

Terminal Evaluation Report on  
The Third Country Training Programme

*Communicable Disease Control  
and Surveillance  
in Thailand*

March 2005  
JICA Thailand Office

TIO
JR
05-003

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*The Third Country Training Programme on  
Communicable Disease Control and Surveillance*



Lecture at the Office of Disease Prevention & Control 10



Field trip to Dhammarak Nives, hospice at Lopburi



Discussion among participants



Terminal Evaluation Team at the WHO Country Office



Interview with ex-participants



Hygiene and Epidemiology Section, Luang Prabang

## Abbreviations

ARV	: Anti-Retroviral
CSW	: Commercial Sex Worker
DAC	: Development Assistance Committee
GMS	: Greater Mekong Subregion
IDU	: Injecting Drug User
MOPH	: Ministry of Public Health
MOH	: Ministry of Health
MFA	: Ministry of Foreign Affairs
OI	: Opportunistic Infections
PHC	: Primary Health Care
PMCT	: Prevention of Mother-to-Child Transmission
PWHA	: People Living with HIV/AIDS
STD	: Sexual Transmission Disease
STIs	: Sexual Transmission Infections
UNAIDS	: Joint United Nations Programme for HIV/AIDS
UNDP	: United Nations Development Programme
VCT	: Voluntary Counseling and Treating
VCCT	: Voluntary Confidential Counseling and Testing
WHO	: World Health Organization

## Summary

<b>I. Outline of the Project</b>		
<b>Country:</b> Thailand	<b>Project title:</b> Third Country Training Programme on Communicable Disease Control	
<b>Issue/Sector:</b> Health/Medical Care	<b>Cooperation scheme:</b> Third Country Training Programme	
Division in charge: Infectious Disease Control Team, Group IV (Health II), Human Development Department	<b>Total cost:</b> <u>9,235,475 Baht</u>	
	<b>Cost per participant:</b> <u>83,202 Baht</u>	
	<b>Share of Japan's Contribution:</b> <u>100 %</u>	
<b>Period of Cooperation</b>	(R/D): 23 May 2002	Partner Country's Related Organization: Thailand International Development and Cooperation Agency (TICA), Ministry of Foreign Affairs
	From : JFY 2002 To : JFY 2004	Partner Country's Related Organization: Department of Communicable Disease Control, Ministry of Public Health
<b>1 Background of the Project</b>		
<p>Being aware of the rapid spread of HIV/AIDS and Malaria and recognizing the importance of training health personnel, the Government of Japan and the Government of the Kingdom of Thailand have cooperated to organize training courses in the field of Communicable Diseases Control and Surveillance (hereinafter referred to as "the Course") under JICA's Third Country Training Program, with targets being health personnel from Cambodia, China (Yunnan), Laos, Myanmar, Thailand, and Vietnam.</p> <p>The Course was conducted in three different related areas. The first sub-course is Training Course on Malaria Prevention and Control (hereinafter referred to as "Sub-course on Malaria"); the second sub-course is HIV/AIDS Prevention and Problem Alleviation (hereinafter referred to as "Sub-course on HIV/AIDS"); the third sub-course is Surveillance and Epidemiological Investigation (hereinafter referred to as "Sub-course on Epidemiology").</p>		
<b>2 Project Overview</b>		
<p>"Sub-course on Malaria" and "Sub-course on HIV/AIDS" were held once a year in Thailand from Japanese fiscal year (JFY) 2002 to 2004 with totally 48 and 43 participants respectively. "Sub-course on Epidemiology" was held only in the fiscal year 2004 with totally 20 participants.</p>		
<b>(1) Overall Goal</b>		
Health of people in Greater Mekong Basin Countries is protected from common and serious communicable disease.		
<b>(2) Project Purpose</b>		
Measures against communicable diseases are promptly conducted in ex-participants' home countries.		
<b>(3) Outputs</b>		
Output 1: Knowledge and capability of participants from Greater Mekong Basin Countries in conducting field operation of Malaria control, HIV/AIDS Prevention and Problem Alleviation, Surveillance and Outbreak Investigation are increased.		
Output 2: Information on the occurrence of Malaria, HIV/AIDS and other diseases is shared and exchanged among participants.		
<b>(4) Inputs</b>		
<b>Japanese side:</b>		<b>Thai side:</b>
Total Cost:	9,235,475 Baht	Administrative Personnel
Cost by year:	2,508,963 Baht (JFY2002)	
	2,146,257 Baht (JFY2003)	
	4,580,255 Baht (JFY2004)	
<b>II. Evaluation Team</b>		
<b>Members of Evaluation Team</b>	TICA: Ms.Suthanone FUNGTAMMASAN, Mr.Dumri KARN SIRIKUL	
	MOPH: Dr.Chaiporn ROJANAWATSIRIVET, Ms.Kaniitha TANTHAPHAN	
	JICA: Mr.Katsumi ISHII, Ms.Somsri SUKUMPANTANASA, Dr.Arphatchanee HONGSWADHI	
<b>Period of Evaluation</b>	14 January-31 March 2005 (JFY2004)	<b>Type of Evaluation:</b> Terminal

## Summary

### III. Results of Evaluation

#### 1 Summary of Evaluation Results

##### (1) Relevance

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

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

##### (2) Effectiveness

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

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

##### (3) Efficiency

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

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

##### (4) Impact

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

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

##### (5) Sustainability

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

## Summary

### 2 . Factors Promoting Sustainability and Impact

#### (1) Factors Concerning the Planning

n/a

#### (2) Factors Concerning the Implementation

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

### 3 . Factors inhibiting sustainability and impact

#### (1) Factors concerning to Planning

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

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

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

### 5 . Recommendations

- Continuation of the Course for at least 3 years, during which time the organizing institutions should find methods, whether by developing marketing strategy or finding budgets, to secure the financial sustainability of the Course, is recommended.
- To be able to confirm the quality of the activities conducted by ex-participants in their home countries, the training should definitely be "the training with follow-up or monitoring programme". The organizing institutes should add a component of monitoring and follow-up by utilizing scheme on dispatch of experts, with an approach to secure separated budget besides budgets from the Programme.
- For sub-course on HIV/AIDS, needs of participating countries should be categorized and a curriculum should be carefully designed in accordance with those needs. The organizing institution should focus on specific topic, by setting only specific target groups from specific countries following analysis of the results of a needs survey.
- Third Country Training Programme (TCTP) should be integrated with other schemes such as; having MOPH conducted TCTP on Training of Trainers (TOT) for the core personnel who have full career and English capability, and simultaneously having in-country training programme supported by JICA country offices or other donors. The in-country training should have component of inviting lecturers from the TOT course to allow lecturers to conduct a follow-up and could give further advices to cope with situation of each country. This would facilitate problems of language barrier and education background of promising health personnel and would also assist in extending number of trained personnel in each participating country.

### 6 . Lessons Learned

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

# Chapter 1 Outline of Evaluation Study

## 1-1 Objectives of Evaluation Study

Japan International Cooperation Agency (JICA) has decided to conduct a Terminal Evaluation of The Third Country Training Programme on Communicable Disease Control and Surveillance (hereinafter referred to as “TCTP”), which will be completed in the Japanese Fiscal Year 2004. The result of this study will contribute to better-informed decision-making and will be shared by the Department of Communicable Disease Control, Ministry of Public Health, Thailand. The main objectives of the evaluation study are as follows;

- 1) To review the implementation process, contents, and management of the TCTP;
- 2) To assess the effectiveness through survey with ex-participants on utilization of the knowledge obtained from the courses;
- 3) To evaluate the achievements and consider appropriateness of termination or necessity of course continuation.
- 4) To share information on achievements, outputs, recommendations, and lessons learned from the TCTP to enhance effectiveness of the project or similar projects in the future
- 5) To deliver accountability to the public through producing reports in both electronic and printed forms.

## 1-2 Members of Evaluation Study Team

Responsible Area	Name	Position & Organization
Team Leader	Mr.Katsumi ISHII	Project Formulation Advisor, JICA Thailand Office
Technical Evaluation in Communicable Disease Control (Malaria)	Dr.Chaiporn ROJANAWATSIRIVET	Director, Bureau of Vector Born Disease, Department of Disease Control, MOPH
Technical Evaluation in Communicable Disease Control (HIV/AIDS)	Ms.Kanitha TANTHAPHAN	International Collaboration Section, AIDS Cluster, Bureau of HIV/AIDS, TB & STD, MOPH
Training Programme Evaluation	Mr.Dumri KARN SIRIKUL	Programme Officer 6, Training Unit, Thailand International Development Cooperation Agency, MFA
Evaluation	Ms.Suthanone FUNGTAMMASAN	Programme Officer 7, Evaluation Unit, Thailand International Development Cooperation Agency, MFA
Evaluation	Ms.Somsri SUKUMPANTANASA	National Staff, JICA Thailand Office
Evaluation Analysis	Dr.Arphatchanee HONGSWADHI	Special Coordinator for JTPP2/ South-south Cooperation, JICA Thailand Office

### **1-3 Period of Evaluation Study**

The evaluation study was conducted from 14 January to 31 March, 2005.

### **1-4 Methodology of Evaluation Study**

The study team employed “JICA Guideline for Project Evaluation” as a basis for conducting the evaluation study. The Terminal Evaluation is exercised in view of DAC five evaluation criteria, i.e. (1) Relevance, (2) Efficiency, (3) Effectiveness, (4) Impact, and (5) Sustainability, focusing on Efficiency, Effectiveness and Sustainability. Preparation of the study includes: creating a Project Design Matrix for Evaluation, developing an Evaluation Grid, developing questionnaires, contacting ex-participants and supervisors to request cooperation in filling in the questionnaires, and coordinating with JICA offices in the ex-participating countries for cooperation in questionnaire distribution. Data collection was done through questionnaire analysis; document analysis; and interviews with related personnel in MOPH, health-related organizations, and ex-participants in Lao PDR and in Thailand.

#### **1-4-1 Project Design Matrix for Evaluation (PDM<sub>e</sub>)**

As there had been no PDM since the planning stage of the TCTP, the study team arranged the contents written in the Record of Discussion (R/D) into the form of a PDM<sub>e</sub>. Consultation with MOPH was periodically conducted during the process of development and finalization of the PDM<sub>e</sub>, which appears as Annex 1.

#### **1-4-2 Information Gathering/Data Collection Method**

Interviews with personnel in the executing organization and questionnaire surveys to ex-participants, supervisors, and Ministries of Health in participating countries are the main methods of data collection for the evaluation study. Other information on HIV/AIDS and Malaria Situation in each country is accumulated from the Ministry of Public Health, Thailand and from websites of health-related organizations. The study team also visited Lao PDR to assess the effectiveness of the course through observing the utilization of the knowledge obtained and to get comments/ideas from other donors in order to enhance the effectiveness of the project or similar projects in the future. Results of the Questionnaire survey were accumulated in Annex 4. List of Interviews and Interview Results appear as Annex 5 and 6 respectively.

### **1-5 Sub-courses Evaluated**

The study team focused on evaluation of the sub-course on Malaria Prevention and Control and the sub-course on HIV/AIDS Prevention and Problem Alleviation, which have been conducted since the first year of cooperation until the present. Results of the Evaluation appearing in Chapter 5 are those analyzed based on cooperation in the fiscal year 2002-2003, given that evaluation of ex-participants' activities could be assessed. For the sub-courses conducted in the fiscal year 2004, the scope of evaluation could only cover a certain part of the sub-courses, namely, on achievements of outputs of the sub-courses on Malaria and HIV/AIDS. For the sub-course on Surveillance and Epidemiological Investigation, which started in the year 2004, an assessment could only partially be done owing to the late termination of the sub-course and the absence of the ex-participants during the period of evaluation.

## Chapter 2 Outline of the Evaluated Project

### 2-1 Background of the Project

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

The Course was conducted in three different related areas. The first sub-course is Training Course on Malaria Prevention and Control (hereinafter referred to as “Sub-course on Malaria”); the second sub-course is HIV/AIDS Prevention and Problem Alleviation (hereinafter referred to as “Sub-course on HIV/AIDS”); the third sub-course is Surveillance and Epidemiological Investigation (hereinafter referred to as “Sub-course on Epidemiology”). “Sub-course on Malaria” and “Sub-course on HIV/AIDS” were held once a year in Thailand, from Japanese fiscal year (JFY) 2002 to 2004, while “Sub-course on Epidemiology” was held only in the fiscal year 2004.

### 2-2 Summary of Initial Plan of Project (Cooperation Content)

<b>Course Title</b>	<b>Communicable Disease Control and Surveillance, consisted of three (3) sub-courses on;</b>																	
	i. Malaria Prevention and Control						ii. HIV/AIDS Prevention and Problem Alleviation						iii. Surveillance and Epidemiological Investigation					
<b>Organizing Institutions</b>	Malaria Division of the Department of Disease Control, MOPH ( <u>Changed to Bureau of Vector-Borne Diseases, Department of Disease Control after Government Reorganization in October 2002</u> )						AIDS Division of the Department of Disease Control, MOPH ( <u>Changed to Bureau of AIDS, Tuberculosis and Sexual Transmitted Infections, Department of Disease Control after Government Reorganization in October 2002</u> )						Division of Epidemiology of the Permanent Secretary Office ( <u>Changed to Division of Epidemiology, Department of Disease Control, MOPH after Government Reorganization in October 2002</u> )					
<b>Number of Participants a year</b>	20 persons																	
	CM	LA	MY	TI	VT	Yu	CM	LA	MY	TI	VT	Yu	CM	LA	MY	TI	VT	Yu
	3	4	3	4	4	2	4	3	3	4	3	3	4	3	3	4	3	3
<b>Duration</b>	4 weeks						2 weeks						4 weeks					
<b>Year of Cooperation</b>	JFY 2002-JFY 2004																	
<b>Requirement for Application</b>	<ol style="list-style-type: none"> <li>1. Preferably Medical Doctor or hold health related Bachelor Degree</li> <li>2. Good command of spoken and written English</li> <li>3. Be in good health both physically and mentally. Pregnancy is regarded as disqualified.</li> <li>4. Be 45 years old or under</li> </ol>																	
	5. Currently be engaged in Malaria Control Program at any level						5. Work in HIV/AIDS related field						5. Be involved in epidemiological or other public health services at any level					

CM: Cambodia, LA: Lao, MY: Myanmar, TI: Thailand, VT: Vietnam, Yu: Yunnan

Curricula	
Malaria Prevention and Control	<ol style="list-style-type: none"> <li>1. Basic Skills               <ol style="list-style-type: none"> <li>1.1 Team Building</li> <li>1.2 Critical Thinking</li> <li>1.3 Problem Solving</li> </ol> </li> <li>2. Epidemiology of Malaria               <ol style="list-style-type: none"> <li>2.1. Epidemiology of Malaria</li> </ol> </li> <li>3. Malaria Prevention and Control               <ol style="list-style-type: none"> <li>3.1. Malaria Vector</li> <li>3.2. Vector Control</li> <li>3.3. Community Participation/ Information Education and Communication</li> </ol> </li> <li>4. Case Management               <ol style="list-style-type: none"> <li>4.1. Diagnosis</li> <li>4.2. Malaria Case Management</li> </ol> </li> <li>5. Applied Field Study               <ol style="list-style-type: none"> <li>5.1. Applied Field Study</li> </ol> </li> </ol>
HIV/AIDS Prevention and Problem Alleviation	<ol style="list-style-type: none"> <li>1. HIV Policy and Situation, Prevention</li> <li>2. Surveillance System of HIV/AIDS and STIs</li> <li>3. Hospital Discussion on Care and Management on HIV/AIDS Patients in Hospital Setting</li> <li>4. Psychosocial Care &amp; NGO Activities</li> <li>5. Counseling Project</li> <li>6. AIDS in the Workplace</li> <li>7. Mobile Population</li> <li>8. HIV/AIDS Voluntary Counseling Testing &amp; HIV Group</li> <li>9. Prevention, Care, and Counseling</li> <li>10. HIV/AIDS Project</li> <li>11. Hospice Project</li> </ol>
Surveillance and Epidemiological Investigation	<ol style="list-style-type: none"> <li>1. Principles of Epidemiology</li> <li>2. National History of Infectious Disease</li> <li>3. Association and Causation</li> <li>4. Measuring Occurrence of Disease</li> <li>5. Measure of Association and Impact</li> <li>6. Malaria Epidemiology</li> <li>7. Surveillance General Concept</li> <li>8. Notifiable Disease and Reporting System</li> <li>9. Outbreak Investigation</li> <li>10. Descriptive Study</li> <li>11. Case Control Study</li> <li>12. Cohort Study</li> <li>13. Experimental Study</li> <li>14. Clinical Trial</li> <li>15. Basic Biostatistics</li> <li>16. Screening Test</li> <li>17. Sample Size</li> <li>18. Sampling Technique</li> <li>19. P-value and 95% Confidence Interval</li> <li>20. Accuracy Consideration</li> <li>21. Confounding and Interaction</li> <li>22. Stratified Analysis</li> </ol>

## 2-3 Revision from the Initial Plan

Principal changes are on:

1. Organizing institution and year of cooperation of the “Sub-course on Epidemiology”
2. Course contents of the “Sub-course on HIV/AIDS”.

For the “Sub-course on Epidemiology”, the organizing institution was changed from the Division of Epidemiology to the Bureau of Vector-Borne Disease due to constraints of time and personnel of the former Division. Initially, the Division of Epidemiology thought of applying the existing international course provided for Asia-Pacific countries to the Programme, with the restriction that the course would be conducted only in July of each fiscal year. The timing was considered impractical for all formalities considering that the Japanese Fiscal Year started in April. Discussion was not finalized until the last year of the Programme when the Department of Disease Control finally decided to design a new course with support from personnel transferred from the Division of Epidemiology to the Bureau of Vector-Borne Disease.

For the course contents, networking management was added to both “Sub-courses on Malaria and HIV/AIDS” in fiscal year 2004. Minor changes for the “Sub-course on HIV/AIDS” were made during the fiscal year 2003 by halving the field trips; and adding contents on PMCT, ARV Treatment, and 100% Condom Usage. For fiscal year 2004, major changes to the contents were made by changing from a comprehensive course on HIV/AIDS to a course focusing on ARV Management. The change was made following consultation with JICA and TICA with consideration of Thailand’s experiences on ARV national management, and of the purpose of building knowledge, understanding, and skills in terms of ARV team and management for neighboring countries in order to reduce the spread of HIV/AIDS in the GMS region.

The revised curricula of the fiscal year 2003 and 2004 are as follows.

Curricula		
	FSY 2003	FSY 2004
HIV/AIDS Prevention and Problem Alleviation	<ol style="list-style-type: none"> <li>1.HIV Policy and Situation, Prevention</li> <li>2.Surveillance System of HIV/AIDS and STIs</li> <li>3.Scaling Up Antiretroviral Therapy in the developing countries</li> <li>4.Concept and Implementation of STIs and AIDS Prevention</li> <li>5.Discussion on Care and Case Management for HIV/AIDS</li> <li>6.Medical Care and ARV &amp; OI Treatment</li> <li>7.PMCT Project and VCT</li> <li>8.PMCT Prevention and Care, ARV Treatment in Children</li> <li>9.Prevention, Care and Multi-sectoral Approach</li> <li>10.Condom 100% Project and Project Evaluation</li> <li>11.Prevention in Risk Group, CSW and Women Empowerment</li> <li>12.Concept and Implementation of TB and AIDS Prevention</li> <li>13.HIV/AIDS Prevention in Mobile Population</li> </ol>	<ol style="list-style-type: none"> <li>1.ARV National Policy and Management</li> <li>2.Overview Management on HIV/AIDS Treatment and Care</li> <li>3.Management in HIV/AIDS Prevention Mother to Child</li> <li>4.Overview Antiretroviral Pharmacology</li> <li>5.Stock Management</li> <li>6.Overview Laboratories and Diagnosis Management</li> <li>7.Monitoring and Evaluation in ARV Program</li> <li>8.Community Based Care: GO-NGO Collaboration</li> <li>9.Appropriate ARV and OI Regimen in Limited Setting</li> <li>10.Physical Evaluation and Criteria for ART</li> <li>11.Standard Precaution and Care in AIDS Patient</li> <li>12.Information and Education and Communication with PWHA</li> <li>13.Nursing Care for ART</li> <li>14.OI Diagnosis</li> <li>15.Flow Cytometer and CD4</li> <li>16.Blood Test for HIV diagnosis in Adult and Children</li> <li>17.Viral Load and Drug Resistance</li> <li>18.CD Count</li> <li>19.Management and Laboratory Networking Discussion</li> <li>20.ARV Counseling in Adults and Child and Care Giver</li> <li>21.NGO/TNP activities and communities hospital</li> <li>22.Networking Management</li> </ol>

## Chapter 3 Achievements of Project

### 3-1 Implementation Framework of Project

The training courses under TCTP were organized and conducted by the Government of the Kingdom of Thailand and financially and technically supported by the Government of Japan.

The Thai organizations responsible for the Courses are;

- 1) The Department of Technical and Economic Cooperation-DTEC (changed to Thailand International Development Cooperation Agency-TICA in 2004), which is responsible for recruiting and pre-selecting the participants of target countries; and
- 2) The Department of Disease Control, Ministry of Public Health, Thailand, which is responsible for all administrative procedures; organizing and conducting the Course; and evaluating participants' achievements, course content, curriculum and administrative performance.

The Government of Japan is responsible for providing advice from time to time to the MOPH; and for bearing expenses relevant to participants from invited countries, and expenses relevant to MOPH such as honoraria for external lecturers, texts, teaching aids, training materials, study tours and meeting expenses.

### 3-2 Achievement in Terms of Activities

#### 3-2-1 Number of Participants (Number of Applicants)

Country		Cambodia	Laos	Myanmar	Thailand	Vietnam	China (Yunnan)	Total
Sub-course								
Malaria	<b>Targeted</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>20</b>
	FSY2002	5(5)	5(5)	0(0)	3(3)	2(2)	1(1)	16(16)
	FSY2003	5(5)	4(4)	0(0)	1(1)	1(1)	2(2)	13(13)
	FSY2004	3(3)	4(4)	3(3)	3(3)	4(4)	2(2)	19(19)
HIV/AIDS	<b>Targeted</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>20</b>
	FSY2002	4(6)	5(5)	0(0)	4(4)	3(3)	3(3)	19(21)
	FSY2003	3(4)	2(3)	0(0)	4(4)	1(1)	1(3)	11(15)
	FSY2004	3(4)	0(0)	2(2)	2(2)	3(3)	3(3)	13(14)
Epidemiology	<b>Targeted</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>20</b>
	FSY2002	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)
	FSY2003	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)
	FSY2004	3(5)	4(4)	3(3)	4(4)	4(5)	2(3)	20(24)

The organizer reviewed application after the pre-selection by TICA by excluding participants who have lower tendencies to perform work after returning to their home countries. In 2002-2003, some applicants from Cambodia, Laos, and China (Yunnan) applying to sub-course on HIV/AIDS were denied. Besides, there is also a case that applicants could not attend the course after being accepted, such as a case in Cambodia in 2002 and a case in China (Yunnan) in 2003 for the sub-course on HIV/AIDS.

For the sub-course on Epidemiology, the organizer had no information on the targeted number of participants and used the targeted number of the sub-course on Malaria as guidance. Selection was made based on seniority of applicants. The course seemed to be highly attractive to health personnel in Thailand, given that 16 persons indicated interest. However, only 4 could finally apply due to the results of the English examination.

There were fewer participants attending the sub-course on Malaria in the fiscal year 2003 owing to the following problems; 1) there was no application from Myanmar during the fiscal year 2002-2003 due to the in-country war and some political conflicts. 2) as a result of the English examination, only one applicant from Thailand could attend the course; 3) there were problems with the announcement process and formalities in the invited countries. The first and last problems were also observed for the sub-course on HIV/AIDS in the fiscal year 2002-2003 and 2004 in Lao PDR, respectively.

### 3-2-2 Course Implementation

Sub-course	Malaria (26-27 days)	HIV/AIDS (11-12 days)	Epidemiology (26 days)
<b>FSY 2002</b>	2-27 September, 2002	2-13 September, 2002	-
<b>FSY 2003</b>	1-26 September, 2003	1-12 September, 2003	-
<b>FSY 2004</b>	31 January-26 February, 2005	31 January-10 February, 2005	14 February-11 March, 2005

For the fiscal year 2002-2003, sub-courses on Malaria and HIV/AIDS were conducted without components on networking. Before the termination of the project, organizers together with the evaluation study team reviewed the objectives written in the R/D and included subjects on networking management to provide information on health care networks for the participants.

## 3-3 Achievement in Terms of Outputs

### 3-3-1. Achievement of Output 1

It is considered that the Output 1, that “Knowledge and capability of participants from Greater Mekong Basin Countries in conducting the field operation of Malaria Control, HIV/AIDS Prevention, Surveillance and Outbreak Investigation are increased”, is **highly achieved** in the case of sub-courses on Malaria and HIV/AIDS.

For the sub-course on Malaria, participants’ level of understanding of Malaria Control was evaluated through pre-testing and post-testing in every fiscal year. In 2002, the tests were done with 16 participants, with the result that all participants increased their understanding. Among 16 participants, 12 participants or 75.00% highly increased their understanding by getting score changes between pre-testing and post-testing of more than 10%.

	Pre-test (%)	Post-test (%)	Change (%)
1	29.4	50	20.6
2	19.1	48.5	29.4
3	29.4	48.5	19.1
4	23.5	36.8	13.3
5	20.6	57.4	36.8
6	33.8	35.3	1.5
7	20.6	42.6	22
8	29.4	45.6	16.2
9	20.6	32.4	11.8
10	47.1	50	2.9
11	41.2	44.1	2.9
12	36.8	66.2	29.4
13	20.6	41.2	20.6
14	30.9	48.5	17.6
15	29.4	41.2	11.8
16	47.1	54.4	7.3

In 2003, the tests were done with 13 participants, with the result that all participants increased their understanding. Besides, among 13 participants, 11 participants or 84.61% highly increased their understanding by getting score changes between pre-testing and post-testing of more than 10%.

	Pre-test (%)	Post-test (%)	Change (%)
1	29.05	66.35	37.3
2	20.00	35.40	15.4
3	57.30	70.00	12.7
4	42.22	55.71	13.49
5	19.52	20.32	0.8
6	30.63	67.14	36.51
7	17.94	32.22	14.28
8	10.48	30.63	20.15
9	44.60	73.49	28.89
10	14.76	42.22	27.46
11	28.57	53.81	25.24
12	45.40	60.00	14.6
13	58.10	63.65	5.55

In 2004, the tests were done with 19 participants, with the result that 18 participants increased their understanding. Among 18 participants who showed improvement, 17 participants or 94.45% highly increased their understanding by getting score changes between pre-testing and post-testing of more than 10%. Among this number, 6 participants achieved more than 40% change after attending the course.

	Pre-test (%)	Post-test (%)	Change (%)
1	49.21	69.84	20.63
2	36.51	60.32	23.81
3	39.68	60.32	20.64
4	34.92	38.10	3.18
5	73.02	68.25	-4.77
6	57.14	79.37	22.23
7	33.33	74.60	41.27
8	28.57	71.43	42.86
9	34.92	69.84	34.92
10	34.92	65.08	30.16
11	33.33	58.73	25.40
12	31.75	77.78	46.03
13	30.14	79.37	49.23
14	23.81	77.78	53.97
15	26.98	38.10	11.12
16	20.63	77.78	57.15
17	52.38	80.95	28.57
18	52.38	73.02	20.64
19	55.56	84.13	28.57

It could be observed that the number of participants achieving more than 10% change at the post-testing has increased year by year. This might result from the exclusion some lecturers in the year 2003 after finding problems with lecturers' language skills and methods of training in the year 2002. One of the reasons that sharp improvement was seen at the post-testing for year 2004 might be the skills and experiences that lecturers gained from repeating course implementation.

For the sub-course on HIV/AIDS, course assessment was done at the end of the sub-course to assess the content of the course, efficiency of lecturers, and efficiency of management. For the

content of the course, particularly on “Level of understanding” and “Level of application of knowledge to the working responsibility”, percentages of participants that give the rank of more than 4 under the 5-scale criteria (5=Most, 4=More, 3=Medium, 2=Less, 1=Least) are as follows.

**Percentages of participants that give the rank of 4 or more than 4 under the 5-scale criteria on sub-course on HIV/AIDS, 2002**

	Topic	Level of Understanding (%)	Level of Application (%)
1	HIV/AIDS Policy and Situation, Prevention	85.68	78.57
2	Surveillance System of HIV/AIDS & STIs	69.23	69.21
3	Hospital Discussion on Care and Case Management for HIV/AIDS Patient in Hospital Setting	92.31	53.84
4	Psychosocial Care & NGO Activities	75.00	81.25
5	Counseling Project	100.00	93.75
6	AIDS in the Workplace 1	100.00	100.00
7	AIDS in the Workplace 2	88.23	70.59
8	Mobile Population	88.89	88.89
9	HIV/AIDS Voluntary Counseling Testing& HIV Group	100.00	94.44
10	Prevention, Care and Counseling in the North of Thailand	100.00	87.50
11	HIV/AIDS Project: JICA Program	87.50	93.50
12	Hospice Project	93.75	75.00
<b>Average</b>		<b>90.04</b>	<b>82.21</b>

It could be observed from the assessment that, though the level of understanding is high, some participants considered the level of application, especially on topics related to hospitals, to be low. This result occurs for the reason that more than half of the participants in the fiscal year 2002 are personnel dealing with management (planning, implementing, or monitoring) or education, but rarely involved with hospice work. For topics on AIDS in the workplace 2, which introduced partnership collaboration between the Ministry of Public Health and the Department of Labor Protection and Welfare, together with collaboration between the Department and NGOs, the level of application, when compared to the level of understanding, is also revealed to be low. This result might come from the non-existence of such collaboration on HIV/AIDS Prevention and Control among ministries or the lower frequency of NGOs dealing with such activity especially in Cambodia and Laos.

**Percentages of participants that give the rank of 4 or more than 4 under the 5-scale criteria on sub-course on HIV/AIDS, 2003**

	Topic	Level of Understanding (%)	Level of Application (%)
1	Orientation of the Course, Country Presentation	90.00	90.00
2	HIV/AIDS Policy and Situation, Prevention	81.80	100.00
3	Surveillance System of HIV/AIDS & STIs	80.00	90.00
4	Scaling Up Antiretroviral Therapy in the Development Country	91.00	90.90
5	Concept & Implementation of STIs & AIDS Prevention	90.00	90.00
6	Discussion on Care and Case Management for HIV/AIDS	91.00	81.80
7	Medical Care and ARV & OI Treatment	90.90	90.90
8	PMCT Project & VCT	90.90	90.90
9	PMCT Prevention & Care, ARV Treatment in Children	100.00	90.90
10	Prevention, Care and Multisectoral Approach	100.00	81.90
11	Hospice Program for PLWHA	100.00	100.00
12	Condom 100% Project	85.80	85.80
13	Prevention in Risk Group, CSW, Women Empowerment	100.00	83.30
14	Concept and Implementation of TB & AIDS prevention	60.00	60.00
15	HIV/AIDS Prevention in Mobile Population	66.60	66.60
<b>Average</b>		<b>87.87</b>	<b>86.20</b>

For fiscal year 2003, the work scopes of participants are counseling/testing or healthcare services, with the result that the level of application of specific topics on prevention, care, and treatment remained high.

For fiscal year 2004, the organizer of the sub-course on HIV/AIDS adapted an evaluation method utilizing pre-testing and post-testing. If relying on the same criterion as that of the sub-course on Malaria, it could be found that 6 participants out of 11 participants (2 participants from Myanmar did not do the pre-test due to the delay in attending the sub-course) or 54.55% increased their understanding by getting score changes between pre-testing and post-testing of more than 10%.

	Pre-test (%)	Post-test (%)	Change (%)
1	32.00	40.00	8.00
2	33.00	46.00	13.00
3	36.00	46.00	10.00
4	31.00	35.00	4.00
5	30.00	40.00	10.00
6	34.00	45.00	11.00
7	34.00	41.00	7.00
8	34.00	44.00	10.00
9	35.00	37.00	2.00
10	33.00	40.00	7.00
11	31.00	45.00	14.00

Since it is the first year for the sub-course on HIV/AIDS, the trend still could hardly be observed and analysis could hardly be done at the present stage.

### 3-3-2. Achievement of Output 2

It is considered that Output 2, that “Information on the occurrence of Malaria, HIV/AIDS and other diseases is shared and exchanged through surveillance system among participating countries”, is **achieved** in the case of the sub-courses on Malaria and HIV/AIDS.

Through participation and communication in the Course itself, and owing to a course curriculum that included ‘Country Presentation’ by each participating country, it could be considered that information is shared and networks among participants are created in the first stage. Besides, in the fiscal year 2004, both sub-courses have added a subject on “Network Management” to further fulfill this target by providing information on healthcare networks and their importance, to which full achievement of this Output could be expected. The achievement would contribute to the sharing of information on the occurrence of communicable disease after the ex-participants returned to each country, and this would subsequently enable ex-participants to successfully conduct measures against communicable diseases to prevent cross-border prevalence.

### 3-4 Achievement in Terms of Inputs

Total Cost:	9,235,475 Baht
Cost by year:	2,508,963 Baht (JFY2002)
	2,146,257 Baht (JFY2003)
	4,580,255 Baht (JFY2004) (approximate)
Japan’s Contribution:	100% of the cost
Thailand’s Contribution:	Recruiting and pre-selection of the participants
	Personnel necessary for the administration of the course

## Chapter 4 Survey Results

### 4-1 Questionnaire Accumulation / Questionnaire Analysis

The questionnaires were developed in three sets: Questionnaires for ex-participants, Questionnaires for ex-participants' supervisors, and Questionnaires for MOH in each country. The Team contacted or requested JICA country offices to contact each ex-participant in the fiscal year 2002-2003 to confirm relocation before sending those questionnaires. The number of questionnaires distributed and the number of those collected can be summarized as follows.

MOH		CM	LA	TI	VT	Yu	Total
MOH	Distributed	1	0	0	1	1	3
	Collected	0	0	0	0	0	0

Malaria 02-03		CM	LA	TI	VT	Yu	Total	
Total Number		10	9	4	3	3	29	
Ex-p	Distributed	9 <sup>1</sup>	9	3 <sup>2</sup>	3	3	27	
	Collected	6	6	2	2	1	17	62.96%
Sup	Distributed	8	9	3	3	3	26	
	Collected	5	0	0	2	0	7	26.92%

HIV/AIDS 02-03		CM	LA	TI	VT	Yu	Total	
Total Number		7	7	8	4	4	30	
Ex-p	Distributed	7	7	5 <sup>3</sup>	4	4	27	
	Collected	4	1	4	2	2	13	48.15%
Sup	Distributed	7	7	5	4	4	27	
	Collected	3	2	2	2	1	10	37.04%

#### 4-1-1 Results of Questionnaire to ex-participants

The result of questionnaire showed that job retention rates for ex-participants on both sub-courses remained relatively high. Though job changes occurred in a few cases of ex-participants, it was found that the change was made for more involvement in work on Malaria, or job contents are still related to Malaria even though the organization has been changed. The changes are considered of not providing any effects to the Project Purpose.

Promotion following course participation has rarely occurred. Only 23.53% of ex-participants on the sub-course of Malaria and 15.38% of ex-participants on the sub-course of HIV/AIDS were promoted in terms of salary or post. Though the percentage of promotion seemed to be low, these promotions are considered a positive impact from the Course given that certificates provided are not those to be evaluated for the post promotion.

The result also revealed that 94.12% (Malaria) and 92.00% (HIV/AIDS) of the ex-participants are

<sup>1</sup> One ex-participant is in the United States.

<sup>2</sup> One ex-participant could not be contacted due to non-existence of contact address.

<sup>3</sup> One ex-participant could not be contacted due to relocation to other organization. The team tried to contact other 2 ex-participants who are residing in Timor and United States by e-mail but could not get a reply.

placed in a suitable position to utilize knowledge/skills obtained from the Course. Besides, percentages of “Relevance of sub-course content and duties” (100.00% and 61.54% for Malaria and HIV/AIDS respectively) and those of “Level of application of knowledge/skills obtained from the course” (100.00% and 69.00% for Malaria and HIV/AIDS respectively) have indicated that the sub-course on Malaria is conducted in accordance with ex-participants’ needs, and knowledge/skills transferred from the course are highly practical. This could also be verified by the result on percentage of knowledge/skills utilization, which revealed that 41.18% of the ex-participants used more than 80%, and 52.94% of the ex-participants used more than 60% of the knowledge/skills achieved from the sub-course. For the sub-course on HIV/AIDS, the percentage of knowledge/skills utilized revealed that only 23.08% of ex-participants used more than 80% of what they obtained. 23.08% used more than 60%, 23.08% used less than 50%, and 30.77% used less than 39% of what they obtained from the course. Lower percentages on relevance and level of application of the contents of HIV/AIDS might occur from the broad contents of the sub-course and a highly different situation on HIV/AIDS in the participating country, such as in Lao PDR, where infectious rate is much lower than other countries. Apart from the extent of application, all ex-participants did utilize the knowledge/skills obtained in planning, implementation, research, teaching, and daily activities. Some ex-participants even used the knowledge/skills in all fields mentioned. Besides, all ex-participants have extended those knowledge/skills to co-workers through job transfer; and to individuals outside the organization through long-term/short-term lectures or seminars. All ex-participants recognized that the participation in the Course was more or less evaluated by superiors and colleagues.

52.94% of ex-participants in the sub-course on Malaria and 69.23% of ex-participants in the sub-course on HIV/AIDS felt that English capability of classmates is the factor that inhibits progress of learning. 29.41% and 15.38% of ex-participants of the sub-course on Malaria and HIV/AIDS respectively felt that the level of knowledge on communicable disease control is the problem on their learning efficiency. These problems are results of the participant selection process, to which this data should be used as a reference in improving the next selection by re-consideration of participant criteria.

Evaluation of materials provided and teaching methodology appeared to be high, especially for materials of the sub-course on Malaria, to which 35.29% of ex-participants gave the highest evaluation.

Most ex-participants rarely contacted with other classmates, with 30.77% of ex-participants of the sub-course on HIV/AIDS even stating that they never contacted with others. 61.54% answered that they sometimes contacted, while only 7.69% of the ex-participants answered that they normally contacted or frequently contacted with others. For the sub-course on Malaria, 41.18% indicated a few contacts, while 35.29% indicated regularity of contacts. However, for the answers which indicated that the ex-participants contacted with others, it was found that the ex-participants contacted with only participants from the same country or same organization, or met by chance with others in the international seminars, workshops, or conferences. This result should be of concern in terms of the tendency to share and exchange information of the occurrence of Malaria, HIV/AIDS and other diseases after the ex-participants returned to their home countries. However, the finding which was examined with only the ex-participants of the year 2002-2003 might result from: 1) assistance provided by MOPH in forming networks between course organizers and

ex-participants, or among ex-participants by introducing health care network information, is delayed, and 2) very few activities on contacting ex-participants for forming network by course organizers.

For the question on recommendation to send other officials to the Course if there is no support by JICA, answers vary in each individual. However, for the ones who answered not recommended in the sub-course of Malaria, comments were provided that, actually they would like to recommend but they realized that their Government would not have any budget in sending participants to Thailand.

#### 4-1-2 Results of Questionnaire to ex-participants' supervisors

All supervisors except one from Cambodia answered that communicable disease control is one of the priority needs and concerns of the country. However, other respondents from Cambodia raised the Global Fund to Fight AIDS, TB, and Malaria; and the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2001-2005 or HIV/AIDS Strategic Plan 2003-2007 as the main sources indicating policy on Malaria and HIV/AIDS respectively. Vietnam indicated the National Malaria Control Program and the National Strategic of HIV/AIDS Prevention and Control 2001-2010 as main sources. Though other countries did not provide information on Malaria or HIV/AIDS country policies, it has been found that each country has its National Malaria Control Program, and policy on HIV/AIDS; namely, the Thailand National Plan for the Prevention and Alleviation of HIV/AIDS 2002-2006, the Lao PDR National Action Plan on HIV/AIDS/STI 2002-2005, and the Myanmar National Strategic Plan for the Expansion and Upgrading of HIV/AIDS activities in Myanmar 2001-2005.

All supervisors in the sub-course on Malaria answered that the sub-course offered a curriculum that the organization needs in conducting measures against communicable diseases, and all ex-participants could well apply the knowledge/skills obtained to his/her practical work related to measures against communicable disease control. Around 20.00% of supervisors in the sub-course on HIV/AIDS felt that the curriculum has no or little relevance to the needs of their organization, and consequently felt that the ex-participants could not much apply the knowledge after the training.

The fields that ex-participants applied their knowledge/skills to mainly fell on: research and implementation for ex-participants of the sub-course on malaria; and on planning, implementation, and teaching for ex-participants of the sub-course on HIV/AIDS. From the viewpoints of the supervisors, most ex-participants have a suitable position for utilizing the knowledge/skills obtained from the course, with 14.29% (Malaria) and 30.00% (HIV/AIDS) of the ex-participants promoted to positions that are more suitable for utilizing such skills.

Cambodia, Lao PDR, and Vietnam have similar training courses on Malaria; namely the Malaria Health Education conducted by CNM (Cambodia), the Malaria Clinical Refresh Laboratory conducted by PHD (Cambodia), the Malaria Control conducted by EU (Lao PDR), and MMFO conducted by ACT (Vietnam). There seems to be many short courses on HIV/AIDS and Epidemiology in Cambodia, and an HIV/AIDS control course conducted by NCCA in Lao PDR. Yunnan also has a Surveillance and Epidemiological Course conducted by WHO.

All supervisors mentioned that the timing of the Course is highly relevant to the country's needs, and all supervisors mentioned that the ex-participants conducted some activities to improve the

health protection capability of the organization. 42.86% (Malaria) and 30.00% (HIV/AIDS) of ex-participants' activities were dedicated to budget increase in the activities conducted by the organization.

For the question on recommendation to send other officials to the Course if there is no support by JICA, answers vary in each individual, but several comments on limitations of human resources related to communicable diseases are found.

Regarding the question on the tendency of achieving the Overall Goal in the next 3-4 years, all supervisors except one answered that it is likely to be achieved. However, the reasons provided are not as the direct effect of the Course, but mainly related to present policy and strategy and enough budget for implementation. For the causes of not being able to achieve, limitation of human resources on Malaria prevention and control, problems of a mobile population, and emerging new diseases, have been raised.

Results of questionnaire from both ex-participants and supervisors appear in Annex 4.

## **4-2 Result of Site Visit**

The study team visited Lao PDR to assess the effectiveness of the course through observing the utilization of the knowledge obtained and to get comments/ideas from other donors in order to enhance effectiveness of the project or similar projects in the future. Lists of organization visited and interviews conducted appear as Annex 5.

### **4-2-1 Situation of Malaria in Lao PDR**

Malaria is the main public health problem in Laos, ranking in the top-three morbidity and mortality yearly. "Programme for Strengthening Malaria Control and PHC Activities" is listed as one of the very high priority programmes in the Lao Health Master Planning Study. The Government of Laos requires an integrated PHC approach because of the limitation of health resources and strengthening of decentralization. The Health Ministry focuses on Malaria control at the local level, and it could be considered that the need for capacity building of human resources in Malaria, especially at community level, is high. Fields presently needed for Malaria Training in the Lao PDR are: Management of Malaria control Programme, including "Prevention by Impregnated Bed Net (IBN)", and "Early Diagnosis and Appropriate Treatment (EDAT)" for 3-4 persons/year in the provincial level and for 1-2 persons/year in the central level.

All ex-participants, both in the central and provincial levels, satisfactorily utilized the knowledge/skills obtained from the Course in their field activities, such as control of mosquitos, resistance of insecticides, microscopy diagnosis and treatment, promotion of IBNs, vector control, and etc. These knowledge/skills were also extended to other colleagues and junior staff, and also directed to improvement of activity level in organizations. Strong needs for further training are found since the country lacks a training course. Though there is a 6-month long-term training course in Malaysia, Lao personnel considered training in Thailand more advantageous in terms of similar culture and language. Networking among ex-participants is found only within the country but hardly found among other ex-participants from other countries.

#### Overall Malaria Situation in Lao PDR from 2001 to 2004

	2001	2002	2003	2004
No. of Malaria Cases	246,844	267,454	274,911	118,262
No. of Malaria Death Cases	244	195	187	96
Morbidity Rate (Case / 1000 pop)	47.31	48.53	48.66	19.00
Mortality Rate (Case / 100,000 pop)	4.68	3.54	3.31	2.00
Slide Positive Rate (%)	11.96	8.71	7.37	8.70

Source: MOH, Lao PDR 2005

#### Malaria Prevention by Impregnated bed net (IBN) from 2001 to 2004

	2001	2002	2003	2004
Village covered by IBN(%)	57.68	47.88	58.48	73.24
People protected by IBN(%)	47.80	37.19	65.99	63.79
No. of IBN used	452,240	400,981	899,480	909,973

Source: MOH, Lao PDR 2005

#### 4-2-2 Situation of HIV/AIDS in Lao PDR

HIV is still uncommon in Lao PDR, with an estimated seroprevalance of 0.05%. As of December 2003, the cumulative number of reported HIV cases was 1,212 out of 98,016 blood tests in 14 provinces (male 63%, female 37%), of which 670 had progressed to AIDS. A total of 486 AIDS-related deaths had been recorded. The reasons for low prevalence rates might lie on very low frequency of partner change, and the low tendency of using services of commercial sex workers. However, rates of Chlamydia and gonorrhoea infection approach 50% among service women.

Among 14 provinces where HIV test facilities are available, the largest number of HIV positive cases was found in five provinces e.g. Savannakhet (535), Vientiane Capital (325), Khammouane (95), Champasak (94), and Bokeo (77). These numbers increase year by year.

Among health strategies and policies in the Lao PDR, one of the immediate focuses of 'Health Strategy up to the Year 2020' is on strengthening the ability of health care providers. Besides, the National Poverty Eradication Plan also includes communicable disease control and HIV/AIDS/STD control as its priority programs.

Though the country still has a low HIV/AIDS prevalence rate, Lao National HIV/AIDS/STD policy has a strong focus on prevention of HIV/AIDS to maintain its low prevalence. Besides, capacity building of HIV/AIDS related health personnel is considered highly essential due to limited numbers and limited skills of personnel working on HIV/AIDS; so it could be considered that the need for capacity building of human resources in HIV/AIDS is high. Fields presently needed for HIV/AIDS Training in the Lao PDR are: HIV Management and Project Management (including project planning, monitoring, and evaluation), VCT and STI Management, communication campaign, community involvement, advertising, and counseling for the 1-2 persons/province/year in the provincial level and around 2 persons/year for the central level. However, only training 'with follow-up or monitoring programme' is needed in order to assure that activities are actually conducted in accordance with the training. The present problems in Lao PDR are the disconnection between training and actual, and the health personnel spend less time conducting activities on HIV/AIDS prevention and control due to too many trainings provided.

After the training, all ex-participants have been in a suitable position for conducting works and their performance got exceptionally higher with a wider perspective and more ability in conducting

activities due to the knowledge obtained from the course. Though one of the ex-participants changed his work place, duties are principally the same as those previously conducted. However, knowledge and skills from the course are partly utilized (mainly those on prevention and community-based activities) due to low HIV/AIDS prevalence in the country. The training conducted in Thailand is considered highly appropriate since there are only seminars, meetings, and workshops on HIV/AIDS, but no training courses, provided in Lao PDR. Besides, in having similar culture of the two countries, knowledge could be easily applied in conducting activities in Lao PDR. Most of the fields needed for capacity building of the health personnel in Lao PDR are included in the curriculum, e.g. STI Control, Prevention of Mother to Child Transmission of HIV/AIDS, activities related to HIV/AIDS prevention activities, condom promotion, cooperation with community and organizations in the provincial and district areas, counseling, and campaigns for prevention.

Though the course is considered to be highly useful for capacity building of the health personnel in provincial and district levels, qualifications set by the MOPH are considered inappropriate since very few personnel from Lao could participate due to problems with education background, which generally is high school graduate. If the MOPH would continually conduct the same course in the future, more appropriate qualifications for the developing countries should be "health-related personnel possessing 2-3 year experience".

It was found that most ex-participants transferred knowledge attained to colleagues, related organizations, and other health-related personnel. Besides, capacity of some organizations got higher due to ex-participants' activities. For some areas, knowledge transfer was done not only within the province, but also to other provinces, which is the result more than the organization has expected

Priorities of the National AIDS program have not changed much in recent years; the strengthening capability of health-related personnel is considered essential for Lao PDR. On the other hand, travel and migration, both internally and cross-border, tends to increase which might influence on epidemic growth in the future. Based on the stated reasons, needs in dispatching personnel to Thailand are still high, especially to elevate skills of personnel, especially in HIV/AIDS prevention. All ex-participants considered the course valuable for Lao PDR and suggested the Government send more participants though the course is not funded by JICA. Funds to send participants to Thailand could be expected from UNAIDS or global funds, while a budget from MOH could not be expected.

## Chapter 5 Results of Evaluation

### 5-1 Evaluation by Five Criteria

#### 5-1-1 Relevance

The relevance of the Third Country Training Programme on Communicable Disease Control is **moderately high**, considering that most participating countries are facing a high prevalence of malaria and high rates of HIV/AIDS epidemic, especially along borders.

For Malaria, GMS countries are facing the crucial situation of Malaria morbidity through its complicated and unique characteristics in these areas, in which transmission mostly occurs with population mobility, especially in the forested and foothill areas, and at international border areas. Myanmar reports the maximum deaths due to malaria in SEA Region of WHO, while Yunnan is still one of the provinces of PR China with a serious malaria endemic. Vietnam is facing a rapid increase since people have been seeking economic opportunities in forested and hilly areas and carrying the infection back into parts of the country where the disease had previously been eliminated. In Cambodia, 15% of the total population is forest dependant for additional income generation in malarious forests. In Lao PDR, Malaria has been the main public health problem, ranking in the top three for morbidity and mortality yearly. The sub-course is considered highly relevant since Malaria control is considered a high priority programme of each country.

#### Malaria Situation in Mekong Basin Countries (2001)

Country	Number of Population	Number of Positive cases	Annual Parasite Incidence (/1000)	Number of Malaria Death	Mortality rate / 100,000
Cambodia	12,100,000	53,601	4.5	476	3.95
Lao PDR	5,370,000	26,932	5.0	242	4.5
Myanmar	45,900,000	134,612	2.93	3,157	6.87
Thailand	57,800,000	81,692	1.42	424	0.7
Vietnam	78,70,000	68,699	0.87	91	0.12
China (Yunnan)	40,300,000	9,434	0.24	21	0.05

Source:WHO RBM – Mekong, 2003

For HIV/AIDS, high rates of HIV prevalence have been found in China among injecting drug users (IDUs), with concentrated epidemics underway for many years in Yunnan, Xinjiang, Guangxi, Sichuan, Henan, and Guangdong. Cambodia, Myanmar, Thailand, and Yunnan are regions that were hit early and hard by HIV/AIDS. It was estimated that one fifth of Cambodian and Thai adult males were visiting sex workers, which is the main reason for the epidemic in these regions. Presently, Vietnam is also facing the possibility of a serious and rapid epidemic growth in IDUs and sex workers.

### Estimate Number of HIV/AIDS at the end of 2003 (WHO/UNAIDS)

Country	Number of Population	Number of Adults Living with HIV/AIDS	HIV-related deaths in Adults and Children	HIV Prevalence Rate (%)
Cambodia	13,363,421	170,000	15,000	2.6
Lao PDR	6,068,117	1,700	<200	0.1
Myanmar	42,720,196	320,000	20,000	1.2
Thailand	64,865,523	560,000	58,000	<1.5
Vietnam	82,689,518	200,000	9,000	0.4
China <sup>4</sup>	1,298,847,624	840,000	44,000	0.1

Source: WHO/UNAIDS

To cope with this high prevalence rate, each country has demonstrated a strong commitment to HIV/AIDS by having a National Plan<sup>5</sup> targeting prevention, care and support for people living with HIV/AIDS (PLWHA), and decreasing the prevalence rate in its country. On the other hand, Lao National HIV/AIDS/STD policy also has a strong focus on prevention of HIV/AIDS though the country still has a low HIV/AIDS prevalence. The Government of Lao PDR also stresses eradicating common diseases and preventing an HIV/AIDS epidemic, by having these objectives in the Lao Government's National Poverty Alleviation Strategy.

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

#### 5-1-2 Effectiveness

After the training, nearly all ex-participants have been in a suitable position for conducting work and their performance has become exceptionally higher, with a wider perspective and more ability in conducting activities owing to the knowledge/skills obtained from the Course. Relocation was found in a few cases but was considered to have a lot less influence on the achievement of the Project Purpose since the duties are principally the same as those previous conducted.

For ex-participants of the sub-course on Malaria, results of questionnaire revealed that the ex-participants utilized knowledge/skills from the sub-courses at a very high rate, which implies high effectiveness of the Course. For ex-participants in the sub-course on HIV/AIDS, the ex-participants have conducted strategic planning for HIV/AIDS prevention and control, AIDS care, PMCT, communicable response for HIV/AIDS, VCCT, management and treatment of HIV/AIDS patients, counseling and testing, and etc. Moreover, all ex-participants mentioned

<sup>4</sup> Though the number and rate in China seemed to be low compared with population, concentration of HIV and prevalence is in the border provinces of Yunnan province (southwest), Guangxi Zhuang Autonomous Region (southwest) and Xinjiang Uyghur Autonomous Region (west), where Yunnan is one of the target areas of this Programme.

<sup>5</sup> Cambodia: National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2001-2005, HIV/AIDS Strategic Plan 2003-2007

Lao PDR: National Action Plan on HIV/AIDS/STI 2002-2005

Myanmar: National Strategic Plan for the expansion and Upgrading of HIV/AIDS activities in Myanmar 2001-2005

Thailand: National Plan for the Prevention and Alleviation of HIV/AIDS 2002-2006

Vietnam: The National Strategic of HIV/AIDS Prevention and Control 2001-2010

transferring knowledge/skills after returning to their countries. However, it seemed that knowledge/skills from the course are partly utilized (mainly those on prevention and community-based activities) in the case of Lao PDR due to low HIV/AIDS prevalence in the country.

All participants in both sub-courses transferred knowledge attained to colleagues, related organizations, and other health-related personnel mainly through their daily work or short-term lectures. However, the level of knowledge/skills transfer or the extent of the transfer could not be observed through this time of evaluation. The transfer was done not only within the province, but also to other provinces, which is a result more than the organization has expected.

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

#### 5-1-3 Efficiency

Efficiency of the sub-course on Malaria is **satisfactorily high** considering that the curriculum was designed in accordance with the needs of participating countries. All ex-participants evaluated that the sub-course content is highly relevant to their present duties and a very high rate of application of knowledge/skills obtained from the sub-course was found. Results of evaluation of materials provided and teaching methodology, both from sub-course final reports and from questionnaire, appeared to be high, with nearly all ex-participants revealing their appreciation on these issues. The duration of 4 weeks for the sub-course is considered highly efficient, bearing in mind the full contents, which also includes problem solving and critical thinking, the fundamental issue for working in the field. However, many ex-participants suggested a longer period for each Unit, with a total period of 6 weeks to meticulously examine the contents provided. Training conducted in Thailand is also considered appropriate due to its long history of Malaria prevention and control, extensive experience, full budgets, high-quality infrastructure, strong drug policy, strong vector control, and enough manpower.

Efficiency of the sub-course on HIV/AIDS is considered to be **fair**, owing to the result that only 60% of the ex-participants considered the curriculum to be according to their needs in conducting duties on HIV/AIDS. On the other hand, Thailand is considered appropriate as the implementing country, given its long history of HIV/AIDS; experience in combating HIV/AIDS in commercial sex workers and injecting drug users; high reputation in 100% condom use; activities of NGO; existence of several organizations supporting People Living with HIV/AIDS (PWHA), and a strong community health system. High evaluation was given to materials and teaching methodology, which implied that inputs in terms of human resources and materials are fairly efficient. However, the level of utilization of knowledge/skills obtained from the sub-course is not high. This might result from: 1) the very broad contents of the sub-course to cover all fundamental issues on HIV/AIDS, while there are various ranges of participants, of whom some are involved at the policy

level while some are medical doctors or working in the field; and 2) highly different situation on HIV/AIDS in the participating country, such as in Lao PDR, where the infectious rate is low and contents on care and treatment are rarely essential. As a result, only some parts of the curriculum are practical when conducting duties in each individual's country.

MOPH is considered the suitable organization to conduct the training of both sub-courses, provided that samples in the fields and practical experiences could be introduced to the participants. A university might be useful for providing knowledge of theory, but MOPH could provide more experiences on fieldworks conducted by personnel affiliated to the Ministry both at the central and provincial levels. Besides, the Ministry's strong connection with other related organizations, including governmental organizations, non-governmental organizations, and international organizations, is another asset that provides participants full opportunities to better understand the importance of organizational networks and to observe the cooperating activities in dealing with communicable diseases.

Participant selection might be one of the factors inhibiting the efficiency of the sub-course on HIV/AIDS. More deliberate criteria in accordance with course contents should be considered such as avoiding mixing medical doctors or field workers with those working on policies in the same course.

The factors inhibiting efficiency of both courses were English capability and level of knowledge on communicable disease control. These are also results of the participant selection process, in which the process in the participating countries should be carefully revised.

#### 5-1-4 Impact

The capacity of some organizations got higher due to ex-participants' activities. Some organizations even obtained further budgets for Malaria or HIV/AIDS prevention and control due to the ex-participants' activities.

For the positive impact, it was found that around 24% (Malaria) and 15% (HIV/AIDS) of ex-participants got promoted after attending the Course. Despite the small numbers of those promoted, the impact is considered to be large, provided that certificates provided are not those to be evaluated for the post promotion.

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

#### 5-1-5 Sustainability

Based on satisfactory results of the evaluation on technical skills, the capability of the organizing institution of both sub-courses on Malaria and HIV/AIDS was found technically sufficient to maintain the course in the future. The tendency to secure the course lecturers seemed to be high, considering that the sub-course on Malaria could supply officials from the Bureau of Vector-borne Disease, while the sub-course on HIV/AIDS could get steady support from Bamrasnaradura Institute. Experience and skills gained through the Course implementation are useful in sustaining

and elevating the efficiency and effectiveness of the sub-course, especially in the case of the sub-course on Malaria where an extent of improvement was seen through post-test results for the latest year.

The administrative capability of both sub-courses is considered sufficient, given that no major difficulties have been found. The capability of the sub-course on HIV/AIDS is expected to be elevated in the future owing to the establishment of an International Training Center (ITC) in December 2004 to be mainly in charge of trainings conducted by MOPH. The Center presently has 2 staff with a plan to recruit more staff to be in charge of the training.

Though the Thai-US Collaboration Centre on Public Health (TUC) presently supports the establishment and running costs of ITC, the Centre seems to have no policy to support training courses at the present stage. Support from other donors on similar courses has not been found. In terms of the financial situation, it still takes time for the organizing institutions to solely manage the Course without any supports or under the present circumstance where no marketing components have been included.

## **5-2 Conclusion**

### 5-2-1 Factors Promoting Effects of Project

#### (1) Factors Concerning the Planning

N/A

#### (2) Factors Concerning the Implementation

- ◆ The existence of the Roll Back Malaria (RBM) Mekong Initiative is one of the promoting factors that give benefits to the effects of the sub-course on Malaria. The current National Malaria Control Program in each GMS country was developed based on the RBM Mekong Initiative, to which strategies and activities concerning Malaria prevention and control in each country are relatively similar. The sub-course in Thailand was also designed based on this RBM Mekong Initiative, which could straightforwardly satisfy the needs of all participating countries. Based on similar characteristic of each country's strategies and activities together with integrated course contents, achievement of Output 1 for the sub-course on Malaria appeared to be high.
- ◆ Very little relocation is found among ex-participants of both sub-courses, which ensures the better achievement of the Programme.

### 5-1-2 Factors Inhibiting Effects of Project

#### (1) Factors Concerning the Planning

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

## (2) Factors Concerning the Implementation

- ◆ For the sub-course on HIV/AIDS, highly different situations on HIV/AIDS in the participating countries are the factors inhibiting the efficiency of curriculum design and the effect of the sub-course. Since each country has its own characteristic on HIV/AIDS, with different prevalence rates and various high-risk groups, policy and strategy on HIV/AIDS measures were developed basically based on the situation of each individual country. This caused difficulties in designing and resulted in the development of a relatively broad curriculum. The curriculum could hardly fulfill the satisfaction of “all” participating countries, whose needs are highly different based on policy and the variety of target groups.
- ◆ The participant selection process; starting from criteria setting, announcement, and selection process in the participating country, is considered the main problem inhibiting the effectiveness of the sub-courses. For the criteria, though “Good command of spoken and written English” is stated as requirement of application, there is no methodology to verify the participants’ capability except for the case of Thailand. This different range of English ability affects the level of participants’ learning efficiency. For the announcement, late announcement is the factor hindering adequate number of applications which affects the securing of appropriate participants due to less time available. For the selection process in the participating country, it seems that specific groups of personnel tend to be selected for any international trainings, which would lessen the effects of the project in extensively expanding the knowledge/skills to other countries.
- ◆ The personnel shortage at the early stage of the sub-course on HIV/AIDS and for the sub-course on Epidemiology is the factor that affects efficient administrative capability of both sub-courses, and led to the delay of commencement of sub-course on Epidemiology.

### 5-1-3 Conclusion

The TCTP is considered highly relevant to the needs and policies of the GMS countries. The efficiency of the sub-course on Malaria is high, considering that the contents of the curriculum are favorably in accordance with the needs of participating countries, owing to similar policy and strategy based on the Roll Back Malaria Mekong Initiative, and considering that high evaluation was given to the materials and teaching methodology, level of application, and level of utilization. The efficiency of the sub-course on HIV/AIDS is considered to be fair, with high satisfaction on materials and teaching methodology, but less degree of application and utilization. Parts of the contents of the sub-course on HIV/AIDS are in accordance with the needs of participating countries, subject to type of participants, together with different policy and different targeted risk groups of each country. All ex-participants disseminated the knowledge/skills acquired from the Course and the capacity of personnel together with the capacity of organizations is believed to be elevated. Besides, the capability of the organizing institutions both in technical and perspective aspects seemed to be sufficient, with a tendency to be enhanced to maintain the Course in the future. Generally, the objective of the Programme is considered to be attained in terms of existence of activities. The quality of those activities could not be confirmed through the Terminal Evaluation due to constraints of time, activity range, and situation of low prevalence during the time of evaluation.

## Chapter 6 Recommendations and Lessons Learned

### 6-1 Recommendations

Though no exceptional difficulties on technical or administrative capabilities were found, it is considered highly difficult for the Programme to be self-sustaining, being aware of budgets to support the implementation of the Course. Continuation of the Course for at least 3 years, during which time the organizing institutions should find methods, whether by developing marketing strategy or finding budgets, to secure the financial sustainability of the Course, is recommended. However, the structure of the Course should be revised, by separating each sub-course to be independent, for the better achievement in sustaining the Course in the long-run. Though all sub-courses were conducted under the name of Department of Communicable Disease Control, the administration of each sub-course is already separated and already the responsibility of different institutions.

By considering each sub-course separately, the following analysis could be provided.

#### **For the sub-course on Malaria**

The curriculum, course contents, materials, teaching methodology, and evaluation methodology seemed to be at a satisfactory level. However, if the cooperation is to be continued, the organizing institution should find a methodology for securing budgets for implementation after the extended three years. To completely fulfill the objective of the Course, by assuring the quality of the activities conducted by ex-participants, the training should definitely be “the training with follow-up or monitoring programme” that could confirm the quality of the activities conducted by the ex-participants in their home countries. The organizing institute should set up such a programme or add a component of monitoring and follow-up by utilizing scheme on dispatch of experts, with an approach to secure separated budget besides budgets from the Programme.

#### **For the sub-course on HIV/ AIDS**

Needs of participating countries should be categorized and a curriculum should be carefully designed in accordance with those needs. In the case of HIV/AIDS, a comprehensive course providing for all GMS country at the same time is considered less effective due to the highly different situation of each country. Specific course targeting specific groups of health personnel, such as, a course on ARV management targeting medical doctors, nurses, and laboratory technicians, is considered more suitable, with exceptions for Lao PDR where the prevalence rate is still low. Hence, the organizing institution of the sub-course on HIV/AIDS should focus on specific topics, by setting only specific target groups from specific countries following analysis of the results of a needs survey. For countries which are not included in the target groups, the organizing institute should cooperate with other projects, such as the HIV/AIDS Regional Coordination Center Project (RCC), which is scheduled to be implemented by Mahidol University. If the cooperation is to be continued, the organizing institution should have a policy and methodology of securing budgets and should have strategy on monitoring and follow-up which is the same as those suggested for the sub-course on Malaria.

#### **Training with Monitoring and Follow-up by Integrating with Other Schemes**

For the concept of “the training with follow-up or monitoring programme”, beside the policy and strategy to be set up by the organizing institution itself, cooperation with JICA country office or

cooperation with other donors is also possible. For example, MOPH Thailand could conduct the course on Training of Trainers (TOT) for the core personnel who have expertise both in career and English capability. After that, those core personnel could become the trainer, supported by an in-country programme being simultaneously conducted in each participating country. This will facilitate the problems of language barrier and educational background of promising health-personnel in each country and will also assist in extending the number of trained personnel in each participating country.

Besides, the in-country programme in each participating country should have the component of inviting lecturers conducting the TOT course in Thailand to each country. This process would ensure that trained personnel would effectively conduct and transfer knowledge attained from the course, while lecturers from the course could conduct a follow-up and could give further advice to cope with situation of the country.

For the sub-course on HIV/AIDS, UNAIDS is a promising donor which has high possibility in supporting this kind of in-country programme in cooperation with the TOT course to be conducted in Thailand.

## **6-2 Lesson Learned**

### **Cooperation with other donors for English proficiency test**

To gain a suitable standard of English ability of all participants, each country should have a system such as examinations, to ensure the participants have enough English Capability. JICA in each country may be the site to conduct such examination or cooperation should be requested from WHO, UNDP country offices who have already conducted such examinations for expected participants.

### **Cooperation from JICA country Office for Participant Recruitment**

In selecting participants, JICA may help to find appropriate participants through existing JICA projects and/or experts. However, to avoid problems at the Thai Embassy in each participating country, JICA should inform those participants to contact through the focal points designated by the Thai Embassy. TICA is now creating a list of focal points for each field and will submit it to JICA after it is finished.

# ANNEXES

ANNEX 1: Project Design Matrix for Evaluation (PDM<sub>e</sub>)

ANNEX 2: Evaluation Grid

ANNEX 3: Questionnaire Formats

ANNEX 4: Results of Questionnaire Survey

ANNEX 5: List of Interviews

ANNEX 6: Interview Results

ANNEX 7: List of Lecturers

ANNEX 8: List of Ex-participants

# ANNEX 1: PDM<sub>e</sub>

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumption												
<p><u>Overall Goal</u>                      Health of people in Greater Mekong Basin Countries is protected from common and serious communicable disease</p>	<p>People in the outreached area and people with high risk to communicable disease could access to prompt treatment</p>	<p>Interview</p>													
<p><u>Project Purpose</u>                      Measures against communicable diseases are promptly conducted in ex-participants' home countries</p>	<ol style="list-style-type: none"> <li>1. Malaria diagnosis is punctually performed and effective treatment is conducted using available resources in ex-participants' home countries</li> <li>2. Research capability on Parasitology and Entomology of Malaria Parasites is developed and research result is utilized by ex-participants for malaria prevention in their home countries</li> <li>3. Ex-participants are using Roll Back Malaria (RBM) strategy in their home countries</li> <li>4. Vector prevention control is performed and control equipments are mainly in their home countries maintained by ex-participants</li> <li>5. HIV/AIDS prevention and control program as well as care for people living with HIV/AIDS are managed by ex-participants</li> <li>6. Technical mobilization is implemented by ex-participants in their home countries</li> <li>7. Multi-sectoral approach in HIV/AIDS prevention and problem alleviation is guided by ex-participants after returning to their home countries</li> <li>8. Effective surveillance system was designed and implemented to detect abnormalities in disease occurrence and outbreak</li> <li>9. Outbreak investigation was led and managed by ex-participants</li> <li>10. Ex-participants utilized surveillance information and information from outbreak investigations for health policy formulation, public education, and development and implement of appropriate interventions</li> </ol>	<p>Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview                      Questionnaire/Interview</p>	<p>Ex-participants could not get a suitable position                      Ex-participants were relocated to other section or division                      Fund for research is not provided</p>												
<p><u>Outputs</u>                      1. Knowledge and capability of participants from Greater Mekong Basin Countries in conducting field operation of Malaria control, HIV/AIDS Prevention and Problem Alleviation, Surveillance and Outbreak Investigation are increased                      2. Information on the occurrence of Malaria, HIV/AIDS and other diseases is shared and exchanged among participants</p>	<ol style="list-style-type: none"> <li>1-1. Trainees of Malaria Prevention and Control Course will have good knowledge in the current practice of treatment and case management for Malaria patient</li> <li>1-2. Trainees of HIV/AIDS Prevention and Problem Alleviations Course will be able to                             <ul style="list-style-type: none"> <li>-know well about HIV/AIDS epidemiology and cause of the problem</li> <li>-understand the role of community and non-government organization in HIV/AIDS prevention and care</li> <li>-understand HIV/AIDS surveillance system of Thailand</li> </ul> </li> <li>1-3. Trainees of Surveillance and Epidemiological Investigation Course will be able to                             <ul style="list-style-type: none"> <li>-know and describe the concept of epidemiology, explain different types and processes in surveillance and steps in outbreak investigation</li> </ul> </li> <li>2. Network is formulated among participants</li> </ol>	<p>Course final report                      Course final report                      Course final report                      Course final report</p>													
<p><u>Activities</u>                      1-1 Conduct training on Malaria Prevention and Control                      1-2 Conduct training on HIV/AIDS Prevention and Problem Alleviation                      1-3 Conduct training on Surveillance and Epidemiological Investigation                      2-1 Provide information on health care networks                      2-2 Contact participants with an aim of forming network</p>	<p><u>Inputs</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Thai Side</td> <td style="width: 50%;">Japanese Side</td> </tr> <tr> <td>1. Personnel</td> <td>1. Course Cost (Unit: Thai Bahts)</td> </tr> <tr> <td>Staff necessary for the administration of the course</td> <td>Total: 9,235,475</td> </tr> <tr> <td>Implementation</td> <td>2,508,963 (JFY2002)</td> </tr> <tr> <td></td> <td>2,146,257 (JFY2003)</td> </tr> <tr> <td></td> <td>4,580,255 (JFY2004) (approximate)</td> </tr> </table>	Thai Side	Japanese Side	1. Personnel	1. Course Cost (Unit: Thai Bahts)	Staff necessary for the administration of the course	Total: 9,235,475	Implementation	2,508,963 (JFY2002)		2,146,257 (JFY2003)		4,580,255 (JFY2004) (approximate)		
Thai Side	Japanese Side														
1. Personnel	1. Course Cost (Unit: Thai Bahts)														
Staff necessary for the administration of the course	Total: 9,235,475														
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	2,146,257 (JFY2003)														
	4,580,255 (JFY2004) (approximate)														

# ANNEX 2: EVALUATION GRID

Evaluation Grid of Terminal Evaluation Study on the TCTP on Communicable Disease Control and Surveillance 1/2

Criteria	Evaluation Item	Items to confirm	Source of Information	Results
<b>RELEVANCE</b>	1 Overall Goal	1-1. Whether communicable disease control is the priority needs and concerns of the GMS countries' policy	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand, -National Plan on Communicable Disease of GMS countries, -Questionnaire/Interview to ex-participant's supervisor or organization	The relevance of the Third Country Training Programme on Communicable Disease Control is moderately high, considering that most participating countries are facing high prevalence of malaria and high rates of HIV/AIDS epidemic especially along borders. Both diseases have been the main public health problems and are considered high priority programme of the GMS countries.
	2 Project Purpose	2-1. Whether subjects needed to conduct for communicable disease control in ex-participants countries are included in the curriculum	-Questionnaire/Interview to course organizers -Questionnaire/Interview to ex-participant's supervisor or organization	For sub-course on Malaria, the curriculum includes fields needed in participating countries, where activities concerning Malaria prevention and control are based on RBM Mekong Initiative. For sub-course on HIV/AIDS, 80% of ex-participants' supervisor identified the relevance of the needs of the organization and the contents provided.
<b>EFFECTIVENESS</b>	1.Achievement of Project Purpose	1-1. Whether ex-participants could promptly conduct measures against communicable disease	-Questionnaire/Interview with ex-participants' supervisor or organization -Questionnaire/Interview to ex-participants	Ex-participants of the sub-course on Malaria utilized knowledge/skills at a very high rate, which implies high effectiveness of the Course. Effectiveness of sub-course on HIV/AIDS is also acceptable owing to fair rate of utilization of knowledge/skills obtained from the sub-course 94.12% (Malaria) and 92.00% (HIV/AIDS) of the ex-participants are placed in a suitable position to conduct knowledge/skills obtained from the Course
	1-2. Whether ex-participants could gain a suitable position for conducting measures against communicable disease control	-Questionnaire/Interview to ex-participants' supervisor or organization		
	2.Achievement of Outputs	2-1. Whether the ex-participants attain adequate knowledge for conducting work in their countries	-Final Report, Pre-test, Post Test, Course Evaluation results	Level of understanding is high in both sub-courses judging from the results of post-test and level of understanding of ex-participants. Ex-participants of the sub-course on Malaria utilized knowledge/skills at a very high rate, which implies high effectiveness of the Course. Effectiveness of sub-course on HIV/AIDS is acceptable owing to fair rate of utilization of knowledge/skills obtained from the sub-course.
	2-2. Whether MOPH provide any assistance in forming network	-Interview to MOPH, -Questionnaire/Interview to course organizers	MOPH started subject on 'Network Management' to provide information on healthcare network and its importance to participants in the FSY 2004	
<b>EFFICIENCY</b>	1.Details of Inputs/ Timing, etc	1-1. Whether contents of the curriculum is according to the needs of participant countries or not	-Course final report, -Questionnaire to ex-participants	100% (Malaria) and 60% (HIV/AIDS) of ex-participants revealed that the contents are relevant to their duties.
		1-2. Whether textbooks or hand-outs in the course were appropriately prepared	-Questionnaire/Interview to ex-participants	Nearly all ex-participants revealed their appreciation on materials provided in both sub-courses.
		1-3. Whether the courses are well-conducted	-Questionnaire/Interview to ex-participants	Nearly all ex-participants revealed their appreciation on teaching methodology.
		1-4. Whether participants selection is appropriate or not	-Questionnaire/Interview to course organizers, - Questionnaire/Interview with ex-participants' supervisor or organization	Mixing of medical doctors or field workers with those working on policies was found in sub-course on HIV/AIDS. English capability varies due to no specific criteria for English in each country except Thailand
		1-5. Are there any other similar courses provided in Thailand or participants' countries	-Questionnaire/Interview with ex-participants, -Interview to MOH in each country	Few courses are found in Cambodia, Laos, and Vietnam. However international course is very few (One long-term course on Malaria in Malaysia)
		1-6. Are there any revisions of course contents	-Course final report, -Questionnaire/Interview to course organizers	Revision was found in the sub-course on HIV/AIDS
		1-7. Whether the timing of the course is appropriately implemented	-Questionnaire/Interview with ex-participants' supervisor or organization	All supervisors replied that the timing of the Course is relevant to the country's needs.
		1-8. Others (facilities, etc)	-Questionnaire/Interview to course organizers	n/a

Evaluation Grid of Terminal Evaluation Study on the TCTP on Communicable Disease Control and Surveillance 2/2

Criteria	Evaluation Item	Items to confirm	Source of Information	Results
<b>IMPACT</b>	1 Overall Goal	1-1.Is the Overall Goal likely to achieve?	-Interview to MOH in each country - Questionnaire/Interview with ex-participants' supervisor or organization	Limitation of number of human resources on prevention and control, problems on mobile population, and emerging of new diseases are problems being raised for the inhibiting factors to achieve the overall goal.
		1-2.Has ex-participants contributed to the improvement of health protection capacity of the institution	- Questionnaire/Interview with ex-participants' supervisor or organization	Nearly all supervisors accepted that ex-participants' activities after obtaining the training contributed to the improvement of health protection capacity of the institution.
		1-3.Are there any further budgets additionally provided for the health protection program in the ex-participants' organization due to ex-participants' activities	- Questionnaire/Interview with ex-participants' supervisor or organization	85% (Malaria) and 70% (HIV/AIDS) of the supervisors accepted that there are budgets additionally provided due to ex-participants' activities
		1-4.Are there any external factors affected the achievement of Project Overall Goal	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	Relocation was found in a few cases but was considered to have very less influence on the achievement of Project Purpose since the duties are principally the same as those previous conducted
		1-5.Are there any other unexpected changes occurred from the result of the project	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand -Interview to MOH in each country	Some ex-participants also got promoted after attending the Course, which could be evaluated as a high positive impact given that certificates provided are not those to be evaluated for the post promotion.
<b>SUSTAINABILITY</b>	1.Needs for course continuation	1-1.Whether MOH in participants' countries requested for the course continuation	-Interview to MOH in each country -Questionnaire/Interview with ex-participants' supervisor or organization	Continuation of the course is considered essential due to insufficiency of human resources on CDC. However, reluctance was found when asking to utilize country's budgets for dispatching personnel for the Course.
		1-2.TICA's views on importance in conducting this course in the future	-Interview to TICA	Continuation of the sub-course of Malaria is under consideration.
		1-3.Department of Communicable Disease Control, MOPH's view on importance in conducting this course in the future	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	At least 3 year of continuation is preferred to secure enough personnel for the activities on prevention and control.
	2.Future course implementing capacity	2-1.Is capability of Department of Communicable Disease sufficient in implementing this kind of course in the future (Administrative perspective)	-Interview to TICA, -Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand -Questionnaire/Interview to course organizers	Administrative capability of the both sub-courses is considered sufficient, while capability of the sub-course on HIV/AIDS is expected to be elevated in the future owing to the establishment of International Training Center (ITC) in December 2004 to be mainly in charge of trainings conducted by MOPH
		2-2.Is capability of Department of Communicable Disease sufficient in implementing this kind of course in the future (Technical perspective)	-Questionnaire/Interview to course organizers, -Questionnaire/Interview to ex-participants	Capability of the organizing institution of both sub-courses on Malaria and HIV/AIDS was found technically sufficient to maintain the course in the future.
		2-3.Will there be budget from the Thai Government to conduct future courses	-Interview to TICA, -Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	Under consideration to apply cost-sharing system for the future 3-year course especially on sub-course of Malaria.
		2-4.Are there any other donors to be involved in this project after the Project termination	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	Budgets from other donors especially for the Course were found to be difficult.
		2-5.How likely are the Project outputs to be maintained (Are there any system to ensure the sustainability of the project outputs)	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	Presently, there is no follow-up or monitoring programme provided except for the monitoring to which existence of activities could be confirmed by the terminal evaluation.
		2-6.Others (Ex. Possibility of future cooperation from other donors/institutes)	-Questionnaire/Interview to Department of Communicable Disease Control, Ministry of Public Health (MOPH), Thailand	Cooperation from UNAIDS is likely to be possible for in-country training in each participating country following the training of trainers conducted in Thailand.

## **ANNEX 3: Questionnaire Formats**

**Questionnaire for  
Terminal Evaluation Survey on  
The Third Country Training Program (TCTP) on  
Communicable Diseases Control and Surveillance**

Objectives of the Study

The main objectives of the study are;

- 1) To review the implementation process of the Project and assess its achievement, relevance, impact, effectiveness, and efficiency
- 2) To predict the sustainability of the Project
- 3) To share information on achievement, output and lesson learned of TCTP to enhance effectiveness of similar projects in the future and to meet the accountability to the public through releasing evaluation reports

The questionnaire consists of short 19 questions which will take you only 15-25 minutes to answer. Answers will and comments will be used for the evaluation of the courses and NOT for the evaluation of you. Your privacy will be strictly protected. For the further improvement of the course and JICA cooperation in the field of Communicable Disease Control, your constructive comments and suggestions would be very much appreciated.

**Profile of Respondent to Questionnaire**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Office address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Answer: \_\_\_\_\_

Course attended:

- Course on AIDS Prevention and Problem Alleviation 2-13 Sept 2002
- Course on Malaria Prevention and Control 2-27 Sept 2002
- Course on AIDS Prevention and Problem Alleviation 1-12 Sept 2003
- Course on Malaria Prevention and Control 1-26 Sept 2003

**KINDLY SEND THE FILLED QUESTIONNAIRE TO THE FOLLOWING ADDRESS BY 15 FEBRUARY 2005 (Tue)**

Ms.Arphatchanee Hongswadhi, Ph.D.  
Japan International Cooperation Agency (JICA) Thailand Office  
1674/1 New Petchburi Road, Huaykwang, Bangkok 10320  
Telephone: (02)251-1655 Ex.19      Facsimile: (02)255-3725  
E-mail address: regional@jicathai.or.th

1 What was/is your working position before/immediately after the course and now?

Time/Stage	Organization and Section	Title of your post	Main duties
Before you participated course			
Immediately after you completed course			
Present			

2. If you quit your previous organization with your own will and intension, what was the reason?

3. Did you have preferable treatments because you completed the course? (Ex. Promotion in salary or assignment)

- YES (Please specify \_\_\_\_\_)
- NO

4. How do you evaluate your present position to carry out what you learned in the course?

- [1] Very good    [2] Good    [3] Not good    [4] Very bad

**Please comment freely**

5. Did the course offer what you need in your practical work?

- [1] Yes a lot    [2] Yes    [3] A few    [4] Never

5-1 If you choose [1] or [2] above, what were the subjects in the courses?

5-2 If you choose [3] or [4] above, what kind of subjects did you need?

6. Did you apply what you learned in the course to your practical work?

- [1] Yes a lot    [2] Yes    [3] A few    [4] Never

7. How did you apply what you learned in the course to your work? (Please select all alternatives applied from below)

- [1] For project planning
- [2] For project implementation
- [3] For research activities
- [4] For teaching and instruction
- [5] For daily activities (please specify) \_\_\_\_\_

8. How do you transfer your knowledge and skills that you attained in the course? (Please select all alternatives applied from below)

- [1] On-the-job transfer to co-workers
- [2] As a teacher of long-term lecture or class
- [3] As a lecturer of short seminar or training
- [4] By other means (please specify : \_\_\_\_\_)

9. Did your supervisors and colleagues appreciate the effect of the course appeared on you?

- [1] Yes a lot
- [2] Yes
- [3] A few
- [4] Never

10. How do you evaluate the teaching materials, texts, and equipment prepared for the course?

- [1] Very good
- [2] Good
- [3] Not good
- [4] Very bad

**Please comment freely such as good example, bad example**

11. How do you evaluate the teaching methodology, process and skills of lecturers?

- [1] Very good
- [2] Good
- [3] Not good
- [4] Very bad

**Please comment freely such as good example, bad example**

12. What kind of problems did you find with your classmates in the course that may inhibit your progress of learning?

- [1] English ability
- [2] Academic level
- [3] Experience in communicable disease control
- [4] Motivation
- [5] Others \_\_\_\_\_

13. What is your idea to improve student selecting procedure?

**Please comment freely**

14. Are you keeping in touch with the course implementers or your classmates in private basis?

[1] Yes a lot    [2] Yes    [3] A few    [4] Never

**Please describe communication method, frequency, etc.**

15. Do you participate in any other similar courses to improve knowledge and skills for communicable disease control? Please give information in the following table.

Course Name	Organization	Location	Sponsor

16. Please mention any idea on how to develop human resources in the field of communicable disease control.

17. How much of communicable disease control knowledge and skills you are using from the course?

[1] 100-80%    [2] 79-60%    [3] 59-40%    [4] Below 39%

18. Do you recommend your government to send its official to this kind of courses even at the cost of your government?

[1] Strongly yes    [2] Yes    [3] Reluctant    [4] Never

**Please comment freely**

19. Please comment or propose anything on the course and recommend for better implementation of similar training courses.

**Please comment freely**

**Questionnaire for  
Terminal Evaluation Survey on  
The Third Country Training Program (TCTP) on  
Communicable Diseases Control and Surveillance**

Objectives of the Study

The main objectives of the study are;

- 1) To review the implementation process of the Project and assess its achievement, relevance, impact, effectiveness, and efficiency
- 2) To predict the sustainability of the Project
- 3) To share information on achievement, output and lesson learned of TCTP to enhance effectiveness of similar projects in the future and to meet the accountability to the public through releasing evaluation reports

Basic Concept of Evaluation

Terminal Evaluation on TCTP is exercised in view of five evaluation criteria, i.e. **(1) Relevance, (2) Efficiency in Implementation, (3) Effectiveness, (4) Impact, and (5) Sustainability.**

Questionnaire consists of six parts (Block A to F). It will take you only 15-25 minutes to answer. Your privacy will be strictly protected. For the further improvement of the course and JICA cooperation in the field of Communicable Disease Control, your constructive comments and suggestions would be very much appreciated.

<b>Five Evaluation Criteria</b>	
(1) RELEVANCE	Question whether project objectives, overall goals, and project scope are in line with the priority needs and concerns of the participant country at the time of the project appraisal as well as the terminal evaluation. These criteria will focus on the participant country's development policy/plan, and the needs of beneficiaries.
(2) EFFECTIVENESS	Examine the extent to which the project objectives have been achieved in relation to  outputs.
(3) EFFICIENCY IN IMPLEMENTATION	Measure how efficiently the various inputs are converted into outputs of the project during the implementation process. These criteria will examine the appropriateness of inputs such as project cost personnel, implementation schedule, timing, institutional/organizational function.
(4) IMPACT	Identify the extent to which overall goal of the project has been achieved, and verify intended and unintended, direct and indirect, positive and negative changes in technical, social-economic, institutional and environmental aspects as a result of the project.
(5) SUSTAINABILITY	Question whether project benefits are likely to continue after completion of the project. These criteria will include a study of technical, institutional, and financial aspects in O&M agency/ organization, condition and status of equipment/facilities procured by the project, technology transfer, and ownership of beneficiaries. It will also include an analysis of issues and constraints that may impede sustainability of the project.

**Profile of Respondent to Questionnaire**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Office address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Answer: \_\_\_\_\_

Function of your organization (i.e. research institute, academic institute, hospital)  
: \_\_\_\_\_

**Profile of Ex-participant**

Name of ex-participant from your organization: \_\_\_\_\_

Position of ex-participant at the time of training: \_\_\_\_\_

Present position: \_\_\_\_\_

Course attended:

Course on AIDS Prevention and Problem Alleviation 2-13 Sept 2002

Course on Malaria Prevention and Control 2-27 Sept 2002

Course on AIDS Prevention and Problem Alleviation 1-12 Sept 2003

Course on Malaria Prevention and Control 1-26 Sept 2003

**KINDLY SEND THE FILLED QUESTIONNAIRE TO THE FOLLOWING ADDRESS BY 15 FEBRUARY 2005 (Tue)**

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E-mail address: regional@jicathai.or.th



B-4 How does the ex-participant transfer his/her knowledge and skills that s/he attained in the course?

- [1] On-the-job transfer to co-workers      [2] As a teacher of long-term lecture or class
- [3] As a lecturer of short seminar or training
- [4] By other means (please specify : \_\_\_\_\_)

### BLOCK C: EFFICIENCY

C-1 Are there any other similar courses provided in other organizations in your country?

Courses	YES	NO	Please give details		
			Course Name	Implementing Organization	Cost needed in participating / course (US\$)
Malaria Prevention and Control					
HIV/AIDS Prevention and Problem Alleviation					
Surveillance and Epidemiological Investigation (expected)					

C-2 What kind of curriculum does your organization need to be added to the course?

**Please specify**

C-3 Do you consider the course timely implemented according to your country's needs in conducting measures against communicable disease?

- [1] Yes a lot      [2] Yes      [3] A few      [4] Never

C-4 Please describe the criteria or way of selecting participants by your organization and self-evaluate the way of selection.

- [1] Very good      [2] Good      [3] Not good      [4] Very bad

**Please specify**

**BLOCK D: IMPACT**

D-1 Do you consider the Overall Goal (Health of people in Mekong Basin Countries is protected from common and serious communicable disease) is likely to achieve in the next 3-4 years?

**YES**  
**NO**

**Please comment freely**

D-2 Does the ex-participant conduct any activities to improve health protection capability of your organization?

**YES** (Please specify \_\_\_\_\_)  
**NO**

D-3 Are there any further budgets additionally provided for the Health Protection Program due to the ex-participants' activities?

**YES**

No	Ex-participants' main activity/ies		Extra budget provided or scheduled to provide
	Activities	Field	Cost (Average)
1			
2			
3			

**NO**

**BLOCK E: SUSTAINABILITY**

E-1 If there are similar courses conducted in the future, do you think that your government would send its officials to attend the course even at the cost of YOUR government?

[1] Strongly yes    [2] Yes    [3] Reluctant    [4] Never

**Please comment freely**

**BLOCK F: OTHERS**

F-1 Please comment or propose anything on the course and related issues of JICA (please use the back side of this paper if the given space is not enough)

**Please comment freely**

# ANNEX 4: Results of Questionnaire Survey

## Results of Questionnaire for Ex-participants

Total Answers: Malaria 17, HIV/AIDS 13

### 1 Percentage of Job Retention (%)

Malaria	82.35
HIV/AIDS	84.62

### Reasons of Job Change

Need to improve/change experience with international and good organization

To get more experience by shifting from job at provincial level to national level

**Note:** For three participants graduated from the sub-course on Malaria that changed their job, one changed to more related work to Malaria, other three changed to other organization but job content is still related to Malaria.

For participants graduate from the sub-course on HIV/AIDS that changed their job, one changed to other provinces but job content is in the same field as prior job, another changed to more related work to HIV/AIDS

### 2 Promotions after the training (%)

	Yes	No
Malaria	23.53	76.47
HIV/AIDS	15.38	84.62

### 3 Suitability of present position in conducting skills/knowledge obtained from the course (%)

	Very Good	Good	Not good	Very Bad	No answer
Malaria	17.65	76.47	5.88	0.00	0.00
HIV/AIDS	15.38	76.92	0.00	0.00	7.69

**Note:** One participant in the Malaria Course has changed her position to Administration affairs where she found that the position is not suitable in conducting skills obtained from the course.

### 4 Relevance of the sub-course content and duties (%)

	A lot	Fair	A few	None
Malaria	70.59	29.41	0	0
HIV/AIDS	30.77	30.77	38.46	0

### Topics mainly related to duties/work activities

#### HIV/AIDS

Strategic Planning for HIV/AIDS Prevention and Control

AIDS Care

PMCT

Communicable Response for HIV/AIDS

TB/AIDS

VCCT

Management and treatment of HIV/AIDS patient

HIV/AIDS at workplace

Voluntary counseling and HIV testing

Terminal care of HIV patient

Orphanage home

#### Malaria

Prevention and Evaluation of Malaria

Critical Thinking

Problem Solving

Planning Process

Epidemiology and entomology

Monitoring and Evaluation of Malaria

Principle of Vector Control

Malaria Outbreak detection

Epidemiology Module

IEC

Bioassay

Management of Malaria Field Operation

Malaria Diagnosis and Treatment

**Note:** For ex-participant that mentioned of few relevance of course and duties required topics on management, monitoring and evaluation, counseling in specific groups such as adult children of alcoholic and substance use.

Results of Questionnaire for Ex-participants

**5 Level of Application (%)**

	A lot	Fair	A few	None
Malaria	52.94	47.06	0.00	0.00
HIV/AIDS	30.77	38.46	30.77	0.00

**6 Fields of Application (More than 1 Alternatives)**

	Planning	Implementation	Research	Teaching	Daily Activities
Malaria	14	11	10	13	7
HIV/AIDS	8	9	4	5	3

**7 Knowledge Transfer (More than 1 Alternatives)**

	Job transfer to Co-worker	Long-term Lecturer	Seminar or Short-term Lecturer	By other means
Malaria	16	2	12	1
HIV/AIDS	8	3	8	1

**8 Appreciation of supervisors and colleagues as the effect of the Course**

	A lot	Fair	A few	None
Malaria	11.76	76.47	11.76	0.00
HIV/AIDS	7.69	61.54	30.77	0.00

**9 Evaluation of materials, texts and equipment prepared for the Course**

	Very Good	Good	Not good	Very Bad
Malaria	35.29	64.71	0.00	0.00
HIV/AIDS	7.69	76.92	15.38	0.00

**10 Evaluation of teaching methodology and skills of lecturers**

	Very Good	Good	Not good	Very Bad
Malaria	29.41	70.59	0.00	0.00
HIV/AIDS	30.77	61.54	7.69	0.00

**11 Problems of classmate that inhibiting progress of learning**

	English Ability	Academic Level	Experience in CDC	Motivation	No inhibiting factors
Malaria	52.94	5.88	29.41	0.00	11.76
HIV/AIDS	69.23	0.00	15.38	0.00	15.38

**12 Networking Frequency**

	A lot	Fair	A few	None	No answer
Malaria	0.00	35.29	41.18	5.88	17.65
HIV/AIDS	0.00	7.69	61.54	30.77	0.00

**Note:** For the answers on Fair or a few, it was found that the ex-participants contacted with only participants from the same country or same organization, or met with others in the international seminar, workshop or conference by chance

**13 Percentage of knowledge/skills being used**

	100-80%	79-60%	59-40%	Below 39%	No answer
Malaria	41.18	52.94	0.00	0.00	5.88
HIV/AIDS	23.08	23.08	23.08	30.77	0.00

**14 Recommendation to send other officials to the Course if no support by JICA**

	Strongly	Yes	Reluctant	Not at all	No answer
Malaria	23.53	29.41	17.65	17.65	11.76
HIV/AIDS	7.69	53.85	38.46	0.00	0.00

**Note:** Ex-participants in the sub-course on Malaria who answered not at all commented that actually they would like to recommend, but they realized that the Government would have no budget.

Results of Questionnaire for Ex-participants' Organizations

Total Answers: Malaria 7, HIV/AIDS 10

**1 Communicable Disease Control is one of the Priority Needs and Concerns of the Country Policy**

Malaria 85.71

HIV/AIDS 100.00

**Cambodia** Global Fund for fight AIDS, TB, Malaria  
HIV/AIDS Strategic Plan 2003-2007

**Vietnam** National Malaria Control Program  
The National Strategic of HIV/AIDS Prevention and Control 2001-2010

**2 Relevance of curriculum and needs of organization in conducting measures against communicable disease**

	A lot	Fair	A few	None
Malaria	57.14	42.86	0.00	0.00
HIV/AIDS	40.00	40.00	10.00	10.00

**3 Level of application of knowledge/skill obtained in the Course by the ex-participants**

	A lot	Fair	A few	None
Malaria	28.57	71.43	0.00	0.00
HIV/AIDS	40.00	40.00	20.00	0.00

**Topics** HIV/AIDS prevention and Problem Alleviation  
Prevention and Malaria Control  
Rapid Test such as OPTIMAC, ICT, Paracheck  
Malaria resistance to drug

**4 Fields of Application (More than 1 Alternatives)**

	Planning	Implementation	Research	Teaching	Daily Activities
Malaria	3	4	6	2	2
HIV/AIDS	6	6	4	5	3

**5 Suitability of present position in conducting skills/knowledge obtained from the course (%)**

	Remained	Promoted	Not suitable	Relocated to other section/division
Malaria	85.71	14.29	0.00	0.00
HIV/AIDS	60.00	30.00	10.00	0.00

**6 Knowledge Transfer (More than 1 Alternatives)**

	Job transfer	Long-term	Short-term	Other means	No transfer
Malaria	6	1	4	0	0
HIV/AIDS	5	2	5	0	0

**7 Other similar courses**

**Malaria** Malaria Health Education by CNM (Cambodia, 5 days, 200 US)  
Malaria Clinical Refresh Laboratory by PHD (Cambodia, 450US)  
Malaria Control (Laos, EU)  
MMFO by ACT (Vietnam)

**HIV/AIDS** Many short courses in Cambodia  
HIV/AIDS control in Vientiane Municipality (Laos, NCCA)  
No similar course in Vietnam

**Epidemiology** Training by NCHADS (Cambodia)/220 US, Many short courses in Cambodia  
SARS, Bird Flu, TB (Hygiene and Prevention Department, Laos)  
Surveillance and Epidemiological Investigation (WHO, Yunnan)

**8 Other curriculum needed**

**Malaria**  
Communication/Presentation Skills  
Managerial Capability  
Management  
Operational Research Methodology

**HIV/AIDS**  
HIV/AIDS Management  
HIV/AIDS Testing  
AIDS Care  
Refresh of the course  
Real field observation in stead of VDO  
HIV prevention/control in school health  
Epidemiology of substance or drug addiction  
Evaluation

Results of Questionnaire for Ex-participants' Organizations

**9 Timing of the Course in relevant to country's needs**

	Very Good	Good	Not good	Very Bad
Malaria	28.57	71.43		
HIV/AIDS	50.00	50.00		

**10 Criteria in selecting participants**

- Capable and highly responsible
- Desire to improve their capability
- Strong commitment to job
- Right subject/job relevance
- English Capability
- Staff from area with endemic, border area
- Mass organization in the office has nominated the participant
- Chief of department

**11 Overall goal is likely to achieve**

	Yes	No	No answer
Malaria	85.71	14.29	0.00
HIV/AIDS	80.00	0.00	20.00
<b>Malaria</b>	No. Because HR is still limited. Mobile population, New Disease emerging		
	Yes. Because there are good policy and strategies and will have budget from global fund		
	Yes. Because there are good strategies for training human resources		
	Yes. Because there is good cooperation between Asian Countries and each country has programs for control serious communicable disease		
<b>HIV/AIDS</b>	There is good guidance/policy on HIV/AIDS Prevention and control		
	Surely strategic plan on HIV/AIDS prevention and control		
	Enough budget of implementation		

**12 Existence of activities that the ex-participants conducted to improve health protection capability of the organization**

	Yes	No	No answer
Malaria	85.71	0.00	14.29
HIV/AIDS	80.00	20.00	0.00
<b>Malaria</b>	Improve knowledge of other staff & awareness of people		
	Routine work during outbreak		
<b>HIV/AIDS</b>	Improving management and implementation		
	Activities for HIV/AIDS Prevention and Care		
	Activities related to home based care, VCT, PMCT		
	Conduct trainings to improve capability of health personnel		

**13 Further budgets additionally provided due to ex-participants' activities**

	Yes	No	Disqualified/No answer
Malaria	42.86	42.86	14.29
HIV/AIDS	30.00	40.00	30.00
<b>Malaria</b>	Training (District Health Center/500US\$)		
	Health Prevention (Village/Community/1500US\$)		
	Increase community awareness/8118US\$		
	Prevention Measure/3808US\$		
	EDAT/2400US\$		
	Institutional Capacity/2816US\$		
	Supervision/918US\$		
<b>HIV/AIDS</b>	VCCT (Provincial Plan) /5000 US\$		
	Budget for HIV/AIDS Patient Care, VCT, Home Based Care has been increased 50% after the ex-participant returned from the training course in 2003		
	HIV in School Health		

**14 Recommendation to send other officials to the Course if no support by JICA**

	Strongly	Yes	Reluctant	Not at all	No answer
Malaria	14.29	57.14	14.29	14.29	0.00
HIV/AIDS	20.00	40.00	20.00	0.00	20.00

**Note:** HR related to CDC is still limited and continuation of the course is essential.

## **ANNEX 5: List of Interviews**

Date	Time	Schedule	Remarks
26 Jan 2005	13:00-14:00	HRD Division, TICA	Ms.Veraya Jaru-ampornpun, Chief, Fellowship Group 2
1 Feb 2005	9:30-10:00	Department of Disease Control , MOPH	Dr.Chaiporn Rojanawatsirivet, Director, Malaria Division
	10:30-11:00	Department of Disease Control, MOPH	Dr.Pongwit Bualombai 2002-2003 Malaria Course Organizer
2 Feb 2005	9:30-10:30	Bureau of AIDS/TB, MOPH	Ms.Warassinant, Programme Manager, International Training Center 2004 HIV/AIDS Course Organizer
4 Feb 2005	14:00-15:00	AIDS Cluster, MOPH	Ms.Kanitha Tantaphan, International Collaboration Development Section 2004 HIV/AIDS Course Organizer
7 Feb 2005	13:10-14:00	Department of Disease Control, MOPH	Ms.Sunsanee Smitakestkin, Psychologist 2002-2003 Course Organizer
	14:10-15:30	Department of Disease Control , MOPH	Dr.Sombat Tanprasertsuk, Director, Bureau of AIDS, TB & STIs
9 Feb 2005	08:15-09:25	Bangkok-Vientiane	TG 690
	10:30-11:00	JICA Laos Office	Ms.Tomomi IBI
	11:15-12:00	World Health Organization	Dr.Dean A.Shuey, Programme Management Officer, Health System (MALARIA, HIV/AIDS)
	13:00-13:50	Department of Hygiene and Prevention, MOH	Dr.Bounnaloth Insisiengmay, Deputy Chief of Disease Prevention 2002 Ex-participant (HIV/AIDS)
	13:15-14:45	Centre of Mariology, Parasitology & Entomology	Dr.Samlane Phompida, Director Dr.Khamvanh, Dr.Sompong, Dr.Hongkham, Dr.Keobouphaphone's supervisor (MALARIA)
	13:15-14:45	Centre of Mariology, Parasitology & Entomology	Dr.Hongkham Keomanila Dr.Keobouphaphone Chindavongsa 2002, 2003 Ex-participants (MALARIA)
	13:50-14:30	Department of Hygiene and Prevention, MOH	Dr.Bounlay Phommasak, Deputy Director General Dr.Bounnaloth's Supervisor (HIV/AIDS)
	14:40-15:00	Lao Red Cross	Dr.Soulany Chansy, HIV/AIDS Prevention and Care Project Manager Dr.Sivilay's new Supervisor (HIV/AIDS)

Date	Time	Schedule	Remarks
9 Feb 2005	15:00-15:45	Lao Red Cross Dr.Sivilay Xayaraj, I.E.C Material and Information of HIV/AIDS	2002 Ex-participant (HIV/AIDS)
	15:15-15:50	Department of Health, Vientiane Municipality Dr.Viengvilay Chantavong, Chief of Primary Health Care	Dr.Sivilay's Supervisor (HIV/AIDS)
	16:00-16:20	Vientiane Provincial Health Office, Ponehong District Dr.Supathai	Dr.Thongkanh's supervisor (MALARIA)
	16:00-16:20	Malaria Station, Ponehong District Dr.Thongkanh Keoatsavong	2003 Ex-participant (MALARIA)
	16:00-16:30	National Committee for Control of AIDS Dr.Bouathong Simanavong, Technical Staff	2002 Ex-participant (HIV/AIDS)
	16:00-17:00	National Committee for Control of AIDS Dr.Chansy Phimpachanh , Director, NCCA	Dr.Bouathong's supervisor (HIV/AIDS)
10 Feb 2005	8:00-9:00	UNAIDS Dr.Khamlay Manivong, Country Programme Advisor	(HIV/AIDS)
	10:00-10:30	MOH Dr.Phoiu Tay Biyarone, Deputy Director, Oudomxai Province Health Department	2002 Ex-participant (HIV/AIDS)
	10:00-10:45	Lao Youth Union Mr.Khamphone Insisiengmay, Project Manager and colleagues	(HIV/AIDS)
	10:30-11:00	Sekong Malaria Control Station Dr.Kikeo	Colleague of Dr. KhamphPhanh KeokhoumMeng (MALARIA)
	10:30-11:00	Sekong Provincial Health Office Dr.Khambiene Yanphichith, Director of Provincial Health Office	Dr.KhamphPhanh's supervisor (MALARIA)
	13:00-14:00	Oudomxai Province Health Department Dr.Bounlua Srisavan, Deputy Director	Dr.Phiou's co-worker (HIV/AIDS)
11 Feb 2005	8:30-9:30	Luang Prabang Provincial Public Health Department Mr.Sisouphanh Chanthaphone	Dr.Thongsavath's boss (HIV/AIDS)
2 March 2005	13:00-14:00	Bureau of Vector-Borne Disease, MOPH Ms.Piyaporn Wangrunsup Dr.Supawadee Konchom (Technical Officers)	Course Organizers (Epidemiology)

## ANNEX 6: Interview Results

Date:	January 26, 2005 (13:00-14:00)
Venue:	Thailand International Development Cooperation Agency (TICA)
Interviewee:	Ms.Veraya Jaru-ampornpun, Chief, Fellowship Group 2, Human Resource Development Division, Mr.Dumri Karnsirikul, Program Officer
Interviewer:	Mr.Ishii, Ms.Arphatchanee (JICA)

#### Possibility of Continuation

If the Department of Communicable Disease Control would like to continue the cooperation, the courses should be developed and the Department personnel should devote some more time. Moreover, specific personnel should be assigned to the programme since the present personnel in charge seem to be too busy to manage the course. If the Department's policy is to continue the program and if there are needs from the GMS countries, the programme should be continued with JICA's support.

#### Opinion on MOPH's capability

TICA believed that MOPH has enough administration capability in conducting the course. However, the present workload of the personnel in charge may hinder the efficiency of the project.

#### Efficiency

-In the course of selecting participants, there are some delays on announcement which makes participant selection not been efficient.

-For qualification setting, English capability is one of the issues needed to be reconsidered. For Thai participants, English examination was conducted to check English capability of the participants. But there seems to be no specific methods to check the language capability of participants from other countries which sometimes hinder the smoothness of course conduction.

#### Sustainability

Since this kind of programme could not be unlimitedly supported by donors, support from JICA should be continued for certain years during when the Department would find some ways to financially manage the courses by herself.

#### Recommendations

-In selecting participants, JICA may help to find the appropriate participants through the existing JICA project. However, to avoid problems at the Thai Embassy in each participating country, JICA should inform those participants to contact through the focal points of the Thai Embassy. TICA is now creating the list of focal point for each field and would submit it to JICA after finished.

-To gain standard of English ability of each participants, each country should have system, such as examination, to get the participants with enough English Capability. JICA in each country may be the site the conduct such examination or should request cooperation from WHO, UNDP country offices who already conducted such kind of examination.

-Participation of personnel from other organization, such as WHO, should be considered.

Date:	February 1, 2005 (9:30-10:00)
Venue:	Ministry of Public Health
Interviewee:	Dr.Chaiporn Rojanawatsirivet, Director, Malaria Division, Department of Disease Control
Interviewer:	Mr.Ishii, Ms.Arphatchanee (JICA)

#### Efficiency

-Training of Malaria Prevention and Control in Thailand is considered appropriate since Thailand has more experience, more budgets, better infrastructure, stronger drug policy, stronger vector control, more manpower, and longer history on Malaria prevention and control comparing to other GMS countries. For HIV/AIDS, Thailand is highly famous in 100% condom and activities of NGO. For Malaria, infected rate is obviously decreased. Besides, Thailand also has strong Community Health System for both HIV/AIDS and Malaria.

-MOPH is suitable as the organization to conduct this kind of training since samples in the fields and practical experiences could be introduced to the participants. University might be good in technical knowledge training, but only MOPH could provide experiences on fieldworks both in the central and provincial level.

#### Sustainability

-The interviewee sees that there are still lots of needs to join the course in malaria. Possibility to secure the participants for Malaria course is high.

#### Recommendations

-The course should be extended to other countries such as Indonesia and Philippines, since infectious rate is getting higher in these two countries.

-The course in Thailand should be conducted every other year. One year training following by one year evaluation in the participants' country would be more effective.

Date:	February 1, 2005 (10:30-11:00)
Venue:	Ministry of Public Health
Interviewee:	Dr.Pongwit Bualombai, Department of Disease Control, The Bureau of Vector Borne Disease, Department of Disease Control, MOPH
Interviewer:	Ms.Arphatchanee (JICA)

### Relevance

-Training needs were not conducted but estimation from questionnaire sampling in Thailand was used in stead. The interviewee believed that the characters of the neighboring areas especially in the rural area are likely the same.

-The course was designed based on the record of discussion with components on both class lecture and field trip.

### Effectiveness

-During the stage of planning, the interviewee expected that there should be information sharing on epidemic control of each country since surveillance system of each country is different. By seeing experience of surveillance system participants' own country, the participants might be able to adapt to use for the control of epidemic of one's country. However, since there is no follow-up conducted, the interviewee could not see how the knowledge obtained was conducted.

-During training, there are group work, discussion, and presentation. The interviewee expected that through these activities, the participant could form network but actually there might be problems on language to fulfill the objective on networking.

### Efficiency

-The interviewee was the one who wrote the proposal and design curriculum. He sees that composition on team building and management is highly important in working and problem solving after returning to the countries. The curriculum from the second week focuses on situation analysis by providing data from the field and asking participants to conduct planning. For the forth week the participants have to apply what they learned and analyze the real situation.

-There are some difficulties on language skill and method of training of lecturers in the year 2002, but the department changed lecturers for the year 2003 and it seemed to be better.

-Period of training should be around 2 months instead of 1 month to gain more effective results. The interviewee also proposed the necessary period but the budget seemed to be limited.

-The interviewee feels that knowledge of Thai personnel is sometimes not enough since the characteristic of epidemic varies from the past.

-Time for field trip is not enough. There should be more budgets for field trip.

### Inhibiting factors

-The selected participants do not always fit to the program. The participant is expected to be the one who is really working in the field but actually some are not. Besides, some participants seemed to have less background and experience and could not follow the course.

-It seemed to take too long before participating countries could get information of the course which makes the participating countries have no time in selecting appropriate participants.

### Recommendations

- There should be a follow-up course to monitor the participants' work and give advise.
- There should be exchange program or training to develop the lecturers in Thailand on technology of inspection device, diagnosis technology, patient assessment, vector control, and etc.

Date:	February 2, 2005 (9:30-10:30)
Venue:	Ministry of Public Health
Interviewee:	Ms.Warassinant, Programme Manager, International Training Center, Bureau of AIDS/TB 2004 Course Organizer
Interviewer:	Mr.Ishii, Ms.Arphatchanee (JICA)

#### Relevance

-The course was set up with regards to National Health Policy, WHO initiative, and needs of neighboring countries to control the spread of HIV/AIDS, by offering the course on ARV policy and management for the year 2004.

#### Sustainability

-International Training Center was set up in December 2004 to mainly be in charge of trainings conducted by MOPH. The Center presently has 2 staff with plan to recruit more staff to be in charge of the training. Considering the possibility of managing the TCTP course in the future, the interviewee sees that the course would be more efficiently organized.

-The center has vision that after support from JICA for a period of time, it would like to manage the course by having some marketing component organized by center staff and will sustain by itself.

Note: The interviewee has involved with the course for around 1 month. Information on the course itself is very limited.

Date:	February 4, 2005 (14:00-15:00)
Venue:	Ministry of Public Health
Interviewee:	Ms.Kanitha Tantaphan, International Collaboration Development Section, AIDS Cluster
Interviewer:	Ms.Suthanone (TICA), Mr.Ishii (JICA)

#### Relevance

-The 2004 course was set up by consideration on Thailand's expertise on ARV treatment and on purpose of advancing treatment skills of the neighboring country to prevent the spread across borders.

-2002-2003 course on HIV was set up with regards to objectives written in record of discussion. For the 2004 course, those objectives were concerned for around 50%. The Department planned this course around 1 year prior to consulting with JICA and TICA and got approved. The Department thinks that this new course would be like a training of trainer which allows participants to convey the methods to others in the country. However, no survey was done to acquire the real needs and opinions of the participating countries.

#### Efficiency

-Regarding the planning of the new course, which requires a team of nurses/doctors/pharmacist, laboratory technician and counselor from one province to join the training, is considered difficult since the function of that area would be stopped.

-The interviewee sees that the Department is considered more appropriate as an organizer than the university since the Department has more expertise on health policy and management.

#### Inhibiting factors

-The Department could not select participants but have to rely on TICA. This will make the course on ARV be little bit difficult since ARV course needs personnel with different expertise from the same area.

Date:	February 7, 2005 (13:10-14:00)
Venue:	Ministry of Public Health
Interviewee:	Ms.Sunsanee Smitakestkin, Psychologist, Department of Disease Control
Interviewer:	Mr.Ishii, Ms.Arphatchanee (JICA)

### Relevance

-The interviewee together with Dr.Sombat and Dr.Sanchai developed 2002-2003 curriculum based on the Thailand's National Plan on HIV/AIDS Prevention and Control and consideration to cover every activity and measures on HIV/AIDS prevention and control. Survey on needs of neighboring countries was not conducted.

-In July 2003, the 2004 year organizer attended the HIV/AIDS forum and did questionnaire survey to the participants. Purpose of conducting questionnaire survey was not for the programme itself, but the organizer applied the results to develop the 2004 year curriculum.

### Effectiveness

-The interviewee ever tried to contact the ex-participants by e-mail but could not contact. Sometimes, the interviewee could meet the ex-participants at international meeting or forum but didn't confirm whether knowledge gained from Thailand has been used or not.

-Follow-up after graduating from the course is not conducted.

### Efficiency

-Participant selection was carefully done. After the first selection by TICA, the organizer reviewed all application and selected participants based on possibility of conducting such work after returning to their home countries. Few participants were denied according to such criteria.

-Contents of the 2<sup>nd</sup> year course have been revised based on suggestion from JICA and TICA to reduce field trips and add lecture classes. The organizer added courses on PMCT, ARV, and 100% condom to the curriculum. However, the interviewee felt that most participants from Lao and Cambodia are personnel from provincial health department who would not get much if the course is too specific. Courses dealing with NGO and community like in the 1<sup>st</sup> year would more benefit this kind of participant since treatment is not the main issue these personnel are dealing with.

-Since most lecturers for the HIV course are medical doctors, to secure the good lecturers is relatively difficult due to their work load at the hospital.

-Though setting curriculum to visit department of labor and welfare, the participants could not visit this organization in the 2<sup>nd</sup> year due to the delay in coordinating with the department. The interviewee felt that participants got less benefit in this year since this organization deals with NGOs in conducting prevention of HIV/AIDS. The delay was caused by time lacking in setting the course.

-Proportion for field trips and class lecture is; 40%-60% for the first year and 20%-80% for the 2<sup>nd</sup> year. According to interviews to participants before the end of the course, the interviewee thinks that proportion of 40-60 should be better in terms that the participants could gain more experience seeing the real situation.

-For the content of the year 2004, the interviewee has perspective that if it was to conduct to personnel in the province, detailed ARV knowledge might not be the main issue that those personnel require.

-Participants from some country have problems on language, such as, from China and Vietnam.

-Myanmar has in-country war during the 1<sup>st</sup> year of the course and no participants attended.

-Due to the delay of TICA's formality on the 2<sup>nd</sup> year (Call for meeting from TICA is delayed), there is less time to secure the participants.

Date:	February 7, 2005 (14:10-15:30)
Venue:	Ministry of Public Health
Interviewee:	Dr.Sombat Tanprasertsuk, Director, Bureau of AIDS, TB & STIs Department of Disease Control
Interviewer:	Mr.Ishii, Ms.Arphatchanee (JICA)

#### Background of the Project

-The interviewee was previously the Director of Coordination Center (Planning) and was asked by International Division of MOPH to review the training courses by conducting surveys in the border areas. The Department also fed back the needs of people in border areas to JICA and DTEC and took more than a year to develop proposal for the international course on Disease control before being adopted by JICA and TICA. After consultation with JICA and DTEC, the Department decided to include 3 training courses; Malaria, HIV/AIDS, and epidemiology, to the programme.

#### Relevance

-The Department found through the survey result that communicable disease control is the main focus of the neighboring countries. For Malaria, Cambodia and Myanmar seemed to be the most risking country where border areas are quite critical. In order to prevent the epidemic, training on Malaria Prevention and Control for GMS countries is considered necessary. For HIV/AIDS, which is a social problem, countries facing serious problem are Myanmar and Cambodia where in-country war occurred and population mobilization was observed. Pursuant to this mobilization, prostitution issue has become the main issue affecting the spread of the disease. Since HIV/AIDS are infectious disease which could spread across borders, training to gain common understanding among GMS countries is considered essential. Surveillance and epidemiology are fundamental issue normally necessary for every country dealing with Malaria and HIV/AIDS issues.

#### Effectiveness

-Before participating, most participants rarely conducted what the course provides, so learning in Thailand would much benefits all participants that they could learn from the real situation. If the participants could follow what they learned in Thailand, activities done in their countries would time by time increase their knowledge and experience, such as through conversation with patients, since they already got basis from field trip in Thailand.

-There is no follow-up after the training which make the effectiveness of the course to be low.

#### Efficiency

-Considering period, contents, and participants' needs, the interviewee thinks that two-week course for HIV/AIDS is already enough.

-For the course on epidemiology, since division of epidemiology already had its own 6-week international course, the interviewee thought of applying this course to the JICA's programme. However, the interviewee followed JICA' suggestion to create the new course but considered that it duplicates the time consumption of personnel in the epidemiology division. The course on epidemiology could just begin on the FSY 2004.

-Number of participants trained is still not sufficient in fulfilling the objectives of the programme. The interviewee thought that there should be another round of training to get a number of trained personnel in each country. (20-30 persons per course)

-There are several courses on communicable disease but none of them has the same characteristic with the course of JICA.

-Training in Thailand is considered appropriate since the participants could learn from real experience in talking with People living with HIV/AIDS (PWHA). Besides, there are also several organizations supporting PWHA and samples of cooperation and counseling among these organizations could be seen. Moreover, in Thailand, NGOs' activities could be seen from the central to local level and this could be good samples for the neighboring countries.

#### Impact

-The Department previously could not solely organize training programme. But gaining experience from this programme, presently the Department is considering revising this international course to the national course.

#### Sustainability

-The Department also has plan to raise staff's training capability and started to focus on training by inputting more staff to organize the training. (Previously there are only 1-2 personnel in charge) Consequently, there would be no problems in terms of human resources to conduct courses in the future.

-The Department considered that its staffs have full technical knowledge and skills to conduct courses.

-The Department thinks that the cost should be the co-sharing between the Japanese and Thai Government, such as Thai Government would support the Thai Participants and JICA would support 50% of the cost for participants from GMS countries. However, for the financial issue, the Department has to rely on TICA's decision. The Department would continue the cooperation in-kind such as on allocation of staff (management staff plus 2-3 staffs).

#### Promoting factors

-There are many organization involved and work could be allocated. For example, while JICA is responsible for the course budget, TICA plays a role as advancing all administrative process.

#### Inhibiting factors

-The Department does not know well about procedure and regulation of JICA and TICA which sometimes make time efficiency be low.

-During the 2<sup>nd</sup> year of the program, DTEC was on the process of shifting to TICA and this affects the smoothness of the implementation. The application process has to be abbreviated.

-Until present, personnel in charge of administration were only 1-2 persons which made the implementation difficult. (The Department already set up division to be in charge of the training and this problem is expected to be solved)

#### Recommendations

-The best ways to get the qualified participants are; to have enough time (at least 8 months) to recruit participants, or make the recruitment to be an open selection in each country.

-Some subjects should include more international speakers.

-The course should have not only the evaluation after the course, but there should be follow-up or evaluation during the course.

-The course expected by the interviewee is prevention measures against TB/HIV double infection. This kind of course is presently supported by WHO (SEARO) with cooperation from the Research Institute of Tuberculosis, Japan. WHO (WPRO) also has plan on cooperating with this kind of course.

Date:	February 9, 2005 (11:15-12:00)
Venue:	World Health Organization Ban Phonexay, That Luang Road, PO Box 343, Vientiane, Lao PDR
Interviewee:	Dr. Dean A. Shuey, Programme Management Officer, Health Systems
Interviewer:	JICA Study Team
Documents received:	Country Situation and National Health Development Objectives

#### Situation of communicable disease in Lao PDR

Malaria is one of the leading causes of morbidity and mortality in Lao PDR with 70% of population residing in high-risk areas. On the other hand, HIV is still uncommon with an estimated seroprevalance of 0.05%. Reasons for low prevalence rates might lie on very little frequency of partner change, and low tendency of using service of commercial sex workers. However, rates of Chlamydia and gonorrhoea infection approach 50% among service women.

Among health strategies and policies in the Lao PDR, one of the immediate focuses of 'Health Strategy up to the Year 2020' is on strengthening the ability of health care providers. Besides, the National Poverty Eradication Plan also includes communicable disease control and HIV/AIDS/STD control as its priority programs.

Regarding WHO budgets proposed for the 2004-05, 0.62% or US\$9,000 is proposed for Malaria, vector borne disease, and parasite control (US\$16,000 decreased compared to the year 2003-04); 3.45% is proposed for HIV/AIDS/STD control (US\$ 0 variation compared to the year 2003-04); and 26.14% is proposed for communicable disease, surveillance and response (US\$ 50,000 increase compared to the year 2003-04). Others lie on food safety, reproductive health, mental health, health systems, human resources development, and etc.

Country objectives on Malaria, other vector-borne and parasitic disease (MVP); sexually transmitted infections, including HIV/AIDS (HSI); and communicable disease surveillance and response (CSR) appear in Annex 1.

#### WHO's activities on HIV/AIDS and Malaria

WHO's main supports on HIV/AIDS are; providing consultancy; giving advice on treatment; assisting on conducting small scale 100% condom program, prevention program; and implementing human resources development (strengthening, capacity building, management for health sector including all diseases control, reproductive health) at central and provincial level.

Until 2004, WHO supports around US\$50,000/2 years for HIV laboratory test and surveillance, but is not the main funded organization for training of HIV/AIDS in Lao PDR. The organization merely assisted developing Global Fund, providing and giving advice on technical surveillance and sending personnel for developing treatment and care guideline.

#### Needs for training of health personnel

Human resources on HIV/AIDS are still very few and below standard. Hence, continuous capacity building (quality improvement) for health workers is needed. However, only training 'with follow-up or monitoring programme' is needed in order to assure that activities are actually conducted in accordance with the training. The present problems in Lao PDR are the disconnection between training and actual, and the health personnel spent less time on conducting activities on HIV/AIDS prevention and control due to too many trainings provided.

For needs for training on Malaria, management on how to control Malaria by Mid-level officers both in central and provincial level is needed.

For Malaria, difficulties on diagnosis are still found. Numbers of affected people are still underestimated due to too simple test and to low capability in using deep sticks. Besides, there is very low tendency in inputting microscopes in all districts. The most important issue is to build capacity of the community-based health personnel, especially on management and diagnosis

#### Contents of the course

Since Lao PDR is not one of the three by five (3 by 5) countries due to its low prevalence, the country needs no ARV Policy and ARV Management Training.

Other trainings that might be important for Lao PDR are samples of experiences from Thailand or Cambodia regarding HIV prevention and management.

#### Recommendations

-HIV/AIDS 'prevention' is the main issue for Lao PDR due to road opening, tourist opening, and border opening. The main target groups are commercial sex workers (CSW) and injecting drug users (IDUs).

-The most important component of the training is the evaluation of the training itself. Ways to follow-up or ways to measure effectiveness and impact should be concerned while designing the course.

-The training should have components to recheck and refresh the skills provided to trainees by every 2 months.

Date:	February 9, 2005 (13:00-13:50)
Venue:	Department of Hygiene and Prevention, Disease Prevention Division, Ministry of Health
Interviewee:	Dr.Bounnaloth Insisiengmay, MD, Deputy Chief of Disease Prevention Division (Ex-participant in 2002)
Interviewer:	Ms.Suthanone (TICA), Ms.Kanitha (MOPH), Ms.Arphatchanee (JICA)
Documents received:	HIV/AIDS/STD Policy, 11 <sup>th</sup> ATFOA Meeting in 2003

### Effectiveness

-The ex-participant has been in charge of setting policy, analyzing HIV/AIDS plan, formulating plan in cooperation with National Committee for the Control of Aids Bureau (NCCA), and coordinating with HIV/AIDS related agencies from the period before attending the training course to the period after attending the course in Thailand. Main duties are principally the same as those dealing before attending the training.

-Knowledge and skills acquired in the training course was partly utilized. Those that are well utilized are knowledge on HIV/AIDS prevention and ones needed for conducting community-based activities in cooperation with AIDS center, Lao Women's Union, and Lao Youth Union. Since HIV prevalence is still very low in Lao PDR, knowledge on care is rarely utilized.

-Presently, main target of HIV/AIDS prevention was placed on mobile population. By cooperating with UNAIDS and NGOs, the ex-participant well-utilized the knowledge gained from Thailand in transferring HIV/AIDS information to mobile population at AIDS center before their moving. Target groups besides the mobile population are; sex workers along borders, long-distance truck driver, military personnel and policemen.

-The ex-participant contacts with only trainees from Lao PDR who attend the training in the same year as the participant. Network among participating countries is not yet established.

-Due to high turnover rate of the HIV/AIDS personnel in Lao PDR, the ex-participant sees that the training should also be provided to those new personnel to gain same level as those being trained and to update the new information and new technology on HIV/AIDS issues.

### Efficiency

-The contents of course provided in 2002 are what the ex-participant expected and highly essential for the Lao PDR, especially those on HIV/AIDS prevention.

-Training conducted in Thailand is good in the point that the participant could gain experience of that country and could exchange view with other participants. However, conducting training in only one country will limit number of participants from each country.

### Impact

-Knowledge transfer to related organizations was implemented, especially on multi-sectoral approaches of HIV prevention. The role of temple and monks on HIV/AIDS prevention was a good sample that the ex-participant always introduced to others bearing in mind that Laotian people also respects monks which is the same as Thailand.

-The ex-participant transfers the knowledge gained from Thailand to provincial HIV/AIDS committee in almost every province by introducing HIV/AIDS problems that occurred in Thailand and suggested how to apply the case in Lao PDR. Samples introduced were highly helpful especially when formulating plan by bringing disputes to an end.

### Sustainability

-The ex-participant highly recommends the attendance of colleagues, both from the central and provincial level, to join the training in Thailand even there is no budget provided by JICA. The ex-participant is expecting fund provided by UNAIDS, global fund or ADB.

### Recommendations

-Further training should include monitoring and evaluation

Date:	February 9, 2005 (13:15-14:45)
Venue:	Centre of Malariology, Parasitology & Entomology
Interviewee:	Dr.Samlane Phompida, Director of Centre of Malariology, Parasitology & Entomology, Dr.Khamvanh (2002), Dr.Hongkham (2002), Dr.Sompong (2003), Dr.Keobouphaphone (2003)'s boss
Interviewer:	Mr.Dumri (TICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	Malaria Situation (in Lao)

### General

-The centre is established in 1982 under Department of Hygiene and Prevention, Ministry of Health. The centre has five units 1) Administration, 2) Entomology, 3) Epidemiology, 4) Diagnosis & Treatment, and 5) IEC. It is responsible for technical supervision to provincial, district, and village level. The centre has functions on; vector control, early diagnosis and treatment, training, operational research, and program management.

-JICA is supporting Malaria Programme in four provinces (Khammuane, Vientiane Province, Oudomxay, Xiangkhong)

### Effectiveness

-The ex-participants are doing well in each activity in Malaria control utilizing knowledge/skills obtained from the sub-course. More than 80% of ex-participants are working in the field of malaria control. Dr.Khanula (Entomologist) is studying Masters in Entomology in Vietnam after coming back from the training course.

### Efficiency

-Fields that are presently needed are program management and capacity building for health personnel.

-There is an in-country training course (recording & reporting, microscope, entomology) supported by WHO, and International course in Malaysia.

- TCTP on CDC is considered important since it is the only one international short course for Lao.

- Course conducted in Thailand is good in terms that participants could communicate with lecturers in Thai.

- Selection criteria is on English ability and working experience.

### Impact

-Capacity of the organization is improved. Mortality and morbidity rate of malaria in Lao are recently decreasing and indicators of Impregnated Bed Net (IBNU) are improved compared with date in 2002.

-Global Fund for AIDS, TB and Malaria is supporting for in-country training.

-Knowledge transfer was done to provincial health personnel.

### Sustainability

-The organization recommended the staff to further join the training.

### Recommendations

-The course is too short.

Date:	February 9, 2005 (13:15-14:45)
Venue:	Centre of Malariology, Parasitology & Entomology
Interviewee:	Dr.Hongkham Keomanila, Entomologist, Chief of Insecticide Research (2002) Dr.Keobouphaphone Chindavongsa, Teaching, Research, Diagnosis & Treatment
Unit	(2003)
Interviewer:	Mr.Dumri (TICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	n/a

#### Effectiveness

- The ex-participants are conducting the research on mosquito entomology/insecticide and monitoring of slide positive rate and number of patient treatments
- Contacts are made within country only

#### Efficiency

- The content on Bioassay of mosquito and how to collect mosquito are quite new and can be utilized. Most of lectures on epidemiology
- The ex-participants would like to learn more on PCR & EIISA diagnosis method, epidemiology, GIS incidence mapping and data collection
- The course is too short.

#### Sustainability

- The organization recommended the staff to further join the training.

#### Recommendations

- The course should be longer

Date:	February 9, 2005 (13:50-14:30)
Venue:	Department of Hygiene and Prevention, Ministry of Health
Interviewee:	Dr.Bounlay Phommasack, Deputy Director General, Head of National CDC Secretariat, Dr.Bounnaloth (2002 ex-participant)' s boss
Interviewer:	Ms.Suthanone (TICA), Ms.Kanitha (MOPH), Ms.Arphatchanee (JICA)
Documents received:	HIV/AIDS/STD Policy, Committee for the Control of AIDS Bureau ATFOA Meeting, October 2003

### Relevance

-Lao PDR is still a low prevalence country and the priority of HIV/AIDS issues in Lao PDR is given to prevention and behavior change strategies to maintain this low prevalence.

-The Lao PDR HIV/AIDS policy has three sections which are; prevention of HIV infection, care and support for those infected and affected, and mitigation of the adverse impact of HIV/AIDS on the social and economic development of individuals and the nation. The Lao PDR present concentrate its effort on prevention.

-Lao PDR is presently preparing new 5-year National HIV/AIDS/STD Plan.

### Effectiveness

-After attending the course in Thailand, the ex-participant could well-perform his task without any supervision from the supervisor as before. Before the training, the deputy director has to assign the work one by one, but now the ex-participant could manage to perform his duties by himself. He presently coordinates with other related organizations both at the central and provincial level. Activities conducted by the ex-participant are believed to be the results achieved from the training in Thailand. Besides, skills; on conducting fieldwork, formulating plan, and preparing report, are promptly elevated and being utilized in his present duties. In general, the ex-participant is highly improved.

-The ex-participant's main duties are principally the same as those dealing before attending the training. Knowledge gained from Thailand could be promptly utilized under this position. Besides, ex-participant is expected to get a higher post in the near future due to his success in recent years. The position would have to continually deal with HIV/AIDS and knowledge obtained is to be utilized.

### Efficiency

-In Lao PDR, though lots of seminars and meeting on HIV/AIDS are provided, very few training courses are offered (almost none). Training course conducted in Thailand is highly valuable for capacity building of the Lao health personnel.

-Participant selection is the responsibility of Deputy Director General. After being informed, the Deputy Director will consult with the person who is in charge of that field and is most qualified first. If accepted by that person, the deputy director will propose that person as a candidate.

-Most necessary fields needed for the Lao PDR in recent years are; epidemiology, communication campaign, behavior change intervention, voluntary counseling and testing (VCT) for vulnerable group, and peer education. All are included in the curriculum of TCTP on CDC.

-For health personnel in the provincial level, fields needed for the Lao PDR are; programme planning and management (including M&E, Indicator), how to define target group, community participation, VCT, HIV-TB, prevention mother to child.

-Regarding ARV Policy and Management which is the new course conducted in the fiscal year 2004, the interviewee also sees the importance of this course considering that it will be the preparation for treatment of AIDS infected people. Personnel to be trained should be health personnel from Vientiane municipality and from provinces having AIDS patients. Presently, Medicin Sans Frontier (MSF) is conducting ARV Treatment in Savannakhet but there is still no training provided to develop skills of Lao personnel.

#### Impact

- The ex-participant transfers the knowledge gained from Thailand to AIDS center and colleagues.
- The interviewee expected that by participating, the person could manage the HIV/AIDS problem in the country. However, the interviewee saw that the ex-participant gained something more than expected by getting wider perspective in conducting the daily work.
- Samples from Thailand are introduced to colleagues and those were highly helpful especially when formulating plan by bringing disputes to an end.

#### Sustainability

- The interviewee highly recommends more participation of health personnel from Lao PDR, with regards to get more capable personnel like the ex-participant. The interviewee is expecting funds provided by UNAIDS, UNDP for the further participation of personnel from Lao PDR.
- The MOH itself doesn't have budget in sending participants to the training course in Thailand. The Ministry will send the participants in case supported by donor agencies.

#### Recommendations

- Training should be conducted in both Thailand and participating countries. The trainer should initially conduct the course in the participating countries to know their problems and situation and then further conduct in Thailand to see samples or experiences.
- The samples should not be only the successful case but also the unsuccessful case.

Date:	February 9, 2005 (14:40-15:00)
Venue:	Lao Red Cross
Interviewee:	Dr.Soulany Chansy, HIV/AIDS Prevention and Care Project Manager, Dr.Sivilay (2002 ex-participant)'s new boss (from late 2003)
Interviewer:	Ms.Suthanone (TICA), Ms.Arphatchanee (JICA)
Documents received:	n/a

#### General Information

-Lao Red Cross has conducted activities concerning HIV/AIDS since 1993. Main activities are on peer education targeting youth (15-26 years old) along borders in 10 provinces; monitoring and evaluation, and care and support for infected people. The organization also provide training of trainer by inviting lecturers on management from Thailand.

#### Relevance

-Fields needed for the capacity building of HIV/AIDS personnel are Training of Trainers on HIV/AIDS management and project management

#### Impact

-The interviewee believed that the experiences gained from Thailand supported the ex-participant in improving health-related issue through training health personnel in Lao PDR.

-Nature of the ex-participant's duties is the training, so skills and knowledge obtained from Thailand is unsurprisingly transferred to health personnel in provincial and district level.

Date:	February 9, 2005 (Wed), 15:00-15:45
Venue:	Lao Red Cross
Interviewee:	Dr.Sivilay Xayaraj, Responsible for I.E.C Material and Information of HIV/AIDS (Ex-participant in 2002)
Interviewer:	Ms.Suthanone (TICA)
Documents received:	n/a

### Effectiveness

-The ex-participant was a trainer of HIV/AIDS/STI, and coordinator between MOH and public health of department at Municipality Community Control of AIDS in Vientiane before attending the course in Thailand. After the training, the ex-participants continued working in the same place for around one year before moving to Lao Red Cross. Duties are principally the same as those at the Municipality Community Control of AIDS in Vientiane but have more work to do.

-Main responsibilities at the Lao Red Cross are 1) training provincial staff on HIV/AIDS prevention, care for infected people and project management, 2) developing and distributing information, education and communication material (IEC). Knowledge and skills acquired in the training course was partly utilized in those activities since HIV/AIDS situation of Lao PDR is still moderate comparing to Thailand.

-Though Lao Red Cross is focusing on care and support, knowledge obtained is not completely used since the situation is not severe.

-The ex-participant considered the contents of the course is adequate in conducting training on measures against HIV/AIDS but would like to have more knowledge on management.

-The ex-participant contacts with only trainees from Lao PDR who attend the training in the same year as the participant. Network among participating countries is not yet established.

### Efficiency

-The contents of course provided in 2002 are what the ex-participant expected and highly essential for the Lao PDR, especially those on HIV/AIDS prevention.

-Training conducted in Thailand is good in the point that the participant could gain experience of that country and could exchange view with other participants. However, conducting training in only one country will limit number of participants from each country.

-The ex-participant felt that participant selection should be more careful to get the high-qualified personnel who have the same level of knowledge.

### Sustainability

-The ex-participant highly recommends the attendance of colleagues to join the training in Thailand even there is no budget provided by JICA. The ex-participant is expecting fund provided by UNAIDS.

### Recommendations

-Training should be conducted in Lao to let more health personnel be able to participate and save cost.

Date:	February 9, 2005 (Wed) 15:15-15:50
Venue:	Department of Health, Hatsady Village, Vientiane, Lao PDR
Interviewee:	Dr. Viengvilay Chanthavong, Chief of Primary Health Care, Dr.Sivilay (2002 ex-participant's boss)
Interviewer:	Ms.Arphatchanee (JICA)
Documents received:	Policy AIDS 2005(in Lao)

### General Information

The Department of Health is responsible in health care, communicable disease control and management, and coordinating with hospitals in the municipalities. HIV/AIDS is one of the sections which Dr.Sivilay used to be in charge. The Department also provides trainings in the department by both personnel in the department and personnel from Savannakhet. Dr.Sivilay used to be the trainer on HIV/AIDS.

### Relevance

-The Department follows the policy of the Ministry of Health and focuses on HIV prevention. Campaigns for prevention are conducted both at the central and provincial level. Knowledge from course conducted in Thailand is useful for these prevention campaigns.

### Effectiveness

-The ex-participant performed extremely well after coming back from the training. He formulated a plan before the training but greatly adjusted to the better plan after coming back from Thailand.  
-The ex-participant gets more enthusiastic in conducting work after coming back from the training. He started campaigning to commercial sex workers which is the activity the Department doesn't do before the ex-participant's training.

### Efficiency

-Participant selection was done based on the criteria that the person is in charge of the topic and is a person who could come back to transfer the knowledge to other personnel. Besides, English capability should be at the intermediate level. Actually, there are lots of health personnel needed to be trained but English capability is at the beginner level, so the organization expected that the person trained in Thailand would transfer the knowledge to the colleagues.  
-Presently, the organization would like to know the assess method to people with HIV/AIDS considering that the number of infected people is gradually increasing. However, the organization doesn't know the effective way to get the real number of infected people. The interviewee expected that this issue would be included in the future course.  
-In Lao PDR, only seminars and workshops on HIV/AIDS in conducted. No other training courses like the course in Thailand are provided in the Lao PDR. The organization highly sees the importance of the course in Thailand.

### Impact

-Since the ex-participant moved to other organization, impact was seen only at the first stage after he came back from Thailand. He conducted the training to transfer the knowledge to Lao Women's Union, Lao Youth Union, and also at the Baan Phak Jai at Nongkhai, Thailand. Other staff seemed to understand more on HIV/AIDS and got the know-how to conduct activities.  
-The ex-participant also conducted the training in the Department and the staff simultaneously got the

knowledge through that training.

-The results achieved from sending Dr.Sivilay to the course in Thailand is much more than expected. Other HIV/AIDS related personnel also got knowledge and could work very effectively. The organization itself got better than the period before the ex-participant got training.

#### Sustainability

-The organization needs the continuity of the course in order to send other personnel for the training and would urge the participant to attend even having no support from JICA. However, the organization prefers the training in Lao to secure more personnel to be trained and for saving the cost.

#### Recommendations

-The training should be conducted in Laos to secure more personnel to be trained and for saving the cost. Besides, the ex-participant should be sent to the course again if the content of the course varies from the one he attended.

-Follow-up should be conducted by the lecturer in order to assess the achievement of the course and to give more advice on practical work.

Date:	February 9, 2005, 16:00-16:20
Venue:	Vientiane Provincial Health Office, Ponehong District
Interviewee:	Dr.Supathai
Interviewer:	Mr.Dumri (JICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	n/a

#### Relevance

-Malaria is big problem especially in rainy season.

#### Efficiency

- Provincial Health Office will recommend for the selection. Criteria of selection are appropriateness of activity and English ability.
- The ex-participants could improve their activities after obtaining the training. Ability on management and training is improved.

#### Impact

- The technology was transferred to other personnel especially on Bed Net and medicines.

#### Sustainability

- Continuation of the course is required. Health personnel lately assigned for the Malaria who doesn't know Malaria control is also recommended for this sub-course.

#### Recommendations

- The course should be longer. Other colleagues will support the work during the absence.

#### Inhibiting Factors

- English capability of personnel who need training is low.

Date:	February 9, 2005, 16:00-16:20
Venue:	Malaria Station, Ponehong District
Interviewee:	Dr.Thongkhanh Keoatsavong, chief responsibility for Malaria Control at District level
Interviewer:	Mr.Dumri (JICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	n/a

#### Effectiveness

- The ex-participant presently works on data collection & analysis, management, and research of boarder treatment.
- Knowledge attained is adequate, especially on patient management, IBN, treatment and follow-up, number of positive slide, and F/U drug resistant.

#### Efficiency

- 90% of the contents matched the needs. 10% is not utilized due to budget limitation.
- The ex-participants could improve their activities after obtaining the training. Ability on management and training is improved.

#### Sustainability

- Lao government has no budget to send participants to the course.

#### Recommendations

- 2 months are necessary for the course.
- Field trips should be conducted in at least 2 countries.

Date:	February 9, 2005, 16:00-16:30
Venue:	National Committee for the Control of AIDS Bureau (NCCA) Km3, Thadeua Road, Vientiane, Lao PDR
Interviewee:	Dr.Bouathong Simanavong, Technical Staff (Ex-participant in 2002)
Interviewer:	Ms.Arphatchanee (JICA)
Documents received:	n/a

### Effectiveness

-The ex-participant is in the planning unit of AIDS center and in charge of formulating strategies and policy on HIV/AIDS and sexual transmission diseases. After the training, the ex-participant uses the knowledge acquired in training military personnel, policemen, and health personnel working under Lao Youth Union in the provincial and district level. Besides, the knowledge acquired was utilized in explaining HIV/AIDS prevention methods to Lao population and commercial sex workers.

-80% of the knowledge acquired was well-utilized. However, skills and knowledge further needed are; skills on coordinating with small communities or small AIDS centers in the provincial and district level, knowledge on project management, knowledge on budgeting when implementing project, idea of sustainability when managing project, and more detailed explanation on surveillance system. The course did provide the knowledge on coding and data collection but for country which has no good surveillance system, the image of the real process could not be grasped. Besides, more details on technical report writing are needed.

-Samples on roles of monks and nun are very effective. The ex-participant utilized that experience in driving community's participation when conducting training at the community level. Idea of job creation, such as handicraft was introduced to youth to prevent population migration.

### Efficiency

-Training conducted in Thailand is good in the point that the participant could gain experience of that country and could exchange view with other participants. However, the ex-participant would like the Thai lecturer to grasp more knowledge on participants' countries by visiting their country to know real problems and critical points of each country.

-Curriculum on field trip together with technical knowledge is well-balanced and useful in conducting activities in the country. However, some activities, such as peer education, are just described by the Thai lecturer which made the ex-participant not be able to get the image of the real activities. Field trips on those activities are required..

### Impact

-The ex-participant uses the knowledge acquired in training military personnel, policemen, and health personnel working under Lao Youth Union in the provincial and district level.

### Sustainability

-The ex-participant recommends the attendance of officials from other ministries such as ministry of labor, interior, and education in order that the involved personnel could have same level of understanding when conducting activities on HIV/AIDS prevention in the province. The ex-participant believed that though there is no support from JICA, the Lao government should send their official to Thailand to get knowledge and experience from countries have more experience on HIV/AIDS.

Date:	February 9, 2005 (Wed) 16:00-17:00
Venue:	National Committee for the Control of AIDS Bureau (NCCA) Km3, Thadeua Road, Vientiane, Lao PDR
Interviewee:	Dr. Chansy Phimphachanh. Director. NCCA Bureau, Dr.Bouathong (2002 ex-participant)'s boss) Dr.Chanthone Khamsibounhevang, Deputy Director, National AIDS Center Dr.Phouthone Southalack, Deputy Director, National AIDS Center
Interviewer:	Ms.Suthanone (TICA), Ms.Kanitha (MOPH), Ms.Arphatchanee (JICA)
Documents received:	n/a

#### General Information

AIDS center (or NCCA) is composed of 5 sub-sections which are Management, Planning and Coordination, STI, Surveillance (Care and support, VCT) and ICT.

#### Relevance

-Lao PDR HIV/AIDS present and future plan has focuses on HIV prevention, care and impact to the infected people. Presently, the Government is carrying out the mid-term review of the Lao National HIV/AIDS/STI Plan 2002-2005 in order to formulate the new HIV/AIDS/STI plan for the next 5 years.

#### Effectiveness

-The ex-participant is still a junior staff responsible for IEC and surveillance. The participant still needs to be trained on leadership, planning, management and budgeting.

#### Efficiency

-In Lao PDR, there are only seminars, meeting, and workshop on HIV/AIDS, no training courses are provided. Training course conducted in Thailand is highly valuable for capacity building of the Lao health personnel.

-Fields needed for the capacity building of HIV/AIDS personnel are STI Control, Prevention of Mother-to-Child Transmission of HIV/AIDS (PMCT), blood safety, Behavior Communication Change (BCC), and condom promotion. Target groups for BCC are youths, migrants, sex-workers, and client.

-Regarding ARV Policy and Management which is the new course conducted in the fiscal year 2004, the interviewee also sees the importance of this course but would like to also include opportunistic infections. Persons to attend the ARV course should be health personnel from hospitals in Vientiane municipality (Srimahosot and Sethathirat Hospital) provided that the hospitals are referral hospitals, and health personnel from provinces with HIV/AIDS infected people such as Bokeo and Champasak and other 3-4 provinces.

-Training conducted in Thailand is good in the point that the participant could gain experience of that country and could exchange view with other participants. However, it will limit the personnel to be dispatched since some health personnel could not communicate well in English.

#### Sustainability

-The interviewees are thinking of getting support from UNAIDS, Global Fund or WHO in dispatching participants for the training.

#### Recommendations

-The training should be Training of Trainers (TOT) by selecting the core trainer from participating countries. After attending trainings in Thailand, the core trainer shall apply the course to each country's situation by

utilizing their own language in training their own health personnel. The cooperation from donors, such as JICA, WHO, UNICEF, in each participating country is essential in this case.

-The training course should have follow-up after the trainee went back to his/her own country.

Date:	February 10, 2005 (8:00-9:00)
Venue:	UNAIDS Phon Kheng Road, Saysetha District, PO Box 345, Vientiane, Lao PDR
Interviewee:	Dr.Khamlay Manivong, Country Programme Adviser
Interviewer:	Ms.Suthanone (TICA), Ms.Kanitha (MOPH), Ms.Arphatchanee (JICA)
Documents received:	UN Joint Plan of Action and Common Strategy in support of the National Response National HIV/AIDS/STI Programming Inventory

### Situation of HIV/AIDS in Lao PDR

Referring to the report of the infectious rate, the number of people living with HIV/AIDS in Lao PDR seems to be very low. This is because the statistics were gathered based on numbers of people who access public hospitals or health centers, where most Laotian population do not use the services. Besides, most of infectious people still did not reveal themselves by being aware of the discrimination from the society.

### Policy of HIV/AIDS in Lao PDR

The UN focuses on prevention of HIV among youth, mobile populations, service women and the general population including ethnic minorities, prevention of transmission from mother to child, condom promotion and availability, STD prevention and treatment, safe blood, as well as care and support for people living with HIV/AIDS.

Government of the Lao PDR also stresses on eradicating of common diseases and preventing HIV/AIDS epidemic by having these objectives in the Lao Government's National Poverty Alleviation Strategy. These objectives are in line with the millennium development goal (MDG) "To have, by the year 2015, halted and begun to reverse, the spread of HIV/AIDS".

Priority of National AIDS Program does not change much in recent years. Focus was laid on mobile population (migrant labor) and gap of information which might occur due to report efficiency.

### UNAIDS' activities on HIV/AIDS

Main duties lie on technical supports to the government of Lao PDR by focusing on capacity building of institution and officials at central level to develop proposals to get support from UNAIDS in Geneva, being coordinator among ten (10) UN agencies, coordinating between UN and Lao government/NCCA, coordinating with NCCB in developing 5-year National HIV/AIDS/STI plan, training UN staff on HIV/AIDS, and managing UNAIDS fund.

Main duties conducted under UNAIDS are;

- 1) Decentralization Response to national AIDS (US\$ 103,500), Ministry of Health. (pending due to unavailability of MOH personnel)
- 2) Response to epidemic (Training/Counseling), Lao Women's Union
- 3) National Plan Review, Plan formulation
- 4) Equipment provision to targeted provinces

UNAIDS divides into two (2) groups. One is a core theme group, comprising of Head Personnel from ten (10) UN agencies (except UNESCO and UNHCR) and another is extended group, comprising of representatives from governmental organization in the policy level. UNAIDS works under the UN theme group. Budgets from Geneva will be around US\$ 100,000-200,000/year for the Lao PDR.

Presently, UNDP is an executing agency for UNAIDS and is responsible for financial and contract management. Funds for UNDP are; direct support from headquarters, fund-raising, and support from UNAIDS. UNDP

focuses on institutional strengthening with following components.

- 1) Capacity Building
- 2) GIPA (Greater Involvement of People living with AIDS)
- 3) Poverty Reduction and etc.

UNFPA focuses on reproductive health (HIV is part of this focus), population development, birth spacing and family planning.

#### Needs for training of health personnel

Turnover rate of health personnel in Lao PDR is high and trainings for the new health personnel, whose knowledge and expertise on HIV/AIDS are low, are continuously needed.

Present problems of Lao PDR are; lacks of health personnel to deal with HIV/AIDS, and lacks of technical knowledge of the health personnel. Sometimes, knowledge from training was not well-utilized due to burden of works which force the ex-trainee to conduct work without scope.

Presently, there are 2-3 HIV/AIDS related personnel in each province. Their duties are not only HIV/AIDS prevention and care, but also coordinating with NGOs and other organization.

New HIV/AIDS related personnel assigned to each province would be 1-2 persons/province/year. For AIDS center, it will be 2 persons / years. These new persons are the resources that should obtain trainings.

#### Contents of the course

Fields needed for capacity building of the health personnel in Lao PDR by priorities are; Project Management (including project planning, monitoring, and evaluation), VCT, and STI Management. (For STI Management, Lao PDR already got support from Global Fund.)

Besides less expertise on Project Management, Laotian personnel also lacks of skills in writing reports. In most cases, several activities were conducted but no reports were found. UNAIDS just conducted training on Project Management and expected the ex-trainee to transfer the knowledge to provincial health officer but still could not follow-up the results.

#### Recommendations

In order to build capacity of health related personnel to be resource persons, UNAIDS strongly recommends conducting trainings in Lao PDR bearing in mind the language barrier. The interviewee believe that the in-country

Date:	February 10, 2005, 10:00-10:30
Venue:	Department of Hygiene and Prevention, Disease Prevention Division, Ministry of Health
Interviewee:	Dr.Phiou Tay Biyarone, Deputy Director, Oudomxai Province Health Department (Ex-participant in 2002)
Interviewer:	Ms.Kanitha (MOPH)
Documents received:	n/a

### General Information

-The ex-participant is in charge of cooperating with other health related organizations in the province in conducting prevention of HIV/AIDS, setting monthly/yearly/ and five-year plans on HIV/AIDS control and prevention, and being Secretariat of Provincial Coordination Committee on AIDS (PCCA). In the provincial level, planning focusing on Human Resources Development and M&E training is being conducted. The ex-participant also has duty on monitoring work progress of projects conducted by the Provincial Health Department. Besides, he is the one who is in charge of writing proposal both to central government and international organizations such as UNAIDS.

### Effectiveness

-Things trained in Thailand are partly utilized. Those that are mostly utilized are knowledge on prevention. Presently the ex-participant is a lecturer to health personnel in the provincial and district level. Other activities are on Information, Education and Communication. For the Management and Policy level, the ex-participant prepared monthly/yearly/ and five-year plans on HIV/AIDS control and prevention, coordinating with other organizations in every level as the secretariat of PCCA, and conducting activities on fund-raising to the international organization such as ADB.

-For the Care, no obvious activities were found giving reasons that there is no infected people trying to use the service of the government. However, the ex-participant got information that there are around 14 people living with HIV/AIDS in Luang Prabang Province.

-The ex-participant contacts with only trainees from Lao PDR who attend the training in the same year as the participant. Network among participating countries is not yet established.

### Efficiency

-The contents of course provided in 2002 are appropriate and useful in conducting work in the provincial level. Contents are relatively practical and easy for transferring to personnel working on HIV/AIDS. Field trips are also essential that it could be good samples which could be applied for the work at the site. Course needed to be added is community involvement, especially more focus should be laid on roles of monks on HIV/AIDS activities

-For the course conducted in 2002, the ex-participant thinks that it would serve the personnel working in the provincial level than the central level.

-The participant thinks that numbers of people living with HIV/AIDS are still low and course on ARV management is not necessary. Course conducted in 2002-2003 should be more efficient than the new course in 2004.

-ARV Policy and management might be useful for personnel working in the central level or in Savannakhet.

-Training conducted in Thailand is good in the point that the participant could gain experience of that country from the expert and could get knowledge from field trip. However, English language might be the problem to hinder the possibilities of some health personnel and make the Health Department not be able to find the qualified person.

### Sustainability

-The ex-participant recommends the attendance of colleagues from provincial level. However, he mentioned that the province could not provide fund for attending the course, but would like to rely on personnel department, MOH.

Date:	February 10, 2005 (10:00-10:45)
Venue:	Lao Youth Union
Interviewee:	Mr.Khamphone Insixiangmay, Project Manager, Lao Youth AIDS project Ms.Bouahom Somvichit, Chief of Propagation Movement Club Ms.Sukthavone Saiyasat, staff
Interviewer:	Ms.Suthanone (TICA), Ms.Arphatchanee (JICA)
Documents received:	pamphlets of projects

#### Lao Youth Union's activities on HIV/AIDS

Laotian people still lack of knowledge in HIV/AIDS and information distribution is considered highly important. Lao Youth Union is focusing on distributing information on HIV/AIDS to youth which is the risk group. Besides, the Lao Youth Union cooperated with MOH is preventing sexual infection by introducing prevention methods to mobile population, commercial sex workers, and youth.

Lao Youth Union's trainings are on;

- Capacity Building to personnel in the central government
- Project Management
- Training of Trainers on technical issues
- Trainings to village volunteer
- Strategic Plan Writing method (HIV/AIDS, STD)

#### Needs for training of health personnel

Capacity building for health personnel both in central and provincial level on communication, advertisement and counseling is needed. The training should be training of trainers. Knowledge on technical matter is considered enough but Lao PDR still has problem that the trained health personnel have too much burden and knowledge taught is sometimes not utilized. This makes the trained personnel forget what they have learned. Another problem is that report system in Lao PDR is still not efficient.

#### Other donors' assistance

The center got support from UNICEF, JICA, AUSAIDS and etc in producing training and advertisement materials.

#### Others

- Lao Youth Union is presently focusing on TB.

Date:	February 10, 2005 (10:30-11:00)
Venue:	Sekong Malaria Control Station
Interviewee:	Dr.Kikeo, Medical Doctor at Sekong Provincial Health Office (Colleague of ex-participant)
Interviewer:	Mr.Dumri (TICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	n/a

#### Effectiveness

- The ex-participant could do following activities in proper manner. 1) Mortality and morbidity 2) Bed net use 3) Drug use 4) Slide positive rate
- The knowledge attained is considered adequate especially on IEC activities.
- The team consisting of 5 members (2 from station and 3 from central centre) will visit every village with involvement of village leader.

Date:	February 10, 2005 (10:30-11:00)
Venue:	Sekong Provincial Health Office
Interviewee:	Dr.Khambiene Yanphichith, Director of Provincial Health Office (Dr.Khamphanh Supervisor)
Interviewer:	Mr.Dumri (TICA), Dr.Chaiporn (MOPH), Mr.Ishii (JICA)
Documents received:	n/a

#### General

-The organization principally conducted activities on Malaria, EPI, epidemiology, environment and water supply, MCH, skin disease, AIDS, IEC at the provincial level.

#### Relevance

-Specific needs in strengthening the prevention of Malaria is IBNs Prevention and Environment Cleaning.

#### Efficiency

-Participant selection criteria are on; educational background, research ability. Principally, Malaria center in Vientiane will make decision.

#### Effectiveness

-The ex-participant is more active in control activities after attending the training course.

#### Impact

-One ex-participant became a staff of IEC centre in Vientiane.  
-Capacity of the office is elevated especially on IEC.

#### Sustainability

-There are two participants to be sent.

Date:	February 10, 2005 (13:00-14:00)
Venue:	Oudomxai Province Health Department
Interviewee:	Dr.Bounlua Srisavan, Deputy Director, Oudomxai Province Health Department (Co-worker of Dr.Phiou Tay Bouavone)
Interviewer:	Ms.Kanitha (MOPH), Ms.Suthanone (TICA), Ms.Arphatchanee (JICA)
Documents received:	n/a

### Situation of Oudomxai Province

-Since Oudomxai province is a hub province to several provinces, such as Luang Prabang, Bokeo, Namtha, Pongsaly, campaign to risk groups such as commercial sex services, labors, and truck drivers are needed.

-Oudomxai's main activities on HIV/AIDS lie on prevention. The Health Department conducted campaigns on condom use, HIV/AIDS information distribution, and etc in the provincial and district level by getting support from ADB. The present project supported by ADB lasts for 5 years (going to end by December 2005). The Health Department will distribute budget to related organization such as Lao Youth Union and Lao Women's Union in the province to conduct activities by target groups.

-Around 28 kilometers from Oudomxai, there is a Akha ethnic group who has culture of providing services of women to all man guests. However, only venereal disease cases are found. (No HIV/AIDS record)

### Effectiveness

-As a result of the ex-participant's activities after the training, target groups and risk groups are more clearly identified, and HIV/AIDS plan is more clearly formulated by consultation among related persons on activities to be conducted. Besides, the ex-participants also got ideas to invite related organizations in the province to cooperate with Health Department in conducting HIV/AIDS prevention.

### Efficiency

Provincial level does not have any authorities in requesting to join training programs. Focal point is at Personnel Department, Ministry of Health.

### Impact

- After attending the training course in Thailand, the ex-participant transferred the knowledge and skills to related health personnel in the province.

-The health personnel and volunteers got more knowledge after got explanation from the ex-participants. Formerly, there are groups working for HIV/AIDS prevention, but nobody really knew what the HIV/AIDS is. But after getting knowledge from the ex-participant, they seemed to gain more understanding on this issue.

Note: The interviewee was not the boss of the ex-participant and limited information could be gained from the interview.

Date:	February 11, 2005 (8:30-9:30)
Venue:	Luang Prabang Provincial Public Health Department
Interviewee:	Mr.Sisouphanh Chanthaphone, Head Administration Office (Dr.Thongsavath' boss)
Interviewer:	Ms.Suthanone (TICA), Ms.Kanitha (MOPH), Ms.Arphatchanee (JICA)
Documents received:	n/a

### General Information

Luang Prabang Hygiene and Epidemiology Provincial's duties are; giving counseling on general health issues to organizations in the province, providing clean water when having epidemic, and disseminating knowledge by coordinating with related organization to conduct trainings.

### Situation of Luangprabang Province

-There is very few information on HIV/AIDS in the province, which might be because the infected people are afraid of the discrimination from the society. Besides, numbers of health personnel dealing with HIV/AIDS are very limited which cause work efficiency to be low.

### Effectiveness

-The ex-participants got wider perspectives on HIV/AIDS and knowledge on HIV/AIDS was highly developed. Provincial HIV/AIDS plan was developed by the ex-participants and some promising projects, such as setting education center for commercial sex workers, were proposed by the ex-participant.

-The ex-participant's performance got much better and is expected for the promotion. However, the position was suggested to be in the central government.

-Before attending the course in Thailand, there was no cooperation among related organizations in the province. But after the attendance, more active activities on gathering related organization to work on HIV/AIDS were found.

-Presently the ex-participant disseminate knowledge with targets on commercial sex workers, drivers, and mobile population.

-Factors hindering the work of the ex-participants in transferring knowledge on HIV/AIDS are; turnover rate in the Lao PDR is high, and the personnel do not work in the same fields as being trained since number of health personnel is not enough. Though having new 2-3 personnel assigned in this field per year, these personnel has no knowledge and experience on HIV/AIDS.

### Efficiency

-Qualification of the participants set up by MOH is somehow difficult to follow. For example, if the MOH sets the qualification as medical doctor, personnel who are really involved with the HIV/AIDS activities would not be in consideration. Normally, provincial personnel working on HIV/AIDS education are around high school. These people would be trained for 2 years before work. Hence, qualification should be; health related personnel who have 2-3 year experiences.

-The organization selected the proposed participant by choosing the one who has responsibility and capability to train at least 3 other health personnel in the province. Looking at the successful case of Dr.Thongsavath, the organization considered its selection to be very efficient.

-Language is the main problem of personnel to be trained aboard. Presently, the organization has 20-30 personnel needed to be trained but their English level is low. 2-3 out of these numbers are expected to be a trainer and deserved for the Training of Trainer course is available.

-Training in Thailand is very useful since there are no other training courses on HIV/AIDS provided in Lao PDR.

#### Impact

- After attending the training course in Thailand, the ex-participant was invited by the central government to be a guest lecturer on HIV/AIDS.

-Knowledge and experience from the course were transferred to colleagues and health personnel both in the province and in other provinces (Khammuan, Savannakhet, Oudomxai, Champasak) by being lecturers. Team management and objectives setting are issues mostly introduced.

-The organization expected that by sending Dr.Thongsavath to the training course, he will transfer the knowledge to colleagues and personnel in the province. He actually did what the organization expected and did more by extended the knowledge to other provinces.

-The organization also got benefits by sending Dr.Thongsavath to the training. The organization could strengthen its capacity in conducting activities on health protection.

#### Sustainability

-The ex-participant's performance got much better and the organization would like to have their staff to be sent to the course even the government has to bear its own expense.

Date:	March 2, 2005 (13:00-14:00)
Venue:	Legacy Hotel
Interviewee:	Ms.Piyaporn Wangrunsup (Senior technical officer), Dr.Supawadee Konchom (Technical Officer)
Interviewer:	Ms.Arphatchanee (JICA)
Documents received:	n/a

### Relevance

- The sub-course is important considering that epidemiology is the basic issue to be utilized when diagnosing other diseases. The sub-course will teach analyzing method, and all principles to let participants be able to adapt the knowledge with any communicable diseases.

### Efficiency

- Participant selection was done based on seniority of the participants. If there are applicants from the same institute, priority will be given to the senior personnel.

-The brochure distributed to each country is principally related to Malaria which is not so relevant to the sub-course presently conducted. Consequently, participants from some countries such as Cambodia were those majoring in Malaria.

-The organizers just got to be involved with the course only 3-4 weeks before the course commencement, during when curriculum development is conducted. The curriculum was created based on the organizers' experience of knowledge in epidemiology.

-MOPH is an appropriate institute in terms that if the course were conducted by the university, most of the course will be lectures. Besides, MOPH has strong connection with other government organizations, non-government organization and also universities. Presently, MOPH also got cooperation from Mahidol University in providing lectures on some theories.

-Main problems lie on English capability of the participants.

-Advantages of the international courses are; participants could share experiences of their fields, of which some are not involved with communicable diseases, participants could share idea based on their country's situation after attending each part of the sub-course.

### Recommendations

-Since the organizers are very new to the sub-course and just involved with the programme, they required other 3 year-extension to be fully involved since the first stage. If the sub-course is going to be extended for the next 3 years, the organizers are thinking of providing basic epidemiology for more participants, and later selected

## **ANNEX 7: List of Lecturers**

**List of Lecturers of the Sub-course on Malaria Prevention and Control (FSY 2002-2004)**

Name	Position	FSY 2002	FSY 2003	FSY 2004
1. Dr.Somsak Prajakwong	Director of Vector-borne Disease Office II, Chiangmai (02), Director of the Bureau of Vector-borne Disease (03)			-
2. Dr.Chaiporn Rojanawatsirivet	Director of Malaria Division (02), Chief of Malaria Section (03), Director, Bureau of Vector Borne Disease (04)			
3. Mr.Suthas Nutsathapana	Chief of Malaria Cluster, Bureau of Vector Borne Disease	-	-	
4. Dr.Jeeraphat Sirichaisinthop	Director of Vector-borne Disease Office I, Saraburi			
5. Dr.Wichai Satimai	Director of Vector-borne Disease Office V, Nonthaburi		-	-
6. Dr.Stephen King	Technical Officer, Faculty of Public Health, Mahidol University	-	-	
7. Mr.Marc Vander Putten	Lecturer, the College of Public Health, Chulalongkorn University			-
8. Dr.Pongwit Bualombai	Medical scientist, Malaria Division			
9. Dr.Kanungnit Kongpuang	Medical scientist, Malaria Division			
10. Dr.Siriporn Chatapatma	Epidemiologist, Vector-borne Disease Office V, Nonthaburi		-	-
11. Dr.Wannapa Suwanakurt	Entomologist, Vector-borne Disease Office II, Chiangmai			-
12. Mr.Prayuth Sudathip	Technical Officer, Malaria Division			-
13. Ms.Bussabon Chaothanon	Technical Officer, Malaria Division			
14. Dr. Supawadee Konchom	Technical Officer, Bureau of Vector Borne Disease, Department of Disease Control	-	-	
16. Ms.Pornpimol Ngamtao	Epidemiologist, Malaria Division			
17. Mr.Dakorn Limrat	Technical Officer, Bureau of Vector Borne Disease, Department of Disease Control	-	-	
18. Ms.Rungrawee Tipmontree	Epidemiologist, Malaria Division			
19. Ms.Praneet Uttamote	Laboratory Technician, Malaria Division			-
20. Ms.Saowanit Wichaikatka	Technical Official, Malaria Division			
21. Ms.Kesanee Klatpuang	Epidemiologist, Malaria Division			
22. Mr.Suchart Patipong	Entomologist, Malaria Division			-
23. Mr.Piti Mongklalangkul	Entomologist, Malaria Division			-
24. Mr.Manid Narksuwan	Entomologist, Malaria Division			
25. Ms.Piyaporn Wangrungsab	Entomologist, Malaria Division			-
26. Ms. Dittakorn Rodnak	Technical Officer, Bureau of Vector Borne Disease, Department of Disease Control	-	-	
28. Ms.Elisabeth Emerson	Border Health Officer, WHO Thailand	-	-	
29. Ms.Kataliya Ploiwong	Technical Officer, Bureau of Vector Borne Disease, Department of Disease Control	-	-	
30. Mr.Samart Wongprayoon	Vector Control Specialist, Malaria Division			-
31. Mr.Boonserm Aumong	Entomologist, Malaria Division			

No.29 is the ex-participant of the sub-course in the FSY 2002

Name	Position	FSY 2002	FSY 2003	FSY 2004
32. Mr.Samart Wongprayoon	Vector Control Specialist, Malaria Division			-
33. Mr.Boonserm Aumong	Entomologist, Malaria Division			
34. Ms.Sutheera Sivilarn (Poolthin)	Entomologist, Malaria Division			
35. Ms.Kamolwan Panard	Technical Official, Vector-borne Disease Office II, Chiangmai			-
36. Ms.Nardlada Kuntikul	Technical Official, Vector-borne Disease Office II, Chiangmai			-
37. Ms.Pissanuwat Panard	Chief of Vector-borne Disease Center, Chiangmai			-
38. Ms.Luxana Laitaweewat	Entomologist, Vector-borne Disease Office III, Khon Kaen		-	-
39. Mr.Jiraphat Katkaew	Technical Official, Vector-borne Disease Office V, Nonthaburi		-	-

## List of Lecturers of the Sub-course on HIV/AIDS Prevention and Problem Alleviation FSY 2002

1. Dr.Taweesap Siraprapasiri	AIDS Division, Communicable Disease Control Department
2. Dr.Sanchai Chasombat	AIDS Division, Communicable Disease Control Department
3. Ms.Sansanee Chasombat	AIDS Division, Communicable Disease Control Department
4. Dr.Alisara Chuchat	Chulalongkorn University
5. Ms.Pornpimol Prasongporn	Chulalongkorn University
6. Dr.Somsit Tansupprasawadikul	Bamrasnaradura Infectious Hospital
7. Ms.Charoonsri Panto	Bamrasnaradura Infectious Hospital
8. Mrs.Yaowarat Inthong	Bamrasnaradura Infectious Hospital
9. Ms.Orapan Saengwanloi	Division of Epidemiology
10. Ms.Pagamas Agpool	Access Foundation
11. Dr.Anthony Pramualratana	Thailand Business Coalition and AIDS (TBCA)
12. Dr.Chaiyut Chaowalitnitikul	Labor Protection and Welfare Department
13. Mrs.Wilawan Goikaewpink	Labor Protection and Welfare Department
14. Mrs.Yanisa Tanormboon	Rohm Apollo Electronics (Thailand) Co.,Ltd.
15. Prof.Dr.Praphan Phanuphak	The Thai Red Cross AIDS Research Centre
16. Ms.Patcharin Somwadee	Care Foundation (Samutsakorn)
17. Mr.Pinyo Weerasuksawat	Care Foundation (Samutsakorn)
18. Mr.Chalernpol Thongsuk	Dhammarak Nives, Hospice (Lopburi)
19. Dr.Tasana Lewsaeree	Communicable Disease Control Office Region 10
20. Dr.Surasing Wisarootratana	Chiangmai Provincial Public Health Office
21. Dr.Patchara Siriwongrangsarn	Division of Sexual Transmission Disease
22. Sister Louis, Sister Chalad Sungkalerk Choompaban	Home for Women, Pakinee Sri

**List of Lecturers of the Sub-course on HIV/AIDS Prevention and Problem Alleviation FSY 2003  
(Names in bold are lecturers who continuously conduct the sub-course since the previous year)**

1. Dr.Anupong Chitwarakorn	Disease Control Department
2. Dr.Sombat Tanprasertsuk	BATS, Disease Control Department
3. Dr.Somyot Kittimungkong	AIDS Cluster, BATS, Disease Control Department
4. Dr.Pachara Sirivongrangson	SITs Cluster, BATS, Disease Control Department
5. Dr.Passakorn Akaraksaivee	TB Cluster, BATS, Disease Control Department
6. <b>Dr.Sanchai Chasombat</b>	AIDS Cluster, BATS, Disease Control Department
7. Dr.Achara Teeraratkul	Thailand MOPH-US CDC Collaboration
8. Prof.Dr.Suwat Srisorrachat	Faculty of Nurtition, Public Health Department, Mahidol University
9. <b>Dr.Somsit Tansupprasawadikul</b>	Bamrasnaradura Institute
10. Dr.Wason Pinyowiwat	Bamrasnaradura Institute
11. Mrs.Supraluk Hiriwattanawong	Bamrasnaradura Institute
12. Ms.Sirirat Likanonsakul	Bamrasnaradura Institute
13. <b>Prof.Dr.Praphan Phanuphak</b>	The Thai Red Cross AIDS Research Centre
14. <b>Ms.Patcharin Somwadee</b>	Care Foundation (Samutsakorn)
15. <b>Mr.Pinyo Weerasuksawat</b>	Care Foundation (Samutsakorn)
16. <b>Mr.Chalernpol Pollamuk</b>	Dhamarak Nives, Hospice (Lopburi)
17. Dr.Tasana Leusaree	10 <sup>th</sup> Prevention & Disease Control Office
18. Mr.Sanan Wootthi	Church of Christ in Thailand, Chiangmai
19. Ms.Chantawipa Apisuk	Empower Foundation
20. Ms.Surang Chanyam	Empower Foundation
21. Ms.Pimjai Intamoon	Health Community Center
22. Ms.Wiyada Po-atsana	Wiengping Baby Home, Chiangmai

**List of Lecturers of the Sub-course on HIV/AIDS Prevention and Problem Alleviation FSY 2003**  
**(Names in bold are lecturers who continuously conduct the sub-course since the previous year)**

1. Dr.Anupong Chitwarakorn Disease Control Department
2. Dr.Thanarak Pliphan Division of Epidemiology
3. **Dr.Sombat Tanprasertsuk** BATS, Disease Control Department
4. **Dr.Sanchai Chasombat** AIDS Division, Communicable Disease Control Department
5. **Dr.Pachara Sirivongrangson** SITs Cluster, BATS, Disease Control Department
6. Dr.Warrasinant Tantirattanawong SITs Cluster, BATS, Disease Control Department
7. Mr.Sakchai Hongphao SITs Cluster, BATS, Disease Control Department
8. Dr.Siriporn Kanchana Department of Health
9. Dr.Achara Shaowawanich Bamrasradura Institute
10. **Dr.Somsit Tansupprasawadikul** Bamrasradura Institute
11. **Mrs.Supraluk Hiriwattanawong** Bamrasradura Institute
12. Mr.Weerawat Manosutthi Bamrasradura Institute
13. Ms.Sumonmal Uttayamakul Bamrasradura Institute
14. Mr.Bunshuay Aiampokkalarp Bamrasradura Institute
15. Mrs.Charungsri Parnto Bamrasradura Institute
16. Mrs.Phanthip Kaewduangchai Bamrasradura Institute
17. Mr.Niphon Manasatitphong Ubonratchathani Health Office
18. Mrs.Praphai Jaiharu Baan Pa-ao Community, Ubonratchathani
19. Dr.Danai Jiarakoon Khuengnai Hospital, Ubonratchathani
20. Mrs.Wansika Sitthisri Shong Mek Officer
21. Dr.Sakchai Dejtrairattana Faculty of Medical Technology
22. SirRosa Sunanma Tangthamma Mitrathorn House, Chiangmai
23. Dr.Kornprapassara Ruanrojkul Chiangdao Hospital, Chiangmai
24. Dr.Usa Duangsa AIDS Education Programme, Chiangmai University
25. Mr.Thawil Chooduang Thawangtarn Sub-district Health Center, Chiangmai
26. Mr.Shaikasem Muangsiri Thammarak Nives Project

**List of Lecturers of the Sub-course on Surveillance and Epidemiological Investigation  
(only FSY 2004)**

Dr. Anutarasak Ratchatata	Bureau of Vector-borne Disease
Dr. Stephen King	Technical Officer, Faculty of Public Health, Mahidol University
Assist. Prof. Kanittha Chamroonsawasdi	Department of Family Health, Faculty of Public Health, Mahidol University
Assist. Prof. Pimsurang Taechaboonsermsak	Department of Family Health, Faculty of Public Health, Mahidol University
Dr.Chuleeporn Jirapongsa	Division of Epidemiology
Dr.Somsak Wattanasri	Division of Epidemiology
Dr.Jeeraphat Sirichaisinthop	Bureau of Vector-borne Disease
Assoc. Prof. Piyarat Butraporn	Faculty of Tropical Medicine, Mahidol University
Assist. Prof. Jaranit Keawkungwal	Faculty of Tropical Medicine, Mahidol University
Dr. Srivicha Krudsood	Faculty of Tropical Medicine, Mahidol University
Dr. Supawadee Konchom	Bureau of Vector-borne Disease
Ms. Piyaporn Wangrungsap	Bureau of Vector-borne Disease
Ms. Bussabong Jaotanon	Bureau of Vector-borne Disease
Ms. Kesanee Kladphuang	Bureau of Vector-borne Disease
Ms. Rungrawee Thipmontree	Bureau of Vector-borne Disease

## ANNEX 8: List of Ex-participants

**List of Participants of Sub-course on Malaria  
2-27 September 2002 (FSY 2002)**

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
1.	Dr.Sor Sokunthea	Cambodia	Technical Health Officer	National Malaria Center (CNM), MOH, 372 Monivong Blv. Corner st.322, Phnom Penh	855-23-211-926 (Tel & fax)	N/A
2.	Ms.Soeur Sothea	Cambodia	Staff of Pharmacy Department			N/A
3.	Dr.Srey Sophanaroth	Cambodia	Staff of Technical of National Malaria Center			sophanaroths@cnm.gov.kh
4.	Ms.Bun Thanny Khoy	Cambodia	Director of Provincial Health Department	Department of Health, Prea Vihear Province	No information	N/A
5.	Dr.Chhun Phally	Cambodia	Technical Bureau Chief	Pursat Provincial Health Department	855-52-740-008	urcps@camintel.com, chhunphally@yahoo.com
6.	Ms.Bouathong lemsysouvane	Laos	Technical Staff	Planning Unit, National Committee for the Control of AIDS, Km3 Thadeua Road, Vientiane	856-21-315-500 (Tel & fax)	N/A
7.	Dr.Tiengkham Pongvongsa	Laos	Director	Provincial Malaria Station, Health Office, Savannakhet Malaria Station	856-41-213-571 (Tel & fax)	tpongvongsa@hotmail.com
8.	Dr.Khamvanh Lathphommachanh	Laos	Entomology Staff	Entomology Section, Centre of Mariology Parasitology and Entomology, Vientiane	856-21-252-673 856-21-218-131 (fax)	N/A
9.	Dr.Hongkham Keomanila	Laos	Technical Staff	Centre of Malariology, Parasitology and Entomology, Ministry of Health, Vientiane	856-21-252-673 856-21-218-131 (fax)	N/A
10.	Dr.KhamphPhanh KeokhoumMeng	Laos	Head of IEC	Public Health Department, Sekong Province	856-38-211-020 (Tel & fax)	N/A
11.	Mr.Thanad Turin	Thailand	Technical Officer	Vector-borne Disease Control Center, Chiangmai, M.3. T.rimnuea, Maerim, Chiangmai	66-53-299-831 66-53-299-719 (fax)	N/A
12.	Ms.Kataliya Ploiwong	Thailand	Technical Officer	Vector-borne Disease Training Center, 6 Paholyothin Road, Tharnkasem, Phrabuddhabat, Saraburi	66-36-266-142 66-36-267-586 (fax)	N/A
13.	Mr.Sawart Cholpol	Thailand	No information	No information	No information	No information
14.	Dr.Nguyen Minh Hung	Vietnam	Researcher	Research and Treatment Malaria Department, National Institute of Malariology Parasitology and Entomology, 245 Luong The Vinh Street, Hanoi	84-4-854-2349 84-4-854-3015 (fax)	minhhung1972@yahoo.com
15.	Dr.Nguyen Xuan Thien	Vietnam	Researcher	Institute of Malariology , Parasitology and	84-56-846-755	N/A

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
				Entomology, Quy Nhon City, Binh Dinh Province, 611B Nguyen Thai Hoc Street, Quy Nhon City, Binh Dinh Province	84-56-846-744 (fax)	
16.	Dr.Wu Chao	China (Yunnan)	Investigation on Malaria Vector Epidemiologics	Yunnan Institute of Parasitic Diseases	86-879-212-152 86-879-212-153 (fax)	

**List of Participants of Sub-course on Malaria  
1-26 September 2003 (FSY 2003)**

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
1.	Dr.Yok Sovann	Cambodia	Provincial Communicable Disease Control Manager and Malaria Supervisor	Municipality Health Department of Pailin, Bordiniv, Commune District Krung Pailin	No information	Sovann_yok@yahoo.com
2.	Dr.Po Ly	Cambodia	Village Malaria Workers Project Officer	National Malaria Center (CNM), MOH, 372 Monivong Blv. Corner st.322, Phnom Penh	855-23-211-926 (Tel & fax)	poly@cnm.gov.kh, poly_teng@yahoo.com
3.	Dr.Heng Somony	Cambodia	No information	Provincial Health Department, Peal Nhek I Village, Phteah Prey Commune, Dampov Meas District, Pursat Province	No information	N/A
4.	Dr.Hem Mary	Cambodia	Malaria Clinical Supervisor	Health Unlimited, Preah Vihear Province	No information	hupv@comshin.com.kh
5.	Dr.Keth Vuthy	Cambodia	Chief of Malaria Control Program	Provincial Health Department of Koh Kong	855-35-936-204 (Tel & fax)	malariakk@camintel.com
6.	Dr.Somphong Keopaseuth	Laos	Technical Staff	Center of Mariology, Parasitology and Entomology, Ministry of Health, Vientiane	856-21-218-131 856-21-214-040 (fax)	CMPE@laotel.com
7.	Dr.Thongkanh Keoatsavong	Laos	Chief Malaria Control Program	Health Department of Vientiane Province, Phone Hong District, Vientiane Province	856-23-211-019 (Tel & fax)	N/A
8.	Dr.Keobouphaphone Chindavongsa	Laos	Technical Staff	Center of Mariology, Parasitology and Entomology, Ministry of Health, Vientiane	856-21-218-131 856-21-214-040 (fax)	CMPE@laotel.com
9.	Dr.Somphone Xaomongvue	Laos	Technical Staff	Malaria Section, Department of Heath, Oudomxay Province	856-81-312-042	N/A
10.	Mr.Teerayot Kop-Ar-sa	Thailand	CDC Technologist	Bureau of Vector-borne Disease, Department of Disease Control, MOPH, Nonthaburi 11000	66-2-591-8434 66-2-590-3112 (fax)	N/A
11.	Mr.Troung Van Tan	Vietnam		Malaria Prevention Center of Nghe An Province	84-38-568-825	phanchutrinh203@yahoo.com
12.	Dr.You Jing	China (Yunnan)	Vice Professor	The Department of Infectious Diseases, The First Affiliated Hospital of Kunming Medical College, Kunming 650032, Yunnan	86-871-532-4888 86-871-532-2887 (fax)	
13.	Dr.Dong Ying	China (Yunnan)	Associate Professor	Division for Administrative Affairs, 6 Xiyuan Road, Simao City 665000, Yunnan	86-879-212-153 (Tel & fax)	luxidongying@126.com

**List of Participants of Sub-course on Malaria  
31 January-26 February 2005 (FSY 2004)**

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
1.	Dr. Mak Kimly	Cambodia	Vice Director of SAOD, Koh Kong Province	Sre Ambel OD, Koh Kong Province	855-16-977-344 855-16-988-377 (fax)	aunlee@hellogsm.com.kh
2.	Mr. Prak Dara	Cambodia	Provincial Malaria Supervisor, Kampong Speu Province	Ang Serey Rokatep Chbarmon District, Kampong Speu	855-16-865-425 855-16-865-425 (fax)	N/A
3.	Mrs. Uk Sambonny	Cambodia	Health Education Officer	National Malaria Center for Parasitology, Entomology and Parasitology	855-11-973-640	baselinesurvey@cnm.gov.kh
4.	Dr. Kalounna Keokenchanh	Laos	Deputy Chief of Entomology section (Entomologist)	Center of Malariology Parasitology and Entomology, Vientiane	856-21-214-040, 252673 856-21-218-131 (fax)	kalounna@laotel.com / cmpe@laotel.com
5.	Dr. Khamsouane Khamsy	Laos	Staff of Epidemiology section (Epidemiologist)			Kham_souane@yahoo.com/ cmpe@laotel.com
6.	Mr. Pany Douanthongphachane	Laos	Chief of Malaria station in Sekong Province	Sekong Province	856-38-211-371 856-38-211-371 (fax)	N/A
7.	Mr. Vilasinh Sinthalaphone	Laos	Chief of Malaria station in Bo-Keo Province	Bo-Keo Province	856-84-211-266 211-702 (fax)	N/A
8.	Mr. Abraham	Myanmar	Assistant Entomologist, VBDC, Kayah State, Myanmar	Central malaria Control, BPI Road, In Sein Township, Yangoon, Myanmar	95-01-640031 640749 (fax)	N/A
9.	Dr. Toe Aung	Myanmar	Team leader (VBDC), Northern Shan State, Myanmar	State VBDC, Lashio, Northern Shan State	95-82-23013	N/A
10.	Mr. Ye Aung	Myanmar	VBDC of Malaria section, Malaria Assistant, Myanmar	Central of Myanmar, VBDC Yangoon	95-01-540031 540034, 540747 (fax)	N/A
11.	Ms. Chutima Wachrakul	Thailand	Public Health Technical Officer	The Office of Disease Prevention and Control 6 Khonkaen 181/37 Srijun Road, Muang, Khon Kaen 40000	No information	wachrakul@yahoo.com
12.	Ms. Sunsanee Rojanapanus	Thailand	Public Health Technical Officer	Bureau of Vector Borne Disease Control, Disease Control Department, Ministry of Public Health, Nonthaburi	No information	sunsaroj@hotmail.com, srojanapanus@yahoo.com
13.	Mr. Surachart Koyadun	Thailand	Public Health Technologist	Office of Disease Prevention and Control 11 Nakhon Si Thammarat 184/117 Taewaburi Road, Posadech Sub-District, Muang District, Nakhon Si Thammarat Province 80000	No information	thvbdosk@yahoo.com
14.	Mr. Huynh Binh Phuoc	Vietnam	Vice-Head of Planning and Supplies Department	Institute of Malariology, Parasitology and Entomology, Qui Nhon. (IMPE - Qui Nhon) 611 B Nguyen Thai Hoc Street, Qui Nhon City	84-91-405-8799	vsrkstctqn@dng.vnn.vn

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
15.	Dr. Huynh Hong Quang	Vietnam	Deputy-Head, Tropical disease clinical research Department	Institute of Malariology, Parasitology and Entomology, Qui Nhon. (IMPE - Qui Nhon) 611 B Nguyen Thai Hoc Street, Qui Nhon City	84-56-847-723 Ext. 223	huynhquangimpe@yahoo.com
16.	Dr. Mai Anh Loi	Vietnam	Staff in Epidemiology Department	Institute of Malariology-Parasitology and Entomology in Ho Chi Minh City 699 Tran Hung Dao Street, Dist 5, Ho Chi Minh City	84-89-239-946	N/A
17.	Dr. Pham Anh Tuan	Vietnam	Planning Department	National Institute of Malariology Parasitology and Entomology 245 Luong The Vinh Street, Hanoi, Vietnam	84-45-534-375	phamanhtuamnimpe@yahoo.com
18.	Dr. Liu Hui	China (Yunnan)	Doctor - in - charge	Yunnan Institute of Parasitic Diseases 6 Xiyuan Road, Simao City, Yunnan Province 665000 P.R. China	86-879-212-2153 (Tel& fax)	liubible@yahoo.com.cn
19.	Mr. Zhou Xingwu	China (Yunnan)	Foreign Affairs Officer/ Technician - in - charge			ym@public.km.yn.cn

**List of Participants of Sub-course on HIV/AIDS  
2-13 September 2002 (FSY 2002)**

No	Name	Country	Position	Office Address	Tel./Fax	E-mail address
1.	Dr.Kim Bunna	Cambodia	Health Officer	National Center for HIV/AIDS, Dermatology and STD, 170 Preah Sihanouk Blvd. Phnom Penh	855-23-216-515 (Tel & fax)	nchadsdfid@online.com.k h
2.	Dr.Chhea Setthi	Cambodia	Medical Officer, STD Unit			
3.	Dr.Chea Chankosalmony	Cambodia	Vice Chief (Testing and Counseling)			
4.	Dr.Tep Samnang	Cambodia	Staff			
5.	Dr.Phiou Tay Bouavone	Laos	Deputy Director, Secretary of Provincial Committee for the Control of AIDS	Oudomxay Province Health Department	856-81-31-2042 (Tel & fax)	N/A
6.	Dr.Bounnaloth Insiengmay	Laos	Deputy Chief of Disease Prevention Division	Disease Prevention Division, Department of Hygiene and Prevention, MOH, Vientiane	856-21-241-924 856-21-243-261 (fax)	N/A
7.	Dr.Thongsavath Sayasane	Laos	Head of Hygiene and Epidemiology Section, Secretary of Provincial Committee for the Control of AIDS	Provincial Health Department, Luang Prabang	856-71-21-2057 (Tel&fax)	N/A
8.	Dr.Sivilay Xayaraj	Laos	IEC Material and Information of HIV/AIDS	Lao Red Cross, Avenue Setthathirath, Impasse Xieng Nhuen, P.O. Box 2948, Vientiane	856-21-241632 856-21-241-229 (fax)	N/A
9.	Dr.Bouathong Simanavong	Laos	Chief of Malaria Station	Department of Public Health, Saravane Province	856-34-211-147 (Tel & fax)	N/A
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**List of Participants of Sub-course on HIV/AIDS  
1-12 September 2003 (FSY 2003)**

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**List of Participants of Sub-course on HIV/AIDS**

**31 January-10 February, 2005 (FSY 2004)**

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**List of Participants of Sub-course on Epidemiology**

**14 February – 11 March 2005 (FSY 2004)**

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