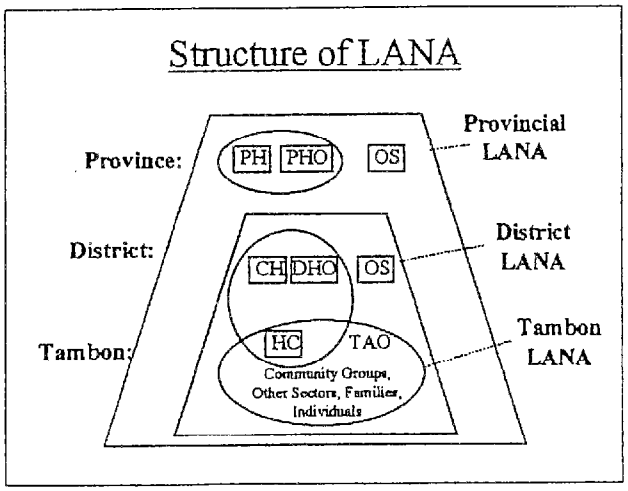
building of potential facilitators is essential for expanded responses, the project has sought feasible strategies as following to promote community responses to HIV/AIDS without increasing workload of health staff: ①assessment of existing community responses to HIV/AIDS, ② development of tools and media to support community facilitators, ③support to community responses and experience sharing.

This revision does not change the project purpose, or existing activities. The outcomes are simplified into three components above for clarification and maximal utilization of limited resources, while targeting mothers and children, emphasizing community responses, and putting "Sharing Experiences" and "Review" in each component.

2. Project purpose: Learning and Action Network on AIDS (LANA) Development

The project purpose is that the process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province and applied effectively to other selected provinces. The super goal, goal and project purpose of the project, which agreed in December 1997, has not been changed.

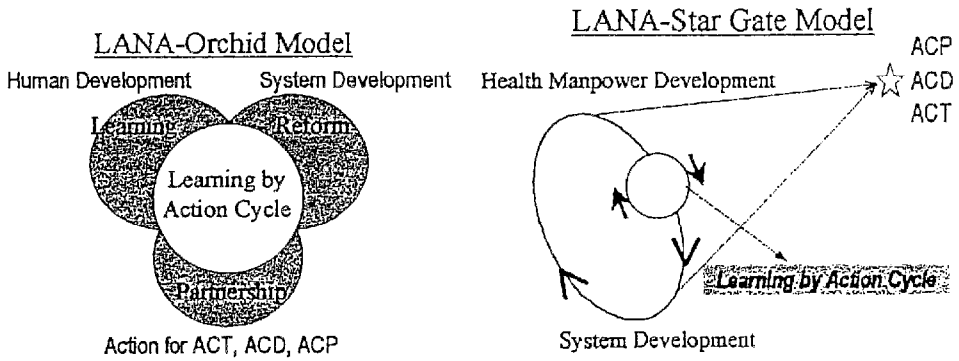
The model development of the project is the process that can be applied in area-specific and changing situations. AIDS Competent Tambon (ACT), AIDS Competent District (ACD) and AIDS Competent Province (ACP) are to be indicators of the project achievement.



ACT is the sub-district in which people (i.e. individuals, families and community) have the

potentiality to cope with the HIV/AIDS problems through ①having access to information, ② analyzing and assessing their risks & vulnerable factors to HIV/AIDS and acting on them, and ③ having access to effective HIV/AIDS core services. ACD is the district in which the district working unit (i.e. district health office, community hospital and health centers) is capable of coordinating multisectoral collaboration for ①facilitating people's response to HIV/AIDS, and ② providing effective HIV/AIDS core services. ACP is the province in which the provincial working unit (i.e. provincial health office and general hospitals) is capable to coordinate multisectoral collaboration for ①facilitating capability of district working unit to be AIDS competent, and providing HIV/AIDS referral services.

In order to build local capacity to respond to area-specific changing situation, the project develops the LANA at each level embracing development of health manpower, system, and partnership by Learning by Action Cycle.



3. Progress and next step of major activities

3.1 Health Manpower Development for solving HIV/AIDS related problems

Capable health manpower is an essential element of health system to cope with area-specific and rapidly changing situation with regard to public health, particularly where decentralization of public administration is underway. Phayao Provincial Health Office identified Health Manpower Development as one of the highest priority programs in order to prepare health system responding to HIV/AIDS and other health problems. HIV/AIDS is actually emphasized as one of the major subjects of the program. Health personnel are expected to have the following capacity through HMD.

- Attitude to concern about impact on people, eagerness to learn and critical thinking
- Positive attitude towards teamwork to collaborate within health sector as well as with other sectors and communities

- Positive attitude toward the community participation and skills in working with the community
- Knowledge and skills in data collection and analysis
- Knowledge and skills of planning, monitoring and evaluation
- Communication skills in order to understand real needs of the community and to promote self-care of people

The HMD courses will be conducted extensively for developing capacity of health personnel at every level throughout the province, in order to create a critical mass for system change. Greater attention will be paid to the development process of health staff, rather than to the outputs they produce during the HMD process for ensuring successful and sustainable health development. It should be noted that this kind of challenging initiative requires relatively longer time.

Each step of Health Manpower Development is:

I Attitude reform

The health teams including staff from sub-district health centers, district community hospitals, provincial general hospitals and the provincial health office are trained in "Community Assessment" courses.

II New system formulation, consolidation and stabilization

Cycle 1: Introduction to new public health system

1) "Community Assessment" in their locality
2) Area planning
3) Implementation, supervision, monitoring and evaluation

Cycle 2: Skill development

4) "Community Assessment" in their locality
5) Area planning
6) Implementation, supervision, monitoring and evaluation

In the step II, topics of the planning will be open for any health issues including HIV/AIDS, in order to help them look through all aspects of community with open eyes, and then learn how to identify and prioritize the problems. Two cycles will take 18-24 months.

3.1.1 Sharing vision of the project

A series of meetings at each district for sharing vision of the project was held in October 1998. The purpose of the meetings was to promote voluntary participation of health staff in the project activities, especially training courses under the Health Manpower Development. Total number of participants was 422 (25% of all health staff) in 11 meetings.

3.1.2 Development of provincial trainers

<Progress>

The team of provincial trainers were formed and trained by external trainers to be trainers for the "Community Assessment" courses, which aim to develop the attitude towards the eagerness to learn and work as a team for the people. After attending as the trainers, they have conducted 4 batches of training with the supervision from the external trainers. The preparation and evaluation of each batch were criticized in the workshop with the external trainees. Thirty-four (34) staff joined the first "Community Assessment" course and 28 staff is active as provincial trainers now.

<Next step>

The provincial trainers will be gradually developed by conducting "Community Assessment" courses. Meanwhile, they will be introduced to a new public health system by starting to do the community assessment, the first step in cycle 1), in 3 districts.

3.1.3 Attitude reform by the "Community Assessment" training course

The training course on "Community Assessment" is a 5-days program. The course has 3 objectives: 1) trainees understand that oneself is the main cause of the bias. Thus, it will lead to the development of the attitude of eagerness to learn, 2) trainees know the process of data collection and 3) trainees understand that in order to solve the problems, the understanding of the problems including its situation and how they happen is needed. Basic curriculum of the course is as follows:

1st day Concept of new public health system (lecture)
Data collection by observation and interview
Group work to select topics to study

2nd day Design for the study
Development of tools for data collection

3rd day Data collection in the filed

4th day Data analysis and interpretation

5th day Presentation and discussion

<Progress>

Up to now, 5 courses of "Community Assessment" training course were conducted and totally 154 health staff (about 10 % of all staff) participated.

<Next step>

Three "Community Assessment" courses will be conducted a year in order to expand the coverage continuously.

3.1.4 New system formulation: community assessment and area planning

After the "Community Assessment" course, actual community assessment and area planning in their districts have been planned.

<Progress>

Participants of the second and third batches selected assessment topics in November 1999. They are now designing the methodology for data collection.

<Next step>

The next step is data collection, analysis and interpretation for area planning.

3.1.5 Sharing experiences with other provinces

<Next step>

Making a VTR, a booklet and training module on "Community Assessment" for public relation is started. A meeting for sharing experiences on "Community Assessment" with provinces that are interested will be held in November 2000.

3.2 Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children

In order to make PMCT an entry point for establishment of holistic and continuous care, it is vital that HIV/AIDS related programs such as voluntary counseling & testing, PMCT, prophylaxis & treatment of opportunistic infections, universal precautions are reinforced in well coordinated and integrated ways.

A provincial task force has been formulated involving the personnel in charge of HIV/AIDS, TB, PMCT and information to prepare a draft strategic plan on holistic care for PWA and their families using TB (prophylaxis and DOTS) as subject matter. Special attention will be directed to mothers after delivery and their children as well as other asymptomatic people who are not sufficiently covered by existing services. It is expected that the quality of life of PWA and families will be improved through systematic and coordinated services and activities, such as prophylaxis of TB and other opportunistic infections, high quality counseling services, strengthening of self-help groups' activities, promoting self-care, etc. Provisions of effective services for asymptomatic people will also promote HIV testing in the early stages before transmitting to others. These will be combined with reinforcement of existing progress focusing on quality of services for comprehensive and systematic responses. Furthermore, utilization-oriented information system serves as the basis of proper assessment, planning, monitoring and evaluation of the HIV/AIDS

programs of the province.

In summary, activities to establish prevention and care for PWA and their families with an emphasis on mothers and children involve; 1) reinforcement of existing HIV/AIDS related programs focusing on quality of services, 2) development of coordinated prevention and care services for comprehensive and systematic responses to HIV/AIDS, 3) utilization-oriented information system development for evidence-based decision making, and 4) exchange of experiences among provinces. (cf. Annex 2. HIV/AIDS prevention and care services with emphasis on mothers and children)

3.2.1 Reinforcement of existing HIV/AIDS related programs

i)Prevention of Mother to Child Transmission (PMCT) program

Anti-HIV multi-drug therapy (HAART) is common medical service in developed countries but not in developing countries. In Thailand, as it is estimated that there are a million People with HIV/AIDS (PWA), it is urgently needed to create the model of how to provide care for them instead of HAART. PMCT program is basically composed of AZT administration and replaced formula to HIV positive pregnant women and their infants.

In Region 10, original PMCT regimen called Z10 was created and has been provided as routine ANC/MCH services. The results are remarkable. It reduced HIV vertical transmission rate from 30% at no intervention to 7.8% (September 1999). In addition, coverage of the services is quite high: more than 90% in the region. However, PMCT is not the program only providing AZT and replaced formula. It should be recognized as comprehensive and continuous services composed of surveillance, counseling, diagnosis, medical care, follow-up, data management, aftercare for HIV positive mothers and orphans.

<Progress>

Therefore, JICA has been working with CARE Thailand and Phayao Province not only for donating AZT tablet, syrup, powdered milk and diagnostic reagents but also for the evaluation and improvement of Z10 service quality. Indicators of the quality are as follows:

- Sustainability: procurement of AZT tablet, syrup and powdered milk
- Coverage: utilization rate of antenatal care (ANC) clinic as an entry point of Z10
- Counseling: acceptance rate of HIV pre-test and attendance rate to Z10 after informed consent
- Diagnostic quality and referral system: reliability and promptness of HIV sero-test by GPA and EIA, and recording, reporting and feed-back
- ANC follow-up: timing of visit, compliance and period of AZT administration
- Care around delivery: increase of AZT dose for mothers, starting AZT syrup to newborn and so on

- Mother and Child Health (MCH) clinic follow-up: time of visit and delivery of powdered milk
- Final diagnosis: reliability of PCR or sero-test
- Aftercare follow-up: benefit of mothers, families and orphans

Concerning sustainability, donation of AZT and powdered milk by JICA was done quite timely. At that time, Region 10 Health Office was willing to introduce Z10 into whole region and extend to national level as routine MCH services. However, because of Asian economic crisis, it faced difficulty of procurement. Therefore, JICA's support contributed for the program implementation and PMCT model development. At present, Department of Health, Thai MOPH, is expanding PMCT nationwide and trying self-procurement of AZT and powdered milk. By governmental effort, AZT for PMCT use is now in the list of essential drugs. However, procurement of powdered milk is still problematic. According to the MOPH, the PMCT regimens in Thailand will be evaluated and unified near future. Coverage and counseling, coverage of ANC and quality of counseling service are high especially in Phayao. Quality of ANC and other MCH services directly influences to the effectiveness of PMCT. The factors can be categorized as follows:

1) Insufficient AZT dose caused by late visit to ANC and compliance/adherence
2) Immunological status: Z10 is a routine public health service. Therefore, expensive examinations such as CD4 or viral load are not introduced. There are some possibilities not to find low CD4 count HIV positive pregnant women who cannot be neglected with clinical criteria.
3) Prolonged delivery: time of delivery and labor pain is considered as an important factor of vertical transmission.

Factor 2) cannot be evaluated at this moment, however, 1) and 3) can be analyzed by utilizing Z10 FORM 1 to 4. JICA experts and counterparts found that there are many positive pregnant women taking insufficient AZT dose (37%, 53/144 cases). Definition of "insufficient" is the dose under 168 tablets of 100mg AZT. Theoretically, minimum AZT dose expected to prevent vertical transmission is 168 tablet (600mg/day x 28days).

<Next step>

The detailed analysis should be conducted to explore the reasons of insufficient drug taking, especially on compliance. To achieve further reduction of transmission, it might be necessary to add extra regimen or procedure. For example, Region 10 is introducing extended AZT syrup administration for the newborns from late coming HIV positive pregnant women.

Lastly, aftercare program for mothers and orphans is still under development. There are many support programs for PWA, however, not specific for PMCT. Prophylaxis use of drugs against TB, PCP and cryptococcal meningitis is to create clinical benefit for mothers. Community activity such as income generation should be concerned to create social welfare benefit. It will be

the continuous PMCT model even for neighboring countries.

ii) TB and other opportunistic infections control

Despite the fact that TB in PWA should be curable with proper diagnosis and treatment, TB is the leading cause of death among PWA. On the other hand, total number of TB cases started to rise due to rapid increase of HIV positive people in TB patients. The coordinated and integrated responses to HIV/AIDS and TB are urgently needed. For instance, huge resources currently put into HIV/AIDS programs can be effectively shared with TB control, while close communication among hospitals, District Health Office, Health Center and family established through DOTS (Directly Observed Treatment, Short Course) strategy of TB program can be utilized for HIV/AIDS care system development.

<Progress>

Preliminary assessment of TB situation in Phayao Province was conducted in October and November 1998. Major findings included:

1) Poor implementation of DOTS
   - Defaulter rate is high, more than 20% in DOTS area
   - Home visits by health staff are done only once a month though most of DOTS watchers are family members
   - Information on TB cases is not effectively shared among hospital, District Health Office and Health Center
2) Inadequate isolation of smear positive TB patients in hospital wards
3) There are many under-registration of smear positive TB cases due to lack of information flow from laboratory to TB clinic in some hospitals
4) Culture examination is not functional in a General Hospital due to lack of training, although culture examination is not essential to TB Control

Soon after this assessment, workshop and training on DOTS were held inviting personnel in charge of TB from every district. Then every district started or renovated the DOTS programs.

In August 1999, TB registers of Chun and Dokkamtai Hospitals were examined in order to promote data analysis and use at district level as a part of Information System Development. The visual presentation of data analysis facilitated the understanding of problems concerning TB and HIV in the province.

To follow-up the progress of TB/DOTS program, situation of every district was evaluated in October 1999. Significant improvements were observed as following; frequency of home visits increased from once a month to once a week in most districts, communication of patient information between hospitals and Health Centers dramatically improved, information flow from laboratory room to TB clinic improved in a hospital, a number of hospitals started isolation of

smear positive TB patients in the wards. It takes more time to have better treatment outcome as a result of these measures.

<Next step>
What to be done for the next steps include consolidation of DOT for raising cure rate, improvement of recording and reporting system, as well as linking TB and HIV/AIDS services at hospitals.

iii)Counseling service

Considering the nature of HIV/AIDS epidemic in the society, alleviation of psychosocial suffering is essential for maintaining quality of life of PWA. Counseling services play a significant role of psychosocial support. In Thailand, large number of health staff has been trained to be counselors responding HIV infection since 1993. However, many health staff who were trained basic skills of counseling faced the gap between theory and practice.

In Phayao Province, problems of counseling services regarding working conditions and background of counselors were also found out though daily services and result of a situation analysis of counseling in 1997. Phayao Province has been supported self-leaning of active counselors. However, there were rare opportunities to have extensive and official counselor network based on the achievements in the province.

<Progress>
A meeting, which is to strengthen networking of counselors officially in Phayao Province, was held in March 1999. Before the meeting, a series of small group discussions were conducted to review the achievement. The purposes of the meeting were 1) to refresh and increase counseling knowledge and skills, 2) to exchange experiences in the way of learning and supporting each other and 3) to set up working team of each district for learning, supervision and referral. The most important outcome of the meeting was that counselor network was strengthened: regular case conference at district level and annual provincial meeting were planned.

<Next step>
The next steps of reinforcement of counseling service are:

1) Development of core counselors who can serve as supervisors in the province
2) Expansion of the coverage of refresher training mobilizing core counselors as trainers
3) Application of counseling services to other programs such as supporting for mothers after delivery, prophylaxis of TB and other opportunistic infections
4) Development of data collection and analysis for improvement of counseling services

iv)Laboratory service

Laboratory services concerning HIV/AIDS include many aspects: HIV biological diagnosis, opportunistic infection diagnosis, general examinations and so on. In addition, not only technical matters but also administrative matters should be considered.

<Progress>

At the earliest stage of the project, following problems were pointed out by the experts.

1) Technical level of among hospital laboratories varies.
2) Records of laboratory result are incomplete.
3) Laboratory recording is not standardized for effective information use.
4) Referral system is not well functioning: reporting, recording, shipment, analysis and feedback
5) Laboratory practice is not safe enough.

Based on the above findings, JICA and counterparts set up 1) introduction of new technologies such as PCR for PMCT program support, 2) upgrading technical skills, 3) standardizing laboratory techniques, 4) strengthening data management skills and systems, 5) establishing standardized referral system, 6) making laboratory UP as targets. The achievements are as follows:

1) PCR was introduced and is under test-run.
2) Many labs are using LAB PHO 001 and 002 for specimen collection, sending and recording. Laboratory at Phayao Hospital developed Quality Control Manual (QCM). Phayao Hospital and Chiangkam Hospital developed some other standard operating procedures (SOP). Both are utilizing Hospital Accreditation guide 55 and ISO guide 25.
3) All hospital evaluated UP situation and rearranged the working spaces.

Meetings and workshops were done for laboratory documentation of 1) laboratory QC and TQM, 2) standard recording form, 3) UP guidelines, 4) SOPs and 5) recording and reporting form.

<Next step>

They already set up workshop for 1) writing QCM, 2) audit of laboratory and 3) sum-up evaluation as targets within year 2000.

v)Nosocomial infection control (UP)

Prevention of transmission of HIV in health care settings is prerequisite for PWA care.

<Progress>

Assessment of universal precautions in every hospital and health centers was conducted. Major problems identified were as following:

1) UP practices of each hospital vary while every hospital has a nosocomial infection control committee and the MOPH guideline.
2) There are many medical accidents related to UP.
3) Isolation of infectious patients (especially TB cases) is insufficient and inadequate.

4) Standardized procedures after needle stick accidents are not followed.
5) Commodities and budget are not sufficient.
6) Health staff have little interest in UP.

In order to seek solutions to the problems identified above, study tours were organized to visit two well-received hospitals in Thailand. Also a seminar was held on basic knowledge and activities of nosocomial infection control teams. Consequently, infection control nurses (ICN) of hospitals developed standards and manuals of nosocomial infection and improved UP practices to certain extent.

Furthermore, a hospital-wide model including linkages with health centers concerning nosocomial infection control has been developed in Maechai Hospital. Activities for promoting practical problem solving included: 1) activation of ICN, 2) situation analysis, 3) finding solutions to the problems identified, 4) development of tools for monitoring, 5) strengthening of organizational aspects, such as commitment of infection control committee. Since the ICN has become more aware of the crucial problems, she has started to promote hospital-wide nosocomial infection control activities. A non-medical staff has been assigned as infection control non-medical (ICN-M) to collaborate with infection control ward nurse (ICWN).

<Next step>

Next steps include continuous support to activities planned by the hospital, conducting a workshop to share the experiences with other hospitals, as well as distributing the experiences through various channels. UP practices at household level will also be promoted.

3.2.2 Development of coordinated prevention and care services

i)Development of multi-program collaboration

At present, only minimal range of health services is provided to asymptomatic people under the circumstances that Highly Active Anti-Retroviral Treatment (HAART) is not available in Thailand. After the successful installation of PMCT in 6 provinces of Region 10, care service development for mothers (asymptomatic in most cases) and their children have become an important issue.

<Progress>

A Task Force involving personnel in charge of HIV/AIDS, TB, PMCT and Information at province level started to discuss the vision of comprehensive and systematic care services asymptomatic people in coordination with existing programs such as PMCT, counseling, diagnosis and treatment of opportunistic infections in October 1999.

<Next step>

This Task Force is supposed to develop a draft strategic plan based on the assessment of every district, and then to facilitate operational plan development by each district.

ii)Development of health service for asymptomatic PWA

- Introduction of prophylaxis of TB and Pneumocystosis Carinii Pneumonia (PCP)

Systematic introduction of prophylaxis can be one of the good entry points of developing holistic care to PWA and their families from asymptomatic phase. While Phayao Province is developing a provincial strategy, CDC Region 10 in collaboration with WHO is also discussing regional guideline development.

<Progress>

For the first step, a conference on TB Control and TB prophylaxis for PWA was held in November 1999 inviting personnel in charge of TB and HIV/AIDS. Experiences of two hospitals in the province that have been providing TB prophylaxis services were discussed. Various problems were found in terms of inclusion criteria, continuity of drug taking, recording and reporting, etc. These problems happened partly because they had to grope their own way to develop the services as they did not have support and supervision from provincial level. The project also contributed to a rapid assessment of TB prophylaxis organized by CDC Region 10 and WHO in December 1999. In the assessment, experiences of hospitals in three provinces including Phayao were examined.

<Next step>

Further assessment is now being conducted in order to prepare for the systematic introduction and improvement of prophylaxis of TB and Pneumocystosis Carinii Pneumonia, support of PWA and their families with counseling techniques, as well as strengthening of PWA groups' activities. Based on this, provincial strategy will be developed and then each district will be facilitated to develop operational plans and to implement them. The project continues to facilitate the cross-fertilization between CDC Region 10 and Phayao Province based on practical field experiences.

- Clinical study of cryptococcal meningitis

<Progress>

JICA experts' survey showed that, in Phayao, cryptococcal meningitis, TB and PCP are 3 major causes of death among AIDS patients and huge medical expenditures are consumed for the treatment. If the progression of the diseases can be prevented by prophylaxis use of drugs, it will be ideal for both of cost saving and patient's wellness. And, if the prophylaxis is focused on HIV positive mothers, it can create mothers' benefit on PMCT program and it will be good for the children: the mothers can care them longer.

Actually, TB and PCP prophylaxis for HIV positive mothers are already introduced into some hospitals in Region 10, because the drugs are cheap enough. On the other hand, fluconazole for prophylaxis for crptococal meningitis is quite costly. In planned clinical research by some

hospitals in Phayao, use of low dose fluconazole prophylaxis will be studied to reduce the medical cost burden. Its proposal is now being applied to ethical committee.

<Next step>
In future, other clinical researches to achieve cost effective care for PWA should also be considered, for example, isolation ward for active TB patient, alternative therapy, environmental survey to clarify infection root and so on.

iii)Development of comprehensive functions of self-help group

Self-help groups have extensively been promoted for years to respond to the needs of PWA in the community. There are more than 44 PWA groups in Phayao Province. Although many of these groups have developed effective functions, mainly on psychosocial aspects, potentials of them have not been fully developed yet, considering the magnitude, diversity and complexity of HIV/AIDS related problems.

Therefore, the project supports the self-help groups to further develop various functions, such as psychosocial support, promotion of self care, income generation practice, vocational training, support of care givers and orphans, cooperation with other organization such as health facilities, NGOs, Tambon Administrative Organizations (TAO) and so on.

<Progress>
To measure magnitude of economic burden of PWA, a household survey was conducted in cooperation with PWA and NGO in September 1998. The study suggested necessity of introduction of income generation programs and credit scheme, as well as information and marketing support because lack of the market is the crucial constraint of the present income generation programs.

In addition, preliminary assessment of community care services for PWA at Tambon level was conducted from January to March 1999 in Pookamyao. Health staff at Tambon level were providing basic services such as home visiting and health education for mainly symptomatic and AIDS patients. At the same time, some health staff mentioned that since they were aware of the limitation of these services, government health facilities should provide not only individual services, but also support to self-help groups for improving the care for PWA. However, they do not have sufficient confidence to facilitate self-help group activities.

<Next step>
A situation analysis on functions of the groups will be conducted. Based on the findings, the project will support the groups to develop various functions deemed as necessary and feasible. Sharing of counselor's experiences on facilitating self-help groups among health staff will also be promoted.

PDM 1999

NARRATIVE SUMMARY	INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Super Goal 1)Reduction of new HIV infected cases 2)Improvement of QOL among PWA and their families			
Goal The nationwide process model of the provincial health system which enables the system to continuously respond to HIV/AIDS problem and other local health problems is developed.			
Project Purpose The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province and applied effectively to other selected provinces.	Number of AIDS Competent Tambons(*1) Number of AIDS Competent Districts(*2) Number of AIDS Competent Provinces(*3)	periodical assessment	Government and concerning organization take the model as national strategy.
Outputs **1) Health manpower are developed systematically.**	1-A) Attitude reforms 1-B) New system formulation 1-C) Consolidation & stabilization of the system	periodical assessment	a)Multisectoral collaboration take place well in the provincial, district and tambon levels. b)MOPH facilitate the process of applying the models to other provinces.
2) Specific components of technology relating to HIV/AIDS prevention and care are developed : 2-1)Comprehensive prevention & continuum care from premarital to terminal stage	2-1A)Linkage of care between institutions and community/home. 2-1B) Improvement of QOL of PWAs 2-1C)Development of cost-effective prevention and care activities	2-1A)Case study of PWA in various situations 2-1B)Interview 2-1C)Records
2-2)Information system with which information is utilized to solve the HIV/AIDS-related problems at all levels, especially district and tambon levels.	2-2)Utilization of information at all levels	2-2)Records, plan and evaluation of facilities
2-3)Supporting system for counselors, which enables them to work effectively and continuously.	2-3A)Every facility meets the QA criteria of ACRTC 2-3B)Decrease of Counselors' psychological burden	2-3)Facility survey and interview
2-4)Quality control system of laboratory services is developed.	2-4A)Results of internal control 2-4B)Results of external control	2-4)Reports of laboratory
2-5)UP promotion for all levels of health facilities is developed.	2-5)% of facilities meeting the standard.(HC:80%, Hospital:100%)	2-5)Facility survey
2-6)Strategy of HIV/AIDS education for secondary school students by intersectoral district team is developed.	2-6)Strategies developed by multisectoral teams	2-6)Reports of the survey and documents of the strategy
3)Learning and Action Network on AIDS (LANA) is developed in Phayao.	3)Number of AIDS Competent Tambons(*1) Number of AIDS Competent Districts(*2)	3) Interview, Observation
4) Other provinces are actively involved in the process of the model expans	4) Degree of acceptance of the model by other selected provinces	4) Interview, Observation
5)National policies and programs as well as situation of Phayao and other provinces are reviewed.	5) Utilization of the factors causing success and failure in ongoing activities in the process of strategies development	5) Examination of assessment report of ongoing activities and the strategies developed.

iv)Development of collaborative relationship with schools through study on sexual behavior of secondary school students

The collaboration with education sector is expected to be more fruitful and sustainable by establishing the system of situation assessment and evidence-based planning.

<Progress>

Four (4) schools were selected to start the assessment of risk behavior. The selection was done by the team of education and health sectors using the criteria that the selected schools are able to represent all characteristics of schools in the province.

Songkla Province was invited to share the experience in assessment of risk behavior in secondary schools. After the meeting, Chiangkam Withayakom School (Chiangkam Secondary School), one of selected school, has conducted the survey in their school using the questionnaire developed in Songkla Province. The analysis and interpretation is underway.

<Next step>

The next step will be planned with the selected schools utilizing the results of the survey in Chiangkam Withayakom School as one of inputs to be considered. Moreover, the survey in schools will be one source of data to be merged in the provincial data base system.

3.2.3 Utilization-oriented information system development

Reinforcement of systems to collect, analyze and use the information is an essential part of developing the process model of solving HIV/AIDS related problems. Phayao Province has been making considerable efforts, since several years before, to develop computer-based information system and to build capacity of health personnel in dealing with qualitative information employing social science methodologies. Recently, an initiative of developing provincial database on HIV/AIDS has started integrating various data sources.

i) Development of provincial data base

There are various kinds of data with respect to HIV/AIDS, which are compiled and analyzed separately. The Phayao Provincial Health Office has a plan to develop a provincial database on HIV/AIDS. Data from different sources can be merged in order to reveal the situation. The provincial database is designed to monitor the situation overtime. There will be 3 main approaches including, registration, surveillance and specific studies.

<Progress>

All existing systems were revised and collected data were utilized to train the staff to improve the quality of data collection system. The development of the information system, starting from the

identification of the information needed at the sub-districts level, in Maejai district, was confirmed from the previous phase of project (JICA AIDS I). The health staff were trained to utilize the collected data which were mainly qualitative. The conversion of these data to quantitative data is now underway. The study on sexual behavior around pregnancy in Chun District is at the stage of data analysis and interpretation.

<Next step>
The 3 main approaches of data collection as the sources for the provincial database will be developed in order to provide information needed to monitor the HIV/AIDS situation and its changes. The area-based epidemiological network will be formulated by organizing the conference, sharing the experiences with different provinces in order to synthesize the local knowledge and AIDS situation, to develop effective plan.

ii)Tool development for utilizing quantitative information

Development of computer-based information system started from a Pafang Health Center in Pookamyao district. The Pafang model, covering information of every health program, has been horizontally expanded to health centers of other districts. Another direction of expansion is vertical one to district level where substantial parts of HIV/AIDS related programs are implemented. Therefore the project focuses on reinforcement of information system at district level in relation to "care for PWA and their families with an emphasis on mothers and children", while promoting horizontal expansion of the Pafang model.

<Progress>
In July and August 1999, information systems of Chun Hospital and District Health Office were assessed. The findings were 1) most records concerning HIV/AIDS related services were not computerized, 2) there were no unique ID to identify individuals, 3) data have never been analyzed or discussed except for the occasions of supervisory visits from upper levels.

<Next step>
The project continues to work with health staff to accumulate examples of data analysis and use. Throughout the process, flexible tools, such as core HIV/AIDS information and basic procedures of its analysis and use, as well as training modules will be packaged so that other districts and provinces can apply them to their own settings for better decision making.

3.2.4 Sharing experiences among provinces

Phayao province has been developing comprehensive and continuous care reinforcing decentralized health system, rather than vertical and fragmented programs. Considerable efforts need to be made to describe and demonstrate the experiences in an explicit way. Nevertheless, as

each province including Phayao has its own advantages in different aspects concerning the activities described above, exchange of experiences should be promoted across the provinces.

3.3 Promotion of community responses to HIV/AIDS

In the present PDM, "AIDS Competent Tambon (ACT)" is indicated as the indicator of project purpose. AIDS Competent Tambon defined as the sub-district in which people (i.e. individuals, families and community) have the potentiality to cope with the HIV/AIDS problems through 1) having access to information, 2) analyzing and assessing their risks & vulnerable factors to HIV/AIDS and acting on them, and 3) having access to effective HIV/AIDS core services. In short, the project intends to promote community responses to HIV/AIDS.

For the purpose of achieving "AIDS Competent Tambons", of great importance is capacity development of potential community facilitators, such as village leaders, schoolteachers, monks, health staff, etc. An idea of developing capacity of health staff to be facilitators of community responses will not be put into reality before the latter half of the project period since Health Manpower Development has been identified as the priority strategy of province-wide general health development mobilizing tremendous workforce.

Therefore, the project has sought feasible strategies to promote community responses to HIV/AIDS without increasing workload of health staff.

1) Assessment of existing community responses to HIV/AIDS
2) Development of tools and media to support community facilitators
3) Support to community responses and experience sharing

3.3.1 Assessment of existing community responses to HIV/AIDS

i)Study of innovative community responses to HIV/AIDS in Northern Thailand

<Progress>

In collaboration with Faculty of Education, Chiang Mai University, around 20 cases of innovative community responses to HIV/AIDS have been collected and examined. Analysis will be made in terms of scope of work, development process, how to promote community participation, and so forth.

<Next step>

The results will serve as database for community-based activities by health staff who will be developed in the Health Manpower Development courses, as well as for developing tools and media in support of potential community facilitators (village leaders, schoolteachers, monks, etc.). The process of the study and its feedback to communities should also be utilized as an opportunity to exchange experiences across provinces.

ii) Trial of "AIDS Competent Tambon" development in Chun District

<Progress>

Since December 1998, series of meetings on "AIDS Competent Tambon" Development were held with officers of a Tambon Administrative Organization in Chun District. Then a workshop was conducted to facilitate 140 villagers to discuss visions of "AIDS Competent Tambon". Although this activity has been suspended until Health Manpower Development will have progressed to certain extent, useful information and lessons could be withdrawn.

iii)Description of "Community Organization Capacity Development Project"

<Progress>

Instead of the trial of "AIDS Competent Tambon" mentioned above, the process of "Community Organization Capacity Development Project" was described through interview with villagers in a Tambon. This project, an initiative of Phayao Provincial Health Office in collaboration with other sectors, helped every village in Phayao Province develop a health plan including HIV/AIDS with some amount of budget.

3.3.2 Development of tools and media to support community facilitators

<Next step>

Based on the assessment above, tools and media will be developed for supporting community facilitators such as village leaders, monks, schoolteachers, and health staff. The tools and media that will be developed in collaboration with NGOs include compilation of case studies in a form of booklet or video, process-oriented training modules that would facilitate each community to develop action plan of community responses to HIV/AIDS, and so forth.

3.3.3 Support to community responses and experience sharing

<Next step>

Capacity development of community facilitators and their activities in each community will be supported utilizing the tools and media above. These tools and media will also be used for health staff when they will facilitate the community responses in the near future.

One of other future activities is participatory action research for dealing with socioeconomic impact on orphans and their families affected by HIV/AIDS. Chiangkam district, where the number of orphans is highest in the province, will be selected. Community participation will be promoted in assessing the impact of situation and then finding out the solutions.

Another future activity is international PWA networking for economic self-reliance including training for making teddy bears as well as marketing,

PDM 2000 Modified from PDM 1999 (Draft)

Summary of Objective/Activities	Objectively Verifiable Indicators	Means/Source of verification	Important Assumptions
Super Goal 1. Reduction of new HIV infected cases 2. Improvement of QOL among PWA and their families			
Overall Goal to which project contributes The nationwide process model of the provincial health system which enables the system to continuously respond to HIV/AIDS problem and other local health problems is developed.			
Project Purpose The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province and applied effectively to other selected provinces.	Number of AIDS Competent Tambons(*1), Number of AIDS Competent Districts(*2), Number of AIDS Competent Province(*3)	periodical assessment	Government and concerning organization take the models as national strategy.
Results/Outputs 1. Health Manpower Development for solving HIV/AIDS related problems 2. Establishment of care for people with HIV/AIDS (PWA) and their families with an emphasis on mothers and children 3. Promotion of community responses to HIV/AIDS		periodical assessment	
Activities <u>1. Health Manpower Development for solving HIV/AIDS related problems</u> 1.1 Development of Provincial Trainers 1.2 Attitude reform by "Community Assessment" training course 1.3 New system formulation: community assessment and area planning 1.4 Consolidation and stabilization: implementation, supervision and M&E 1.5 Sharing experiences with other provinces <u>2 Establishment of HIV/AIDS prevention & care for people with HIV/AIDS (PWA) & their families with emphasis on mothers & children</u> 2.1 Reinforcement of existing HIV/AIDS related programs i) Prevention of Mother to Child Transmission (PMCT) program ii) TB and other opportunistic infections control iii) Counseling service iv) Laboratory service v) Nosocomial infection control/UP 2.2 Development of coordinated prevention and care services i) Development of multi-program collaboration ii) Development of health services for asymptomatic PWA iii) Development of comprehensive functions of self-help group iv) Development of collaborative relationship with schools through study on sexual behavior of secondary school students 2.3 Utilization-oriented information system development i) Development of provincial data base ii) Tool development for utilizing quantitative information 2.4 Sharing experiences among provinces <u>3 Promotion of community responses to HIV/AIDS</u> 3.1 Assessment of existing community responses to HIV/AIDS 3.2 Development of tools and media to support community facilitators 3.3 Support to community responses and experience sharing			

Dispatch of Japanese Experts for
"Establishment of HIV/AIDS prevention and care with an emphasis on mothers and children"

category	name	activities
1 Reinforcement of existing HIV/AIDS related programs		
i)Prevention of Mother to Child Transmission (PMCT) program	INABA	Assessment PMCT and silitationof virious regimens
	YASUOKA	Situation analysis of opportunistic infection management in Phayao Hpspital
ii) TB and other opportunistic infections control	YOSHIYAMA	Assessment of TB/DOTS program
iii)Counseling service	HIRANO	Assessment of TB/IPT counseling
iv)Laboratory service	MORITSUGU	Situation analysis, problem-soving and training of laboratory services at every hos p
v)Nosocomial infection control (UP)	SAWAMOTO	Assessment of UP at every hospital (and health centers)
	KUDO	Problem-solving on infection control at every hospital (and health centers)
2 Development of coordinated prevention and care services		
i)Development of multi-program collaboration	-	
ii)Development of health services for asymptomatic PWA	YASUOKA	Preparation in general hospitals
iii)Development of comprehensive functions of self-help group	TAKEUCHI	Estimation of economic burden regarding to HIV/AIDS
iv)Development of collaborative relationship with schools through study on sexual behavior of secondary school students	MATSUURA	Assessment of general situation in Thailand
3 Utilization-oriented information system development		
i)Development of provincial data base	MATSUURA	Assessment of information system in Phayo Provincial Health Office
	TAKAGI	Conduct and demonstration of data analysis at Chun Hospital and Dchun DHO
4 Sharing experiences among provinces	MARUI	Assessment of other provinces
	USHIYAMA	Support of public relations

(Draft)

LANA Project: Action Plan (October 1999 - March 2001)

Issues	Activities	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
	← Japanese Fiscal Year →																		
HMD(Health Manpower Development)	Training on "Community Assessment" course 1st cycle			X			X				X					X			X
	Community assessment																		
	Area planning & train on intervention technology												X	X					
	Implementation																		
	Conference "Community Assessment"														X				
Prevention and Care Development through PMCT	PMCT(Prevention of HIV Mother to Child Transmission)																		
	Development of standard of prevention and care for mothers & families																		
	Introduction into the system																		
	Counseling																		
	Developing core counselors					X							X						
	Refreshing core counselors															X			
	Introducing counseling for prevention																		
	Developing process of facilitation of self-help group																		
	Laboratory																		
	Sum-up evaluation															X			
	UP/NI(Universal precaution/Nosocomial infection)																		
	Introducing cycle of assess-plan-implement-evaluation for UP/NI																		
	Introducing supervision linkage between hospitals and health centers																		
	Developing process of UP promotion in PWA's family																		
	Multi-program collaboration																		
	OI(Opportunistic Infection)																		
	TB/DOTS and other OIs control																		
	Developing standard of OI prevention & care into the system		X	X	X	X													
	Clinical study on "primary prophylaxis of cryptococcal menigitis"																		
	PWA self-help group																		
	MIS																		
	Development of provincial data base																		
	Conference "Area-based Epidemiological Network"											X							
	Provincial planning												X	X	X				
	Tool development for utilizing quantatative information																		
Community Response	Assessment of existing community responces to HIV/AIDS																		
	Development of tools and media to support community facilitators								X	X									
	PAR for socio-economic impact on PWA's orphans and families																		
	Development of international networking																		
	Support to community responses and experience sharing																		

Annex of Presentation at Project Directorate Board Meeting on 11/1/00

Tentative Schedule of Implementation for Japanese Fiscal Year 2000 (4/00 - 3/01) **(Draft)**

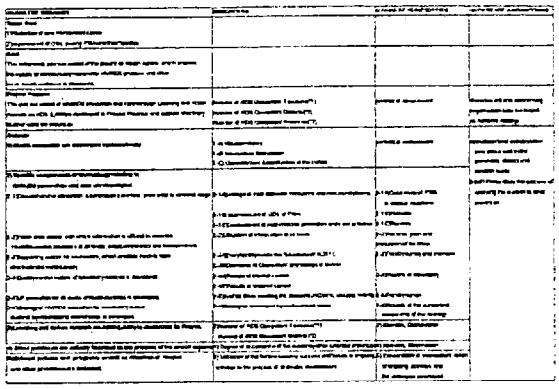
Mission	Evaluation/Monitoring Team		▼
Expert Dispatch	Long Term	1)Chief Advisor	- -
		2)Coordinator	- • • • •
		3)Community Health	- • • • • • • • • • • •
		4)Health Management	- • • • • • • •
	Short Term	1)HIV/AIDS Health Policy	A1 △ - - - - - - - -
		2)Health Economics	A1 △ - -
		3)HIV/AIDS Clinician	A1 △ - -
		4)TB/DOTS Clinician	A1 △ - - - -
		5)Community Health and IEC	A1 △ - - - - - - - - - - - -
		6)Laboratory	A1 △ - - - -
		7)HIV/AIDS Nursing	A1 △ - - - - - - - -
		8)Management Information System	A1 △ - - - - - - - -
		9)Clinician for Prevention of HIV Vertical Transmission	A1 △ - - - - - - - -
Counterpart Training	1)HIV/AIDS Care		A2.3 △ - - - - - - - - - - - -
	2)Health Management		A2.3 △ - - - - - - - - - - - -
	3)Community Health		A2.3 △ - - - - - - - - - - - -
Provision of Equipment			△A4 - - - - - - - - - - - -
Local Cost	for Japanese Experts		▲apply △ -
	Promotional Activities of Japanese Experts		▲apply △ -
	Cost Sharing Middle Level Manpower Development Program		▲apply △ - - - - - - - - - - - - - - - - - -
	Budget for AIDS Collaborating Research Program		▲apply △ -

Annex of Presentation at Project Directorate Board Meeting on 11/1/00

Presentation at Project Directorate Board at MOPH on 11 January 2000

- Opening: Subject to be informed by Chairman
- To confirm minutes of the meeting
- Matters to be acknowledged
  - Background of PDM modification
  - HMD with MIS and SSSE
  - Prevention and care development through PMCT:
    PMCT,Counseling,CVTB,Lab,UP,Multi-collaboration,IPT,PWA,Sharing
  - Community Response
- Subject for consideration
  - Action plan in 2000
  - Support budget
- Closing

PDM 1999



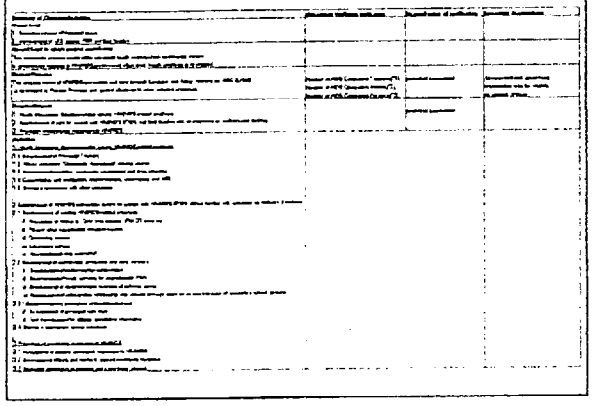
Needs for Modification

- Simplify/Clarify Project Outcomes
  - simplify into 3 major outcomes
  - clarify the relationship of all outcomes/activities
- Prioritize
  - select PMCT as leading edge activities
- Concentrate/Focus
  - utilize limited resources at maximum

Points of Modification

- Super Goal, Goal, Project Purpose are not changed.
- Outcomes are changed by rearrangement, not by deletion or changing the meaning.
- "LANA" is project purpose itself.
- "Sharing Experiences" and "Review" are included in each outcomes
- "Community Partnership" is emphasized as project outcome

PDM 2000 Modified from PDM 1999 (Draft)



Component 1

Health Manpower Development

Health Manpower Development (1)

- Attitude reform
  - Eager to learn, work for people and work as a team
- New system formulation
  - Area evidence-based planing
- Consolidation and stabilization
  - Supervision, monitoring and evaluation

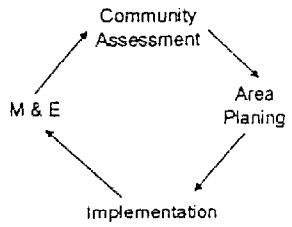
Health Manpower Development (2)

- Attitude reform
  - "Community Assessment" course
    - 5-days course and 30 trainees
    - 5 batches: 154 health staff trained
  - Development of provincial trainers
    - 32-6+2=28
- Next step
  - 3 batches/year

Health Manpower Development (3)

- Development of provincial trainers
  - Attend "Community Assessment" course
  - Conduct series of "CA" courses
  - Attend "Qualitative Study" course
  - Actual community assessment

Health Manpower Development (4)



- Cycle 1: Introduction into new public health system
- Cycle 2: Skill training

Utilization-oriented Information System Development (1)

- Development of provincial data base
  - Registration
  - Surveillance: Prevalence rate
    Behavioral surveillance
  - Specific study
- Next step
  - Expand population base
  - Identify more data needed to be utilized locally

Utilization-oriented Information System Development (2)

- Tool development for utilizing quantitative information
  - family-based information at HC
  - Assessment one district
- Next step
  - To use existing collected data to stimulate and train staff how to utilize data
  - Quality of data collection !

Development of collaborative relationship with schools through study on sexual behavior of students

- Establishment of the assessment and evidence-based planning
  - Select 4 schools as a represent of all characteristics of secondary schools
  - Use questionnaire developed by Songkla Prov
- Next step
  - Plan with selected school what to do next

Component 2

Establishment of Prevention & Care for PWA & Families with an emphasis on Mothers & Children

1) Reinforcement of existing programs: <Quality of each>

Non-infected	*Asymptomatic*	*Symptomatic/AIDS*
	PMCT Counseling Lab UP	TB/DOTS & other OI Lab UP

1) Reinforcement of existing programs: <Quality of each>
2) Coordinated prev.&care: <Comprehensive & systematic>

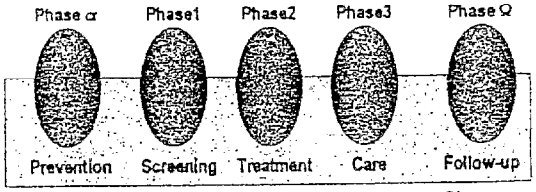
Non-infected	*Asymptomatic*	*Symptomatic/AIDS*
Collab. with School	Multi-program collaboration PMCT Counseling Lab UP Prophylaxis Self-help group	TB/DOTS & other OI Lab UP

1) Reinforcement of existing programs: <Quality of each>
2) Coordinated prev.&care: <Comprehensive & systematic>
3) Utilization-oriented information system: <Evidence-based>

Non-infected	*Asymptomatic*	*Symptomatic/AIDS*
Collab with School	Multi-program collaboration PMCT Counseling Lab UP Prophylaxis Self-help group	TB/DOTS & other OI Lab UP

Information system. Provincial database, Tool for data use

PMCT as Public Health Service



Prevention	Screening	Treatment	Care	Follow-up
Counseling: premarital, youth, FP Community education	VCT Post-test counseling Couple counseling	AZT short course Delivery Psychological Socioeconomic Support	RF IMCI Diagnosis Follow-up: compliance etc.	OI prophylaxis treatment Social support orphan, family

(Source: Soucat, UNAIDS)

Indicators of PMCT Services

- Sustainability
- Coverage
- Efficacy
- Quality
  - Counseling skills:
    - pre-test, post-test counseling and informed consent
  - Laboratory service reliability:
    - screening and final diagnosis
  - Follow-up through ANC, delivery and MCH:
    - visit frequency, AZT dose sufficiency
- Continuity
  - Aftercare follow-up for mother, orphan and family

(Source: Charun, Sudruthai, Saowanee, Inaba and Chosa)

Results(1): Coverage and Efficacy by PMCT with Z10

Z10 Program Service Delivery Situation: July 97 to July 99

Item	Provinces						Total
	Chiang Mai	Lamphun	Lampang	Phayao	Chiang Rai	MaeHongSon	
1.ANC Attendant	10357	4402	13281	7968	16771	2227	55107
2.Pre-test Counseling & Testing	8736	4382	12281	7962	16134	2146	53781
	84.38%	99.77%	100.00%	99.78%	96.20%	97.49%	97.58%
3.HIV(+) Pregnant	314	136	353	355	856	63	2077
	3.22%	3.10%	2.70%	5.82%	5.31%	1.85%	3.86%
4.Z10 informed	203	86	335	190	354	44	1311
5.Z10 Acceptance	157	77	316	184	306	31	1071
	49.18%	89.53%	94.34%	96.84%	86.44%	81.82%	81.69%
6.Start AZT Already	109	45	243	172	179	27	774
Total HIV(+) Pregnant Delivery: July 97 to July 99							
7.Delivery/Infants	103184	44045	213215	153181	181181	22524	719721
Result of Z10: July 97 to September 99							
8.2nd PCR Results	5447	4230	6106	6913	8871	8914	28361
	10.64%	12.33%	4.72%	8.43%	11.27%	8.80%	7.76%
No. of Cared Under Other Project							
9.Harvard Project	10	21	0	185	297	9	482

(source: Health Region 10)

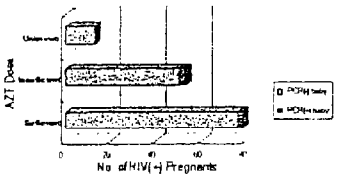
Results(2): Quality of Service

(Based on 144 Data from Z10 FORM1- 4 in Phayao since July 1997)

Insufficient AZT Dose:

37%, 53/144cases

2nd PCR(+) 5cases: 135tablets, start AZT at 35wks in average
2nd PCR(-) 45cases: 200tablets, start AZT at 34wks in average



Definition of "insufficient":
the dose under 168 tablets of 100mg AZT. Theoretically, minimum AZT dose expected to prevent vertical transmission is 168 tablet within 4 weeks(600mg/day x 28days).

(Source: Charun, Sudruthai, Saowanee, Inaba and Chosa)

Results(2): Quality of Service -continued

- Delivery Status:
  (Delayed delivery and severe labor pain will cause MCT.)
  - PCR(+)s: 11h30m, Others: 10h30m in average.
  - Labor pain: no data on severity
- Immunological Status such as CD4/8 or Viral Load: Unknown. Z10 is for service delivery and cannot be costly.
- Gestation Status: 1st:49, 2nd:57, 3rd:16, >4th:10, unknown:12. No data on counseling effectiveness

(Source: Charun, Sudruthai, Saowanee, Inaba and Chosa)

Results(3): Continuity of Service

- Few Benefit for Mothers by PMCT:
  - No clinical benefit
  - No social support after PMCT
- Family Care:
  - Socio-economic, psychological, physical support: existing but not enough.
- Orphan Support:
  - Care-taker: found for all orphans?
  - Financial/education support: enough coverage?

(Source: Charun, Sudruthai, Saowanee, Inaba and Chosa)

Progress of Z10 in Phayao

- Excellent Coverage with Qualified Counseling Skills
  - High attendance rate of pregnants to ANC
  - High acceptance rate of HIV pre-test
  - High attendance rate toZ10 with informed consent
- Maximum Efficacy
  - 6.45%(7.76% in Region 10) might be maximum through Z10 regimen.
- Remained Problems for Service Quality
  - Insufficient AZT dose
  - Further gestation
- Needs of Mothers' Care and Aftercare Program

(Source: Charun, Sudruthai, Saowanee, Inaba and Chosa)

Next Step

- Introduce New Regimens to Improve Prevention Rate
  - Extension of AZT Syrup for Insufficient Dose Group
  - Consideration of Nevirapin, C/S and so on
- Improve Service Quality (with CARE Thailand)
  - Survey for Insufficient AZT dose
- Create Mothers' Benefit: Mothers' benefit is children's benefit. "live longer to look after children"
  - Prophylaxis Drug Use for HIV(+) Mothers, for example
  - Social support, IEC program, Peer support with hospital staffs and CARE Thailand
- Create Self-Help Activities as Aftercare Program
  - Fund Raising / Income Generation (Teddy Bear Program)

Counseling service (1)

- Assessment of counseling service in Phayao
  - Questionnaire survey: 233 counselors
  - Focus Group Discussion: 45 counselors
- Major findings
  - Quality and continuity of the services
  - Confidence and "burn out" of counselors

Counseling service (2)

- Causes of these problems
  - Working condition
    - rotation of counselors
    - workload (15 clients/counselor/day)
    - supporting system
  - Background of counselors
    - different level of capacity of counselors according to training program
    - selection of staff to be counselors

Counseling service (3)

- Different level of capacity of counselors
  - Core counselor 20%
  - General counselor 80%
    - 54% authorized basic course and refresh course at least 1/yr.
    - 16% authorized basic course and refresh course
    - 30% basic course only

Counseling service (4)

- Documentation of provincial counseling experiences by core counselors (1999)
  - Purpose
    - to review and make a summary of their experiences
  - Topics
    - counseling service in health facilities
    - facilitation of PWA and self-help group
    - promotion of psychological understanding and communication skill in youth

Counseling service (5)

- Provincial Network Meeting (1999)
  - Purpose
    - to refresh and increase counseling knowledge and skills
    - to exchange experiences
    - to set up working team of each district
  - Outcome: network was strengthened
    - regular case conference/provincial meeting

Counseling service (6)

- Next step
  - Development of core counselors
  - Expansion of the coverage of refresher training
  - Support of case conference at district level
  - Application of counseling services to other programs
  - Development of data collection and analysis for improvement of counseling services
  - Strengthening of counselor network

Laboratory: Problems Found

(1) Technical level of among hospital laboratories varies.

(2) Records of laboratory result are incomplete.

(3) Laboratory recording is not standardized for effective information use.

(4) Referral system is not well functioning: reporting, recording, shipment, analysis and feedback.

(5) Laboratory practice is not safe enough.

Sripan, Lamduan, Sumet, Moritsugu and Chosa

Laboratory: Targets Set

- Introduction of new technologies such as PCR for PMCT program support
- Upgrading technical skills
- Standardizing laboratory techniues
- Strengthening data management skills and systems
- Establishing standardized referral system
- Making laboratory UP

Sripan, Lamduan, Sumet, Moritsugu and Chosa

Laboratory: Achievement as of 1999 (1)

- PCR was introduced and is under test-run.
- Many labs are using LAB PHO 001 and 002 for specimen collection, sending and recording.
- Phayao lab developed Quality Control Manual(QCM). Phayao and Chiangkham developed some other standard operating procedures(SOP). Both are utilizing Hospital Accreditation guide 55 and ISO guide 25.
- All hospital evaluated UP situation and rearranged the working spaces.

Sripan, Lamduan, Sumet, Moritsugu and Chosa

Laboratory: Achievement as of 1999 (2)

- Meetings and workshops were done for laboratory documentation of;
  - Laboratory QC and TQM
  - Creating standard recording form
  - UP guidelines
  - Creating SOPs, record and report form

Sripan, Lamduan, Sumet, Moritsugu and Chosa

Laboratory: Next Step in 2000

- Workshop for Writing QCM
- Laboratory Audit
- Sum-up Evaluation

Sripan, Lamduan, Sumet, Moritsugu and Chosa

Nosocomial Infection Control/UP (1)

NIC/UP in health care settings is basis for quality care on HIV/AIDS.

- Initial assessment revealed the gap between "guideline" and "practice"
  - Precautions,
  - Medical accidents,
  - Isolation of infectious cases,
  - ICN and Committee

Nosocomial Infection Control/UP (2)

- Dev. of a hospital-wide model including linkages with HC
  - Practical problem finding & solving (participatory, quick & easy, visual info, action & success)
  - ICN motivated and aware of "how to"
  - Committee activated involving non-medical staff
  - Monitoring tool development and its use (mapping tool, questionnaire, checklist, etc.)

Next step

- Support implementation and share experiences

TB/DOTS & other OIs (1)

TB cases are increasing due to HIV epidemic.
TB, PCP and CM are the leading causes of death among PWA.

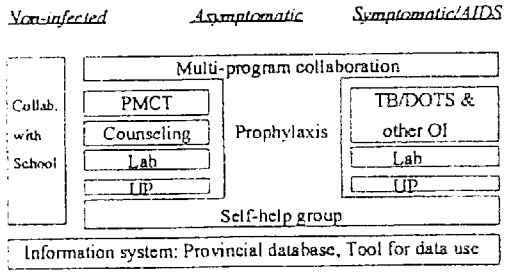
- Initial assessment (Nov.'98)
  - Family DOTS, but home visit only 1/M
  - Poor communication between Hosp.-DHO-HC
  - Low cure rate, high defaulter rate,
- Renovate or start DOTS ('98 ~ '99)
  - Home visit 1/W, Some started facility-based DOTS
  - Sharing updated info of patients between Hosp-DHO-HC
  - ↑ Cure rate & ↓ defaulter expected

TB/DOTS & other OIs (2)

Next step

- Make sure ↑ Cure rate & ↓ defaulter
- TB and HIV managed separately
  (VCT for TB cases, contents of HE&counseling, continuity of care)
  → link with HIV counseling and care
- Delayed HIV testing / lack of follow-up after HIV testing
  → link with strengthening of self-help groups and prophylaxis in asymptomatic phase
- Consideration of prophylaxis of TB, PCP and CM

1) **Reinforcement of existing programs: <Quality of each>**
2) **Coordinated prev.&care: <Comprehensive & systematic>**
3) **Utilization-oriented information system: <Evidence-based>**



Development of multi-program collaboration

- A provincial task force involving the personnel of HIV/AIDS, TB, PMCT and Information:
  - is assessing situation and developing visions
  - will draft a strategic plan on holistic care for PWA using TB (prophylaxis and DOTS) as a subject matter.
- A Provincial TB Working team will develop care standard.
- Each district will be facilitated to develop operational plan

Development of prophylaxis services (1)

Systematic introduction of prophylaxis can be an entry point of developing holistic care from asymptomatic phase.

- Experiences of IPT in 2 hospitals reviewed in Phayao (Nov99)
- Contributed to Rapid Assessment of 6 hospitals on IPT in 3 Provinces by CDC10 & WHO (Dec99)
  - → - Need consensus, clear policy and guideline
    - Day care center may be a key to success.
    - Targeting of mothers after delivery can be considered.
- Clinical study proposal of CM prophylaxis submitted to ethical committee.

Development of prophylaxis services (2)

Next Step

- Provincial TB Working Team will discuss the development of care standard of IPT as well as TB/DOTS.
- Further assessment is now being conducted in order to prepare for the systematic introduction and improvement of prophylaxis of TB and PCP
- The project continues to facilitate the cross-fertilization between CDC10 and Phayao Province based on practical field experiences.

Development of comprehensive functions of self-help group (1)

- 44 PWA groups and several NGOs in Phayao
  - The groups and NGOs developed mainly psychosocial function.
  - Potentials of functions have not been fully developed.

Development of comprehensive functions of self-help group (2)

- The project supports the PWA groups to develop various functions.
  - psychosocial support
  - promotion of self care
  - income generation program
  - vocational training
  - support of care givers and orphans
  - cooperation with other organization and community

Development of comprehensive functions of self-help group (3)

- Survey on economic situation of PWA
  - data collector: 17 PWAs
  - vicious circle of low education, landless - migration - HIV infection – unemployment
  - measuring the magnitude of economic burden of PWA
    - income/expense of PWA 2,520/6,651 Baht/m
    - income/expense in Phayao 3,838/4,340 Baht/m

Development of comprehensive functions of self-help group (4)

- Suggestions of the study
  - Short-term
    - some financing or social security scheme
  - Long-term
    - income generation programs and credit scheme
    - information and marketing support

Development of comprehensive functions of self-help group (5)

- Preliminary assessment of community care at Tambon level
  - providing basic health service
  - aware of the limitation of the service
  - supporting PWA groups as a entry point for improving comprehensive care for PWA
  - do not have sufficient confidence to facilitate self-help group activities

Development of comprehensive functions of self-help group (6)

- Next step
  - Situation analysis on functions of the PWA groups
  - Sharing counselor's experiences on facilitating self-help group among health staff

Development of utilization-oriented information system

- Development of provincial data base
- Tool development for utilizing quantitative information

Component 3

Promotion of
Community Responses to HIV/AIDS

Indicators of project purpose

- Development of "AIDS Competent Tambon"

or

"Development of community capacity to deal with HIV/AIDS problems"

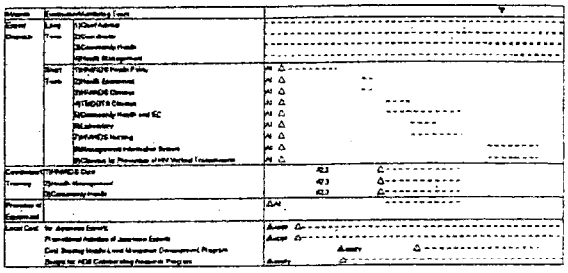
Issues to be addressed for developing community capacity

- Core steps of implementation
- Enhancement of multi-sectoral collaboration at Tambon level
- Indicator of progress

Other future plans include:

- Participatory action research for dealing with socioeconomic impact on orphans & their families affected by HIV/AIDS.
- International PWA networking for economic self-reliance including training for making teddy bears as well as marketing

Tentative Schedule of Implementation
for Japanese Fiscal Year 2000 (4/00 - 3/01)

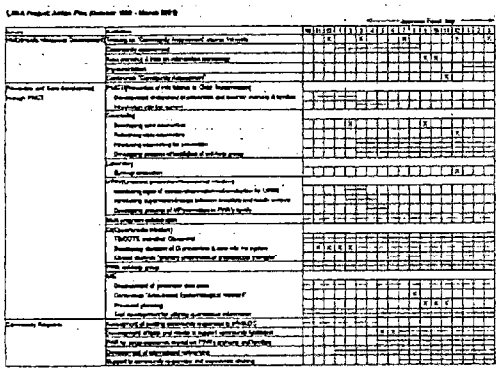


Next Step

- Start HMD Community Assessment
- Create Mothers' Benefit
  - Clinical
  - Social
- Promote Community Partnership
  - Direct benefit to the Community and PWAs
- Develop/Support Technical Skills

Contribution of JICA Project

- **Provision of Equipment**
- **Sharing of Local Cost**
- **Expert Dispatch**
- **Counterpart Training in Japan**



③ 団長名レター

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February 15, 2000

Dr. Petchsri Sirinirund
Provincial Chief Medical Officer Director
Phayao Province
The Kingdom of Thailand

Dear Dr Petchsri:
I would like to express my sincere and personal gratitude for your thoughtfulness in the arrangements for our visit as the Management Consultation Team for the JICA Project for Model Development for HIV/AIDS Prevention and Care initiated in February 1998. This is our second visit to Phayao Province and we have seen a significant progress of the Project under your able and dedicated leadership with those in your Municipal health leaders and personnel together with our leader, Dr. T. Chosa, and our JICA experts, Ms. N. Kamonji, Dr M. Fujita and Ms. Y. Kondo.

As per our discussion during our first visit which occurred in early 1999, the Interim Report of the Project was instrumental for our understanding and assessment of the directions, critical issues and potential difficulties for the execution of the Project. I am particularly grateful for your discussion and formulation of a proposal with our leader Dr. Chosa that both sides have agreed to modify and consolidate the programs into three major Outputs, i.e., 1) Health Manpower Development, 2) HIV/AIDS Prevention with a special emphasis on mothers and children, and 3) Promotion of Community Responses. Dr. Tanaka and I have enjoyed the opportunity you provided for both of us to give lectures during our visit which we both hope have been of value to the attendees and your staff.

The Management Consultation Team of Dr. Tanaka, Dr. Yoshitake and myself fully agreed and concurred with your recommendations as outlined in the Summary of Discussions of the Attached Document of the Minutes of Meetings, and we are very pleased that we could sign the Document with Dr. Narongsak Angkasuwapala representing the Ministry of Public Health of the Kingdom of Thailand on January 28,

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2000. The Management Consultation Team is expecting to receive shortly an outline of the `Objectively Verifiable Indicators` to complete the Annex I of the Document and the time table of the plan for the year fiscal year 2000 in implementing the Project in the three major Outputs in the Document with your consultation with our Team Leader, Dr. Chosa.

As we discussed during the signing the Document in the Ministry with Dr. Narongsak on January 28, we are confident that the Thai Authority will take appropriate measures to support and reinforce the Project as agreed in item 5; Reinforcement of the Project Organization of the Document. I would like specifically to emphasize the importance of measures against tuberculosis since it seems to be the number one morbidity at present, affecting the health issues pertaining to HIV/AIDS and the public at large in your and other regions of the Kingdom of Thailand.

I trust that your outstanding leadership will continue to prevail in execution of the plans as in the past year and as outlined in the Document. Your leadership is most critical in execution of this JICA Project and to achieve our common goals and specific objectives of the Project. I firmly believe that with the help and the guidance of the Authority of the Kingdom of Thailand, this Project will better serve the people who suffer from HIV/AIDS and will be instrumental to serve the issues on better health of the people of Thailand.

I would very much appreciate that you will continuously monitor and follow the plans and the annual schedule to meet the objectives we agreed upon. I would also appreciate you keep us posted with Dr. Chosa and his successor who will assume his/her new responsibilities shortly, on the progress and any matters pertaining to the execution of this JICA Project. I would be more than happy to be of help in any capacity delegated to and bestowed upon me.

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On behalf of JICA and the Management Consultation Team, I thank you again for your expertise, leadership, and wisdom generously rendered to this JICA Project.

Sincerely,

Kiyoshi Kurokawa, MD, MACP

Leader, Management Consultation Team of the JICA

CC: The Kingdom of Thailand

Ministry of Public Health (MPH) of The Kingdom of Thailand

Dr. Narongsak Angkasuwapala, Deputy Permanent Secretary

Ms. Udomsiri Panrat, Provincial Hospital Director, Office of Permanent Secretary

Phayao Province

Mr. Somporn Anuyouthpong, Vice Governor

Dr. Aree Tanbanjon, Provincial Medical Officer, Phayao Province

DTEC

Mr. Banchong Amornchewin, Chief, Japan-Subdivision

Japan

Dr. Akira Endo, Managing Director of JICA Headquarter, Tokyo

Member of the Consultation Team, Dr.. K Tanaka, Dr.. K Yoshitake, and Ms. F. Yamada

Mr. K. Iwaguchi, Resident Representative, JICA Bangkok Office

Dr. T. Chosa, Ms. N. Kamonji, Dr. M. Fujita and Ms. Y. Kondo, JICA Project for Model Development for HIV/AIDS Prevention and Care in Thailand

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February 15, 2000

Dr. Narongsak Angkasuwapala
Deputy Permanent Secretary
Ministry of Public Health
The Kingdom of Thailand

Dear Narongsak:

On behalf of JICA Management Consultation Team, I am very pleased that both you and I representing, respectively, the Ministry of Public Health of the Kingdom of Thailand and JICA, signed the Minutes of Meetings with the Attached Document on January 28, 2000, in your office. During our visit to Phayao we have observed a significant progress of the JICA Project on HIV/AIDS under the close collaboration with regional professionals under Dr. Petchsri Sirinirund's leadership and Dr. T. Chosa and his team of JICA.

As all agreed with new emerging issues we recommended modifications of the Program as outlined in the Attached Document. As per discussion, I would appreciate that your office will provide continuing support on this Project so that each component of the programs will be executed as planned and recommended. I trust JICA with its leader, Dr. T. Chosa (and his successor) and three experts, will continue their utmost effort during their assignment so that the Project will proceed as expected to reach our common goals to better serve those who suffer from HIV/AIDS and to present a model to other areas, and finally to contribute to the public health issues of the Kingdom of Thailand.

I would appreciate your sending my regards to Dr. Sucharit Sriprapandh, Permanent Secretary, and Dr. Supachai Unaratanapruk, Deputy Permanent Secretary.

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Sincerely,

Kiyoshi Kurokawa, MD, MACP

Leader, Management Consultation Team of the JICA

CC:

Dr. Petchsri Sirinirund, Provincial Chief Medical Officer Director,
Phayao Province
Mr. Banchong Amornchewin, Chief, Japan-Subdivision, DTEC
Dr. K. Tanaka and Dr. K. Yoshitake, JICA Consultation Team
Mr. K. Iwaguchi, Resident Representative, JICA THAILAND OFFICE
Dr. T. Chosa, Ms. N. Kamonji, Dr. M. Fujita and Ms. Y. Kondo, JICA Project for Model Development for HIV/AIDS Prevention and Care in Thailand

Brief Information of Phayao

Phayao Provincial Health Office
Phayao AIDS Action Center
and
JICA AIDS II

General Information of the province

Location: 735 km from Bangkok to north direction
Area: 6,335 sq. km
Population: 517,622 (Dec. 1996)
Religion: Buddhism (mostly)
Occupation: Agriculture (mostly)
Income: 3,838 Baht/month (1994)

Administrative divisions

	Tambon	TAO	Household	Total population	Hill tribe population
Muang	13	13	31879	107,919	430
Municipality	2		7,525	21,495	
Maejai	6	6	10,185	38,742	597
Dokkamtai	12	8	21,041	77,451	311
Chun	7	5	14,744	55,304	
Pong	7	6	13,268	54,656	7,659
Chiangkam	10	8	22,168	81,145	4,317
Chiangmuan	3	2	6,015	20,369	1,117
Poosang	5	3	9,548	37,008	368
Pookamyao	3	2	6,717	23,533	
Total	68	53	143,090	517,622	14,799

General Health Information

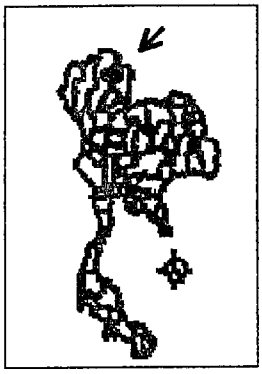
Governmental facilities

2 general hospitals (total 580 beds)
5 community hospitals (total 150 beds)
1 military hospital (30 beds)
90 health centers
17 health posts
1 municipal health center

Private facilities

1 hospital (100 beds)
38 medical clinics
8 dental clinics
20 midwife stations
4 laboratories
42 drug stores

MAP OF PHAYAO PROVINCE



△ Provincial Health Office
◉ General Hospital
○ Community Hospital

Chiang Rai

Lao PDR

N

Poosang

Chiangkam

Maejai

Chun

Nan

Pookamyao

Dokkamtai

Pong

Muang

Lampang

Chiangmuan

Phrae

Health personnel (total 2,477 persons)

66 medical doctors
18 dentists
35 pharmacists
461 professional nurses
340 technical nurses
1557 public health officers and others

Health volunteers (total 13,758 persons)

Vital statistics (1995-1998)

	1995		1996		1997		1998	
	No.	rate	No.	rate	No.	rate	No.	rate
Live birth	6,574	12.80	6,542	12.65	5,410	10.45	4,967	9.60
Death	4,607	8.97	4,887	9.45	5,188	10.02	5,111	11.03
Popu. Growth	1,967	0.38	1,655	0.32	222	0.04	-744	-0.14
Infant Death	57	8.67	67	10.24	61	11.28	50	10.08
Maternal Death	1	0.15	1	0.15	1	0.18	1	0.20
U5 death	90	2.57	110	3.02	100	2.77	118	3.51

* Remarks
1. Birth Rate, Crude Death Rate per 1,000 population
2. Natural population increasing rate per 100 population
3. Infant Mortality Rate (IMR), Maternal Mortality Rate per 1,000 live births
4. Under 5 yr. Mortality rate per 1,000 under 5 children

HIV/AIDS Situation in Phayao

Up to December 1999, 8,852 cases of AIDS and symptomatic HIV infection were reported to the Provincial Health Office. Total number of cases includes 1,988 dead cases.

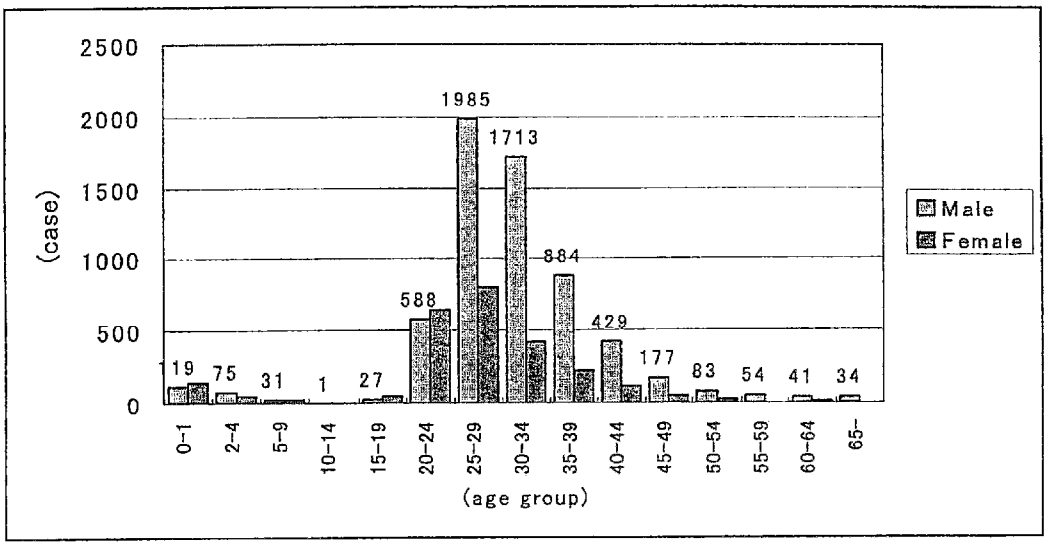
year	Number of cases AIDS	Symptomatic HIV	total	Male : Female
1989-1991	21	25	46	5.6:1
1992	113	26	139	4.8:1
1993	330	77	407	4.9:1
1994	571	211	782	3.7:1
1995	1,180	424	1,604	3.1:1
1996	1,355	382	1,737	2.7:1
1997	1,364	453	1,817	2.1:1
1998	1,079	310	1,389	1.7:1
1999	756	175	931	1.6:1
total	6,769	2,083	8,852	2.4:1

Transmission routes of the cases

year	Number of cases sex	IVDU	MCT	BT	don't know	total
1989-1992	144	6	18	3	14	185
1993	349	5	34	0	19	407
1994	733	1	30	0	18	782
1995	1,478	4	106	0	16	1,604
1996	1,648	3	72	0	14	1,737
1997	1,706	0	97	0	14	1,817
1998	1,324	1	53	0	11	1,389
1999	896	0	33	0	2	931
total	8,278	20	443	3	108	8,852
(%)	93.5	0.3	5.0	0	1.2	100.0

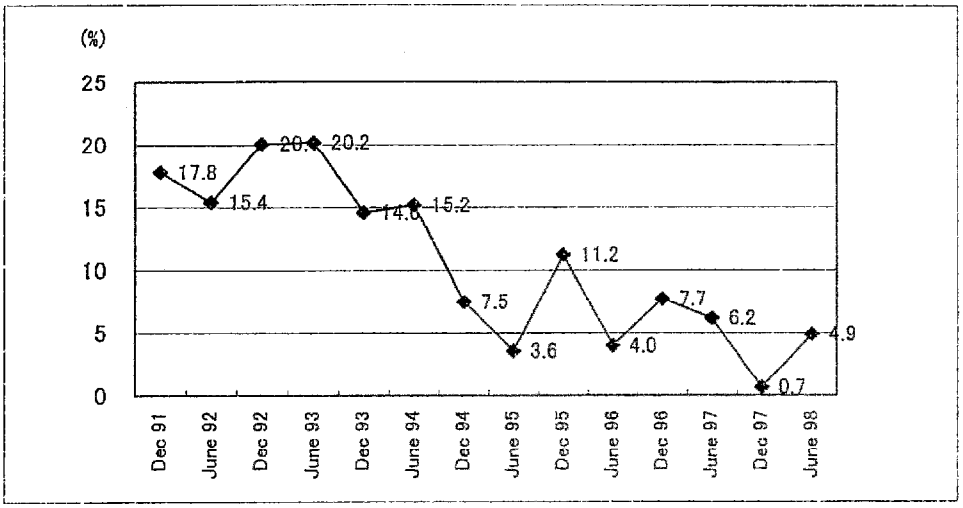
*Remarks
1. MCT: Mother to child transmission
2. BT: Blood transfusion

Age group of the cases



The results from the Sentinel Surveillance conducted in Phayao Province among military conscripts, pregnant women, shown in the following figures:

Military conscripts



Pregnant women