No. 0210/8404

The Ministry of Foreign Affairs of the Kingdom of Thailand presents its compliments to the Japan International Cooperation Agency (JICA), Thailand Office, and, with reference to the Ministry 's note No. 0210/7606 dated 24 March 2005 concerning the concurrence of the Thai authorities concerned with the Record of Discussions for the Project on HIV/AIDS Regional Coordination Center, has the honour to submit the said Record of Discussions, which has been signed by both sides, for the latter's reference.

The Ministry of Foreign Affairs avails itself of this opportunity to renew to the Japan International Cooperation Agency (JICA), Thailand Office, the assurances of its high consideration.

กระทรวงการต่างประเทศ
MINISTRY OF FOREIGN AFFAIRS

Ministry of Foreign Affairs
Bangkok
31 March B.E. 2548 (2005)

The Japan International Cooperation Agency,
Thailand Office,
BANGKOK.

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND AUTHORITIES CONCERNED OF THE KINGDOM OF THAILAND
ON HIV/AIDS REGIONAL COORDINATION CENTER PROJECT

In response to the request of the Royal Government of the Kingdom of Thailand, the Government of Japan has decided to launch the HIV/AIDS Regional Coordination Center Project (hereinafter referred to as "the Project") in Thailand and neighboring countries, namely Cambodia, the Lao PDR, Myanmar, and Vietnam in accordance with the Agreement on Technical Cooperation between the Government of Japan and the Government of Thailand signed on November 5, 1981 (hereinafter referred to as "the Agreement") and the Embassy of Japan's Note No.127/16 dated 22 April, 2004 and the Ministry of Foreign Affairs Note No. 0607/4882 dated 3 May, 2004.

Accordingly, Japan International Cooperation Agency (hereinafter referred to as "JICA"), the executing agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will cooperate with the authorities concerned of the Royal Government of the Kingdom of Thailand for the Project.

As a result of the discussions between JICA and Thai authorities concerned on the framework of the project, JICA, Thailand International Development Cooperation Agency (hereinafter referred to as "TICA"), Ministry of Foreign Affairs, and the ASEAN Institute for Health Development, Mahidol University (i.e. the Project "implementing agency" and hereinafter referred to as "AIHD") agreed on the matters referred to in the document attached hereto.

Bangkok, March 31 , 2005

Mr. Mikiharu Sato
Resident Representative
Japan International Cooperation Agency
Thailand Office
Japan

Mr. Piamsak Milintachinda
Director-General
Thailand International Development
Cooperation Agency
Ministry of Foreign Affairs
Kingdom of Thailand

Prof. Pomchai Matangkasombut
President
Mahidol University
Kingdom of Thailand

THE ATTACHED DOCUMENT

I. COOPERATION FRAMEWORK

I. -1. Cooperation between JICA and AIHD

1. AIHD, in close collaboration with TICA and authorities concerned in the Kingdom of Thailand, will implement the Project in cooperation with JICA.

2. The Project will be implemented according to the Project Design Matrix (PDM) and Plan of Operation (PO) provided in ANNEX I and II, respectively.

3. HIV/AIDS Regional Coordination Center (hereinafter referred to as "RCC") has been set up as an integral part of AIHD. The future status of RCC will be further considered at the termination of the Project. The outline of RCC is shown in ANNEX III.

4. JICA will support AIHD to establish and develop RCC and to strengthen human capacity building in HIV/AIDS related programs in Cambodia, the Lao PDR, Myanmar, and Vietnam through the Project.

I. -2. Regional Cooperation to Cambodia, the Lao PDR, Myanmar, and Vietnam

1. JICA, TICA, and AIHD will jointly implement the Country Specific and Multi National Training of Trainers (hereinafter referred to as "TOT") in the form of the Third Country Training Program (hereinafter referred to as "TCTP") which are described in ANNEX XIII and XIV respectively and monitor the Project activities for Cambodia, the Lao PDR, Myanmar, and Vietnam.

2. Expansion of cooperation activities in addition to the original plan will be jointly considered by JICA, TICA, and AIHD in consultation with other related organizations, such as counterpart organizations in targeted countries, and donor agencies, based on the request.

I. -3. Regional Cooperation to Other Countries

1. Expansion of cooperation activities for countries in addition to Cambodia, the Lao PDR, Myanmar, and Vietnam will be jointly considered by JICA, TICA, and AIHD in consultation with other related organizations, such as counterpart organizations in recipient countries, and donor agencies, based on the request.

II. MEASURES TO BE TAKEN BY JICA SIDE

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA will take, at its own expense, the following measures under the technical cooperation scheme of Japan. Such privileges and benefits will be provided for the actual implementation in Thailand.

1. Dispatch of Japanese Experts
   JICA will provide the services of the Japanese experts listed in ANNEX IV. The provisions of Article IV of the Agreement will be applied to the above-mentioned experts.

2. JICA will bear the part of expenses for Multi National TOT. Expenses for Country Specific TOT and monitoring activities will be also borne by JICA. The detail of expenses covered by JICA will be decided by the annual consultation with TICA based on the framework of the TCTP for each targeted country.

3. Provision of machinery, equipment and other materials
   JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in ANNEX V. The provisions of Article VIII-1 of the Agreement will be applied to the Equipment.

III. MEASURES TO BE TAKEN BY THAI SIDE

1. AIHD will take necessary measures to ensure the operation of RCC during and after the Project period.

2. AIHD will ascertain that the technologies and knowledge acquired by Thai nationals as a result of Japanese technical cooperation in the Project will contribute to the economic and social development of the Kingdom of Thailand and targeted countries.

3. Specific privileges and other benefit necessary to conduct the Project will be provided in accordance with the Agreement.

4. In accordance with the provisions of Article IV- (b) of the Agreement, AIHD will provide the services of Thai counterpart and administrative personnel as listed in ANNEX VI.

5. In accordance with the provisions of Article IV- (a) of the Agreement, AIHD will provide the office space and facilities listed in ANNEX VII.

6. In accordance with the laws and regulations in force in the Kingdom of Thailand, AIHD will take necessary measures to supply or replace at its own

expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided through JICA under II-3 above.

7. In accordance with the laws and regulations in force in the Kingdom of Thailand, AIHD will take necessary measures to meet the running expenses necessary for the implementation of the Project.

8. TICA will bear the part of expenses for Multi National TOT. The detail of expenses covered by TICA will be decided by the annual consultation with JICA based on the framework of the TCTP for each targeted country.

IV. ADMINISTRATION OF THE PROJECT

1. The Director of AIHD, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. The Head of RCC, as the Project Manager, will be responsible for the management and technical matters of the Project.

3. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

4. The Japanese experts will give necessary guidance and advice to Thai counterparts on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee (hereinafter referred to as "JCC") will be established. The functions and members of JCC are described in ANNEX IX.

6. RCC Management Taskforce will be established within AIHD to intensively support planning and implementation of the Project. Functions and members of the taskforce are described in ANNEX X.

7. International Consultative Committee will be formed in Thailand between RCC and each targeted country to facilitate the Project activities. Functions and members of the committee are presented in ANNEX XI.

8. The implementation structure of the Project is illustrated in ANNEX VIII.

V. TERMS OF COOPERATION

The duration of technical cooperation for the Project under this Attached Document will be three (3) years starting from April 1, 2005.

VI. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA, TICA, AIHD, and other concerned authorities at the middle and during last six months of the cooperation term in order to examine the level of achievement.

VII. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of article-VII of the Agreement, the Royal Government of the Kingdom of Thailand undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Kingdom of Thailand except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

There will be mutual consultation among JICA, TICA, and AIHD on any major issues arising from, or in connection with, this agreement and Attached Document.

IX. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of the Kingdom of Thailand, AIHD will take appropriate measures to make the Project widely publicized throughout the Kingdom of Thailand and targeted countries.

ANNEX I	PROJECT DESIGN MATRIX (PDM)
ANNEX II	PLAN OF OPERATOIN (PO)
ANNEX III	THE RCC PROFILE
ANNEX IV	TERMS OF REFERENCE OF JAPANESE LONG-TERM EXPERTS
ANNEX V	LIST OF MACHINERY AND EQUIPMENT
ANNEX VI	LIST OF THAI PROJECT COUNTERPART
ANNEX VII	LIST OF BUILDING AND FACILITIES
ANNEX VIII	IMPLEMENTATION STRUCTURE
ANNEX IX	JOINT COORDINATING COMMITTEE (JCC)
ANNEX X	RCC MANAGEMENT TASKFORCE
ANNEX XI	INTERNATIONAL CONSULTATIVE COMMITTEE
ANNEX XII	COOPERATION MECHANISM
ANNEX XIII	MULTI NATIONAL TRAINIG OF TRAINERS (TOT) AND ESTIMATE OF EXPENSES (TENTATIVE)
ANNEX XIV	SCHEDULE FOR THE COURSE IMPLEMENTATION (TENTATIVE)
ANNEX XV	ACRONYM

ANNEX I PROJECT DESIGN MATRIX (PDM_0)

Project Name: HIV/AIDS Regional Coordination Center Project (RCC)
Executing Agency: ASEAN Institute for Health Development (AIHD), Mahidol University, Thailand
Targeted Countries: Thailand, Cambodia, Lao PDR, Myanmar, and Vietnam (and other countries based upon request)
Targeted Groups: AIHD staff working for the RCC and people working for HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam; particularly trainers involved in human capacity building on HIV/AIDS
Duration: April 2005 - March 2008 (3 years)
Date of Preparation: 07 March 2005

Narrative Summary	Objectively Verifiable Indicators	Means of Verifications	Important Assumptions
Overall Goal Human capacity for HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam is developed based upon each country's specific needs and situation with the proper utilization of resources from the RCC and the result is applied for HIV/AIDS programs.	1. 70% of RCC ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam conduct at least one training course upon retuning to their home countries 2. Satisfaction, understanding, and application level of trainees of the training conducted by RCC ex-trainees	Evaluation study Ex-post evaluation study	• Health technology, such as the development of a vaccine, on HIV/AIDS does not significantly change in the near future
Project Purpose The RCC functions and is recognized by concerned organizations as a coordination center to provide training, information, and the human resources needed to support human capacity building for HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam (and other targeted countries)	1. At least 4 training programs using other sources of fund, targeting participants mainly from Cambodia, the Lao PDR, Myanmar, and Vietnam, are conducted during the project period 2. The RCC web-site attains 1500 hits per year and 150 subscribers (100, 120 and 150 subscriber at the end of FY1, FY2, and FY3, respectively) 3. Readers of newsletters (by e-journal and print-outs) are satisfied with the provided information.	Project report Record of web-site Feedback from readers	• Trainees from Cambodia, the Lao PDR, Myanmar and Vietnam are appropriately selected by counterpart organizations • The majority of ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam remain in a position to provide training on HIV/AIDS • National policies of Cambodia, the Lao PDR, Myanmar, and Vietnam for human capacity building for HIV/AIDS are not significantly changed in the near future

Output 1. Organization and management systems of the RCC are established and strengthened 2. Management system, curricula, and materials used in training programs are developed and improved in response to the specific country needs of Cambodia, the Lao PDR, Myanmar, and Vietnam 3. Information concerning human resources, research, and relevant experiences on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand is collected, properly maintained, and disseminated to counterpart organizations, donor agencies, AIHD alumni, and other stakeholders 4. Human resources, information, and financial resources in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand for HIV/AIDS programs are mobilized for more effective utilization through networking	1. Degree of strengthening of the management system 2. Trainees are satisfied with the training program, in terms of management, curricula, and materials 3-1 Database is developed and up-dated quarterly based on the information collected through networks and focal points in Cambodia, the Lao PDR, Myanmar, and Vietnam 3-2 Web-site is developed and regularly maintained 3-3 500 copies of newsletters (by e journal and prints-outs) are distributed quarterly 4-1 Utilization of focal points in Cambodia, the Lao PDR, Myanmar, and Vietnam (to be specified based on the clarification of their role) 4-2 At least 2 AIHD alumni are served as focal points and lecturers in each four countries 4-3 A variety of experts in training course (to be reviewed) 4-4 Number of experts coordinated by RCC to support other programs (to be reviewed)	Indicators developed by the project Record of the Training Section, AIHD Project report Project report Project report Project report Project report Project report	• Policy and structure of the cooperation to the RCC by project partners, such as TICA, Ministry of Public Health (MOPH), counterpart organizations and JICA country offices in Cambodia, the Lao PDR, Myanmar, and Vietnam do not change significantly • Project partners, such as TICA and MOPH and, counterpart organizations, and JICA country offices in Cambodia, the Lao PDR, Myanmar, and Vietnam continue to cooperate with the project during the project period

Activities	Input	
1-1. To develop an appropriate organization and management system for the RCC 1-2. To convene RCC Management Taskforce meetings at least once a month to share the progress of the project 1-3. To convene Joint Coordination Committee meetings twice a year to share the progress of the project 1-4. To convene International Consultative Committee meeting once a year to share the progress of the project 1-5. To develop an annual project work plan and budget 1-6. To develop a human capacity building plan for staff involved in RCC activities in cooperation with other divisions of AIHD 1-7. To enhance the technical and administrative capacity of staff involved in RCC activities based upon the human capacity building plan 2-1. To conduct a needs assessment survey in Cambodia, the Lao PDR, Myanmar, and Vietnam to establish training courses 2-2. To develop operational guidelines, including needs identification, preparation, and monitoring and evaluation components for each training course 2-3. To develop training curricula and materials 2-4. To conduct at least 2 multi-national Training of Trainers (TOT) for participants from Cambodia, the Lao PDR, Myanmar, and Vietnam 2-5. To conduct at least 12 country-specific TOT (i.e. 3 programs each for Cambodia, Lao PDR, Myanmar, and Vietnam) 2-6. To annually review and revise existing training operational guidelines 2-7. To annually review and revise existing training curricula and materials 3-1. To develop strategies for establishing an appropriate management information system 3-2. To collect information regarding human resources, research, and experiences on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand 3-3. To develop a database for the promotion of the RCC, and for the dissemination of relevant information on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand 3-4. To up-date the database on a quarterly basis 3-5. To develop a home-page web-site for the promotion of the RCC, and for the dissemination of relevant information concerning HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand	**From the Thai-side: AIHD, TICA** 1) Personnel (AIHD) • Six Thai staff (i.e. Head , Manager, Information Systems Coordinator, Educational Materials Coordinator, Assistant Coordinator, Assistant Administrator) • One additional staff (0.5 years x 1 person, from Oct 2007) 2) Facilities • Training facilities (AIHD) • Project office space and facilities (AIHD) 3) Local Expenditures • Administrative and operational expenses for the RCC (AIHD) • Training expenses for multi-national TOT (partially funded by TICA) **From the Japanese-side: JICA** 1) Personnel • Long-term Japanese experts (3 years x 2 persons) 2) Equipment • Computer, Video Camera, Digital Camera, LCD, Visualizer, Scanner Machine, Color Printer, Computer Server, Mini Bus 3) Local Expenditures • Expenses for Project employees ✓ Long-term local consultant (3 year x 1person) ✓ Long-term local consultant (2.5 years x 1 person, the staff will be transferred to AIHD as of Oct 2007) ✓ Project secretary (3 years x 1 person) ✓ Short-term local consultant (2MM/ year x 3 years)	• Turnover rate of AIHD staff involved in RCC activities remains low during the project period

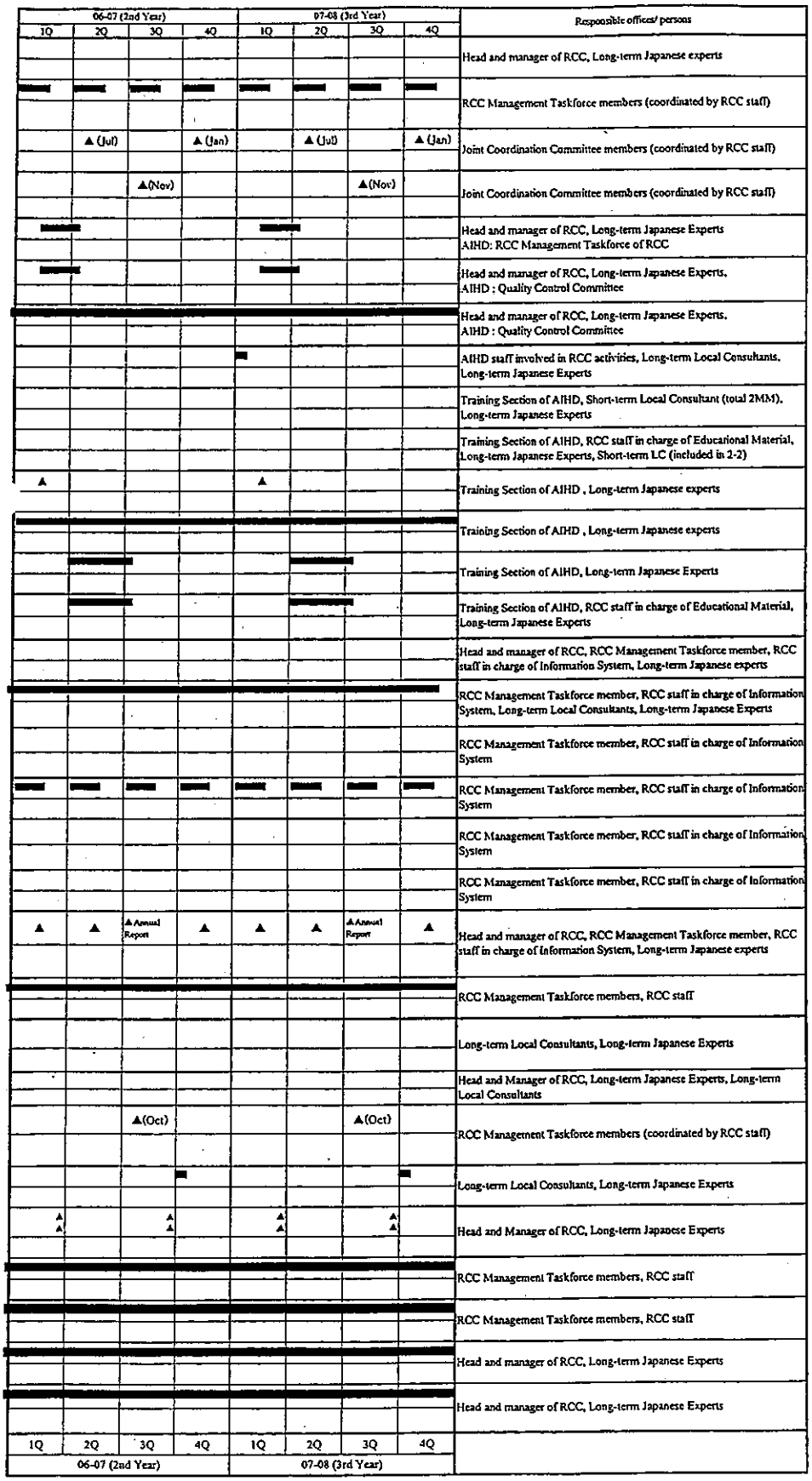
3-6. To establish an e-mail listing for the distribution of an HIV/AIDS e-journal 3-7. To publish and distribute quarterly newsletters and annual reports of the RCC, by an e-journal and/or print-outs, for the promotion of the RCC and for the dissemination of relevant information concerning HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand 3-8. To disseminate useful experiences and information about the RCC in journals and other media 4-1. To collect and analyze information, strategies, and plans of donor agencies and the governments of Cambodia, the Lao PDR, Myanmar, and Vietnam with respect to human capacity building on HIV/AIDS 4-2. To develop focal points, including the use of AIHD alumni, in Cambodia, the Lao PDR, Myanmar, and Vietnam 4-3. To conduct an annual review workshop to strengthen the regional network on HIV/AIDS, and to share project outcomes and progress with representatives from Cambodia, the Lao PDR, Myanmar, Vietnam, Thailand, donor agencies, AIHD alumni, JICA projects, and other concerned individuals 4-4. To study and utilize existing networks, including ex-trainees in Cambodia, Lao PDR, Myanmar, and Vietnam trained in Thailand working in HIV/AIDS programs 4-5. To convene an official meeting with Department of Disease Control / MOPH and TICA at least twice a year before the scheduled JCC meeting 4-6. To attend meetings, conferences, and seminars organized by donor agencies 4-7. To promote AIHD alumni networking, by RCC staff, during on-site visits to Cambodia, the Lao PDR, Myanmar, and Vietnam 4-8. To utilize ex-trainees trained in Thailand, including AIHD alumni, as future trainers for HIV/AIDS training courses 4-9. To support HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand through consultation and the use of short-term local experts (i.e. for externally coordinated and funded programs)	• Training expenses for multi-national TOT (partially) • Training expenses for country-specific TOT • Other expenses for project activities	

*1 Indicators must be reviewed and quantified by the second JCC scheduled in July 2005.

ANNEX II PLAN OF OPERATION (PO)
Date of preparation: 07 March, 2005

Output	Activities		2005-6 (1st year)											
			4	5	6	7	8	9	10	11	12	1	2	3
1. Organization and management systems of the RCC are established and strengthened	1-1. To develop an appropriate organization and management system for the RCC	Plan	■	■										
		Actual												
	1-2. To convene RCC Management Taskforce meetings at least once a month to share the progress of the project	Plan	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
		Actual												
	1-3. To convene Joint Coordination Committee meetings twice a year to share the progress of the project	Plan		▲		▲						▲		
		Actual												
	1-4. To convene International Consultative Committee meeting once a year to share the progress of the project	Plan			▲ Kick off					▲				
		Actual												
	1-5. To develop an annual project work plan and budget	Plan			■	■								
		Actual												
	1-6. To develop a human capacity building plan for staff involved in RCC activities in cooperation with other divisions of AIHD	Plan			■	■								
		Actual												
	1-7. To enhance the technical and administrative capacity of staff involved in RCC activities based upon the human capacity building plan	Plan					■	■	■	■	■	■	■	■
		Actual												
2. Management system, curricula, and materials used in training programs are developed and improved in response to the specific country needs of Cambodia, the Lao PDR, Myanmar, and Vietnam	2-1. To conduct a needs assessment survey in Cambodia, the Lao PDR, Myanmar, and Vietnam to establish training courses	Plan	■											
		Actual												
	2-2. To develop operational guidelines, including needs identification, preparation, and monitoring and evaluation components for each training course	Plan		■	■	■	■							
		Actual												
	2-3. To develop training curricula and materials	Plan		■	■	■	■							
		Actual												
	2-4. To conduct at least 2 multi-national Training of Trainers (TOT) for participants from Cambodia, the Lao PDR, Myanmar, and Vietnam	Plan												
		Actual												
	2-5. To conduct at least 12 country-specific TOT (i.e. 3 programs each for Cambodia, the Lao PDR, Myanmar, and Vietnam)	Plan								▲	▲	▲	▲	
		Actual												
	2-6. To annually review and revise existing training operational guidelines	Plan												
		Actual												
	2-7. To annually review and revise existing training curricula and materials	Plan												
		Actual												
3. Information concerning human resources, research, and relevant experiences on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand is collected, properly maintained, and disseminated to counterpart organizations, donor agencies, AIHD alumni, and other stakeholders	3-1. To develop strategies for establishing an appropriate management information system	Plan	■											
		Actual												
	3-2. To collect information regarding human resources, research, and experiences on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
	3-3. To develop a database for the promotion of the RCC, and for the dissemination of relevant information on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand	Plan	■											
		Actual												
	3-4. To up-date the database on a quarterly basis	Plan			■			■			■			■
		Actual												
	3-5. To develop a home-page web-site for the promotion of the RCC, and for the dissemination of relevant information concerning HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand	Plan	■											
		Actual												
	3-6. To establish an e-mail listing for the distribution of an HIV/AIDS e-journal	Plan	■											
		Actual												
	3-7. To publish and distribute quarterly newsletters and annual reports of the RCC, by an e-journal and/or print-outs, for the promotion of the RCC and for the dissemination of relevant information concerning HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand	Plan				▲			▲			▲ Annual Report		
		Actual												
	3-8. To disseminate useful experiences and information about the RCC in journals and other media	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
4. Human resources, information, and financial resources in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand for HIV/AIDS programs are mobilized for more effective utilization through networking	4-1. To collect and analyze information, strategies, and plans of donor agencies and the governments of Cambodia, the Lao PDR, Myanmar, and Vietnam with respect to human capacity building on HIV/AIDS	Plan	■	■										
		Actual												
	4-2. To develop focal points, including the use of AIHD alumni, in Cambodia, the Lao PDR, Myanmar, and Vietnam	Plan	■											
		Actual												
	4-3. To conduct an annual review workshop to strengthen the regional network on HIV/AIDS, and to share project outcomes and progress with representatives from Cambodia, the Lao PDR, Myanmar, Vietnam, Thailand, donor agencies, AIHD alumni, JICA projects, and other concerned individuals	Plan							▲					
		Actual												
	4-4. To study and utilize existing networks, including ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam trained in Thailand working in HIV/AIDS programs	Plan										■		
		Actual												
	4-5. To convene an official meeting with Department of Disease Control / MOPH and TICA at least twice a year before the scheduled JCC meeting	Plan				▲MOPH ▲TICA						▲MOPH ▲TICA		
		Actual												
	4-6. To attend meetings, conferences, and seminars organized by donor agencies	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
	4-7. To promote AIHD alumni networking, by RCC staff, during on-site visits to Cambodia, the Lao PDR, Myanmar, and Vietnam	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
	4-8. To utilize ex-trainees trained in Thailand, including AIHD alumni, as future trainers for HIV/AIDS training courses	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
	4-9. To support HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand through consultation and the use of short-term local experts (i.e. for externally coordinated and funded programs)	Plan	■	■	■	■	■	■	■	■	■	■	■	■
		Actual												
			4	5	6	7	8	9	10	11	12	1	2	3
			2005-6 (1st year)											

■ Continuous activity
■ ■ ■ Periodical Activity


06-07 (2nd Year)
07-08 (3rd Year)
1Q
2Q
3Q
4Q
Responsible offices/ persons
▲ (Jul)
▲ (Jan)
▲(Nov)
▲Annual Report
▲(Oct)
Head and manager of RCC, Long-term Japanese experts
RCC Management Taskforce members (coordinated by RCC staff)
Joint Coordination Committee members (coordinated by RCC staff)
Joint Coordination Committee members (coordinated by RCC staff)
Head and manager of RCC, Long-term Japanese Experts
AIHD: RCC Management Taskforce of RCC
Head and manager of RCC, Long-term Japanese Experts,
AIHD : Quality Control Committee
Head and manager of RCC, Long-term Japanese Experts,
AIHD : Quality Control Committee
AIHD staff involved in RCC activities, Long-term Local Consultants,
Long-term Japanese Experts
Training Section of AIHD, Short-term Local Consultant (total 2MM),
Long-term Japanese Experts
Training Section of AIHD, RCC staff in charge of Educational Material,
Long-term Japanese Experts, Short-term LC (included in 2-2)
Training Section of AIHD , Long-term Japanese experts
Training Section of AIHD , Long-term Japanese experts
Training Section of AIHD, Long-term Japanese Experts
Training Section of AIHD, RCC staff in charge of Educational Material,
Long-term Japanese Experts
Head and manager of RCC, RCC Management Taskforce member, RCC
staff in charge of Information System, Long-term Japanese experts
RCC Management Taskforce member, RCC staff in charge of Information
System, Long-term Local Consultants, Long-term Japanese Experts
RCC Management Taskforce member, RCC staff in charge of Information
System
RCC Management Taskforce member, RCC staff in charge of Information
System
RCC Management Taskforce member, RCC staff in charge of Information
System
RCC Management Taskforce member, RCC staff in charge of Information
System
Head and manager of RCC, RCC Management Taskforce member, RCC
staff in charge of Information System, Long-term Japanese experts
RCC Management Taskforce members, RCC staff
Long-term Local Consultants, Long-term Japanese Experts
Head and Manager of RCC, Long-term Japanese Experts, Long-term
Local Consultants
RCC Management Taskforce members (coordinated by RCC staff)
Long-term Local Consultants, Long-term Japanese Experts
Head and Manager of RCC, Long-term Japanese Experts
RCC Management Taskforce members, RCC staff
RCC Management Taskforce members, RCC staff
Head and manager of RCC, Long-term Japanese Experts
Head and manager of RCC, Long-term Japanese Experts

Annex II- 2

ANNEX III THE RCC PROFILE

1. Mission

As an integral part of the AIHD, the RCC will contribute to reducing and preventing new HIV infections as well as improve the quality of life for people living with HIV/AIDS in Cambodia, the Lao PDR, Myanmar and Vietnam by facilitating human capacity building in HIV/AIDS programs.

2. Institutional setting at the AIHD

The RCC will be institutionally positioned as a unit under the International Health Cluster in the AIHD as can be seen in the AIHD organization chart below. The administration and the activities of the RCC will be coordinated with other sections of the AIHD. The human resource of the AIHD will be fully utilized to implement RCC activities.

3. Management Structure of the RCC

1) Director of the AIHD

The director of the AIHD will bear overall responsibility for the supervision of the Project.

2) Head of the RCC

The head of the RCC will bear overall responsibility for the administration and implementation of RCC activities.

3) Management Taskforce

Management Taskforce will be convened for monthly meetings to support the project planning and implementation, as well as to monitor the Project. The details of the Management Taskforce are presented in ANNEX X.

4) Manager and Operational Staff

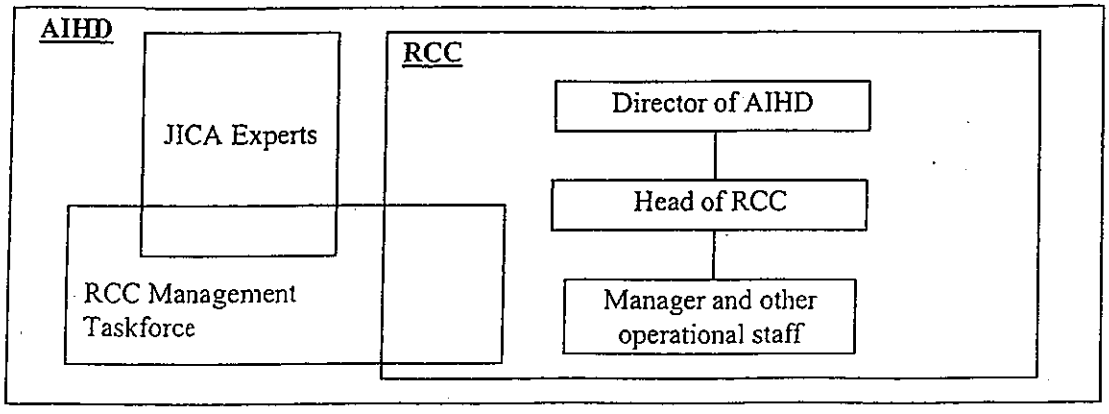
The following eight staff will be in charge of daily activities of the Project under the supervision of the Head of the RCC and the JICA Experts

- Five AIHD staff, including the Manager of the RCC
- Two long-term consultants
  (One of them will be transferred to the AIHD as a full-time staff for the RCC in October 2007)
- One project secretary

＊JICA Experts

Three Japanese long-term experts will be deputed to provide necessary technical guidance and advice to the Project and the AIHD. The terms of references of Japanese experts are presented in ANNEX IV.

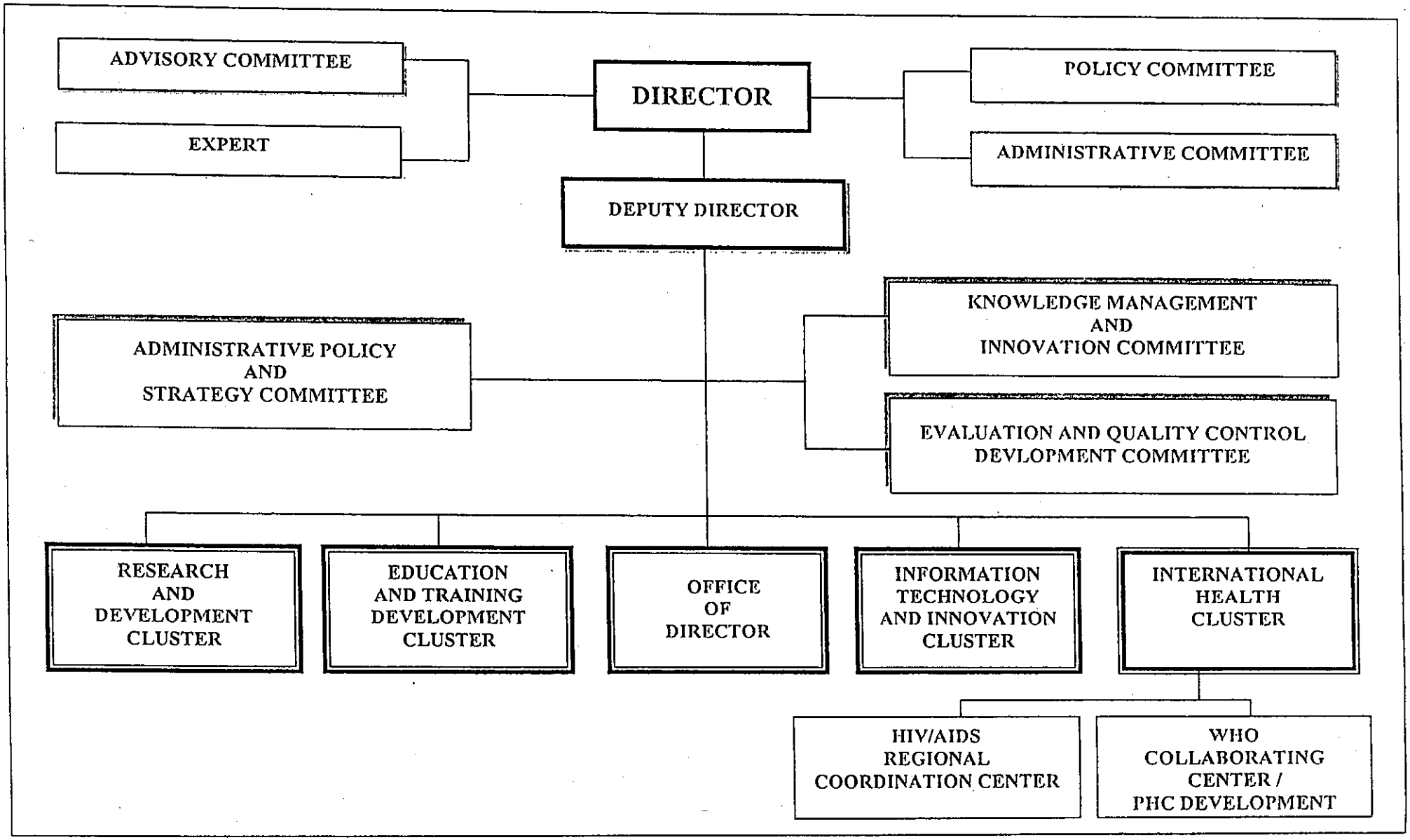
Organization chart of RCC



4. Relations with concerned organizations in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand

   RCC will promote effective linkage with other internal and international organizations whose interests and activities are related to those of RCC. It will also establish and maintain the close relationship with counterpart government organizations in Cambodia, the Lao PDR, Myanmar, and Vietnam.

Organization Chart of AIHD



ANNEX IV TERMS OF REFERENCEOF JAPANESE LONG-TERM EXPERTS

Duration: 3 years (April 2005 March 2008)
Organizations to be assigned: ASEAN Institute for Health Development (AIHD)
1. Proposed Title: Chief Advisor / Regional Cooperation
Professional field: Development cooperation management and HIV/AIDS or Health-related subject Academic background: Under graduate degree Experience: At least 10 years of working experience in development field (especially health-related subject) Language: English (TOEIC 800 or equivalent skill) Other: Project management and coordination skills (especially donor coordination) and working experience on JICA technical cooperation projects are required.
Purpose To manage the overall project implementation To establish management and operation system of RCC To establish networks with relevant agencies in CLMVT including donor agencies Job description To develop strategies and plans on overall project management To develop schedules for implementation of project activities and monitor it with counterpart staff To support establishing and strengthening organization and management of RCC To support human resource development of counterpart staff To discuss the project management, progress of technical/knowledge transfer, and future directions through meetings including JCC To advice for counterpart staff on project management and implementation To establish networks with relevant agencies in CLMVT including donor agencies through PR of RCC, joint implementation of some activities, and utilization of fund resource of donor agencies To support to develop focal points of RCC in targeted countries To coordinate and strengthen with the relation between RCC and JICA country offices concerned To manage the activities of other JICA experts

2. Proposed Title: HIV/AIDS Human Resource Development Advisor	
Qualifications	Professional field: HIV/AIDS and Health-related subject Academic background: Post graduate degree in health related field desirable Experience: At least 5 years of working experience in development field Language: English (TOEIC 800 or equivalent skill) Other: skills for needs survey and identification are required
Responsibilities	Purpose To study and identify needs on HIV/AIDS related human resource development To transfer HIV/AIDS related knowledge to counterpart staff Job description To study the HIV/AIDS related situation in CLMVT and other target countries, such as national policy, activities of government, NGOs, and donor agencies, and needs for technical cooperation To collect information on technical cooperation programs, training curricula, and training materials and share the information To identify the level and needs of counterpart staff to transfer knowledge on HIV/AIDS and develop the human resource development plan for them jointly with RCC To support of planning, implementation and evaluation of the human resource development programs (including TCTP and dispatch of resource persons) on HIV/AIDS To advise and support the information collection and dissemination of human resources , research and relevant experiences on HIV/AIDS in targeted countries To attend the meeting, Conferences and seminars on HIV/AIDS for the purpose of update and coordination of RCC

3. Proposed Title: Cooperation Management Advisor	
Qualifications	Professional field: Development Cooperation Management Academic background: Under graduate degree Experience: At least 5 years of working experience in development field Language: English (TOEIC 800 or equivalent skill) Other: Project management and coordination skills and working experience on JICA technical cooperation projects are required.
Responsibilities	Purpose To contribute the smooth implementation of the project To contribute to strengthening operational and administrative structure and capacity of RCC To contribute to human resource development in the field of HIV/AIDS for target countries Job description To support of overall project management To support identification of needs and development of capacity building; including training module development and training material production To support of information collection and discussion with Thai and international organizations to coordinate for capacity building and dissemination of information To support to develop focal points of RCC in targeted countries To support the development information network and PR materials To advice for counterpart staff on project management and implementation To support of RCC management

ANNEX V LIST OF MACHINERY AND EQUIPMENT

The following equipments are scheduled to be provided to the Project.

1. Scanner Machine	1
2. Printer	3
3. Computer	5
4. LCD	1
5. Visualizer	1
6. Digital Camera	2
7. Video Camera	1
8. Computer Server	1
9. Mini Bus	1

ANNEX VI LIST OF THAI PROJECT COUNTERPART

1. Project Director
   Director of AIHD

2. Project Manager
   Head of RCC, AIHD

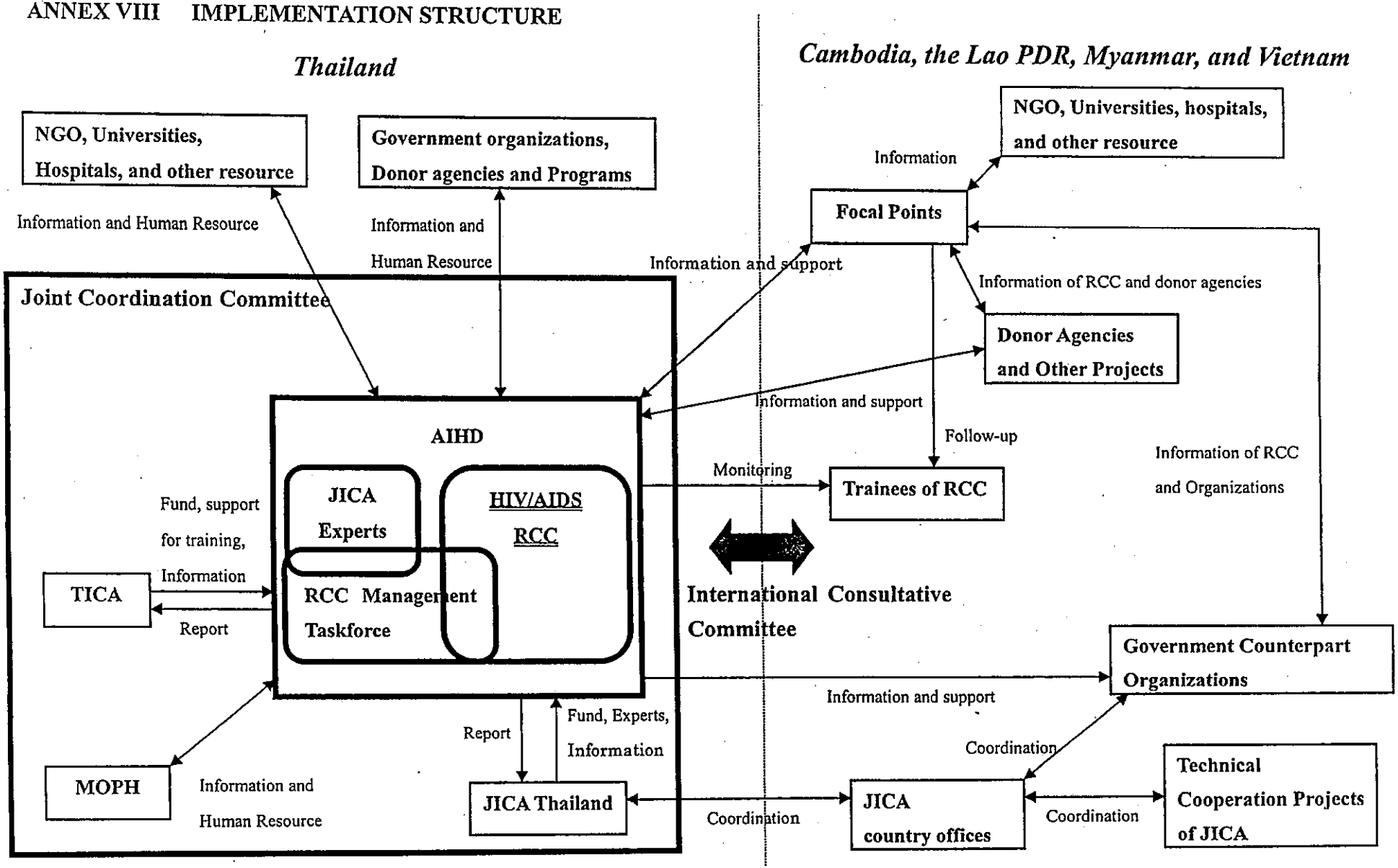
3. Project Staff
   - Coordinator of International Health Cluster/ Manager of RCC, AIHD
   - Information Systems Personnel, International Health Cluster, AIHD
   - Educational Materials Personnel, International Health Cluster, AIHD
   - Assistant Coordinator, International Health Cluster, AIHD
   - Assistant Administrator, International Health Cluster, AIHD

ANNEX VII LIST OF BUILDING AND FACILITIES

Following office space and facilities will be provided by AIHD.

1. Training facilities
2. Project office and other facilities
3. Other necessary facilities mutually agreed upon as necessary

ANNEX VIII IMPLEMENTATION STRUCTURE



ANNEX IX JOINT COORDINATING COMMITTEE (JCC)

1. FUNCTION

The JCC, composed of members listed in the section below, will meet at least twice a year, and whenever the necessity arises, in order to:

1) Approve the Annual Work Plan formulated by the Project in accordance with the framework of the Record of Discussion
2) Review the progress of the Project, in particular, activities carried out based on the above Annual Work Plan
3) Examine the overall project performance to achieve the Project Purpose and Overall Goal stipulated in the Project Design Matrix in ANNEX I
4) Review and exchange views on major issues arising from or in connection with the Project
5) Review measures taken by JICA, such as the dispatch of Japanese experts.
6) Review measures taken by TICA and AIHD, such as the allocation of necessary counterpart personnel and necessary budget (including the expenditure for TCTP)

2. COMMITTEE MEMBERS

1) Chairperson:
   Director of AIHD
2) Members:
   (1) Thai side:
      a. Deputy Director of AIHD
      b. Head of RCC (secretary)
      c. Manager of RCC
      d. Representative of TICA
      e. Representative of MOPH
      f. Other persons invited by the Chairperson
   (2) Japanese side:
      a. Experts assigned to the Projects
      b. Resident Representative of JICA Thailand Office
      c. Other persons invited by the Resident Representative of JICA
      d. Officials of the Embassy of Japan (observer)

ANNEX X RCC MANAGEMENT TASKFORCE

1. FUNCTION

The RCC Management Taskforce, composed of members listed in the section below, will meet at least monthly, and whenever the necessity arises, in order to:

1) Support the implementation of project activities by providing recommendations and technical advices.
2) Support the development and approve the Annual Work Plan in accordance with the framework of the Record of Discussion.
3) Review the progress of the Project, in particular, activities carried out based on the above Annual Work Plan
4) Examine the overall project performance against the targets stipulated as objectively verified indicators in the Project Design Matrix in ANNEX I.
5) Review the impact of the project on human capacity building in Cambodia, the Lao PDR, Myanmar, and Vietnam

2. TASKFORCE MEMBERS

1) Chairperson:
   Head of RCC
2) Members:
   (1) Deputy Director, AIHD
   (2) Chairperson of Administrative Policy and Strategy Committee, AIHD
   (3) Chairperson of Knowledge Management and Innovation Committee, AIHD
   (4) Chairperson of Evaluation and Quality Control Development Committee, AIHD
   (5) Coordinator of International Health Cluster, AIHD
   (6) Consultant, Academic staff, and other staff of AIHD nominated by the Director of AIHD
   (7) Manager of RCC (secretary)
   (8) JICA Experts
   (9) Project staff of RCC

ANNEX XI INTERNATIONAL CONSULTATIVE COMMITTEE

1. FUNCTION

International Consultative Committees of the Project will be formed to facilitate the communication between Thailand and each targeted country. The committee members, listed in the section below, will be convened for annual Meetings which aim to;

1) Review the progress and process of activities
2) Review and revise the activities for each country
3) Exchange information for the epidemic situation and HIV/AIDS programs
4) Exchange ideas for effective coordination between RCC and organizations in each targeted country for the project implementation
5) Examine the impact of the project for human capacity building in HIV/AIDS programs in each country

2. METHOD OF MEETING

1) The committee members, as listed below, will be assembled annually in Thailand by utilizing the opportunity of Annual Sharing Meeting of RCC. Before or after the Annual Sharing Meeting, an International Consultative Meeting for each country will be held
2) Committee members will utilize any occasions, both in Thailand and targeted countries, to share the progress of the Project and information concerning the project implementation during their international trips.

3. COMMITTEE MEMBERS (for each committee)

1) Chairperson:
   Head of RCC
2) Members for Committee :
   (1) From Cambodia, the Lao PDR, Myanmar, and Vietnam
   - Representatives of counterpart organizations
   - Representative of JICA office
   - Japanese experts working for related projects

   (2) From Thailand
   - Representative of TICA
   - Representative of JICA Thailand Office

(3) From RCC

- Manager of RCC (Secretary)
- Japanese Experts

(4) Other personnel and representative of concerned organizations invited by the chairperson.

ANNEX XII COOPERATION MECHANISM

1. Framework of cooperation

The framework of cooperation is described in the following agreements;

Agreement	Record of Discussions (R/D)	Minutes of Meetings (M/M)
Target country	Thailand	Neighboring countries (CLMV)
*Signatories	- JICA Thailand Office - TICA - AIHD	- JICA local offices - AIHD - Governmental department in charge of technical cooperation - Counterpart organization of the Project
Purpose/ contents	To describe the overall framework of the Project	- To be signed separately when the Project starts activities in each of CLMV countries - To describe the framework of activities in each CLMV country under the Project

Notes:

*The Signatories and contents will be determined by the countries.

2. Policy to implement the Project

1) The tentative target countries / areas of cooperation

The Project has the priority on the cooperation for neighboring countries. Social and cultural backgrounds, and sense of values in each country, are fully considered when designing and implementing activities.

The tentative target areas of the cooperation for neighboring countries are as follows:

(1) Multi-National TOT conducted as TCTP

The candidate of the topic based on the needs survey would be one of the areas of ARV for Trainers of Training from CLMV countries.

(2) Country-Specific TOT conducted as TCTP

a) Cambodia:

- To cooperate with JICA's bilateral technical cooperation project (National Tuberculosis Control Project / Maternal and Child Health Project)

b) The Lao PDR:

- To cooperate with the program requested by National Committee for the Control of AIDS Bureau (NCCAB) and supported by GFATM for In-country Training Program (ICTP) (HIV/AIDS Youth Education)

c) Myanmar:

- To cooperate with JICA's bilateral technical cooperation project (Major Infectious Diseases Control Project)

d) Vietnam:

- To cooperate with the key person in charge of implementing official AIDS

Program in Vietnam and the program supported by GFATM for ICTP

2) Matters to be considered on implementation of the Project:

(1) To strengthen cooperation with TICA, MOPH, NGOs and other donor agencies for sustainable management of the Project

(2) To consider the advantage and experience of AIHD such as CBC, monitoring and evaluation, TOT, and study tour

(3) To select the topics and participants whose ICTP fund is secured so that they can conduct ICTP after TOT programs in Thailand

3. Guidelines for expanding cooperation and starting new activities in neighboring countries

Expanding cooperation and starting new activities in neighboring countries is considered in the following manner, and decided in JCC.

1) Requisite

(1) To be able to utilize experiences and resources of Thailand

(2) To be placed as prioritized policy in National HIV/AIDS Policy in each country

(3) To be recognized as cooperation needs to Thailand

(4) To be consented by each JICA local Office

(5) To have necessary budget to be used for implementing outputs obtained through technical cooperation by RCC

2) Priority

(1) To contribute to the facilitation of programs of GFATM

(2) To coordinate with existing and planned JICA's projects

3) Term of cooperation of each activity

To be terminated not later than the end of the Project

4. Guidelines for expanding cooperation and starting new activities in other countries

In addition to the above guidelines, the following condition is considered when the Project starts technical cooperation activities in other countries in other regions

1) To put priority on the activities to support technical cooperation activities by Thai organizations such as TICA and MOPH

ANNEX XIII MULTI NATIONAL TRAINIG OF TRAINERS (TOT) AND ESTIMATE OF EXPENSES (TENTATIVE)

To develop human capacity for HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam (CLMV), RCC plans two types of training programs. One is country specific Training of Trainers (TOT) program and another is this multi-national TOT program inviting several participants from CLMV for one common topic CLMV countries are facing together.

Since the introduction of ARV, it is well- known that many AIDS patients survived and eventually the number of AIDS death reduced. In CLMV countries, access to ARV has just begun last a few years, in particular, since WHO started "3 by 5" - "By the year of 2005, 3 million people access to ARV" campaign. However, many health professionals do not have enough experience and knowledge on ARV Care and Management. Therefore training for ARV Care and Management is in great demand from all the CLMV countries. RCC wishes to contribute to the great needs of ARV Care and Management.

Training Course Title:

Training program for "HIV/AIDS Care and Management for the ARV"

Training Objectives:

1. To strengthen the capacity of the ARV Care and Management of CLMV Countries
2. To share and exchange the knowledge and experiences on ARV Care and Management

Goal

By the end of the course, participants will be able

1. To learn the basic knowledge of ARV and skill for ARV Care and Management.
2. To know and understand the issues such as Adherence, Compliance, Counseling, and Support & Care for ARV treat patients

Term: Two weeks (Two times during the implementation term of the Project)

Target: About 24 people (5 to 6 people from each CLMV country)

Health professionals who are supposed to be the leaders on ARV Care and Management from CLMV countries: Physicians, Nurses, Counselors, Pharmacists, Community Workers or NGO leaders etc.

Curriculum Outline

1. Basic knowledge on ARV
   ARV medicines, Combination, Regime
2. HIV/AIDS Treatment Management
   CD4, Viral load, Side effect
3. Monitoring and evaluation in ARV programs
   Compliance, Adherence, Data Management
4. Care and support
   Counseling, Follow-up, Community Care
5. Field Trip

Estimate of Expenses for TCTP

Item of expenses	**Total (Baht)**	**Breakdown**
I. Invitation Expenses		
1. International Airfare	360,000	15,000 x 24 persons
2. Airport Tax	36,000	1,500 x 24 persons
3. Per diem	168,000	500 x 14 days x 24 persons
4. Accommodation	312,000	1,000 x 13 nights x 24 persons
5. Medical Insurance	24,000	1,000 x 24 persons
6. Visa Fee	48,000	2,000 x 24 persons
7. Pick up / Send off	24,000	1,000 x 24 persons
Sub Total	972,000	
II. Training Expenses		
1. Honorarium for Lecture	126,000	1,500 x 6 hours x 14 days
2. Domestic Airfare	150,000	5,000 x 30 persons
3. Per-diem / accommodation for staff	63,000	1,500 x 6 persons x 7 days
4. Transportation	70,000	Rent a car +gasoline 10,000 x 7 days
5. Expendable supplies	72,000	3,000 x 24 persons
6. Meeting Expenses	40,000	500 x 40 persons x 2 times
7. Printing	30,000	Certificate, Text
8. Other	20,000	Communications, Postage
Sub Total	571,000	
Grand Total	1,543,000	

*The ratio of cost sharing expenditures between JICA and TICA will be 70:30 for the first year and the portion of the second year will increase based on the annual consultation.

**The items and amount of expenses are subject to change based on the curriculum in each year.

ANNEX XIV SCHEDULE FOR THE COURSE IMPLEMENTATION OF MULTINATIONAL THIRD COUNTRY TRAINING PROGRAM

(TENTATIVE)

	THAI SIDE	JAPANESE SIDE
March 2005	- Signing of Record of Discussions - Preparation of General Information (G.I.)	- Signing of Record of Discussions
December 2005	- Distribution of G.I. & Application Form	
April 2006	- Deadline of Application - Selection and Notification	- Remittance of Expenses
June 2006	- Implementation of the Course	
June 2006	- Submission of Expenditures Statement - Submission of Course Report	
July 2006	- Course Evaluation at JCC	- Course Evaluation at JCC

ANNEX XV ACRONYM

AIDS	Acquired Immune Deficiency Syndrome
AIHD	ASEAN Institute for Health Development
ARV	Anti-Retro Viral
CLMVT	Cambodia, the Lao P.D.R., Myanmar, Vietnam and Thailand
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GI	General Information
HIV	Human Immunodeficiency Virus
ICTP	In-Country Training Program
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
MM	Minutes of Meetings
MOFA	Ministry of Foreign Affairs
MOPH	Ministry of Public Health
NCCAB	National Committee for the Control of AIDS Bureau
NGO	Non-Governmental Organization
PDM	Project Design Matrix
PO	Plan of Operation
RCC	Regional Coordination Center
RD	Record of Discussions
TCTP	Third Country Training Program
TICA	Thailand International Development Cooperation Agency
TOT	Training of Trainers
VCT	Voluntary Counseling and Testing

Annex 2 Progress of Strengthening RCC's Management System (Indicator for the Output 1)

27 September 2006
Mid-Term Evaluation Study Team

	Criteria	Mark	Progress
Mission			
1	Mission of the RCC is clearly defined and documented	○	RCC staff understands the mission as; RCC contributes to 1) reducing the incidence of HIV infections and 2) improving the quality of life for persons living with HIV/AIDS (PLWHAs) in Cambodia, the Lao PDR, Myanmar, and Vietnam and other countries, through human capacity building in the field of HIV/AIDS prevention and care It is not mentioned as a 'Misison', but 'Goal' of the RCC and stated in the publication of the RCC.
2	Mission of the RCC is shared by the AIHD staff and JCC members, including new members	○	The 'Goal' mentioned above is shared among RCC staff and other concerned personnel
Organizational Structure and Management System			
3	Job description of each RCC staff is clearly defined and documented	△	A part of the job description, which involves multiple staff, is defined and documented
4	Decision making process in the RCC is clarified and shared among staff	○	Clarified and shared among staff. It include the role of the RCC Management Taskforce Meeting.
5	Work process of each activity is clarified and shared among staff	○	Work process of each activity is clarified and shared among staff in RCC
6	Staff meetings are conducted on a regular basis	○	RCC staff has a formal monthly meeting. There are informal meeting according to the necessity.
7	Minutes of the RCC Management Taskforce meeting, Joint Coordination Committee (JCC) meeting, and International Consultative Committee (ICC) meeting are recorded and properly	○	Minutes of the meetings are recorded and properly maintained.

	maintained		
8	Result of the RCC Management Taskforce meeting, JCC meeting, and ICC meeting is reflected to the operation of the RCC	○	Result of the meetings is reflected to the operation of the RCC
Planning			
9	Annual work plan is developed in a timely manner with the support of the RCC Management Taskforce and approved in the JCC meeting	○	Annual work plan for Japanese FY 2006 was developed in a timely manner with the support of the RCC Management Taskforce and approved in the JCC meeting
10	Progress made towards implementing the annual work-plan is properly monitored and documented by the RCC staff and shared in the RCC Management Taskforce Meeting	○	Progress are documented and shared by the RCC staff and Taskforce meeting.
11	Progress and planning of the RCC is shared with other sections in AIHD and concerned organizations in Cambodia, Lao PDR, Myanmar, Vietnam, and Thailand	○	Progress and planning of the RCC is shared with other sections in AIHD through the Taskforce Meeting and concerned organizations in Cambodia, Lao PDR, Myanmar, Vietnam, and Thailand, through the ICC, Newsletters, and others
Human Capacity Building			
12	Trainings to the RCC staff and other concerned AIHD staff are provided according to the human capacity building plan	△	Partly done. Each staff and the management need to develop the detailed plan and search the budget
13	Human capacity building plan for RCC staff and other concerned AIHD staff is annually reviewed	△	Partly done through the Performance Assurance of AIHD
14	Result of the training is utilized in the operation of the RCC	△	Partly done (such as utilization of problem analysis method).
Information Management			
15	Collected information regarding the RCC is shared among the staff by proper filing system and report in the staff meeting	△	Actions have been taken. It is still under improvement.
16	Information of the RCC is published systematically through the newsletter, web site, and other media with appropriate quality control	△	Actions have been taken. Development of website is still under process. Internal quality control system for publication has been developed.

○ Actions are completed or are on-going , △ Actions have be taken, but still needs improvement,
X Actions have not been taken

4. List of Field and Number of Resource Persons for the Database of the RCC Project (Indicator for the Output 4)

27 September 2006

Field	Sub-field	Minimum expected number	Name of Resource Person identified by the RCC
Epidemiology, Surveillance		3 persons	1. Dr. Thanarak Plipat 2. Dr. Anupong Chitwarakorn 3. Dr. Taweesaps Siraprapasiri
Prevention and Control		3 persons	1. Dr. Tassana Leusaree 2. Dr. Kriangsak itvacharanon 3. Dr. Surasing Visarutratana
Care and Treatment	ARV Care	3 persons	1. Dr. Khuanchai Supparatpinyo 2. Dr. Wiratch Klinbuayam 3. Dr. Panita Pathipvanich
	Clinical Issues	3 persons	1. Dr. Suparat Kanganavanich 2. Dr. Wiratch Klinbuayam 3. Dr. Somsit Tansuppasawaskul
	Mother-to-Child Transmission	2 persons	1. Dr. Saipin Koosmith 2. Dr. Taweesaps Siraprapasiri
	TB and HIV Co-infection	2 persons	1. Dr. Pasakorn Akharasewi 2. Dr. Charoen Chuchottaworn
Home- Based Care		2 persons	1. Dr. Dr. Panita Pathipvanich 2. Ms. Ratana Fongsri
Voluntary Counseling and Testing		2 persons	1. Dr. Aram Limtrakul 2. Dr. Pahsuvadn Kongsin 3. Ms. Somsri Tantipaibulvut
Social Issues	Gender and HIV/AIDS	2 persons	1. Dr. Ratana Sumrongthong 2. Prof. Dr.Santhat Sermsri
	Youth and HIV/AIDS	2 persons	1. Assoc.Prof.Dr.Warunee Fongkaew 2. Ms.Sujitra Prongsang
	Migrant and HIV/AIDS	2 persons	1. Dr. Chairat echapanich 2. Dr. Ratana Sumrongthong
	Drug and HIV/AIDS	2 persons	1. Dr. Surasing Visarutratana 2. Tassana Leusaree
Program Management		2 persons	1. Prof. Dr. Krasae Chanawongse 2. Dr. Pathom Sawanpanyalert

5. Inputs form the Japanese and Thai sides

<Japanese Side>

1. Long-Tem Experts:

	Name	Assignment	Period
1	Mr. Yoshitaro Watanabe	Chief Advisor/ Regional Cooperation	26 Dec 2005 – 25 Dec 2007
2	Dr. Yasushi Sawazaki	HIV/AIDS Human Resource Development Advisor	1 Apr 2005 – 31 Mar 2008
3	Mr. Shinji Takeno	Cooperation Management Advisor	1 Apr 2005 – 14 Jun 2006
4	Mr. Chiaki Makino	Cooperation Management Advisor	1 Jun 2006 – 31 Mar 2008

2. Consultant:

	Name	Assignment	Period
1	Mr. Takehiro Iwaki	Support for the lunching of the Project	13 Apr– 29 Jul 2005

3. Equipment: See the list of equipment in the next page

4. Local Expenditures

JFY 2005: 6,548, 736 Baht, JFY 2006 (Until the end of August): 1,783, 988 Baht

<Thai Side>

1. Allocation of personnel (by AIHD)

	Name	Assignment	Period
1	Dr. Jumroon Mikhanorn	Head of the RCC	1 Apr 2005 -
2	Mr. Somchai Viripiromgool	Manager of the RCC	1 April 2005 -
3	Ms Duangsamorn Chinchotikasem	Information System Coordinator	1 April 2005 -
4	Ms Cha-ohn Viripiromgool	Educational Material Coordinator	1 April 2005 -
5	Ms Sriwan Klumpoonsawad	Assistant Administrator	1 April 2005 -
6	Ms. Srisamorn Poonkhan	Assistant Coordinator	1 April - 30 October 2005

2. Facilities

Training facilities, project office space and facilities (by AIHD)

3. Local expenditures

- Administrative and Operational expenses for the RCC (by AIHD)
- 303, 645 Baht for multi-national TOT course conducted in 2006 (by TICA)

3. List of Equipment Procured by the Project

	Equipment	Company	Model	Serial number	Amt	
1	Notebook computer	NEC	LR700/9	45008701A	1	Discarded due to the mechanical
2	Computer software	Microsoft	PowerPoint2003		1	
3	Flash memory	I-O DATA	Easy Disk 1GB	CJW0025518GI	1	
4	Fax machine	Panasonic	KX-FLB756	4FCFA005088	1	
5	Photocopy machine	FUJI XEROX	WC420	NDC-3504556084	1	
6	Shredder machine	AURORA	AS750C		1	
7	Document rack set (4 pcs)				1	
8	Document rack set (4 pcs)				1	
9	Desktop computer	HP	DX2000	Monitor:CNC43015RX, Body: SGH4340BLQ	1	
10	Color printer	HP	Color LaserJet 2550L	CNHGJ02311	1	
11	Notebook computer	ACER	Travel Mate 3201 NXCi	LXT480C00244700	1	
12	Scanner	EPSON	Perfection 3170 Photo	E9BW003472	1	
13	IC-Recorder	SONY	ICD-ST25JE	0214390	1	
14	Laser printer	HP	LaserJet 1160	CNC1F28086	1	
15	Color printer	HP	DeskJet 9650	SG4A86109S	1	
16	Digital camera	CANON	IXUS i5	9044203281	1	
17	Scanner	HP	Scan Jet 4070	CN49JALD9Q	1	
18	Digital video	SONY	Handy cam PC109E	1353844	1	
19	Digital camera	NIKON	D70 SET DX	7061571	1	
20	Laser printer	HP	LaserJet 1160	CNH1F67513	1	
21	Flash for digital camera	NIKON	SB800	209194	1	
22	Computer software	FileMaker	FileMaker Pro7	3N96X-N95VX-K7J4N-8KT69-6K489-5J99V-74VJV	1	
23	Computer software	Microsoft	Windows XP		1	
24	Notebook computer	ACER	Aspire 3600 NWXCi	LXA700C0125273981ED00	1	
25	External hard disk	iomega	LDHD120-U	FMAF240064	1	
26	External hard disk	iomega	LDHD120-U	FMAF24006C	1	
27	Computer software	Microsoft	Windows Server Standard 2003		1	
28	External hard disk	iomega	LPHD060-U	FWAF470185	1	
29	Notebook computer and accessories	HP Compaq	NX6120	CNU5460MHS	1	
30	Desktop computer, monitor and accessories	HP Compaq	DX2000MT L1506	SGH60102PF CNC5401DQ3	1	
32	Desktop computer, monitor and accessories	HP Compaq	DX2000MT L1506	SGH60102PG CNC5401DQQ	1	
34	Desktop computer, monitor and accessories	HP Compaq	DX2000MT S7540	SGH60102PN CNC5401DJX	1	
35	Desktop computer, monitor and accessories	HP Compaq	DX2000MT S7540	SGH60102NW CNC5401DSR	1	
36	Desktop computer, monitor and accessories	HP Compaq	DX2000MT S7540	SGH60102PL CNC5401DSG	1	
37	Computer server (1 set)	HP Compaq	xSeries236	99KXK78	1	
38	Projector	Sony	VPL-CX70	2021735	1	
39	Visualizer	JVC	AV-P960	17930340(A)	1	
40	Desktop computer	HP	Pavilion w5270I	THT53712R	1	
41	Monitor	HP	mx705	CNC6501DPR	1	
42	Computer software	Microsoft	Windows XP	PTJ2J-TQVMW-92M8K-6YDQV-WX76Y	1	
43	Computer software	Microsoft	Office Pro	Q94MV-2CY44-MF6P3-9P79M	1	
44	Printer	HP	HP LaserJet 1320n	CNHJ62F03	1	
45	Computer software	Microsoft	Windows XP (Japanese)	TD79R-M8WM9-4T74W-P2BHP-7RD6Q	1	
46	Computer software	Microsoft	Office Pro (Japanese)	K336T-R2HG6-PVPG2-46F9Y-X27JJ	1	
47	Notebook computer	IBM	ThinkPad R51e M1.8GHz	LV-BFA39	1	
48	Computer software	Microsoft	Windows XP	B43XQ-R23T3-T6M67-Y2YPP-MKT9Q	1	
49	Computer software	Microsoft	Office Pro	XHHTW-PKVB4-9X66Y-JM378-M69PM	1	
50	Bus (32 seats)	HINO		(Body) FG1JPPA-14731, (Engine) J08C-TS18330	1	

6. List of Interviewees

<AIHD>

No.	Name	Position	Remarks
1	Dr. Sirikul Isaranurug	Director of AIHD/ Project Director	Group Interview
2	Dr. Jumroon Mikhanorn	Head of the RCC	
3	Mr. Somchai Viripiromgool	Manager of the RCC	
4	Dr. Boonyong Keiwkarnka	RCC Management Taskforce member	Group Interview
5	Ms. Chaweewan Sriburapapirom	RCC Management Taskforce member	
6	Dr. Nate Hongkrailert	RCC Management Taskforce member	
7	Ms. Cha-ohn Viripiromgool	RCC staff	Group Interview
8	Ms. Duangsamorn Chinchotikasem	RCC staff	
10	Ms. Sriwan Klumpoonsawad	RCC staff	

<Japanese Experts>

No.	Name	Position	Remarks
1	Mr. Yoshitaro Watanabe	Japanese Expert	
2	Dr. Yasushi Sawazaki	Japanese Expert	
3	Mr. Chiaki Makino	Japanese Expert	

<TICA>

No.	Name	Position	Remarks
1	Ms. Rumpuey Pattamavichaiporn	Director of Countries Partnership Branch (Bilateral and Trilateral)	Group Interview
2	Ms. Vitida Sivakua	Program Officer	
3	Ms. Malaiwan Lertkumsup	Program Officer	

<Concerned Organization>

No.	Name	Position	Remarks
1	Dr. Petchsri Sirinurand	Senior Expert of Preventive Medicine, Disease Control Department, MOPH	
2	Ms. Somsri Tantipaibulvut	Chief of Academic Service, Thai red Cross	
3	Dr. Charoen Chuchottaworn	Chief, Division of Academic Affairs, Excellence Center of Tuberculosis, Chest Disease Institute	

Annex 6: Summary of Interview Results

Interview Result with Project Director, Head and Manager of the RCC

Date and Venue: 18 Sep 13:30 – 16:00 at AIHD

Interviewees
1. Dr. Sirikul Isaranurug
2. Dr. Jumroon Mikhanorn
3. Mr. Somchai Viripiromgool

Interviewer
1. Mr. Masazumi Ogawa
2. Ms Kiyoka Takeuchi
3. Mr. Takehiro Iwaki

1. Overall project performance against the targets

Q1. Is there a good chance to achieve the project purpose (with reference to indicators)?

- There are two training programs on HIV/AIDS conducted by AIHD after the commencement of the Project, 1) study tour for Vietnamese participants supported by the Global Fund and coordinated by the training section of AIHD, 2) training on HIV/AIDS and PHC for Thai resource persons funded by WHO and conducted by WHO Collaboration Center. These two programs should be counted as indicator 1.
- From now on, all the training programs regarding HIV/AIDS will be coordinated by RCC. Indicator 1 of the project purpose may be achieved with the support of Japanese experts, particularly for networking and fund raising (the issue should be discussed in the Workshop).
- RCC functions as a coordination center rather than a training center. Also, Thai participants of training programs can be trainers at target countries. Therefore, indicator 1 of the project purpose should be rephrased to 'at least 4 training programs using other sources of fund, targeting participants mainly from Cambodia, the Lao PDR, Myanmar, and Vietnam, and ***Thailand (added)*** are conducted by ***AIHD with the coordination of the (added)*** RCC during the project period.

Q2. Is the achievement of project outputs appropriate (with reference to indicators)?

- Output 3 and 4 are weak. Public relation and networking should be emphasized during the second half of the Project. Activities, such as a seminar with international donors, should be added as project activities.

2. Project Activities

Q1. What have been the major constraints to the achievement of activity targets?

- Technical capacity for the computer system and website management is still weak.

The capacity can be enhanced with the OJT and training. It can be supported by the IT section of AIHD. It is possible to invite a system engineer from the Mahidol University for the training.

- Development of focal points in target countries has not been proceeded as expected due to the difficulty to make a formal network with AIHD alumni. The approach has been changed to target RCC's ex-TOT participants through the formal line.
- There is a gap between the policy of TICA and approach of RCC. RCC focuses more on country specific TOT while TICA provides financial support only to multi-national TOT.

3. Inputs

Q1. Are the quality, quantity and timing of the inputs appropriate to implement activities?

- More technical support from Japanese experts is expected. They can be mentors for AIHD staff.
- There is a minor problem in the bus procured by the Project, such as noise of engine.

4. Technical Transfer

Q1. Has the technical capacity of the AIHD staff been improved?

- Yes. The capacity has been improved by the coaching of Japanese experts in the field of project management, development of guideline, development of channel of communication, networking, and others.

Q2. Are there any constraints to transfer the technology to concerned AIHD staff?

- No

Q3. Will the transferred technology spread in AIHD?

- There is a concern for the collaboration between RCC and training section. Co-work between RCC and training section should be promoted.

5. Project Management

Q1. Is the decision making process of project management appropriate?

- Appropriate. There is good system to conduct meeting and develop the minutes of the meeting. All the relevant issues are discussed and decided at the Taskforce meeting and documented.

Q2. Do Japanese experts and counterparts have difficulties in communicating and cooperating?

- No

Q3. **Do the project and concerned JICA country offices have difficulties in communicating and cooperating?**

- No

Q4. **Do the project and counterpart organizations in target countries have difficulties in communicating and cooperating?**

- No

Q5. **Do the project and concerned organizations in Thailand, such as MoPH, have difficulties in communicating and cooperating?**

- No

Q6. **What have been the major constraints in managing the Project?**

- There are no major constraints.

6. Ownership

Q1. **Is the position and role of RCC in AIHD clear?**

- AIHD does not need many training sections. All the training should be conducted by the existing training section. RCC is a window of the AIHD for the international collaboration on HIV/AIDS. Functions of RCC include coordination of training program, collection and dissemination of information, and networking.

Q2. **Is the cooperation and coordination between RCC and other sections in the AIHD appropriate?**

- Progress of the RCC project is shared with other sections of AIHD through the Taskforce Meeting.
- There is a concern for the collaboration between RCC and training section. Co-work between RCC and training section should be promoted.
- Though staff of other sections has their own activities, all AIHD staff is ready to work for RCC through focal points (Head and Manager of the RCC).

Q3. **Does the RCC Taskforce meeting function as planned?**

- Yes

Q4. **Does AIHD allocate personnel for RCC sufficiently?**

- The allocation of AIHD personnel for RCC has been reduced from 6 to 5 (one person has been moved to the training section). As the work efficiency of the RCC has been improved by the re-allocation of the room in AIHD to make RCC staff work in one room, the reduction of the staff has not been affecting the operation of RCC. It is also expected that the transferred staff can be a bridge for the RCC and training section.

7. Sustainability

Q1. **Can AIHD allocate personnel for RCC sufficiently?**

- The technical coordinator of the RCC Project will be transferred prior to six month of the completion of the project (end of September 2007) as mentioned in the R/D.

8. Others

Q1. Are there any requests from AIHD/RCC to Japanese Experts?

- Coordination with JICA country offices in target countries to support ex-TOT participants.
- Technical inputs from Japanese experts are expected, particularly for the method to enhance the sustainability of the RCC and to find channel with donor agencies by motivating and stimulating AIHD staff.

Interview Result with RCC Management Taskforce members

Date and Venue: 18 Sep 16:00 – 17:00 at AIHD

Interviewees: 1. Dr. Boonyong Keiwkarnka
2. Ms. Chaweewan Sriburapapirom
3. Dr. Nate Hongkrailert

Interviewer: 1. Mr. Masazumi Ogawa
2. Ms Kiyoka Takeuchi
3. Mr. Takehiro Iwaki

1. Overall project performance against the targets

Q1. Is there a good chance to achieve the project purpose (with reference to indicators)?

- Possible to achieve the indicator 1 if coordinated with the training section.
- Effort to find other fund must be strengthened.

2. Position and Role of RCC in AIHD

Q1. Are the position and role of RCC in AIHD clear?

- Not clear. Currently training section and RCC are having similar function (duplication in the organization). RCC conducts training supported by JICA and other extra- training coordinated by the RCC. Similarly, the training section also tries conduct training regarding HIV/AIDS coordinated by its own network. It certainly confuses the donor and client (two communication line with one organization).

  →Training programs should be implemented only by the Training Section. RCC functions as a coordination body of the AIHD on HIV/AIDS and focus on coordination of the training and data collection/dissemination, and networking.

Q2. Are the cooperation and coordination between RCC and other sections in the AIHD appropriate?

- Progress of the RCC has been shared with other sections of the AIHD through the Taskforce meeting.

3. Function of RCC Management Taskforce

Q1. Are the functions of the Taskforce clear ?

- Clear. Main functions are to monitor the progress to provide technical inputs on the activities of the RCC.

Q2. Does the Taskforce function as planned?

- Yes.

Q3. Are you satisfied with the function and performance of the Taskforce?

If no, what are the suggestions for the improvement?

- Yes. But Taskforce members should be involved in the RCC activities more, such as JCC, ICC, and training. If Taskforce members know more about RCC activities, members can commit more.

Interview Result for RCC staff (AIHD staff)

Date: 14 September 13: 30 – 14:00, 2006

Interviewees: 1. Ms Cha-ohn Viripiromgool
2. Ms Duangsamorn Chinchotikasem
3. Ms Sriwan Klumpoonsawad

Interviewer: 1. Mr. Takehiro Iwaki

1. Overall project performance against the targets

Q1. Are the project purpose and indicators shared clearly among RCC staff?

- Clearly shared. Important parts of the Project Document have been translated to Thai to share the design of the project clearly.
- RCC staff learned how to read PDM through the PCM training.

Q2. Is there a good chance to achieve the project purpose (with reference to indicators)?

- Yes, but stronger networking and public relations are needed.
- It seems RCC focus on the training of JICA and training section takes care of training supported by the other fund. The clarification of policy is necessary to achieve the project purpose.
- RCC has a capacity to conduct extra trainings.

Q3. Are the project outputs and indicators shared clearly among RCC staff?

- Same with Q1.

Q4. Is the achievement of project outputs appropriate (with reference to indicators)?

- Output 3 has been delayed due to problems to develop and publish website, such as installation of server.

2. Project Activities

Q1. Have the activities been conducted as planned?

- Activities for Output 3, such as development of e-mail listing, website, and database have been delayed.

Q2. What have been the major constraints to the achievement of activity targets?

- Poor coordination and lack of appropriate skill for the web design, database, and equipment.

3. Technical Transfer

Q1. Has your technical capacity been improved (with examples) ?

- Yes, in terms of,
  - Skill of problem analysis and project design

- ◆ Web design and management
- ◆ Development of public relation material (newsletter)
- ◆ English document production
- ◆ Coordination among many stakeholders
- ◆ Knowledge on HIV/AIDS

Q2. Are there any constraints to transferring technology?

- No
- There are no technical experts in AIHD (including Japanese experts) for some issues, such as web-design

Q3. Will the transferred technology spread in AIHD?

- Transferred technology will be gradually shared among AIHD staff in the future

4. Project Management

Q1. Is the decision making process of project management clear?

- Clear
- Job description for each RCC staff is clearly set. For instance, Manager of the RCC clearly separates the tasks of each concerned staff for the development of the website and up-dating the web information.
- Taskforce meeting is functioning well to monitor the progress and give suggestion on project activities.

Q2. Do you have difficulties in communicating and cooperating with other RCC staff and Japanese experts?

- No
- Sometime, there have been small misunderstandings in the work. But, they were cleared by the discussion.

Q3. What have been the major constraints in the management of the Project?

- There are no major constraints.
- The number of RCC staff has been reduced from 6 to 5. However, the work have been well managed because of the improvement in the work efficiency resulted from the re-allocation of the working place (all the RCC staff was put in one room).

5. Position and Role of RCC

Q1. Are the position and role of RCC in AIHD clear?

- Organizational position of the RCC is clear under the International Health Cluster.

Q2. Are the cooperation and coordination between RCC and other sections in the AIHD appropriate

- Appropriate.

Interview Result with Japanese Experts

Interviewees: 1. Mr. Yoshitaro Watanabe (18 Sep. 9:30 – 11:10 at AIHD)
2. Dr. Yasushi Sawazaki (18 Sep. 11:10 – 12:05 at AIHD)
3. Mr. Chiaki Makino (18 Sep. 12:05 – 12:45 at AIHD)

Interviewers 1. Mr. Masazumi Ogawa
2. Ms Kiyoka Takeuchi
3. Mr. Takehiro Iwaki

1. Overall project performance against the targets

Q1. Are the project purpose and indicators shared clearly among AIHD, RCC, JICA and TICA?

- The I Indicator 1 was not shared well. Since the implementation of study tour for Vietnamese participants funded by GF Vietnam and coordinated by the Training Section of AIHD, it seems there has been a clear division (RCC works only for JICA's TOT).
- There was a discussion that RCC cannot conduct training funded by the other source due to the restriction in the PDM and Thailand- Japan technical cooperation mechanism.

Q2. Is there a good chance to achieve the project purpose (with reference to indicators)?
→Why do you think so? What are the countermeasures?

- RCC's focus should be the conduct of the training by ex-TOT participants at their home countries rather than the training in Thailand. RCC's main role is to support the action of ex-TOT participants. As R/D for the Project was signed only between Thailand and Japan (not with CLMV), there is a restriction for the project to provide technical support at these countries. However, RCC can still provide counseling and follow-up services during the monitoring visit. Thus, the Indicator 1 of the Overall Goal should be moved as Indicator of the Project Purpose.
- There are no direct activities to collect funding for training from other financial sources. The 4 Outputs are rationale, but these 4 outputs are not directly related to the Indicator 1 of the Project Purpose.
- If the policy is clarified, RCC seems to have capacity to conduct extra trainings.
- There is a need for in-county training at CLMV countries. RCC can support the action of the ex-TOT in their countries. But. it is also relevant to conduct training in Thailand for the participants from CLMV countries as the needs to learn from the experience of Thailand is still high and there are good resources in Thailand.
- There are chances to get funding from organizations, such as Japanese agencies

(JICWEL, AIDS Yobo Zaidan) and Global Fund. Big organizations like WHO and EU may conduct the training by their own.

Q3. Is the achievement of project outputs appropriate (with reference to indicators)?
→Why do you think so? What are the countermeasures?

(Output2)

- Training has implemented smoothly as planned. However, there are some issues to be considered, such as review of needs.
- Consciousness of the RCC staff to provide better quality of service is still low. For instance, priority by RCC staff for the development of material by local language and interpretation during the TOT course is low.
- Training programs have been run smoothly with the high commitment of the Project staff. On the other hand, due to the high capability of the Project staff, co-work with training section is weak. Originally, the TOT was expected to be conducted with the cooperation of RCC and training section. But, now there seems to be a division of the work between RCC and Training Seciton.

(Output3)

- The major target of the website should be the ex-TOT participants to back-up their activities in their home country.
- Many concerned persons do not have access to Internet, thus the distribution of the newsletter by post or by hand is also important. The system to distribute the newsletter efficiently should be developed.
- It is good if AIHD can bear the delivery cost of the newsletter.
- Originally, the main focus of the RCC website was the introduction of the experience and resource of Thailand. However, currently it is becoming to more ambitious to include all related resource of HIV/AIDS. Then, there are issues for copy rights. The contents of website should be well-organized.

(Output4)

- Focal points have not been developed as expected due to the difficulty to make AIHD alumni function as focal points formally. The design has been revised to use ex-TOT participants of the RCC as focal points through the formal communication line.

2. Project Activities

Q1. What have been the major constraints to the achievement of activity targets?

- Delay in the development of website
- Image of networking is not clearly discussed and shared
- Position and role of RCC in AIHD is not clearly discussed and shared
- Performance of RCC staff can be improved. Human capacity building can be

promoted, but there is also constraints in the salary scale foe the administrative staff. It may be a good idea to have an academic staff at AIHD.

Q2. What have been the major factors contributed to the achievement of the activity targets?

- RCC Management Taskforce functions well to monitor and progress
- Commitment of Head of RCC, who are taking the coordination role between Project and AIHD staff, including director very well.

3. Inputs

Q1. Are the quality, quantity and timing of the inputs appropriate to implement activities?

- The number of CP reduced from 6 to 5.
- Technical levels of counterpart (Information system coordinator and Training material coordinator) are low.
- It is doubtful to run the RCC without the support from Project staff. It is proposed to get technical inputs, such as dispatch of system engineer from the Mahidol University.

Q2. Are there any problems in terms of the quality, size and convenience of facilities ?

- There are complaints from TOT participants about the accommodation (ASEAN House)
- It is better all the RCC staff and Project staff can stay in one room.

4. Project Costs

Q1. Are the project costs shared by Japanese and Thai sides as planned?

- Yes. Cost sharing with AIHD, such as maintenance fee of equipment, should be considered.
- Planning ability, including budget estimation, of the AIHD can be strengthened.

5. Project Management

Q1. Do Japanese experts and counterparts have difficulties in communicating and cooperating?

- No

Q2. Do the project and concerned JICA country offices have difficulties in communicating and cooperating?

- As this is a regional cooperation project, the communication with JICA Country Offices at target country is very important. Direct communication by frequent visiting is particularly important.

Q3. Do the project and counterpart organizations in target countries have difficulties in communicating and cooperating?

- There is a problem in the selection of TOT participants at Vietnam. MOPI has authority for the selection rather than MOH, actual counterpart organization. There was a request from MoH to RCC to clarify the number of participants from each ministry in GI.
- Previously, communication was based on the personnel tie. The Project has been shifting the communication line to the formal line.

Q4. Do the project and concerned organizations in Thailand, such as MoPH, have difficulties in communicating and cooperating?

- More communication is needed with concerned organizations, such as TICA and MoPH.

Q5. What have been the major constraints in managing the Project?

- It seems the daily work have been conducted individually rather than as organization.
- The project does not have a Project vehicle. It makes difficult for the Project staff and Japanese experts to visit concerned organizations.

6. Maintenance of the project equipment

Q1. Is the project equipment used and maintained properly?

- Yes

7. Others

Q1. Are there any factors to impede the sustainability of the project effects?

- It seems difficult to make RCC function to find external financial source in 3 years.

Interview Result with TICA

Date and Venue: 19 Sep 15:15-16:00 at TICA

Interviewees: 1. Ms. Rumpuey Pattamavichaiporn
2. Ms. Vitida Sivakua
3. Malaiwan Lertkumsup

Interviewers: 1. Ms Takeuchi
2. Mr. Iwaki

1. Relevance of the Project

Q1. Is the Project consistent with the cooperation policy of Thailand in the region?

- Yes, with following 3 reasons
  1) Consistent with TICA's policy to support neighboring countries
  2) Health sector is the prioritized field in the bilateral cooperation between Thailand and Japan
  3) Project is formed based on the needs of the recipient countries.

Q2. What is the expected role of the RCC for TICA's support on HIV/AIDS in the region?

- Expected role of the RCC is to implement the support program for neighboring country in the field of HIV/AIDS along with other organizations, such as Chiangmai University. RCC's advantage is the long-time relationship of AIHD with the government of Japan.

2. Project Costs

Q1. Are the project costs shared by Japanese and Thai sides as planned?

- Yes

Q2. Does TICA continue the financial support to RCC's multi-national training course and other activities?

- TICA may continue support the multi-national training course.
- Regarding the future support for the country specific training, it depends on the negotiation. Thailand has bilateral assistance policy with each country and it may be possible for RCC/AIHD to conduct the training under the bilateral cooperation framework financed by TICA.

3. Communication and information sharing

Q1. Is the sharing of the progress/problem of the Project with RCC appropriate?

- JCC twice a year is sufficient for formal sharing of the progress. Progress should be

monitored at JCC based on the PDM.

Q2. Are there difficulties in communicating and cooperating with the Project?

- There are no difficulties for the communication between TICA and Project. There is frequent communication for the training course.
- RCC received the participants from Africa for the multi-national TOT course, which was not mentioned in the agreement (R/D), without prior discussion with TICA.

4. **Others**

Q1. What issues remain to be addressed in the future?

- Sustainability of the target organization (RCC) should be considered. If institutional development to enhance the sustainability of the RCC is mentioned in the PDM, it is good and should be followed. It is good if RCC can conduct extra trainings with the other funding source. It is an evidence of the high quality of service provided by the RCC and sufficient network and capacity of the RCC to conduct the training by itself.

Interview Result with Concerned Organizations (MOPH, Thai Red Cross, and Chest Institute)

Interviewees
1. Dr. Petchsri Sirinurand (MOPH), 12 Sep 18:00 – 18:30 at MOPH
2. Ms. Somsri Tantipaibulvut (Thai Red Cross)
   15 Sep, 10:00 - 10:40 at Thai Red Cross
3. Dr. Charoen Chuchottaworn (Chest Disease Institute)
   19 Sep, 13:20 – 14:00 at Chest Disease Institute

Interviewer: Mr. Iwaki

1. Relevance of the Project

Q1. Is the Project appropriate as a strategy that will be effective for issues in the HIV/AIDS sector in the region?

- The need for human capacity development to support the HIV/AIDS programs in Cambodia, Laos, Myanmar, and Vietnam is still high. The Project approach to develop RCC as a coordination center to support the human capacity development for these countries will be effective.
- RCC provides training based on the needs of the target countries. This is very important for the human capacity building for HIV/AIDS programs in the region.

Q2. What is the expected role of the RCC to mitigate the impact of HIV/AIDS in the region?

- Coordination of resources to support human capacity development to support the HIV/ AIDS program in the region, particularly through TOT course.
- Support to the ex-TOT participants to conduct training in their home countries.
- Academic institutions in Thailand are very strong compared with those in other countries in the region. RCC is expected to function as a coordination/ collaboration center of these institutions.

Q3. Has RCC been functioning as expected?

- RCC staff is working hard to take the expected role. But, TOT is not easy and need to monitor the performance of the participants after the training.
- Feedback from the participants is expected to be reflected in the training program. It should be done in the second half of the project.
- RCC is still too quiet. AIHD is a famous institution and has strong network in the field of health. RCC should use this network to strengthen the public relations.

Q4. What kinds of cooperation are considered between RCC and your organization?

- Coordination with BATS (MOPH) and training center established under BATS will

be effective.

- Participation to the RCC's TOT as lecture
- Receiving study tour of the RCC training course
- Sharing of information
- Laboratory training for TB

Q5. Are there suggestions for RCC to function as a coordination center to provide training, information, and the human resources to support human capacity building for HIV/AIDS program in the region?

- TOT is not easy. RCC can encourage the participants to conduct training after returning their countries by developing action plans during the TOT and monitoring of the participants. Selection of the appropriate TOT participants is also important to ensure the spread of training effect.
- If RCC is expected to conduct the training course by using external funding, the capability of the RCC should be recognized by donor agencies. Then RCC needs manpower for this work. Three years may be too short to set-up the RCC to stand alone. It may be good to select a subject, which meet the needs of the target countries and advantage of AIHD, to appeal to the donor and concerned organizations. Training for the migrants with gender focus may be a good subject. Currently, a networking for this issue is going to be established.
- Networking with ex-TOT participants should be strengthened through monitoring visit, workshop at their home countries, and information sharing through newsletter, and others. It is good to pool the ex-TOT participants as resource persons in the respective countries.
- Monitoring of ex-TOT participants is very important. Many organizations conduct the training and no follow-up. If RCC can monitor the performance of ex-TOT participants, it will be a very good 'show-case'. The 'show-case' will be effective to study the effectiveness of the training program as well as to show the model to the donor for fund raising. The monitoring result will also be an evidence for the appropriateness of the selection of participants.
- Fund raising for sustainability should be gradually considered. One idea will be co-sharing, which request dispatching organization of trainees at CLMV countries to share the part of training cost (should be a small part) of the training.
- RCC should conduct more training to increase the reputation and to market the products to the funding agencies.
- RCC should pay more attention to the impact of the TOT, that is the performance of the ex-TOT participants after the TOT. There are many trainings for the participants from CLMV in Thailand, but follow-up is not sufficient. If RCC can monitor the

performance of ex-TOT participants and provide consultation and follow-up for their action, it will be good to prove the effectiveness of the training provided by the RCC.

2. Communication and information sharing

Q1. Are there difficulties in communicating and cooperating with the Project?

- No

Summary of Questionnaire Results for ex-TOT course participants

Number of Respondents: 64

1. EVALUATION OF THE RCC'S TOT COURSE

Q 1. To what degree did you understand the knowledge and skill introduced in the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Completely (more than 90%)		1	2	7	10	16%
2. Almost completely (70%-90%)	4	10	5	9	28	44%
3. More than half (50-70%)	14	7	3		24	38%
4. Less than half (30-50%)	1				1	2%
5. Little (less than 30%)						
6. No answer	1				1	2%

Q 2. Was the duration of the TOT course appropriate?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Too long				1	1	2%
2. Appropriate	4	14	6	15	39	61%
3. Too short	14	4	4		22	34%
4. No Answer	2				2	3%

Q 3. Did the contents of the TOT course meet your expectation?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Completely (understood more than 90%)	1	1	1	3	6	9%
2. Almost completely (70%-90%)	6	11	5	11	33	52%
3. More than half (50-70%)	12	5	3	2	22	34%
4. Less than half (30-50%)	1		1		2	3%
5. Little (less than 30%)		1			1	2%
6. No answer						

Q 4. Were the contents of the TOT course relevant with the HIV/AIDS situation of your country?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Highly relevant	8	6		4	18	28%
2. Relevant	11	11	9	11	42	66%
3. Less relevant	1		1	1	3	5%
4.Not relevant						
5. No answer		1			1	2%

Q 5. Do you have any suggestions to improve the quality of the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	11	11	9	9	40	63%
2. No	7	7	1	5	20	31%
3. No Answer	2			2	4	7%

SUGGESTIONS

<CAMBODIA>

- Some learning lessons are in Thai language, so I would like to translate them into English
- There should be team work building, and curriculum development
- Course follow- up and sharing experience visit
- The time period for making action plan should be longer, having enough time for correction is important so that participants understand how to make practical and useful action plan
- The training course should be a bit longer
- Provision of support by RCC for materials and budget for continuing the training

<Lao PDR>

- It would be good if TOT would focus on more practice (more than just study tour)
- Use this knowledge for study Population Geography and Biology
- As some of participants have never attended TOT courses, it is good if the participants have an opportunity to observe other trainings
- Organize training workshop for trainer
- The training period should be longer with more teaching methodology and documents
- The training course should be more than 2 weeks
- Study tour in another city
- More training rather than study tour
- RCC should focus more on how to be a trainer. Let all participants share lesson learned in the class or provide practice in the field.
- Extension of the time of the training which provide more in-depth / details regarding TOT course.
- If RCC has a plan for next TOT course, invite other countries such as Vietnam and Cambodia to join the same training which should provide a great opportunity to participate to share ideas or exchange lesson learned from each other.
- Though my work is not related to HIV/AIDS prevention project, if all trainees from this TIT course can organize a team to provide knowledge about HIV prevention to all high risk groups, it would be effective to both us and workers
- Next TOT should focus on TOT techniques, process, for instance 'Turning training-into Learning'.

<Myanmar>

- Content of the course may be more completed.
- Duration of the training should be more longer so that participants control catch up more
- Time of the course should be longer (by many respondents).
- This training is very useful for Program officer & should be continued to other AIDS/STD Program officers in Thailand
- During the visits to health development some presentations were made by Thai language. It will be better if the presentation is in English. Also it will be more appropriate if the responsible medical officer makes presentation.

- More field visits to HIV/AIDS Research &Treatment center.
- Refresher and advanced TOT course is need yearly or possible time
- I went to suggest improving the quality of the TOT course in 2 parts, 1. Duration and 2. More group work

<Vietnam>

- More case-study, field-working and group discussion
- Increasing of practical skills on VCT
- Role-player, as a key active method, should be added during the TOT course. Time program need to be focused more to the active method
- Should have video-tape for the difficult case and the good case on VCT to share experiences.
- More per diem, rest time
- Provision of breakfast, lunch and dinner
- Translation into English completely
- I want to learn more about ARV medication supply management and Monitoring and Evaluation
- Contents of the course should be focused on HIV/AIDS
- Define good criteria for selecting lectures
- Full handout, Updated data
- Field trip about peer education activities in network of VCT
- STI treatment for high risk groups

2. UTILIZATION AND TRANSFERRING OF KNOWLEDGE AND SKILL

Q 6. Is your current position relevant to conduct training to persons working in the field of HIV/AIDS?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	20	15	9	16	60	94%
2. No		3	1		4	6%
3. No Answer						

Q 7. Are the knowledge and skill you acquired through the TOT course useful for your daily work?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Very useful (more than 90% of knowledge and skill)	6	4	3	5	18	28%
2. Useful (70%-90%)	11	9	5	9	34	53%
3. Moderate (50-70%)	2	3	1	2	8	13%
4. Less than half (30-50%)	1		1		2	3%
5. A little (less than 30%)		1			1	2%
6. No answer		1			1	2%

Q 8. Have you conducted training courses by utilizing knowledge and skill you acquired through the TOT course after returning to your country?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	12	10	8	14	44	69%

2. No	8	7	2	2	19	30%
3. No Answer		1			1	2%

Number of training courses conducted by ex-TOT participants

Cambodia (12): 1time x 3, 2 times x 3, 3times x 3, 5times x 1, 6 times x 1, unknown x 1

Lao PDR (10): 1timex 1, 2 times x 3, 4times x 1, many time x 1, unknown x 4

Myanmar (8): 1timex 3, 3 times x 1, 4 times x 1, 6 times x 1, many time x 2

Vietnam (14): 1timex 4, 2 timex5, 3timex3, unknownx2

Q 8-a. If no, please choose the reason. You can choose multiple answers

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in No (19)
1. My current position is not relevant to conduct training	3				3	16%
2. Insufficiency of my knowledge and skill	7				7	37%
3. Lack of training material	3	2	1		6	32%
4. Lack of cooperation/ coordination in the organization	2	2		1	5	26%
5. Heavy workload/lack of time	2	1	1		4	21%
6. Training is already planned (I will conduct the training in the near future)		3		1	4	21%
7. Others	1	2	1		4	21%

Detail of Others

Cambodia: Team leader counselor of TOT

Lao PDR: Although I didn't conduct training by myself, by using knowledge and skill gained through the TOT course I always shared and observed when my staff provided trainings in my centre.

My duty is not relevant to this TOT. However, if they request to help, I am willing to participate in HIV/AIDS prevention program.

Q 9. Have you transferred the knowledge and skill you acquired through the TOT course after returning to your country besides the provision of training?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	18	12	9	15	54	84%
2. No	1	6	1	1	9	14%
3. No Answer	1				1	2%

Q 9-a. If yes, how have you transferred? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes (54)
1. Seminar	4	4		8	16	30%
2. Workshop	12	4	5	5	26	48%
3. giving knowledge and information to boss and colleagues in daily work	12	5	6	11	34	63%
4. circulation of textbooks and information obtained from the course	5	2	1	5	13	24%

5. Through implementing projects	5	2	5	6	18	33%
6. Others			2		2	4%

Q10. Do you think that there is a need of the further support from the RCC for transferring and utilizing the knowledge and skill you acquired through the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	20	18	8	14	60	94%
2. No			1	2	3	5%
3. No Answer			1		1	2%

Q10-a. If yes, what type of support is necessary? You can choose 3 answers at a maximum

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% inYes (60)
1. Training of more personnel	13	11	6	11	41	68%
2. Dispatch of Thai expert	1	5	2	6	14	23%
3. Provision of training material	5	9	4	8	26	43%
4. Provision of latest knowledge and skills	20	11	6	11	48	80%
5. Consultation for technical matters	13	3	3	4	23	38%
6. Others			2	1	3	5%

Q 11. Do you keep in touch with those concerned with the RCC?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	5	11	1	8	25	39%
2. No	15	7	9	8	39	61%
3. No Answer						

Q 11-a. If yes, with whom do you keep in touch? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(25)
1. AIHD/RCC staff	3	8	1	7	19	76%
2. lecturers	1	3	1	2	7	28%
3. Japanese experts	1	1	1	3	6	24%
4. Others		1			1	4%

Others: National coordinator

Q 11-b. If yes, what benefit are you gaining by keeping in touch? You can choose multiple answers

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(25)
1. Gain new knowledge and information	4	7	1	5	17	68%
2. Consultation for technical matters	5	1	1	4	11	44%
3. Maintain and strengthen personal ties	5		1	2	8	32%
4. Others		2		1	3	12%

Detail of others

Lao PDR: Coordination purpose only, report the activity briefly

Vietnam: Get information when needed

Q 11-c. If no, why don't you keep in touch? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes (39)
1. I am busy with my work	9	5	4	5	23	59%
2. I don't have contact address of those persons described above	7	4	4	1	16	41%
3. I have difficulty in using email/internet	10	5	8	1	24	62%
4. I don't feel the necessity to keep contact						
5. Others			1	1	2	5%

Detail of Others

Myanmar: Lack of communication channel

Q 12. Have you had follow-up visits by the RCC staff after the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	9	15	1	4	29	45%
2. No	11	3	8	12	34	53%
3. No Answer			1		1	2%

Q 12-a. If yes, are you satisfied with the follow-up visit?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(29)
1. Yes	9	14	1	4	28	97%
2. No						
3. No Answer		1			1	3%

Q 13. Have you provided any supports to the RCC after the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	16	8		6	30	47%
2. No	2	9	9	10	30	47%
3. No Answer	2	1	1		4	6%

Q 13-a. If yes, what supports have you provided to the RCC? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(30)
1. Identification of the specific HIV/AIDS situation and needs for intervention	8	3		5	16	53%
2. Provision of information regarding local human and financial resources for RCC's database	5	2		1	8	27%
3. Support to RCC's training program as lecturers/ resource persons	3	2		1	6	20%
4. Dissemination of relevant information of the RCC, such as brochure and newsletter	9	1		1	11	37%
5. Coordination/ support for in-country activities conducted/ supported by the RCC Project	10	3		1	14	47%
6. Support for communication and consensus-building between the RCC and organizations I belong to	9			3	12	40%

7. Follow-up of trainees participating in RCC's training program	3			3	6	20%
8. Others						

3. WEB SITE AND NEWSLETTER OF THE RCC

Q 14. What information do you expect at the RCC web site? You can choose 3 answers at a maximum.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Respondents(64)
1. News and events regarding HIV/AIDS	15	9	7	13	44	69%
2. Information of projects for HIV/AIDS	8	10	6	14	38	59%
3. Articles and researches regarding HIV/AIDS	17	9	6	9	41	64%
4. List of experts and organization working for HIV/AIDS4	2	6	1	5	14	22%
5. Report of the RCC activities	14	10	4	7	35	55%
6. Others	1		1		2	3%

Q 15. Have you read RCC newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	5	10	1	13	29	45%
2. No	15	7	8	3	33	52%
3. No Answer		1	1		2	3%

Q15-a. If yes, how do you evaluate the contents of the newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% inYes (29)
1. Very good	1	2		2	5	17%
2. Good	3	8	1	11	23	79%
3. Fair	1				1	3%
4. Poor						
5. Very poor						

Q16. What information do you expect from the RCC newsletter? You can choose 3 answers at a maximum

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% of Respondents(64)
1. HIV/AIDS situation in you country	6	10	3	6	25	39%
2. Trend of issues related with HIV/AIDS	7	3	9	9	28	44%
3. Trend of concerned organization, including donor agencies	1	4	3	4	12	19%
4. Introduction of good practice of HIV/AIDS related project	15	11	7	11	44	69%
5. Training information	11	10	3	6	30	47%
6. RCC Project information	11	7	2	7	27	42%
7. Others			1		1	2%

Detail of Others

HIV/AIDS Counseling information

Q.17. Do you have any suggestions to improve the quality of the RCC newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	1	3	1	2	7	11%
2. No	18	11	6	13	48	75%
3. No Answer	1	4	3	1	9	14%

Q 17-a If yes, what are your suggestions?

- Good contents/easy to read and attractive newsletter is essential, and full distribution to ex-trainees in a regular basis is necessary.
- Use this knowledge for study Population, Geography Biology and women
- Print and distribute the newsletter to the community.
- Newsletter should have a lot of picture and colors in order to stimulus the readers.
- Distribute to participants of the courses/activities organized by RCC
- If it is possible, RCC should organize second TOT, guiding all participants practices how to create proposal/ budget plan in order to submit to international organizations. We need to organize the training course in Laos to apply our knowledge from TOT to teachers in target provinces.

Questionnaire Results for organizations which ex-TOT participants belong to

Number of Respondents: 29

1. EVALUATION OF THE RCC'S TOT COURSE

Q 1. Did the contents of the TOT course meet your expectation?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Completely (understood more than 90%)	1	1		3	5	17%
2. Almost completely (70%-90%)	5	3	2	7	17	59%
3. More than half (50-70%)	5	1		1	7	24%
4. Less than half (30-50%)						
5. Little (less than 30%)						
6. No answer						

Q 2. Do you think the contents of the TOT course were relevant with the HIV/AIDS situation of your country?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Highly relevant	6	2		6	14	48%
2. Relevant	5	3	2	5	15	52%
3. Less relevant						
4.Not relevant						
5. No answer						

Comments:

Some parts, not all, are relevant because we have different content in the context of ARV prophy laxis. However, it is appropriate to adapt the course into our training curriculum

Q 3. Do you think knowledge and skills that TOT participants acquired through the TOT course have been useful for their daily work?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Very useful	6	3		4	13	45%
2. Useful	4	2	2	7	15	52%
3. Moderate	1				1	3%
4. No useful						

Q 4. Are you satisfied with the coordination by the RCC for the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	11	5	2	11	29	100%
2. No						
3. No Answer						

Q 5. Are there any difficulties for the selection and dispatch of TOT course participants?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	2	1			3	10%
2. No	9	4	2	11	26	90%
3. No Answer						

Q 5-a. If yes, please specify.

- Different level of participants
- Because the information was late
- Difficulty to find competent and skilled officer in the area of HIV/AIDS
- English capability

Q 6. Do you have any suggestions to improve the quality of the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	4	4		5	13	45%
2. No	7	1	2	5	15	52%
3. No Answer				1	1	3%

- After the TOT course, all participant must have home work and the RCC should follow up by reporting and supervision
- The participants should be persons working at training field rather than clinical ones, if course is designed to be a TOT.
- RCC needs to train more staffs. We need the materials for local refreshment course and budget support from RCC.
- The TOT course would be useful to take training of trainer concept into account. Site visit should be reduced in order to keep participant concentrate on the focused topic.
- Contents should be more practical then theories
- Re-train the trainees because the course was very short and couldn't use many lessons in the work
- More contents
- RCC should follow-up all trainees to know whether or not they can bring knowledge from TOIT to real practice.
- Gather all ex-TOT participants to train again in order to improve their knowledge, gain the new knowledge from the RCC.
- Help support some activities conducted in Laos in relation to HIV/AIDS prevention among workers.

2. UTILIZATION AND TRANSFERRING OF KNOWLEDGE AND SKILL

Q 7. How many of TOT participants are in the relevant position to conduct training to persons working in the field of HIV/AIDS?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Almost 100%	1		2	4	7	24%
2. More than 80%	1	4		5	10	34%
3. 80-60%	3	1		1	5	17%
4. 60-40%	3			1	4	14%
5. Less than 40%	1				1	3%
6. No answer	2				2	7%

Q 8. How many of TOT participants conducted training to persons working in the field of HIV/AIDS after the TOT course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Almost 100%				4	4	14%
2. More than 80%	3	3	2	5	13	45%
3. 80-60%	3			1	4	14%
4. 60-40%	2			1	3	10%
5. Less than 40%	2	2			4	14%
6. No answer	1				1	3%

Q 9. Do you think the TOT course generates synergic effects with other programs/ projects supported by JICA?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	9	2	2	5	18	62%
2. No	2	3		5	10	34%
3. No Answer				1	1	3%

Q 9-a. If yes, please list the synergic effects with brief explanation.

- Share experience with others. Provide good quality care to co-infect & TB-HIV patients
- HIV/AIDS care & prevention course, conducted jointly by JICA, RIT, supported by JFAP.
- RH, Nutrition, Infant feeding training activities.
- To consolidate knowledge and skill officers' capacity and technical expertise in the area of training
- Affect to HIV/AIDS prevention programs
- Improve collaboration/ communication
- Grain new ideas/ experiences
- Strengthen health sector
- It is useful for our program management
- The TOT course is helpful for VCCT, 100%TCP, PMCT, ART & Blood safety programs/projects.
- Both TOT and other programs supported by JICA provided new knowledge. Improved human resource to apply the knowledge to projects in order to improve quality of life of Lao people.
- Apply their knowledge from TOT to HIV/AIDS prevention campaign conducted by the Lao, trade Union (LFTU) to workers in some manufactures, for example, how to prevent themselves from HIV and other STD.

Q 10. Do you think the TOT course generates synergic effects with other program/projects supported by other international donor agencies?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	3	2	2	7	14	48%
2. No	7	3		3	13	45%
3. No Answer	1			1	2	7%

Q 10-a. If yes, please list the synergic effects with brief explanation.

- HIV related TB, HIV related MCH
- Good collaboration on HIV/AIDS program between hospital and MSF Belgium, in OPD and also IPD.
- To consolidate knowledge and skill
- Affect to HIV/AIDS prevention programs
- Use information and skills from the TOT course in implementing activities of other projects/programs
- Treatment and Care
- Advocacy and strong collaboration
- Exchange experience/ training technique
- Increase in capacity both in knowledge and technical aspects in training
- Since other international donor agencies support same programs/projects supported by JICA.
- Knowledge gained through TOT either supported by JICA or other donors gave effective ideas in terms of implementation. It would be useful for HIV prevention campaign throughout the country.
- Besides TOT, they have participated in TIT supported by UNICEF as well.

Q 11. Do you think the effect of the TOT course can give positive impact on national or local policy, programs, and projects on HIV/AIDS?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	9	4	2	7	22	76%
2. No	1			3	4	14%
3. No Answer	1	1		1	3	10%

Q 11-a. If yes, please list the impact with brief explanation

- Management of TB/AIDS. Clinical (X-ray Reading)
- To provide positive impact on provincial policy on TB HIV.
- Improve capability of care for the co infected TB/HIV patients. Strengthening TB and HIV/AIDS program
- Good collaboration between TB and HIV/AIDS program. Increase number of TB screening PLWHA. Increase member of HIV testing TB patient.
- Collaboration the knowledge on HIV/AIDS management and care to the others peoples working in the field of HIV/AIDS and also to PLHA and their families.
- Improve the quality of work
- The TOT participants can inform for knowledge to the genders about how to prefect them self from the STI, HIV and AIDS.
- Can reduce number of the new patients.
- Improving the programs, project activities
- Apply information and skills acquired from the course to current work

- Improved knowledge and skills on counseling and care HIV/AIDS patients of community and health staffs
- Help prevention and reduction of HIV/AIDS
- Develop an appropriate strategy between HIV/AIDS program and other programs
- Broaden advocacy.
- This TOT course improved the trainee's knowledge, ability on the basis of HIV/AIDS project implementation in both local and national levels.
- The TOT has a great impact on national policy. All knowledge gained from the TOT would be applied to HIV/AIDS prevention campaign among workers in manufactures in both local and central levels. Quality of human resource with existing projects with regards to HIV/AIDS provides great opportunity to all workers to learn how to prevent themselves from HIV/AIDS and other STD.

Q 11-b. If no, specify the reason.

- It is not completely related to the national policy. Therefore no effect can be found.
- Provision of latest knowledge and skills

Q 12. Do you think that there is a need of the further support from RCC for transferring and utilizing the knowledge and skill that TOT participants acquired through the course?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	11	5	2	10	28	97%
2. No						
3. No Answer				1	1	3%

Q 12-a. If yes, what type of support is necessary? You can choose 3 answers at a maximum.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(28)
1. Training of more personnel	10	5		7	22	79%
2. Dispatch of Thai expert	2	1		3	6	21%
3. Provision of training material	6	3	2	7	18	64%
4. Provision of latest knowledge and skills	7	3	2	7	19	68%
5. Consultation for technical matters	4	3	2	2	11	39%
6. Others	1	1			2	7%

Others: TB/HIB Training, materials, research, Study tour for high ranking people

Q 13. Are you satisfied with the follow-up of the TOT course by the RCC?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	10	5	2	10	27	93%
2. No						
3. No Answer	1			1	2	7%

Q 13-a. If no, please specify the reason of your dissatisfaction/ suggest expected follow-up mechanism

- There are no follow-up activities by RCC

3. NETWORKING OF ORGANIZATION AND PERSONNEL

Q 14. Do you keep in touch with those concerned with RCC?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	7	2		4	13	45%
2. No	4	3	2	7	16	55%
3. No Answer						

Q 14-a. If yes, with whom do you keep in touch? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% inYes (13)
1. AIHD/RCC staff	4	1		4	9	69%
2. lecturers	6	1		1	8	62%
3. Japanese experts	4				4	31%
4. Others	1				1	8%

Others: those who are involved in TOT course, staff at hospital visits

Q 14-b. If yes, what benefit are you gaining by keeping in touch? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes(13)
1. Gain new knowledge and information	7	1		4	12	92%
2. Consultation for technical matters	6			2	8	62%
3. Maintain and strengthen personal ties	2	1		2	5	38%
4. Others						

Q 14-c. If no, why don't you keep in touch? You can choose multiple answers.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in No(16)
1. I am busy with my work	1	5	2	5	13	81%
2. I don't have contact address of those persons described above	1	4	1	1	7	44%
3. I have difficulty in using email/internet	2	5	2	1	10	63%
4. I don't feel the necessity to keep contact						
5. Others	2			1	3	19%

Others: No internet at work place, don't know to who I should contact with

4. WEB SITE AND NEWSLETTER OF THE RCC

Q. 15. What information do you expect at the RCC web site? You can choose 3 answers at a maximum

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Respondents(29)
1. News and events regarding HIV/AIDS	8	5	2	9	24	83%
2. Information of projects for HIV/AIDS	8	4	2	10	24	83%
3. Articles and researches regarding	8	2	2	5	17	59%

HIV/AIDS						
4. List of experts and organization working for HIV/AIDS	1	2		3	6	21%
5. Report of the RCC activities	3	3	1	1	8	28%
6. Others	2				2	7%

Q 16. Have you read RCC newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	2	2		6	10	34%
2. No	9	3	2	4	18	62%
3. No Answer				1	1	3%

Q 16-a. If yes, how do you rate the contents of the newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Yes (10)
1. Very good				3	3	30%
2. Good	2	2		3	7	70%
3. Fair						
4. Poor						
5. Very poor						

Q17. What information do you expect from the RCC newsletter? You can answer 3 answers at a maximum.

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	% in Respondents(29)
1. HIV/AIDS situation in you country	4	5		4	13	45%
2. Trend of issues related with HIV/AIDS	5	3	2	4	14	48%
3. Trend of concerned organization, including donor agencies		1		4	5	17%
4. Introduction of good practice of HIV/AIDS related project	4	2	2	6	14	48%
5. Training information	4	3	2	8	17	59%
6. RCC Project information	4	2		4	10	34%
7. Others						

Q 18. Do you have any suggestions to improve the quality of the newsletter?

	Cambodia	Lao PDR	Myanmar	Vietnam	Total	%
1. Yes	1	1	1	1	4	14%
2. No	9	2	1	8	20	69%
3. No Answer	1	2		2	5	17%

<SUGGESTIONS>

- Please send them to the TOT participant.
- More details of HIV/AIDS/STD activities in Lao PDR
- Distribute to participants of the course/activities organized by RCC
- To distribute every participants the newsletter to every participants regularly.

Questionnaire Results for lecturers

Number of Respondents: 6

1. Evaluation of TOT Course

Q 1. How do you evaluate the achievement of course participants in understanding of your course?

	Result	%
1. Very good (more than 90% of participants reached certified level)		
2. Good (70%-90%)	4	67%
3. Moderate (50-70%)	2	33%
4. Less than half (30-50%)		
5. Very little (less than 30%)		

Q 2. Do you think that the course met the expectation of course participants?

	Result	%
1. Completely (understood more than 90%)		
2. Almost completely (70%-90%)	4	67%
3. Almost half (50-70%)	2	33%
4. Less than half (30-50%)		
5. Very little (less than 30%)		

Q 3. How do you evaluate the course management by the RCC?

	Result	%
1. Very good	2	33%
2. Good	4	67%
3. Fair		
4. Poor		
5. Very poor		

Q 4. Do you have any suggestions to improve the quality of the course

<Suggestions>

- Conduct session for lecturers before the TOT to improve the quality
- Expansion of teaching time
- Introduction of simple guideline
- Meeting between lecturers
- To get feed back from participants, on how they can apply the teaching, training, at home. This could be a beneficial to course adjustment and product-should be some implementation.

2. Networking

Q 5. Are you willing to join the TOT course organized by the RCC as a lecturer again?

	Result	%
1. Yes	6	100%
2. No		

3. WEB SITE AND NEWSLETTER OF THE RCC PROJECT

Q 6. What information do you expect at the RCC web site? You can choose 3 answers at a maximum.

	RESULT	% in respondents (6)
1. News and events regarding HIV/AIDS	4	67%
2. Information of projects for HIV/AIDS	5	83%
3. Articles and researches regarding HIV/AIDS	2	33%
4. List of experts and organization working for HIV/AID	3	50%
5. Report of the RCC activities	3	50%
6. Others		

Q 7. Have you read RCC's newsletter?

	RESULT	%
1. Yes	4	67%
2. No	2	33%

Q 7-a. If yes, how do you assess the contents of the newsletter?

	RESULT	% in Yes (4)
1. Very good		
2. Good	4	100%
3. Fair		
4. Poor		
5. Very poor		

Q 8. What information do you expect from the RCC newsletter? You can choose 3 answers at a maximum.

	RESULT	% in respondents (6)
1. HIV/AIDS situation in you country	1	17%
2. Trend of issues related with HIV/AIDS	4	67%
3. Trend of concerned organization, including donor agencies	3	50%
4. Introduction of good practice of HIV/AIDS related project	3	50%
5. Training information	4	67%
6. RCC Project information	2	33%
7. Others		

Q 9. Do you have any suggestions to improve the quality of the RCC Newsletter?

	RESULT	%
1. Yes	1	17%
2. No	5	83%

Q 9-a. If yes, what are your suggestions? Please describe

Questionnaire Results for JICA offices

Number of Respondents: 3

1. IMPACT OF THE TOT COURSE

Q 1. Do you think the contents of the TOT course were relevant with the HIV/AIDS situation of your country?

	RESULT	%
1. Highly relevant	1	33%
2. Relevant	2	67%
3. Less relevant		
4.Not relevant		
5. No answer		

Q 2. Do you think the TOT course generates synergic effects with other programs/ projects supported by JICA?

	RESULT	%
1. Yes	1	33%
2. No	2	67%
3. No Answer		

Q 2-a. If yes, please list the synergic effects with brief explanation

- After the Myanmar specific TOT in Thailand, the participants conducted training of township AIDS team leaders in country under the project frame work of Major Infectious Diseases Control Project. TOT at RCC and the in-country training have been well incorporated.

Q 3. Do you think the TOT course generates synergic effects with other programs/ projects supported by other international donor agencies?

	RESULT	%
1. Yes	3	100%
2. No		
3. No Answer		

Q 3-a. If yes, please list the synergic effects with brief explanation.

- Some ex-trainees are in charge of the project supported by donor such as, AusAids. UNFPA, Burnet Institute(INGO), and NCA(INGO)
- There are many donors are conducting HIV/AIDS related activities including Voluntary Counseling and Testing (VCT), which is the main theme for TOT for Vietnamese participants, at different levels in this country. Actually it is too early to say that TOT is generating synergic effects with other programs. However, as the discrimination against PLWHA is still high in the country, it is expected that ex-TOT participants will share the knowledge and skill acquired through the training with the needed people especially at district and provincial level, and

collaborate with the other donor's activities as well as its advocacy to create maximum impact on the HIV/AIDS problems in Vietnam.

- Expected new funding for three major infectious diseases (TB, AIDS, Malaria) to Myanmar will be mainly focusing on planning and implementation at township level. Therefore, training of Township AIDS leaders through RCC TOT and follow-up training by MIDC Project would directly contribute to the capacity building of the health personnel at township level.

Q 4. Do you think the effect of the TOT course can give positive impact on national or local policy, programs, and projects on HIV/AIDS?

	RESULT	%
1. Yes	1	33%
2. No	2	67%
3. No Answer		

Q 4-a. If yes, please list the impact with brief explanation.

- The new funding remains in line with the national HIV/AIDS program strategy and emphasizes capacity building of township level administration. Therefore, the TOT course that targets township medical officers/AIDS team leaders will contribute to the program.

Q 4-b. If no, please specify the reason.

- The project has conducted two third-country-training only, so that it seems to be too early to expect positive impact on the Lao country's policy/projects of HIV/AIDS.
- It might be too early to measure the impact at this stage, where TOT has been conducted twice so far.

Q 5. Do you think that there is a need of the further support from RCC for transferring and utilizing the knowledge and skill that the TOT participants acquired through the course?

	RESULT	%
1. Yes	3	100%
2. No		
3. No Answer		

Q 5-a. If yes, what type of support is necessary? You can choose 3 answers at a maximum.

	RESULT	% in Yes (3)
1. Training of more personnel	1	33%
2. Dispatch of Thai expert	1	33%
3. Provision of training material	2	67%
4. Provision of latest knowledge and skills	3	100%
5. Consultation for technical matters	2	67%
6. Others		

2. PROJECT MANAGEMENT

Q 6. Are you satisfied with the project information shared by the RCC?

	RESULT	%
1. Yes	2	67%
2. No	1	33%

Q 6-a. If no, please specify the reason of your dissatisfaction.

- We would like to have more information on what the RCC project is doing, including the progress of the project or the report of any important internal meetings. Also, it is appreciated if you could share copy of monthly project reports in English as well.

Q 7. Are you satisfied with the process for the selection/ nomination of the TOT course participants?

	RESULT	%
1. Yes	1	33%
2. No	2	67%

Q 7-a. If no, please specify the reason of your dissatisfaction.

- The number is too big, and now we just accept the persons whom the Lao side nominates. It is very difficult to see whether each candidate is appropriate enough to participate in this TOT course, or to generate candidates with any cooperation of Japan.
- At the first Training of Trainers targeting Vietnam, some of the expected participants, who were supposed to be selected by MOH, were not selected, as Ministry of Planning and Investment (MPI) was in change of the selection of participants. At that time , MPI sent the nomination letter to relevant parties without knowing MOH's intention. As the lessons learned for the future activities, the project and JICA Country Office might need to fully coordinate beforehand with Vietnamese authorities on this issue to avoid same problem.(There was no problem at the time of multi national TOT, so it won't happen again hopefully).

Q 8. Are you satisfied with the follow-up of the TOT course by the RCC?

	RESULT	%
1. Yes	2	67%
2. No	1	33%

Q 8-a. If no, please specify the reason of your dissatisfaction/ suggest expected follow-up mechanism.

- It is preferable that the RCC/AIHD could come to monitor or follow up more often in order to give advice and to see how much progress ex-participants can do after the training in Thailand. If cannot, it is necessary to think of the other ways to monitor or follow-up

Q 9. Do you have suggestions to improve the management of the RCC activity in your country?

	RESULT	%
1. Yes	2	67%
2. No	1	33%

- As mentioned above, we would like the RCC project to report the progress of the project regularly to the officers in charge (both Japanese staff and National Staff). So that we could share information and contact with the Lao side promptly after we got information.
- Another alternative way is to establish the alumni club in Laos so that networks of ex-trainees will be expanded, the activities of the project will be more functioned. Ex-trainees can discuss, share information and experience. Besides, we can assign one or two officers as main coordinators to contact. If we can do so, the implementation of the RCC activity may be strengthened and go smoothly in movement, also ex-trainees will have good connection even after the project ended. It would be very helpful if the RCC Project started the connection with its ex-trainees during the project period.
- It will be necessary to monitor the follow-up by ex-participants after TOT.
- It might be one idea for RCC project team to visit each country to meet with counterparts or conduct joint monitoring trip with JICA Country office

3. WEB SITE AND NEWSLETTER OF THE RCC

Q 10. What information do you expect at the RCC web site? You can choose 3 answers at a maximum.

	RESULT	% in respondents (3)
1. News and events regarding HIV/AIDS	2	67%
2. Information of projects for HIV/AIDS		
3. Articles and researches regarding HIV/AIDS	2	67%
4. List of experts and organization working for HIV/AIDS	1	33%
5. Report of the RCC activities	3	100%
6. Others		

Q 11. Have you read RCC newsletter?

	RESULT	%
1. Yes	2	67%
2. No	1	33%

Q 11-a. If yes, how do you rate the contents of the newsletter?

	RESULT	% in respondents (2)
1. Very good		
2. Good	2	100%
3. Fair		
4. Poor		
5. Very poor		

Q12. What information do you expect from the RCC newsletter? You can answer 3 answers at a maximum

	RESULT	% in respondents (3)
1. HIV/AIDS situation in you country		
2. Trend of issues related with HIV/AIDS	1	33%
3. Trend of concerned organization, including donor agencies	1	33%
4. Introduction of good practice of HIV/AIDS related project	2	67%
5. Training information	2	67%
6. RCC Project information	2	67%
7. Others		

Q 13. Do you have any suggestions to improve the quality of the newsletter?

	RESULT	%
1. Yes	1	33%
2. No	2	67%

Q 13-a. If yes, what are your suggestions?

- Include information sharing on how each country focus its effort to human resources development for HIV/AIDS prevention and control.