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Ex-post Evaluation Report

on

The Project on the Model Development of Comprehensive HIV/AIDS Prevention and Care

February 2006

**Japan International Cooperation Agency
Thailand Office**

Kaihatsu Management Consulting (Thailand) Ltd.

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Color Plates



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Pictures of People Interviewed and equipments

1. From Left : Dr. Petchsri Sirinirund (MOPH) and Mr. Nakorn Najaron
2. Dr. Thassana Leuseri (CDC10, Chiang Mai Province)
3. Dr. Chamnan Hansuttiwetkul (Director Phayao Provincial Health Office)
4. From Left: Ms Saowanee Panpattanakul, Mrs Duangduan Changlor (PPHO)
5. Dr. Usa Duangsa (Chiang Mai University)
6. Community Response Members at Ban Tam Sub-district, Phayao Province
7. Laboratory Equipments at Phayao Provincial Hospital

Table of Contents

| | Page |
|--|------|
| Table of Content | i |
| List of Abbreviations | ii |
| Chapter 1 Outline of the Ex-post Evaluation Study | |
| 1.1 Background and the Purpose of the Study..... | 1 |
| 1.2 Evaluation Team Member and the Study Period..... | 1 |
| Chapter 2 Study Methods | |
| 2.1 Outline of the Project..... | 3 |
| 2.1.1 Background of the Project Request..... | 3 |
| 2.1.2 Framework of the Project..... | 3 |
| 2.2 Stakeholders of the Project and Study Methods..... | 4 |
| Chapter 3 Study Results | |
| 3.1 Impact of the Project..... | 5 |
| 3.1.1 Impact Attained at the Super Goal Level..... | 5 |
| 3.1.2 Impact Attained at the Overall Goal Level..... | 7 |
| 3.1.3 Impact not anticipated at the project completion | 10 |
| 3.2 Sustainability..... | 12 |
| 3.2.1 Technical Aspects | 13 |
| 3.2.2 Organizational Aspects | 14 |
| 3.2.3 Financial Aspects | 15 |
| 3.2.4 Sustainability of Project Effects | 15 |
| 3.3 Analysis of the Factors related to Sustainability and Impact..... | 20 |
| 3.3.1 Promoting Factors..... | 20 |
| 3.3.2 Inhibiting Factors..... | 21 |
| 3.4 Conclusions..... | 22 |
| Chapter 4 Recommendations and Lessons Learned | |
| 4.1 Recommendations..... | 25 |
| 4.2 Lessons Learned..... | 26 |
| Annex 1 Evaluation Grid | |
| Annex 2 Number of CD4, %CD4 and Viral Load Testing of Phayao Provincial Hospital Laboratory | |
| Annex 3 Status of equipment | |
| Annex 4 Interview Question and Result | |
| Annex 5 People interviewed during the field visit | |
| Annex 6 Photo | |

List of Abbreviations

| | |
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| AIC | Appreciation - Influence - Control |
| ARV | Antiretroviral Treatment |
| DCC | Day Care Center |
| CDC10 | Office of Communicable Diseases Control for Region 10 |
| CD 4 | CD4 is a type of white blood cell that fights infection |
| CMPHO | Chiang Mai Provincial Health Office |
| HIV/AIDS | Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome |
| GO | Governmental Organization |
| JICA | Japan International Cooperation Agency |
| LANA | Learning and Action Network on AIDS |
| MOPH | Ministry of Public Health |
| NGO | Non Governmental Organization |
| NAPHA | National Access to Antiretroviral Programme for People with HIV/AIDS |
| PHA | People living with HIV/AIDS |
| PPHO | Phayao Provincial Public Health Office |
| PMCT | Prevention of Mother to Child Transmission |
| QOL | Quality of Life |
| TUC | Thai MOPH-US CDC Collaboration |
| TAO | Tambon Administration Organization |
| Tambon | An Administration Unit covering 10-15 villages |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nation Fund for Population Activities |
| VL | Viral Load |

事後評価調査結果要約表

評価実施部署：タイ事務所

| | | |
|--|--------------------------------|----------------------------------|
| 1. 案件の概要 | | |
| 国名：タイ王国 | 案件名：タイ王国エイズ予防・地域ケアネットワークプロジェクト | |
| 分野：保健医療 | 協力形態：プロジェクト方式技術協力 | |
| 所轄部署：医療協力部 医療協力第一課 | 協力金額：638,605,000 円 | |
| 協力期間 | 1998年2月1日～ 2003年1月31日 | 先方関係機関：タイ保健省（MOPH）、パヤオ県保健局（PPHO） |
| 他の関連協力：エイズ予防対策プロジェクト | | |
| 1-1 協力の背景と概要 | | |
| <p>タイにおける HIV 感染率は人口の 1%を超えており、感染予防対策だけではなく、ケアシステムの構築が必要とされている。これによって、感染予防対策のための社会的・組織的な仕組みづくりやインフラ建設のほか、エイズ患者と地域の人々が社会的に共存できるようにすることがねらいである。</p> <p>タイ政府は 1991 年に「国家エイズ予防と緩和委員会」を設立し、エイズ予防対策国家 5 年計画（1997～2001 年）を策定するなど、予防対策については従来から積極的に取り組んでいる。タイ政府の要請に基づき、日本政府は 1993 年から 3 年間、この予防策の強化を目的とする「エイズ予防対策プロジェクト」を実施した。</p> <p>上記プロジェクトの実施後、その成果と上述のエイズにかかわる社会的状況を踏まえて、いまだ本格的な取り組みを開始していない地域（特に郡）におけるケアシステムの構築を図るため、タイ政府は本プロジェクトの協力を我が国に要請してきた。</p> | | |
| 1-2 協力の内容 | | |
| 我が国は、パヤオ県において HIV/AIDS の予防とケアのプロセスモデルを開発するために、保健人材の育成、ケア・ネットワーク確立と保健システム開発、地域活動の促進に協力した。 | | |
| (1) スーパーゴール目標 | | |
| <ol style="list-style-type: none"> 1) 新たな HIV 感染者数が減少する。 2) HIV/AIDS 感染者およびその家族の生活の質（QOL）が向上する。 | | |
| (2) 上位目標 | | |
| Learning and Action Network on AIDS (LANA) を通じた HIV/AIDS の予防とケアのプロセスモデルが他県へ導入される。 | | |
| (3) プロジェクト目標 | | |
| LANA を通じた HIV/AIDS の予防とケアのプロセスモデルがパヤオ県で開発される。 | | |
| (4) 成果 | | |
| <ol style="list-style-type: none"> 1) HIV/AIDS 問題の解決のための保健関係の人材が開発される。 2) HIV/AIDS の予防とケアのシステムが確立される。 3) HIV/AIDS に対する地域（コミュニティー）活動が促進される。 | | |
| (5) 投入（プロジェクト終了時） | | |
| 日本側： | | |
| 長期専門家 | 9 名 | |
| 短期専門家 | 30 名 | |
| 研修員受入 | 17 名 | |
| 機材供与 | 1 億 6,149 円 | |
| ローカルコスト負担 | 2,720 万バーツ（8,868 万円） | |

| | |
|-----------|--------------------|
| タイ側： | |
| カウンターパート | 102名 |
| 土地・施設提供 | バンコクとパヤオの日本人専門家執務室 |
| ローカルコスト負担 | 153万バーツ（499万円） |
| 研修コスト | 356万バーツ（1,290万円） |

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| 2. 評価調査団概要 | |
| 調査者 | (担当分野：氏名、所属先、職位) Mr. Nakorn Najaron Kaihatsu Management Consulting (Thailand) Ltd. |
| 調査期間 | 2005年10月3日～2006年2月24日 評価種類：事後評価 |

3. 評価結果の概要
3-1. 評価結果の要約

(1) インパクト
 1. スーパーゴールレベル

プロジェクト実施後、対象地域における新たな HIV 感染者数の減少、エイズ患者の生活の質の改善程度などから、スーパーゴールレベルにおけるプロジェクトのインパクトは大きいと評価される。

2003年と2005年を比較すると、下表のように、対象全県（9県）で新たな HIV 感染者数が減少している。

HIV 感染者数の推移

| | CM | LPN | LP | PR | NN | PY | CR | MHS | YST |
|------|------|-----|-----|-----|-----|-----|------|-----|-----|
| 2003 | 1002 | 257 | 663 | 201 | 163 | 766 | 1188 | 138 | 175 |
| 2004 | 620 | 182 | 423 | 82 | 158 | 601 | 1750 | 68 | 167 |
| 2005 | 2 | 14 | 25 | 0 | 31 | 46 | 474 | 6 | 78 |

(CM- Chiang Mai, LPN-Lampun, LP-Lampang, PR -Prea, NN-Nan, PY-Phayao, CR - Chiangrai, MHS- Meahongson, YST-Yasoton)

これらの県では、パヤオ県保健局（PPHO）のエイズ感染予防とケアに関わる経験について、関連した活動やワークショップへの参加、関係機関への訪問などを通じて学んでいる。このことから、新たな感染者数の減少は、ある程度プロジェクトが構築した「Learning and Action Network on AIDS (LANA)」の効果によるものと判断される。UNICEF 報告書によると、新たな感染者数の減少には、これ以外にも、中央政府がエイズ対策のための国家キャンペーンを始めたこと、教育効果、コンドーム利用の促進、エイズ予防活動への参加によるコミュニティーの能力向上などが貢献したと考えられている。

エイズ患者の生活の質の改善については、抗ウイルス療法の後、80%の患者の状態に改善が見られ、それによって家族にあまり頼らずとも自らの力で日常生活を送る自信がついた、という点があげられる。これらのエイズ患者の多数は農業従事者であり、もし農業関連の活動の促進があれば、所得向上・生産性の向上がさらに期待できる。

2. 上位目標レベル
- 上位目標の達成度については、HIV/AIDS の予防とケアのプロセスモデルがいくつかの県に導入された程度であるため、インパクトは中程度と評価される。導入例として、1) ヤソトン県では、PPHO への訪問の結果として、一つのコミュニティー病院内にデイケアセンターを設立したほか、情報管理システムを構築したこと、2) チェンマイ県保健局では、スタッフ 8 人が地域活動の促進のファシリテーターとして成長したほか、6 つの郡が HIV/AIDS 対策の学習地区となったこと、3) 感染症対策オフィス 10 (CDC10) *のいくつかの県では情報システムが、PPHO の経験をワークショップで学ぶことにより改善されたことなどがあげられる。しかし、各コンポーネントが複雑なため、一連のプロセスモデル全てを導入した県は無かった。（*CDC10 は国内北部 8 県をカバーしている。）

(2) 自立発展性

技術面、財政面、組織面、プロジェクト効果面の4つの観点から評価を行った結果、プロジェクトの自立発展性は高いと評価される。

技術面での自立発展性が高いと判断した理由は、JICAより供与された機材が受入機関で適切に保守、利用されていることである。機材のうち10品目については代替品と交換されていたが、これは純正品の運営維持費が高いこと、部品の老化による漏れ、およびバッテリー純正品が見つからなかったことによる。パヤオ県病院にある血液検査器はプロジェクト終了後も継続的に良好な状態で利用されており、その結果下表のように試験の実施数が増加している。

実施された試験の数

| 試験 | FY 2002 | FY 2003 | FY 2004 | FY 2005 |
|------------------------|---------|---------|---------|---------|
| CD 4* | 465 | 710 | 1,254 | 1,466 |
| Viral Load (ウイルス負荷) ** | N/A | 174 | 315 | 303 |

* CD4とは感染予防をする白血球の種類

** Viral Load試験は血液中のHIV量を測定

財政面での評価が高い理由は、下表に示すとおり、2003年以降、HIV/AIDS関連活動に配分された予算総額が増えていることである。

HIV/AIDS関連活動予算

| | FY 2003 | FY 2004 | FY 2005 | 総額 (パーツ) |
|-------------|-----------|------------|------------|------------|
| 保健省 (MOPH*) | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 |
| 国際機関 | 723,650 | 774,676 | 2,591,240 | 5,866,718 |
| 地方行政組織 | N/A | N/A | 2,982,000 | 2,982,000 |
| その他 | 296,800 | 5,030,000 | 2,630,000 | 7,956,800 |
| 合計 (パーツ) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 |

* Ministry of Public Health

組織面の評価が高い理由は次のとおり。1) パヤオ県のエイズ委員会が再編され現在はPPHOのスタッフが関係政府機関との調整や情報提供に大きな役割を担っていること、2) プロジェクト活動の継続について、PPHOが人材育成、情報システム、研究室、コミュニティー活動、エイズ活動センターそれぞれを担うスタッフを配置していること、3) 県内の他機関との連携が見られること、4) 2004年から2005年にかけて訓練されたスタッフの数が32名から40名に増えたこと。

プロジェクト効果面からは、1) 保健人材の育成、2) ケアシステムの確立、3) 地域活動の促進の3つのプロジェクト成果をもとに、自立発展性が高いと評価された。理由としては、1) PPHOのスタッフが地域活動を通じて得た知識を日常業務に取り入れていること、2) デイケアセンターを訪問するエイズ患者の数が増加したほか、情報システムが新たに導入されたこと、3) 地区のエイズ委員会が地域の開発活動のための意思決定者となったこと、などがあげられる。

3-2 プロジェクトの促進要因

(1) インパクト発現を促進した要因

プロジェクトのインパクト発現を促進した要因は次のとおりと考えられる。1) 国家計画であるMOPHの「National Access to Retroviral Program for PHA (NAPHA)」が、エイズ患者の治療へのアクセスを容易にさせたこと。その結果、多くの患者の状態が良くなり、日常生活を営むには十分な収入をあげることができるようになった。それが生活の質の改善につながった。2) PPHOのエイズ予防・地域ケアネットワーク活動に対して、国際機関から財政支援がなされていること。対象となる活動の内容には、クリニックシステムの開発、保健スタッフの技術訓練、子供への教育と食の提供などを含んでいる。3) NGOであるRaks Thai FoundationとThe Daughters of Charity of Saint Vincent De Paulが、子供の権利、雇用促

進、教育と社会福祉分野で積極的に活動していること。彼らの活動がケアネットワークの維持に貢献した。4)保健人材の育成が CDC10 の主要政策の一つとなっていること。そのため、県とそれ以下のレベルでは、保健スタッフによるチームが編成され保健サービスシステムの強化にあたっている。この政策が保健人材の育成とケアネットワークの向上に寄与した。5) 訓練された保健スタッフを他の郡に配置換えしたこと。これが、プロジェクト効果の波及につながった。

(2) 自立発展性強化を促進した要因

地方分権化政策の推進により、各地域でエイズ患者を支援するための予算が、中央から地方政府に配分されている。パヤオ県には、エイズ患者支援のため、2005年には様々な地方行政組織から総額 298 万 2,000 バーツが配分された。地方行政組織によるエイズ患者支援に向けた予算配分は、地方分権化政策に対応し年々増加傾向にある。

3-3 プロジェクトの阻害要因

インパクト発現を阻害した要因

プロジェクトのインパクト発現を阻害した要因は次のとおりと考えられる。1)プロセスモデルが複雑なために、一連のモデルを他県に波及することが難しかったこと。波及のためには、より多くの時間、予算、人的資源が必要であった。2) エイズ患者のほとんどが農民であるにもかかわらず、農業開発に関連する政府機関間の連携が乏しかったこと。

3-4. 結論

2003年のプロジェクト終了後、プロジェクト対象全地域で新たなエイズ感染者の数が減少していること、エイズ患者の生活の質が向上していることから、スーパーゴールレベルにおけるプロジェクトのインパクトは大きいと評価された。上位目標レベルでのインパクトは、HIV/AIDS 予防ケアのプロセスモデルがいくつかの県に導入されたが、各コンポーネントが複雑なため、一連のプロセスモデル全てを導入した県は無かったことにより、中程度と評価された。

プロジェクトの自立発展性は、技術面、財政面、組織面、プロジェクトの効果面の4つの観点から、高いと評価された。技術面では、カウンターパート機関がプロジェクト機材を適切に保持していることなどが評価された。また財政面では、PPHO に対する HIV/AIDS に関連した活動への資金提供が 2003 年以降増加したことがあげられる。組織面では、各県における HIV/AIDS 予防ケア委員会における PPHO 職員の役割の拡大、プロジェクトに従事する職員の定着、研修を受けた職員が 2004 年から 2005 年にかけて 32 名から 40 名に増加したこと、などが評価された。プロジェクト効果の自立発展性については、プロジェクト成果である保健人材の育成、ケアシステムの確立、地域活動の促進をもとに、自立発展性が高いと評価された。理由としては、PPHO 職員が地域活動を通じて得た知識を日常業務に取り入れていること、デイケアセンターを訪問するエイズ患者数が増加したこと、3) 地区のエイズ委員会が地区発展活動のための意思決定者となったこと、などがあげられる。

インパクト発現を促進した要因としては、1) 国家計画である MOPH の「National Access to Retroviral Program for PHA (NAPHA)」の存在、2)国際機関からの財政支援、3) NGO による子供の権利、雇用促進、教育と社会福祉分野への支援、4)CDC10 の政策と活動による保健人材の育成とケアネットワークの向上、5) 訓練された保健スタッフの他郡への配置換え、があげられる。

自立発展性強化を促進した要因として、地方分権化政策の推進により、各地域でエイズ患者を支援するための予算が、中央から地方政府に配分されていることがあげられる。

インパクト発現を阻害した要因としては、1)プロジェクトコンポーネントが複雑なために、一連のプロセスモデルを他県に波及することが難しかったこと、2) エイズ患者のほとんどが農民であるにもかかわらず、農業開発に関連する政府機関間の連携が乏しかったことがあげられる。

3-5. 提言(当該プロジェクトに関する具体的な措置、提案、助言)

JICA に対して：

プロジェクトによって、HIV/AIDS 予防のプロセスモデルがパヤオ県で開発され、より多くのエイズ患者が治療を受けることができるようになった。また、保健人材の能力が高まったことで、地域のアセスメントを通じて得られた情報を基にエイズ患者の状況を分析し、改善策を策定できるようになってきている。さらには、地域活動促進のための学習プロセスモデルが構築されたが、このプロセスモデルは HIV/AIDS が強い脅威となっている近隣諸国に対しても大きな貢献ができると考えられる。そのため、近隣諸国における公的機関の保健スタッフを対象に、パヤオ県保健局へのスタディツアーを企画することを提言する。プロジェクトの概要を理解するために、ツアーは 1 週間程度で十分と思われる。訪問先候補として、パヤオ県の Ban Tam 郡がコミュニティー活動を学ぶサイト、Chun 病院とパヤオ病院はダイケアセンター見学先として推奨できるほか、Chiangmuan 郡保健事務所と PPHO では情報システムを観察できる。

パヤオ県保健局に対して：

(1) パヤオ県の地域活動の他地域への普及

パヤオ県の 4 郡では、プロジェクト期間中に導入された「コミュニティー活動」を実施している。この活動はエイズ患者のニーズに基づいて立案され、彼らが抱える社会的経済的問題に対応するために役立っている。残念ながら、この学習プロセスは、まだ他の郡には系統立てて普及されていない。パヤオ県保健局には同プロセスを普及できるスタッフがいること、先行する 4 郡は学習の核となるサイトとして位置づけられることから、パヤオ県保健局に対し、今の人材を活用して他の郡にもこれを広めるよう提言する。まず、住民がエイズ患者への支援に関心と意欲がある郡から始めるのが望ましい。Ban Tam 郡のエイズ委員会は他の地域の開発においてもモデルとなり得ると考えられる。

(2) 農業開発関連機関との連携

パヤオ県のエイズ患者のほとんどは農民である。地域では、労働力の不足、土地の喪失、水不足などの理由から、農業労働の機会が低下してきている。パヤオ県保健局は農業開発を担う農業普及局や県の灌漑局などの機関と連携し、エイズ患者の労働機会の創出を検討することが求められる。例えば、世帯レベルでは食料確保のための自給的農業を導入する、水源が確保できる地域では伝統的な小規模灌漑施設を建設することなどが必要である。

3-6. 教訓(当該プロジェクトから導き出された他の類似プロジェクトの発掘・形成、実施、運営管理に参考となる事柄)

「地域活動の促進」と「ケアネットワークの構築」のいずれのコンポーネントも大きなインパクトがあったと評価された。しかし、エイズ患者が抱える問題に対処するためには、双方とも不可欠である。この 2 つのコンポーネントの内、どちらか一つが欠如すれば、エイズ患者の問題全てを克服するような成果は期待できないであろう。

エイズ患者は通常心理的、社会的、経済的、物理的な 4 つの問題に直面している。ケアネットワークは、医療サービスと心のカウンセリングを患者に提供している。評価対象地域において、エイズ患者の 80% は、継続的な治療を受けたことで症状が改善している。その結果、患者達は自分に対してより自信を持つようになった。しかし、彼らは依然として社会的、経済的な問題を抱えている。「地域活動の促進」は、これらの問題を克服するために役立っている。これを通じて、コミュニティーレベルの関係者が、エイズ患者に対してより良いケアをし、差別することなく共存し、資金提供することを促している。一方エイズ患者は、こうした活動に積極的に参加することが奨励される。

パヤオ県の Ban Tam 郡は、この 2 つのコンポーネントが実施され良い成果をあげた「成功したコミュニティー」である。一方、ヤソトン県保健事務所は、ケアネットワーク活動だけを習い、実施した。ここでは、治療を受けるエイズ患者の数を増加させたり、青少年の指導のためのユースキャンプを企画することはできた。しかしながら、エイズ患者に対するコミュニティーからの社会福祉的な支援は見られず、人々の間で社会的な認識も深まっていない。こうした経験から、地域活動の促進とケアネットワークの構築の両方を進めることが重要であり、それによってより良い成果が得られると考えられる。

| | |
|--|---|
| 1. Outline of the project | |
| Country: Thailand | Project title: Project for Model Development of Comprehensive HIV/ AIDS Prevention and Care |
| Issue/Sector: Health/ Medial Care | Cooperation scheme: Project-type Technical Cooperation |
| Section in charge: First Medical Cooperation Division, Medical Cooperation Department | Total cost: 638,605,000 yen |
| Period of Cooperation: | 1 Feb 1998 -31 Jan 2003 |
| Related Cooperation: | Partner Country's Implementing Organization: Ministry of Public Health (MOPH), Phayao Provincial Public Health Office (PPHO) |
| Related Cooperation: | Project-type Technical Cooperation; "Project for Prevention and Control of AIDS" |
| <p>1-1 Background of the Project</p> <p>HIV prevalence in Thailand exceeded 1 %, and there is a need for not only preventive measures against HIV infection, but the establishment of a care system to enable social/institutional mechanism to cope with preventive measures against HIV infection as well as construction which makes it possible for people to coexist with AIDS patients in the society.</p> <p>The Thai government founded the National AIDS Prevention and Alleviation Committee of Thailand in 1991 and formulated the "National Plan for Prevention and Alleviation of HIV/AIDS 1997-2001", and had actively promoted preventive measures until today. Based on the request of the Thai government, Japan implemented the "Project for Prevention and Control of AIDS" for three years from 1993 onwards.</p> <p>After the implementation of the project, taking the outputs into account and based on the social situation concerning AIDS mentioned above, the Thai government requested the Japanese government cooperation in establishing a care system in districts where a full-scale approach had not yet been initiated.</p> <p>1-2 Project Overview</p> <p>Japan provided cooperation in capacity development in the field of health care, the establishment of HIV prevention and a care system, and implementation of community activities, in order to develop the process model of HIV/ AIDS prevention and care in Phayao Province.</p> <p>(1) Super Goal</p> <ol style="list-style-type: none"> 1. The number of new HIV infection cases is reduced. 2. Quality of life of people with HIV/AIDS and their families is improved. <p>(2) Overall Goal</p> <p>The process model of HIV/ AIDS prevention and care through "Learning and Action Network on AIDS" (LANA) is introduced to other provinces.</p> <p>(3) Project Purpose</p> <p>The process model of HIV/ AIDS prevention and care through LANA is developed in Phayao Province.</p> <p>(4) Outputs</p> <ol style="list-style-type: none"> 1) Health manpower for solving HIV/ AIDS related problems is developed. 2) An HIV/ AIDS prevention and care system is established. 3) Community response to HIV/ AIDS is promoted. <p>(5) Inputs</p> | |
| Japanese side: | |
| Long-term Experts | 9 |
| Short-term Experts | 30 |
| Trainees received | 17 |
| Equipment | 161 .49million yen |
| Local Cost | 27.2 million baht (89 million yen) |
| Thai Side: | |
| Counterparts | 102 |
| Land and Facilities | Offices for Japanese experts in Bangkok and Phayao |
| Local Cost | 1.53 million baht (4.99 million yen) |
| Training Cost | 3.56 million baht (12.9 million yen) |

| | | | | | | | | | |
|--|--|---------|---------|---------|--|-----|------|-----|-----|
| 2. Evaluation Team | | | | | | | | | |
| Member of Evaluation Team | Mr. Nakorn Najaron Kaihatsu Management Consulting (Thailand) Ltd. | | | | | | | | |
| Period of Evaluation | 3 October 2005 – 24 February 2006 | | | | Type of Evaluation: Ex-Post Evaluation | | | | |
| 3. Result of Ex-Post Evaluation | | | | | | | | | |
| 3-1. Summary of Ex-Post Evaluation Result | | | | | | | | | |
| (1) Impact | | | | | | | | | |
| 1. Super goal level | | | | | | | | | |
| Impact at super goal is evaluated as “high” due to the decreasing of new infection cases in the target provinces and the improved quality of life of the People living with AIDS (PHAs). Data in 2005 reveals the decrease of new infection cases in all targeted provinces comparing to the numbers in 2003. | | | | | | | | | |
| | CM | LPN | LP | PR | NN | PY | CR | MHS | YST |
| 2003 | 1002 | 257 | 663 | 201 | 163 | 766 | 1188 | 138 | 175 |
| 2004 | 620 | 182 | 423 | 82 | 158 | 601 | 1750 | 68 | 167 |
| 2005 | 2 | 14 | 25 | 0 | 31 | 46 | 474 | 6 | 78 |
| (CM- Chiang Mai, LPN-Lampun, LP-Lampang, PR –Prea, NN-Nan, PY-Phayao, CR – Chiangrai, MHS- Meahongson, YST-Yasoton) | | | | | | | | | |
| Since the target provinces have learned from Phayao Public Health Office (PPHO) experience in HIV/AIDS prevention and care through direct participation in learning process or series of workshop and study visit, it is assumed that the reduction of new HIV/AIDS cases is partially the effect of Learning and Action Network on AIDS (LANA) project. On the other hand, the UNICEF report reveals that, there might be other causes of the reduction such as the commitment of central government to launch national campaign against HIV/AIDS, education efforts, promotion of condom use and the capacity building of community to participate in HIV prevention. The quality of life of the PHAs has improved. 80 percent of them are physically stronger after receiving Antiretroviral Treatment (ARV). They can rely more on themselves in daily activities and less on their family members. However, income generation and food production of the PHAs could be better if the agricultural activities are promoted since most of them are farmers. | | | | | | | | | |
| 2. Overall goal level | | | | | | | | | |
| The impact attained at the overall goal level is evaluated as “moderate” based on the facts that there were a few provinces that introduced process model of HIV/AIDS prevention and care: 1) Yasoton province introduced a component of care network by establishing a day care center in one community hospital and installing the information system making use of the study visit to PPHO, 2) Chiang Mai Public Health Office introduced a component of health manpower development by training 8 personnel as facilitators and establishing 6 sub-districts as the learning sites, and 3) Some provinces under Office of Communicable Diseases Control for Region 10 (CDC 10)* introduced a component of care network by adjusting their information system following the PPHO experience learned at workshops organized by CDC 10. However, it was found that none of the provinces have adopted the whole set of the process model due to the complexity of each component. | | | | | | | | | |
| *CDC10 covers 8 provinces in the Northern part; Chiangmai, Lampun, Lampang, Prea, Nan, Phayao, Chiangrai and Maehongson | | | | | | | | | |
| (2) Sustainability | | | | | | | | | |
| Sustainability of the project is evaluated as “high” based on 1) technical aspects, 2) financial aspects, and 3) organizational aspects. | | | | | | | | | |
| 1. Technical aspect is evaluated as “high” based on the good maintenance and calibration of equipment and the continuous use of laboratory equipments. The counterpart agency has maintained and calibrated the project equipment properly. 10 items were replaced with other compatible equipments because of the high cost for maintenance and operation, leakage and difficulties to find battery. Blood testing equipments in the Phayao Provincial Hospital Laboratory have been used continuously in good conditions after the Project. | | | | | | | | | |
| | Testing | Yr 2002 | Yr 2003 | Yr 2004 | Yr 2005 | | | | |
| | CD 4* | 465 | 710 | 1,254 | 1,466 | | | | |
| | Viral Load** | N/A | 174 | 315 | 303 | | | | |
| * CD4 is a type of white blood cell that fights infection. | | | | | | | | | |
| ** Viral Load testing measures the amount of HIV in the blood. | | | | | | | | | |

2. Financial aspect is evaluated as “high” since the amount of budget allocated for HIV/AIDS related activities has increased since 2003. See the budget sheet below.

| Source of Fund | FY 2003 | FY 2004 | FY 2005 | Total (Baht) |
|------------------------------------|-----------|------------|------------|--------------|
| MOPH* | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 |
| International Organizations | 723,650 | 774,676 | 2,591,240 | 5,866,718 |
| Local Administration Organizations | N/A | N/A | 2,982,000 | 2,982,000 |
| Others | 296800 | 5,030,000 | 2,630,000 | 7,956,800 |
| Total (Baht) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 |

* Ministry of Public Health

3. Organizational aspect is evaluated as “high” based on 1) the revision of Phayao Provincial HIV/AIDS Prevention and Care Committee where PPHO staff played important roles in providing information and coordination with different government organizations, 2) the maintenance of PPHO staff to take care the man power development, information system, laboratory, community response and aids action center, 3) the collaboration with other provincial offices, and 4) the increase of trained staff from 32 to 40 during 2004-2005.

4. Sustainability of the project effects are evaluated according to 3 project outputs; health manpower development, care network and community response. They are evaluated as “high” based on the facts that 1) PPHO staffs are practicing the lessons learned from community assessment activity and applying those lessons in their daily work. 2) The number of PHAs who visit day care centers increased and one more information system was established. 3) AIDS committee at a sub- district became a decision making body for the sub-district development activities.

3-2 Factors that have promoted project

(1) Impact

Factors contributing to the project impact are 1) the MOPH policy on the National Access to Retroviral Program for PHA (NAPHA). This program enables the PHAs to have better access to medical treatment. As a result, they are physically stronger and earn enough income to sustain themselves in daily lives. Their quality of life has improved. 2) HIV/AIDS Prevention and Care received financial support from International Organizations. The supports are for clinical system development, technical training of health staff, education and food for children and conclusion of lesson learned. 3) Support from NGO and The Daughters of Charity of Saint Vincent De Paul on the child right, occupation promotion, and education and social welfare. It is considered that their contributions have supported the care network effectively. 4) CDC10 supports Health Manpower Development. Man power development is one of its major policies. Specialized health officer teams have been established and strengthened to improve the health service system. The policy could improve both health manpower and care network. 5) Transfer of the well trained health officers to other districts is proved to be an appropriate approach in order to expand the project effects.

(2) Sustainability

Decentralization Policy to Local Administration Organization. Central government allocates budget to local administration organizations to support the PHAs in their responsible areas. In the fiscal year 2005, the local administration organizations start to allocate the total amount of 2,982,000 Baht to support PHAs in Phayao province. The budget allocation to these organizations to support PHAs tends to increase year by year according to the decentralization policy of the central government.

3-3 Factors that have inhibited project

(1) Impact

Followings are the factors inhibiting the project impact: 1) Complexity of the process model which prevents the dissemination of the whole set of process model to other provinces. It requires time, budget and resource persons to transfer knowledge on Health Man Power Development and Community Response to other provinces. 2) Lack of coordination with government agencies dealing on agricultural development issues even though the majority of the PHAs are farmers.

3-4 Conclusion

After the project completion in 2003, the project impact at super goal is evaluated as “high” due

to the decreasing of new infection cases in the target provinces and the improved quality of life of the PHAs. The impact attained at the overall goal level is evaluated as “moderate” as there were a few provinces that introduced process model of HIV/AIDS prevention and care, although none of the provinces have adopted the whole set of the process model due to the complexity of each component.

Sustainability of the project is evaluated as “high” based on 1) technical aspects, 2) financial aspects, 3) organizational aspects, and 4) project-effect aspects. In terms of technical sustainability, the counterpart agency has maintained and calibrated the project equipments properly. The blood testing equipments are continuously operated. Moreover, financial support to PPHO from different sources for HIV/AIDS related activities has increased since 2003. The sustainability of the organization aspect could be observed from the increased role of PPHO staffs in the provincial HIV/AIDS prevention and care committee to coordinate with other government agencies, the high maintenance level of the staff to implement the project related activities and the increased trained staff from 32 to 40 during 2004-2005. Sustainability of the project effects are evaluated according to 3 project outputs; health manpower development, care network and community response. They are evaluated as high based on the facts that PPHO staff could apply the lessons learned from community assessment activity in their daily work, the number of PHAs who visit day care centers increased, and AIDS committee at a sub- district becomes a decision making body for the sub-district development activities.

There are several factors that have promoted the impacts. MOPH policy on the National Access to Retroviral Program for PHA (NAPHA) helped the PHAs to get better access to medical treatment so that their physical health becomes stronger. International Organizations, NGOs and religious sectors provide financial support, occupation promotion, education activities and social welfare. CDC10 organizes specialized health officer teams to improve the health service system. Moreover, the transfer of the well trained health officers to other districts contributed to expand the project effects.

Decentralization Policy to Local Administration Organization is considered as promoting factor to the project sustainability. The local administration organizations could be able to support the PHAs in their responsible areas using the budget allocated by the central government under this policy.

Lack of coordination with government agencies dealing with agricultural development is considered as the inhibiting factor to promote food production or economic development of the PHAs since most of them are farmers. Moreover, the complexity of the process model has inhibited its introduction to other provinces.

Based on the above results, recommendations are developed for JICA and PPHO. Lesson learned is also presented.

3-5. Recommendations

FOR JICA:

The process model of HIV/AIDS prevention and care is developed successfully in Phayao province. More PHAs have better access to medical treatment. Health Manpower capacity is developed to analyze the PHAs situation based on the facts attained during the community assessment and plan for development. A community response learning process has been implemented. This process model could be of great contribution to the neighboring countries where HIV/AIDS is the major threat. JICA may organize study visit for public health officers from the neighboring countries to visit PPHO. A one week study tour could be enough to learn the essentials of the project components. Ban Tam sub-district of Phayao province is highly recommended for visitors to learn about community response. Chun Hospital and Phayao hospital are recommended for the demonstration of day care centers. Chiangmuan district health office and PPHO are the two offices where information system could be observed.

FOR PPHO:

(1) Promotion of the community response in other sub-districts.

Four sub-districts of Phayao province have been implementing the community response activities created during the Project. These activities were prepared based on the needs of the PHAs. It is proved that the activities could help the PHAs to overcome social and economic problems. However, this learning process has not been transferred further to other sub-districts systematically. Considering the fact that PPHO retains staff that could facilitate the process and set the four sub-districts as learning sites, it is recommended that PPHO organizes the transfer of knowledge to other sub-district using the available human resources. It could start with the sub-districts where people show their interest and commitment to help the PHAs. The AIDS committee of Ban Tam sub-district could be used as a model

of development for others.

(2) Coordination with agricultural development organizations

Most of the PHAs in Phayao province are farmers. In the area, they have limited job opportunities in agriculture due to the decreased labor availability, landlessness and insufficient water for agriculture. PPHO should coordinate with organizations dealing with agricultural development such as office of agricultural extension and provincial irrigation office in order to create job opportunities for the PHAs. Self-sufficient agriculture may be introduced to secure food at family level. Traditional small scale irrigation may be constructed in the area where water resources are available.

3-6. Lesson Learned

The sustainability of the project effects on both Community Response and Care Network is evaluated as “high”. They are both needed in order to deal with PHAs’ difficulties. However, to implement only one of the components may not produce enough results to overcome all the PHAs’ problems.

The PHAs usually face four main problems; psychological, social, economic and physical problems. The Care Network provides medical treatment and psychological counseling. Eighty percent of the PHAs in the study area get better after the continuous medical treatment. As a result, they can rely more on themselves. However, they still face social and economic problems. The Community Response process helps them to overcome these problems. It facilitates the stakeholders at community level to take better care for the PHAs, to live with them without any distinctions and to raise fund to support them. The PHAs are encouraged to participate in the activities.

Ban Tam sub-district of Phayao province is the successful community where these two components were implemented and good outcomes were produced. On the other hand, Yasoton Provincial Health Office has learned and implemented only the care network component. It could increase the number of PHAs accessible to medical treatment and expand the network by organizing the youth camps. Nevertheless, supports from communities to the PHAs on social welfare and social awareness were not observed. Therefore, it can be said that implementation of both community response and care network should be considered to obtain higher results.

Chapter 1

Outline of the Ex-post Evaluation Study

1.1 Background and the Purpose of the Study

Japan International Cooperation Agency (JICA) Thailand Office has decided to conduct an ex-post evaluation on “The Project for Model Development of Comprehensive HIV/AIDS Prevention and Care (JICA AIDS II Project), which was completed 3 years ago (hereinafter referred to as “the Project”). The results of this Study will be shared by the authorities concerned and contribute towards better-informed decision-making of JICA and the Ministry of Public Health.

The main objectives of the ex-post evaluation study are as follows:

- (1) To derive lessons and recommendations for the improvement of JICA country Programs and for the planning and implementation of more effective and efficient projects.
- (2) To ensure accountability to tax payers through producing reports in both electronic and printed forms

The questions specifically related to the project are:

- (1) How far mechanism of coping with HIV/AIDS problems was established at each level of the society?
- (2) How far the involvement and collaboration of Chiang Mai University contributed to the Project? (including the impact and sustainability of the activities conducted by the university)
- (3) For the better achievement of the overall goal, is there any collaboration with other organizations besides those in health sector?
- (4) Is there any modification of the project characteristic in line with the trend change of AIDS care and treatment?
- (5) How far the module developed is practical among the target group?

1.2 Evaluation Team Member and the Study Period

The consultant conducting this ex-post evaluation study is Mr. Nakorn Najaron, Thai. The study started on October 3, 2005 and ended February 24, 2006. The work schedule of the study is summarized below.

- (1) Preparation Work (October 3-30, 2005)
 - a. Hold a Kick-off meeting with JICA Thailand Office
 - b. Develop an Evaluation Grid
 - c. Consult with JICA Thailand Office to finalize the Evaluation Grid
 - d. Field visit to PPHO to acquire basic information
 - e. Prepare Questionnaire based on the Evaluation Questions in the Evaluation Grid

- (2) Field Study (November 1-10, 2005)
 - a. Conduct site survey such as interviews, field visits, and questionnaires
 - b. Prepare a midterm report (November 10-December 10, 2005)
 - c. Hold a Stakeholder workshop (December 2, 2005)

- (3) Preparation of a draft final report and draft summary sheet (January 4-11, 2005)
 - a. Review comments from JICA Thailand Office
 - b. Conduct a supplementary study
 - c. Prepare Draft final report and draft summary sheets

- (4) Preparation of the final report and summary sheets (February 17, 2005)
 - a. Review comments from JICA Headquarters
 - b. Prepare the final report and summary sheets

- (5) Presentation to JICA Thailand Office (February 24, 2005)

Chapter 2

Study Methods

2.1 Outline of the Project

| | |
|-------------------------------|---|
| Project Title: | The Project for Model Development of Comprehensive HIV/AIDS Prevention and Care |
| Project Site: | Phayao Province |
| Period of cooperation: | February 1, 1998-January 31, 2003 |
| Counterpart Agency: | Ministry of Public Health, Phayao Provincial Public Health Office |

2.1.1 Background of the Project Request

HIV prevalence in Thailand has exceeded 1 %, and there is a need for not only preventive measures against HIV infection, but the establishment of a care system to enable social/institutional mechanism to cope with preventive measures against HIV infection as well as construction which makes it possible for people to coexist with AIDS patients in the society. The Thai government founded the National AIDS Prevention and Alleviation Committee of Thailand in 1991 and formulated the "National Plan for the Prevention and Alleviation of HIV/AIDS 1997-2001", and had actively promoted preventive measures until today. Based on the request of the Thai government, Japan implemented the "Project for Prevention and Control of AIDS" for three years from 1993 onwards.

After the implementation of the project, taking the outputs into account and based on the social situation concerning AIDS mentioned above, the Thai government requested the Japanese government the cooperation in establishing a care system in districts where a full-scale approach had not yet been initiated.

2.1.2 Framework of the Project

Super Goals

- 1) The number of new HIV infection cases is reduced.
- 2) Quality of life of people with HIV/AIDS and their families is improved.

Overall Goal

The process model of HIV/ AIDS prevention and care through Learning and Action Network on AIDS (LANA) is introduced to other provinces.

Project Purpose

The process model of HIV/ AIDS prevention and care through LANA is developed in Phayao Province.

Outputs

- 1) Health manpower for solving HIV/ AIDS related problems is developed.
- 2) HIV/ AIDS prevention and care system is established.
- 3) Community response to HIV/ AIDS is promoted.

2.2 Stakeholders of the Project and Study Methods

Based on the Terminal Evaluation Report jointly produced by the Thai and Japanese sides at the completion of the Project in 2002, the consultant produced an ex-post evaluation plan and grid. The Project's stakeholders and the methods to conduct this ex-post evaluation study are as follows:

| Stakeholders | Study Methods |
|---|---|
| 1. Implementing Agency Ministry of Public Health | Interview and document review |
| 2. Direct Targets Phayao Provincial Public Health Office (PPHO)/Chun Community Hospital/Ban Tam sub- district of Phayao province | Focus Group Interview and document review |
| 3. Indirect Targets Office of Communicable Diseases Control for Region 10 (CDC 10), Chiang Mai Provincial Health Office, Chiang Mai University and Yasoton Public Health Office | Focus Group interview and document review |

Chapter 3 Study Results

The results of the study are presented below regarding to the impacts as well as sustainability of the Project. The impact study captures the long-term and expansion effects of the Project. On the other hand, the sustainability study verifies if the PPHO can operate and maintain the outcomes of the Project for a long time. Moreover, the analysis of impact and sustainability factors is also presented in this chapter.

3.1 Impact of the Project

The impact of the Project resulted from the Project completion in 2003 to present is expressed with the following three levels:

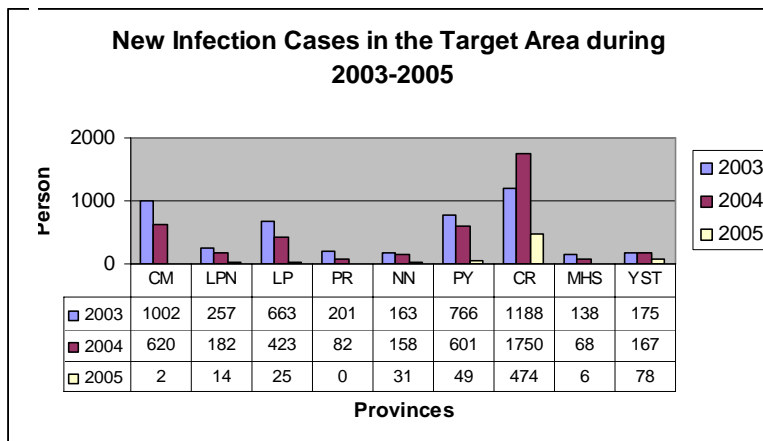
| Level of Result | Explanation |
|------------------------|--|
| <i>High</i> | The Project's products or outputs have high impacts on the HIV/AIDS prevention and care. |
| <i>Moderate</i> | The Project outputs have moderate impacts on the HIV/AIDS prevention and care. |
| <i>Low</i> | The Project failed to produce any impacts on the HIV/AIDS prevention and care. |

3.1.1 Impact Attained at the Super Goal Level: High

The first question related to the impact of the Project at the Super Goal level is: *How far has the number of new HIV infection cases in the target provinces been reduced?*

The statistical data collected during the study clearly indicates that the new infection cases in the target provinces has been reduced since 2003 except in Chiangrai province where the new infection cases increased from 1,188 in 2003 to 1,750 in 2004. In 2005, however, the new infection cases reduced in all provinces. Since the target provinces under CDC 10 learned from PPHO and Chiang Mai University on Community Response through workshops and participation during the learning process (for Chiang Mai and Chiangrai province) and study visits to PPHO (for Yasoton province), it is assumed that the reduction of new HIV/AIDS cases is partially the effect of LANA project. On the other hand, the UNICEF report reveals that, there might be other causes of the reduction such as the commitment of central

government to launch national campaign against HIV/AIDS, education efforts, promotion of condom use and the capacity building of community to participate in HIV prevention. The following graph shows the decreasing of new infection cases in the target provinces.



Source: Division of Epidemiology, MOPH

(CM- Chiang Mai, LPN-Lampun, LP-Lampang, PR –Prea, , NN-Nan, PY- Phayao, CR – Chiangrai, MHS- Meahongson, YST-Yasoton)

The second question related to the impact at the Super Goal level is: *How far has the QOL of people with HIV/AIDS and their families in target provinces been improved?*

In 2004, the research on quality of life was conducted by the Institute of Health Science, Chiang Mai University. 753 PHAs from 45 community hospitals in 4 provinces of the North were recruited and followed up by the institute for one year. The study concluded that the quality of life is significantly correlated with health status of HIV-infected patients on Antiretroviral Treatment (ARV) (Suwat Chariyalertsak, 2004). In Phayao province, 946 PHAs have taken ARV since 2001, and PPHO reports that 80 percent of them suffer less from the intervened diseases. They can eat more, gain more weight and get back to work. They can rely more on themselves in daily activities and less on their family members. This information was confirmed by the Day Care Center (DCC) in Chun hospital and the primary health care center of Ban Tam sub-district in Phayao province. However, income generation and food production of the PHAs could be better if the agricultural activities are promoted since most of them are farmers.

According to the results on the above two questions, the attainment at the super goal level is evaluated as “high”

3.1.2 Impact Attained at the Overall Goal Level: Moderate

The overall goal of the project is: *The process model of HIV/ AIDS prevention and care through Learning and Action Network on AIDS (LANA) is introduced to other provinces.*

The Process Model of HIV/ AIDS prevention and care through Learning and Action Network on AIDS (LANA) comprises of Health Manpower Development, establishment of HIV/AIDS Prevention and Care System (care network), and Community Response. The Process Model was partially (care network and community response) introduced to 16 provinces through workshops, participation in learning during Community Response activities and study visits to the PPHO. In addition, Care Network and Health Manpower Development were introduced to 8 provinces under CDC 10, while Community Response was introduced in Chiang Mai, Chiangrai and other 8 provinces in the East, Northeast and Central Thailand. None of the provinces however have adopted the whole set of the Model due to the complexity of each component. At the project termination, the Model was introduced to Chonburi, Yasoton and Chiang Mai provinces.

During the study, Yasoton and Chiang Mai provinces were selected as the study sites of dissemination of care network (Yasoton province) and community response (Chiang Mai Province). Yasoton province was selected because of its establishment of the information system and day care center after the study visit to PPHO. Chiang Mai province is selected by following the recommendation of JICA Thailand Office. The following information describes how the target provinces adopted parts of the Model and applied in their areas.

(1) Yasoton Provincial Health Office (YPHO)

YPHO officers and head masters of high schools visited PPHO in 2003 to learn how the HIV/AIDS prevention and care was managed. This visit took place after observed PPHO presentation at the National AIDS Conference organized in Bangkok in 2002. In Phayao, they had learned about the development of information system and the day care center. They applied what was learned in Yasoton province as follows:

1) Development of Information System

One of the lesson learned during that visit was the development of information system for HIV/AIDS prevention and care. Based on that experience, YPHO and school teachers conducted the survey by modifying the questionnaire developed by PPHO. The questionnaires were filled out by 21,016 students from 33 schools in the province. The findings indicated there are 3 major factors which are related significantly to have sex affairs; i) Students of age groups of 15 to 16 years old are the majority of the students who are reported to have sex affairs at the first time (31.8 percent and 15.4 percent respectively). ii) Most of them study at level three to four of high school (22.9 and 48.8 percent respectively). iii) Friends' houses and rental places are the two major places where the students prefer to meet their boyfriend or girlfriends (42.9 percent and 14.0 percent respectively). It was also found that there were more female students drinking alcohol than male. In addition, the students of schools located far away from cities had higher rate of sexual affairs comparing to those resided in cities. The workshop at the provincial level was organized by YPHO, being chaired by the provincial vice-governor to discuss the survey findings and to develop preventive measurements. As a result, 7 youth camps were conducted for the risk groups to discuss their problems and initiate positive interventions by themselves.

2) Establishment of DCC in Kudchum Community Hospital, Yasoton Province

The development of DCC in Maejai community hospital inspired the nurses of Kudchum community hospital under YPHO. They established a DCC with full participation of the PHAs through group counseling and home visit. The number of the PHAs who participated in the DCC increased from 5 in 2003 to 50 at present. The increased number of the PHAs in DCC was resulted from the regular home visit of 6 PHA volunteers as well as the positive impact of ARV. The PHA volunteers visited schools and TAOs to provide information and raise social awareness on HIV/AIDS. At present, physical health of the PHAs is generally improved and the communities accepted people with HIV/AIDS. One TAO allocates 500 baht for each PHA monthly as one of the social welfare considerations.

(2) Chiang Mai Provincial Health Office (CMPHO)

CMPHO adopted the process of community response through participation in the series of workshop during 2002 to 2003. Eight health personnel from the district health offices were appointed to participate in the workshops. Six Tambons (sub-district) were selected as the learning sites. As a result, these personnel have been developed as facilitators for promoting the community response process. They organize the workshops in their responsible areas. The selected 6 Tambons become the learning sites on this topic.

3) CDC 10

The achievement of the Project has contributed to HIV/AIDS prevention and care at the regional level. The development of information system of PPHO was presented at the regional workshop organized by CDC10. Other provinces under CDC 10 learned from the PPHO experience and adjusted their system based on the circumstances. PPHO was given enough time to transfer the technology to public health personnel under CDC 10 on counseling for behavior change of the youth. Moreover, the former LANA director was invited to share her experience at the regional workshop on Prevention of Mother to Child Transmission (PMCT).

The impact attained at the overall goal level is evaluated as “moderate” based on the facts that there were a few provinces that introduced process model of HIV/AIDS prevention and care, such as; 1) Yasoton province introduced a component of care network by establishing a day care center in one community hospital and establishing the information system after learning from PPHO during the study visit, 2) Chiang Mai Public Health Office introduced a component of health manpower development by developing capacity of 8 personnel to be facilitators and establishing 6 sub-districts as the learning sites, and 3) Some provinces under Office of Communicable Diseases Control for Region 10 (CDC 10)* introduced a component of care network by adjusting their information system following the PPHO experience learned at workshops organized by CDC 10. However, it was found that none of the provinces have adopted the whole set of the process model due to the complexity of each component.

*CDC10 covers 8 provinces in the Northern part; Chiangmai, Lampun, Lampang, Prea, Nan, Phayao, Chiangrai and Maehongson

3.1.3 Impact not Anticipated at Project Completion

(1) Former Provincial Chief Medical Officer, PPHO was promoted to the position in the central government

Through the LANA, the Project developed the manpower capacity and information system, and this experience was introduced at the national level by the former Provincial Chief Medical Officer, PPHO. As a result, the area based epidemiology network was established. The process of the area based epidemiology was then included in the national monitoring and evaluation system.

(2) AIDS Committee at Ban Tam sub-district of Phayao province becomes the core development committee at the sub district level

AIDS committee at Ban Tam sub-district established by the Project becomes the core development committee of this sub district. This committee was initially comprised of 4 sections; i) human resource development, ii) awareness raising, iii) social welfare, and iv) fund raising. Two new sections were added last year namely; poverty reduction and environment conservation. The committee meets quarterly to discuss the HIV/AIDS-related and other issues on economic and environment development. Under this committee, the AIDS sub-committees were established in all villages of the same Tambon to handle HIV/AIDS prevention and care activities at the village level. As a result of these continuous efforts, Ban Tam TAO (Tambon Administration Organization) allocated the amount of 80,000 baht to support HIV/AIDS activities in the sub-district. Moreover, Global Fund provided the AIDS committee with the amount of 90,000 baht to support for organizing youth camps.

(3) Thirty TAOs allocated budget for HIV/AIDS

PPHO assisted the communities to help the PHAs. As a result, 30 out of 49 TAOs allocated budget to support the PHAs as social welfare in 2005. Total budget allocation was 2,982,000 million baht. TAOs tend to receive increasing amount of budget due to the decentralization policy. They have more flexibility to support financially to the PHAs in their administrative area. The amount of budget allocation of each TAO however varies from one to another. The Tambons with strong working groups on HIV/AIDS are likely to receive higher financial support.

(4) Community Response is applied to 21 communities in 8 provinces

Community response process has an impact at the national and local levels. At the national level, Chiang Mai University applied the process of community response to 21 communities in 8 provinces under the project called the Project for Promoting

Participatory Learning from Local Response to HIV/AIDS in Thailand during 2001-2004. The project received financial support from JICA for the implementation in 6 sub-districts of Phayao and Chiangrai provinces and from other donor organizations such as UNICEF, AUSAID, UNAIDS and Thai MOPH-US CDC Collaboration (TUC) to implement in other areas.

At the local level, 12 selected Tambons in Phayao, Changrai and Chiang Mai provinces were used as the learning sites of how the community could analyze problems related to HIV/AIDS and plan to solve those problems accordingly. Lesson learned from these communities on community response was concluded and presented in the National AIDS conference July 2003, in the 15th International Aids Conference in Bangkok 2004 and in the International AIDS Competence Knowledge Fair July 2004.

The community response was conducted by Chiang Mai University under the belief that the community members could solve their own problems if they were given the chance to participate in the learning process. The study of community response by Chiang Mai University in 3 sub-districts of Chiangrai province came to the conclusion that the following 6 factors influenced the learning process:

1) Community context

The competent community in fighting against HIV/AIDS is the community which individual and existing local groups actively search for the ways and strategies. They participate actively in meetings or workshops. They receive financial and technical supports from government agencies and other donors.

2) Duration and continuity of activities, and their relevance to community needs

It is reported that the community forum was organized every 3 to 4 months. This period of time allows the participants to exchange their experience in implementing activities. They still remember what has been discussed during the previous forum.

3) Application of experience to HIV/AIDS work by participants from the community

It is important that the participants from the community to understand the community-based HIV/AIDS work. They exchange information with and learn

from other communities how to take good care the PHAs and prevent villagers from infection. After that, they apply the knowledge in their own community.

4) Effective organization of learning process

The learning process or forum in village requires experienced facilitators in organizing participatory learning workshop. They believe that the villagers have potential to learn through a series of forums organized at the village level using Appreciation-Influence-Control (AIC) planning tool.

5) Role of note takers

The note takers means the persons take notes during AIC workshops. They actively participate in village activities and have a good understanding of AIC process. They can identify the change in participants' attitude by comparing the notes of discussions made in the different forums.

6) Continued support system

To make community response activities successful, it requires the continued support system. The community which receives technical and financial supports to participate in the different forums at the local and national levels on HIV/AIDS could learn better how to deal with HIV/AIDS related issues.

Community response process leads to the conclusions of how the community could learn to analyze the problems and solve the problems accordingly. The factors influenced the success of community response are concluded and shared in national and international conferences.

3.2 Sustainability

The sustainability of the Project is expressed with the following three levels:

| Level of Result | Explanation |
|------------------------|---|
| <i>High</i> | It is expected high that the Project benefits are likely to sustain after the discontinuation of JICA's assistance, based on the analysis on the retention of the Project outcomes in terms of technical, organizational and financial aspects. |
| <i>Maintained</i> | It is expected high but not higher than the above that the Project benefits are likely to sustain after the discontinuation of JICA's assistance, based on the analysis on the retention of the Project |

| | |
|------------|--|
| | outcomes in terms of technical, organizational and financial aspects. |
| <i>Low</i> | It is expected low that the Project benefits are likely to sustain after the discontinuation of JICA's assistance, based on the analysis on the retention of the Project outcomes in terms of technical, organizational and financial aspects. |

3.2.1 Technical Aspect: High

The conditions of operation and maintenance of the project equipments is used as a basis of evaluating technical sustainability. The following shows the results of the observation:

1. During the Project, 125 items of the equipments were provided to general and community hospitals. Those equipments are maintained or calibrated. 10 items are replaced with other compatible equipments by the counterpart agency because of high cost for maintenance and operation, leakage and difficult to find battery. List of the equipment which are replaced are shown in annex 4
2. CD4 and Viral Load (VL) testing equipments in the Phayao Provincial Hospital Laboratory have been used continuously in good conditions after the Project. As a result, the report of Phayao Provincial Hospital indicated that the total numbers of CD4 testing increased. Viral Load testing showed also the same trend although the number was slightly less in 2005 than the previous year, as shown in the table below.

| Testing | Yr 2002 | Yr 2003 | Yr 2004 | Yr 2005 |
|--------------|---------|---------|---------|---------|
| CD 4* | 465 | 710 | 1,254 | 1,466 |
| Viral Load** | N/A | 174 | 315 | 303 |

* CD4 is a type of white blood cell that fights infection.

** Viral Load testing measures the amount of HIV in the blood.

(Source: Phayao Provincial Hospital)

Based on the above two observations; proper maintenance or calibration of the project equipment, and the continuous use of the testing equipment in good conditions, technical sustainability of the project is evaluated as "high".

3.2.2 Organizational Aspect: High

The following items are studied in order to evaluate the organizational aspects; 1) the revision of role of a Phayao provincial HIV/AIDS Committee, 2) the maintenance of PPHO staff, 3) the collaboration with other provincial offices and 4) the increase of trained staff.

- (1) Eight PPHO staffs were appointed as the members of Phayao Provincial HIV/AIDS Prevention and Care Committee. The committee structure was revised on October 31, 2005. Accordingly, it has now the following important tasks: 1) to synchronize the HIV/AIDS related activities of different government agencies, to monitor and to evaluate the results - taking into consideration of the provincial strategic development plan, 2) to establish information system and provide information to the related agencies for HIV/AIDS prevention and care, and 3) to promote participation of stakeholders in the HIV/AIDS prevention and care activities. As a result, PPHO staffs now play important roles in providing information on HIV/AIDS to the committee and coordinating with other committee members from other offices for the implementation of the activities.
- (2) PPHO maintains the personnel responsible for man power development, information system, community response, laboratory and the aid action center. Some of the PPHO personnel were transferred within the province. They were however invited to participate in meetings or workshops so that they keep improving their capacity HIV/AIDS related topics. Additional trainings were also organized by PPHO for its personnel when it seemed necessary.
- (3) Since the nature of HIV/AIDS prevention and care is geared towards a more preventive approach, PPHO not only maintains collaboration with military and education provincial offices, but has also expanded its network to the Phayao Provincial Cultural Office to educate the youth about local wisdoms and supporting them to overcome social problems. Moreover, PPHO works closely with the Provincial Social Development and human security office to provide them with the list of the PHA open cases so that the PHA can be supported financially.
- (4) The number of the trained staff increased from 32 to 40 during 2004-2005. They are now equipped with the counseling method utilizing psychological and Buddhist teachings. Two of them are trainers on this topic, and there are 15 youth receiving their services in 2005.

Based on the above facts; 1) the revision of Phayao Provincial HIV/AIDS Prevention and Care Committee where PPHO staff played important role in providing information and coordination with different government organizations, 2) the maintenance of PPHO staff to take care the man power development, information system, laboratory, community response and aids action center, 3) the collaboration with other provincial offices, and 4) the increase of trained staff, the sustainability of the Project from the organization aspect is considered as “high”.

3.2.3 Financial Aspect: High

Financial aspect could be evaluated on how much budget has been allocated to support HIV/AIDS activities in Phayao province. The table below shows the amount of budget allocated by different sources to PPHO during 2003-2005.

| Source of Fund | FY 2003 | FY 2004 | FY 2005 | Total (Baht) |
|-----------------------------------|-----------|------------|------------|--------------|
| MOPH | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 |
| International Organizations | 723,650 | 774,676 | 2,591,240 | 5,866,718 |
| Local Administration Organization | N/A | N/A | 2,982,000 | 2,982,000 |
| Others | 296,800 | 5,030,000 | 2,630,000 | 7,956,800 |
| Total (Baht) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 |

Source: PPHO

The above table shows that the amount of budget from different financial sources has increased continuously since 2003. Based on this increasing amount of budget, the sustainability of financial aspect of the Project is evaluated as “high”.

3.2.4 Sustainability of Project Effects

The sustainability of project effects is explained according to 3 outputs of the Project; Health Man Power Development, Care Network and Community Response as follows:

(1) Health Man Power Development: High

The sustainability of health manpower development could be observed from the following two points; a) the lesson learned from community assessment and the application of the PPHO personnel and b) the expanding of information system to Chiangmuan district.

- a. The Project emphasized during its implementation stage that the process model of assessment-plan-implement-monitoring and evaluation against

HIV/AIDS should be installed at PPHO. 363 health personnel were trained in the “Community Assessment” training course. They were not trained on planning, implementing, monitoring and evaluation because of the time limitation. However, PPHO staffs incorporate these activities in their daily work using the analytical skill which they achieved during the community assessment training course. After the Project, the trained staff shared their experience of what was learned during the training course with colleagues, and they applied what they had learned for their actual work. The lessons from community assessment are concluded. The health personnel understand the needs of PHAs, needs of family members and community how to take care of the PHAs. Based on that knowledge, they could improve their service to meet those needs.

The community assessment helps PPHO personnel to understand that the PHAs need to live normally with their family members. They need psychological support to overcome the stress of being infected with HIV/AIDS. They need to live longer in order to take care of the family members. According to the PHA respondents of the interview, they want to participate in community development activities. At the family and community levels, people need to know how to take care of the infected family members, how the community can help the PHAs socially and economically and how the PHAs could participate in solving the HIV/AIDS related issues. As a result, PPHO personnel at sub-district and district level are now able to improve the service system to the PHAs in response to the needs.

b. Two of the trained health officers were transferred; one from Meajai district health office to Chiangmuan district health office and another from PPHO to Chiangmuan community hospital. They were among the pioneer officers who were trained on the development of information system and acknowledged the value of the system in HIV/AIDS prevention and care. They are now the chief of Chiangmuan district health office and the hospital director. Since the beginning of 2005, they have been developing the information system by training 6 health officers from the district health office and the hospital to collect both qualitative and quantitative data of 30 infection cases of the PHAs and their families. They will continue to collect data of totally 58 infection cases in the district.

It is generally pointed out the PHAs faces 4 major problems namely health, psychological, social and economic problems, and it is therefore important for the health officers to grasp the information related to these problems. Once the data is successfully processed, it will be used to plan actions for solving the related problems. Beside the collection of data of the infection cases, they also collect quantitative data of about 1,000 students in 8 schools of the district. The data will contribute to identify the risk groups among students and seek for proper measurements to prevent new infection case among the youth.

Base on the lesson learned from community assessment and the application of the PPHO personnel and the expanding of information system to Chiangmuan district, the sustainability of the project effect on the health man power development is evaluated as “high”.

(2) Care Network: High

The sustainability of Care Network can be observed from the implementation of Day Care Centers (DCC) and the development of District Database as follows:

1) Day Care Center

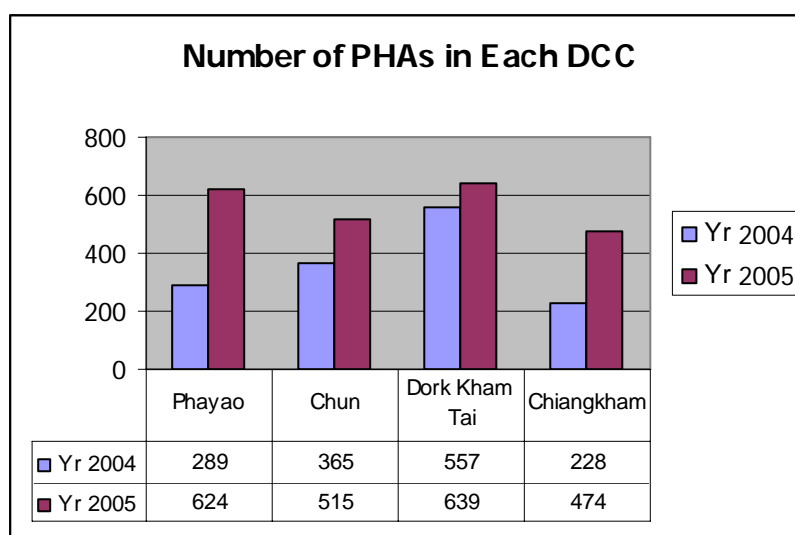
Four DCCs have been constructed since 2002 at Phayao General Hospital, Chun Community Hospital, Dork Kham Tai Community Hospital and Chiangkham General Hospital. The objectives are:

- i) To provide comprehensive and Continuous care to HIV/AIDS patients all each stage of disease including their family.
- ii) To increase HIV/ AIDS patients’ capacity in self care.
- iii) To support and strengthen PHAs group and peer support (information and counseling).
- iv) To be a coordination center for service units in GO and NGO.

DCCs have been maintained by the hospital personnel, NGOs and PHAs. The number of DCC nurses and the PHA volunteers in these four DCCs is as follows:

| Hospital | No. of nurses | No. of PHA Volunteers |
|-----------------|----------------------|------------------------------|
| Phayao | 3 | 10 |
| Chun | 4 | 10 |
| Dork Kham Tai | 3 | 10 |
| Chiangkham | 3 | 10 |

The PHAs volunteers receive financial support from Raks Thai Foundation and Global Fund for their visits to the PHAs' homes and other PHA-related activities. The support from Raks Thai Foundation will continue until 2007. The number of nurses working for DCCs increases by 10 percent compared to the one in 2003. DCCs are the places where the PHAs come for basic medical care, basic counseling, practicing meditation and social welfare. The number of the PHAs visiting DCCs has increased rapidly during the past two years, which is due to the effectiveness of antiretroviral therapy (ARV), the volunteers' home visit activity and the availability of information for the PHAs to decide for receiving medical treatment. Number of PHAs who have visited four day care centers increase from 1,439 cases in 2004 to 2,252 cases in 2005. The chart below shows increasing number of PHAs in each DCC.



Source: Raks Thai Foundation, 2005

2) Information System Development at District Level

One information system was established in Meajai district during the Project. In 2005, new information system was established in Chiangmuan district to deal with both qualitative and quantitative data. The intension of formulating the information system is for the government officers to have better understanding of the PHAs social and economic situations as well as the health related aspects. It will lead to better planning for health care service at district. The quantitative study of the risk groups will also lead to better preventive measurements. Therefore, it is assumed that this newly established information system has substantial benefits to the authorities concerned, and thus it is expected to be used and properly maintained.

The number of PHAs, who access to medical treatment, increased in the past two years. The number of health staff and PHAs volunteers also increased. One more information system at the district level was also established. Based on them, the sustainability of the project effects in terms of care network is evaluated as “high”

(3) Community Response: High

The sustainability of the project effects in terms of community response has been considered based on how the community maintains its support to the PHAs. Ban Tam sub-district of Phayao province is selected purposively because of the high participation of the stakeholders at community level and the concrete results of improving the PHAs’ social and economic situation. In Ban Tam sub-district, an AIDS committee at the Tambon level was established by villagers’ initiative during the Project, and the committee members were well accepted by the villagers. It is now functioning as a hub of community network and works as a decision making body of the sub-district to help the PHAs. It promotes social awareness and fund raising of the PHAs.

Based on the interview with the committee members, the committee enables stakeholders at the Tambon level to participate in development activities such as fund raising for PHAs and social awareness activities for the youth and villagers were organized by the committee. Through the series of learning process in the workshops, the committee members in this community have been able to maintain their activities, which cover not only HIV/AIDS but also natural resource management and other village development activities. Within the same Tambon, committees at the village level were also established to implement HIV/AIDS related activities in the village. Base on the strong commitment of the committee, Ban Tam sub-district has been selected by PPHO as the learning site for national and international visitors on how a community has responded to HIV/AIDS. Moreover, Ban Tam TAO allocates the amount of 80,000 baht to support the PHAs.

Based on the increasing role of AIDS committee and support from PPHO and TAO the sustainability of the project effects in terms of community response in this community is evaluated as “high”

3.3 Analysis of the Factors related to Sustainability and Impact

3.3.1 Promoting Factors

(1) MOPH Policy

The National Access to Retroviral Program for People living with HIV/AIDS (NAPHA) helps the PHAs to get better access to ARV. As a result, they are physically stronger and earn enough income to sustain themselves in daily lives. MOPH launched NAPHA program since 2000. In 2004, totally 50,752 PHAs received ARV. In CDC 10 area, totally 10,888 PHAs received ARV in 2005. This included about 700 PHAs from Phayao province. It therefore can be said that the policy contributes greatly to raise the quality of life of the PHAs.

(2) Decentralization Policy to Local Administration Organization

Central government allocates budget to local administration organizations to support the development at the Tambon level. As a result, TAOs could more flexibly allocate budget to support the PHAs in their responsible areas. In Ban Tam, TAO does not only provide social welfare but also supports funds for prevention campaign against HIV/AIDS.

(3) HIV/AIDS Prevention and Care received financial support from International Organization

During the study, a number of international organizations were said to be the important sources of finance for PPHO, such as Global Fund, Thai MOPH-US CDC Collaboration (TUC), United Nation Fund for Population Activities (UNFPA), UNAIDS and Unicef. The supports are for clinical system development, technical training of health staff, education and food for children and conclusion of lesson learned.

(4) Support from NGO and The Daughters of Charity of Saint Vincent De Paul

Raks Thai Foundation and The Daughters of Charity of Saint Vincent De Paul are active in Phayao province . They support child right, occupation promotion, and education and social welfare. Raks Thai Foundation is active in promoting the PHAs to participate in home visits and basic counseling. The Daughters of Charity of Saint Vincent De Paul provides financial support for food and education to children who are affected by HIV/AIDS. It is considered their contributions have been supporting the care network effectively.

(5) CDC 10 supports Health Manpower Development

At the regional level, man power development is one of the major policies of CDC 10. At the provincial, district and community levels, specialized health officer teams have been established and strengthened to improve the health service system. The policy could improve both health manpower and care network.

(6) Transfer of health officers facilitates the expansion of project effects

The transfer of the health officers to other district within the same province facilitates the transfer of knowledge in the new area. In case of PPHO, the two officers transfer their knowledge to other six health officers in Chiangmuan district of Phayao province. These six officers are trained to collect both qualitative and quantitative data of the PHAs. They will also collect data of the 1,000 students at high school level in order to identify the risk behaviors among them. Since PPHO intends to transfer knowledge through the existing government system, the transfer of the well trained and motivated officers to other areas is proved to be an appropriate approach.

3.3.2 Inhibiting Factors

(1) Complexity of the process model

It requires time, budget and resource persons to transfer knowledge on Health Man Power Development and Community Response to other provinces. In order to train the health staff on the community assessment which is the first step of Health Man Power Development, it requires both in-class training and field practice to collect the PHAs' related information in a community. Moreover, it requires close supervision of the experienced trainers in order to analyze them based on the evidences found in the community. The transfer of knowledge on community response to other provinces requires similar resources. Community response process comprises of several participatory workshops in order to develop capacity of stakeholders in identifying the effects of HIV/AIDS to their communities and plan potential activities to fight against them by using the available resources. It requires also the skillful facilitators to facilitate the workshops. Therefore, the transfer of knowledge on these two components to other provinces effectively could be possible only by direct participation of the health staff in the learning process or the series of workshops.

(2) Lack of coordination with the Provincial Offices dealing with Agriculture

PPHO has maintained its coordination with the provincial education, military and cultural offices. It was not found during the study that PPHO contacts with any government offices dealing with agricultural development. As the result, no

agricultural activity was promoted by government agencies at community level with particular PHA groups even though most of the PHAs are farmers.

3.4 Conclusions

(1) Impact

1. Super Goal level

Impact at super goal is evaluated as “high”. Number of new infection cases has decreased in all target provinces since 2003. Since the target provinces have learned from PPHO experience in HIV/AIDS prevention and care, it is assumed that the reduction of new HIV/AIDS cases is partially the effect of LANA project. On the other hand, the UNICEF report reveals that, there might be other causes of the reduction such as the commitment of central government to launch national campaign against HIV/AIDS, education efforts, promotion of condom use and the capacity building of community to participate in HIV prevention. The quality of life of the PHAs is improved. 80 percent of them are physically stronger after receiving ARV. They can rely more on themselves in daily activities and less on their family members. However, income generation and food production of the PHAs could be better if the agricultural activities are promoted since most of them are farmers.

2. Overall goal level

The impact attained at the overall goal level is evaluated as “moderate” based on the facts that there were a few provinces that introduced process model of HIV/AIDS prevention and care, such as; 1) Yasoton province introduced a component of care network by establishing a day care center in one community hospital and establishing the information system after learning from PPHO during the study visit, 2) Chiang Mai Public Health Office introduced a component of health manpower development by developing capacity of 8 personnel to be facilitators and establishing 6 sub-districts as the learning sites, and 3) Some provinces under Office of Communicable Diseases Control for Region 10 (CDC 10)* introduced a component of care network by adjusting their information system following the PPHO experience learned at workshops organized by CDC 10. However, it was found that none of the provinces have adopted the whole set of the process model due to the complexity of each component.

(2) Sustainability

Sustainability of the project is evaluated as “high” based on 1) technical aspects, 2) financial aspects and 3) organizational aspects.

1. Technical aspect is evaluated as “high”.

The counter part agency has maintained and calibrated the project equipment properly. 10 items were replaced with other compatible equipments because of high the cost for maintenance and operation, leakage and difficult to find battery. Blood testing equipments in the Phayao Provincial Hospital Laboratory have been used continuously in good conditions after the Project.

| Testing | Yr 2002 | Yr 2003 | Yr 2004 | Yr 2005 |
|--------------|---------|---------|---------|---------|
| CD 4* | 465 | 710 | 1,254 | 1,466 |
| Viral Load** | N/A | 174 | 315 | 303 |

* CD4 is a type of white blood cell that fights infection.

** Viral Load testing measures the amount of HIV in the blood.

2. Financial aspect is evaluated as “high” since the amount of budget allocated for HIV/AIDS related activities has increased since 2003. See the budget sheet below.

| Source of Fund | FY 2003 | FY 2004 | FY 2005 | Total (Baht) |
|-----------------------------------|-----------|------------|------------|--------------|
| MOPH | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 |
| International Organizations | 723,650 | 774,676 | 2,591,240 | 5,866,718 |
| Local Administration Organization | N/A | N/A | 2,982,000 | 2,982,000 |
| Others | 296,800 | 5,030,000 | 2,630,000 | 7,956,800 |
| Total (Baht) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 |

3. Organizational aspect is evaluated as “high” based on the facts; 1) the revision of Phayao Provincial HIV/AIDS Prevention and Care Committee where PPHO staff played important role in providing information and coordination with different government organizations, 2) the maintenance of PPHO staff to take care the man power development, information system, laboratory, community response and aids action center, 3) the collaboration with other provincial offices such as provincial military, education and cultural offices , and 4) the increase of trained staff from 32 to 40 during 2004-2005.

4. Sustainability of the project effects are evaluated according to 3 project outputs; health manpower development, care network and community response. They are evaluated as high based on the facts that; 1) PPHO staff are able to conclude the lessons learned from community assessment activity and apply those lessons in their daily work. 2) The number of PHAs who visit day care

centers increase and one more information system is established. 3) AIDS committee at a sub- district becomes a decision making body for the sub-district development activities.

Factors contributing to the project impact are; 1) the MOPH policy on The National Access to Retroviral Program for PHA (NAPHA). This program enables the PHAs to have better access to medical treatment. As a result, they are physically stronger and earn enough income to sustain themselves in daily lives. Their quality of life is improved. 2) Decentralization Policy to Local Administration Organization. Central government allocates budget to local administration organizations to support the PHAs in their responsible areas. In the fiscal year 2005, The local administration organization allocated the total amount of 2,982,000 Baht to support PHAs in Phayao province. The budget allocation to these organizations to support PHAs tends to increase year by year according to the decentralize policy of the central government. 3) HIV/AIDS Prevention and Care received financial support from International Organizations. The supports are for clinical system development, technical training of health staff, education and food for children and conclusion of lesson learned. 4) Support from NGO and The Daughters of Charity of Saint Vincent De Paul on the child right, occupation promotion, and education and social welfare. It is considered their contributions have been supporting the care network effectively. 5) CDC 10 supports Health Manpower Development. Man power development is one of the major policies of CDC 10. Specialized health officer teams have been established and strengthened to improve the health service system. The policy could improve both health manpower and care network. 6) Transfer of the well trained health officers to other districts is proved to be one of the appropriate approaches in order to expand the project effects.

Factors inhibiting the project impact are; 1) Complexity of the process model. It requires time, budget and resource persons to transfer knowledge on Health Man Power Development and Community Response to other provinces. 2) Lack of coordination with government agencies dealing with agricultural development even though the majority of the PHAs are farmers.

Base on the above results, recommendations are developed for JICA and PPHO. Lesson learned is also presented in chapter 4..

Chapter 4

Recommendations and Lessons Learned

4.1 Recommendations

FOR JICA:

The process model of HIV/AIDS prevention and is developed successfully in Phayao province. More PHAs have better access to medical treatment. Health Manpower capacity is developed to analyze the PHAs situation based on the facts attained during the community assessment and plan for development accordingly. A community response learning process is concluded. This process model could be of great contribution to the neighboring countries where HIV/AIDS is the major threat. JICA may organize study visit for public health officers from the neighboring countries to visit PPHO. A one week study visit could be enough to learn the essentials of the project components. Ban Tam sub-district of Phayao province is highly recommended for visitors to learn about community response. Chun Hospital and Phayao hospital are recommended for the demonstration of day care centers. Chiangmuan district health office and PPHO are the two offices where information system could be observed.

FOR PPHO:

(1) Promotion of the community response in other sub-districts.

Four sub-districts of Phayao province have been implementing the community response activities created during the Project. These activities were prepared based on the needs of the PHAs. It is proved that the activities could help the PHAs to overcome social and economic problems. However, this learning process has not been transferred further to other sub-districts systematically. Considering the fact that PPHO has staff that could facilitate the process, and the four sub-districts as learning sites, it is recommended that PPHO organizes the transfer of knowledge to other sub-district using the available human resources. It could start with the sub-districts where people show their interest and commitment to help the PHAs. The AIDS committee of Ban Tam sub-district could be used as model of development for others.

(2) Coordination with agricultural development organizations

Most of the PHAs in Phayao province are farmers. In the area, they have lowered job opportunity in agriculture due to the decreased labor availability, landlessness and insufficient water for agriculture. PPHO should coordinate with organizations dealing with agricultural development such as office of agricultural

extension and provincial irrigation office in order to plan for creating job opportunities for the PHAs. Self-sufficient agriculture may be introduced to secure food at family level. Traditional small scale irrigation may be constructed in the area where water resources are available.

4.2 Lesson Learned

The sustainability of the project effects on both Community Response and Care Network is evaluated as high. They are both needed in order to deal with PHAs' difficulties. However, to implement only one of the components may not produce enough results to overcome all the PHAs' problems.

The PHAs usually face four main problems; psychological, social, economic and physical problem. The Care Network provides medical treatment and psychological counseling. Eighty percent of the PHAs in the study area get better after the continuous medical treatment. As a result, they can rely more on themselves. However, they still face social and economic problems. The Community Response process helps them to overcome these. It facilitates the stakeholders at community level to take better care for the PHAs, to live with them without any distinctions and to raise fund to support them. The PHAs are encouraged to participate in the activities.

Ban Tam sub-district of Phayao province is the successful community where these two components were implemented and good outcomes were produced. On the other hand, Yasoton Provincial Health Office has learned and implemented only care network. It could increase the number of opened PHA cases to medical treatment and organize the youth camps. Nevertheless, the support from communities to the PHAs on social welfare and social awareness does not occur. Therefore, it can be said that implementation of both community response and care network should be considered to obtain higher results.

Annex 1: Evaluation Grid: AIDS II Project

Impact

| Evaluation Questions | | Achievement | Data Needed | Data Sources | Data Collection |
|---|--|--|--|---|--|
| Main Questions | Sub-questions | | | Source | |
| 1) How far has the super goal been achieved since the termination evaluation? | <p>a) How far has the number of new HIV infection cases in target provinces been reduced?</p> <p>b) How far has the QOL of people with HIV/AIDS and their families in target provinces been improved?</p> | <p>- (declining) HIV infection rate in provinces adopted the model</p> <p>-(improvement) of QOL among PWA and their families</p> | <p>HIV Infection rate and</p> <p>QOL index by interviewing the DDC and target Tambon</p> | <p>- MOPH</p> <p>-Yasothon Provincial Health Office (YPHO)</p> <p>- Chiangmai Provincial Health Office</p> <p>- CDC 10</p> | <p>Interview/ Document Search</p> |
| 2) How far has the overall goal been achieved since the terminal evaluation? | <p>a) What are the significant achievements in the establishment of HIV/AIDS prevention and care system after the Project termination?</p> <p>b) How many provinces among the provinces under the Office of Disease Control No. 10 and other provinces adopt the LANA model?</p> <p>c) What are the provinces that succeeded most, and why?</p> <p>d) What components of the model (health manpower development, information system, care network and community response) are adopted?</p> <p>e) How has the LANA model been diffused to other provinces?</p> <p>f) Are the adopted model practical in the target provinces?</p> <p>g)What are the pending topics that the target provinces want to learn more from PPHO?</p> <p>h) What are the interventions of Chiangmai University in transferring the results of community response to other provinces?</p> | <p>Describe the result of project document review and interview;</p> <p>- number and name of provinces adopted the LANA model</p> <p>- the level of understanding of responsible personnel towards “the process model”</p> <p>-process of model expansion at different level</p> | <p>Number and name of provinces adopted the LANA model</p> <p>Process of model expansion</p> | <p>-Payao Provincial Health Office (PPHO)/</p> <p>-Center of Disease Control No. 10 Chiangmai province (CDC 10)/</p> <p>-Yasothon Provincial Health Office (YPHO)/ Chiangmai University</p> | <p>Review of the final evaluation report/ annual report and related thesis</p> <p>Group Interviews</p> |

| | | | | | |
|---|--|---|--|---|--|
| <p>3) What are the external factors contributing to the project achievement?</p> | <p>a) How far the decentralization policy contributing to the HIV/AIDS prevention and care? b) What are other international organizations that support the HIV/AIDS prevention and care activities? c) What are their activities and how those activities contribute to the HIV/AIDS prevention and care? d) What are other interventions of government, local organizations, NGOs and communities supporting the HIV/AIDS prevention and care?</p> | <p>Explain the positive effects of decentralization policy on the HIV/AIDS prevention and care</p> <p>Identify the international organization, their activities and positive impact on the project result</p> <p>Identify positive impact of interventions from different organizations</p> | <p>-decentralization policy, international and local organizations - interventions - positive impact</p> | <p>MOPH/ PPHO / CDC 10 UNAIDS</p> | <p>Document review and interview</p> |
| <p>4) What are factors inhibiting the project impact?</p> | <p>a) What are the impact of the following activities on HIV/AIDS care and prevention; 30 baht policy, CEO policy, war against narcotic drug and addiction 2002 and healthy Thailand policy? b) What should be done to avoid further expansion of negative effects?</p> | <p>Describe the constraints occur from these policies on HIV/AIDS prevention and care</p> | <p>Man power and financial allocation</p> | <p>MOPH/ PPHO</p> | <p>-Document review - Interview</p> |
| <p>5) What are the unintended positive impacts of the project intervention?</p> | <p>a) How the project results are introduced at national and international level? b) What are the positive results developed by the trained officers?</p> | <p>Describe the impact of LANA project at national and international level , identify positive results.</p> | <p>- national policy on HIV/AIDS - positive result</p> | <p>MOPH/ PPHO</p> | <p>Group interview/ Document review</p> |

Sustainability

| Evaluation Questions | | Achievement | Data Needed | Data Sources | Data Collection |
|--|---|---|---|--|---|
| Main Questions | Sub-questions | | | | |
| 1) How has the technical aspects of LANA project been maintained? | <p>a) How the counterpart organization maintains the laboratory?</p> <p>b) How the project equipments are maintained?</p> <p>c) How far has the care network been maintained?</p> | Confirm the list of equipments received and indicate the status of equipment usage and maintenance. | <ul style="list-style-type: none"> - present information system - laboratory and other equipments provided by the project - care network | Payao Lab/ PPHO/Jun Hospital/ Tambon Ban Tam | Group Interview/ Document Review |
| 2) How the counterpart organization maintains the Institution's capacity | <p>a) How the PPHO maintains the relationship with military camps and education office?</p> <p>b) What are other organizations that PPHO works with?</p> <p>c) What is the present organization or committee at provincial or district levels which support the HIV/AIDS care and prevention?</p> <p>d) What is the community mechanism in coping with HIV/AIDS ?</p> <p>e) How the communities maintain the mechanism?</p> <p>f) How far has the partner organization maintains the trained staff?</p> | Describe the result of document review and interview. | <ul style="list-style-type: none"> -organizations or committee dealing with HIV/AIDS at provincial and district levels - community mechanism | -PPHO /Jun District /Bantam Subdistrict | Document review/ Interview |
| 3) How the counterpart organization supports financially to the project results? | <p>a) How PPHO allocates budget to support man power development, care network and community response?</p> <p>b) What are other sources of financial support for HIV/AIDS care and prevention?</p> | Financial allocation for HIV /AIDS care and prevention after the project completion | -annual budget 2004 and 2005 | PPHO | Document review/ Interview |

ANNEX 2 Number of CD4, %CD4 and Viraload Testing of Phayao Provincial Hospital Laboratory

Fiscal Year 2003

| TEST | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | Jun. | Jul. | Aug. | Sep. | Total |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| CD4/CD8,%CD4 | 105 | 29 | 41 | 77 | 80 | 69 | 58 | 43 | 35 | 66 | 63 | 44 | 710 |
| Viral load (HIV 1 RNA) | 42 | 21 | 9 | 0 | 9 | 0 | 0 | 0 | 0 | 9 | 63 | 21 | 174 |

Fiscal Year 2004

| TEST | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | Jun. | Jul. | Aug. | Sep. | Total |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| CD4/CD8,%CD4 | 154 | 173 | 75 | 82 | 91 | 57 | 15 | 88 | 137 | 129 | 138 | 115 | 1254 |
| Viral load (HIV 1 RNA) | 21 | 21 | 0 | 84 | 84 | 63 | 0 | 0 | 21 | 21 | 0 | 0 | 315 |

Fiscal Year 2005

| TEST | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | Jun. | Jul. | Aug. | Sep. | Total |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| CD4/CD8,%CD4 | 80 | 126 | 122 | 103 | 140 | 174 | 101 | 114 | 146 | 125 | 82 | 153 | 1466 |
| Viral load (HIV 1 RNA) | 42 | 21 | 21 | 21 | 21 | 42 | 0 | 21 | 63 | 42 | 9 | 0 | 303 |

Source: Phayao Provincial Hospital Laboratory, 2005

ANNEX 3 Status of equipment

FY 1998

| No. | JICA Item No. | Item | Quantity | Maker & Model | Price(THB) | Place of installation | Management Section | Condition | Remark |
|-----|--|---------------------------------------|------------------|---|--------------------------------------|---|---|------------------|---|
| 1. | 98KY-001 | Class I Safety Cabinet | 1 | LABCONO 37300-21 48631-00 with stand | 236,250 | Phayao Provincial Hospital | Microbiology | A | |
| 2. | 98KY-002 98KY-003 98KY-023-1 98KY-023-2 | Binocular Microscope with Accessories | 1 1 1 1 | OLYMPUS Model OH-20 (BASE ILLUMINATION TYPE) | 45,820 45,820 45,820 45,820 | Chun Community Hospital Chingkhamb General Hospital Phayao Provincial Hospital Pong Community Hospital | LAB LAB Hemotology LAB | A | |
| 3. | 98KY-004 98KY-005 | Water Purification Unit | 1 1 | ELGA Model-Option 38 | 236,250 236,250 | Phayao Provincial Hospital Chingkhamb General Hospital | LAB LAB | A | |
| 4. | 98KY-006 98KY-007 | Ultra Sonic Cleaner | 1 1 | METDER MES,SS | 86,080 86,080 | Phayao Provincial Hospital Chingkhamb General Hospital | LAB LAB | A | |
| 5. | 98KY-008 98KY-009 | Auto Crave | 1 1 | Hirayama Model | 175,440 175,440 | Phayao Provincial Hospital Chun Community Hospital | Microbiology Dental Clinic | A | |
| 6. | 98KY-010 | Respirator | 1 | BIRD/USA MARK 8 BIRD | 152,728 | Phayao Provincial Hospital | Male Medicine | A | |
| 7. | 98KY-011 98KY-012 98KY-013 98KY-014 | Computer Set | 1 1 1 1 | Compaque-PC HPUP | 90,352 90,352 90,352 90,352 | AIDS Action Center AIDS Action Center AIDS Action Center AIDS Action Center | | A A A A | |
| 8. | 98KY-015 | Copy Machine | 1 | Riso Risograph Digital Madel-GR-2750 | 315,000 | Phayao Provincial Hospital Office | Copy room | A | |
| 9. | 98KY-016 98KY-017 98KY-018 | Copy Machine | 1 1 1 | CANON 6241 JAPAN | 257,250 257,250 257,250 | JICA Project Office in Phayao JICA Project Office in Phayao Phayao Provincial Hospital office | JICA OFFICE JICA OFFICE Copy room | C C | Broken from heavy use/ Maintenance cost is too high. Broken from heavy use/ Maintenance cost is too high |
| 10. | 98KY-019 | Digital Video Camera | 1 | Sony DCR TRV 9E | 66,411 | JICA Project Office in Phayao | JICA OFFICE | A | |
| 11. | 98KY-020 | Portable Data Projector | 1 | Sony CP J-D500 | 89,750 | JICA Project Office in Phayao | JICA OFFICE | A | |
| 12. | 98KY-021 | TOYOTA Commuter High Roof | 1 | TOYOTA | 770,000 | Phayao Provincial Hospital office | Admin | A | |
| 13. | 98KY-022 | TOYOTA HI-ACE | 1 | TOYOTA | 720,000 | Phayao Provincial Hospital office | Admin | A | |
| 14. | 98KY-024 | Automatic Blood Cell Counter | 1 | Coulter Corporation Coulter AC T Diff | 552,436 | Chun Community Hospital | LAB | B | Replaced |
| 15. | 98KY-025 98KY-026 98KY-027 | Class II Biological Safety Cabinet | 1 1 1 | Forma Scientific Forma Scientific Model 1285 | 331,000 331,000 331,000 | Chun Community Hospital Pong Community Hospital Dokkhamtai Community Hospital | LAB LAB LAB | A A C | The counterpart agency cannot contact the supplier for spared parts. Therefore, the item is not been used. |
| 16. | 98KY-028 98KY-029 | Automatic Blood Cultural System | 1 1 | Becton-Deckinson Becktec 9050 | 378,000 378,000 | Phayao Provincial Hospital Chingkhamb General Hospital | Microbiology LAB | A A | |

| | | | | | | | | | |
|-----|-----------------|--------------------------------------|----|---|-----------|-------------------------------|---------------|---|--|
| 17. | 98KY-030 | PCR Machine | 1 | Perkin Elmer Thermal Cycle Model 9600 | 567,474 | Phayao Provincial Hospital | Immunology | A | |
| 18. | 98KY-031 | EMI Micro Plate Reader | 1 | Roche EIA Reader Model ELX800 | 272,800 | Phayao Provincial Hospital | Immunology | A | |
| 19. | 98KY-032 | EMI Micro Plate Washer | 1 | | 272,800 | Phayao Provincial Hospital | Immunology | A | |
| 20. | 98KY-033 | Multi-Channel Pipette | 1 | Matrix, USA Amplificore Pipetter | 59,100 | Phayao Provincial Hospital | Immunology | A | |
| 21. | 98KY-034 | Automatic Blood Chemistry | 1 | Johnson&Johnson Clinical Chemistry System Model | 2,331,956 | Chingkhram General Hospital | | A | |
| 22. | 98SKY-001 | Refrigerator | 1 | Sharp Jumbo Model T22113 | 27,536 | Chun Community Hospital | Dental | A | |
| 23. | 98SKY-002- 1-10 | Sphygmomanometer with Child Arm-band | 10 | SK Trading MSHMI 100 Desk | 14,580 | Chun Community Hospital | O.P.D. & ER | A | |
| 24. | 98SKY-003-1-10 | Weighing Scale for Newborn | 10 | SK Trading MISAKI 88202 | 3,071 | Chun Community Hospital | Delivery room | A | |
| 25. | 98SKY-004-1-10 | TV | 10 | LG COLOR Television | 177,200 | Health Centers | | | |
| 26. | 98SKY-005-1-10 | Video | 10 | Sharp VC-510 | 48,780 | Health Centers | | | |
| 27. | 98SKY-006 | Video Camera | 1 | Sony CCD-TRSIIE | 18,862 | JICA Project Office in Phayao | JICA OFFICE | A | |

FY 1999

| No. | JICA Item No. | Item | Quantity | Maker & Model | Price(THB) | Place of installation | Management Section | Condition | Remark |
|-----|---------------|--------------------|----------|---|------------|-------------------------------|--------------------|-----------|--------------------|
| 28. | 99KY-035 | Suction Machine | 1 | Iemerson High | 86,060 | Chun Community Hospital | ER | A | |
| | 99KY-036 | | 1 | Suction Model | 86,060 | Chun Community Hospital | OR | A | |
| | 99KY-037 | | 1 | VP2898 | 86,060 | Chun Community Hospital | IPD. | A | |
| 29. | 99KY-038 | Defibrillator | 1 | Burdick Model Media 5 | 186,916 | Chun Community Hospital | IPD. | C | Decline of battery |
| 30. | 99KY-039 | Vital Sign Monitor | 1 | Colln Model-BP8800-B | 82,620 | Chun Community Hospital | IPD. | A | |
| 31. | 99KY-040 | Fatal Monitor | 1 | HADECO Model EA 1023 | 130,000 | Chiangmuan Community Hospital | Delivery room | A | |
| | 99KY-041 | Fatal Monitor | 1 | ECHO Sounder ModelES-1025 | 130,000 | Mae Chai Community Hospital | | A | |
| 32. | 99KY-042 | Infusion Pump | 1 | TOP-3100 | 54,060 | Chingkhram General Hospital | Maitreechit Center | A | |
| | 99KY-043 | | 1 | | 54,060 | Chingkhram General Hospital | Maitreechit Center | A | |
| 33. | 99KY-044 | Fluocytrometer | 1 | Becton Dicknson Cell Counter Model IMAGN 2000 | 1,700,670 | Phayao Provincial Hospital | Immunology | A | |

| | | | | | | | | | |
|-----|---------------|--|---|---|-----------|-------------------------------|-------------------------|---|--|
| 34. | 99KY-045 | Plateler Storage | 1 | HELMERLAB. | 371,300 | Phayao Provincial Hospital | Blood bank | A | |
| | 99KY-046 | | 1 | INC PO900 With flatedPFS42 | 371,300 | Phayao Provincial Hospital | Blood bank | A | |
| 35. | 99KY-047 | Serofuge | 1 | OLAY ADAM-A | 48,131 | Mae Chai Community Hospital | Dokkamtai H. LAB | A | |
| | 99KY-048 | | 1 | Model 2001 | 48,131 | Mae Chai Community Hospital | Dokkamtai H. LAB | A | |
| 36. | 99KY-049 | Binocular Microscope | 1 | Olympus | 51,223 | Mae Chai Community Hospital | LAB | A | |
| | 99KY-050 | | 1 | Model-CH-30 | 51,223 | Dokkamtai Community Hospital | LAB | A | |
| | 99KY-051 | | 1 | | 51,223 | Chiangmuan Community Hospital | LAB | A | |
| 37. | 99KY-052 | Automatic Blood Cell Counter | 1 | Bayer AOVIA 120 Five Parts | 413,095 | Chingkhram General Hospital | LAB | A | |
| | 99KY-053 | | 1 | Differential Cell counter | 413,095 | Pong Community Hospital | LAB | A | |
| | 99KY-054 | | 1 | Bayer AOVIA60 Bayer AOVIA60 | 413,095 | Dokkamtai Community Hospital | Mae chai Hos. | A | |
| 38. | 99KY-055 | Centrifugator | 1 | Diacient-12 | 52,020 | Phayao Provincial Hospital | | | |
| | 99KY-056 | | 1 | | 52,020 | Chingkhram General Hospital | LAB | 0 | |
| | 99KY-057 | | 1 | | 52,020 | Chun Community Hospital | IPD | A | |
| | 99KY-058 | | 1 | | 52,020 | Pong Community Hospital | LAB | A | |
| | 99KY-059 | | 1 | | 52,020 | Dokkamtai Community Hospital | LAB | A | |
| | 99KY-060 | | 1 | | 52,020 | Mae Chai Community Hospital | LAB | A | |
| 39. | 99KY-062 | Class II B Safety Cabinet | 1 | TEKNOLABO | 418,050 | Chiangmuan Community Hospital | LAB | A | |
| | 99KY-063 | | 1 | | 418,050 | Mae Chai Community Hospital | LAB | A | |
| 40. | 99KY-064 | Electrophoresis Machine | 1 | HELENA Laboratories | 338,787 | Chingkhram General Hospital | LAB | A | |
| 41. | 99KY-065 | Coagulation Analyser | 1 | Instrumentation Laboratories MCL 2 Coagultion Analyser | 204,000 | Chingkhram General Hospital | LAB | A | |
| 42. | 99KY-066 | Auto Glove Wash/Dry Machine | 1 | DYNA GLOVE Instrument Co.,Ltd | 95,000 | Chingkhram General Hospital | Central Supply | A | |
| 43. | 99KY-067 | Hot Air Oven | 1 | Memmert UE | 82,400 | Chingkhram General Hospital | LAB | A | |
| 44. | 99KY-068 | Low Temperature Hydrogen Gas Plasma Sterizer | 1 | Johnson&Johnson Suessed Sterlization System 2001 | 2,551,964 | Chingkhram General Hospital | Central Supply | A | |
| 45. | 99SKY-007-1-9 | Sphygmanometer (adult,table top) | 9 | HICO Madel-HM-1100 | 12,506 | Chun Community Hospital | O.P.D. | A | |
| 46. | 99SKY-008-1-2 | (Manuat/Mobile) | 2 | HICO Model-HM-1104 | 16,526 | Chun Community Hospital | Day Care Emergency Room | A | |
| 47. | 99SKY-009 | Sphygmanometer (stand/mobile) | 1 | HICO Model-HM-1104 | 16,526 | Chingkhram General Hospital | Male Medicine | A | |
| 48. | 99SKY-010-1-6 | Sphygmanometer (children/arm band) | 6 | HICO Madel-HM-1100 | 11,304 | Chingkhram General Hospital | Pediatric | A | |
| 49. | 99SKY-011-1-3 | Digital Blood Pressure Measure | 3 | A&C Madel-UA-731 | 7,617 | Chingkhram General Hospital | Male Medicine | A | |

| | | | | | | | | | |
|-----|----------------|--------------------------------------|----|-----------------------------------|--------|------------------------------|------------------------|---|--|
| 50. | 99SKY-012 | Digital transfer pipet 10 l-1000 l | 1 | brand | 6,720 | Chingkhamb General Hospital | LAB | A | |
| 51. | 99SKY-013 | Digital transfer pipet 10 l-1000 l | 1 | brand | 6,720 | Chingkhamb General Hospital | LAB | A | |
| 52. | 99SKY-014-1-10 | Stetoscope | 10 | UHmann classII | 26,822 | Chun Community Hospital | Day Care | A | |
| 53. | 99SKY-015-1-5 | Weighing Scale foe Adult (foot step) | 5 | KUBOTA | 3,832 | Chun Community Hospital | O.P.D. | A | |
| 54. | 99SKY-016-1-2 | Weighing Scale foe Adult (large) | 2 | KUBOTA KC-21 | 13,390 | Chun Community Hospital | Day Care delivery Room | A | |
| 55. | | Weighing Scale foe Newborn | 1 | Misaki Baby Scale Madel-BB-102 | 3,353 | Chun Community Hospital | delivery Room | A | |
| 56. | 99SKY-018 | Weighing Scale foe Newborn (digital) | 1 | Zepper | 8,000 | Chingkhamb General Hospital | Pediatric | A | |
| 57. | 99SKY-019-1-5 | Newborn Bed | 5 | Clip | 23,605 | Chingkhamb General Hospital | Pediatric | A | |
| 58. | 99SKY-020-1-50 | Thermometer For Children | 50 | | 30,445 | Chingkhamb General Hospital | Pediatric | A | |
| 59. | 99SKY-021-1-2 | Equipment | 2 | | 1,900 | Mae Chai Community Hospital | ER, Health Promotion | A | |
| 60. | 99SKY-024-1-4 | Electric Needle Culter | 4 | | 14,091 | Mae Chai Community Hospital | ER, LAB, Word | A | |
| 61. | 99SKY-025 | Direct opthalmo Scope | 1 | HICO Sm3001-B | 9,101 | Chingkhamb General Hospital | Operation Room | A | |
| 62. | 99SKY-026 | Suction Machine (O)Portable) | 1 | | 6,162 | Chun Community Hospital | delivery Room | A | |
| 63. | 99SKY-027 | Nebliizer | 1 | PARI BOY Model MY-003 | 4,000 | Dokkamtai Community Hospital | Ward | A | |
| 64. | 99SKY-028 | Dry Bath | 1 | Themolayne Madel DB-1221 OE | 18,100 | Mae Chai Community Hospital | LAB | A | |

FY 2000

| No. | JICA Item No. | Item | Quantity | Maker & Model | Price(THB) | Place of installation | Management Section | Condition | Remark |
|-----|---------------|-------------------------------|----------|---|------------|-------------------------------|--------------------|-----------|--------|
| 65. | 00KY-069 | Monitor | 1 | Kenz BPM os-22 | 75,784 | Phayao Provincial Hospital | TB Ward | A | |
| | 00KY-070 | | 1 | | 75,784 | Chun Community Hospital | IPD | A | |
| | 00KY-071 | | 1 | | 75,784 | Chingkhamb General Hospital | ER | A | |
| | 00KY-072 | | 1 | | 75,784 | Chingkhamb General Hospital | Obstetrics | A | |
| | 00KY-073 | | 1 | | 75,784 | Chiangmuan Community Hospital | O.P.D. | A | |
| | 00KY-074 | | 1 | | 75,784 | Chiangmuan Community Hospital | O.P.D. | A | |
| 66. | 00KY-075 | Electrocardiograph | 1 | Kenz Cardico | 194,319 | Chun Community Hospital | IPD | A | |
| | 00KY-076 | | 1 | | 194,319 | Pong Community Hospital | Ward | A | |
| | 00KY-077 | | 1 | | 194,319 | Chiangmuan Community Hospital | IPD WARD | A | |
| 67. | 00KY-078 | Electrocardiograph (PORTABLE) | 1 | H&cpa Medical Device CARDIETTE Autoruler 12/0 | 48,575 | Chun Community Hospital | O.P.D. | A | |
| | 00KY-079 | | 1 | | 48,575 | Pong Community Hospital | Ward | A | |
| 68. | 00KY-080 | Degibrilator | 1 | CARDIOLIFB | 183,505 | Pong Community Hospital | Ward | A | |
| | 00KY-081 | | 1 | | 183,505 | Chingkhamb General Hospital | Operation room | A | |
| 69. | 00KY-082 | Infusion Pump | 1 | TERUMO TE-112 | 56,916 | Pong Community Hospital | Ward | A | |
| | 00KY-083 | | 1 | | 56,916 | Dokkamtai Community Hospital | Ward | A | |
| 70. | 00KY-084 | Resporator | 1 | BIRDS MARK7 | 117,758 | Chingkhamb General Hospital | ER | A | |

| | | | | | | | | | |
|-----|--|---------------------------------------|--------------------------------------|--|--|--|--|--------------------------------------|--------|
| 71. | 00KY-085 | Fatal Jaundice | 1 | MINOLTA Air Shield JM-102 | 90,815 | Chingkhram General Hospital | Nursury | A | |
| 72. | 00KY-086 | Infant Warmer | 1 | Warmer Infant Care Center | 165,842 | Chun Community Hospital | Delivery Room | A | |
| 73. | 00KY-087 | Strechler | 1 | HNE Accident/Emergency Trottey Model 42000 | 336,000 | Chingkhram General Hospital | ER | A | |
| 74. | 00KY-088 00KY-089 | Operation Lamp | 1 1 | Sturdy Ind, Operation/Exam Lamp SLE 100W | 42,964 42,964 | Chiangmuan Community Hospital Chiangmuan Community Hospital | ER ER | A A | |
| 75. | 00KY-090 00KY-091 00KY-092 00KY-093 00KY-094 00KY-095 00KY-096 00KY-097 | Cleaning Machine for Dental Equipment | 1 1 1 1 1 1 1 1 | W&H ASSISTENA 301 PLUS | 58,212 58,212 58,212 58,212 58,212 58,212 58,212 58,212 | Phayao Provincial Hospital Chingkhram General Hospital Chingkhram General Hospital Dokkamtai Community Hospital Pong Community Hospital Chun Community Hospital Mae Chai Community Hospital Chiangmuan Community Hospital | Dental Dental Dental Dental Dental Dental Dental Dental | A A A A A A A A | |
| 76. | 00KY-098 00KY-099 00KY-100 00KY-101 00KY-102 | Dental Equipment Set | 1 1 1 1 1 | Galaxy | 294,000 294,000 294,000 294,000 294,000 | Phayao Provincial Hospital Chun Community Hospital Dokkamtai Community Hospital Phayao Provincial Hospital Phayao Provincial Hospital | Dental Dental Dental Dental Dental | A A A A A | |
| 77. | 00KY-103 00KY-104 00KY-105 00KY-106 | Autoclave (large) | 1 1 1 1 | SANYO Mac 500EX | 141,184 141,184 141,184 141,184 | Phayao Provincial Hospital Mae Chai Community Hospital Dokkamtai Community Hospital Chiangmuan Community Hospital | Dental Central Supply Ward Central Supply | A A A A | |
| 78. | 00KY-107 00KY-108 00KY-109 | Autoclave (SMALL) | 1 1 1 | | 300,863 300,863 300,863 | Chingkhram General Hospital Chiangmuan Community Hospital Chiangmuan Community Hospital | Lab Central Supply Central Supply | A A A | |
| 79. | 00KY-110 | Cleaning Machine for Dental Equipment | 1 | | 78,215 | Phayao Provincial Hospital | Dental | A | |
| 80. | 00KY-111 | Drying Cabinet | 1 | JM Health Care Sterirac | 172,711 | Phayao Provincial Hospital | Central Supply | A | |
| 81. | 00KY-112 | Washing Machine | 1 | Unl Mac UCS0 | 195,700 | Pong Community Hospital | Central Supply | A | |
| 82. | 00KY-113 | Automatic Wash/Dry/Mix For Gloves | 1 | DYNA Glove | 362,103 | Pong Community Hospital | Central Supply | A | |
| 83. | 00KY-114 00KY-115 00KY-116 | Thermal Fog Generator | 1 1 1 | IGEBA Swing | 42,400 42,400 42,400 | Phayao Provincial Hospital office Phayao Provincial Hospital office Phayao Provincial Hospital office | Health Promotion Health Promotion Health Promotion | A A A | |
| 84. | 00SKY-029 | Blood Glucose Monitoring System | 1 | Baehringer aDVANTAGE | 4,715 | Chun Community Hospital | LAB | A | |
| 85. | 00SKY-030 00SKY-031 | Suction Machine | 1 1 | YB-SXT-1 SIMG | 17,212 | Mae Chai Community Hospital Pong Community Hospital | ER IPD Ward | C A | Broken |

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|-----|--|--|--|--|--|--|--|--|--|
| 86. | 00SKY-032 00SKY-033 00SKY-034 00SKY-035 00SKY-036 00SKY-037 00SKY-038 | Suction Machine | 1 1 1 1 1 1 1 | DX 23D SIMG | 57,085 57,085 57,085 57,085 57,085 57,085 57,085 | Dokkamtai Community Hospital Dokkamtai Community Hospital Chiangmuan Community Hospital Chiangmuan Community Hospital Chingkhram General Hospital Chingkhram General Hospital Chun Community Hospital | Ward Ward ER, WARD ER, WARD Operation Room Male Medicine Delivery Room | A A A A A A A | |
| 87. | 00SKY-039 00SKY-040 | Nebulizer | 1 1 | MEDEL AEOFAMILY | 5,578 5,578 | Pong Community Hospital Pong Community Hospital | WARD ER | A A | |
| 88. | 00SKY-041 00SKY-042 00SKY-043 | Fatal Heartbeat Detector | 1 1 1 | HADECO ECHO MINIDOP ES-100VX | 103,647 | Dokkamtai Community Hospital Chun Community Hospital Chingkhram General Hospital | Health Promotion Delivery Room Nursury | A A A | |
| 89. | | Souder | 1 1 1 1 | HADECO ECHO Souder Model ES-1025 | 99,140 | Mae Chai Community Hospital Chun Community Hospital Chingkhram General Hospital Chiangmuan Community Hospital | Delivery Room Delivery Room Nursury Delivery Room | A A A A | |
| 90. | 00SKY-044 00SKY-045 00SKY-046 00SKY-047 00SKY-048 00SKY-049 | Ophthalmoscope and Otoloscope Set | 1 1 1 1 1 1 | Welch Allyn diagnostien set 98502 | 90,120 | Dokkamtai Community Hospital Dokkamtai Community Hospital Chun Community Hospital Chun Community Hospital Chun Community Hospital Pong Community Hospital | ER ER O.P.D. O.P.D. Day Care ER | A A A A A A | |
| 91. | 00SKY-050 00SKY-051 00SKY-052 00SKY-053 00SKY-054 | Coagulation/Desiccation/ Fulgration Machine | 1 1 1 1 1 | Sky super Fracture 6800 | 123,565 | Chun Community Hospital Pong Community Hospital Dokkamtai Community Hospital Chiangmuan Community Hospital Mae Chai Community Hospital | Operation Room ER ER ER OR | A A A A A | |
| 92. | 00SKY-055 | Laryngoscope | 1 | McINTOSH | 20,910 | Pong Community Hospital | WARD | A | |
| 93. | 00SKY-056 | Lamp for Microsurgery | 1 | HAIFLATAGO BUSSAN JAPAN | 30,421 | Phayao Provincial Hospital | ER | A | |
| 94. | 00SKY-057 | Obgy Surgical Set | 1 | Adsculap | 24,266 | Chingkhram General Hospital | LR | A | |
| 95. | 00SKY-058 00SKY-059 00SKY-060 00SKY-061 00SKY-062 00SKY-063 00SKY-064 00SKY-065 00SKY-066 00SKY-067 | Airator | 1 1 1 1 1 1 1 1 1 1 | Pana Air Push Type ZH | 78,750 78,750 78,750 78,750 78,750 78,750 78,750 78,750 78,750 78,750 | Pong Community Hospital Pong Community Hospital Chun Community Hospital Chun Community Hospital Mae Chai Community Hospital Mae Chai Community Hospital Chiangmuan Community Hospital Chiangmuan Community Hospital Dokkamtai Community Hospital Dokkamtai Community Hospital | Dental Dental Dental Dental Dental Central Supply Dental Dental Dental Dental | A A A A A A A A A A | |
| 96. | 00SKY-068 00SKY-069 | Amalgamator Pana Air | 1 1 | Dental Siam AMALGUM | 27,840 27,840 | Dokkamtai Community Hospital Dokkamtai Community Hospital | Dental Dental | A A | |

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|------|-----------|---------------------------------------|---|--|-------------------------------|------------------------------------|----------------------|---|--|
| 97. | 00SKY-070 | Dental Curing Light | 1 | Heraeus Kulzer PEKALUX | 103,156 | Phayao Provincial Hospital | Dental | A | |
| | 00SKY-070 | | 1 | | 103,156 | Chingkhram General Hospital | Dental | A | |
| | 00SKY-072 | | 1 | | 103,156 | Chingkhram General Hospital | Dental | A | |
| | 00SKY-073 | | 1 | | 103,156 | Dokkamtai Community Hospital | Dental | A | |
| | 00SKY-074 | | 1 | | 103,156 | Chun Community Hospital | Dental | A | |
| | 00SKY-075 | | 1 | | 103,156 | Mae Chai Community Hospital | Dental | A | |
| | 00SKY-076 | | 1 | | 103,156 | Chiangmuan Community Hospital | Dental | A | |
| | 00SKY-077 | | 1 | | 103,156 | Pong Community Hospital | Dental | A | |
| 98. | 00SKY-078 | Ultra Sonic Scaler | 1 | UL TRASON 25K | 25,200 | Dokkamtai Community Hospital | Dental | 0 | |
| | 00SKY-079 | | 1 | | 25,200 | Dokkamtai Community Hospital | Dental | A | |
| 99. | 00SKY-080 | Ultrasonic Cleaner | 1 | ELMA TA60 | 167,076 | Phayao Provincial Hospital | Dental | A | |
| | 00SKY-081 | | 1 | | 167,076 | Chingkhram General Hospital | Dental | A | |
| | 00SKY-082 | | 1 | | 167,076 | Chingkhram General Hospital | Dental | A | |
| | 00SKY-083 | | 1 | | 167,076 | Dokkamtai Community Hospital | Dental | A | |
| | 00SKY-084 | | 1 | | 167,076 | Pong Community Hospital | Central Supply | A | |
| | 00SKY-085 | | 1 | | 167,076 | Chun Community Hospital | Dental | A | |
| | 00SKY-086 | | 1 | | 167,076 | Mae Chai Community Hospital | Central Supply | A | |
| | 00SKY-087 | | 1 | | 167,076 | Chiangmuan Community Hospital | Central Supply | A | |
| 100. | 00SKY-088 | Hemalocrit | 1 | Gemmy Ind. KHT-400 | 105,985 | Phayao Provincial Hospital | O.P.D. | A | |
| | 00SKY-089 | | 1 | | Mae Chai Community Hospital | LAB | A | | |
| | 00SKY-090 | | 1 | | Dokkamtai Community Hospital | LAB | A | | |
| | 00SKY-091 | | 1 | | Chun Community Hospital | LAB | A | | |
| | 00SKY-092 | | 1 | | Chiangmuan Community Hospital | LAB | A | | |
| | 00SKY-093 | | 1 | | Chingkhram General Hospital | LAB | A | | |
| 101. | 00SKY-094 | Transfer Pipette10-100ml. 100-1000ml. | 1 | Lab Mate | 86,630 | Chun Community Hospital | LAB | A | |
| | 00SKY-095 | | 1 | | Dokkamtai Community Hospital | LAB | A | | |
| | 00SKY-096 | | 1 | | Chiangmuan Community Hospital | LAB | A | | |
| | 00SKY-097 | | 1 | | Pong Community Hospital | LAB | A | | |
| | 00SKY-098 | | 1 | | Mae Chai Community Hospital | LAB | A | | |
| 102. | 00SKY-099 | Ultrasonic Cleaner | 1 | Wheledent 810.Sonic UC-100 | 31,402 | Mae Chai Community Hospital | Dental | A | |
| 103. | 00SKY-100 | Refrigerator | 1 | Sharp Jumbo | 15,910 | Mae Chai Community Hospital | LAB | A | |
| 104. | 00SKY-101 | Computer Set | 1 | U.S.A.COMPAQ Celeron (A) Process366MHz Canon BJC-4310 | 459,936 | Mae ChaiSub-district Health Care | Patueng HC. | A | |
| | 00SKY-102 | | 1 | | | Mae ChaiSub-district Health Care | Dong In Ta HC. | A | |
| | 00SKY-103 | | 1 | | | Mae ChaiSub-district Health Care | Nong Sra HC. | A | |
| | 00SKY-104 | | 1 | | | Mae ChaiSub-district Health Care | Maesai Hos. | A | |
| | 00SKY-105 | | 1 | | | Mae ChaiSub-district Health Care | Huay Choroen rat HC. | A | |
| | 00SKY-106 | | 1 | | | Phayao H Social Medicine sec. | Social Medicine | A | |
| | 00SKY-107 | | 1 | | | Chingkhram CH Social Medicine sec. | Social Medicine | A | |
| | 00SKY-108 | | 1 | | | Mae Chai Health Center | Pharmacy | A | |
| | 00SKY-109 | | 1 | | | Dokkamtai Community Hospital | AIDS Section | A | |
| | 00SKY-110 | | 1 | | | Chun Community Hospital | Information Center | A | |
| | 00SKY-111 | | 1 | | | Pong Community Hospital | AIDS Section | A | |
| | 00SKY-112 | | 1 | | | Chiangmuan Community Hospital | Information Center | A | |

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|------|-----------|--|---|--------------------------|--------|----------------------------|-----------|---|--|
| 105. | 00SKY-113 | Censlide Spid and Slide Tube for Urine | 1 | Star Spin Cen Slide 2000 | 24,933 | Phayao Provincial Hospital | O.P.D.LAB | A | |
|------|-----------|--|---|--------------------------|--------|----------------------------|-----------|---|--|

FY 2001

| No. | JICA Item No. | Item | Quantity | Maker & Model | Price(THB) | Place of installation | Management Section | Condition | Remark |
|------|---------------|------------------------------------|----------|--|------------|-----------------------------------|--------------------|-----------|--------|
| 106. | 01KY-117 | Class 2 Safety Cabine | 1 | ASTECC MICROFLOW | 424,420 | Chingkhamb General Hospital | LAB | A | |
| 107. | 01KY-118 | Microscope (2eyes) | 1 | Olympus CH-20 | 37,460 | Chingkhamb General Hospital | LAB | A | |
| | 01KY-119 | | 1 | CH-20 | 37,460 | Dokkamtai Community Hospital | | | |
| 108. | 01KY-120 | Serofuge | 1 | Becton Dickinson Serofuge 2000 Series Madel 2001 | 73,440 | Chingkhamb General Hospital | | A | |
| 109. | 01KY-121 | Automatic Washer Disinfector | 1 | Getinge Model decomat 4656 g3e | 896,100 | Phayao Provincial Hospital | | A | |
| 110. | 01KY-122 | Automatic Washer Disinfector | 1 | Getinge | 619,630 | Mae Chai Health Ceater | | C | Broken |
| | 01KY-123 | 140 Lites | 1 | Model decomat | 619,630 | Dokkamtai Community Hospital | | | |
| | 01KY-124 | | 1 | 3555U | 619,630 | Chun Community Hospital | | | |
| | 01KY-125 | | 1 | | 619,630 | Pong Community Hospital | | | |
| | 01KY-126 | | 1 | | 619,630 | Chiangmuan Community Hospital | | | |
| 111. | 01KY-127 | Automatic High Vacuum Autoclave | 1 | Getinge A.Sweden GE2606EC-1/ ProgramB2010 | 2,812,150 | Phayao Provincial Hospital | | A | |
| 112. | 01KY-128 | Automatic Drying cabinet (JR-D500) | 1 | Jiramate Engineering | 152,816 | Mae Chai Community Hospital | | A | Broken |
| | 01KY-129 | | 1 | Ltd.Prt. | 152,816 | Dokkamtai Community Hospital | | A | |
| | 01KY-130 | | 1 | | 152,816 | Chun Community Hospital | | C | |
| | 01KY-131 | | 1 | | 152,816 | Pong Community Hospital | | A | |
| | 01KY-132 | | 1 | | 152,816 | Chiangmuan Community Hospital | | A | |
| 113. | 01KY-133 | Ethylene Oxide Gas With Printer | 1 | 3M Health Care TMSXLP | 1,224,000 | Phayao Provincial Hospital | | A | |
| 114. | 01SKY-114 | RotalySealing Machine | 1 | HAWO GMBH | 30,500 | Dokkamtai Community Hospital | | A | |
| | 01SKY-115 | | 1 | Impulse Sealing | | Chun Community Hospital | | A | |
| | 01SKY-116 | | 1 | Unit HD 250MSB | | Pong Community Hospital | | A | |
| | 01SKY-117 | | 1 | | | Phayao Provincial Hospital office | | A | |
| 115. | 01SKY-118 | Cart Accessories | 1 | Sc-0048 | 27,777.78 | Phayao Provincial Hospital | Central Supply | A | |
| | 01SKY-119 | | 1 | | | Phayao Provincial Hospital | Central Supply | A | |
| | 01SKY-120 | | 1 | | | Chingkhamb General Hospital | | A | |
| | 01SKY-121 | | 1 | | | Chingkhamb General Hospital | | A | |
| | 01SKY-122 | | 1 | | | Mae Chai Community Hospital | | A | |
| | 01SKY-123 | | 1 | | | Dokkamtai Community Hospital | | A | |
| | 01SKY-124 | | 1 | | | Chun Community Hospital | Central Supply | A | |
| | 01SKY-125 | | 1 | | | Pong Community Hospital | | A | |
| | 01SKY-126 | | 1 | | | Chiangmuan Community Hospital | Central Supply | A | |
| 116. | 01SKY-128 | Culting Machine | 1 | HITAKA | 14,640 | Phayao Provincial Hospital | | A | |
| | 01SKY-129 | | 1 | Round Knife SC-900 | 14,640 | Chingkhamb Community Hospital | | A | |

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|------|---------------|--------------------------------|----|---------------|-----------|-----------------------------------|----------------|---|--|
| | 01SKY-130 | | 1 | | 14,640 | Mae Chai Community Hospital | | A | |
| | 01SKY-131 | | 1 | | 14,640 | Dokkamtai Community Hospital | | A | |
| | 01SKY-132 | | 1 | | 14,640 | Chun Community Hospital | | A | |
| | 01SKY-133 | | 1 | | 14,640 | Pong Community Hospital | | A | |
| | 01SKY-134 | | 1 | | 14,640 | Chiangmuan Community Hospital | | A | |
| 117. | 01SKY-135 | Washing Machine | 1 | HOOVER | 30,800 | Phayao Provincial Hospital office | Central Supply | A | |
| | 01SKY-136 | | 1 | HAV-4200ATW | | Chiangmuan Community Hospital | Central Supply | A | |
| 118. | 01SKY-137 | Dryer Machine | 1 | HOOVER | 22,220 | Phayao Provincial Hospital | Central Supply | A | |
| | 01SKY-138 | | 1 | HYE-2200AGW | 22,220 | Chiangmuan Community Hospital | Central Supply | A | |
| | 01SKY-139 | | 1 | | | Pong Community Hospital | | | |
| 119. | 01SKY-140-157 | Day Care Center Home Visit Kit | 18 | 18 * 5,555.56 | 100000.08 | | | | |

FY 2002

| No. | JICA Item No. | Item | Quantity | Maker & Model | Price(THB) | Place of installation | Management Section | Condition | Remark |
|------|---------------|------------------------------|----------|-------------------------|------------|---------------------------------|--------------------|-----------|---|
| 120. | 02KY-134 | Automatic Pre-Vacum | 1 | Environmental Tectonics | 817,102 | Mae Chai Community Hospital | | A | |
| | 02KY-135 | | 1 | International | | Dokkamtai Community Hospital | | A | |
| | 02KY-136 | | 1 | SAC-266 | | Chun Community Hospital | | A | |
| | 02KY-137 | | 1 | | | Pong Community Hospital | | A | |
| | 02KY-138 | | 1 | | | Chiangmuan Community Hospital | | A | |
| 121. | 01KY-139 | Data Projector | 1 | Toshiba, TLP681 | 234,087 | Phayao Provincial Health office | | | |
| 122. | 02KY-140 | Binocular Microscope | 1 | Nikon, YS 100 | 40,904 | Mae Chai Community Hospital | | A | |
| | 02KY-141 | | 1 | | | Chun Community Hospital | | A | |
| | 02KY-142 | | 1 | | | Pong Community Hospital | | A | |
| | 02KY-143 | | 1 | | | Chiangmuan Community Hospital | | C | Cost of filter replacement is high. Therefore, the item has not been used |
| 123. | 01KY-144 | Ethyene Oxide Gas | 1 | 3M, SLX | | Chingkhram Community Hospital | | A | |
| 124. | 02KY-145 | Automatic Washer Disinfector | 1 | Getinge Disinfection | 956,000 | Phayao Provincial Hospital | | A | |
| | 02KY-146 | | 1 | 4656 G3E | 956,000 | Chingkhram Community Hospital | | A | |
| 125. | 01SKY-158 | Differential Cell Counter | 1 | Genius Count, G-500MP | 15,410 | Phayao Provincial Hospital | | A | |
| | 01SKY-159 | | 1 | | 15,410 | Chingkhram Community Hospital | | A | |
| | 01SKY-160 | | 1 | | 15,410 | Mae Chai Community Hospital | | A | |
| | 01SKY-161 | | 1 | | 15,410 | Dokkamtai Community Hospital | | C | Cannot find transformer for replacement |
| | 01SKY-162 | | 1 | | 15,410 | Chun Community Hospital | | A | |
| | 01SKY-163 | | 1 | | 15,410 | Pong Community Hospital | | A | |
| | 01SKY-164 | | 1 | | | Chiangmuan Community Hospital | | A | |

ANNEX 4 Interview Questions and Results of AIDS II Project

Impact

| Evaluation Questions | | Results |
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| Main Questions | Sub-questions | |
| 1) How far has the super goal been achieved since the termination evaluation? | a) How far has the number of new HIV infection cases in target provinces been reduced? | The new infection cases in the target provinces has been reduced since 2003 except in Chaingrai province where the new infection cases increased from 1,188 in 2003 to 1,750 in 2004. In 2005, however, the new infection cases reduced in all provinces. |
| | b) How far has the QOL of people with HIV/AIDS and their families in target provinces been improved? | A study of the Institute of Health Science, Chiang Mai University in 2004 concluded that the quality of life is significantly correlated with health status of HIV-infected patients on ARV medication. Eight percent of the PHAs in Phayao province suffer less from the intervened diseases. They can eat more, gain more weight and get back to work. They can rely more on themselves in daily activities and less on their family members. Based on this information, it could be concluded that the quality of life of the PHAs in this province is improved. |
| 2) How far has the overall goal been achieved since the terminal evaluation? | <p>a) What are the significant achievements in the establishment of HIV/AIDS prevention and care system after the Project termination?</p> <p>b) How many provinces among the provinces under the Office of Disease Control No. 10 and other provinces adopt the LANA model?</p> <p>c) What are the provinces that succeeded most, and why?</p> <p>d) What components of the model (health manpower development, information system, care network and community response) are adopted?</p> <p>e) How has the LANA model been diffused to other provinces?</p> <p>f) Are the adopted model practical in the target provinces?</p> <p>g) What are the pending topics that the target provinces want to learn more from PPHO?</p> <p>h) What are the interventions of Chiangmai University in transferring the results of community response to other provinces?</p> | <p>The Process Model of HIV/ AIDS prevention and care through Learning and Action Network on AIDS (LANA) comprises of Health Manpower Development, establishment of HIV/AIDS Prevention and Care System (care network), and Community Response. The Process Model was partially introduced to 16 provinces through workshops, participation in learning during Community Response activities and study visits to the PPHO. In addition, Care Network and Health Manpower Development were introduced to 8 provinces under CDC 10, while Community Response was introduced in Chiang Mai province, Chiangrai province and other 8 provinces in the East, Northeast and Central Thailand. None of the provinces however have adopted the whole set of the Model. Chiang Mai province had participated in community response activities. It can developed 6 Tambon as the model Tambon of community response. Eight health staff are developed as facilitators in participatory workshop. At Yasoton province, a day care center has been developed after field visit to Phayao province. An information system has been established also in this province. The lessons adopted from Phayao are proved to be practical among the target provinces.</p> |

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| <p>3) What are the external factors contributing to the project achievement?</p> | <p>a) How far the decentralization policy contributing to the HIV/AIDS prevention and care?</p> <p>b) What are other international organizations that support the HIV/AIDS prevention and care activities?</p> <p>c) What are their activities and how those activities contribute to the HIV/AIDS prevention and care?</p> <p>d) What are other interventions of government, local organizations, NGOs and communities supporting the HIV/AIDS prevention and care?</p> | <p>(1) MOPH Policy The National Access to Retroviral Program for People living with HIV/AIDS (NAPHA) helps the PHAs to get better access to ARV. As a result, they are physically stronger and earn enough income to sustain themselves in daily lives. MOPH launched NAPHA program since 2000. In 2004, totally 50,752 PHAs received ARV. In CDC 10 area, totally 10,888 PHAs received ARV in 2005. This included about 700 PHAs from Phayao province. It therefore can be said that the policy contributes greatly to raise the quality of life of the PHAs.</p> <p>(2) Decentralization Policy to Local Administration Organization Central government allocates budget to local administration organizations to support the development at the Tambon level. As a result, TAOs could more flexibly allocate budget to support the PHAs in their responsible areas. In Ban Tam, TAO does not only provide social welfare but also supports funds for prevention campaign against HIV/AIDS.</p> <p>(3) HIV/AIDS Prevention and Care received financial support from International Organization During the study, a number of international organizations were said to be the important sources of finance for PPHO, such as Global Fund, Thai MOPH-US CDC Collaboration (TUC), United Nation Fund for Population Activities (UNFPA), and UNAIDS and Unicef. The supports are for clinical system development, technical training of health staff, education and food for children and conclusion of lesson learned.</p> <p>(4) Support from NGO and The Daughters of Charity of Saint Vincent De Paul Raks Thai Foundation and The Daughters of Charity of Saint Vincent De Paul are active in Phayao province . They support child right, occupation promotion, and education and social welfare. Raks Thai Foundation is active in promoting the PHAs to participate in home visits and basic counseling. The Daughters of Charity of Saint Vincent De Paul provides financial support for food and education to children who are affected by HIV/AIDS. It is considered their contributions have been supporting the care network effectively.</p> <p>(5) CDC 10 support Health Manpower Development At the regional level, man power development is one of the major policies of CDC 10. At the provincial, district and community levels, specialized health officer team have been established and strengthened to improve the health service system. The policy could improve both health manpower and care network.</p> |
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| <p>4) What are factors inhibiting the project impact?</p> | <p>a) What are the impact of the following activities on HIV/AIDS care and prevention; 30 baht policy, CEO policy, war against narcotic drug and addiction 2002 and healthy Thailand policy? b) What should be done to avoid further expansion of negative effects?</p> | <p>(1) MOPH Policy The MOPH policy on war against narcotic drug 2002 and healthy Thailand are the two activities which took time and man power of the PPHO staff who usually worked on HIV/AIDS.</p> <p>(2) Change in Budget System The second inhibiting factor is the change in budget system of the government The central government allocates budgets to provincial governor offices. In the province, the budget is then allocated by the governor to support activities which would have certain impact on the development of the province, as shown in the form of development indicators in the provincial strategic plan. In Phayao province, Activities related to HIV/AIDS has been integrated in the Social Capital Development. It is not known by PPHO officers how much budget will be allocated in the next fiscal year.</p> |
| <p>5) What are the unintended positive impacts of the project intervention?</p> | <p>a) How the project results are introduced at national and international level? b) What are the positive results developed by the trained officers?</p> | <p>(1) Former Provincial Chief Medical Officer, PPHO was promoted to the position in the central government Through the LANA, the Project developed the manpower capacity and information system, and this experience was introduced at the national level by the former Provincial Chief Medical Officer, PPHO. As a result, the area based epidemiology network was established. The process of the area based epidemiology was then included in the national monitoring and evaluation system.</p> <p>(2) AIDS Committee at Ban Tam sub-district becomes the core development committee at the sub district level AIDS committee at Ban Tam sub-district established by the Project becomes the core development committee of this sub district. This committee was initially comprised of 4 sections; i) human resource development, ii) awareness raising, iii) social welfare, and iv) fund raising. Two new sections were added last year namely; poverty reduction and environment conservation. The committee meets quarterly to discuss the HIV/AIDS-related and other issues on economic and environment development. Under this committee, the AIDS sub-committees were established in all villages of the same Tambon to handle HIV/AIDS prevention and care activities at the village level. As a result of these continuous efforts, Ban Tam TAO (Tambon Administration Organization) allocated the amount of 80,000 baht to support HIV/AIDS activities in the sub-district. Moreover, Global Fund provided the AIDS committee with the amount of 90,000 baht to support for organizing youth camps.</p> |

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| | | <p>(3) Thirty TAOs allocated budget for HIV/AIDS PPHO assisted the communities to help the PHAs. As a result, 30 out of 49 TAOs allocated budget to support the PHAs as social welfare in 2005. Total budget allocation was 2,982,000 million baht. TAOs tend to receive increasing amount of budget due to the decentralization policy. They have more flexibility to support financially to the PHAs in their administrative area. The amount of budget allocation of each TAO however varies from one to another. The Tambons with strong working groups on HIV/AIDS are likely to receive higher financial support.</p> |
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Sustainability

| Evaluation Questions | | |
|--|---|---|
| Main Questions | Sub-questions | Results |
| <p>1) How has the technical aspects of LANA project been maintained?</p> | <p>a) How the counterpart organization maintains the laboratory? b) How the project equipments are maintained? c) How far has the care network been maintained?</p> | <ol style="list-style-type: none"> 1. During the Project, 125 items of the equipments were provided to general, and community hospitals. Those equipments are maintained or calibrated. 10 items are replaced with other compatible equipments by the counterpart agency because of high cost for maintenance and operation, leakage and difficult to find battery . List of the equipment which are replaced are shown in annex 4 2. CD4 and Viral Load testing equipments in the Phayao Provincial Hospital Laboratory have been used continuously in good conditions after the Project. As a result, the report of Phayao Provincial Hospital indicated that the total numbers of CD4 testing increased. Viral Load testing showed also the same trend although the number was slightly less in 2005 than the previous year, as shown in the table below. 3. Four Day Care Centers are maintained. The PHAs volunteers receive financial support from Raks Thai Foundation and Global Fund for their visits to the PHAs’ homes and other PHA-related activities. The support from Raks Thai Foundation will continue until 2007. The number of nurses working for DCCs increases by 10 percent compared to the one in 2003. DCCs are the places where the PHAs come for basic medical care, basic counseling, practicing meditation and social welfare. The number of the PHAs visiting DCCs has increased rapidly during the past two years, which is due to the effectiveness of antiretroviral therapy (ARV) and the volunteers’ home visit activity. The chart below shows increasing number of PHAs in each DCC. |

| <p>2) How the counterpart organization maintains the Institution's capacity</p> | <p>a) How the PPHO maintains the relationship with military camps and education office? b) What are other organizations that PPHO works with? c) What is the present organization or committee at provincial or district levels which support the HIV/AIDS care and prevention? d) What is the community mechanism in coping with HIV/AIDS ? e) How the communities maintain the mechanism? f) How far has the partner organization maintains the trained staff?</p> | <p>(1) Eight PPHO staff were appointed as the members of Phayao Provincial HIV/AIDS Prevention and Care Committee. The committee structure was revised on October 31, 2005. Accordingly, it has now the following important tasks: i) to synchronize the HIV/AIDS related activities of different government agencies, to monitor and to evaluate the results - taking into consideration of the provincial strategic development plan, 2) to establish information system and provide information to the related agencies for HIV/AIDS prevention and care, and 3) to promote participation of stakeholders in the HIV/AIDS prevention and care activities. As a result, PPHO staff now play important roles in providing information on HIV/AIDS to the committee and coordinating with other committee members from other offices for the implementation of the activities.</p> <p>(2) PPHO maintains the personnel responsible for man power development, information system, community response, laboratory and the aid action center. Some of the PPHO personnel were transferred within the province. They were however invited to participate in meetings or workshops so that they keep improving their capacity HIV/AIDS related topics. Additional trainings were also organized by PPHO for its personnel when it seemed necessary.</p> <p>(3) Since the nature of HIV/AIDS prevention and care is geared towards a more preventive approach, PPHO not only maintains collaboration with military and education provincial offices, but has also expanded its network to the Phayao Provincial Cultural Office to educate the youth about local wisdoms and supporting them to overcome social problems. Moreover, PPHO works closely with the Provincial Social Development and human security office to provide them with the list of the PHA open cases so that the PHA can be supported financially.</p> <p>(4) The number of the trained staff increased from 32 to 40 during 2004-2005. They are now equipped with the counseling method utilizing psychological and Buddhist teachings. Two of them are trainers on this topic, and there are 15 youth receiving their services in 2005.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------|-------------------|--|--|----------------|---------|---------|---------|--------------|------|-----------|-----------|-----------|------------|-----------------------------|---------|---------|-----------|-----------|-----------------------------------|-----|-----|-----------|-----------|--------|--------|-----------|-----------|-----------|---------------------|------------------|-------------------|-------------------|-------------------|
| <p>3) How the counterpart organization supports financially to the project results?</p> | <p>a) How PPHO allocates budget to support man power development, care network and community response? b) What are other sources of financial support for HIV/AIDS care and prevention?</p> | <table border="1"> <thead> <tr> <th>Source of Fund</th> <th>FY 2003</th> <th>FY 2004</th> <th>FY 2005</th> <th>Total (Baht)</th> </tr> </thead> <tbody> <tr> <td>MOPH</td> <td>3,059,900</td> <td>4,452,144</td> <td>2,869,644</td> <td>10,381,688</td> </tr> <tr> <td>International Organizations</td> <td>723,650</td> <td>774,676</td> <td>2,591,240</td> <td>5,866,718</td> </tr> <tr> <td>Local Administration Organization</td> <td>N/A</td> <td>N/A</td> <td>2,982,000</td> <td>2,982,000</td> </tr> <tr> <td>Others</td> <td>296800</td> <td>5,030,000</td> <td>2,630,000</td> <td>7,956,800</td> </tr> <tr> <td>Total (Baht)</td> <td>4,080,350</td> <td>10,256,820</td> <td>12,850,036</td> <td>27,187,206</td> </tr> </tbody> </table> | | | | | Source of Fund | FY 2003 | FY 2004 | FY 2005 | Total (Baht) | MOPH | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 | International Organizations | 723,650 | 774,676 | 2,591,240 | 5,866,718 | Local Administration Organization | N/A | N/A | 2,982,000 | 2,982,000 | Others | 296800 | 5,030,000 | 2,630,000 | 7,956,800 | Total (Baht) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 |
| Source of Fund | FY 2003 | FY 2004 | FY 2005 | Total (Baht) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOPH | 3,059,900 | 4,452,144 | 2,869,644 | 10,381,688 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| International Organizations | 723,650 | 774,676 | 2,591,240 | 5,866,718 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Administration Organization | N/A | N/A | 2,982,000 | 2,982,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | 296800 | 5,030,000 | 2,630,000 | 7,956,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total (Baht) | 4,080,350 | 10,256,820 | 12,850,036 | 27,187,206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Recommendations and Lessons Learned

Recommendations

FOR JICA:

The process model of HIV/AIDS prevention and is developed successfully in Phayao province. More PHAs have better access to medical treatment. Health Manpower capacity is developed to analyze the PHAs situation based on the facts attained during the community assessment and plan for development accordingly. A community response learning process is concluded. This process model could be of great contribution to the neighboring countries where HIV/AIDS is the major threat. PPHO could be used as a learning center. JICA may organize study visit for public health officers from the neighboring countries to visit PPHO.

FOR PPHO:

(1) PPHO should take alternative approach to mobilize resource

It is expected that the change of budget system of the government may cause the reduction of budget to support HIV/AIDS activities. As the result, PPHO has to take alternative approach in supporting the work. First of all, It has to identify what need to be done in order to help the PHAs. The activities must be identify and prioritized based on the urgent needs of the PHAs and the provincial strategy. Secondly, mobilize available human and financial resources from the Provincial HIV/AIDS Prevention and Care Committee. Finally, implement the activities with full participation of the all stakeholders.

(2) Promotion of the community response in other sub-districts.

Four sub-districts of Phayao province have been implementing the community response activities created during the Project. These activities were prepared based on the needs of the PHAs. It is proved that the activities could help the PHAs to overcome social and economic problems. However, this learning process has not been transferred further to other sub-districts systematically. Considering the fact that PPHO has staff that could facilitate the process, and the four sub-districts as learning sites, it is recommended that PPHO organizes the transfer of knowledge to other sub-district using the available human resources. It could start with the sub-districts where people show their interest and commitment to help the PHAs. The AIDS committee of Ban Tam sub-district could be used as model of development for others.

(3) Coordination with agricultural development organizations

Most of the PHAs in Phayao province are farmers. In the area, they have lowered job opportunity in agriculture due to the deceased labor availability, landlessness and insufficient water for agriculture. PPHO should coordinate with organizations dealing with agricultural development such as office of agricultural extension and provincial irrigation office in order to plan for creating job opportunities for the PHAs. Self-sufficient agriculture may be introduced to secure food at family level. Traditional small scale irrigation may be constructed in the area where water resources are available.

Lesson Learned

Both Community Response and Care Network are needed in order to deal with PHAs' difficulties. These two components were developed by different agencies during the Project. The impact of both components is evaluated as "high". However, to implement only one of the components may not produce enough results to overcome all the PHAs' problems.

The PHAs usually face four main problems; psychological, social, economic and physical problem. The Care Network provides medical treatment and psychological counseling. Eighty percent of the PHAs in the study area get better after the continuous medical treatment. As a result, they can rely more on themselves. However, they still face social and economic problems. The Community Response process helps them to overcome these. It facilitates the stakeholders at community level to take better care for the PHAs, to live with them without any distinctions and to raise fund to support them. The PHAs are encouraged to participate in the activities.

Ban Tam sub-district of Phayao province is the successful community where these two components were implemented and good outcomes were produced. On the other hand, Yasoton Provincial Health Office has learned and implemented only care network. It could increase the number of opened PHA cases to medical treatment and organize the youth camps. Nevertheless, the support from communities to the PHAs on social welfare and social awareness does not occur. Therefore, it can be said that implementation of both community response and care network should be considered to obtain higher results.

ANNEX 5 People interviewed during the field visit

| Date | Courtesy Call and Interview | Location and Positions |
|---|---|---|
| 2005/11/1 08.00-10.00 | Dr. Petchsri Sirinirund | <i>Ministry of Public Health</i> |
| <i>Payao Provincial Health Office (PPHO)</i> | | |
| 2005/11/2 09.30-12.00 | Dr. Chamnan Hansuttiwetkul Dr. Aree Tanbanjong Ms. Saowanee Panpattanakul Ms. Wiramon Suriyachai Mr. Chatchawan/Mr. Suwat Ms. Jureerat Saipeang Ms. Sureeporn Lertwatcharasakul Ms. Samonwan Inthoeng Mr. Pairat Wongjumpoo Mrs. Duangduan Chanlor | Director Deputy Director Head of AIDS Action Center Planning and Monitoring Officer Information System Officer Community Response Officer Community Response Officer Codinator of NAPHA Project Chiangmuan Public Health District Director Laboratory Technician |
| <i>Ban Tam TAO</i> | | |
| 2005/11/2 13.30-16.00 | Mr. Pipob Kanthawong Mr. Prapan Moonkhao Pra Jeerawat Mrs. Suppanida Nakrai Mr. Prasong Sannuan Mrs. Kallaya | Head of the Primary Health Care Ban Tam Sub-district Head of Tambon Administration Organization Tambon Monk Leader PHA leader Village Headman Bam Tam Primary Health Care staff |
| <i>Jun Community Hospital</i> | | |
| 2005/11/3 09.30-12.00 | Dr. Sucharn parinya Dr. Oythip Hantakoon Ms. Bongkot Prangsuwan Mrs. Jetsara Kahaki Ms. Kornkanok Methapokin Mrs. Dara Seangphet Mrs. Kanchana Somrit Mrs. Lavee Nitdee Mrs. Anna Chaimuangkeaw Mr. Phuwanai Nanti | Jun Hospital Director Medical Doctor Day Care Nurse Day Care Nurse Day Care Nurse Head of Day Care Nurse Raks Thai Foundation PHA Volunteer PHA Volunteer PHA Volunteer |

| Date | Courtesy Call and Interview | Location and Positions |
|--------------------------|---|--|
| 2005/11/4 10.00-12.00 | Ms. Sujan Kantee | <i>Chiangmai Public Health Office Public Health Officer Level 7</i> |
| 2005/11/4 13.30-15.00 | Dr. Tassana Lewseri | <i>CDC 10, Chiangmai</i> |
| 2005/11/5 10.00-12.00 | Dr. Usa Duangsa | <i>Chiangmai University PPLLR Project</i> |
| 2005/11/9 09.30-12.00 | Mrs. Chanya Duangkeaw Mrs. Phanomwan Kadphanno Two Nurses Six PHAs | <i>Yasoton Provincial Health Office Public Health Officer Level 7 Public Health Officer Level 7 Kudchum Community Hospital Kudchun Day Care Centre</i> |