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6. 過去のPDM(PDM 1998、PDM 1999、PDM 2000、PDM 2001)
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1. 調査日程

調査期間：2002年7月29日～8月10日（13日間）

日順	月 日	曜日	調査内容	活動・宿泊地
1	7月29日	月	（大迫・松浦）移動（11:00成田発→15:15バンコク着）JL717	バンコク
2	7月30日	火	7:00 保健省 エイズ課長 Dr. Taweessap 10:00 保健省 保健人材育成研究所所長 Dr. Suriya 13:30 保健省 事務次官補 Dr. Supachai 15:00 保健省 地域保健開発局長 Dr. Veera *いずれも調査主旨説明及びインタビュー調査 移動（18:45バンコク発→20:05チェンライ着）TG144 チェンライ泊	バンコク →チェンライ
3	7月31日	水	午前 移動（チェンライ→パヤオ）陸路 11:00 パヤオ県保健局長 Dr. Petchsri （調査主旨説明及び聞き取り調査） 13:30 パヤオ県保健局コアカウンターパートへのインタビュー調査 16:00 パヤオ県保健局次長 Dr. Areeへのインタビュー調査 17:00 日本人専門家チームへのインタビュー調査・協議	パヤオ
4	8月1日	木	9:00 バンタム郡関係者へのインタビュー （ヘルスセンタースタッフ、村議会員） 10:30 感染者（PHA）グループ、NGOへのインタビュー調査 午後 アンケート調査回収結果、インタビュー調査結果取りまとめ 日本人専門家チームとの協議	パヤオ
5	8月2日	金	午前 移動（パヤオ→チェンマイ）陸路 13:30 CDC10関係者へのインタビュー調査 18:00 チェンマイ大学Dr. Usaへのインタビュー調査	チェンマイ
6	8月3日	土	午前 日本人専門家チームとの協議 午後 Joint Evaluation Report Draft作成	チェンマイ
7	8月4日	日	午前 Joint Evaluation Report Draft作成 午後 移動（チェンマイ→チェンライ）空路 （黒川・千葉） 移動（11:00成田発→15:15バンコク着）JL717 （17:45バンコク発→19:05チェンライ着）JAL4607 先発隊に合流後、全員で移動チェンライ→パヤオ（陸路）	チェンマイ →パヤオ
8	8月5日	月	9:00 パヤオ県保健局長 Dr. Petchsri表敬・協議 10:30 エイズアクションセンター視察 午後 パヤオ病院、ドッカムタイ病院視察	パヤオ
9	8月6日	火	午前 Local Taskforce Meeting （カウンターパートからのプロジェクト進捗報告会） 午後 Evaluation Workshop （調査団からの終了時評価調査結果フィードバック及び協議）	パヤオ
10	8月7日	水	午前 ミニッツ作成、Executive Summary of Evaluation作成 移動（パヤオ→チェンライ）陸路 移動（15:30チェンライ発→16:45バンコク着）TG141	パヤオ →バンコク
11	8月8日	木	13:30 Joint Coordinating Committee （Joint Evaluation Report Final Draftに係る協議）	バンコク
12	8月9日	金	11:00 M/M署名→調査団主催昼食会 午後 JICAタイ事務所	バンコク
13	8月10日	土	移動（8:40バンコク発→16:35成田着）JL708	－

2. 主要面談者

タイ保健省		
1	Dr. Supachai	タイ保健省事務次官補
2	Dr. Veera	タイ保健省県保健開発局局長
3	Dr. Taweessap	タイ保健省エイズ課課長
4	Dr. Suriya	タイ保健省人材開発研究所監督官
パヤオ県保健局		
5	Dr. Petchsri	パヤオ県保健局長
6	Dr. Aree	パヤオ県保健局次長
7	Mr. Suwat	パヤオ県保健局情報／教育担当カウンターパート
8	Ms. Santuang	パヤオ県保健局カウンセリング担当カウンターパート
9	Mr. Sutat	パヤオ県保健局結核担当カウンターパート
10	Ms. Sunantha	パヤオ県保健局中学生教育担当カウンターパート
11	Mr. Chatchawan	パヤオ県保健局情報担当カウンターパート
バンタム郡		
12	Ms. Karaya	バンタム郡ヘルスセンター・スタッフ
13	Mr. Prapan	バンタム郡準郡行政機構
パヤオ病院		
14	Dr. Sakchai	パヤオ病院院長
15	Dr. Chalbermsak	パヤオ病院内科医
16	Dr. Suraphan	パヤオ病院産科医
17	Dr. Usaneeporn	パヤオ病院小児科医
18	Ms. Rattana	パヤオ病院看護婦
19	Ms. Lamduan	パヤオ病院ラボラトリー
PHA、NGO		
20	Mr. Seema	PHA ネットワーク・リーダー
21	Ms. Siripan	PHA ネットワーク・リーダー
22	Ms. Banjen	PHA ネットワーク・リーダー
23	Mr. Smai	ケア・タイ (NGO)
24	Sister Karuna	バンメタタム (NGO)
25	Ms. Supaporn	ELI (NGO)
CDC10		
26	Dr. Tasana	CDC10 エイズ・プログラム・マネージャー
27	Dr. Konsmari	CDC10 エイズ・プログラム・マネージャー
チェンマイ大学		
28	Dr. Usa	チェンマイ大学社会学部
ロミューティ病院		
29	ドッカムタイ病院スタッフ	
USAID		
30	Mr. Clifton Cortez	USAID, Office of HIV/AIDS

日本人専門家チーム

- 31 安田 直史 (チーフアドバイザー)
- 32 宮本 直樹 専門家 (ヘルスマネジメント)
- 33 森 千代子 専門家 (地域保健)
- 34 小嶋 慎一郎 専門家 (業務調整)

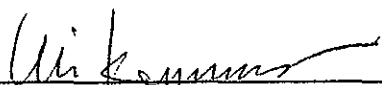
MINUTES OF MEETINGS
BETWEEN THE JAPANESE FINAL EVALUATION TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF THAILAND
FOR THE PROJECT FOR MODEL DEVELOPMENT OF
COMPREHENSIVE HIV/AIDS PREVENTION AND CARE

The Japanese Final Evaluation 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 July 29 to August 10, 2002. The purpose of the Team was to evaluate the implementation and the achievements of the Project for Model Development of Comprehensive HIV/AIDS Prevention and Care (hereinafter referred to as “the Project”).

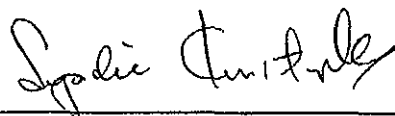
During its stay in Thailand, both the Team and authorities concerned of the Kingdom of Thailand (hereinafter referred to as “both sides”) had a series of discussions and exchanged views on evaluation of the Project.

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

Nonthaburi, August 9, 2002



Dr. Kiyoshi Kurokawa
Leader
Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Winai Wiriyakitjar
Permanent Secretary
Office of the Permanent Secretary
Ministry of Public Health
The Kingdom of Thailand

EXECUTIVE SUMMARY OF THE FINAL EVALUATION
FOR THE PROJECT FOR
MODEL DEVELOPMENT OF COMPREHENSIVE
HIV/AIDS PREVENTION AND CARE

1. Overview of HIV/AIDS in Thailand

The first case of AIDS in Thailand was reported in 1984 and since then AIDS spread rapidly through different routes of transmission. However with extensive efforts, reported AIDS cases in the whole country peaked in 1998 and have started declining since then. The upper northern part of the country was the most seriously affected area by the epidemic and particularly, Phayao was the province with the highest number of cases per population. HIV prevalence among pregnant women in Phayao once rose up to 10.6% in 1994. This figure has been coming down to 4.4% in 1998 and 2.3% in 2001.

Thailand's success in reducing high HIV infection rates was the result of a strong political commitment and its clear vision. Supported by the strong national and regional leadership, every possible means was utilized to control the epidemic on top of the well-known 100% condom promotion. Variety of national efforts in fight against HIV/AIDS has been boosted by the strong political leadership and community mobilization around the country. In addition, more and more international actors have gathered to provide necessary assistance including JICA, UN agencies, and international NGOs.

In upper northern Thailand, the people living with HIV/AIDS (PHA) started to form groups around 1993 to support themselves in a highly discriminatory environment in the community. However, as public understanding on HIV/AIDS had improved, they came to be accepted in community during 1998 to 1999. Since then, their movement has been accelerated and now many PHA are participating in the community activities.

Programs to provide a sustainable social/institutional system to cope with HIV/AIDS has become an important national agenda, including capacity building of local people and health manpower development for prevention and care.

2. Brief Summary of the JICA Project

Act against HIV/AIDS is a challenge, which cannot be sustained without active and multisectoral response. The Project started in 1998 to support Provincial Health Office and communities in Phayao as well as in neighboring provinces to build up a social/institutional mechanism to cope with HIV/AIDS problems, which is complex, dynamic, and differs from one place to another and time to time. Human resource development and capacity building have been the essential part of the Project to establish a sustainable health system. The Project contributes to provide health staff and communities with the opportunities to exchange knowledge, experience and resources to ensure a better quality of life.

In this context, Health Manpower Development Program, Care Network Development Program, and Community Response Program have been implemented, under the name of

LANA, Learning and Action Network on AIDS. Training courses and workshops for awareness, self-learning, skill development and peer support were conducted in a well-planned and organized manner. By now, the concept of "learning and action" has not only been appreciated widely but also become an integral part of the activities for health intervention, at Provincial, District and Sub-district levels.

3. Confirmed Achievements

It may need some time to obtain the results of this 5-year Project, because the Project sets its goal as to establish the mechanism of coping with HIV/AIDS problems at every level of the society through "learning and action". Due to this nature of the Project, the achievements and its impact should be evaluated in a long term. However, the following achievements were confirmed at the evaluation.

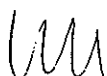
First of all, the Health Manpower Development Program has brought positive changes in the attitude of the health staff to work for the community with the collaboration among different sectors. In this Program, the first step of Community Assessments Training Course has been completed and the second step for evidence-based planning, implementation, monitoring and evaluation has been installed. The health manpower capacity has made certain achievements, but it is still expected to develop further to think critically in assessing, planning, and monitoring health interventions rather than just implementing the routine activities.

Information system has been strengthened in quality and quantity, by improving existing registration/reporting system as well as by introducing additional methodology to collect information, such as community-based data collection. Further improvement of HIV/AIDS case reporting from hospitals is intended. With the committed work of trained health staff, and by the support of improved information system, the public health sector has been successful in establishing collaborative work with secondary education and military sectors for promoting safe sexual behavior.

In addition, the impact of the Health Manpower Development Program in Phayao is expanding into other Provinces. According to the Director of the Institute of Health Manpower Development, MOPH, the module of Community Assessment Training has been already introduced to other Provinces such as Chonburi, Yasoton, and Chiang Mai. The Institute will also start training the trainers for the Community Assessment Course.

At the community level, PHA has been involved in the Community Response Program and Care Network Development of the Project. "AIDS competence", which is an indicator for a goal of the Project, differs from time to time and context-to-context, however, the participation of the empowered PHA groups has definitely improved the competency against HIV/AIDS at all levels. The Project has promoted PHA groups to play a significant role for prevention, and they are more active to educate and train people, beyond just sharing their experiences. PHA groups, once recipients of health services, have become partners of health service providers.

Community Response Program is conducted in collaboration with Chiang Mai University. Involvement of universities has broadened the scope of the Program by sharing experiences. The Director of PPLLR (Project for Participatory Learning from Local Response) at Chiang



Mai University expresses a plan to continue the trainings and workshops for Community Response after the Project.

In care and prevention services, various networks have been established at Provincial, District, and Sub-district levels, such as Counselors Network and Laboratory Network, with the participation of multisectoral players. The Project has also made satisfactory achievements in developing Care Network System. As the global trend for AIDS care and treatment is moving towards more access to ARV, the social and medical infrastructure for ARV treatment is an urgent demand. In this context, the Care Network, established through the Project will be an important model to provide such infrastructure to ensure appropriate care. Care Network is also on the way to be expanded to the neighboring Provinces through the partnership with CDC 10.

4. The Role of JICA Experts

The JICA experts worked closely with the local leaders in the Project to share experiences/opinions and to assist various activities technically. In addition, they played a catalytic role in a significant way in coordinating and bridging different players of governments, NGOs, and PHA groups, organizing forums and meetings among them. They visited many places to talk to villagers, PHA, and community health staff, to understand their problems and to exchange views. This attitude of Japanese experts gave a positive impact on health staff who work with the local people and community.

5. Plan of The Project for Remaining Term

1. The project will not be extended and will end in January 2003 as planned, because the sustainability of the Project activities has been confirmed through the evaluation.
2. The experience and lessons learned through this Project will be an excellent example for HIV/AIDS intervention. The Project is asked to have a wrap-up seminar by the end of the Project term, with the participation of representatives of each activity.
3. Publication of the outcome and the findings of the Project is strongly requested in a timely manner.

6. Lessons Learned from the Project

1. National commitment to take a strong initiative for HIV/AIDS, such as the National Strategy against HIV/AIDS, is essential for promotion of prevention and care. In addition, delegating responsibilities to regional/ local agencies is crucial.
2. Decentralization in health administration requires health service providers to act locally and to increase interactions between and among communities. Positive attitudes of health manpower toward self-learning and capacity building are indispensable for successful decentralization in addition to an effective management system. Decentralization also seems to be one of the incentives for the community's empowerment and resource

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mobilization.

3. Acting together as a team is crucial in cross-sectoral collaborations for HIV/AIDS. Collaboration between health and other sectors, such as education and military sector, is better achieved through actual collaborative work to conduct assessment of the problems, share the vision and establish evidence for action.

7. Recommendations

The Project has proven to be an invaluable and unique experience in developing an infrastructure to provide effective care and prevention through health manpower development. This experience and the outcomes of the Project can be a model for action against HIV/AIDS. It is recommended that programs or mechanisms be established to share the experience with others.

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JOINT EVALUATION REPORT
FOR
THE PROJECT FOR
MODEL DEVELOPMENT OF COMPREHENSIVE
HIV/AIDS PREVENTION AND CARE
(JICA AIDS II PROJECT)

AUGUST, 2002
NONTHABURI, THAILAND

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ABBREVIATIONS

AIC	Appreciation - Influence - Control
ARV	Antiretroviral Retro Viral Treatment
ART	Antiretroviral Treatment
AZT	Azidothymidine
CDC10	Office of Communicable Diseases Control for Region 10
DCC	Day Care Center
DHO	District Health Office
GIPA	Greater Involvement of People with HIV/AIDS
HC	Health Center
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HMD	Health Manpower Development
IPT	Isoniazid Preventive Therapy
JICA	Japan International Cooperation Agency
LANA	Learning and Action Network on AIDS
MOPH	Ministry of Public Health
OI	Opportunistic Infection
PCM	Project Cycle Management
PCP	Pneumocystis carinii pneumonia
PDM	Project Design Matrix
PDMe	Project Design Matrix for Evaluation
PHA	people living with HIV/AIDS
PHO/ PPHO	Provincial Public Health Office
PMCT	Prevention of Mother to Child Transmission
QOL	Quality of Life
R/D	Record of Discussions
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TSI	Tentative Schedule of Implementation
UNAIDS	Joint United Nations Program on HIV/AIDS
UP	Universal Precautions
USCDC	United States Center for Diseases Control and Prevention
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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1 INTRODUCTION

1.1 Preface

JICA dispatched the Final Evaluation Team (hereinafter referred to as "the Team") to Thailand from July 29 to August 10, 2002 for the Project for Model Development of Comprehensive HIV/AIDS Prevention and Care (hereinafter referred to as "the Project"). The Team evaluated the achievements of the Project, which started in February 1998. The Team was headed by Dr. Kiyoshi KUROKAWA, Tokai University.

In collaboration with Thai counterparts, the Team prepared this Joint Evaluation Report to summarize the achievements of the Project, recommendations and lessons learned.

1.2 Objectives of Evaluation

The aim of this evaluation is to examine the achievements of the Project by asking how far and how efficiently/effectively the objectives of the Project were attained. This evaluation seeks to establish accountability for all concerned parties of the Project, including PHA (people with HIV/AIDS) groups and communities in the area. For this purpose, the Team firstly reviewed the inputs, activities, and outputs of the Project. The Team also had interviews and meetings widely with Thai counterparts, beneficiaries and people concerned to the Project. Based on these reviews and comments from the interviewees, outcomes of the activities were analyzed and documented in this report in collaboration with Thai counterparts, the Japanese experts and the Team.

Evaluation has another important task to figure out the lessons learned from the Project for future activities. The Team made an effort to examine the interrelations between a given set of activities of the Project, their outcome, and the context in which the project was situated. Both Thai and Japanese sides discussed and summarized lessons learned, expecting these lessons to be a guide for the future HIV/AIDS related programs and projects.

1.3 Main participants in the Joint Evaluation

(1) Japanese Evaluation Team

Dr. Kiyoshi KUROKAWA	Evaluation Team Leader Director, The Institute of Medical Sciences, Tokai University
Dr. Yasuo CHIBA	Evaluation Team Member (Community Health) Director, 2 nd Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health, Labor and Welfare
Mr. Masahiro OSEKO	Evaluation Team Member (Evaluation Analysis) Consultant, Global Link Management Inc.
Ms. Yukako MATSUURA	Evaluation Team Member (Cooperation Planning) Program officer, Medical Cooperation Department, JICA

(2) Project Team

Japanese experts

Dr. Tadashi YASUDA	Chief Adviser, Health Policy
Dr. Hideki MIYAMOTO	Expert of Health Management
Ms. Chiyoko MORI	Expert of Community Health
Mr. Shinichiro KOJIMA	Project Coordinator

Thai Team

Dr. Supachai Kunaratanapruk	Deputy Permanent Secretary, MOPH
Dr. Petchsri Sirinirund	Provincial Chief Medical Officer, Phayao PPHO
Dr. Suriya Wongkongkathap	Director, Institute of Health Manpower Development, MOPH
Dr. Sakchai Attawibool	Director of Phayao Hospital
Dr. Paiboon Tanakiatsakul	Director of Dokkamtai Hospital

Dr. Aree Tanbanjong
Mr. Chalong Akarachinores
Ms. Udomsiri Parnrat
Ms. Chutima Akaleephan

Deputy Provincial Chief Medical Officer, PPHO
Deputy Provincial Chief Medical Officer, PPHO
Project Coordinator, Provincial Health Development Bureau, MOPH
Project Coordinator, Provincial Health Development Bureau, MOPH

1.4 Methodology of Evaluation

The evaluation was conducted from the two different points of view; one is Project Design Matrix (PDM)-based evaluation and the other is Process-based evaluation.

For the former evaluation, Project Cycle Management (PCM) method was applied. The evaluation was conducted by comparing the plan and outcomes of the Project using five evaluation criteria, i.e. relevance, effectiveness, efficiency, impact and sustainability. Information was basically taken from questionnaires and interviews with representatives of all the parties concerned. Definitions of five evaluation criteria are as follows.

1) Relevance	Examine whether the "Project Purpose" and "Overall Goal" are meaningful as project objectives. Logicity of the project plan/design is also examined.
2) Effectiveness	Examine the extent to which the "Project Purpose" has been/is expected to be achieved via the "Outputs".
3) Efficiency	Productivity of implementation process. Inquiry items include: the extent to which the "Inputs" have been converted to the "Outputs", the appropriateness of the quantities and quality of resources put in; and the means, methods and timings of inputs.
4) Impact	Positive and negative effects of the implementation of the project, either direct or indirect, should be examined. These include effects that were not foreseen at the time of planning.
5) Sustainability	Whether the benefits of the implementation of the project will continue after the discontinuation of assistance is examined, centering on the self-reliance of the project.

For the process evaluation, both the Team and the Thai side reviewed project history and evaluated actions the Project took to cope with the changes of the situation.

For the evaluation, the Team collected and analyzed the following information.

1) Written Documents

The Record of Discussions (R/D), Tentative Schedule of Implementation (TSI), PDMs (initial PDM, revised PDM and PDM for evaluation), Annual Report of the Project, Minutes of Discussions, reports of activities prepared by Japanese Experts, guidelines and manuals prepared by the Project for its activities.

2) Interviews and Questionnaires

Interviews were conducted widely with the focal points of the Project, i.e. Thai counterparts, local health staff, medical staff in hospitals, PHA groups and NGOs. Questionnaires were sent to Japanese experts and main counterparts.

2 BACKGROUND AND SUMMARY OF THE PROJECT

2.1 Brief Background of the Project

Needs of Cooperation

The first case of AIDS in Thailand was reported in 1984 and since then it spread rapidly through different routes of transmission. However with extensive efforts, reported AIDS cases in the whole country peaked in 1998 and have started declining since then. The upper northern part of the country

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was the most seriously affected area by the epidemic and particularly, Phayao was the province with the highest number of cases per population. HIV prevalence among pregnant women in Phayao once rose up to 10.6% in 1994. This figure has been coming down to 4.4% in 1998 and 2.3% in 2001.

Thailand's success in reducing high HIV infection rates was the result of a strong political commitment and its clear vision. Supported by the strong national and regional leadership, every possible means was utilized to control the epidemic on top of the well-known 100% condom promotion. Variety of national efforts in fight against HIV/AIDS has been boosted by the strong political leadership and community mobilization around the country. In addition, more and more international actors have gathered to provide necessary assistance including JICA, UN agencies, and international NGOs.

In upper Northern Thailand, the people living with HIV/AIDS (PHA) started to form groups around 1993 to support themselves in a highly discriminatory environment in the community. However, as public understanding on HIV/AIDS had improved, they came to be accepted in community during 1998 to 1999. Since then, their movement has been accelerated and now many PHA are participating in the community activities.

Programs to provide a sustainable social/institutional system to cope with HIV/AIDS has become an important national agenda, including capacity building of local people and health manpower development for prevention and care.

2.2 Summary of the Project

Basic Fact

Project Title: Model development of comprehensive HIV/AIDS prevention and care in Thailand

Duration: February 1, 1998 to January 31, 2003 (5 years)

Implementing Agencies:

Thai Side

- Office of Permanent Secretary for Public Health, Ministry of Public Health (MOPH)
- Provincial Health Development Bureau, MOPH
- Phayao Provincial Public Health Office, MOPH
- Institute of Health Manpower Development, MOPH
- Department of Medical Science, MOPH
- AIDS Division, CDC, MOPH
- Other Thai partners

Japanese Side

- Japanese Experts Team

Decision-making Committees:

- 1) Project Directorate Board, 2) Project Coordinating Committee and 3) Phayao Provincial Coordinating Committee.

The current Project Design¹

Super Goal	1. Reduction of new HIV infected cases 2. Improvement of QOL among PHA and their families
Overall 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

¹ The PDM of the Project was modified 2 times from the original PDM, as mentioned in the next section. This narrative summary is taken from the most recent modified PDM, approved by the Thai side and JICA consultation team on January 28, 2000, based on the discussion between Thai side and Japanese experts.

	Action Network on AIDS (LANA) is developed in Phayao Province and applied effectively to other selected provinces
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

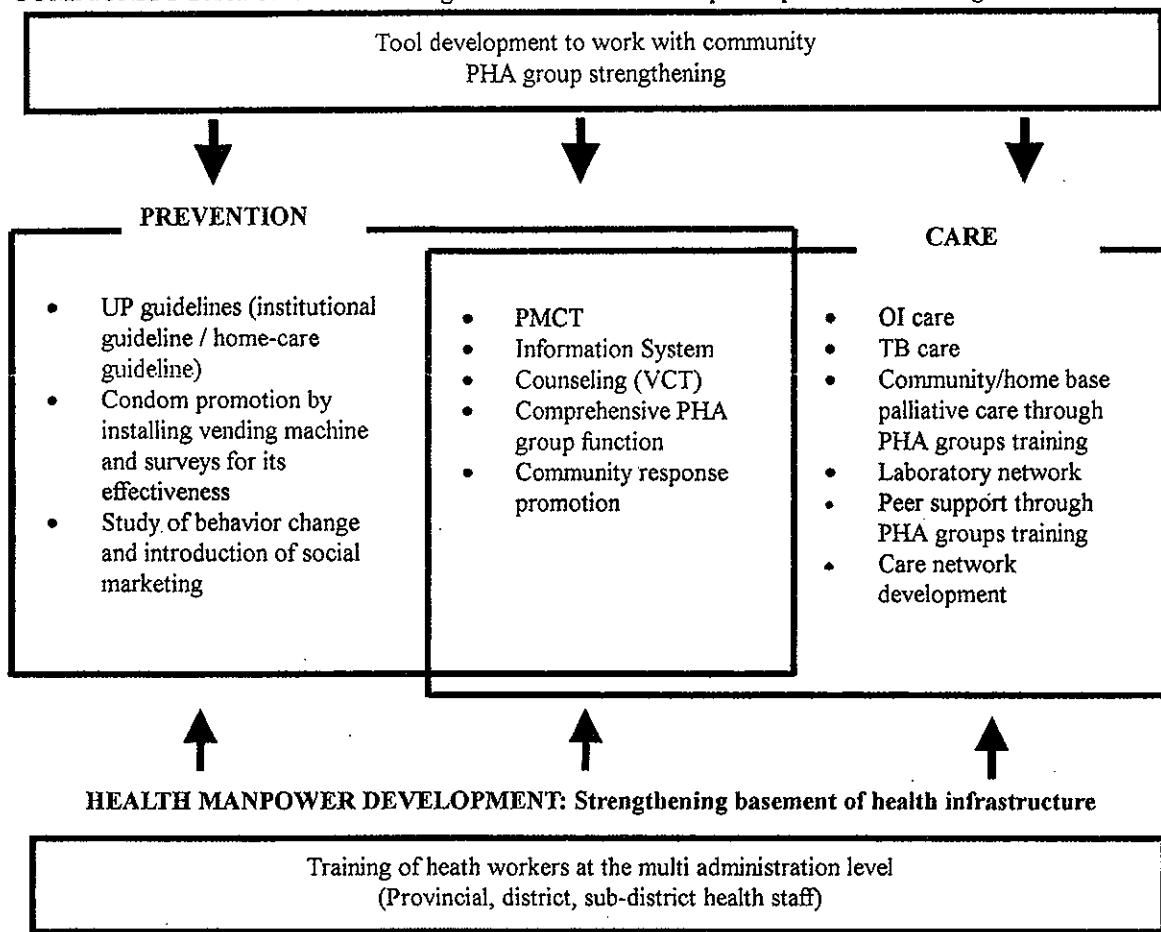
Significant characteristics of the Project

- 1) **Process model development:** The Project has emphasized a process of assessment-plan-implementation-monitoring-evaluation against HIV/AIDS at all levels of health intervention. The process model here, thus, indicates institutionalization of a chain of experiences such as critical investigation of the needs, planning and implementation according to the inherent local needs, and learning lessons from monitoring and evaluation. The assumption here is that an output-oriented model with concrete activities does not function well to solve HIV/AIDS problems, which are complex and dynamic social problems. Therefore, the process itself should change according to the changes of conditions of HIV/AIDS problems and the needs of the people concerned.
- 2) **Human resource development:** The Project has paid considerable attention to the health manpower development, regarding the health manpower as a basic asset for better and sustainable intervention for HIV/AIDS issues. The health staff (provincial, district, sub-district health staff) is expected to think critically in learning and implementing health intervention rather than just implementing the routine activities. The current government policy to decentralize the health administration, in which districts and sub-districts take more active roles to implement health services, has orientated the health manpower development.
- 3) **Comprehensive approach to HIV/AIDS:** At the activity level, the coverage of the interventions is wide, tackling both prevention and care by collaborating with various areas/fields such as medical services, education, behavioral science, psychology, information system, community health etc. and multi-level of administration (province, district and sub-district level).

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COMMUNITY RESPONSE: Promoting communities' role and participation in action against HIV/AIDS



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3 EVALUATION

3.1 PDM for Evaluation (PDMe)

The current PDM was slightly modified for the better use of it by fixing more realistic and specific indicators for the overall goals, project purpose and outputs. Narrative Summary of PDMe and its indicators are as follows.

PDM for Evaluation (PDMe)

Narrative Summary	Indicators
Super Goal	
1. The number of new HIV infection cases is reduced.	Infection rate provided by sentinel serosurveillance data.
2. Quality of life of people with HIV/AIDS and their families is improved.	QOL Index of population of PHA and their families
Overall Goal	
The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is introduced to other provinces.	The number of provinces that are interested in and introduced the network of HIV/AIDS prevention and care established through LANA.
Project Purpose	
The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province.	1. Provincial level: Multi-sectoral collaboration activities among PPHO, schools and military. 2. District level: Activities of care network working teams formulated by the collaboration of health sector, NGOs and PHA groups. 3. Sub-district level: Established multiparty community network including Health Centers, PHA and other sectors.
Outputs	
1. Health manpower for solving HIV/AIDS related problems is developed.	1.1 Capacity of provincial trainers to organize courses by themselves.
2. HIV/AIDS prevention and care system is established.	1.2 The % of health center staff who had positive attitude reform by the Health Manpower Development (HMD).
	2.1 Adherence rate of AZT intake of mothers with HIV/AIDS.
	2.2 IPT completion rate
	2.3 Defaulter rate of TB treatment.
	2.4 The number of districts providing PCP prophylaxis at health centers with collaboration between hospital and health center.
	2.5 The number of districts in which health centers provide HIV(+) post-test counseling with good collaboration with hospitals.
	2.6 The number of districts in which monitoring system of PHA is available.
3. Community response to HIV/AIDS is promoted.	3.1 The % of health center staff who contribute to the community activities.
	3.2 Useful tool for promotion of community response is developed.
	3.3 Useful indicators for measuring the level of community response are developed.

3.2 Summary of Achievement²

It may need some time to obtain the results of this 5-year Project, because the Project sets its goal as to

² For the details, see the Annex 2 "Achievement Table".

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establish the mechanism of coping with HIV/AIDS problems at every level of the society through "learning and action". Due to this nature of the Project, the achievements and its impact should be evaluated in a long term. However, the following achievements were confirmed at the evaluation.

First of all, the Health Manpower Development Program has brought positive changes in the attitude of the health staff to work for the community with the collaboration among different sectors. In this Program, the first step of Community Assessments Training Course has been completed and the second step for evidence-based planning, implementation, monitoring and evaluation has been installed. The health manpower capacity has made certain achievements, but it is still expected to develop further to think critically in assessing, planning, and monitoring health interventions rather than just implementing the routine activities.

Information system has been strengthened in quality and quantity, by improving existing registration/reporting system as well as by introducing additional methodology to collect information, such as community-based data collection. Further improvement of HIV/AIDS case reporting from hospitals is intended. With the committed work of trained health staff, and by the support of improved information system, the public health sector has been successful in establishing collaborative work with secondary education and military sectors for promoting safe sexual behavior.

In addition, the impact of the Health Manpower Development Program in Phayao is expanding into other Provinces. According to the Director of the Institute of Health Manpower Development, MOPH, the module of Community Assessment Training has been already introduced to other Provinces such as Chonburi, Yasoton, and Chiang Mai. The Institute will also start training the trainers for the Community Assessment Course.

At the community level, PHA has been involved in the Community Response Program and Care Network Development of the Project. "AIDS competence", which is an indicator for a goal of the Project, differs from time to time and context-to-context, however, the participation of the empowered PHA groups has definitely improved the competency against HIV/AIDS at all levels. The Project has promoted PHA groups to play a significant role for prevention, and they are more active to educate and train people, beyond just sharing their experiences. PHA groups, once recipients of health services, have become partners of health service providers.

Community Response Program is conducted in collaboration with Chiang Mai University. Involvement of universities has broadened the scope of the Program by sharing experiences. The Director of PPLLR (Project for Participatory Learning from Local Response) at Chiang Mai University expresses a plan to continue the trainings and workshops for Community Response after the Project.

In care and prevention services, various networks have been established at Provincial, District, and Sub-district levels, such as Counselors Network and Laboratory Network, with the participation of multi-sectoral players. The Project has also made satisfactory achievements in developing Care Network System. As the global trend for AIDS care and treatment is moving towards more access to ARV, the social and medical infrastructure for ARV treatment is an urgent demand. In this context, the Care Network, established through the Project will be an important model to provide such infrastructure to ensure appropriate care. Care Network is also on the way to be expanded to the neighboring Provinces through the partnership with CDC10.

3.3 Evaluation by Five Evaluation Criteria

The Team conducted evaluation survey following the methodology explained above (1.4). The evaluation results, summarized in the "Executive Summary", presented to the Thai side in the evaluation workshop and the both parties confirmed and agreed on its contents. The followings are the original of the confirmed evaluation results.

Evaluation results are graded by five ranks of "Very High", "High", "Fair", "Low", and "Very Low."

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3.3.1 Relevance

Relevance of the Project is evaluated by examining whether the direction of the Project is still meaningful as project objectives at the time of evaluation. The Overall Goal and the Project Purpose are assessed here whether they are consistent with 1) the global trend against HIV/AIDS, 2) the national health policy of Thailand, 3) the international and Japanese aid policy, and 4) the needs of the target group.

From the following sub-questions, **Relevance of the Project is evaluated "Very High"**.

1) Relevance to the global trend against HIV/AIDS: "Very High"

Looking at the international environment surrounding HIV/AIDS, there is an increasing needs and demand for care and treatment of PHA. This is even more accelerated by rapid decreasing price of ARV drugs. Thailand is expanding the access to ARV. However, it is also well recognized that ARV is not the overall solution. WHO emphasizes the importance of "comprehensive care and support" and this will be still valid with ARV. Moreover, in terms of both prevention and care, UNAIDS has been promoting Greater Involvement of People with HIV/AIDS (GIPA). This project is correctly responding to these global initiatives since Care Network is exactly an approach to deliver comprehensive care with the support of PHA, and they are one of the major stakeholders in Community Response.

2) Relevance to the national health policy of Thailand: "Very High"

In the "National Plan for Prevention and Alleviation of HIV/AIDS 1997-2001," the National AIDS Prevention and Alleviation Committee of Thailand stressed the adoption of a holistic, human-centered approach to prevent and alleviate HIV/AIDS by emphasizing the development of individual, family, and community capacities to build a strong social base for addressing the problem. Along in the line of this policy, the latest "National Plan for Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006" seeks to develop further the multi-sectoral approach by providing a framework for integrating the prevention and alleviation efforts of all relevant parties at all levels of society. Approaches of the Project, particularly Health Manpower Development and Community Response, are highly relevant to these national policies of Thailand since these approaches pursue the various levels' capacity improvement through the multi-sectoral collaboration.

Along with those policies mentioned above, the Thai government is strongly thrusting administrative decentralization and the health sector is not the exemption. Competency of local health personnel (province, district, sub-district) is critical in this current. Through the Health Manpower Development and Care Network, the Project has improved the competency of these health personnel.

3) Relevance to the international and Japanese aid policy: "Very High"

At the Okinawa Summit in 2000, G8 members including Japan endorsed the global target for HIV/AIDS as reduction of the number of HIV/AIDS infected young people by 25 percent by 2010. The core priorities were identified in the fight against HIV/AIDS: 1) preventing the spread of HIV/AIDS, 2) providing care and support to those infected and affected by HIV/AIDS, and 3) enhancing research and development for HIV/AIDS. Not only the Overall Goal and the Project Purpose but also the Outputs and Activities of the Project are consistent with 1) and 2) and are on the way to contribute the global target.

The Japanese government committed to take an initiative for elimination/reduction of infectious diseases at the Okinawa Summit and HIV/AIDS is listed as the targeted diseases together with Tuberculosis and parasitic diseases including Malaria. The Project not only goes along with the Japanese policy, but also serves as a pioneer project for HIV/AIDS cooperation with the public health approach.

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4) Relevance to the needs of the target group: "Very High"

A target group is one of the final beneficiaries, whose problematic situation is intended to be addressed by implementing a project. The target group of this project is "general population with special emphasis on PHA in Phayao Province and other selected provinces." PHA groups in Phayao province are relatively active in self-help activities or community activities with the support from NGOs and local health staff. In a interview with a PHA group and NGOs, it was mentioned that they feel the necessity to have further collaboration and interaction with local administrative organizations such as district and sub-district health offices, or even with PPHO in order to expand and maintain their activities. Community Response directly and Health Manpower Development indirectly contribute to these needs of the target group.

3.3.2 Effectiveness

Effectiveness is an evaluation of the achievement of the Project Purpose. Since the Project Purpose is expected to be achieved by the Outputs, direct contribution of the Outputs to the Project Purpose is also assessed here. In other words, external contribution factors to the Project Purpose must be excluded from the consideration.

From the following sub-questions, **Effectiveness of the Project is evaluated "Fair"**.

Note: This is the evaluation at the time of six months before the termination of the Project (August 2002).

1) The achievement of the project purpose: "Fair"

At the provincial level, two new multi-sectoral networks developed in Phayao in addition to the existing AIDS action center, i.e. a) public health and military network and b) public health and secondary education network. (Refer to Annex 2 for the detail.)

At the district level, activities on community based information system have started in one district and currently extending to other four districts. Health center staff and district health office staff collect information. There is qualitative as well as quantitative data for staff to utilize for the enhancement of multi-sectoral collaboration. (Refer to Annex 2 for the detail.) Care Network is a major output of the Project at district level, which ensure access and quality of care and treatment.

At the sub-district level, AIDS-related activities involving multi-sectoral participation was observed in 85%(17/20) of sub-districts and the budget of sub-district administration offices was mobilized for AIDS problems in 50%(10/20) of sub-districts. (Refer to Annex 2 for the detail.)

These facts indicate that the assessment-plan-implementation-monitoring-evaluation cycle of "Learning and Action Network on AIDS (LANA)" has still been at the first round. The beginning of networking is the most difficult and time consuming part. However the Project is ready to move on to the next stage within the remaining six months.

2) Contribution of the Outputs to the achievement of the Project Purpose: "Fair"

a) Output 1: Health Manpower Development

Through the "Community Assessment" training courses, the pool of 32 provincial trainers was created and they are already conducting trainings by themselves. These training courses helped local health personnel to assess/understand the situation of communities better than before. But planning stage that follows assessment stage is not started yet. However, Health Manpower Development, together with information development, is on the right way to achieve the Project Purpose.

Attitude reform of health personnel is observed and reported here and there, and they seem to start working positively. Therefore, while the concrete outcomes of the Output 1 are not confirmed yet, it must be on the right way to be attained in the future.

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b) Output 2: Care Network

Activities for health service improvement were integrated into Care Network (Output 2) when the collaboration with AIDS Division, CDC10 and WHO started in 2001. This collaboration accelerated and extended the activities and has made fair progress for formulating Care Network. Although it was only one year ago and visible effects are not much observed (refer to Annex 2 for the detail), Care Network is in the process of formulation and it can be developed to be a care system model. The Output 2 is, thus, highly expected to bring fruitful results by the end of the project period.

c) Output 3: Community Response

Activities for the Output 3 were delayed to be implemented due to the suggestion from Phayao PPHO that the Output 3 (Community Response) must be conducted by the health staff trained by the Output 1 (Health Manpower Development). While waiting for the progress of the Output 1, the Project had proceeded preparation works. Full-scale activities took off in 2001 when the collaboration with Chiang Mai University was started. Because of this delay, the achievement of the Output 3 is relatively limited. However, it must be noteworthy that these achievements are of high potential to affect and extend community activities. For example, people participated workshops have started doing workshops on their own initiative and they discuss not only about HIV/AIDS but also other problems such as other diseases, poverty, etc. (Refer to "3.3.4 Impact" for detail.) In this manner, Community Response (Output 3) is highly potential and indispensable for community-based HIV/AIDS prevention and care

The achievements of all these three Outputs are still limited because of some reasonable conditions. However, since they are directly connected to the Project Purpose and significant for its attainment, it is strongly desired to make progress as far as possible by the end of the project period, and be further extended by Thai side after completion of the Project.

3.3.3 Efficiency

Efficiency is an evaluation of productivity of implementation process. It is assessed how the Inputs were used and how much converted to the Outputs, the appropriateness of the quantities and quality of resources put in, and the means, methods and timings of the Inputs.

From the following sub-questions, **Efficiency of the Project is evaluated "High"**.

1) Appropriateness of the Inputs: "High"

The Inputs (personnel, counterpart training in Japan, facilities/equipment, local cost) by both Thai and Japanese sides were necessary and sufficient to produce the Outputs.

a) Thai Side

<Personnel>

- The number, capability and assignment timing of counterparts were appropriate in general.
- They were assigned according to their relevancy of their original responsibilities in their workplaces. Some counterparts, however, could not manage their time enough for the Project.
- It seemed that some counterparts felt burden of additional job from the Project.

<Facility and Local Cost>

- Facilities and local cost were properly provided.

b) Japanese Side

<Personnel>

- Three Chief Advisors were assigned in turns in five years. This caused discontinuity of Japanese side policy/activities and conception gap between Japanese side and Thai side.
- There was a time gap when long-term experts were changed. This caused insufficient

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information transfer.

- Capabilities of short-term experts were high enough. The number and timing of short-term experts were generally satisfactory. It was better if the same short-term expert was assigned repeatedly in the same field. Some experts' assignment period was too short.

<Counterparts training in Japan>

- Timeliness, number and quality of trainings were generally satisfactory.
- Training subjects and achievement targets were sometimes not clear/specific enough.
- The project could not follow up/monitor how do counterparts use and share what they have learned in Japan.

<Equipment>

- Timeliness of provision, quantity and quality of equipment were satisfactory.
- The provided equipment, particularly laboratory equipment is fully utilized by the Thai side.
- Some equipment is used in the other field other than HIV/AIDS.

2) Supporting System: "High"

- There have been constant communications among the implementing agencies listed in 2.2. Thus, enough supports, including technical advice, were provided to the Phayao Provincial Health Office to conduct the activities.
- Among those, the Deputy Permanent Secretary of MOPH has been playing an important role since the beginning and has paid significant attention to the Project by giving advice and suggestions through meetings.

3) Linkage with other organizations/ Support from other organizations: "High"

- As stated above (3.3.2), Care Network (Output 2) and Community Response (Output 3) were accelerated by the collaboration with WHO, Chiang Mai University and Raks Thai Foundation.

3.3.4 Impact

Impact is an evaluation of effects that are attributable to the implementation of the Project. Positive/negative and direct/indirect impact is assessed here.

From the following sub-questions, **Impact of the Project is evaluated "High"**.

- 1) The impact of the Health Manpower Development Program in Phayao is expanding into other Provinces. According to the Director of the Institute of Health Manpower Development, MOPH, the module of Community Assessment training has been already introduced to other Provinces such as Chonburi, Yasoton, and Chiang Mai. The Institute will also start training the trainers for the Community Assessment courses.
- 2) In some workshops held as activities of Community Response (Output 3), PHA and community people have started discussing not only about HIV/AIDS but also about other issues such as other diseases and poverty in their communities. These discussions include planning of activities for supporting the people suffering from these issues. This means that their awareness is extending to the social welfare in communities.
- 3) NGO facilitators who participated Community Response workshops in Phayao Province have started conducting workshops on their own initiative in other places in Phayao.
- 4) Some participants (PHA, youths, health volunteers and NGOs) of Community Response workshops have started doing workshops modifying the program to be more applicable to their specific situation in other places.

These positive impacts emerge just recently but they indicate potentials for further positive effects to be observed.

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3.3.5 Sustainability

Sustainability is an evaluation of self-reliance of Thai side. The Project should be designed and implemented intending to sustain its benefits after the termination of the Project. What expected to be sustainable is not the Project itself but the benefits and/or movement produced by the Project.

From the following sub-questions, **Sustainability of the Project is evaluated "High"**.

- 1) Health Manpower Development (Output 1) had planned by the Thai side before the Project started its intervention so that technical and institutional sustainability is high in general. By now, Community Assessment Training Course has been installed as one of the routine activities of Phayao PPHO and implemented autonomously. Development of health manpower and development of information system make the learning and action cycle continuous and sustainable. Since the benefits of the trainings are highly appreciated, Phayao PPHO tries to allocate enough budgets for them. Financial sustainability, thus, is considered to be high.
- 2) Care Network program has been the joint program of Phayao PPHO with JICA and CDC10. Since JICA and CDC10 will soon withdraw from this program, the PPHO alone will keep thrusting the program. However, Care Network programs practically used to be implemented by the district health staff who trained by Health Manpower Development programs; and the system is fixed and started functioning in each district. Therefore, the technical and institutional sustainability can be assessed high.
- 3) Community Response (Output 3) was planned to be started by Phayao PPHO when Health Manpower Development program trained a certain number of the staff. As it is mentioned above, Health Manpower Development program has made a progress and started moving on it own. Facilitators for Community Response activities have been trained in Chiang Mai University's program. Therefore, technical and institutional sustainability is high.

3.4 Process Evaluation

In 1998, the Project was originally designed to be an AIDS specific technical project that aimed at developing models for HIV/AIDS prevention and care with supporting functions of local health system. This specific health service improvement was intended to be realized through the component of Health System Improvement (Output 2).

After one year of implementation, in 1999, the PDM was modified and the concept of "Learning and Action Network on AIDS (LANA)" was introduced. Since then, it was pointed out by JICA that the definition of the Project Purpose was not clear/specific enough. After the intensive and continuous discussion among personnel concerned, the concept of LANA was recognized as a dynamic and continuous process in which people keep learning from their own experience through assessment-plan-implementation-monitoring-evaluation cycle. Although this concept was still an abstraction, the project aimed at realization of this "attitude reform" and new working system by introducing the component of Health Manpower Development (Output 1). In order to cope with HIV/AIDS problem, different local responses are required. Health Manpower Development was a comprehensive human resource development program, which covered wider scope of health related problems including not only HIV/AIDS but also other diseases/problems.

By adding Health Manpower Development, the Project became to have broader and long-term perspective. But at the same time, the Project Purpose became more difficult to achieve within five years.

The following is the chronological review of the changes of PDMs for clarifying when and how the

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scope of the Project was changed.

The Original PDM in 1998 (in R/D)

Project Purpose:

The models for HIV/AIDS prevention and care, and their supporting functions with emphasis on the district system, as developed in Phayao province are applied effectively to other selected provinces

The expected outputs:

- (1) The development and expansion strategies with regard to HIV/AIDS prevention and care in the context of the district health system are refined based on the review of national policies and programs as well as the situations of Phayao and other provinces.
- (2) Following base line assessment and indicators, models for HIV/AIDS prevention and care, and their supporting function with emphasis on district health systems, are developed in Phayao province.
 - 1) Comprehensive prevention and continuum care from premarital to terminal care
 - 2) Information system to solve HIV/AIDS-related problems at all levels, esp. at district and sub-district
 - 3) Counseling Network
 - 4) Laboratory Quality Control
 - 5) Universal Precautions
 - 6) Secondary Education
- (3) All districts in Phayao are supported for model implementation
- (4) The other selected provinces are actively involved in the process of model expansion.

Grasp of the Design and Scope:

- The model was for health services for HIV/AIDS prevention and care mainly for district level.
- National application as a standard for HIV/AIDS prevention and care was a goal.
- Phayao was a pilot site to develop a model.

Second PDM in 1999 (during the first year of cooperation)

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.

The expected outputs:

- 1) Health manpower is 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.

Change in Design and Scope

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- “The process model” was added as a more important concept to fight against HIV/AIDS. The process model was expected as a tool to improve the “competence” against HIV/AIDS, and named “Learning and Action Network on AIDS (LANA)”. However, clear-cut understanding of “the process model” was not identified.
- “AIDS Competent Sub-district”, “AIDS Competent District” and “AIDS Competent Province” became the indicators for the Project Purpose, but the definitions were not clear.
- Health Manpower Development was added as the most prioritized output. The Output 1 became a sub-project to train public health staff by changing their attitude positive to learn.

Third PDM in 2000 (during the second year of cooperation)

Project Purpose: no change

No change from the Second PDM: The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed

The expected 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

Change in Design and Scope:

- “Community Response” to HIV/AIDS was added to the Outputs. Although Phayao province has established active multi-sector/actor partnership on HIV/AIDS (i.e. schools, military, PHA groups, NGOs, communities etc.), the collaboration was still driven by the health staff. Therefore, the need to respond to HIV/AIDS at community level was identified.
- Health Manpower Development has been the priority and the training for health staff has been conducted autonomously by the Thai side.
- Six areas of technical/medical development for prevention and care in the Output 2 stated in the second PDM above were rearranged and integrated as Care Network to set a common direction of “establishment of HIV/AIDS prevention and care”.

3.5 Evaluation Conclusion

	Relevance	Effectiveness	Efficiency	Impact	Sustainability
Results	Very High	Fair	High	High	High

Both Thai and Japanese sides have dedicated to achieve the improvement of health services for HIV/AIDS. Throughout the Project, strong will and motivation to serve for better quality of life for PHA and control over new infections was sustained. There has been a gap in the conceptualization of the HIV/AIDS problem and choice of methodology to fight against HIV/AIDS between Phayao Provincial Health Office and Japanese Experts Team. However, both sides have never given up to seek the best way to reach to the Super Goal of the Project, by having intensive discussions through modifying the PDM several times.

While the Project are still striving to develop a “process model of HIV/AIDS prevention and care”, the sub-models of 1) Health Manpower Development, 2) Care Network, and 3) Community Response are gradually developed as sub-components that will make up the “process model”.

Health Manpower Development is on the way to be further developed by the Thai side. The activities introduced through the Project has been already embedded into the PPHO’s routine programs. Care Network programs are installed and functioning at district level. Community Response is a component

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of high potential with the spontaneous movement of communities, and PPHO's facilitators were trained in the programs of the Chiang Mai University. Thus, as a whole, it can be said that the foundation for the further development to expect tangible achievements has been formulated.

Finally, for the HIV prevalence control and prevention, which are the deepest concern of the Project, the prevalence of pregnant women in Phayao has shown a good result in 10 years. The rate, which was 10.6% in 1994 remained stable around 5.0% from 1995-2000, drastically declined to 2.3% in 2001.³ Although it is difficult to clarify whether the Project had directly contributed to the reduction, the timing suggests the Project has played a role to decline the rate. It is hoped that the rate will remain low for long term in the future with the positive impact of the Project.

4 PLAN FOR REMAINING TERM AND LESSONS LEARNED

4.1 Plan of The Project for Remaining Term

Plan of The Project for Remaining Term are suggestions made to the core people concerned with the implementation of the Project such as MOPH, Phayao PPHO and JICA for the sake of the Project.

- 1) The Project will not be extended and will be terminated in January 2003 as planned, because the sustainability of the Project activities has been confirmed through the evaluation.
- 2) The experience and lessons learned through the Project will be an excellent example for HIV/AIDS intervention. The Project is asked to have a wrap-up seminar by the end of the project period, with the participation of representatives of each activity.
- 3) Publication of the outcome and the findings of the Project is strongly requested in a timely manner.

4.2 Lessons Learned from the Project

Lessons Learned are matters that are useful for other ongoing or future projects.

- 1) National commitment to take a strong initiative for HIV/AIDS, such as the National Strategy against HIV/AIDS, is essential for promotion of prevention and care. In addition, delegating responsibilities to regional/ local agencies is crucial.
- 2) Decentralization in health administration requires health service providers to act locally and to increase interactions between and among communities. Positive attitudes of health manpower toward self-learning and capacity building are indispensable for successful decentralization in addition to an effective management system. Decentralization also seems to be one of the incentives for the community's empowerment and resource mobilization.
- 3) Acting together as a team is crucial in cross-sectoral collaborations for HIV/AIDS. Collaboration between health and other sectors, such as education and military sector, is better achieved through actual collaborative work to conduct assessment of the problems, share the vision and establish evidence for action.

5. RECOMMENDATIONS

The Project has proven to be an invaluable and unique experience in developing a unique

³ Serosurveillance of the prevalence of pregnant women in Phayao: 1994:10.6%, 1995:6.9%, 1996: 5.3%, 1998:4.94%, 1999:4.6%, 2000:5.3% and 2001:2.3%.

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infrastructure to provide effective care and prevention through health manpower development. This experience and the outcomes of the Project can be a model for action against HIV/AIDS. It is recommended that programs or mechanisms be established to share the experience of others.

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ANNEX 1 PDMe

Project Design Matrix for Evaluation (PDMe)

Target Area : All districts in Phayao Province and other selected provinces.

Project Duration : Feb. 1, 1998 - Jan. 31, 2003 (5 years)

Model Development of Comprehensive HIV/AIDS Prevention and Care in the Kingdom of Thailand

Target Group : General population in the target area with special emphasis on people living with HIV/AIDS.

Version: PDMe

Date of Issue: Jul. 26, 2002

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal 1 The number of new HIV infection cases is reduced. 2 Quality of life of people with HIV/AIDS and their families is improved.	1 Infection rate provided by sentinel serosurveillance data. 2 QOL Index of population of PHA and their families	1 Statistics of MOPH 2 QOL Survey	
Overall Goal The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is introduced to other provinces.	The number of provinces that are interested in and introduced the network of HIV/AIDS prevention and care established through LANA.	Project reports	
Project Purpose The process model of HIV/AIDS prevention and care through Learning and Action Network on AIDS (LANA) is developed in Phayao Province.	1 Provincial level: Multisectoral collaboration activities among PPHO, schools and military. 2 District level: Activities of care network working teams formulated by the collaboration of health sector, NGOs and PHA groups. 3 Tambon level: Established multiparty community network including Health Centers, PHA and other sectors.	1 Project reports 2 Project reports 3 Project reports	* Public health administration system is not drastically changed.
Outputs 1 Health manpower for solving HIV/AIDS related problems is developed. 2 HIV/AIDS prevention and care system is established. 3 Community responses to HIV/AIDS is promoted.	1.1 Capacity of provincial trainers to organize courses by themselves. 1.2 The % of health center staff who had positive attitude reform by the Health Manpower Development (HMD). 2.1 Adherence rate of AZT intake of mothers with HIV/AIDS. 2.2 IPT completion rate 2.3 Defaulter rate of TB treatment. 2.4 The number of districts providing PCP prophylaxis at health centers with collaboration between hospital and health center. 2.5 The number of districts in which health centers provide HIV(+) post-test counselling with good collaboration with hospital. 2.6 The number of districts in which monitoring system of PHA is available. 3.1 The % of health center staff who contribute to the community activities. 3.2 Useful tool for promotion of community response is developed. 3.3 Useful indicators for measuring the level of community response is developed.	1.1 Project reports 1.2 Project reports 2.1 Project reports 2.2 Project reports 2.3 Project reports 2.4 Project reports 2.5 Project reports 2.6 Project reports 3.1 Project reports 3.2 Project reports 3.3 Project reports	* The trained provincial trainers, health personnel of districts/tambons and community facilitators continue working in their positions.

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Activities	Inputs	
1.1 To train provincial trainers. 1.2 To conduct "Community Assessment" training courses in order to reform attitude of provincial trainers and health personnel. 1.3 To formulate new working systems for community assessment and area planning. 1.4 To implement, supervise, monitor and evaluate the newly formulated working system. 1.5 To share provinces' experiences with each other. 2.1 To reinforce existing HIV/AIDS related programs. 2.1.1 Prevention of Mother to Child Transmission (PMCT) program. 2.1.2 TB and other opportunistic infections control. 2.1.3 Counseling services. 2.1.4 Laboratory services. 2.1.5 Nosocomial infection control/UP. 2.2 To develop coordinated prevention and care services. 2.2.1 To develop multi-program collaboration. 2.2.2 To develop health services for asymptomatic PHA. 2.2.3 To develop comprehensive functions of self-help groups. 2.2.4 To develop collaborative relationship with schools through study on sexual behavior of secondary school students. 2.3 To develop utilization-oriented information system. 2.3.1 To develop provincial database. 2.3.2 To develop tools for utilizing quantitative information. 2.4 To share experiences among provinces. 3.1 To assess existing community responses to HIV/AIDS. 3.2 To develop tools and media to support community facilitators. 3.3 To support community responses and experience sharing.	<p>Japan Side</p> <p>1 Personnel</p> <p>Long-term experts:</p> <ul style="list-style-type: none"> * Chief Adviser/ Health Policy * Project Coordinator * Community Health * Health Management <p>Short-term experts:</p> <ul style="list-style-type: none"> * as required <p>2 Counterpart Training in Japan</p> <p>3 Equipment</p> <p>4 Local Cost</p>	<p>Thailand Side</p> <p>1 Personnel</p> <ul style="list-style-type: none"> * Project Director * Project Manager * Project Coordinator * Counterparts * Administrative Personnel <p>2 Facilities</p> <ul style="list-style-type: none"> * Office in Bangkok * Office in Phayao Province <p>3 Local Cost</p>
		<p>* Administrative decentralization of the public health does not too much increase work load of provincial trainers and health personnel of districts/tambons.</p> <p>Pre-conditions</p>

Note

AZT : Azidothymidine
HMD : Health Manpower Development
IPT : Isoniazid Preventive Therapy
PCP : Pneumocystis carinii pneumonia
PHA : People with HIV/AIDS
PMCT : Prevention of Mother to Child Transmission
PPHO : Provincial Public Health Office
TB : Tuberculosis
UP : Universal Precaution

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		<p>to utilize.</p> <p>Also, noteworthy about district level is the network developed not only with other sectors but also within public health sector. In every district, there is a development of multi-sectoral care network for PHA, i.e. hospitals, health centres, NGOs, and PHA groups. Steps of assessment, plan, implementation and monitoring have been actually practiced during this process of care network development.</p>
	<p>3. Sub-district level: Established multiparty community network including Health Centres, PHA and other sectors.</p>	<p>3. Sub-district level According to the PHA group survey, AIDS-related activities involving multi-sectoral participation was observed in 85%(17/20) of sub-districts and TAO budget was mobilized for AIDS problems in 50%(10/20) of sub-districts.</p>
<p>Outputs</p> <p>1. Health manpower for solving HIV/AIDS related problems is developed.</p> <p>2. HIV/AIDS prevention and care system is established.</p>	<p>1.1 Capacity of provincial trainers to organize courses by themselves.</p> <p>1.2 The % of health centre staff who had positive attitude reform by the Health Manpower Development (HMD).</p> <p>2.1 Adherence rate of AZT intake of mothers with HIV/AIDS.</p> <p>2.2 IPT completion rate.</p> <p>2.3 Defaulter rate of TB treatment.</p> <p>2.4 The number of districts in which health centres provide PCP prophylaxis in collaboration between hospitals and health centres.</p> <p>2.5 The number of districts in which health centres provide HIV(+) post-test counselling in good collaboration with hospitals.</p> <p>2.6 The number of districts in which monitoring system of PHA is available.</p>	<p>1.1 The pool of 32 provincial trainers was created and they are already conducting trainings by themselves.</p> <p>1.2 According to the health centre sampling survey, positive attitude reform of the staff was observed in 18 health centre staffs out of 20 (90%).</p> <p>2.1 According to the PMCT report, adherence rate of AZT intake more than 4 weeks among ANC attendants was 71% in 2001 and 86% in 2002.</p> <p>2.2 According to the IPT record, IPT completion rate was 57.1% in Pong and Dokkamtai Hospitals in 2001.</p> <p>2.3 According to the TB report, defaulter rate of TB treatment was 13% in 1997, 17% in 1998, 9.4% in 1999, 10.8% in 2000 and 6.06% in 2001.</p> <p>2.4 According to the survey conducted by the project, in 2001, in no district, health centres provided PCP prophylaxis. In 2002, however, two districts started and one district partially started providing PCP prophylaxis at health centers, and three districts are preparing for it.</p> <p>2.5 According to the survey conducted by the project, in 2001, in one district, health centres provided HIV(+) post-test counselling. In 2002, however, in five districts, health centres started providing it.</p> <p>2.6 The province introduced the monitoring to all (7) districts and started it in May 2002.</p>

3. Community responses to HIV/AIDS is promoted.	3.1 The number (or %) of health centre staff who contribute to the community activities. 3.2 Useful tool for promotion of community response is developed. 3.3 Useful indicators for measuring the level of community response are developed.	3.1 According to the Health Centre sampling survey, 84%(16/19) of health centre staff contributed to the community activities. 3.2 The tools are under development at present time. 3.3 The tools are under development at present time.
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NARRATIVE SUMMARY	ACHIEVEMENT/NOTES
<p>Activities</p> <p>1.1 To train provincial trainers.</p> <p>1.2 To conduct "Community Assessment" training courses in order to reform attitude of provincial trainers and health personnel.</p> <p>1.3 To formulate new working systems for community assessment and area planning.</p> <p>1.4 To implement, supervise, monitor and evaluate the newly formulated working system.</p> <p>1.5 To share provinces' experiences with each other.</p> <p>2.1 To reinforce existing HIV/AIDS related programs.</p> <p>2.1.1 Prevention of Mother to Child Transmission (PMCT) program.</p> <p>2.1.2 TB and other Opportunistic Infections (OI) control.</p>	<p>1.1 32 health personnel were developed as provincial trainers.</p> <p>1.2 363 health personnel were trained in the "Community Assessment" training courses. Initial target was 320, which is 20% of the total of 1,600 health staff.</p> <p>* Extension to other provinces:</p> <ul style="list-style-type: none"> - Three ministerial trainers were developed. - Three health personnel from other provinces attended the "Community Assessment" training courses. <p>1.3, 1.4:</p> <ul style="list-style-type: none"> - Although a new working system including Activities 1.3 and 1.4, i.e. one cycle of plan-do-check-action, was intended to be introduced, the trainings (Activities 1.3 to 1.5) are delayed due to the difficulties of adjustment of training schedules and participants' regular works. - Three district teams have conducted actual community assessment. <p>1.5 HMD network with the HMD Bureau of the MOPH and other 2 provinces (Lopburi, Ayuthaya) has been developed under the process of sharing the results of the community assessment and the development of AIDS information system.</p> <p>2.1</p> <p>2.1.1:</p> <ul style="list-style-type: none"> - The outcome of Z10 pilot project and possible solution for the problems were summarized. - Monitoring system has been investigated and discussed. - Field assessment was conducted and the report was published. - Care for mothers and children after deliveries is carried on under Care Network project. <p>* Extension to other provinces:</p> <ul style="list-style-type: none"> - Z10 pilot project, which was launched in six provinces in Region 10, was evaluated. <p>2.1.2:</p> <ul style="list-style-type: none"> - The provincial standard and guideline for care including OI prevention and treatment was developed - Tools to improve the TB program was developed and utilized. - Medical care for PHA is improved. - Medical record review system established for quality assessment. <p>* Extension to other provinces:</p> <ul style="list-style-type: none"> - Open forum "Toward development of HIV/AIDS care package" was organized with participants from the MOPH and other 5 provinces in Region 10. - Care Network project was implemented under the collaboration with CDC 10 and Chiang Mai province.

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<p>2.1.3 Counselling services.</p> <p>2.1.4 Laboratory services.</p> <p>2.1.5 Nosocomial infection control/UP.</p>	<p>2.1.3:</p> <ul style="list-style-type: none"> - Counsellors network has been strengthened by training, meeting, supervision and newsletters. - Counselling was introduced for TB treatment. - ANC staff were trained on preventive counselling for negative-anti-HIV pregnant women. - VCT is promoted to husbands of pregnant women. - 25 counsellors were trained as leaders of counsellors in the province. - Web site for counsellors was established. <p>2.1.4: (at the district level)</p> <ul style="list-style-type: none"> - CD4, VL tests became available. - Standard of procedure was developed. - Quality assessment activities are in place. - Laboratory staff have regular meeting to exchange experience and skills. - Reporting system has been improved. <p>2.1.5:</p> <ul style="list-style-type: none"> - Tools for improving UP in hospitals and health centres were developed. - Relevant guidelines for facility and community UP practice are under produce. - ICN network among hospitals was developed. - Study on home-based care of PHA was conducted to design UP promotion for PHA and families. <p>* Care Network development</p> <ul style="list-style-type: none"> - Baseline assessment was done to provide information for district action plans. - Hospitals have developed patients flow chart from each entry point to PHA care. - Registration and flow of information for PHA care was developed. - Provincial standard of medical care for PHA was developed. - Health facility, NGO, PHA and CBO were formed as committees for Care Network development in each district. - District action plans are being implemented. - PHA groups are conducting trainings for self-care. <p>* Extension to other provinces:</p> <ul style="list-style-type: none"> - Care Network project was planned together with CDC 10, AIDS Division, WHO and Chiangmai Province. - Care Network project is also launched in Chiangmai. - The common meetings were organized to share experiences and lessons learned.
<p>2.2 To develop coordinated prevention and care services.</p> <p>2.2.1 To develop multi-program collaboration.</p> <p>2.2.2 To develop health services for asymptomatic PHA.</p> <p>2.2.3 To develop comprehensive functions of self-help groups.</p> <p>2.2.4 To develop collaborative relationship with schools through study on sexual behaviours of secondary school students.</p>	<p>2.2</p> <p>Activities 2.2.1 to 2.2.3 were implemented as components of Activities 2.1.1 to 2.1.6.</p> <p>2.2.4:</p> <ul style="list-style-type: none"> - The extensive survey on the students' behaviour was done under the agreement between health and education sectors. The result of the survey was presented to education sectors. <p>* To improve accessibility of condom.</p> <ul style="list-style-type: none"> - The study on increasing condom access through vending machine was done. - Target groups were extended to general population as well.
<p>2.3 To develop utilization-oriented information system.</p> <p>2.3.1 To develop provincial database.</p>	<p>2.3</p> <p>2.3.1:</p> <ul style="list-style-type: none"> - Provincial AIDS information team was trained and core structure of information were developed and collected.

<p>2.3.2 To develop tools for utilizing quantitative information.</p> <p>2.4 To share experiences among provinces.</p> <p>3.1 To assess existing community responses to HIV/AIDS.</p> <p>3.2 To develop tools and media to support community facilitators.</p> <p>3.3 To support community responses and experience sharing.</p>	<ul style="list-style-type: none"> - Collected data were presented to the provincial AIDS committee, relating sectors and among health staff to consider for the AIDS plan. (ex. military conscript) - District AIDS information team was trained to collect and utilize data to develop intervention. <p>* To develop district database</p> <ul style="list-style-type: none"> - Maejai District team is being trained how to transfer this technology to other districts. <p>* Extension to other provinces:</p> <ul style="list-style-type: none"> - The area-based epidemiological network is initiated by having organized the AIDS conference to exchange the results of the study in each province in order to formulate the strategy for AIDS problems. (Phayao, Lopburi, Ayuthaya) <p>Activity 2.3.2 was implemented as a component of Activity 2.3.1.</p> <p>Activity 2.4 was implemented as a component of Activity 2.3.1.</p> <p>3.1 Case studies have been conducted and important factors are proposed. It is then formulated as an indicator for measuring community strength.</p> <p>3.2 Under PPLLR (Project for Participatory Learning from Local Response) sub-project, community facilitators are being trained to use keynote taking as a tool for promoting learning and action mechanism.</p> <p>The achievement level of this activity is not so high because the activity was started in August 2001.</p> <p>3.3 Regular workshops, study tours and sharing workshops are being conducted in pilot communities under PPLLR sub-project. Some of the communities are formulating stronger network and enhancing responses.</p> <p>The achievement level of this activity is not so high because the activity was started in August 2001.</p> <p>* Development of functions of self-help group</p> <p>Self-assessment of PHA group's strength and weakness was reviewed. The study to assess the functions of PHA group was designed and it is being conducted in order to provide information for PHA group and the supporting agency.</p> <p>* Participatory Action Research (PAR) on socio-economic impact</p> <p>Identify Chiang Kam as the pilot area because of high number of orphans due to AIDS problem.</p> <p>The achievement level of this activity is low because it is difficult to allocate time for this activity.</p> <p>* Extension to other provinces</p> <p>Open forum is planned.</p> <p>The achievement level of this activity is low because it is difficult to allocate time for this activity.</p>
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NARRATIVE SUMMARY	ACHIEVEMENT/NOTES
<p><u>Inputs</u></p> <p><The Thai Side></p> <p>1. Personnel</p> <ol style="list-style-type: none"> 1) Project Director 2) Project Manager 3) Project Coordinator 4) Counterparts 5) Administrative Personnel 	<p><The Thai Side></p> <p>1. Personnel</p> <p>The total of 102 officers and staffs were assigned as counterparts.</p>

<p>2. Facilities</p> <ol style="list-style-type: none"> 1) Office in Bangkok 2) Office in Phayao Province <p>3. Local Cost</p> <p><The Japanese Side></p> <p>1. Personnel</p> <p>Long-Term Experts:</p> <ol style="list-style-type: none"> 1) Chief Advisor/ Health Policy 2) Project Coordinator 3) Community Health 4) Health Management <p>Short-Term Experts: As required.</p> <p>2. Counterparts Training in Japan</p> <p>3. Provision of Equipment</p> <p>4. Local Cost</p>	<p>2. Facilities</p> <p>Offices in Bangkok and in Phayao Province</p> <p>3. Local Cost</p> <p>Total disbursement of local cost by Thai side; 5,094,530 Bath.</p> <p>As per the attached table "Table 14. Expenditure from Thai for Japanese Experts Activities" and "Table 13. The list of the allocation of Manpower Development Training between Thai and Japan"</p> <p><The Japanese Side></p> <p>1. Personnel</p> <p>Long-Term Experts: 9 Short-Term Experts: 31</p> <p>As per the attached table "Table 1. Dispatch of Japanese Experts; 1. Long-term Experts, 2. Short-term Experts"</p> <p>2. Counterparts Training in Japan: 17</p> <p>As per the attached table "Table 2. Counterpart Training in Japan"</p> <p>3. Provision of Equipment</p> <p>Total disbursement for providing equipment was approximately 49,535,721 Bath.</p> <p>As per the attached table "Table 3. Provision of Equipment from the Japanese Government" and "Table 5. Provision of Equipment"</p> <p>4. Local Cost:</p> <p>Total disbursement of local cost by Japanese side; 28,988,766 Bath.</p> <p>As per the attached table "Table 4. Allocation of expenses on local activities from Japan" and "Table 13 The list of the allocation of Manpower Development Training between Thai and Japan"</p>
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ANNEX 3 Chronology of Project Activities

Japan Fiscal Year	1997(H9)			1998(H10)			1999(H11)			2000(H12)			
	1-3	4-6	7-9	10-12	1-3	4-6	7-9	10-12	1-3	4-6	7-9	10-12	1-3
1. Health manpower for solving HIV/AIDS related problems is developed				Community assessment 1 (Training of Trainers)	Community assessment 2	Community assessment 3	Community assessment 4	Community assessment 5	Community assessment 6		Community assessment 7	Community assessment 8	
2. HIV/AIDS prevention and care													
Main stream of activity	<div><div>•Developing Project policy and LANA concept •Basic survey (Hospital, Health Center, HIV/AIDS orphan, etc.)</div><div>Explain the project to PPHO staff(11 times) Basic survey for the 6 components of the project</div><div>HIV/AIDS prevention and care with an emphasis on PMCT</div><div>Developing Care n</div><div>•The seminar on Development of HIV/AIDS Care Package</div></div>												
Counselling					1st counsellor network meeting						•Counsellor training •2nd Counsellor network meeting	Training for ANC counsellor	District Counsellor network meeting
TB/OI					Basic survey TB prevention	Basic survey TB and AIDS prevention	making a data base of TB	surveillance of progress of DOTS review of IPT Making a care and prevention system for HIV/AIDS through DOTS		•Developing DOTS implementation check list •DOTS training •IPT guideline meeting	•Training for TB counsellor •Development TB assessment guideline. •Developing IPT manual		Published IPT assessment report
PMCT					Providing Powder milk with AZT for PMCT	survey of utilisation and stock of the powder milk	Set the PMCT program as a main activity. - components support PMCT program	analysis for PMCT form. Survey for orphan	PMCT Z10 program became National policy.	•PMCT case study •PMCT data analysis meeting •PMCT report preparation meeting for International AIDS conference in Durban. •PMCT monitoring			
School				HIV/AIDS care training	Team meeting for sexual education for student	Team meeting for sexual education for student		Pilot survey for student behaviour				Survey for student behaviour	
3 Community response					•Developing AIDS competent tambon •workshop with villager	interruption of community response	Surveillance of process of activity plan meeting with Dr. Dusit (chaing mai Univ.)	Interview with PHA and NGO	Community case study				PHA group function analysis meeting Nov. 18
National Policy			Peak of reported AIDS case						PMCT National Program				
External Events												World Bank reported warning of overemphasis of care policy	

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2001(H13)				2002(H14)			
4-6	7-9	10-12	1-3	4-6	7-9	10-12	1-3
Community assessment 9 Information conference	Community assessment 10			Community assessment 11			
Developing Care network							
• Project Proposal Agreement Meeting • Baseline assessment	• District Action plan workshop • Working team meeting	• Working team meeting • Care Network Matrix • Care Flow Chart • Cre package implemented	• Monitoring workshop • Training for districts education team • Progress report	• District meeting • Monitoring system workshop			
• Counsellor training (Training of Trainers) at BKK	• Counsellor consultation meeting • Counsellor training (Training of Trainers) at BKK		• Training Follow-up meeting • Provincial counsellor's network	District Counsellor Network meeting and care conference			
		TB mortality study		Medical audit			
	Published PMCT report						
	Basic survey condom vending machine		Meeting on Action Plan development				
	• AIC training	• Facilitator team training • 1st Key notes workshop (5 sub-districts)	• Study tour • 2nd key notes workshop • OI/ARV training for PHA group leaders • PHA and PPHO OI coordinating meeting	• 3rd key notes workshop			
• HAART pilot project • 30 Bath health policy star		• Decentralisation • Primary care unit		TUC	• HAART expand • PMCT PLUS		

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ANNEX 4; Table 1. Dispatch of Japanese Experts

No	Name	Designation	Duration	
<Long term>				
1	Ms. KAMONJI, Nobuko	Coordinator	February 15, 1998	February 14, 2000
2	Dr. CHOSA, Toru	Chief Advisor/Health Policy	February 22, 1998	February 21, 2001
3	Ms. KONDO, Yuko	Community Health	April 5, 1998	August 31, 1999
4	Dr. FUJITA, Masami	Health Management	February 1, 1999	31.Jan.01
5	Dr. ISHIDA, Yutaka	Chief Advisor/Health Policy	April 10, 2000	August 31, 2000
6	Ms. MORI, Chiyoko	Community Health	October 4, 2000	31.Jan.03
7	Mr. KOJIMA Shinichiro	Coordinator	March 1, 2001	31.Jan.03
8	Dr. MIYAMOTO, Hideki	Health Management	August 15, 2001	31.Jan.03
9	Dr. YASUDA, Tadashi	Chief Advisor/Health Policy	August 26, 2001	31.Jan.03
<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
12	Ms. KUDO, Fumiko	IEC(UP)	August 18, 1999	January 15, 2000
13	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, Katstuhiko	Health Economics	January 23, 2000	January 29, 2000
18	Dr. YASUDA Tadashi	Health Policy	May 10, 2001	July 7, 2001
19	Dr. TAKAGI Hirofumi	Management of Information System on Computer	August 6, 2001	September 7, 2001
20	Dr. IWANAGA Toshihiro	Community Responses	August 19, 2001	September 7, 2001
21	Dr. MORITSUGU Yasuo	Laboratory Quality Control	October 18, 2001	November 14, 2001
22	Dr. OSUGA Katsunori	TB/HIV	November 5, 2001	November 16, 2001
23	Ms. NAGANO Reiko	Social Marketing	December 3, 2001	March 2, 2002
24	Dr. YASUOKA Akira	Clinical Management on HIV/AIDS	January 8, 2002	January 19, 2002
25	Dr. SHIMOUCHI Akira	TB/DOTS	January 12, 2002	January 19, 2002
26	Dr. INABA Junichi	Prevention of mother to child transmission of HIV/AIDS	February 25, 2002	April 13, 2002
27	Dr. ISHIDA Yutaka	Health planning and evaluation	March 17, 2002	April 13, 2002
28	Dr. CHIBA Yasuo	Project Management	March 21, 2002	March 31, 2002
29	Ms. HONDA Ayako	Medical Economist	March 25, 2002	May 25, 2002
30	Dr. MORITSUGU Yasuo	Laboratory Quality Control	Jun 6, 2002	July 3, 2002
31	Dr. TAKAGI Hirofumi	Management of Information System on Computer	August 13, 2002	September 21, 2002

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ANNEX 4; TABLE 2. Counterpart training in Japan

No	Name	Course Title	Duration		Training Organization	Position	Current Position	Remark
1	Dr. Petchsri Sirinirund	Health Services System	March 15, 1998	March 24, 1998	IMCJ	Doctor 9	Doctor 9	
2	Dr. Aree Tanbanjong	Health Services System	March 15, 1998	March 24, 1998	IMCJ	Doctor 9	Doctor 9	
3	Ms. Saowanee Panpattanakul	Community Health	August 20, 1998	November 20, 1998	IMCJ	Disease Control Officer 8	Disease Control Officer 8	
4	Dr. Paiboon Thanakiatsakul	Health Policy/Hospital Administration	August 20, 1998	November 20, 1998	IMCJ	Doctor 7	Doctor 7	
5	Mr. Chachawan Boonruang	Health Information	August 20, 1998	November 20, 1998	IMCJ	Disease Control Officer 6	Disease Control Officer 6	
6	Mr. Suwat Lertchayantee	Health Information	September 5, 1999	November 28, 1998	IMCJ	Disease Control Officer 7	Disease Control Officer 7	
7	Ms. Sangtuan Kaewjino	Community Health	September 5, 1999	November 28, 1999	IMCJ	Register nurse 5	Register nurse 5	
8	Dr. Piphat Jiranairada	HIV Clinical Management/ Health Policy	October 26, 1999	November 21, 1999	IMCJ	Doctor	Doctor	
9	Dr. Jalan Mano	HIV/AIDS Care	September 5, 2000	October 14, 2000	IMCJ	Doctor	Doctor	
10	Ms. Wanpen Boonprasert	Community Health	September 5, 2000	December 2, 2000	IMCJ	Register nurse	Register nurse	
11	Dr. Naretrit Khadthasima	Health Management	September 5, 2000	December 2, 2000	IMCJ	Doctor 6	Doctor 6	
12	Ms. Sopa Boonma	Community Health and Counselling	September 9, 2001	November 10, 2001	IMCJ	Register nurse 7	Register nurse 7	
13	Mr. Chalong Akarachinores	Health Management	September 9, 2001	November 10, 2001	IMCJ	Pharmacist	Pharmacist	
14	Dr. Chalernsak Suvichai	Care for HIV/AIDS Patients	September 9, 2001	October 21, 2001	IMCJ	Doctor	Doctor	
15	Ms. Yuwadee Buranawanitchkorn	ARV Clinical Management	June, 2002	August, 2002	IMCJ	Doctor	Doctor	
16	Mrs. Baoban Wannakot	HIV/AIDS Nursing training	June, 2002	August, 2002	IMCJ	Register nurse 7	Register nurse 7	
17	Mr. Chalerm Jaiun	Information Management Training	June, 2002	August, 2002	IMCJ	Health Technical Officer 7	Health Technical Officer 7	

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ANNEX 4; TABLE 3. Provision of Equipment from the Japanese Government

A : good condition
o: out of order

No.	JICA ITEM No	Item	Q'ty	Maker&Model	Price (THB)	Place of installation	Management Section	Condition	Remark*
FY1998									
1	98KY-001	Class I Safety Cabinet	1	LABCONO 37300-21 48631-00 with stand	236,250	Phayao Provincial Hospital	Microbiology	A	
2	98KY-002	Binocular Microscope with Accessories	1	OLYMPUS	45,820	Chun Community Hospital	LAB	A	
	98KY-003		1	Model	45,820	Chiangkham General Hospital	LAB	A	
	98KY-023-1		1	OH-20 (BASE	45,820	Phayao Provincial Hospital	Hematology	A	
	98KY-023-2		1	ILLUMINATION TYPE)	45,820	Pong Community Hospital	LAB	A	
3	98KY-004	Water Purification Unit	1	ELGA	236,250	Phayao Provincial Hospital	LAB	A	
	98KY-005		1	Model-Option 38	236,250	Chiangkham General Hospital	LAB	A	
4	98KY-006	Ultra Sonic Cleaner	1	METDER	86,080	Phayao Provincial Hospital	LAB	A	
	98KY-007		1	MES,SS	86,080	Chiangkham General Hospital	LAB	A	
5	98KY-008		1	Hirayama	175,440	Phayao Provincial Hospital	Microbiology	A	
	98KY-009		1	Model	175,440	Chun Community Hospital	Dental Clinic	A	
6	98KY-010	Respirator	1	BIRD/USA MARK 8 BIRD	152,728	Phayao Provincial Hospital	Male Medicine	A	
7	98KY-011	Computer set	1	Compaque-PC HPLJP	90,352	AIDS Action Center			
	98KY-012		1		90,352	AIDS Action Center			
	98KY-013		1		90,352	AIDS Action Center			
	98KY-014		1		90,352	AIDS Action Center			
8	98KY-015	Copy Machine	1	Riso Risograph Digital Model GR-2750	315,000	Phayao Provincial Health Office	Copy room	A	
9	98KY-016	Copy Machine	1	CANON 6241	257,250	JICA Project Office in Phayao	JICA Office	A	
	98KY-017		1	JAPAN	257,250	JICA Project Office in Phayao	JICA Office	A	
	98KY-018		1		257,250	Phayao Provincial Health Office	Copy room	A	
10	98KY-019	Digital Video Camera	1	Sony DCR TRV 9E	66,411	JICA Project Office in Phayao	JICA Office	A	
11	98KY-020	Portable Data Projector	1	Sony CPJ-D500	89,750	JICA Project Office in Phayao	JICA Office	A	
12	98KY-021	TOYOTA Commuter High Roof	1	TOYOTA	770,000	Phayao Provincial Health Office	Admin	A	
13	98KY-022	TOYOTA Hi-Ace	1	TOYOTA	720,000	Phayao Provincial Health Office	Admin	A	
14	98KY-024	Automatic Blood Cell Counter	1	Coulter Corporation Coulter AC T Diff	552,436	Chun Community Hospital	LAB	A	
15	98KY-025	Class II Biological Safety Cabinet	1	Forma	331,000	Chun Community Hospital	LAB	A	
	98KY-026		1	Scientific Forma	331,000	Pong Community Hospital	LAB	A	
	98KY-027		1	Scientific Model 1285	331,000	Dokkhamtai Community Hospital	LAB	A	
16	98KY-028	Automatic Blood Cultural System	1	Becton - Dickinson	378,000	Phayao Provincial Hospital	Microbiology	A	
	98KY-029		1	Becktec 9050	378,000	Chiangkham General Hospital	LAB	A	
17	98KY-030	PCR Machine	1	Perkin Elmer Thermal Cycler Model 9600	567,474	Phayao Provincial Hospital	Immunology	A	
18	98KY-031	EMI Micro Plate Reader	1	Roche EIA Reader Model ELX800	272,800	Phayao Provincial Hospital	Immunology	A	
19	98KY-032	EMI Micro Plate Washer	1		272,800	Phayao Provincial Hospital	Immunology	A	
20	98KY-033	Multi - Channel Pipette	1	Matrix, USA Amplicore Pipetter	59,100	Phayao Provincial Hospital	Immunology	A	
21	98KY-034	Automatic Blood Chemistry	1	Johnson & Johnson Clinical Chemistry System Model:	2,331,956	Chiangkham General Hospital	LAB	A	
22	98KY-001	Refrigerator	1	Sharp Jumbo Model T2213	27,536	Chun Community Hospital	Dental	A	
23	98KY-002- 1-10	Sphygmomanometer with Child Arm- band	10	SK Trading MSHM 100 Desk	14,580	Chun Community Hospital	O.P.D. & ER	A	
24	98KY-003- 1-10	Weighing Scale for Newborn	10	SK Trading MISAKI 88202	3,071	Chun Community Hospital	Delivery room	A	
25	98KY-004- 1-10	TV	10	LG COLOR TELEVISION	177,200	Health Centers			
26	98KY-005- 1-10	Video	10	Sharp VC-S10	48,780	Health Centers			
27	98KY-006	Video Camera	1	Sony CCD-TR51E	18,862	JICA Project Office in Phayao	JICA Office	A	
FY1999									
28	99KY-035	Suction Machine	1	Emerson High	86,060	Chun Community Hospital	ER	A	
	99KY-036		1	Suction Model	86,060	Chun Community Hospital	OR	A	
	99KY-037		1	VP2898	86,060	Chun Community Hospital	IPD.	A	
29	99KY-038	Defibrillator	1	Burdick Model Media 5	186,916	Chun Community Hospital	IPD.	A	
30	99KY-039	Vital Sign Monitor	1	Colln Model-BP8800-B	82,620	Chun Community Hospital	IPD.	A	
31	99KY-040	Fetal Monitor	1	HADECO Model EA1023	130,000	Chiangmuan Community Hospital	Delivery room	A	
	99KY-041	Fetal Monitor	1	Echo Sounder Model ES-1025	130,000	Mae Chai Community Hospital			
32	99KY-042	Infusion Pump	1	TOP-3100	54,060	Chiangkham General Hospital	Maitreechit Center	A	
	99KY-043		1		54,060	Chiangkham General Hospital	Maitreechit Center	A	
33	99KY-044	Fluocytrometer	1	Becton Dickinson Cell Counter Model IMAGN 2000	1,700,670	Phayao Provincial Hospital	Immunology	A	
34	99KY-045	Platelet Storage	1	HELMER LAB.	371,300	Phayao Provincial Hospital	Blood bank	A	
	99KY-046		1	INC PO900 with flated PFS42	371,300	Phayao Provincial Hospital	Blood bank	A	

ANNEX 4; TABLE 3. Provision of Equipment from the Japanese Government

No.	JICA ITEM No	Item	Q'ty	Maker&Model	Price (THB)	Place of installation	Management Section	Condition	Remark*
35	99KY-047	Serofuge	1	OLAY ADAM-A	48,131	Mae Chai Community Hospital	Dokkamtai H. LAB	A	
	99KY-048		1	Model 2001	48,131	Mae Chai Community Hospital	Dokkamtai H. LAB	A	
36	99KY-049	Binocular Microscope	1	Olympus	51,223	Mae Chai Community Hospital	LAB	A	
	99KY-050		1	Model-CH-30	51,223	Dokkamtai Community Hospital	LAB	A	
	99KY-051		1		51,223	Chiangmuan Community Hospital	LAB	A	
37	99KY-052	Automatic Blood Cell Counter	1	Bayer ADVIA 120 Five Parts Differential Cell counter	413,095	Chiangkham General Hospital	LAB	A	
	99KY-053		1	Bayer ADVIA60	413,095	Pong Community Hospital	LAB	A	
	99KY-054		1	Bayer ADVIA60	413,095	Dokkamtai Community Hospital	Mae chai Hos.	A	
38	99KY-055	Centrifugator	1	Diacent-12	52,020	Phayao Provincial Hospital			
	99KY-056		1		52,020	Chiangkham General Hospital	LAB	O	
	99KY-057		1		52,020	Chun Community Hospital	IPD.	A	
	99KY-058		1		52,020	Pong Community Hospital	LAB	A	
	99KY-059		1		52,020	Dokkamtai Community Hospital	LAB	A	
	99KY-060		1		52,020	Mae Chai Community Hospital	LAB	A	
	99KY-061		1		52,020	Chiangmuan Community Hospital	LAB	A	
39	99KY-062	Class II B Safety Cabinet	1	TEKNOLABO	418,050	Chiangmuan Community Hospital	LAB	A	
	99KY-063		1		418,050	Mae Chai Community Hospital	LAB	A	
40	99KY-064	Electrophoresis Machine	1	HELENA Laboratories	338,787	Chiangkham General Hospital	LAB	A	
41	99KY-065	Coagulation Analyser	1	Instrumentation Laboratories MCL 2 Coagulation Analyser	204,000	Chiangkham General Hospital	LAB	A	
42	99KY-066	Auto Glove Wash/Dry Machine	1	DYNA GLOVE Instrument Co., Ltd.	95,000	Chiangkham General Hospital	Central Supply	A	
43	99KY-067	Hot Air Oven	1	Memmert UE	82,400	Chiangkham General Hospital	LAB	A	
44	99KY-068	Low Temperature Hydrogen Gas Plasma Sterilizer	1	Johnson & Johnson Stressed Sterilization System 2001	2,551,964	Chiangkham General Hospital	Central Supply	A	
45	99SKY-007-1-9	Sphygmomanometer (adult, table top)	9	HICO Model-HM-1100	12,506	Chun Community Hospital	O.P.D.	A	
46	99SKY-008-1-2	(Manual/Mobile)	2	HICO Model-HM-1104	16,526	Chun Community Hospital	Day Care Emergency Room	A	
47	99SKY-009	Sphygmomanometer (stand/mobile)	1	HICO Model-HM-1104	16,526	Chiangkham General Hospital	Male Medicine	A	
48	99SKY-010-1-6	Sphygmomanometer (children/arm band)	6	HICO Model-HM-1100	11,304	Chiangkham General Hospital	Pediatric	A	
49	99SKY-011-1-3	Digital Blood Pressure Measure	3	A&C Model-UA-731	7,617	Chiangkham General Hospital	Male Medicine	A	
50	99SKY-012	Digital transfer pipet 10 l-100 l	1	brand	6,720	Chiangkham General Hospital	LAB	A	
51	99SKY-013	Digital transfer pipet 100 l-1000 l	1	brand	6,720	Chiangkham General Hospital	LAB	A	
52	99SKY-014-1-10	Stethoscope	10	LHmann class II	26,822	Chun Community Hospital	Day Care	A	
53	99SKY-015-1-5	Weighing Scale for Adult (foot step)	5	KUBOTA	3,832	Chun Community Hospital	O.P.D.	A	
54	99SKY-016-1-2	Weighing Scale for Adult (large)	2	KUBOTA KC-21	13,390	Chun Community Hospital	Day Care Delivery Room	A	
55		Weighing Scale for Newborn	1	Misaki Baby Scale Model- BB-102	3,353	Chun Community Hospital	Delivery room	A	
56	99SKY-018	Weighing Scale for Newborn (digital)	1	Zepper	8,000	Chiangkham General Hospital	Pediatric	A	
57	99SKY-019-1-5	Newborn Bed	5	Clip	23,605	Chiangkham General Hospital	Pediatric	A	
58	99SKY-020-1-50	Thermometer for Children	50		32,445	Chiangkham General Hospital	Pediatric	A	
59	99SKY-021-1-2	Equipment	2		1,900	Mae Chai Community Hospital	ER, Health Promotion	A	
60	99SKY-024-1-4	Electric Needle Cutter	4		14,091	Mae Chai Community Hospital	ER, LAB, Ward	A	
61	99SKY-025	Direct Ophthalmoscope	1	HICO Sm3001-B	9,101	Chiangkham General Hospital	Operation Room	A	
62	99SKY-026	Suction Machine (Portable)	1		6,162	Chun Community Hospital	Delivery room	A	
63	99SKY-027	Nebulizer	1	PARI BOY Model MY-003	4,000	Dokkamtai Community Hospital	Ward	A	
64	99SKY-028	Dry Bath	1	Thermolyne Model DB-12210E	18,100	Mae Chai Community Hospital	LAB	A	
FY2000									
65	00KY-069	Monitor	1	Kenz BPM os-22	75,784	Phayao Provincial Hospital	TB ward	A	
	00KY-070		1		75,784	Chun Community Hospital	IPD	A	
	00KY-071		1		75,784	Chiangkham General Hospital	ER	A	
	00KY-072		1		75,784	Chiangkham General Hospital	Obstetrics	A	
	00KY-073		1		75,784	Chiangmuan Community Hospital	O.P.D	A	
	00KY-074		1		75,784	Chiangmuan Community Hospital	O.P.D	A	
66	00KY-075	Electrocardiograph	1	Kenz Cardico	194,319	Chun Community Hospital	IPD	A	
	00KY-076		1		194,319	Pong Community Hospital	Ward	A	
	00KY-077		1		194,319	Chiangmuan Community Hospital	IPD Ward	A	
67	00KY-078	Electrocardiograph (portable)	1	H&CPA Medical Device	48,575	Chun Community Hospital	O.P.D	A	
	00KY-079		1	CARDIETTE Autoruler 12/0	48,575	Pong Community Hospital	Ward	A	
68	00KY-080	Defibrillator	1	CARDIOLIFB	183,505	Pong Community Hospital	Ward	A	
	00KY-081		1		183,505	Chiangkham General Hospital	Operation Room	A	
69	00KY-082	Infusion Pump	1	TERUMO TE-112	56,916	Pong Community Hospital	Ward	A	

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ANNEX 4; TABLE 3. Provision of Equipment from the Japanese Government

No.	JICA ITEM No	Item	Q'ty	Maker&Model	Price (THB)	Place of installation	Management Section	Condition	Remark*
	OOKY-083		1		56,916	Dokkhamtai Community Hospital	Ward	A	
70	OOKY-084	Resporator	1	BIRDS MARK7	117,758	Chiangkham General Hospital	ER	A	
71	OOKY-085	Fatal Jaundice	1	MINOLTA Air Shield JM-102	90,815	Chiangkham General Hospital	Nursury	A	
72	OOKY-086	Infant Warmer	1	Wacmer Infant Care Center	165,842	Chun Community Hospital	Delivery room	A	
73	OOKY-087	Strecher	1	HNE Accident/Emergency Trotley Model 42000	336,000	Chiangkham General Hospital	ER	A	
74	OOKY-088	Operation Lamp	1	STURDY Ind,	42,964	Chiangmuan Community Hospital	ER	A	
	OOKY-089		1	Operation/Exam Lamp SLE 100W	42,964	Chiangmuan Community Hospital	ER	A	
75	OOKY-090	Clearing Machine for Dental Equipment	1	W&H ASSISTENA 301PLUS	58,212	Phayao Provincial Hospital	Dental	A	
	OOKY-091		1		58,212	Chiangkham General Hospital	Dental	A	
	OOKY-092		1		58,212	Chiangkham General Hospital	Dental	A	
	OOKY-093		1		58,212	Dokkhamtai Community Hospital	Dental	A	
	OOKY-094		1		58,212	Pong Community Hospital	Dental	A	
	OOKY-095		1		58,212	Chun Community Hospital	Dental	A	
	OOKY-096		1		58,212	Mae Chai Community Hospital	Dental	A	
	OOKY-097		1		58,212	Chiangmuan Community Hospital	Dental	A	
76	OOKY-098	Dental Equipment Set	1	Galaxy	294,000	Phayao Provincial Hospital	Dental	A	
	OOKY-099		1		294,000	Chun Community Hospital	Dental	A	
	OOKY-100		1		294,000	Dokkhamtai Community Hospital	Dental	A	
	OOKY-101		1		294,000	Phayao Provincial Health Office	Dental	A	
	OOKY-102		1		294,000	Phayao Provincial Health Office	Dental	A	
77	OOKY-103	Autoclave (large)	1	SANYO	141,184	Phayao Provincial Hospital	Dental	A	
	OOKY-104		1	Mac SODEX	141,184	Mae Chai Community Hospital	Central Supply	A	
	OOKY-105		1		141,184	Dokkhamtai Community Hospital	Ward	A	
	OOKY-106		1		141,184	Chiangmuan Community Hospital	Central Supply	A	
78	OOKY-107	Autoclave (small)	1		300,863	Chiangkham General Hospital	LAB	A	
	OOKY-108		1		300,863	Chiangmuan Community Hospital	Central Supply	A	
	OOKY-109		1		300,863	Chiangmuan Community Hospital	Central Supply	A	
79	OOKY-110	Cleaning Machine for Dental Equipment	1		78,215	Phayao Provincial Hospital	Dental	A	
80	OOKY-111	Drying Cabinet	1	JM Health Care Sterirac	172,711	Phayao Provincial Hospital	Central Supply	A	
81	OOKY-112	Washing Machine	1	Uni Mac UC50	195,700	Pong Community Hospital	Central Supply	A	
82	OOKY-113	Automatic Wash/Dry/Mix for gloves	1	DYNA Glove	362,103	Pong Community Hospital	Central Supply	A	
83	OOKY-114	Thermal Fog Generator	1	IGEB A Swing	42,400	Phayao Provincial Health Office	Health Promotion	A	
	OOKY-115		1		42,400	Phayao Provincial Health Office	Health Promotion	A	
	OOKY-116		1		42,400	Phayao Provincial Health Office	Health Promotion	A	
84	OOKY-029	Blood Glucose Monitoring System	1	Baehringer aDVANTAGE	4,715	Chun Community Hospital	LAB	A	
85	OOKY-030	Suction Machine	1	YB-SXT-I	17,212	Mae Chai Community Hospital	ER	O	Parts of machine broke
	OOKY-031		1	SIMG		Pong Community Hospital	IPD Ward	A	
86	OOKY-032	Suction Machine	1	DX 23D	57,085	Dokkhamtai Community Hospital	Ward	A	
	OOKY-033		1	SIMG	57,085	Dokkhamtai Community Hospital	Ward	A	
	OOKY-034		1		57,085	Chiangmuan Community Hospital	ER, Ward	A	
	OOKY-035		1		57,085	Chiangmuan Community Hospital	ER, Ward	A	
	OOKY-036		1		57,085	Chiangkham General Hospital	Operation Room	A	
	OOKY-037		1		57,085	Chiangkham General Hospital	Male Medicine	A	
	OOKY-038		1		57,085	Chun Community Hospital	Delivery room	A	
87	OOKY-039	Nebulizer	1	MEDEL	5,578	Pong Community Hospital	Ward	A	
	OOKY-040		1	AEOFAMILY	5,578	Pong Community Hospital	ER	A	
88	OOKY-041	Fatal Heartbeat Detector	1	HADECO ECHO	103,647	Dokkhamtai Community Hospital	Health Promotion	A	
	OOKY-042		1	MINIDOP		Chun Community Hospital	Delivery room	A	
	OOKY-043		1	ES-10GVX		Chiangkham General Hospital	Nursury	A	
89		Sounder	1	HADECO ECHO	99,140	Mae Chai Community Hospital	Delivery room	A	
			1	Sounder Model- ES-1025		Chun Community Hospital	Delivery room	A	
			1			Chiangkham General Hospital	Nursury	A	
			1			Chiangmuan Community Hospital	Delivery room	A	
90	OOKY-044	Ophthalmoscope and Otoloscope set	1	Welch Allyn diagnostic set	90,120	Dokkhamtai Community Hospital	ER	A	
	OOKY-045		1	98502		Dokkhamtai Community Hospital	ER	A	
	OOKY-046		1			Chun Community Hospital	O.P.O	A	
	OOKY-047		1			Chun Community Hospital	O.P.O	A	
	OOKY-048		1			Chun Community Hospital	Day Care	A	
	OOKY-049		1			Pong Community Hospital	ER	A	
91	OOKY-050	Coagulation/Desiccation/ Fulguration Machine	1	Sky super	123,565	Chun Community Hospital	Operation room	A	
	OOKY-051		1	Fracture 6800		Pong Community Hospital	ER	A	
	OOKY-052		1			Dokkhamtai Community Hospital	ER	A	
	OOKY-053		1			Chiangmuan Community Hospital	ER	A	
	OOKY-054		1			Mae Chai Community Hospital	OR	A	
92	OOKY-055	Laryngoscope	1	McINTOSH	20,910	Pong Community Hospital	Ward	A	
93	OOKY-056	Lamp for Microsurgery	1	HAIFL ATAGO BUSSAN JAPAN	30,421	Phayao Provincial Hospital	ER	A	
94	OOKY-057	OBGY Surgical Set	1	Adsculap	24,266	Chiangkham General Hospital	LR	A	
95	OOKY-058	Airator	1	Pana Air Push	78,750	Pong community Hospital	Dental	A	
	OOKY-059		1	Type 2H	78,750	Pong community Hospital	Dental	A	
	OOKY-060		1		78,750	Chun Community Hospital	Dental	A	
	OOKY-061		1		78,750	Chun Community Hospital	Dental	A	
	OOKY-062		1		78,750	Mae Chai Community Hospital	Dental	A	
	OOKY-063		1		78,750	Mae Chai Community Hospital	Central supply	A	
	OOKY-064		1		78,750	Chiangmuan Community Hospital	Dental	A	
	OOKY-065		1		78,750	Chiangmuan Community Hospital	Dental	A	

ANNEX 4; TABLE 3. Provision of Equipment from the Japanese Government

No.	JICA ITEM No	Item	Q'ty	Maker&Model	Price (THB)	Place of installation	Management Section	Condition	Remark*
	00SKY-066		1		78,750	Dokkhamtai Community Hospital	Dental	A	
	00SKY-067		1		78,750	Dokkhamtai Community Hospital	Dental	A	
96	00SKY-068	Amalgamator Pana Air	1	Dental Siam	27,840	Dokkhamtai Community Hospital	Dental	A	
	00SKY-069		1	AMALGUM	27,840	Dokkhamtai Community Hospital	Dental	A	
97	00SKY-070	Dental Curing Light	1	Heraeus Kulzer	103,156	Phayao Provincial Hospital	Dental	A	
	00SKY-071		1	PEKALUX	103,156	Chiangkham General Hospital	Dental	A	
	00SKY-072		1		103,156	Chiangkham General Hospital	Dental	A	
	00SKY-073		1		103,156	Dokkhamtai Community Hospital	Dental	A	
	00SKY-074		1		103,156	Chun Community Hospital	Dental	A	
	00SKY-075		1		103,156	Mae Chai Community Hospital	Dental	A	
	00SKY-076		1		103,156	Chiangmuan Community Hospital	Dental	A	
	00SKY-077		1		103,156	Pong community Hospital	Dental	A	
98	00SKY-078	Ultra Sonic Scaler	1	ULTRASON ZSK	25,200	Dokkhamtai Community Hospital	Dental	O	Parts of machine broke
	00SKY-079		1		25,200	Dokkhamtai Community Hospital	Dental	A	
99	00SKY-080	Ultrasonic Cleaner	1	ELMA TA60	167,076	Phayao Provincial Hospital	Dental	A	
	00SKY-081		1		167,076	Chiangkham General Hospital	Dental	A	
	00SKY-082		1		167,076	Chiangkham General Hospital	Dental	A	
	00SKY-083		1		167,076	Dokkhamtai Community Hospital	Dental	A	
	00SKY-084		1		167,076	Pong community Hospital	Central supply	A	
	00SKY-085		1		167,076	Chun Community Hospital	Dental	A	
	00SKY-086		1		167,076	Mae Chai Community Hospital	Central supply	A	
	00SKY-087		1		167,076	Chiangmuan Community Hospital	Central supply	A	
100	00SKY-088	Hematocrit Centrifuge	1	Gemmy Ind.	105,985	Phayao Provincial Hospital	O.P.D	A	
	00SKY-089		1	KHT-400		Mae Chai Community Hospital	LAB	A	
	00SKY-090		1			Dokkhamtai Community Hospital	LAB	A	
	00SKY-091		1			Chun Community Hospital	LAB	A	
	00SKY-092		1			Chiangmuan Community Hospital	LAB	A	
	00SKY-093		1			Chiangkham General Hospital	LAB	A	
101	00SKY-094	Transfer Pipette10-100ml.100-1000ml.	1	Lab Mate	86,630	Chun Community Hospital	LAB	A	
	00SKY-095		1			Dokkhamtai Community Hospital	LAB	A	
	00SKY-096		1			Chiangmuan Community Hospital	LAB	A	
	00SKY-097		1			Pong Community Hospital	LAB	A	
	00SKY-098		1			Mae Chai Community Hospital	LAB	A	
102	00SKY-099	Ultrasonic Cleaner	1	Wheledent 810. Sonic UC-100	31,402	Mae Chai Community Hospital	Dental	A	
103	00SKY-100	Refrigerator	1	Sharp Jumbo	15,910	Mae Chai Community Hospital	LAB	A	
104	00SKY-101	Computer Set	1	U.S.A. COMPAQ	459,936	Mae ChaiSub-district Health Care	Patueng HC.	A	
	00SKY-102		1	Celeron (A)		Mae ChaiSub-district Health Care	Dong In Ta HC.	A	
	00SKY-103		1	Process366 MHz		Mae ChaiSub-district Health Care	Nong Sra HC.	A	
	00SKY-104		1	Canon BJC-4310		Mae ChaiSub-district Health Care	Maejai Hos.	A	
	00SKY-105		1			Mae ChaiSub-district Health Care	Huay Choroen Rat HC.	A	
	00SKY-106		1			Phayao H Social Medicine sec.	Social Medicine	A	
	00SKY-107		1			Chiangkham CH Social Medicine sec.	Social Medicine	A	
	00SKY-108		1			Mae Chai Health Center	Pharmacy	A	
	00SKY-109		1			Dokkhamtai Community Hospital	AIDS Section	A	
	00SKY-110		1			Chun Community Hospital	Information Center	A	
	00SKY-111		1			Pong Community Hospital	AIDS Section	A	
	00SKY-112		1			Chiangmuan Community Hospital	Information Center	A	
105	00SKY-113	Censlide Spid and Slide Tube for Urine	1	Star Spin Cen Slide 2000	24,933	Phayao Provincial Hospital	O.P.D LAB	A	
FY2001									
106	01KY-117	Class2 Safety Cabinet	1	ASTEC MICROFLOW	424,420	Chiangkham General Hospital			
107	01KY-118	Microscope(2eyes)	1	Olympus CH-20	37,460	Chiangkham General Hospital	LAB	A	
	01KY-119		1	CH-20	37,460	Dokkhamtai Community Hospital			
108	01KY-120	Serofuge	1	Becton Dickinson Serofuge2000 series Model 2001	73,440	Chiangkham General Hospital	LAB	A	
109	01KY-121	Automatic Washer Disinfector 200Liters	1	Getingge Model:Decomat 4656 g3e	896,100	Phayao Provincial Hospital			
110	01KY-122	Automatic Washer Disinfector 140Liters	1	Getingge Model:Decomat 3555U	619,630	Mae Chai Community Hospital			
	01KY-123		1		619,630	Dokkhamtai Community Hospital			
	01KY-124		1		619,630	Chun Community Hospital			
	01KY-125		1		619,630	Pong Community Hospital			
	01KY-126		1		619,630	Chiangmuan Community Hospital			
111	01KY-127	Automatic High Vacuum Autoclave	1	Getingge AB. Sweden GE2606EC-1/ PROGRAMB2010	2,812,150	Phayao Provincial Hospital			
112	01KY-128	Automatic Drying Cabinet (JR-D500)	1	Jiramate Engineering Ltd.Prt.	152,816	Mae Chai Community Hospital			
	01KY-129		1		152,816	Dokkhamtai Community Hospital			
	01KY-130		1		152,816	Chun Community Hospital			
	01KY-131		1		152,816	Pong Community Hospital			
	01KY-132		1		152,816	Chiangmuan Community Hospital			
113	01KY-133	Ethylene Oxide Gas With Printer	1	3M Health Care TMSXLP	1,224,000	Phayao Provincial Hospital			Not yet receive
114	01SKY-114	Rotary Sealing Machine	1	HAWO GMBH Impulse Sealing Unit HD 250 MSB	30,500	Dokkhamtai Community Hospital			
	01SKY-115		1			Chun Community Hospital			
	01SKY-116		1			Pong Community Hospital			
	01SKY-117		1			Phayao Provincial Health Office			
115	01SKY-118	Cart Accessories	1	SC-0048	27,777.78	Phayao Provincial Hospital	Central supply	A	
	01SKY-119		1		27,777.78	Phayao Provincial Hospital	Central supply	A	
	01SKY-120		1		27,777.78	Chiangkham Community Hospital			Not yet install
	01SKY-121		1		27,777.78	Chiangkham Community Hospital			Not yet install
	01SKY-122		1		27,777.78	Mae Chai Community Hospital			Not yet install
	01SKY-123		1		27,777.78	Dokkhamtai Community Hospital			Not yet install

ANNEX 4; TABLE 3. Provision of Equipment from the Japanese Government

No.	JICA ITEM No	Item	Qty	Maker&Model	Price (THB)	Place of installation	Management Section	Condition	Remark*
	01SKY-124		1		27,777.78	Chun Community Hospital	Central supply	A	
	01SKY-125		1		27,777.78	Pong Community Hospital	Central supply	A	Not yet install
	01SKY-126		1		27,777.78	Chiangmuan Community Hospital	Central supply	A	
116	01SKY-128	Cutting Machine	1	HITAKA	14,640	Phayao Provincial Hospital			
	01SKY-129		1	Round Knife SC-900	14,640	Chiangkham Community Hospital			
	01SKY-130		1		14,640	Mae Chai Community Hospital			
	01SKY-131		1		14,640	Dokkhamtai Community Hospital			
	01SKY-132		1		14,640	Chun Community Hospital			
	01SKY-133		1		14,640	Pong Community Hospital			
	01SKY-134		1		14,640	Chiangmuan Community Hospital			
117	01SKY-135	Washing Machine	1	HOOVER	30,800	Phayao Provincial Hospital	Central Supply	A	
	01SKY-136		1	HAV-4200ATW		Chiangmuan Community Hospital	Central supply	A	
118	01SKY-137	Dryer Machine	1	HOOVER	22,220	Phayao Provincial Hospital	Central Supply	A	
	01SKY-138		1	HYE-2200AGW	22,220	Chiangmuan Community Hospital	Central supply	A	
	01SKY-139		1		22,220	Pong Community Hospital			
119	01SKY-140	Day Care Center Home Visit Kit	1		5,555.56				
	01SKY-141		1		5,555.56				
	01SKY-142		1		5,555.56				
	01SKY-143		1		5,555.56				
	01SKY-144		1		5,555.56				
	01SKY-145		1		5,555.56				
	01SKY-146		1		5,555.56				
	01SKY-147		1		5,555.56				
	01SKY-148		1		5,555.56				
	01SKY-149		1		5,555.56				
	01SKY-150		1		5,555.56				
	01SKY-151		1		5,555.56				
	01SKY-152		1		5,555.56				
	01SKY-153		1		5,555.56				
	01SKY-154		1		5,555.56				
	01SKY-155		1		5,555.56				
	01SKY-156		1		5,555.56				
	01SKY-157		1		5,555.56				
FY2002									
120	02KY-134	Automatic Pre-Vacuum	1	Environmental Tectonics	817,102	Mae Chai Community Hospital			
	02KY-135		1	International		Dokkhamtai Community Hospital			
	02KY-136		1	SAC-266		Chun Community Hospital			
	02KY-137		1			Pong Community Hospital			
	02KY-138		1			Chiangmuan Community Hospital			
121	02KY-139	Data Projector	1	Toshiba, TLP 681	234,087	Phayao Provincial Health Office			
122	02KY-140	Binocular Microscope	1	Nikon, YS 100	40,904	Mae Chai Community Hospital			
	02KY-141		1			Chun Community Hospital			
	02KY-142		1			Pong Community Hospital			
	02KY-143		1			Chiangmuan Community Hospital			
123	02KY-144	Ethylene Oxide Gas	1	3M, 5XL		Chiangkham Community Hospital			
124	02KY-145	Automatic Washer Disinfectant	1	Getinge Disinfection	956,000	Phayao Provincial Hospital			
	02KY-146		1	4656 G3E	956,000	Chiangkham Community Hospital			
125	02SKY-158	Differential Cell Counter	1	Genius Count, G-500MP	15,410	Phayao Provincial Hospital			
	02SKY-159		1		15,410	Chiangkham Community Hospital			
	02SKY-160		1		15,410	Mae Chai Community Hospital			
	02SKY-161		1		15,410	Dokkhamtai Community Hospital			
	02SKY-162		1		15,410	Chun Community Hospital			
	02SKY-163		1		15,410	Pong Community Hospital			
	02SKY-164		1			Chiangmuan Community Hospital			

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ANNEX 4; TABLE 4 Allocation of expenses on local activities from Japan

(Thai Bath)

	1998(H10)	1999(H11)	2000(H12)	2001(H13)	2002(H14)
General Activities (一般現地業務費)	1,437,600	910,345	1,175,920	2,979,007	2,571,180
Technology Local Adaptation (現地適用化活動費)			1,460,922	1,188,256	1,318,470
Education and Promotional Activities (啓蒙普及活動費)	866,800	1,358,944			
Technology Exchange (技術交換費)				628,023	
Mid.Level Training (中堅技術者養成対策費)	338,757	576,822	421,920	273,560	
Development Appropriate AIDS Technology (エイズ適正技術開発支援 費)	973,000	977,676			
Development Technology and Research (技術開発研究経費)			1,729,855	2,533,905	1,761,745
Audio-visual Equipment (視聴覚等教材整備費)	1,420,000	300,000			
Total	5,036,157	4,123,787	4,788,617	7,602,751	5,651,395
				Grand Total	27,202,707

ANNEX 4; TABLE 5 Provision of Equipment

(Thai Bath)

	1998(H10)	1999(H11)	2000(H12)	2001(H13)*	2002(H14)
Provision of Equipment	10,977,086	9,357,600	8,343,535	12,770,000	8,087,500
					Total
					49,535,721

*エイズ対策・血液検査特別機材 (2,700,000Baht)を含む

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ANNEX 4; TABLE 6: Products

1998	Reproductive health for premarital education
	AIDS education for commercial sex workers
1999	Knowledge for medical staff (Video)
2000	LANA Project (Video)
	Buddhism teaching for PHA (Cassette tape)
	AIDS Poster
	UP for medical staff (Video)
	Guiding tool for TB (Text)
2001	Quick references of care standard
	AIDS Education (OHP sheet)
2002	Community and Home care UP guideline (Text)

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ANNEX 4: TABLE 7 Presentation

Date	Presenter	Presentation title	Name of meeting	
	INABA Junichi, NAGAMATSU Akari, CHOSA Toru, OKA Shinichi,	A Report on Prevention of HIV Mother to Child Transmission in Phayao Prefecture, Thailand		
March 3, 1999	INABA Junichi, NAGAMATSU Akari, CHOSA Toru	A trial of data analysis for Z10 Program in Phayao		CDC10, Chiang Mai
July, 2000	INABA Junichi, NAGAMATSU Akari, CHOSA Toru, OKA Shinichi	タイ王国バヤオ県におけるHIV母子垂直感染予防の現状について	日本国際保健医療学会	Nagasaki, Japan
October 9, 2000	ISHIDA Yutaka	Lessons Learned from Prevention of Mother to Child HIV Transmission (PMCT) Monitoring in Phayao Province (Mid-term Report)	マヒドン大学、Population and Reproductive Health Research 集団研修 研究会パネルディスカッションにて	
November 2000	NAGAMATSU Akari, INABA Junichi, CHOSA Toru, Charal Mano, Petchsri Sirinirud	RISK FACTORS INFLUENCING PMCT (PREVENTION OF HIV MOTHER-TO-CHILD TRANSMISSION) IN THAILAND	日本AIDS学界	
November 16, 2000	FUJITA Masami	「エイズを素材にしたHealth ManagementとServiceの評価」	マヒドン大学IPSR主催の研修会	
November 18, 2000	ISHIDA Yutaka	PMCT Monitoring	Population and Reproductive Health Research	Mahidol Univ., Bangkok
January 29-30, 2001	YASUOKA Akira	Assessment of HIV/AIDS care concerning opportunistic infection of the community hospitals in Phayao Province	Seminar on Development of HIV/AIDS Care Package	
ditto	Suthat Mahawanasri (Phayao Public Health Office) FUJITA Masami	Guideline for operational assessment and planning in district level	ditto	
ditto	Udom Likhitwanawut (Rak Thai Foundation) ISHIDA Yutaka	Case study of the mother infected after delivery	ditto	
ditto	Aree Tanbanjong (Phayao Public Health Office) MORI Chiyoko	The operation of day-care centers of community hospitals	ditto	
April 21-22, 2001	ISHIDA Yutaka	母子感染予防 (PMCT) に関する最近の進歩に関する発表	International Conference on PMCT by Harvard Project	Chang Mai, Thailand
April 23-25, 2001	ISHIDA Yutaka	母子感染予防 (PMCTモニター) 概要とその後の進捗 (Focus Group Discussion) について	母子感染予防(PMCT)後の母子に対するケアパッケージ開発に関するワークショップ	Chang Mai, Thailand
May, 2001	NAGAMATSU Akari, INABA Junichi, CHOSA Toru, Charal Mano, Petchsri Sirinirud	Introduction of Remedy for Further Improvement of Prevention of HIV Mother-to-child	日本産婦人科学会	Sapporo, Japan
May 25, 2001	ISHIDA Yutaka	JICA Project for Model Development of Comprehensive HIV/AIDS Prevention and Care	Regional Programme Coordination Meeting	UN Office, Bangkok
Jun 13, 2001	ISHIDA Yutaka	Field Monitoring on Prevention of Mother to Child of Transmission of HIV(PMCT)	"International Workshop on PMCT", CDC-10, Field Tour	PHAYAO, Thailand
September 13-14, 2001	YASUDA Tadashi	JICA activities on HIV/AIDS	UNAIDS Regional Consultation on HIV/AIDS in South-East Asia and Pacific.	Bangkok, Thailand
October 5-10, 2001	Udom Likhitwonnawut, Samai Saepae, Siriporn Nantararat, Kanchana Somrit, SAKATA Kumiko, MORI Chiyoko, FUJITA Masami, ISHIDA Yutaka, Aree Tanbanjong and Petchsri Sirinirud	Field Monitoring of Preventing Mother-to-Child Transmission (PMCT) of HIV in Phayao Province, Northern Thailand	The 6th SIXTH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC	Melbourne, Australia
ditto	Suthat Mahawanasri, Petchsri Sirinirud, Chalong Arkarachinores, FUJITA Masami, ISHIDA Yutaka, MORI Chiyoko, YASUDA Tadashi	Development of guiding tool for assessing and monitoring TB program in HIV prevalent area: Facilitating Districts Responses to the Dual Epidemic in Northern Thailand	ditto	Melbourne, Australia
ditto	Charal Mano, Petchsri Sirinirud, INABA Junichi, ISHIDA Yutaka, NAGAMATSU Akari, CHOSA Toru	A Review on Prevention of HIV Mother-to-child Transmission (PMCT) system in Northern Thailand	ditto	Melbourne, Australia
ditto	Smai Saepae, Udom Likhitwonnawut, ISHIDA Yutaka I, MORI Chiyoko	Mothers living with HIV; lessons from field monitoring	ditto	Melbourne, Australia
ditto	Chesada Phichaichumpon, YASUOKA Akira, CHOSA Toru, Petchsri Sirinirud, MIYAZAKI Taiga, ISHIDA Yutaka, KOHNO Shigeru	Environmental Isolation of Cryptococcus Neoformans from Endemic Region of HIV-Associated Cryptococcus Meningitis in Thailand.	ditto	Melbourne, Australia
ditto	Aree Tanbanjong, MORI Chiyoko, YASUDA Tadashi	Introduction of JICA AIDS-II project. (At workshop organized by JICA)	ditto	Melbourne, Australia

ANNEX 4; TABLE 7 Presentation

Date	Presenter	Presentation title	Name of meeting	
December 17-20, 2001	Speakers: Dr YASUDA Tadasih (JICA AIDS Project), Dr Chawalit Natpratan (FHI Cambodia), Mr. Udom Likhitwonnawut (CARE Thailand), Dr Somsak Supawitkul (Chiang rai Provincial Health Office), Dr Petchsri Sirinirand (Phayao Provincial Health Office), Dr. Hor	Satellite symposium "Network Development for HIV/AIDS Care---Where Community Care Meets the Health System---. (Organized by JICA AIDS II Project)	The 5th International Conference on Home and Community Care for Persons Living with HIV/AIDS.	Chiang Mai, Thailand
December 17-20, 2001	Bonggoch Prangsuwan, Chaidan Maneejak, Noppadon Wongyai, Katsara Punyawong, Petchsri Sirinirand, JICA AIDS Project	Day Care Center as focal point of PHA care.	ditto	ditto
December 17-20, 2001	Ms. Pongpan Rawaeng, Phayao Provincial PHA Committee, JICA AIDS Project	Self-Assessment Indicators of Self Help Group Capacities in Phayao Province, Thailand	ditto	ditto
March 18, 2002	ISHIDA Yutaka	Mothers with HIV in Northern Thailand Lessons Learned from Prevention of Mother to Child HIV Transmission (PMCT) Monitoring in Phayao Province and Linkage between Prevention and Care	Inter-country Workshop on Networking and Partnership between Young People and Governments on HIV/AIDS Prevention for East and South-East Asian Countries	Bangkok, Thailand
August 1-3, 2003	YASUDA Tadashi, MORI Chiyoko, Bongot Prasuwon, Petchsri Sirinirund	PHAのための包括的ケアセンターとしてのディケアセンター	Japan Association For International Health	Kobe, Japan
ditto	Baoban Waannakot, Petchsri Sirinirund, MORI Chiyoko, MIYAMOTO Hideki, YASUDA Tadashi	HIV Care Network development in rural upper northern Thailand-- A case of Pong district, Phayao province---	ditto	ditto

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ANNEX 4; TABLE 8: Reports

2000	Assessment :Isoniazid Preventive Therapy(IPT) for People with HIV in the Upper North of Thailand	
2001	Lessons from field monitoring: Mother living with HIV	
	Manual for the Isoniazid Preventive Therapy (IPT) in People living with HIV in Upper Northern Thailand	
2002	Care Network Open Forum Report	(in printing)
	Care Network first assessment report	(planed)
	AIDS Education Forum Report	(planed)
	Care Network Report	(planed)
	Community Response Report	(planed)

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ANNEX 4; TABLE 9 Seminars

2001	January 29-30,2001	Open forum Toward development of HIV/AIDS care packages
	May,21-23 2001	Conference on "AIDS and Future plans for Prevention and Solution
	December,17 2001	The 5th International Conference on Home and Community Care for Persons Living with HIV/AIDS.

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ANNEX 4; TABLE10. 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 Kunaratanapruk
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 Kunaratanapruk
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 Kunaratanapruk
5	Project Task Force Meeting	August 15, 2000	8 Ministry of Public Health (4) JICA (4)	Dr. Supachai Kunaratanapruk
6	Provincial Task Force Meeting	October 20, 2000	15 Phayao Provincial Health Office (10), JICA (5)	Dr. Petchsri Sirinirund
7	Project Task Force Meeting	November 30 2000	10 Ministry of Public Health (5), Phayao Provincial Health Office (1), JICA (4)	Dr. Supachai Kunaratanapruk
8	Project Directorate Board	December 25, 2000	39 Ministry of Public Health (31) Phayao Provincial Health Office (1), DTEC (2), JICA (5)	Dr. Supachai Kunaratanapruk
9	Project Task Force Meeting	August 9, 2001	15 Phayao Provincial Health Office (10), JICA (5)	Dr. Petchsri Sirinirund
10	Project Task Force Meeting	February 19, 2002	15 Phayao Provincial Health Office (10), JICA (5)	Dr. Petchsri Sirinirund
11	Project Task Force Meeting	March 7, 2002	16 Ministry of Public Health (9), Phayao General Hospital (1), JICA (6)	Dr. Supachai Kunaratanapruk

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ANNEX 4; Table 11. 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 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
14	Preparation for CA#6	March, 13-14, 2000	14	Provincial trainer (14)	Thai
15	Wrap up meeting of CA#6	May, 8, 2000	14	Provincial trainer (14)	Thai
16	Preparation for CA#7	July 10-11, 2000	16	Provincial trainer (16)	Thai
17	Wrap up meeting of CA#7	August 25, 2000	15	Provincial trainer (15)	Thai
18	Preparation for CA#8	November 3, 2000	18	Provincial trainer (7) External trainer (2), Observer (9)	Thai
19	Wrap up meeting of CA#8	December 27, 2000	18	Provincial trainer (7) External trainer (2), Observer (9)	
20	Preparation for CA#9	January, 8, 2001	10	Provincial trainer (5) External trainer (5)	Thai
21	Wrap up meeting#9 Preparation#10	February 19, 2001	22	provincial trainer (20) Program manager (2)	Thai

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ANNEX 4; Table 11. Major Activities of Health Manpower Development

No	Category	Date	Participants		Remark
22	Wrap up meeting#10	May 2002	24	Provincial trainer (20) Program manager (2) External Trainer (2)	Thai/JICA
	Preparation#11				
23	Wrap up meeting#11	June 2002	24	Provincial trainer (20) Program trainers (3) External Trainer (2)	Thai
<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 (5)	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
5	"Community Assessment" training course#6	March, 27-31, 2000	48	Trainee(30), Provincial trainer (15) Program manager (2) External trainer (4)	Thai
6	"Community Assessment" training course#7	July 31 & August 4, 2000	50	Trainee (29) Provincial trainer(7) Program manager (2) External trainer (2)	Thai
7	"Community Assessment" training course#8	November, 20-24, 2000	40	Trainee (29) Provincial trainer (7) Program manager (2) External trainer (2)	JICA
8	"Community Assessment" training course#9	January, 15-19, 2001	44	Trainee (30) Provincial trainer (8) Program manager (2) External trainer (4)	JICA
9	"Community Assessment" training course#10	July 16-20, 2001	50	Trainee (30) Provincial Trainer (15) Program manager (3) External trainers (2)	Thai/JICA
10	Community Assessment training course#11	June 2002	52	Trainee (30) Provincial Trainers (15) Program managers (2) External Trainers (5)	Thai/JICA
<New System Development: 3 districts>					
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)	JICA

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ANNEX 4; Table 11. Major Activities of Health Manpower Development

No	Category	Date	Participants		Remark
				Program manager (1) External Trainer (5)	
3	Preparation for Local Community Assessment (1)	December, 6-7, 1999	15	Trainee (11) External trainer (4)	JICA
4	Training workshop on evidence based planning(1)	January 21-22, 2002	110	Program manager (2) External trainers 3 Provincial trainers (15) Trainees (90)	Thai/JICA
5	Training workshop on evidence based planning(2)	February 27-28, 2002	79	Program manager (2) External trainers(2) Provincial trainers (15) Trainees (60)	Thai/JICA
6	Training workshop for the fusibility study on designed plan	July 2002	127	Program manager (2) External trainers (5) Provincial trainers (15) Trainees (105)	Thai/JICA
7	Training workshop for transferring technology on data collection to assess the HIV/AIDS situation	March 2002	70	Program manager (2) External trainers (3) Provincial trainers (15) Trainees (50)	Thai/JICA

<New system development: Jun District>

1	Framework of Assessment	February, 10, 2000	32	District & provincial team (30) External trainer (2)	JICA
2	Data Collection Tools	April 27, 2000	30	District & provincial team	JICA
3	Adjust Data Collection Tools	May 29-30, 2000	30	District & provincial team	JICA
4	Pre-test	June 6-8, 2000	31	District & provincial team (30) External trainer (1)	JICA
5	Adjust Data Collection Tools	August 28-29, 2000	30	District & provincial team (30)	JICA
6	Data Collection	September 25-29, 2000	30	District & provincial team (30)	JICA
7	Data Collection	October 1-4, 2000	30	District & provincial team (30)	JICA
8	Editing and Entry of Data	Nov.13-Dec.13, 2000	30	District & provincial team (30)	JICA
9	Processing and Analysis	December 14-31, 2000	30	District & provincial team (30)	JICA
10	Practising workshop on evidence based planning	June 6, 2001	29	Program Manager (2) External Trainer (2) Trainee (25)	Thai

< New System Development: Chiangmuang District>

1	Framework of Assessment	January 22, 2000	26	District and provincial team (26)	JICA
2	Data Collection Tools and Pre-test	February 9-11, 2000	28	District and provincial team (26) External trainer (2)	JICA
3	Adjust Data Collection Tools	February 22, 2000	26	District and provincial team (26)	JICA
4	Pre-test	February 28-29, 2000	26	District and provincial team (26)	JICA
5	Adjust Data Collection Tools	March 1-3, 2000	26	District and provincial team (26)	JICA

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ANNEX 4; Table 11. Major Activities of Health Manpower Development

No	Category	Date	Participants		Remark
6	Data Collection	July 13-19, 2000	26	District and provincial team (26)	JICA
7	Data Collection	July 25-28, 2000	26	District and provincial team (26)	JICA
8	Data collection	December 18-22, 2000	26	District and provincial team (26)	JICA
9	Practising workshop on evidence based planning	June 6, 2001	29	Program manager (2) External trainers (2) Trainee (25)	Thai

<New System Development: Pong District>

1	Framework Development	January 4, 2000	26	District and provincial team (26)	Thai
2	Framework Development	January 13-14, 2000	26	District and provincial team (26)	Thai
3	Data Collection Tools	January 17, 2000	27	District and provincial team (26) External trainer (1)	Thai
4	Data Collection Tools	February 1, 2000	26	District and provincial team (26)	Thai
5	Pre-test	February 15-16, 2000	26	District and provincial team (26)	Thai
6	Adjust Data Collection Tools	February 24, 2000	26	District and provincial team (26)	Thai
7	Pre-test and Adjust Data Collection Tools	March 6-7, 2000	26	District and provincial team (26)	Thai
8	Plan for Data Collection during Songkran Festival	April 10, 2000	27	District and provincial team (26) External trainer (1)	Thai
9	Data Collection (Case Study)	April 12-20, 2000	26	District and provincial team (26)	Thai
10	Process and analysis Data	April 27-28, 2000	26	District and provincial team (26)	Thai
11	Analysis	May 3-4, 2000	27	District and provincial team (26)	Thai
12	report Writing	June 2, 2000	26	District and provincial team (26)	Thai
13	Report Writing	August 16, 2000	26	District and provincial team (26)	Thai
14	Discussion on Report	September 14, 2000	27	District and provincial team (26) External trainer (1)	Thai
15	Data Collection Tools	October 1&10, 2000	26	District and provincial team (26)	Thai
16	Pre-test and Adjust Data Collection Tools	November 29-30, 2000	27	District and provincial team (26) External trainer (1)	Thai
17	Planing for Field Work	December 26, 2000	27	District and provincial team (26) External trainer (1)	Thai
18	Practising workshop on evidence based planning	June 6, 2001	29	Program manager (2) External trainers (2) Trainee (25)	

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ANNEX 4; TABLE 12

The list of the allocation of Manpower Development Training between Thai and Japan

(Bath)

	1998(H10)	1999(H11)	2000(H12)	2001(H13)	2002(H14: in the plan)	Total
Thai	261,839	602,332	1,058,016	1,108,980	531,300	3,562,467
JAPAN (from Mid.Level Training)	338,757	576,822	421,920	273,560	175,000	1,786,059

ANNEX 4; TABLE 13 Expenditure from Thai for Japanese Experts Activities

(Baht)		
Thai Fiscal Year	Employee Salary	Gasoline
2541 (Apr.-Sep. 1998)	133,329	23,565
2542 (Oct. 1998-Sep. 1999)	316,608	67,476
2543 (Oct. 1999-Sep. 2000)	386,392	70,974
2544 (Oct. 2000-Sep. 2001)	339,003	20,840
2545 (Oct. 2001-Apr. 2002)	162,806	11,070
Total	1,338,138	193,925

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