

付 属 資 料

1. Minutes of Meeting (M/M)
2. List of Interviewees
3. Summary of Questionnaires Results for ex-TOT trainees


MINUTES OF MEETING
BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
AND
ASEAN INSTITUTE FOR HEALTH DEVELOPMENT (AIHD), MAHIDOL UNIVERSITY
ON
THE HIV/AIDS REGIONAL COORDINATION CENTER (RCC) PROJECT
FINAL EVALUATION

The Final Evaluation Study of the HIV/AIDS Regional Coordination Center Project (hereinafter referred to as "the Project") was conducted jointly by Japan International Cooperation Agency (JICA), Thailand International Development and Cooperation Agency (TICA), and ASEAN Institute for Health Development (AIHD) from 3rd to 25th of September 2007.

During the study, the Evaluation Team assessed the achievements of the Project since its commencement in April 2005 by reviewing documents, interviewing relevant individuals, and distributing questionnaires to relevant individuals and organizations in Cambodia, Lao PDR, Myanmar, and Vietnam.

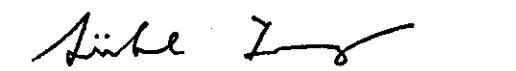
Through these exercises, both the Japanese and Thai parties came to an agreement regarding the evaluation results including recommendations and lessons learned as described in the Final Evaluation Report attached hereto.

25 September 2007



Mr. Masazumi Ogawa
Deputy Resident Representative
Japan International Cooperation Agency
Thailand Office

Leader of Final Evaluation Team



Dr. Sirikul Isaranurug
Director
ASEAN Institute for Health Development
Mahidol University

Project Director of the RCC Project

Attachments:
Final Evaluation Report

**HIV/AIDS REGIONAL COORDINATION CENTER (RCC) PROJECT
FINAL EVALUATION REPORT
(Attachment to the Minutes of Meeting)**

CONTENTS

Abbreviations	i
1. INTRODUCTION	
1.1 Objectives of the Evaluation	1
1.2 Schedule of the Evaluation	1
1.3 Members of the Evaluation Team	2
1.4 Stakeholders interviewed by the Team	3
1.5 Background of the Project	3
1.6 Project Outline	4
2. EVALUATION STUDY METHOD	
2.1 Methodology of the Evaluation	5
2.2 Evaluation Design	6
3. EVALUATION RESULTS	
3.1 Project Performance	10
3.1.1 Project Purpose	10
3.1.2 Overall Goal	11
3.1.3 Outputs	12
3.1.4 Inputs	15
3.2. Implementation Process	16
3.3. Five Evaluation Criteria	19
3.3.1 Relevance	19
3.3.2 Effectiveness	22
3.3.3 Efficiency	25
3.3.4 Impact	26
3.3.5 Sustainability	28
3.4 Conclusions	30
4. RECOMMENDATIONS AND LESSONS LEARNED	
4.1 Recommendations	31
4.2 Lessons Learned	32



ABBREVIATIONS

AIHD	ASEAN Institute for Health Development
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral
CENAT	National Center for Tuberculosis and Leprosy Control (in Cambodia)
CHAS	Center for HIV/AIDS/STI (in Cambodia)
CLMV	Cambodia, Laos PDR, Myanmar, Vietnam
GI	General Information
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICC	International Consultative Committee
JARCOM	JICA-ASEAN Regional Cooperation Meeting
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
JTPP2	Japan-Thailand Partnership Program Phase 2
MIDC	Major Infectious Diseases Control (Project)
M/M	Minutes of Meeting
MOPH	Ministry of Public Health
MPTCT	Prevention of Mother-to-Child Transmission
NCHADS	National Center for HIV/AIDS, Dermatology STD
NMCHC	National Maternal and Child Health Center
OJT	On-the-Job Training
PCM	Project Cycle Management
PDM	Project Design Matrix
PLWHA	Persons Living With HIV/AIDS
PO	Plan of Operation
RCC	Regional Coordination Center
R/D	Record of Discussion
STD	Sexually Transmitted Disease
STI	Sexual Transmission Infections
TB/HIV	Tuberculosis/HIV
TICA	Thailand International Development Cooperation Agency
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNOPS	United Nations Office for Project services
VAAC	Vietnam Administration on HIV/AIDS Control
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Handwritten signature

Handwritten signature

1. INTRODUCTION

1.1 Objectives of the Evaluation

The HIV/AIDS Regional Coordination Center (RCC) Project was launched on April 2005 for the project period of three years based on the needs from Cambodia, Laos, Myanmar, and Vietnam with the Project Purpose to develop the RCC as a well-recognized coordination center to provide training, information, and the human resources needed to support human capacity building for HIV/AIDS programs in the region.

As there are only six months left before the termination of the project period, a final evaluation study was planned in order to examine the achievement of the Project.

The objectives of this Final Evaluation Study are as follows:

- (1) To verify the accomplishments of the Project compared to the project plan;
- (2) To identify the factors promoting and inhibiting the project progress;
- (3) To analyze the Project in terms of the five evaluation criteria (i.e. relevance, effectiveness, efficiency, impact, and sustainability); and
- (4) To make recommendations for further improvements of the Project implementation and lessons learned for other similar ongoing and future projects.

1.2 Schedule of the Evaluation

Date			Survey Content
~ Sep 2			<ul style="list-style-type: none">• Documents review• Development of evaluation grids and questionnaires• JICA Thailand Office send the questionnaire by the official fax to JICA CLMV offices
Sep	3	Mon	<ul style="list-style-type: none">• Meeting with JICA Thailand Office• Meeting with Experts• Kick-off meeting
Sep	4	Tue	Conducting interviews with JCC members, AIHD/RCC staff, experts
Sep	5	Wed	
Sep	6	Thu	<ul style="list-style-type: none">• Moving from Bangkok to Vientiane• Meeting with JICA Laos Office• Meeting with MOH (Dep. Of Hygiene/Disease Prevention & NCCAB)• Meeting with Center for HIV/ AIDS/STI (CHAS)• Interview with RCC ex-trainees at CHAS
Sep	7	Fri	<ul style="list-style-type: none">• Meeting with WHO• Meeting with RCC ex-trainees at Setthathirat Hospital• Meeting with RCC ex-trainees at Mahosot Hospital• Meeting with RCC ex-trainees at Center for Information & Education for

			health
Sep	8	Sat	Compile and analyze the result of questionnaires and interviews
Sep	9	Sun	Moving from Bangkok to Phnom Penh
Sep	10	Mon	<ul style="list-style-type: none"> Meeting with JICA Cambodia Office Meeting with CENAT (National Center for Tuberculosis and Leprosy Control) Meeting with NCHADS (National Center for HIV/AIDS, Dermatology STD) Meeting with NMCHC (National Maternal and Child Health Center)
Sep	11	Tue	<ul style="list-style-type: none"> Observation of workshop on TB/HIV Co-infection Management Meeting with RCC ex-trainees Meeting with CDC (Council for the Development of Cambodia)
Sep	12	Wed	Moving from Phnom Penh to Yangon
Sep	13	Thu	<ul style="list-style-type: none"> Meeting with JICA Myanmar Office Meeting with National AIDS Program Office Meeting with RCC ex-trainees
Sep	14	Fri	Meeting with donor agencies (UNAIDS, UNOPS, UNDP, WHO)
Sep	15	Sat	Moving from Yangon to Hanoi
Sep	16	Sun	Compile and analyze the result of questionnaires and interviews
Sep	17	Mon	<ul style="list-style-type: none"> Meeting with JICA Vietnam Office Meeting with VAAC (Vietnam Administration on HIV/AIDS Control) Meeting with donor Agencies (CDC/USAID, WHO)
Sep	18	Tue	Meeting with RCC ex-trainees
Sep	19	Wed	<ul style="list-style-type: none"> Moving from Hanoi to Bangkok Compile and analyze the result of questionnaires and interviews
Sep	20	Thu	Reporting meeting of CLMV survey
Sep	21	Fri	Discussion of Evaluation report
Sep	22	Sat	Drafting of Evaluation report
Sep	23	Sun	Compile and analyze collected information
Sep	24	Mon	Discussion & finalizing of Evaluation report
Sep	25	Tue	JCC meeting (approval and signing of M/M on evaluation report)

1.3 Members of the Evaluation Team

The evaluation team consists of following members.

Name	Position
Mr. Ogawa Masazumi (Team leader)	Deputy Resident Representative, JICA Thailand Office
Ms. Takeuchi Kiyoka	Assistant Resident Representative, JICA Thailand Office
Mr. Hirakawa Takaaki	Consultant of JICA (INTEM Consulting Inc.)
Ms. Suthanone Fungtammasan	Program Officer, TICA
Mr. Pichet Khemthong	Program Officer, TICA
Dr. Boonyong Keiwkarnka	Senior Advisor, AIHD
Dr. Jiraporn Chompikul	Deputy Director, AIHD

Signature

Signature

Dr. Wirat Kumsrichan	Deputy Director, AIHD
Dr. Jumroon Mikhanorn	Head of the RCC, AIHD

Survey members in CLMV countries

Cambodia	Lao PDR	Myanmar	Vietnam
Mr. Ogawa (Leader)	Mr. Ogawa (Leader)	Mr. Yaegashi (Leader)	Mr. Pichet
Ms. Sunthanone	Ms. Suthanone	Mr. Pichet	Dr. Boonyong
Dr. Wirat	Dr. Jiraporn	Dr. Jumroon	Mr. Makino
Mr. Makino	Mr. Watanabe	Dr. Sawazaki	Ms. Takeuchi
Ms. Takeuchi	Mr. Ito	Mr. Ito	Mr. Hirakawa
Mr. Hirakawa	Mr. Hirakawa	Ms. Takeuchi	
		Mr. Hirakawa	

1.4 Stakeholders interviewed by the Team

A series of interviews based on the questionnaires distributed to the target group in advance will be conducted with the group as indicated below.



<Target group>

1. In CLMV countries: Implementing Agencies, Ex-TOT Trainees (some), JICA country offices, Donor Agencies
2. In Thailand : Director of the AIHD, RCC Management Taskforce members, Head and Manager of the RCC, RCC counterparts, Japanese Experts, JICA Thailand office, TICA, JCC members, concerned organizations

1.5 Background of the Project

Thailand is generally recognized as one of the few countries in the world that has been able to reverse the spread of HIV/AIDS transmission. On the other hand, in the neighboring countries of Thailand, the efforts to tackle the problems related to HIV/AIDS have been constrained by the insufficient institutional and human capacity to effectively implement HIV/AIDS programs.

With this situation in mind and based on the regional cooperation mechanism agreed upon at the JICA-ASEAN Regional Cooperation Meeting (JARCOM), several of Thailand's neighbors requested Thailand to provide technical assistance in the fields of HIV/AIDS. Accordingly, the Governments of Japan and Thailand have jointly studied the possibility of establishing a regional coordination project to support HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam. Based on the finding of this study, the Government of Thailand requested a technical cooperation project to the Government of Japan to support human capacity building for HIV/AIDS programs in neighboring countries based in the AIHD, Mahidol University. The Project was launched in April 2005 for the project period of three years.

1.6 Project Outline

The Project aims at evolving the RCC to function as a regional coordination center to provide necessary trainings and information to support human capacity building for HIV/AIDS programs in Cambodia, Lao PDR, Myanmar, and Vietnam by the collaboration of the Government of Japan and Thailand (See the PDM in the Annex 1 for more detail).

(1) Overall Goal

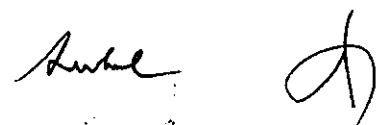
Human capacity for HIV/AIDS programs in Cambodia, the Lao PDR, Myanmar, and Vietnam is developed based upon each country's specific needs and situation with the proper utilization of resources from the RCC and the result is applied for HIV/AIDS programs.

(2) 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).

(3) Outputs

- Output 1:** Organization and management systems of the RCC are established and strengthened.
- Output 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.
- Output 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.
- Output 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.

Two handwritten signatures in black ink, one on the left and one on the right, positioned above the page number.

2. EVALUATION STUDY METHOD

2.1 Methodology of the Evaluation

PDM is utilized by the evaluators in order to design the methodology of the evaluation study and develop evaluation questions. As shown in Figure 1, the narrative summary of the PDM is utilized for preparing the evaluation questions based on the five evaluation criteria, i.e., Relevance, Effectiveness, Efficiency, Impact, and Sustainability. After setting up the evaluation questions, the methodology of the evaluation study is designed according to the format of the evaluation grid consisting of "data needed", "data sources", and "data collection methods" as shown in Figure 2 (See Annex 2 for more detail).

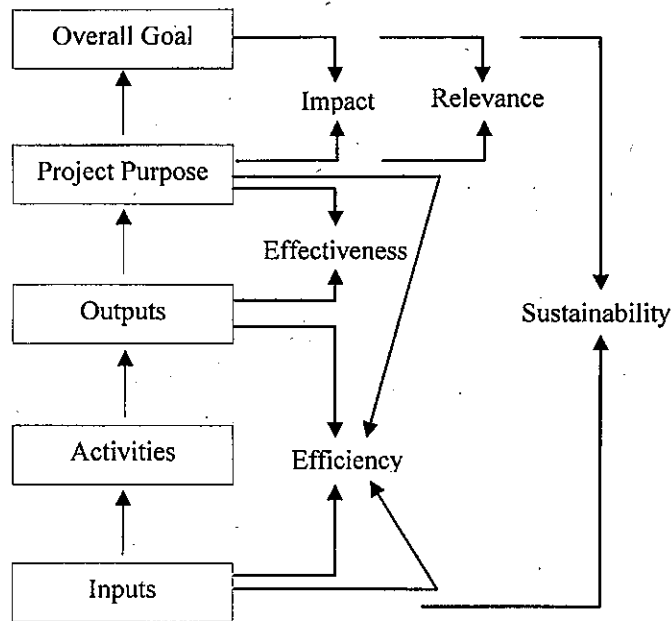


Figure 1 The Relationship between the Five Evaluation Criteria and the PDM

Five evaluation criteria are explained as shown below.

(1) Relevance:

A criterion for considering the validity and necessity of a project regarding whether the expected effects of a project (or project purpose and overall goal) meet with the needs of target beneficiaries; whether a project intervention is appropriate as a solution for problems concerned; whether the contents of a project is consistent with policies; whether project strategies and approaches are relevant, and whether a project is justified to be implemented with public funds of ODA.

(2) Effectiveness:

A criterion for considering whether the implementation of project has benefited (or will

[Handwritten signature]

benefit) the intended beneficiaries or the target society.

(3) Efficiency:

A criterion for considering how economic resource/inputs are converted to results. The main focus is on the relationship between project cost and effects.

(4) Impact:

A criterion for considering the effects of the project with an eye on the longer term effects including direct or indirect, positive or negative, intended or unintended.

(5) Sustainability:

A criterion for considering whether produced effects continue after the termination of the assistance.

Criteria	Evaluation Questions		Data needed	Data source	Data collection methods
	Main questions	Sub questions			
Relevance	Specify what is to be investigated	Break down the main questions into detailed sub questions.	Specify what type of data and information is to be collected.	Specify from where the data and information is to be collected	Identify how the data and information is to be collected
Effectiveness					
Efficiency					
Impact					
Sustainability					

Figure 2 The Evaluation Grid Format

2.2 Evaluation Design

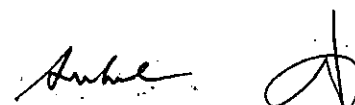
(1) Evaluation Questions

Evaluation questions are prepared along with five evaluation criteria as mentioned below.

(a) Relevance

Consistency with the National Development Plan in Thailand and CLMV countries

- Is the content of the National Development Plan on HIV/AIDS consistent with the direction of the project?
- Does the policy on HIV/AIDS by AIHD and RCC correspond with the project concepts?



Consistency with Japan's foreign aid policy

- Is the Project consistent with the Country-by-country Assistance Program for Thailand?
- Is the project consistent with JICA's plan for country-specific program implementation?

Appropriateness of the selection of the implementing agency

- Was the capacity of AIHD adequate enough to implement the Project?

Appropriateness of the selection of the target group

- What kind of benefits did the RCC staff and the staff working for HIV/AIDS programs (particularly, RCC ex-trainees) in each country receive through the RCC?

Merits of the Project by the means of the region-wide cooperation

- What are the merits of this Project on HIV/AIDS implemented in five countries (Thailand, Cambodia, Lao PDR, Myanmar, and Vietnam)?

(b) Effectiveness

Achievement of the Project Purpose

- Does the RCC appropriately function as a coordination center to support the capacity development for the staff working for HIV/AIDS programs?
- Do 66 relevant organizations highly appreciate the performance of the RCC?

Relationship between the Outputs and the Project Purpose

- Were the organization and the management system of the RCC appropriate?
- Are training curriculums and materials effectively utilized?
- Is the information concerning human resources, research, and relevant experiences on HIV/AIDS disseminated to the relevant organizations and agencies appropriately?
- Has the network for effective utilization of human resources, information, and financial resources in the area of HIV/AIDS programs been established?

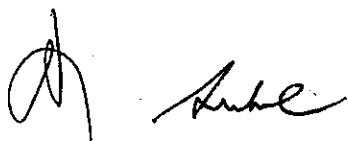
Inhibiting and promoting factors for the achievement of the Project Purpose

- What are the inhibiting and promoting factors for the achievement of the Project Purpose?

(c) Efficiency

Relationship between the Outputs and the Activities

- Were there any problems in terms of timing of project activities, such as schedule of training program and manual preparation, etc.?

Two handwritten signatures in black ink are located at the bottom left of the page. The first signature is a stylized, cursive 'A' or similar character. The second signature is more legible, appearing to be 'Sube'.

Inhibiting factors for the achievement of the Outputs

- Turnover rate of AIHD staff involved in RCC activities remains at the certain level?
- Were there any other inhibiting factors?

Relationship between the Activities and the Inputs

- Were the number of experts dispatched, their fields of expertise, and the timing of the dispatch appropriate?
- Were the types, quantity, utilization, and maintenance of provided equipment appropriate?
- Were the number of accepted trainees (particularly, the gender balance between men and women), the fields, the training contents, the training period, and the timing of the trainee acceptance appropriate?
- Were the scales of the project budget appropriate from Japanese and Thai governments?

(d) Impact

Prospects for the achievement of the Overall Goal

- Are there any prospects that human capacity for HIV/AIDS programs, including RCC ex-trainees, in Cambodia, the Lao PDR, Myanmar, and Vietnam is developed?
- Are there any prospects that those capable human resources working for HIV/AIDS programs, including RCC ex-trainees, are properly applied for the HIV/AIDS programs in each country?

Verification of the effect of the Overall Goal

- Are there prospects that the data and records on the training courses conducted by the RCC ex-trainees (including the comments and information of the people working for HIV/AIDS programs who participate in the training courses) in Cambodia, the Lao PDR, Myanmar, and Vietnam will be collected?

Important Assumptions from the Project Purpose to the Overall Goal



- Have RCC trainees in each country appropriately been selected by their agencies? Additionally, do RCC ex-trainees still remain in a position to provide training on HIV/AIDS for the people working for HIV/AIDS programs?

Inhibiting and promoting factors for the achievement of the Overall Goal

- Are there any other factors inhibiting or promoting the achievement of the Overall Goal?

Other positive or negative impacts beside the Overall Goal

- Is it meaningful to utilize experiences and lessons obtained by the RCC Project on HIV/AIDS programs?

- Are there any negative influences on social and cultural aspects, such as gender, human rights, poverty, etc.?
- What kind of changes did the Project give to the various roles of women and men in the society? For instance, did the Project contribute to the gender equality and empowerment of women?

(e) Sustainability

Policy aid from Thailand

- Will the policy aid continue also after the cooperation is finished?

Organizational capacity

- Does the RCC have the operation and management capacity?
- Is it possible to continue the training programs in sustainable way even after the termination of the Project?
- Does the RCC communicate with relevant organizations smoothly?

Budgetary measures

- Is the financial situation good in RCC?
- Are any efforts for securing financial resources from other donor agencies proceeding smoothly?

Utilization of the transferred knowledge and skills

- Are there any prospects that the knowledge and skills transferred to the RCC ex-trainees through the Project will be shared with the implementing agencies and the people working for HIV/AIDS programs in each country?
- Is equipment appropriately maintained and managed?

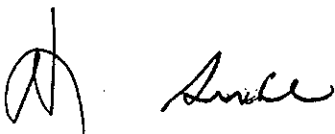
(2) Data Sources and Collection Methods

The main data sources and data collection methods, i.e., literature survey, questionnaire, and interview, are specified as shown in the evaluation grid. In terms of questionnaire and interview survey, a series of interviews based on the questionnaires distributed to the target group in advance was conducted with the group as indicated below.

<Target group>

In CLMV countries: Implementing Agencies, RCC Ex-trainees, JICA offices, Donor Agencies

In Thailand: Director of the AIHD, Head and Manager of the RCC, RCC counterparts, Japanese Experts, JICA Thailand office, TICA, JCC members, concerned organizations



3. EVALUATION RESULTS

3.1 Project Achievement

3.1.1 Project Purpose

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.

Indicators:

- (1) RCC has regular contact with 66 concerned organizations, including donor agencies in Cambodia, Lao PDR, Myanmar and Vietnam, and Thailand.
- (2) 75% of organizations mentioned above recognize the RCC as an effective coordination center for HIV/AIDS.
- (3) The RCC website attains 1500 hits per year and 150 subscribers (100, 120 and 150 subscriber at the end of FY1, FY2, and FY3, respectively).
- (4) Readers of newsletters (by e-journal and print-outs) are satisfied with the provided information.

In order to measure the achievement of the Project Purpose, four indicators were set up as mentioned above. In the first indicator (1), the RCC has a contact channel with 66 concerned organizations in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand by means of the newsletters published and distributed quarterly. Also, when the RCC team visits CLMV countries, they explain the contents of the Project and discuss the possibilities of the cooperation for the future with the relevant organizations (See Annex 3 regarding the list of 66 relevant organizations).

In the indicator (2), 75% of the above organizations are to recognize the RCC as an effective coordination center for HIV/AIDS by the end of the Project. According to the questionnaire survey to the relevant organizations by the Project, 14 out of 21 respondents replied that they recognize the RCC as an effective coordination center for HIV/AIDS although the response rate is not sufficient (31.8%). The percentage is 66.7% less than the target value. Thus, it is necessary to attain the target value before the termination of the Project (See the Achievement Grid in Annex 4 for more detail data).

Table 1. Perception of the relevant organizations toward the RCC

Question	Yes	No	N/A (Not Applicable)
Is the RCC an effective coordination center?	14 (66.7 %)	4 (19.0 %)	3 (14.3 %)

Source: Questionnaire survey conducted by the Project

In terms of the indicator (3), the newly-established RCC website was opened to the public since 1st April, 2007. Thus far, the number of the access to the RCC Website attains to 1,202 as of 19th September, 2007. Thus, the target value (1,500 hits per year) will be achieved in a short time. Additionally, according to the hearing survey to the Project, the number of the subscribers has already gone beyond 150 subscribers set up as the target value.

Regarding the indicator (4), 83.3% (15 of 18 respondents) replied that the content of the RCC newsletter was "5: Excellent" or "4: Good" in the five-grade evaluation.

3.1.2 Overall Goal

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.
Indicators: (1) 70% of RCC ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam conduct at least one training course upon returning to their home countries. (2) Satisfaction, understanding, and application level of trainees of the training conducted by RCC ex-trainees

With reference to the indicator (1), 52.3% of respondents (34 of 65 respondents) participating in the country-specific TOT courses replied that they had conducted the trainings after returning to their countries. Also, 69.2% of respondents (18 of 26 respondents) participating in the multi-national TOT courses answered in a same manner. On the other hand, 83.1% of respondents (54 of 65 respondents) participating in the country-specific TOT courses replied that they had transferred the knowledge and skills to HIV/AIDS-related people besides the trainings after returning to their countries. Likewise, 92.3% of respondents (24 of 26 respondents) participating in the multi-national TOT courses replied in the same way. As a conclusion, it could be said that RCC ex-trainees share what they have learned through the TOT courses with the people working for HIV/AIDS programs in some way.

Table 2. The number of RCC ex-trainees who have conducted training courses or transferred the knowledge and skills to the people working for HIV/AIDS programs in CLMV countries

	Number of RCC ex-trainees conducting trainings	Number of RCC ex-trainees who have transferred the knowledge and skills to HIV/AIDS related people besides the trainings
Country-Specific TOT	34 / 65 (52.3 %)	54 / 65 (83.1 %)
Multi-national TOT	18 / 26 (69.2 %)	24 / 26 (92.3 %)

Source: Questionnaire conducted by the Project and JICA Thailand Office

Note: The number in the denominator indicates the total number of respondents.

The indicator (2) implies that it is necessary to collect the evaluation results from the trainees who attend the trainings conducted by the RCC ex-trainees. However, the question is who makes and collects the evaluation sheets. Practically, it seems very difficult to organize and manage the assessment of the RCC ex-trainees by their trainees with the sufficient budget for doing it. In this sense, the Project should consider how to collect the data of the indicator (2). Otherwise, another indicator should be set up before the termination of the Project.

3.1.3 Outputs

Output 1

Output 1: Organization and management systems of the RCC are established and strengthened.
Indicator: (1) Degree of strengthening of the management system

Originally, there are 16 criteria to measure the achievement of the Output 1. However, as there were no data on the Output 1 at the time of the final evaluation, seven criteria out of 16 were hastily selected and collected by the study team. Through the interview survey to five counterparts of the RCC Project, they responded to the questions regarding the organization and management system of the RCC as shown in Table 3 below.

Table 3 Evaluation of the organization and management system of the RCC by five counterparts

	Ave. of the ratings
(1) Job description	3.20
(2) Work process of each operation	4.00
(3) Decision making process	4.20
(4) Application of the results coming from each meeting, such as the RCC Management Taskforce, JCC, and ICC, to the operation of the RCC	4.20
(5) Human capacity building plan	2.60
(6) Application of the management skills obtained through the trainings for the RCC staff to the operation of the RCC	3.60
(7) Overall evaluation of the management system	3.80

Note: The five-grade evaluation is explained as follows: "5: Excellent"; "4: Very good"; "3: Good"; "2: Fair"; and "1: Poor."

Generally speaking, the counterparts of the Project consider that the organization and management system of the RCC becomes better other than the preparation for the human capacity development plan.

Output 2

Output 2: Management system, curricula, and materials used in training programs are developed and
--

Ante *ah*

improved in response to the specific country needs of Cambodia, the Lao PDR, Myanmar, and Vietnam.

Indicator:

(1) Trainees are satisfied with the training program, in terms of management, curricula, and materials.

Overall training management and teaching materials (handouts) are assessed by the four-grade evaluation: "4: Excellent"; "3: Good"; "2: Fair"; and "1: Poor." All the assessments of the overall training management and teaching materials (handouts) by the TOT participants attending at country-specific or multi-national TOT courses were generally greater than 3.00 grading points on average except the overall training management of the country-specific TOT course for the participants in Myanmar (See the Achievement Grid in Annex 4 for more detail). Overall, it could be said that the assessment results were quite good.

Output 3

Output 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, RCC ex-trainees, and other stakeholders.

Indicators:

- (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.
- (2) Website is developed and regularly maintained.
- (3) 500 copies of newsletters (by e journal and prints-outs) are distributed quarterly.

Indicators (1) and (2) are for the database and RCC website, and they were developed and updated. The database is to be updated as needed along with the activity 3-4 of the PDM. Also, newly-established website was released to the public on April 1, 2007. However, communication infrastructure to access to the internet is not enough in CLMV countries, so not all the RCC ex-trainees are able to access to the RCC website.

Regarding the indicator (3), 450-500 copies of newsletters were distributed to the visitors having the contact with the RCC, the related organizations and groups to which the RCC team visited, as well as by means of email.

Output 4

Output 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.



Indicators:

- (1) Utilization of focal points in Cambodia, the Lao PDR, Myanmar, and Vietnam
- (2) At least 2 AIHD alumni are served as focal points and lecturers in each four countries.
- (3) Resource persons, including AIHD staff registered in the RCC's database, are sent to and satisfied by other HIV/AIDS related programs (monitoring and follow-up visits) annually coordinated by the RCC.
- (4) Number of experts coordinated by the RCC to support other programs (monitoring and follow-up visits)

With reference to the indicator (1) and (2), at least two focal points in CLMV countries are supposed to assist the RCC team during the monitoring and follow-up visits to the RCC ex-trainees. Also, more than two RCC ex-trainees were selected as focal points in CLMV countries: Cambodia (4); Lao PDR (4); Myanmar (3); and Vietnam (5). Although the focal points are the leading figures of the communication between the RCC and CLMV countries, the Project does not officially request them to become focal points in their countries.

In terms of the satisfaction levels of the workshops and lectures conducted by the RCC resource persons during the monitoring and follow-up visits in CLMV countries as shown in the indicator (3), the comments on the monitoring and follow-up visits are quite appreciated by the RCC ex-trainees. They commented that the workshops and meetings during the visits reminded them of what they have learned through the TOT courses.

Regarding the indicator (4), five RCC resource persons were dispatched to CLMV countries as shown below.

Cambodia:

- Dr. Charoen Chuchottaworn, Chest Disease Institute in Thailand
- Dr. Sirikul Isaranurug, Director of AIHD

The Lao PDR

- Ms. Nuntawan Yantadilok, Assistant Director, AIDS Division, Bureau of AIDS, TB and STIs, Department of Diseases Control, Ministry of Public Health

Myanmar

- Dr. Krasae Chanawongse, Chairman, Princess of Narathivas University

Vietnam

- Ms. Somsri Tantipibulwut, Thai Red Cross AIDS Research Center



3.1.4 Inputs

(1) Japanese side

(a) Personnel assignment

Although the dispatch of the chief advisor was delayed, two Japanese experts jointly took the role of the chief advisor during his absence. Please see Annex 7 for more detail.

(b) Provision of equipment

In general, the equipment is appropriately maintained and utilized by the Project as shown in Annex 8. Although some equipment is not utilized frequently, they are employed during the training courses, such as LCD projector, video camera, digital camera, visualizer, etc.

(c) Local expenditure

- Expenses for project employees

The technical staff is supposed to be transferred to the AIHD from the temporary technical staff of the Project in October 2007.

The expense for the project secretary was partially to be shared with TICA. Also, the training expenses for multi-national TOT courses are shared with TICA as planned.

As additional expenses for project activities, the expenses for the monitoring and follow-up visits and the 120-year Japan-Thai Diplomatic Relationship Memorial International Symposium were allocated.

(2) Thai side

(a) Personnel assignment

As mentioned above, the AIHD is supposed to assign the technical staff hired by the Project from October 2007.

Supporting staffs of the Project were newly assigned by the AIHD since the middle of 2006.

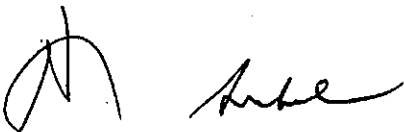
(b) Provision of facilities

Training facilities and project offices are secured and utilized by the Project as planned.

(c) Local expenditure

The expense for the project secretary was partially funded by TICA as mentioned above. Also, TICA partially secured the budget for the multi-national TOT courses as planned.

In addition, TICA shares the administrative and operational expenses with the Project, such as stationeries and fuels for experts. TICA also joined the monitoring and follow-up visits, evaluation study to CLMV countries by its own expenses.

Two handwritten signatures in black ink are located at the bottom left of the page. The first signature is a stylized, bold letter 'M'. The second signature is a cursive name, possibly 'Archie'.

3.2 Implementation Process

In general, the project activities have favorably been conducted according to the Plan of Operations (PO: See Annex 9 for more detail). The project activities are promoted along with the formal cycle starting from the ICC meetings for sharing of annual plans, TOT courses for the improvement of human capacity, and monitoring and follow-up visits for the communication with the RCC ex-trainees and relevant organizations in CLMV countries. The details of the implementation process are explained as below.

(1) Project management system

- The communication mechanisms between the RCC and relevant organizations

Although the RCC has effectively promoted the communication with relevant organizations through the RCC website and newsletters, it might be difficult for the RCC ex-trainees in CLMV countries to access to the RCC website. Thus, newsletters are good means to let the RCC ex-trainees know of recent events because the internet infrastructure is not fully developed in CLMV countries. Also, the Project is able to communicate and share the information with concerned organizations and people in Thailand through the JCC and management taskforce meetings. Moreover, the RCC communicates and discusses with the concerned organizations and RCC ex-trainees in CLMV countries through the ICC meetings and monitoring and follow-up visits to them.

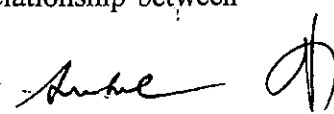
Furthermore, the evaluation study team recognized that there were some mistakes on delivery addresses for sending the newsletters to the RCC ex-trainees. In future, if the RCC communicates with the RCC ex-trainees on regular basis, the errors will be reduced. Also, it might be better to put a notification in the RCC newsletter so as to let the RCC know when they did not receive the newsletter and changed their addresses.

- Focal Points in CLMV countries

As focal points are key figures of the RCC in order to communicate with the RCC ex-trainees in CLMV countries, the communication between the RCC and the RCC ex-trainees need to be effectively promoted. In the present circumstance, even though the lists of RCC ex-trainees in each country were prepared by the RCC and distributed to CLMV countries during the monitoring and follow-up visits, there were no marks at the focal points on those lists.

- Monitoring and follow-up visits to CLMV countries

In the monitoring and follow-up visits, there are 6-8 members composed of JICA Thailand Office, TICA, AIHD/RCC, resource persons, and Japanese experts. During the visits, the RCC ex-trainees report their dissemination activities at their sites to the RCC team regarding utilization of their skills, knowledge, and experiences obtained through the TOT courses. In addition, resource persons have follow-up and refresher lectures for the RCC ex-trainees. Moreover, the contents of the TOT courses were discussed and changed according to the needs of the countries. In this way, the relationship between



the RCC and relevant organizations in CLMV countries was favorably promoted. On the other hand, the arrangements of the visits were mainly prepared by the Japanese experts because it is quite new and unfamiliar to the RCC staff (counterparts of the Project). At this moment, it would be expected that the RCC staff works on the administrative operations on their own initiatives.

Overall, the comments on the monitoring and follow-up visits are quite appreciated by the RCC ex-trainees. They commented that the workshops and meetings during the visits reminded them of what they have learned through the TOT courses.

In Cambodia:

It is a nice opportunity to share experiences and information with other RCC ex-trainees. Also, the workshop in the monitoring and follow-up visits is similar to refresher training in order to remind them of what they have learned through the TOT courses. In Cambodia, however, it is necessary to carefully scrutinize the contents of the workshops according to the actual needs of the country before conducting the monitoring and follow-up visits.

In the Lao PDR:

Technical skills and updated information are disseminated through the workshops conducted by the resource persons during the time of the monitoring and follow-up visits. Monitoring and follow-up visits have an element of refresher training in some sense because the workshop reminds them of what they have learned in the TOT courses. Further, it is a good opportunity to exchange the current situations with other RCC ex-trainees.

In Myanmar:

If RCC ex-trainees stay outside Yangon, it is sometimes difficult for them to participate in the meetings and workshops during the monitoring and follow-up visits. This is because the Capital of Myanmar was moved from Yangon to Ney Pyi Taw. Under this circumstance, it takes a time to arrange a workshop and meeting with governmental agencies and officers staying out of Yangon. In Myanmar, it is absolutely necessary to conduct previous arrangements in the early stage.

Speaking of the workshops and meetings during the visits, the contents are very similar to the refresher trainings to remind them of what they have learned through the TOT courses. Moreover, RCC ex-trainees could have communication opportunities with other RCC ex-trainees.

In Vietnam:

The workshops and meetings during the monitoring and follow-up visits were good opportunities for the RCC ex-trainees to share experiences, activities, and information after the TOT courses with other RCC ex-trainees. Also, the workshops and meetings reminded them of what they have learned in the TOT courses. Since monitoring and



follow-up visits are carried out only once a year, RCC ex-trainees required that this kind of visits by the RCC team was conducted more frequently because of difficulties for gathering all the RCC ex-trainees together at once.

- Revision and modification of the Project

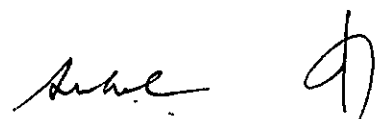
JCC has effective roles so as to confirm the progress of the Project, to share ideas with the relevant organizations in Thailand, and to solve some issues and problems. Also, it is good opportunities for JCC members to grasp the current situations and the project progress. In this way, it is the time to revise and modify the project activities during the meetings of not only the JCC but also the ICC and RCC management taskforce. Further, the monitoring and follow-up activities in CLMV countries also contribute to the modification of the TOT courses.

(2) Collaboration with other donor agencies

Donor agencies, such as UNFPA and WHO, were invited in the ICC meeting in order to have a panel discussion. In this way, the ICC meeting is also the platform for discussions with other donor agencies. It is a good opportunity for the ICC members to share ideas and concepts as well as to promote the relationship with those donor agencies through the ICC.

During the monitoring and follow-up visits in CLMV countries, the RCC team also visits donor agencies to discuss the collaboration with each other. It is important to directly meet and consult with donor agencies. This is because they might not be interested in the contents of the Project even if they receive the newsletters and information of the website. However, if the RCC team directly meets the key persons working for HIV/AIDS programs at the donor agencies and constructs human relations with those key persons, then donors could be more involved in the project activities for the training courses. It is very difficult to maintain the relations with the donor agencies by remote communications only, such as facsimile, letter, and email. Otherwise, the donors do not seriously work on the HIV/AIDS program with the RCC.

In the Lao PDR, however, the WHO highly appreciated the contents of RCC newsletters and website. According to him, if teaching materials can be installed through the website, it might be more convenient to the people working for HIV/AIDS programs.



3.3 Five Evaluation Criteria

3.3.1 Relevance

For the following reasons, the Project is judged to be of high relevance.

(1) Consistency with the National Plans/Strategies on HIV/AIDS

The current national plans/strategies on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand are summarized below.

- Cambodia

The “National Strategy Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006- 2010” is currently being implemented. The plan puts emphasis on the following strategies: (1) Increased coverage of effective interventions for HIV prevention; (2) Increased coverage of effective interventions for comprehensive care and support; (3) Increased coverage of effective interventions for impact mitigation; (4) Effective leadership by government and non-government sectors for implementation of the response to HIV/AIDS, at central and local levels; (5) A supportive legal and public policy environment for the HIV/AIDS response; (6) Increased availability of information for policy makers and program planners through monitoring, evaluation, and research; and (7) Increased, sustainable, and equitably allocated resources for the national response.

- The Lao PDR

The “National Strategy and Action Plan on HIV/AIDS/STI 2006-2010” defines the five priority areas as follows: (1) Reaching full coverage of targeted and comprehensive interventions in prioritized provinces/districts in a phased approach; (2) Establishment of an enabling environment for an expanded response at all levels; (3) Increased data availability to monitor both the epidemic and the response (strategic information); (4) Capacity building of implementing partners at all levels; and (5) Effective management, coordination, and monitoring of the expanded response.

- Myanmar

The “National Strategic Plan on HIV and AIDS (2006-2010)” aims at reducing HIV transmission and HIV-related morbidity, mortality, disability, and social and economic impact. The Plan pursues the following strategic directions by focusing on populations at higher risk and on essential support services:

- Reducing HIV-related risk, vulnerability, and impact among sex workers and their clients/ men who have sex with men/ drug users/ partners and families of people living with HIV/ institutionalized populations/ mobile populations/ uniformed services personnel/ young people;
- Enhancing prevention, care, treatment, and support in the workplace;
- Enhancing HIV prevention among men and women of reproductive age;
- Meeting needs of people living with HIV for comprehensive care, support, and treatment;



- Enhancing the capacity of health systems; and
- Monitoring and Evaluating.

- Vietnam

The “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010” is designed to promote a multi-sector approach to HIV/AIDS and the mobilization of entire society. Six specific objectives have been set up as follows: (1) Incorporating HIV/AIDS prevention and control in units and localities across the country; (2) Improving people’s knowledge about HIV/AIDS transmission prevention; (3) Controlling HIV/AIDS transmission from high-risk groups to the population; (4) Ensuring the provision of care and appropriate treatment for HIV/AIDS-infected people; (5) Developing the management, monitoring, surveillance, and evaluation systems for the HIV/AIDS prevention and control programs; and (6) Preventing HIV/AIDS transmission through medical services.

- Thailand

The “National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2007-2011” is being implemented with a vision to prevent and alleviate HIV/AIDS problems by a strong and healthy society formed by individuals, families, and communities. The following four strategies have been set forth in the plan: (1) Management to integrate AIDS response (prevention and alleviation) into sectors’ policy, strategic approach, and measures; (2) Integration of prevention, care, treatment and impact mitigation according to target populations, such as husbands and wives, men who have sex with men, sex workers and customers, drug users, children and youth, etc.; (3) Protection of AIDS rights; and (4) Monitoring, evaluation, research and development of knowledge for AIDS prevention and alleviation.

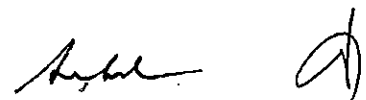
Thus, the national plans/strategies on HIV/AIDS in CLMV countries and Thailand are in line with the direction of the Project.

(2) Consistency with Japan’s foreign aid policies

- Japan’s Economic Cooperation Program for Thailand (May 2006)

In Japan’s Economic Cooperation Program for Thailand, it is described that Thailand is expected to become a partner of Japan when implementing assistance to a third country. In this Project, the RCC has provided TOT courses for CLMV countries in cooperation with TICA. Also, region-wide cooperation in collaboration with Thailand is encouraged so as to promote Japan’s knowledge and experience accumulated over the years to other developing countries as described in the “Partner for Assistance to Third Countries” of the Program.

Collaboration between Japan and Thailand which are different from each other in development levels enables multi-faceted and effective measures in compliance with development needs of a developing country in implementing



assistance to other developing countries. It is expected among others that the presence of Thailand whose development level is more similar to that of the recipient third country contributes to enhancing the ownership of the country concerned. Furthermore, from the perspectives of utilization of assistance achievements and efficiency of assistance, it is significant to disseminate and utilize Japan's knowledge and experience accumulated over the years through cooperation with Thailand in the fields of HIV/AIDS, poverty reduction and environmental issues.

Therefore, the project concept of region-wide technical cooperation in collaboration with Thailand is in line with the government policy.

- JICA's plan for country-specific program implementation (October 2006)


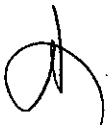
JICA has three priority areas of assistance in Thailand. Third priority area of assistance explains that Thailand is the "partner for assistance to third countries" in which programs for regional cooperation are encouraged to be conducted in neighboring countries. In Specific, HIV/AIDS as measures against infectious diseases is raised for promoting the cooperation in the field of the human security. In addition, JICA follows the cooperation framework of the Japan-Thailand Partnership Program Phase 2 (JTTP2) in which a region-wide technical cooperation project is to adopt the cost sharing with the Thai government. In this way, the priority area of assistance and the concept of the cost sharing described in the JTTP2 are consistent with the framework of the Project.

(3) Capacity of AIHD for the project implementation

The AIHD has many experiences in conducting international training programs with adequate facilities. Although academic skills, mobilizing technical experts, and resources are sufficient, more coordinating and management skills for establishing a network with other donor agencies are necessary in terms of the aspect of the sustainability. This is because the AIHD has played an important role in promoting cooperation with many international agencies to carry out training and research. Overall, the AIHD is highly appreciated by target countries. However, it could be said that coordination skills of the RCC staff (counterparts) are needed to strengthen to be able to arrange monitoring and follow-up visits.

(4) Merits of the region-wide cooperation project

It is important for Thailand to work together with CLMV countries in order to control and prevent HIV/AIDS in the region. The issues of HIV/AIDS should be solved not only in Thailand but also in the whole region together. The issues of HIV/AIDS will not be able to be solved because the migrating population moves around and cross the national borders. In this way, HIV/AIDS issues appear not in a specific area but in much wider region. Moreover, if people in the region are educated well, it will be anticipated that the number of newly infected cases might be reduced in this region. That is why it could be justifiable to conduct the Project with the scheme of the region-wide



cooperation.

The socio-cultural context of Thailand is similar to other countries in the region. In addition, it is expected to establish an appropriate model for the implementation of HIV/AIDS programs from Thailand experiences.

In CLMV countries, it is important to share the experiences and information with neighboring countries so as to learn new lessons as well as not to repeat same mistakes. Furthermore, the trainees in CLMV countries are able to acquire the advanced knowledge and skills of Thailand, which has abundant achievements of HIV/AIDS programs. In this way, CLMV countries are able to complement and foster the implementation of the region-wide cooperation project.

On the other hand, the immediate effects of the TOT trainings cannot be expected although the transaction cost for coordinating various relevant organizations is quite high. Also, English is utilized as a common language in the region-wide cooperation, whereas many RCC ex-trainees feel the language barriers, which might inhibit the understandings of the TOT courses. Moreover, the gaps of knowledge and skills among CLMV countries might inhibit their learning process because what some do not know has already been in common knowledge in others.

3.3.2 Effectiveness

For the following reasons, the effectiveness of the Project is judged to be high to a certain degree if the Project continues its efforts to achieve a target value set up in the Project Purpose.

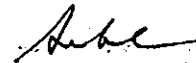
(1) Achievement of the Project Purpose

- Appropriateness of the RCC's function

The evaluation study team considered that the RCC is a functional coordinating body as a regional center. Specifically, the RCC prepares and distributes the newsletters which contain some experiences in other countries, current events on HIV/AIDS, etc. In this way, the RCC tries to share the information and current events to the implementing agencies, RCC ex-trainees, HIV/AIDS related donors, JICA offices, etc. in CLMV countries by means of the RCC newsletters because of limitation of the internet access.

In addition, the RCC arranges and conducts TOT courses smoothly as planned. Through the TOT courses, RCC ex-trainees were able to learn how to organize and conduct training courses as well as how to manage group discussions as trainers. Also, RCC ex-trainees became able to write a proposal for a training course funded by donor agencies in a more proper way.

Moreover, monitoring and follow-up visits are carried out to observe what is going on to



RCC ex-trainees after the TOT courses. As mentioned above, the RCC ex-trainees highly appreciate the monitoring and follow-up visits because the workshops and meetings during the visits reminded them of what they have learned through the TOT courses.

On the other hand, the communication with relevant agencies is not sufficient enough to keep the appropriate relationship with relevant organizations. The RCC mainly gets in touch with JICA office in order to conduct TOT courses, monitoring and follow-up visits, and ICC meetings. However, if the Project is classified as region-wide cooperation, then the Japanese experts with the RCC staff should frequently visit JICA offices, implementing agencies, donors, and other concerned organizations (in total 66 relevant organizations) in CLMV countries and Thailand other than the monitoring and follow-up visits without relying on email, telephone, and letters excessively.

- Evaluation of the RCC by the relevant organizations in CLMV countries

According to the questionnaire survey to 66 relevant organizations in CLMV countries and Thailand by the Project, 66.7% of respondents (14 of 21 respondents) replied that they recognized the RCC as an effective coordination center for HIV/AIDS. On the other hand, 95.2% of respondents (20 of 21 respondents) replied that the RCC contributes to the human capacity development. Although the number of respondents is not sufficient (response rate: 31.8%), the figures might give the readers some suggestions. The relevant organizations regard the RCC as a training institute rather than the coordination center. Also, it is necessary for the RCC to give more publicity to them before the termination of the Project in order to achieve the Project Purpose.

(2) Relationship between the Outputs and the Project Purpose

- Organization and management system of the RCC

According to the interview survey to five counterparts of the Project by the evaluation study team, they responded that the overall management system of the RCC was quite good (3.80) although it was the form of the self-evaluation as shown in Table 3 above. As seen in the (2) work process of each operation, the result (4.00) implies that the Project promotes their working procedures in a positive and efficient way. Also, they gave high ratings in (3) and (4). From those outcomes (both of them: 4.20), it could be said that the JCC and ICC meetings function well. The decision making process was clarified by establishing the ICC and JCC.

On the other hand, the ratings of the (5) human capacity plan are quite low score (2.60). Thus, the RCC might need some improvement of the plan.

- Utilization of teaching materials prepared by the Project

According to the interview survey to the RCC ex-trainees and the assessment of the TOT courses by the trainees in CLMV countries, they highly appreciated teaching materials (handouts). They expressed that the teaching materials were very useful for



disseminating skills and knowledge to the persons working for HIV/AIDS programs. In the Lao PDR, for instance, RCC ex-trainees are able to apply ideas and concepts of VCT explained in the teaching materials to their actual operations. In addition, the training materials are utilized for preparing their lectures. In terms of the ratings (4: Excellent; 3: Good; 2: Fair; and 1: Poor), the results are generally good because teaching materials are rated as more than "3.00" on average throughout all the TOT courses (See the Achievement Grid of Annex 4 for more detail). However, there exists a language barrier among RCC ex-trainees who cannot understand English very well.

- Dissemination of the information to the relevant organizations

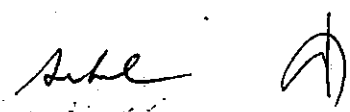
If dissemination of information is one of roles of the RCC, then there is still room for the improvement of the RCC website by utilizing more illustrations, adopting user-friendly pages for easy reading, etc. However, there are many RCC ex-trainees who cannot access to the internet because the communication infrastructure is not fully developed.

In terms of the RCC newsletter, as it contains updated technical information, it is very beneficial for the RCC ex-trainees. Also, the newsletter contains the pictures of the RCC ex-trainees and persons concerned with the Project, so that the relationship among the RCC ex-trainees might have been more enhanced through the newsletter. In this way, a sense of fellowship has been created among RCC ex-trainees in CLMV countries.

When the RCC sends the newsletter to stakeholders in CLMV countries, it might be better for the RCC to confirm who receives the newsletters because the name and address was sometimes not correct. In addition, the newsletter is sent to the representatives of each implementing agency, but the Director General of the VAAC in Vietnam has not read the newsletter before. Thus, it is necessary for the RCC to request the implementing agencies in each country to circulate RCC newsletters within their agencies. On the other hand, when the newsletter is delivered to the RCC ex-trainees, direct mails might be better means to deliver the newsletter to them for sure.

(3) Inhibiting factors for the achievement of the Project Purpose

- Communication between the RCC and other relevant organizations are mainly conducted by the Japanese experts. The RCC staff (counterparts) cannot put forward the communication with those relevant organizations on their own initiatives yet.
- As mentioned above, since focal points are key figures of the RCC in order to communicate with the RCC ex-trainees in CLMV countries, it will become an inhibiting factor without utilizing them effectively.



3-3-3 Efficiency

The Inputs of the Project were efficiently transferred to the Activities and the Outputs.

Relationship between the Activities and the Inputs

- Information on Japanese experts and counterparts

Overall, Japanese experts and the counterparts are appropriately assigned in the Project according to the bar chart on the Progress of the HIV/AIDS RCC Project as shown in the Annex 7. As seen in the bar chart, although the technical officer and the program officer hired by the Project resigned on the way, the newly hired staffs work more efficiently and effectively. Therefore, the TOT courses and RCC website are continuously promoted and improved by their assistance and efforts.

Importantly, the technical staff will be transferred to the AIHD staff from the temporary technical staff of the Project as already mentioned in the Project Performance earlier. The technical staff might be a key person to continue and improve the TOT courses as well as revise the TOT curriculum because the staff is assigned to work with the training section of the AIHD right now.

- Scales of the project budget coming from TICA (Thai side)

TICA shares the training expenses for the multi-national TOT courses with the Project. From the Table 4 as shown below, it could be understood that TICA has increased the percentage of the budget from 31.43% in the 1st multi-national TOT to 36.16% in the 2nd multi-national TOT course.

Table 4. Cost sharing of the multi-national TOT expenses between JICA and TICA

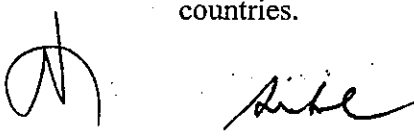
Unit: Bahts

	1st multi-national TOT (July 2006)			2nd multi-national TOT (August 2007)		
	JICA	TICA	TOTAL	JICA	TICA	TOTAL
Invitation expenses for the trainees	542,000	340,000	882,000	456,000	350,000	806,000
Training expenses	199,800	-	199,800	196,400	19,500	215,900
TOTAL	741,800	340,000	1,081,800	652,400	369,500	1,021,900
Percentage (%)	68.57	31.43	100.00	63.84	36.16	100.00

Source: Expenses for the multi-national TOT courses prepared by TICA

Basically, TICA is willing to support the TOT courses after the termination of the Project if the AIHD requests to TICA. This is because TICA prioritizes to support the health sector, for example in the form of the Third Country Training Program as well as the Annual International Training Courses.

TICA expects that the RCC ex-trainees transfer their knowledge and skills which they obtained through the TOT courses to other HIV/AIDS-related organizations in their countries.



- Training course on HIV/AIDS in Thailand compared with the course in Japan
It is more efficient to conduct training courses on HIV/AIDS in Thailand than to conduct the courses in Japan from the perspective of the contents and budgets of the courses. This is because the medical circumstances and situations are similar to Thailand compared with the medical situations in Japan.

- Utilization and maintenance of provided equipment
In general, the equipment is appropriately maintained and utilized by the Project as shown in Annex 8. Although some equipment is not utilized frequently, they are employed during the training courses, such as LCD projector, video camera, digital camera, visualizer, etc. It is expected to increase the frequency of usage in the progress of the TOT courses in future.

3-3-4 Impact

The following impact is recognizable from the implementation of the Project.

(1) Prospects for the achievement of the Overall Goal

There are many challenges before attaining the Overall Goal from the Project Purpose. It is quite difficult to improve individual capacity through the training component only. In order to enhance the individual capacity, it is necessary to prepare the environment where the individuals are able to put the knowledge and skills obtained through the training courses into practice. Therefore, it is necessary to show the design and procedure so as to achieve the Overall Goal before the termination of the Project.

In Myanmar, the MIDC Project is able to support the RCC ex-trainees technically and financially during the cooperation period in order to disseminate knowledge and skills obtained by the RCC ex-trainees to the people working for HIV/AIDS programs. Without the MIDC Project in Myanmar, however, it seems that it is quite difficult to support the RCC ex-trainees in reality.

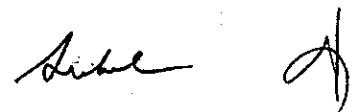
(2) Verification of the effect of the Overall Goal

It is very difficult to measure the effects of the TOT courses in CLMV countries. Even if the RCC ex-trainees conduct training courses in their countries, the impacts of their activities will not be able to measure without conducting baseline survey or operational research by local consultants or research institutes.

(3) Important Assumptions from the Project Purpose to the Overall Goal

- The selection of RCC trainees

In case of Cambodia, the trainees were individually able to acquire advanced knowledge and skills on HIV/AIDS from the training in Thailand. Although the Project expected



the echo effect by the trainers who participated in the TOT courses, it is more realistic for the participants from Cambodia to transfer the knowledge and skills obtained through the TOT courses to the people working for HIV/AIDS programs in the form of the OJT. In addition, it is necessary for the HIV/AIDS-related personnel to upgrade the knowledge and skills through the individual training courses rather than TOT courses in Cambodia.

Moreover, in Cambodia, the needs for TB/HIV administrative management are much higher than the clinical medicine based on the current situation. It is realized that the situation and needs for the training are frequently changing from clinical skills to program management, and vice versa, even if the original request from the Cambodian side was the clinical training. Furthermore, it is observed that program managers who are not engaged in clinical practice were sent to the TOT courses in the field of clinical medicine. Under this circumstance, the TOT trainings might be regarded as incentives of the participants in the implementing agencies in the country.

- The position of the RCC ex-trainees after the TOT courses

According to the questionnaire survey to RCC ex-trainees in CLMV countries by JICA Thailand office and the Project, 76.9% of respondents (50 of 65 respondents) participating in the country-specific TOT courses replied that their current position was relevant to conduct trainings for the persons working for HIV/AIDS programs. Furthermore, 96.2% of respondents (25 of 26 respondents) participating in the multi-national TOT courses replied in the same manner. Thus, it could be said that most of them remain in a position to provide trainings on HIV/AIDS.

(4) Inhibiting and promoting factors for the achievement of the Overall Goal

<Promoting factors>

- The RCC and its counterpart agencies have struggled with the HIV/AIDS issues, so they have the sense of unity based on the common objectives, i.e., “reduction of new HIV infection rate” and “improvement of quality of life of PLWHAs”, through the capacity development for the people working for HIV/AIDS programs.
- In the case of Cambodia, communication between HIV/AIDS related agencies and JICA office as well as Japanese experts were promoted through ICC meetings because the directors from those agencies had much time for discussions on HIV/AIDS programs, which rarely happened within the country.
- ICC meetings contribute toward unifying CLMV countries.
- As the RCC ex-trainees have the feelings of togetherness, the TOT courses contribute to the establishment of the RCC network in this sense.
- Even if some trainees were not able to conduct training courses because of the budgetary constraints and working circumstances, they try to transfer the knowledge, skills, and experiences obtained through the Project to their colleagues and subordinates in the morning meetings and OJT-based methods.

<Inhibiting factors>

- In Myanmar, the Global Fund discontinued the financial assistance from the political reasons. As a result, the National AIDS Program cannot gain sufficient budget for HIV/AIDS programs.
- The concept of the region-wide cooperation is not shared within JICA, which might become an inhibiting factor for the achievement of the Overall Goal.

(5) Other positive or negative impacts beside the Overall Goal

<Positive impacts>

- It is considered that demands of the RCC ex-trainees with the experiences, skills, and knowledge on HIV/AIDS might be enhanced in order to respond to newly-arisen infectious diseases, such as SARS and avian flu.

<Negative impacts>

- It is necessary to pay attention to the potential negative impact in the target countries, particularly in Cambodia, due to the long absence of the medical services to the patients by participating in the TOT courses in Thailand.

(6) Impact from the gender perspective

As the original design and framework of the Project does not adopt the gender perspective, it might be difficult to expect that the gender impact will appear on the surface.

In terms of the gender balance of the TOT courses, it seems that critical problems did not arise through the TOT courses. However, it might be necessary to put gender consideration in the training curriculums in future.

3-3-5 Sustainability

The prospects of the project sustainability will be possible if the RCC make further efforts to continue in some ways with human resources secured by the AIHD.

(1) Policy aid from Thailand

According to the national plans/strategies on HIV/AIDS in Thailand and CLMV countries (at least every national plans/strategies secured by 2010) as mentioned in 3.3.1, the HIV/AIDS-related activities would be sustained by the support of the national plans/strategies in Thailand and CLMV countries even after the termination of the Project.

(2) Organizational capacity

The number of the AIHD staff who can manage the training courses has been increased through the Project. Further, the RCC became able to enhance the network of the resource persons for HIV/AIDS programs in Thailand. However, the program officer, technical staff, and project secretary hired by the Project busily work on the



implementation and arrangement of the TOT courses as well as the development of the RCC website and database in reality. It is considered that the RCC staff (counterparts) highly relies on them. Since the RCC has been established within the AIHD, it would be possible to continue training courses on HIV/AIDS in collaboration with the training section of the AIHD in order to work on the arrangement and implementation of the TOT courses after the termination of the Project. Therefore, it could be said that the ownership toward the Project might not be high without supports from the training section of the AIHD.

The crucial point is how the RCC communicates with relevant organizations in CLMV countries by utilizing the RCC network after the termination of the Project. Thus, it is necessary to illustrate the network for communicating with each other. Because the frequency of the communication with 66 relevant organizations is based on the events, such as the TOT courses, the monitoring and follow-up visits, the ICC meetings, etc. As mentioned in the communication mechanism and the collaboration with donors above, the RCC team should visit and discuss with them face to face, confirm the necessary information (their addresses and positions, etc.), and let them know of the RCC on regular basis.

(3) Budgetary performance of the RCC

As shown in the table 5, it is recognized that the AIHD makes efforts to secure the budget for the Project around 10% of the total budget of the AIHD. The AIHD increases the amounts of the budget for the Project year by year. Therefore, there are prospects that the training courses will be sustained from the perspective of the budget allocation by the AIHD.

Table 5. Budget of the AIHD for the RCC Project

Unit: Baht

	FY 2005	FY 2006	FY 2007
1. Salary for six RCC staff and 10 RCC Taskforce members	1,725,470	1,870,400	1,861,200
2. Training facilities for TOT courses	21,000	48,000	45,250
3. Transportation costs	22,128	44,875	17,940
4. Document and printings	38,437	61,533	9,846
5. Per diem and accommodation costs (for field trainings)	-	-	11,700
6. Overtime for RCC staff	-	4,300	6,380
7. Miscellaneous (JICA experts' office)	109,000	179,400	274,500
Grand Total	1,916,035	2,208,508	2,226,816
Total Budget of the AIHD	19,930,000	20,407,200	20,972,056
Percentage of the Total AIHD Budget (%)	9.61	10.82	10.62

Source: Budgetary Sheet of the Project by the AIHD

Note: The fiscal year for the Thai government has started from October to September of the next year (FY 2005: October 2004 – September 2005).

(4) Utilization of the transferred knowledge and skills

In Cambodia, even though the project concept of the TOT might be recognized, it is difficult to put into practice the concept of the TOT because of the current situation in Cambodia. Under this circumstance, there are lower prospects that the RCC ex-trainees transfer the knowledge and skills obtained through the TOT courses to the people working for HIV/AIDS programs if the clinical doctors who are not engaged as trainers are selected.

In the Lao PDR, some RCC ex-trainees conduct training courses as trainers, including the trainings funded by donors or organized by another project, to which they applied what they have learned through the TOT courses. Some of them also utilize the RCC teaching materials (handouts) for preparing their trainings and lectures.



In Myanmar, Major Infectious Diseases Control (MIDC) Project incorporates TOT courses of the RCC Project into its annual action plan. The MIDC Project also carries out follow-up activities for the RCC ex-trainees after the TOT trainings in collaboration with the Department of Health and the National AIDS Control Program. In this way, the MIDC Project (bilateral technical cooperation) supports the activities of the RCC Project (region-wide technical cooperation). Thus, it is considered that the knowledge and skills obtained by the RCC ex-trainees are disseminated to the staff and concerned people working for the HIV/AIDS programs in the country.

In Vietnam, the human capacity development on the VCT is one of the urgent issues in the field of HIV/AIDS. Thus, there are prospects that the RCC ex-trainees will share what they have learned through the TOT courses with their colleagues on their daily works.

3.4 Conclusion

In conclusion, the evaluation team considered that the Project is on the right track and will be able to achieve the Project Purpose by the end of the Project. Specifically, the RCC prepares and distributes the newsletters which contain some experiences in other countries, current events on HIV/AIDS, etc. In addition, the RCC arranges and conducts TOT courses smoothly as planned. Moreover, monitoring and follow-up visits are carried out to observe what is going on to RCC ex-trainees.

However, as already described in **Effectiveness**, according to the questionnaire survey to 66 relevant organizations in CLMV countries and Thailand, it is necessary for the Project to make more efforts for giving publicity to those relevant organizations before the termination of the Project in order to attain to the target value.

4. RECOMMENDATIONS AND LESSONS LEARNED

4.1 Recommendations

- (1) Enhancement of the CLMV institutional partnerships
The RCC relationship with RCC ex-trainees in CLMV countries needs to be strengthened through institutional partnerships (RCC counterpart agencies, hospitals, etc.) as focal points. As a result, the RCC will be able to communicate effectively with the RCC ex-trainees.
- (2) Achievement of the indicator (2) of the Project Purpose
The indicator (2) of the Project Purpose is that 75% of 66 relevant organizations are to recognize the RCC as an effective coordination center for HIV/AIDS by the end of the Project. According to the result of the evaluation study, 14 out of 21 respondents replied that they recognize the RCC as an effective coordination center for HIV/AIDS. The response rate is not sufficient (31.8%), and 3 out of 21 respondents answered "N/A". Since the percentage is less than the target value, it is necessary for the Project to give more publicity to those relevant organizations before the termination of the Project in order to achieve the Project Purpose.
- (3) The modification of the indicator (2) of the Overall Goal
The indicator (2) of the Overall Goal implies that it is necessary to collect the evaluation results from the trainees who attend the trainings conducted by the RCC ex-trainees in the future. The indicator (2) needs to be reconsidered in terms of realistic and practical measurements, such as who makes and collects the evaluation sheets, and who organizes and manages the assessment of the RCC ex-trainees by their trainees with the sufficient budget for doing it. In this sense, the Project should make the design of collecting data of the indicator (2). Otherwise, another indicator should be set up before the termination of the Project.
- (4) Proper network with donor agencies
It is very difficult to maintain the relations with the donor agencies by remote communications only, such as RCC newsletter, facsimile, and email. Thus, the Project should frequently visit and discuss with donor agencies face to face and let them know of the RCC. Also, when the Project contacts with persons of the donor agencies, it is necessary to contact with the organizations, *per se*, not the individual persons coming from the personal connection.
- (5) Sharing of project information with the JICA offices in CLMV countries
The Project is well aware of the importance of the communication and information sharing with the JICA offices in CLMV countries to implement project activities effectively and efficiently. Therefore, the efforts to share the project information with the JICA offices should be maintained.



(6) Enhancement of coordination and management skills of the RCC

Thus far, the arrangements of the monitoring and follow-up visits are mainly prepared by the Japanese experts. At this moment, it could not be said that the RCC staff works on the administrative operations on their own initiatives. Therefore, it is necessary for the RCC staff to make more efforts for improving the coordination and management skills in future.

(7) Effective utilization of newsletters

According to the interview survey of the evaluation study, many persons related to the Project highly appreciated the RCC newsletter. Thus, it might be better to make more hard copies of the newsletter and distribute them to the stakeholders in each country, and it will contribute to the public awareness of the HIV/AIDS as well as the recognition of the RCC.

4.2 Lessons Learned

(1) Advantages of the country-specific training courses

In this Project, there are two types of TOT courses, namely, (1) country-specific TOT courses and (2) multi-national TOT courses. In case of the multi-national TOT courses, although the RCC ex-trainees were able to share the skills, knowledge, and experiences as well as develop the network among CLMV countries, the levels of RCC ex-trainees in terms of skills, knowledge, and language were dispersed. On the other hand, the country-specific TOT courses were basically prepared according to the needs of each country. Further, with reference to the language barrier, it is better for the participants coming from the same country to attend the same training courses because they are easily able to communicate with each other. Thus, when new similar projects are formulated in future, the component of country-specific TOT courses should be included in those projects. It will support the effective implementation of the projects.

(2) Collaboration between the region-wide technical cooperation project and the bilateral technical cooperation projects

When a new region-wide technical cooperation project is formulated in future, the possibility of the collaboration with bilateral technical cooperation projects in the target countries should be scrutinized in order to complement and foster the implementation of the region-wide cooperation project, specifically to support the trainers participating in the TOT courses in case of this Project. If the bilateral projects are able to collaborate with the region-wide project, the synergy effects of both projects will appear remarkably.

(END)




32

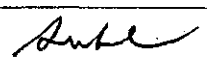
Annex 1: Project Design Matrix (PDM)

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: 17 October 2006

Narrative Summary	Objectively Verifiable Indicators	Means of Verifications	Important Assumptions
<p>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.</p>	<ol style="list-style-type: none"> 70% of RCC ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam conduct at least one training course upon returning to their home countries Satisfaction, understanding, and application level of trainees of the training conducted by RCC ex-trainees 	<p>Evaluation study Ex-post evaluation study</p>	<ul style="list-style-type: none"> Health technology, such as the development of a vaccine, on HIV/AIDS does not significantly change in the near future
<p>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)</p>	<ol style="list-style-type: none"> RCC has regular contact with 66 concerned organizations, including donor agencies in Cambodia, Lao PDR, Myanmar and Vietnam, and Thailand. 75% of organizations mentioned above recognize the RCC as an effective coordination center for HIV/AIDS. 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) Readers of newsletters (by e-journal and print-outs) are satisfied with the 	<p>Project report Record of web-site Feedback from readers</p>	<ul style="list-style-type: none"> 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

Sub


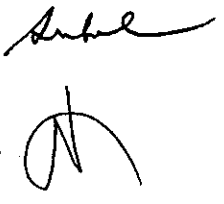
<u>Output</u>	provided information.	Indicators developed by the project	Policy and structure of the cooperation to the RCC by project partners, such as TICCA, Ministry of Public Health (MOPH), counterpart organizations and JICA country offices in Cambodia, the Lao PDR, Myanmar, and Vietnam do not change significantly
1. Organization and management systems of the RCC are established and strengthened	1. Degree of strengthening of the management system	Record of the Training Section, AIHD	Project partners, such as TICCA 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
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. Trainees are satisfied with the training program, in terms of management, curricula, and materials	Project report	Project partners, such as TICCA 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
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, RCC ex-TOT participants, and other stakeholders	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	Project report	Project partners, such as TICCA 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
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	3-2 Web-site is developed and regularly maintained 3-3 500 copies of newsletters (by e journal and print-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)	Project report Project report Project report	Project partners, such as TICCA 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
	4-2 At least 2 AIHD alumni are served as focal points and lecturers in each four countries 4-3 Resource persons, including AIHD staff registered in the RCC's database are sent to and satisfied by other HIV/AIDS related programs annually coordinated by the RCC. 4-4 Number of experts coordinated by RCC to support other programs (to be reviewed)	Project report Project report Project report	

2


Activities	Input	Turnover rate of AIHD staff involved in RCC activities remains low during the project period
<p>1-1. To develop an appropriate organization and management system for the RCC</p> <p>1-2. To convene RCC Management Taskforce meetings at least once a month to share the progress of the project</p> <p>1-3. To convene Joint Coordination Committee meetings twice a year to share the progress of the project</p> <p>1-4. To convene International Consultative Committee meeting once a year to share the progress of the project</p> <p>1-5. To develop an annual project work plan and budget</p> <p>1-6. To develop a human capacity building plan for staff involved in RCC activities in cooperation with other divisions of AIHD</p> <p>1-7. To enhance the technical and administrative capacity of staff involved in RCC activities based upon the human capacity building plan</p> <p>2-1. To conduct a needs assessment survey in Cambodia, the Lao PDR, Myanmar, and Vietnam to establish training courses</p> <p>2-2. To develop operational guidelines, including needs identification, preparation, and monitoring and evaluation components for each training course</p> <p>2-3. To develop training curricula and materials</p> <p>2-4. To conduct at least 2 multi-national Training of Trainers (TOT) for participants from Cambodia, the Lao PDR, Myanmar, and Vietnam</p> <p>2-5. To conduct at least 12 country-specific TOT (i.e. 3 programs each for Cambodia, Lao PDR, Myanmar, and Vietnam)</p> <p>2-6. To annually review and revise existing training operational guidelines</p> <p>2-7. To annually review and revise existing training curricula and materials</p> <p>3-1. To develop strategies for establishing an appropriate management information system</p> <p>3-2. To collect information regarding human resources, research, and experiences on HIV/AIDS in Cambodia, the Lao PDR, Myanmar, Vietnam, and Thailand</p> <p>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</p> <p>3-4. To up-date the database on a quarterly basis</p> <p>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</p>	<p>From the Thai-side: AIHD, TICA</p> <p>1) Personnel (AIHD)</p> <ul style="list-style-type: none"> • 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) <p>2) Facilities</p> <ul style="list-style-type: none"> • Training facilities (AIHD) • Project office space and facilities (AIHD) <p>3) Local Expenditures</p> <ul style="list-style-type: none"> • Administrative and operational expenses for the RCC (AIHD) • Training expenses for multi-national TOT (partially funded by TICA) <p>From the Japanese-side: JICA</p> <p>1) Personnel</p> <ul style="list-style-type: none"> • Long-term Japanese experts (3 years x 2 persons) <p>2) Equipment</p> <ul style="list-style-type: none"> • Computer, Video Camera, Digital Camera, LCD, Visualizer, Scanner Machine, Color Printer, Computer Server, Mini Bus <p>3) Local Expenditures</p> <ul style="list-style-type: none"> • Expenses for Project employees <ul style="list-style-type: none"> ✓ Long-term local consultant (3 year x 1 person) ✓ 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) 	<p>• Turnover rate of AIHD staff involved in RCC activities remains low during the project period</p>

<p>3-6. To establish an e-mail listing for the distribution of an HIV/AIDS e-journal</p> <p>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</p> <p>3-8. To disseminate useful experiences and information about the RCC in journals and other media</p> <p>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</p> <p>4-2. To develop focal points, including the use of RCC ex-TOT participants, in Cambodia, the Lao PDR, Myanmar, and Vietnam</p> <p>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, RCC ex-TOT participants, JICA projects, and other concerned individuals</p> <p>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</p> <p>4-5. To convene an official meeting with Department of Disease Control / MOPH and TIICA at least twice a year before the scheduled ICC meeting</p> <p>4-6. To attend meetings, conferences, and seminars organized by donor agencies</p> <p>4-7. To promote RCC ex-TOT participants networking, by RCC staff, during on-site visits to Cambodia, the Lao PDR, Myanmar, and Vietnam</p> <p>4-8. To support HIV/AIDS programs in Cambodia, Lao PDR, Myanmar, Vietnam, through the monitoring visit to ex-TOT participants.</p>	<ul style="list-style-type: none"> • Training expenses for multi-national TOT (partially) • Training expenses for country-specific TOT • Other expenses for project activities 	
--	--	--

*The original PDM was revised on the occasion of Mid-term Evaluation in September 2006.



Annex 2 (1): Implementation Process Grid

	Evaluation Questions		Data Needed	Data Sources	Data Collection Methods
	Main Questions	Sub-questions			
Implementation Process	Were the project activities conducted as planned?	Were there any problems and challenges through the project implementation?	① Plan of Operations ② Opinions of involved parities	① PO ②-1 Counterparts (C/P) ②-2 Japanese experts ②-3 JICA offices in each country	① Literature Survey ②-1 Interview ②-2 Questionnaire ②-3 Interview
	Were there no problems in the project management system?	How about the communication mechanisms within the project?	Current situation of communication between RCC and relevant organizations in each country	① C/P ② Japanese experts ③ JICA offices in each country ④ Implementing agencies in each country	① Interview ② Questionnaire ③ Interview ④ Interview
		What is the current situation of the monitoring visits to the RCC ex-trainees?	Opinions of involved parities	① C/P ② Japanese experts ③ JICA offices in each country ④ Implementing agencies in each country ⑤ RCC ex-trainees	① Interview ② Questionnaire ③ Interview ④ Interview ⑤ Interview
		In order to avoid the problems, how did the project revise and modify the project activities?	Opinions of involved parities	① C/P ② Japanese experts	① Interview ② Questionnaire
	Do the RCC and relevant organizations in each country share a recognition of the Project?		Opinions of involved parities	① C/P ② Japanese experts ③ JICA offices in each country ④ Implementing agencies in each country	① Interview ② Questionnaire ③ Interview ④ Interview
	Is the collaboration with other donors proceeding favorably?	How does this project collaborate with other donor agencies, in order to achieve the goal shared by this project and those donor agencies?	Opinions of involved parities	① C/P ② Japanese experts ③ Implementing agencies in each country ④ Donor agencies	① Interview ② Questionnaire ③ Interview ④ Interview
	Were there any changes of RCC staff (C/P) and trainees in terms of awareness and capacity development?	Were there any changes of RCC staff in terms of awareness and capacity development?	<ul style="list-style-type: none"> • Awareness • Ownership and enthusiasm • Improved points • Problems 	① C/P ② Japanese experts	① Interview ② Questionnaire
		Were there any changes of staff working for HIV/AIDS programs at implementing agencies in each country (trainees) in terms of awareness and capacity development?		① C/P ② Implementing agencies in each country	① Interview ② Interview

Sube
d

Annex 2 (2): Evaluation Grid

	Evaluation Questions		Data Needed	Data Sources	Data Collection Methods
	Main Questions	Sub-questions			
Relevance	Is the Overall Goal consistent with the National Development Plans in Thailand and CLMV countries?	Is the content of the National Development Plan on HIV/AIDS consistent with the direction of the project?	Contents of the National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand	National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006	Literature Survey
			Contents of the National Development Plans on HIV/AIDS in CLMV nations	National Development Plan on HIV/AIDS	Literature Survey
		Does the policy on HIV/AIDS by AIHD and RCC correspond with the project concepts?	Contents of the policy by AIHD and RCC	Document on long-term strategies of AIHD and RCC	Literature Survey
	Is the Project in line with Japan's foreign aid policy?	Is the Project consistent with the Country-by-country Assistance Program for Thailand?	Contents of Japanese aid on regional cooperation and HIV/AIDS	Japan's Economic Cooperation Program for Thailand	Literature Survey
		Is the project consistent with JICA's plan for country-specific program implementation?	Contents of Japanese aid on regional cooperation and HIV/AIDS	JICA's plan for country-specific program implementation	Literature Survey
	Was the selection of the implementing agency in Thailand, i.e., AIHD, appropriate?	Was the capacity of AIHD adequate enough to implement the Project?	Opinions of involved parities	① JICA offices in each country ② Implementing agencies in each country	① Interview ② Interview
	Was the selection of the target group appropriate?	What kind of benefits did the RCC staff and the staff working for HIV/AIDS programs (particularly, RCC ex-trainees) in each country receive through the RCC?	Opinions of involved parities	① C/P ② Japanese experts ③ JICA offices in each country ④ Implementing agencies in each country	① Interview ② Questionnaire ③ Interview ④ Interview
What are the merits of the HIV/AIDS programs implemented by the means of the region-wide cooperation?	What are the merits of this Project on HIV/AIDS implemented in five countries (Thailand, Cambodia, Lao PDR, Myanmar, and Vietnam)?	Opinions of involved parities	① JICA offices in each country ② Implementing agencies in each country	① Interview ② Interview	
Effectiveness	Is the Project Purpose achieved within the cooperation period?	Does the RCC appropriately function as a coordination center to support the capacity development for the staff working for HIV/AIDS programs?	Opinions of involved parities	① JICA offices in each country ② Implementing agencies in each country ③ MOPH ④ Chiang Mai University	① Interview ② Interview ③ Interview ④ Interview
		Do 66 relevant organizations highly appreciate the performance of the RCC?	<ul style="list-style-type: none"> Aspects of the TOT programs Aspects of the dissemination of the information Utilization of resources including human resources 	66 relevant organizations	Questionnaire
	Were the Outputs sufficient to achieve the Project Purpose?	Were the organization and the management system of the RCC appropriate? (Output 1)	<ul style="list-style-type: none"> Aspects of the organizational structure and management system Aspects of the human capacity development 	① C/P ② Implementing agencies in each country	① Interview ② Interview
		Are training curriculums and materials effectively utilized? (Output 2)	Opinions on the contents of training curriculums and textbooks	① Implementing agencies in each country ② RCC ex-trainees	① Interview ② Interview
		Is the information concerning human resources, research, and relevant experiences on HIV/AIDS disseminated to the relevant organizations and agencies appropriately? (Output 3)	Opinions of involved parities (if any problems)	① JICA offices in each country ② Implementing agencies in each country ③ Donor agencies	① Interview ② Interview ③ Interview

		Has the network for effective utilization of human resources, information, and financial resources in the area of HIV/AIDS programs been established? (Output 4)	Opinions of involved parities (if any problems)	① JICA offices in each country ② Implementing agencies in each country ③ Donor agencies	① Interview ② Interview ③ Interview
	What are the inhibiting and promoting factors for the achievement of the Project Purpose?		Opinions of involved parities	① Japanese experts ② Implementing agencies in each country	① Questionnaire ② Interview
Efficiency	Were the project activities sufficient to produce the Outputs?	Were there any problems in terms of timing of project activities, such as schedule of training program and manual preparation, etc.?	Opinions of involved parities	① C/P ② Japanese experts	① Interview ② Questionnaire
	Were there any factors that inhibited the achievement of the Outputs, including the Important Assumptions?	Turnover rate of AIHD staff involved in RCC activities remains at the certain level?	The recent tendency of the number of AIHD staff involved in the project activities	The record of the number of AIHD staff	Literature Survey
		Were there any other inhibiting factors?	Opinions of involved parities	① Japanese experts	① Questionnaire
	Was the Input of an adequate quantity and quality performed at the right time to conduct the project activities?	Were the number of experts dispatched, their fields of expertise, and the timing of the dispatch appropriate?	① Achievement of dispatch of Japanese experts ② Opinions of involved parities	① Records of Japanese experts ②-1 C/P ②-2 Japanese experts	① Literature Survey ②-1 Interview ②-2 Questionnaire
		Were the types, quantity, utilization, and maintenance of provided equipment appropriate?	Utilization of equipment	Records of utilization and maintenance of equipment	Literature Survey
		Were the number of accepted trainees (particularly, the gender balance between men and women), the fields, the training contents, the training period, and the timing of the trainee acceptance appropriate?	① Achievement of multi-national TOT and country-specific TOT ② Opinions of involved parities	① Records of both TOTs ②-1 C/P ②-2 Japanese experts	① Literature Survey ②-1 Interview ②-2 Questionnaire
		Were the scales of the project budget appropriate from Japanese and Thai governments?	① Budgetary performance ② Opinions of involved parities	① Records of budget ②-1 C/P ②-2 Japanese experts ②-3 TICA, MOPH	① Literature Survey ②-1 Interview ②-2 Questionnaire ②-3 Interview
Impact	Are there prospects that the Overall Goal will be produced as an effect of the Project?	Are there any prospects that human capacity for HIV/AIDS programs, including RCC ex-trainees, in Cambodia, the Lao PDR, Myanmar, and Vietnam is developed?	• Capacity development of RCC ex-trainees • Capacity development of the people working for HIV/AIDS programs who obtained knowledge and skills through the RCC ex-trainees	① JICA offices in each country ② Implementing agencies in each country ③ Donor agencies	① Interview ② Interview ③ Interview
		Are there any prospects that those capable human resources working for HIV/AIDS programs, including RCC ex-trainees, are properly applied for the HIV/AIDS programs in each country?	Opinions of involved parities	① Japanese experts ② JICA offices in each country ③ Implementing agencies in each country	① Questionnaire ② Interview ③ Interview
	Can the effect be verified in the ex-post evaluation study?	Are there prospects that the data and records on the training courses conducted by the RCC ex-trainees (including the comments and information of the people working for HIV/AIDS programs who participate in the training courses) in Cambodia, the Lao PDR, Myanmar, and Vietnam will be collected?	Opinions of involved parities	① C/P ② Japanese experts ③ Implementing agencies in each country	① Interview ② Questionnaire ③ Interview

	Is the possibility high that the Important Assumptions from the Project Purpose to the Overall Goal are fulfilled?	Have RCC trainees in each country appropriately been selected by their agencies? Additionally, do RCC ex-trainees still remain in a position to provide training on HIV/AIDS for the people working for HIV/AIDS programs?	Opinions of involved parties	① Japanese experts ② JICA offices in each country ③ Implementing agencies in each country	① Questionnaire ② Interview ③ Interview
	Are there any other factors inhibiting or promoting the achievement of the Overall Goal?		Opinions of involved parties	① Japanese experts	① Questionnaire
	Were there any positive or negative impacts beside the Overall Goal?	Is it meaningful to utilize experiences and lessons obtained by the RCC Project on HIV/AIDS programs? If Yes, how should the experiences and lessons be utilized?	Opinions of involved parties	① JICA offices in each country ② Implementing agencies in each country	① Interview ② Interview
		Are there any negative influences on social and cultural aspects, such as gender, human rights, poverty, etc.?	Opinions of involved parties	① C/P ② JICA offices in each country	① Interview ② Interview
		What kind of changes did the Project give to the various roles of women and men in the society? For instance, did the Project contribute to the gender equality and empowerment of women?	Opinions of involved parties	① C/P ② JICA offices in each country ③ Implementing agencies in each country ④ RCC ex-trainees	① Interview ② Interview ③ Interview ④ Interview
Sustainability	Will the policy aid continue also after the cooperation is finished?		Direction of the Plan/Policy by MOPH, AIHD, and RCC	① National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006 ② Document on long-term strategies of AIHD and RCC	① Literature Survey ② Literature Survey
	Does the organization have the capacity to continue the project activities even after the cooperation has terminated?	Does the RCC have the operation and management capacity?	Changes in performance of the training implementation by the RCC	① C/P ② Japanese experts ③ Implementing agencies in each country	① Interview ② Questionnaire ③ Interview
		Is it possible to continue the training programs in sustainable way even after the termination of the Project?	Opinions of involved parties	① C/P ② Japanese experts	① Interview ② Questionnaire
		Does the RCC communicate with relevant organizations smoothly?	Current situation of communication between the RCC and implementing agencies in each country	① C/P ② JICA offices in each country	① Interview ② Interview
	Are sufficient budget measures taken in order to secure the budget, including operating expenses?	Is the financial situation good in RCC?	Budgetary performance of the RCC	① Budgetary sheets ② TICA, MOPH	① Literature Survey ② Interview
		Are any efforts for securing financial resources from other donor agencies proceeding smoothly?	Opinions of involved parties	① C/P ② Japanese experts	① Interview ② Questionnaire
	Are the transferred knowledge and skills being established?	Are there any prospects that the knowledge and skills transferred to the RCC ex-trainees through the Project will be shared with the implementing agencies and the people working for HIV/AIDS programs in each country?	Opinions of involved parties	① C/P ② JICA offices in each country ③ Implementing agencies in each country ④ RCC ex-trainees	① Interview ② Interview ③ Interview ④ Interview
		Is equipment appropriately maintained and managed?	Current condition and operational status of equipment	Checklist of equipment	Literature Survey

Annex 3: List of 66 concerned organizations, including donor agencies in CLMV countries

Total 66 organizations/institutes (Thailand 29 and CLMV 37)

Thailand: 29 institutes /organizations

Government 2

Ministry of Public Health (MOPH)

TICA (Thailand International Cooperation and Development Agency)

International Organization 5

WHO 2

- SEARO Thailand Office

- Thailand Office at MOPH

UNAIDS Thailand office

UNICEF

UNFPA

International Donors: 7

EU

USAID(USA)

SIDA(Sweden)

AusAID(Australia)

CIDA (Canada)

GTZ(Germany)

JICA(Japan)

International NGO 2

MSF (Medicine san Frontier)

FHI (Family Health International)

Local NGO 3

Thai Red Cross

PATH (Program Appropriate Technology on Health)

TYAP (Thailand Youth Action Program)

Academic 3

Mahidol University - Faculty of Public Health

Chulalongkorn University - College of Public Health

Chiangmai University - Faculty of Nursing

Hospital 7

- Bamrat Naradura Hospital

- Chest Disease Institute / Hospital

- Nakhon Ping Hospital, Chiangmai

- San Pathom Hospital, Chiangmai

- Lampang Hospital

- Siriraj Hospital

Subh

- Vajira Hospital, BMA

Cambodia - 10 Institutes/organization

Government/National 5

NCHADS - National Center of HIV/AIDS, Dermatology and STI

CENET National TB Center

NMCHC National Maternal and Child Health Center

National AIDS Authority

Ministry of Health

International Organization 2

WHO Cambodia Office

UNAIDS

International Donors 3

EU

USAID

JICA

Lao PDR - 12 Organization

Government 2

Ministry of Health

CHAS (Center for HIV/AIDS and STI)

Mass Organization 3

Youth Union

Women's Union

Trade Unions

International Organization 2

WHO Lao Office

UNAIDS

International NGO 1

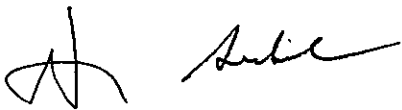
CARE International

International Donors 3

EU

AusAID

JICA

Two handwritten signatures in black ink, one on the left and one on the right, appearing to be initials or names.

Myanmar 7 Organizations

Government 2

Ministry of Health

National AIDS Control Program Office

International Organization 3

WHO Myanmar

UNAIDS

UNDP

International Donors 2

Three Diseases Fund

JICA

Vietnam - 8 Organization

Government! 3

Vietnam Administration of HIV/AIDS Control(VAAC), Ministry of Health

Hanoi AIDS Committee

Ho Chi Minh City AIDS Committee

International Organization 2

WHO Vietnam Office

UNAIDS

International Donors 3

EU

USAID

JICA


PS: After starting to contact, we found that EU do not have direct HIV/AIDS staff or division and all the CLMV EU office declined that no person would be available. So we may revise to delete the EU from the list.



Annex 4 (1): Achievement Grid

Narrative Summary	Objectively Verifiable Indicators	Achievements																								
<p>Overall Goal</p> <p>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.</p>	<p>1. 70% of RCC ex-trainees in Cambodia, the Lao PDR, Myanmar, and Vietnam conduct at least one training course upon returning to their home countries</p> <p>2. Satisfaction, understanding, and application level of trainees of the training conducted by RCC ex-trainees</p>	<p>1. The number of ex-TOT participants who have conducted training courses for the people working for HIV/AIDS programs in CLMV countries as of the terminal evaluation</p> <table border="1" data-bbox="774 660 1157 2027"> <thead> <tr> <th></th> <th>Country-Specific TOT</th> <th>Multi-national TOT</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Cambodia</td> <td>13 / 26</td> <td>9 / 9</td> <td>21 / 26</td> </tr> <tr> <td>Laos</td> <td>12 / 18</td> <td>5 / 6</td> <td>15 / 18</td> </tr> <tr> <td>Myanmar</td> <td>2 / 12</td> <td>9 / 12</td> <td>9 / 12</td> </tr> <tr> <td>Vietnam</td> <td>7 / 9</td> <td>9 / 9</td> <td>9 / 9</td> </tr> <tr> <td>Total</td> <td>34 / 65 (52.3 %)</td> <td>54 / 65 (83.1 %)</td> <td>18 / 26 (69.2%)</td> </tr> </tbody> </table> <p>Source: Questionnaire conducted by the Project and JICA Thailand Office Note: The number in the denominator indicates the total number of respondents.</p> <p>2. Not ready</p>		Country-Specific TOT	Multi-national TOT	Total	Cambodia	13 / 26	9 / 9	21 / 26	Laos	12 / 18	5 / 6	15 / 18	Myanmar	2 / 12	9 / 12	9 / 12	Vietnam	7 / 9	9 / 9	9 / 9	Total	34 / 65 (52.3 %)	54 / 65 (83.1 %)	18 / 26 (69.2%)
	Country-Specific TOT	Multi-national TOT	Total																							
Cambodia	13 / 26	9 / 9	21 / 26																							
Laos	12 / 18	5 / 6	15 / 18																							
Myanmar	2 / 12	9 / 12	9 / 12																							
Vietnam	7 / 9	9 / 9	9 / 9																							
Total	34 / 65 (52.3 %)	54 / 65 (83.1 %)	18 / 26 (69.2%)																							
<p>Project Purpose</p> <p>The RCC functions and is recognized by concerned organizations</p>	<p>1. RCC has regular contact with 66 concerned</p>	<p>1. RCC has regular contact with 66 concerned organizations in Cambodia, Lao PDR, Myanmar, Vietnam, and Thailand by means of the newsletters published and distributed quarterly. Also, when the RCC team visits CLMV countries, they explain the contents of the Project and discuss the possibilities of the cooperation for the future with the relevant organizations in each country. Please</p>																								

Amel



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).

organizations, including donor agencies in Cambodia, Lao PDR, Myanmar and Vietnam, and Thailand.

2. 75% of organizations mentioned above recognize the RCC as an effective coordination center for HIV/AIDS.

refer to Annex 3 regarding the list of 66 relevant organizations.

2. (1) Overall Evaluation of the RCC by the relevant organizations (the number of respondents: 21)

	Yes	No	N/A
Effective coordination center	14 (66.7 %)	4 (19.0 %)	3
Contributing to human capacity development	20 (95.2 %)	0 (0 %)	1

Source: Questionnaire survey conducted by the Project

(2) Evaluation of the newsletters and the website by the relevant organizations (the numbers of respondents: 18 and 9 for the newsletters and the website respectively)

	Content of the newsletter	Content of the website
Excellent	3 (83.3 %)	2 (44.4 %)
Good	12	2
Fair	3	2
Poor	0	1
N/A	0	2
Total Number of Respondents	18	9

Source: Questionnaire survey conducted by the Project

3. The RCC website attains 1500 hits per year and 150 subscribers (100, 120 and 150 subscriber at the end of FY1, FY2, and FY3, respectively).

3. Utilization of newly-established RCC website (From 1st April to 19th September, 2007)

	1st April to 19th September, 2007 (around six months)
Number of the access to the RCC web-site	1,202
Number of the registration of users	185

Source: Hearing survey from the Project

4. Readers of newsletters (by e-journal and print-outs) are satisfied with the provided information.

4. Satisfaction ratings of the newsletters are indicated as shown below.

	Satisfaction ratings of the newsletters
Excellent	3
Good	12
Fair	3
Poor	0
Total Number of Respondents	18

Source: Questionnaire survey conducted by the Project

Outputs
1. Organization and management systems of the RCC are established and strengthened.

1-1. Degree of strengthening of the management system.

1-1. Through the interview survey to five counterparts of the RCC Project, they responded to the question regarding the organization and management system of the RCC as shown below.

Job description	Ave. of the ratings
(1) Job description	3.20
(2) Work process of each operation	4.00
(3) Decision making process	4.20
(4) Application of the results coming from each meeting, such as the RCC Management Taskforce, JCC, and ICC, to the operation of the RCC	4.20
(5) Human capacity building plan	2.60
(6) Application of the management skills obtained through the trainings for the RCC staff to the operation of the RCC	3.60
(7) Overall evaluation of the management system	3.80

Note: The five-grade evaluation is explained as follows: "5: Excellent"; "4: Very good"; "3: Good"; "2: Fair"; and "1: Poor."

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. Trainees are satisfied with the training program, in terms of management, curricula, and materials.

2-1. Satisfaction ratings of country-specific TOT (1st training to 10th training)

Country	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Myanmar	Myanmar Program Management	Laos Youth Education	Cambodia PMTCT	Cambodia TB and HIV co-infection	Vietnam VCT	Myanmar Program Management	Laos Youth Education	Cambodia PMTCT	Vietnam VCT	Cambodia TB and HIV co-infection
	(1) Sep. 11-18 (2) Sep. 25-Oct. 2, 2005	Dec 12-24, 2005	Jan. 8-14, 2006	Jan. 23-Feb. 10, 2006	Feb. 19-Mar. 3, 2006	Oct. 1-14, 2006	Oct. 23-Nov. 5, 2006	Nov. 20-Dec. 2, 2006	Dec. 11-23, 2006	Jan. 15-Feb. 3, 2007
No. of participants	(1) 12 (2) 12	24	12	10	20	12	20	10	16	10
Overall training management	(1) 3.00 (2) 3.08	3.25	3.67	3.4	3.65	2.92	3.60	3.20	3.81	3.60
Teaching	(1) 3.12	3.38	3.42	3.2	3.25	3.00	3.65	3.10	3.00	3.20

	(2) 3.00				
<p>materials (handouts)</p> <p>Note 1) PMTCT: Prevention of Mother-to-Child Transmission; TB: Tuberculosis; VCT: Voluntary Counseling and Testing Note 2) Ratings are indicated as "4: Excellent", "3: Good", "2: Fair", and "1: Poor" as shown above.</p>					
<p>Satisfaction ratings of multi-national TOT (1st and 2nd trainings)</p>					
Schedule	July 16-29, 2006	1st	July 31-August 11, 2007	2nd	
Course title	HIV/AIDS Care and ART Management		HIV/AIDS Care and ART Management		
No. of participants	17 + 5 (Africa)		20		
Overall training management	3.41		Course program and structure: 3.59 Staff assistance: 3.75		
Teaching materials (documents and handouts)	3.23		3.53		
<p>Source: Report of TOT on each course in Thailand for the people working for HIV/AIDS programs in CLMV countries, RCC Project Note 1) ART: Antiretroviral Therapy Note 2) In the 2nd batch, the rating item of the "Overall training management" was not set up. Instead, "Course program and structure" and "Staff assistance" were put in the column.</p>					
<p>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, RCC ex-TOT participants, and other stakeholders.</p>	<p>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.</p>	<p>3-1. The database has been developed by the new members centering around the website manager assigned by the AIHD as well as a local consultant for the information system (mainly website and newsletters) hired by the Project. Under this operational team, database was newly upgraded and updated. Also, the database is to be updated as needed along with the activity 3-4 of the PDM.</p>	<p>3-2. According to the activity 3-5 of the PDM, newly-established website was released to the public on April 1, 2007. Also, the information in the website is to be updated if needed.</p>		

3-3. 500 copies of newsletters (by e journal and prints-outs) are distributed quarterly.

3-3. Number of copies of newsletters distributed to the relevant organizations and groups (quarterly base)

Month	FY 2005			FY 2006			FY 2007			
	4-6	7-9	10-12	1-3	4-6	7-9	10-12	1-3		
Number of copies of newsletters	500	500	500	500	500	500	500	450	450	450

Newsletters are supposed to be distributed to the visitors in contact with the RCC, the related organizations and groups to which the RCC team visited, as well as by means of email.

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. Utilization of focal points in Cambodia, the Lao PDR, Myanmar, and Vietnam

4-2. At least 2 AIHD alumni are served as focal points and lecturers in each four countries.

4-3. Resource persons, including AIHD staff registered in the RCC's database, are sent to and satisfied by other HIV/AIDS related programs (monitoring and follow-up visits) annually coordinated by the RCC.

4-1. Focal points in CLMV countries are supposed to assist the RCC team during the monitoring and follow-up visits to the ex-TOT participants. In fact, the focal points are the leading figures of the communication between the RCC and CLMV countries. However, the Project does not officially request them to become focal points in their countries.

4-2. Number of focal points (RCC ex-trainees) in CLMV countries

No. of focal points in CLMV countries	Cambodia	Laos	Myanmar	Vietnam
	4	4	3	5

4-3. Satisfaction levels of the workshops and lectures conducted by the RCC resource persons during the monitoring and follow-up visits in CLMV countries

Cambodia: It is a nice opportunity to share experiences and information with other ex-TOT participants. Also, the workshop in the monitoring and follow-up visits is similar to refresher training in order to remind them of what they have learned through the TOT courses.

Lao PDR: Technical skills and updated information are disseminated through the workshops conducted by the resource persons during the time of the monitoring and follow-up visits. Monitoring and follow-up visits have an element of refresher training in some sense because the workshop reminds them of what they have learned in the TOT courses. Further, it is a good opportunity to exchange the current situations with other ex-TOT participants.

Myanmar: The contents of the workshops and meetings during the monitoring and follow-up visits are very similar to the refresher trainings to remind them of what they have learned through the TOT courses. Moreover, ex-TOT participants could have

Sule
[Signature]

communication opportunities with other ex-TOT participants.

Vietnam: The workshops and meetings during the monitoring and follow-up visits were good opportunities for the ex-TOT participants to share experiences, activities, and information after the TOT courses with other ex-TOT participants. Also, the workshops and meetings reminded them of what they have learned in the TOT courses. Since monitoring and follow-up visits are carried out only once a year, ex-trainees required that this kind of visits by the RCC team was conducted more frequently because of difficulties for gathering all the ex-TOT participants together at once. Thus, Japanese experts and RCC staff should frequently visit CLMV countries.

4-4. Number of experts coordinated by the RCC to support other programs (monitoring and follow-up visits)

4-4. List of resource persons dispatched to the monitoring and follow-up visits in CLMV countries

	Organizations	Dispatch periods
Cambodia		
Dr. Charoen Chuvhottaworn	Chest Disease Institute in Thailand (TB/HIV)	Feb. 12-16, 2007
Dr. Sirikul Isaranurg	Director of AIHD (PMTCT)	Feb. 12-16, 2007
Lao PDR		
Ms. Nuntawan Yantadilok	Assistant Director, AIDS Division, Bureau of AIDS, TB and STIs, Department of Diseases Control, Ministry of Public Health (Youth Education)	May 8-11, 2006 Feb. 26-Mar. 2, 2007
Myanmar		
Dr. Krasae Chanawongse	Chairman, Princess of Narathivas University	Mar. 5-9, 2007
Vietnam		
Ms. Somsri Tantipibulwut	Thai Red Cross AIDS Research Center (VCT)	Mar. 19-23, 2007

Note) PMTCT: Prevention of Mother-to-Child Transmission; TB: Tuberculosis; VCT: Voluntary Counseling and Testing

Annex 4 (2): Results of the Inputs

Inputs (as planned)	Results
<p>Japanese Side:</p> <p>1. Personnel</p> <ul style="list-style-type: none"> Long-term Japanese experts (3 years x 2 persons) <p>2. Equipment</p> <ul style="list-style-type: none"> Computer, Video Camera, Digital Camera, LCD, Visualizer, Scanner Machine, Color Printer, Computer Server, Mini Bus 	<p>Results</p> <ul style="list-style-type: none"> Chief Advisor (26 December 2005 - 25 December 2007. The term will be extended until 31 March 2008) Coordinator (01 April 2005 - 15 June 2006 / 01 June 2006 - 31 March 2008) Expert (01 April 2005 - 31 March 2008) <ul style="list-style-type: none"> Computer, Video Camera, Digital Camera, LCD, Visualizer, Scanner Machine, Color Printer, Computer Server, Mini Bus
<p>3. Local Expenditures</p> <ul style="list-style-type: none"> Expenses for Project employees <ul style="list-style-type: none"> Long-term local consultant (3 year x 1 person) 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) Training expenses for multi-national TOT (partially) Training expenses for country-specific TOT Other expenses for project activities 	<ul style="list-style-type: none"> Expenses for Project employees <ul style="list-style-type: none"> Program Officer (1 year 8months x 1 person, 3 months x 1 person as of Sep. 2007) Technical Staff (1 year 6 months x 1 person, 5 months x 1 person as of Sep. 2007, the staff will be transferred to AIHD as of Oct 2007 → this schedule will be discussed among people concerned) Project secretary (3 years x 1 person, partially funded by TICCA) Short-term local consultant (1MM/2006) Training expenses for multi-national TOT (sharing w/ TICCA) Training expenses for country-specific TOT Other expenses for project activities (i.e. Monitoring & Follow-up Programs, 120Yr Japan-Thai Diplomatic Relationship Memorial International Symposium)
<p>Thai Side:</p> <p>1. Personnel (AIHD)</p> <ul style="list-style-type: none"> Seven Thai counterpart staff (i.e. Director, Head, Manager, Information Systems Coordinator, Educational Materials Coordinator, Assistant Coordinator, Assistant Administrator) One additional staff (0.5 years x 1 person, from Oct 2007) 	<ul style="list-style-type: none"> Seven Thai counterpart staff (i.e. Director, Head, Manager, Information Systems Coordinator, Educational Materials Coordinator, Assistant Coordinator, Assistant Administrator) Supporting personnel (i.e. Foreign Expert, Academic Staff, Staff of Training Section from mid of 2006)

<p>2. Facilities</p> <ul style="list-style-type: none"> • Training facilities (AIHD) • Project office space and facilities (AIHD) 	<ul style="list-style-type: none"> • Training facilities (AIHD) • Project office space and facilities (AIHD)
<p>3. Local Expenditures</p> <ul style="list-style-type: none"> • Administrative and operational expenses for the RCC (AIHD) • Training expenses for multi-national TOT (partially funded by TICA) 	<ul style="list-style-type: none"> • Administrative and operational expenses for the RCC (AIHD, partially funded by TICA = stationeries and fuels for expert) • Training expenses for multi-national TOT (partially funded by TICA)

Amel

D

Annex 5: Implementation Process Grid (Results)

Implementation Process		Results	
Main Questions	Evaluation Questions	Sub-questions	Results
Were there no problems in the project management system?	How about the communication mechanisms within the project?		<ul style="list-style-type: none"> Although the RCC has effectively promoted the communication with relevant organizations through the RCC website and newsletters, it might be difficult for the ex-TOT participants in CLMV countries to access to the RCC website. Thus, newsletters are good means to let the ex-TOT participants know of recent events because the internet infrastructure is not fully developed in CLMV countries. The Project is able to communicate and share the information with concerned organizations and people in Thailand through the ICC and management taskforce meetings. The RCC communicates and discusses with the concerned organizations and ex-TOT participants in CLMV countries through the ICC meetings and monitoring and follow-up visits to them. As focal points are key figures of the RCC in order to communicate with the ex-TOT participants in CLMV countries, the communication between the RCC and the ex-TOT participants will be promoted more effectively if the focal points are formally appointed by the RCC.
	What is the current situation of the monitoring visits to the RCC ex-trainees?		<ul style="list-style-type: none"> In the monitoring and follow-up visits, there are 6-8 members composed of JICA Thailand Office, TICCA, AHD/RCC, resource persons, and Japanese experts. Resource persons have follow-up and refresher lectures for the ex-TOT participants. Also, the contents of the TOT courses were discussed and changed according to the needs of the countries. The arrangements of the visits were mainly prepared by the Japanese experts not by the RCC staff (counterparts of the Project). Overall, the comments on the monitoring and follow-up visits are quite appreciated by the ex-TOT participants. They commented that the workshops and meetings during the visits reminded them of what they have learned through the TOT courses.
	In order to avoid the problems, how did the project revise and modify the project activities?		<ul style="list-style-type: none"> JCC has effective roles so as to confirm the progress of the Project, to share ideas with the relevant organizations in Thailand, and to solve some issues and problems. It is good opportunities for JCC members to grasp the current situations and the project progress. The monitoring and follow-up activities in CLMV countries contribute to the modification of the TOT courses.
Is the collaboration with other donors proceeding favorably?	How does this project collaborate with other donor agencies, in order to achieve the goal shared by this project and those donor agencies?		<ul style="list-style-type: none"> Donor agencies, such as UNFPA and WHO, were invited in the ICC meeting in order to have a panel discussion. In this way, the ICC meeting is also the platform for discussions with other donor agencies. During the monitoring and follow-up visits in CLMV countries, the RCC team also visits donor agencies to discuss the collaboration with each other. In the Lao PDR, however, the WHO highly appreciated the contents of RCC newsletters and website. According to him, if teaching materials are able to be installed through the website, it might be more convenient to the people working for HIV/AIDS programs.

Ande


Annex 6: Evaluation Grid (Results)


Evaluation Questions		Results
Main Questions	Sub-questions	
Is the Overall Goal consistent with the National Development Plans in Thailand and CLMV countries?	Is the content of the National Development Plan on HIV/AIDS consistent with the direction of the project?	<ul style="list-style-type: none"> The national plans/strategies on HIV/AIDS in CLMV countries and Thailand are in line with the direction of the Project.
Is the Project in line with Japan's foreign aid policy?	Is the Project consistent with the Country-by-country Assistance Program for Thailand?	<ul style="list-style-type: none"> In Japan's Economic Cooperation Program for Thailand (May 2006), region-wide cooperation in collaboration with Thailand is encouraged so as to promote Japan's knowledge and experience accumulated over the years to other developing countries. Needless to say, the region-wide technical cooperation in collaboration with Thailand is in line with the project concept.
	Is the project consistent with JICA's plan for country-specific program implementation?	<ul style="list-style-type: none"> JICA has three priority areas of assistance in Thailand. Third priority area of assistance explains that Thailand is the "partner for assistance to third countries" in which programs for regional cooperation are encouraged to be conducted in neighboring countries. In Specific, HIV/AIDS as measures against infectious diseases is raised for promoting the cooperation in the field of the human security. JICA follows the cooperation framework of the Japan-Thailand Partnership Program Phase 2 (JTTP2) in which a region-wide technical cooperation project is to adopt the cost sharing with the Thai government equitably. The priority area of assistance and the concept of the cost sharing described in the JTTP2 are consistent with the framework of the Project.
Was the selection of the implementing agency in Thailand, i.e., AIHD, appropriate?	Was the capacity of AIHD adequate enough to implement the Project?	<ul style="list-style-type: none"> The AIHD has many experiences in conducting international training programs with adequate facilities. Although academic skills are sufficient, more coordinating and management skills for establishing a network with other donor agencies are necessary in terms of the aspect of the sustainability. This is because the AIHD has played an important role in promoting cooperation with many international agencies to carry out training and research. Overall, the AIHD is highly appreciated by target countries. However, it could be said that coordination skills of the RCC staff (counterparts) are weak because most of arrangements on the monitoring and follow-up visits are set up not by the counterparts but the Japanese experts. In this sense, the proactive efforts for the project management by the RCC staff are required to continue the monitoring and follow-up visits on their own initiative.
What are the merits of the HIV/AIDS programs implemented by the means of the region-wide cooperation?	What are the merits of this Project on HIV/AIDS implemented in five countries (Thailand, Cambodia, Lao PDR, Myanmar, and Vietnam)?	<ul style="list-style-type: none"> It is important for Thailand to work together with CLMV countries in order to control and prevent HIV/AIDS in the region. The issues of HIV/AIDS should be solved not only in Thailand but also in the whole region together. Even if the Project only focuses on Thailand, the issues of HIV/AIDS will not be able to be solved because the migrating population moves around and cross the national borders. In this way, HIV/AIDS issues appear not in a specific area but in much wider region. Moreover, if people in the region are educated well, it will be anticipated that the number of newly infected cases might be reduced in this region. That is why it could be justifiable to conduct the Project with the scheme of the region-wide cooperation. In CLMV countries, it is important to share the experiences and information with neighboring countries so as to learn new lessons as well as not to repeat same mistakes. For example, Cambodia has lots of experiences in the field of TB/HIV control, so the experiences are able to be shared with other neighboring countries. Furthermore, the trainees in CLMV countries are able to acquire the advanced knowledge and skills of Thailand which has abundant achievements of HIV/AIDS programs. In this way, CLMV countries are able to complement and foster the implementation of the region-wide cooperation project. On the other hand, the immediate effects of the TOT trainings are not able to be expected although the transaction cost for coordinating various relevant organizations is quite high. Also, English is utilized as a common language in the region-wide cooperation, whereas many ex-participants feel the language barriers which might inhibit the understandings of the TOT courses. Moreover, the gaps of knowledge and skills among CLMV countries might inhibit their learning process because what some do not know has already been in common knowledge in others.

Relevance


Effectiveness	
<p>Is the Project Purpose achieved within the cooperation period?</p>	<p>Does the RCC appropriately function as a coordination center to support the capacity development for the staff working for HIV/AIDS programs?</p>
<p>Were the Outputs sufficient to achieve the Project Purpose?</p>	<p>Do 66 relevant organizations highly appreciate the performance of the RCC?</p>
<p>Were the organization and the management system of the RCC appropriate? (Output 1)</p>	<p>Are training curriculums and materials effectively utilized? (Output 2)</p>
<p>Is the information concerning human resources, research, and relevant experiences on HIV/AIDS disseminated to the relevant organizations and agencies appropriately? (Output 3)</p>	<p>According to the questionnaire survey to 66 relevant organizations in CLMV countries and Thailand, 66.7% of respondents replied that they recognized the RCC as an effective coordination center for HIV/AIDS although the number of respondents is not sufficient (collection rate: 31.8%).</p> <p>According to the interview survey to five counterparts, they responded that the overall management system of the RCC was quite good (3.80/5.00) although it was in the form of the self-evaluation. Regarding the work process of each operation, the result (4.00/5.00) implies that the Project promotes their working procedures in a positive and efficient way. Also, they gave high ratings in the decision making process (4.20/5.00). It could be said that the decision making process was clarified by establishing the ICC and JCC.</p> <p>On the other hand, the ratings of the human capacity plan are quite low scores (2.60/5.00).</p> <p>According to the interview survey to the ex-TOT participants and the assessment of the TOT courses by the ex-TOT participants, they highly appreciated teaching materials (handouts). They expressed that the teaching materials were very useful for disseminating skills and knowledge to the persons working for HIV/AIDS programs. Also, the training materials are utilized for preparing their lectures. In terms of the ratings (4: Excellent; 3: Good; 2: Fair; and 1: Poor), the results are generally good because teaching materials are rated as more than "3.00" on average throughout all the TOT courses (See the Achievement Grid of Annex 4 for more detail).</p> <p>If dissemination of information is one of roles of the RCC, then there is still room for the improvement of the RCC website by utilizing more illustrations, adopting user-friendly pages for easy reading, etc.</p> <p>There are many ex-TOT participants who cannot access to the internet because the communication environment is not fully developed in the Lao PDR.</p> <p>In terms of the RCC newsletter, as it contains updated technical information, it is very beneficial for the ex-TOT participants. Also, the newsletter contains the pictures of the ex-TOT participants and persons concerned with the Project, so that the relationship among the ex-TOT participants might have been more enhanced through the newsletter.</p> <p>When the RCC sends the newsletter to stakeholders in CLMV countries, it might be better for the RCC to confirm who receives the newsletters because the name of an addressee was not correct at one time in the Lao PDR. In addition, the newsletter is sent to the representatives of each implementing agency, but the Director General of the VAAC in Vietnam has not read the newsletter before. Thus, it is necessary for the RCC to request the implementing agencies in each country to circulate RCC newsletters within their agencies.</p>

	<p>What are the inhibiting and promoting factors for the achievement of the Project Purpose?</p>		<ul style="list-style-type: none"> Communication between the RCC and other relevant organizations are mainly conducted by the Japanese experts. The RCC staff (counterparts) cannot put forward the communication with those relevant organizations on their own initiatives yet. Since focal points are key figures of the RCC in order to communicate with the ex-TOT participants in CLMV countries, it will become an inhibiting factor without utilizing them effectively.
	<p>Was the Input of an adequate quantity and quality performed at the right time to conduct the project activities?</p>	<p>Were the number of experts dispatched, their fields of expertise, and the timing of the dispatch appropriate?</p>	<ul style="list-style-type: none"> Overall, Japanese experts and the counterparts are appropriately assigned in the Project. Although the technical officer and the program officer hired by the Project resigned on the way, the newly hired staffs work more efficiently and effectively. Therefore, the TOT courses and RCC website are continuously promoted and improved by their assistance and efforts. The technical staff is supposed to be transferred to the AHHD staff from the temporary technical staff of the Project. The technical staff might be a key person to continue and improve the training courses as well as revise the training curriculum because the staff has already been assigned in the training section of the AHHD.
Efficiency		<p>Were the types, quantity, utilization, and maintenance of provided equipment appropriate?</p> <p>Were the scales of the project budget appropriate from Japanese and Thai governments?</p>	<ul style="list-style-type: none"> In general, the equipment is appropriately maintained and utilized by the Project. Although some equipment is not utilized frequently, they are employed during the training courses. TICA shares the training expenses for the multi-national TOT courses with the Project. It could be understood that TICA has increased the percentage of the budget from 31.43% in the 1st multi-national TOT to 36.16% in the 2nd multi-national TOT course. TICA expects that the ex-TOT participants transfer their knowledge and skills which they obtained through the multi-national TOT courses to other HIV/AIDS-related organizations in their countries.
	<p>Are there prospects that the Overall Goal will be produced as an effect of the Project?</p>	<p>Are there any prospects that human capacity for HIV/AIDS programs, including RCC ex-trainees, in Cambodia, the Lao PDR, Myanmar, and Vietnam is developed?</p>	<ul style="list-style-type: none"> There are many challenges before attaining the Overall Goal from the Project Purpose. It is quite difficult to improve individual capacity through the training component only. In order to enhance the individual capacity, it is necessary to prepare the environment where the individuals are able to put the knowledge and skills obtained through the training courses into practice. It is necessary to show the design and procedure so as to achieve the Overall Goal before the termination of the Project. In Myanmar, the MIDC Project is able to support the ex-TOT participants technically and financially during the cooperation period in order to disseminate knowledge and skills obtained by the ex-TOT participants to the people working for HIV/AIDS programs.
Impact	<p>Can the effect be verified in the ex-post evaluation study?</p>	<p>Are there prospects that the data and records on the training courses conducted by the RCC ex-trainees (including the comments and information of the people working for HIV/AIDS programs who participate in the training courses) in Cambodia, the Lao PDR, Myanmar, and Vietnam will be collected?</p>	<ul style="list-style-type: none"> It is very difficult to measure the effects of the TOT courses in CLMV countries. Even if the ex-TOT participants conduct training courses in their countries, the impacts of their activities will not be able to measure without conducting baseline survey or operational research by local consultants or research institutes.
	<p>Is the possibility high that the Important Assumptions from the Project Purpose to the Overall Goal are fulfilled?</p>	<p>Do RCC ex-trainees still remain in a position to provide training on HIV/AIDS for the people working for HIV/AIDS programs?</p>	<ul style="list-style-type: none"> According to the questionnaire survey to ex-TOT participants in CLMV countries, 76.9% of 65 respondents participating in the country-specific TOT courses replied that their current position was relevant to conduct trainings for the persons working for HIV/AIDS programs. Furthermore, 96.2% of 26 respondents participating in the multi-national TOT courses replied in the same manner. Thus, it could be said that most of them remain in a position to provide trainings on HIV/AIDS.

<p>Are there any other factors inhibiting or promoting the achievement of the Overall Goal?</p>		<p><Promoting factors></p> <ul style="list-style-type: none"> The RCC and its counterpart agencies have struggled with the HIV/AIDS issues, so they have the sense of unity based on the common objectives, i.e., "reduction of new HIV infection rate" and "improvement of quality of life of PLWHAs", through the capacity development for the people-working for HIV/AIDS programs. In the case of Cambodia, communication between HIV/AIDS-related agencies and JICA office as well as Japanese experts were promoted through ICC meetings because the directors from those agencies had much time for discussions on HIV/AIDS programs, which rarely happened within the country. ICC meetings contribute toward unifying CLMV countries. As the ex-TOT participants have the feelings of togetherness, the TOT courses contribute to the establishment of the RCC network in this sense. Even if some trainees were not able to have training courses because of the budgetary constraints and working circumstances, they try to transfer the knowledge, skills, and experiences obtained through the Project to their colleagues and subordinates in the morning meetings and OJT-based methods. <p><Inhibiting factors></p> <ul style="list-style-type: none"> In Myanmar, the Global Fund discontinued the financial assistance from the political reasons. As a result, the National AIDS Program cannot gain sufficient budget for HIV/AIDS programs. The concept of the region-wide cooperation is not shared within JICA, which might become an inhibiting factor for the achievement of the Overall Goal.
<p>Were there any positive or negative impacts beside the Overall Goal?</p>	<p>Are there any negative influences on social and cultural aspects, such as gender, human rights, poverty, etc.?</p>	<p><Positive impacts></p> <ul style="list-style-type: none"> It is considered that demands of the ex-TOT participants with the experiences, skills, and knowledge on HIV/AIDS might be enhanced in order to respond to newly-arisen infectious diseases, such as SARS and avian flu. <p><Negative impacts></p> <ul style="list-style-type: none"> It is necessary to pay attention to the potential negative impact in the target countries due to the long absence of the medical services to the patients by participating in the TOT courses in Thailand.
<p>Will the policy and continue also after the cooperation is finished?</p>	<p>Does the RCC have the operation and management capacity?</p>	<ul style="list-style-type: none"> As the original design and framework of the Project does not adopt the gender perspective, it might be difficult to expect that the gender impact will appear on the surface. In terms of the gender balance of the TOT courses, it seems that critical problems did not arise through the TOT courses. It might be necessary to put gender consideration in the training curriculums in future. According to the national plans/strategies on HIV/AIDS in Thailand and CLMV countries (at least every national plans/strategies secured by 2010), the HIV/AIDS-related activities would be sustained by the support of the national plans/strategies in each country.
<p>Does the organization have the capacity to continue the project activities even after the cooperation has terminated?</p>	<p>Does the RCC have the operation and management capacity?</p>	<ul style="list-style-type: none"> The number of the AIHD staff who can manage the training courses has been increased through the Project. The RCC became able to enhance the network of the resource persons for HIV/AIDS programs in Thailand. The program officer, technical staff, and project secretary hired by the Project busily work on the implementation and arrangement of the TOT courses as well as the development of the RCC website and database in reality. It is considered that the RCC staff (counterparts) highly relies on them. Thus, the ownership toward the Project might not be high without supports from the training section of the AIHD. Since the RCC has been established within the AIHD, it would be possible to continue training courses on HIV/AIDS in collaboration with the training section of the AIHD.

shel


<p>Are sufficient budget measures taken in order to secure the budget, including operating expenses?</p>	<p>Is the financial situation good in RCC?</p>	<ul style="list-style-type: none"> • It is recognized that the AIHD makes efforts to secure the budget for the Project around 10% of the total budget of the AIHD. The AIHD increases the amounts of the budget for the Project year by year.
<p>Are the transferred knowledge and skills being established?</p>	<p>Are there any prospects that the knowledge and skills transferred to the RCC ex-trainees through the Project will be shared with the implementing agencies and the people working for HIV/AIDS programs in each country?</p>	<ul style="list-style-type: none"> • Although the project concept of the TOT might be recognized by the Cambodian side, it is really difficult to realize the concept of the TOT because of the current situation in Cambodia. Under this circumstance, there are lower prospects that the ex-TOT participants transfer the knowledge and skills obtained through the TOT courses to the people working for HIV/AIDS programs. • In the Lao PDR, some ex-TOT participants conduct training courses as trainers, including the trainings funded by donors or organized by another project, to which they applied what they have learned through the TOT courses. Some of them also utilize the RCC teaching materials (handouts) for preparing their trainings and lectures. • In Myanmar, the Major Infectious Diseases Control (MIDC) Project incorporates TOT courses of the RCC Project into its annual action plan. The MIDC Project also carries out follow-up activities for the ex-TOT participants after the TOT trainings in collaboration with the Department of Health and the National AIDS Control Program. In this way, the MIDC Project (bilateral technical cooperation) supports the activities of the RCC Project (region-wide technical cooperation). Thus, it is considered that the knowledge and skills obtained by the ex-TOT participants are disseminated to the staff and concerned people working for the HIV/AIDS programs in the country. • In Vietnam, the human capacity development on the VCT is one of the urgent issues in the field of HIV/AIDS. Thus, there are prospects that the ex-TOT participants will share what they have learned through the TOT courses with their colleagues on their daily works.

Sube 

Annex 7: Progress of HIV/AIDS Regional Coordination Center Project

Aug. 31, 2007

	2005				2006				2007				2008	
	4	7	10	1	4	7	10	1	4	7	10	1		
RCC Project														
AIHD														
1 Project Director														
2 Head of RCC														
3 Manager of RCC														
4 Information system														
5 teaching materials														
6 assistant coordinator														
7 assistant administrator														
JICA expert														
1 chief advisor			12/26											
2 human capacity develop.														
3 coordinator														
RCC operational staff														
1 project technical officer		8/1												
2 project program officer		8/1												
3 project secretary														
Reinforcement of RCC Project														
AIHD Training Section : TOT course plan and implementation														
Foreign Expert : Information system development														
Academic Staff : Website management and TOT course implementation														
Task force meeting (monthly)														
Joint Coordination Committee (JCC) (2/year)	5/30	7/19			4/26	9/27			5/9		(9/25)			
International Consultative Committee (ICC) (1/year)		6/9			5/25, 26				6/12, 13					
Training Program (TOT course)														
Multi-national TOT (In '06 & '07)														
*HIV/AIDS Care and Management for ARV						7/16-29				7/31-8/11				
Country Specific TOT for Cambodia														
*PMTCT(6days)				1/8-14										
*TB and HIV co-infection(3wks)				7/23-2/10									1/13-1/26	
Country Specific TOT for Lao PDR			12/17-24										2/3-23	
*HIV/AIDS Youth Education(2wks)														
Country Specific TOT for Myanmar			9/17-18											
*Program Management(1wk x 2 times)			9/25-10/2							9/30-10/13				
Country Specific TOT for Vietnam					2/20-3/3									
*VCT- Counseling skills and Prevention)										12/17-23			12/10-22	
Information														
Development of a database														
Publishment and distribution of information														

me

Annex 8 (1): List of Equipment for HIV/AIDS RCC Project

Item	Quantity	Place/Responsible	ID. No	Utilization	Maintenance & Management
1. Scanner Machine	1	RCC/IHC	AH 48M-004	C	A
2. Color Printer (HP-INKJET) A4 size	1	RCC/IHC	AH 48M-005	A	A
3. Computer Notebook w/ combo drive	1	IECT for Training	AH 49M-003	A	A
4. LCD	1	IECT for Training	AH 49M-002(4)	D	A
5. Visualizer	1	IECT for Training	AH 49M-001(4)	C	A
6. Digital camera(5 mill. Pixel) with memory card 256 MB (2 chips)	1	RCC/IHC	AH 48M-003	B	A
7. Video Camera(Digital)	1	RCC/IHC	AH 48M-002	C	A
8. Laser Printer(HP)	1	RCC/IHC	AH 48M-006.2	A	A
9. Computer (Desktop) Pentium 4 w/ DVD-writer 1 <i>Database Management & Media production</i>	1	RCC/IHC	AH 49M-004.2	A	A
10. Computer for server' support	2	RCC / IHC	AH 49M-006.1 AH 49M-006.2	A	A
11. Computer Server	1	IECT	AH 49M-007	A	A
12. Computer (for Designing Printed Material)	1	IECT	AH 49M-004.1	A	A
13. Single Lens Reflex Digital Camera	1	IECT	AH 48M-001	D	A
14. Laser Printer(HP)	1	IECT	AH 48M-006.1	A	A
15. Bus 30 seats	1	Office of Director	AH 49M-008	C	A

Note) IHC: International Health Cluster IECT: Information, Education, and Communication Technology

Annex 8 (2): List of Equipment for HIV AIDS RCC Project

No	Item	Quantity	Place/Responsible	ID. No	Utilization	Maintenance & Management
1	Fax	1	JICA Advisory Team Office	ET0401	A	A
2	Photocopier	1	JICA Advisory Team Office	ET0402	A	A
3	Shredder	1	JICA Advisory Team Office	GT0401	A	A
4	Bookshelves	4	JICA Advisory Team Office	GT0402	A	A
5	Bookshelves	4	JICA Advisory Team Office	GT0403	A	A
6	Desktop Computer	1	JICA Advisory Team Office	GT0404	A	A
7	Color Printer	1	JICA Advisory Team Office	GT0405	C	A
8	Notebook Computer	1	RCC/IHC	GT0406	A	A
9	Scanner	1	JICA Advisory Team Office	GT0407	A	A
10	IC Recorder	1	RCC/IHC		D	A
11	Notebook Computer	1	JICA Advisory Team Office	GT0501	A	A
12	Detachable HDD	1	AHHD/Training Section	GT0502	A	A
13	Detachable HDD	1	JICA Advisory Team Office	GT0507	A	A
14	Notebook Computer	1	JICA Advisory Team Office	GT0508	C	A
15	Portable Printer	1	JICA Advisory Team Office	06-3-001201	A	A
16	Digital Camera	1	JICA Advisory Team Office	06-3-001202	C	A

17	Laser Printer	1	JICA Advisory Team Office	06-3-001203	A	A
18	Desktop Computer	1	JICA Advisory Team Office	06-3-001204	A	A
19	Desktop Computer	1	AIHD/Training Section	06-3-001205	A	A
20	LCD Monitor	1	JICA Advisory Team Office	06-3-001206	A	A
21	LCD Monitor	1	AIHD/Training Section	06-3-001207	A	A
22	LCD Monitor	1	AIHD/Training Section	06-3-001208	A	A

Category of Usage (Annual average)

- A: Every week
- B: Every other week
- C: Every month
- D: Less than every month

Category of Maintenance and Management (Annual average)

- A: Excellent
- B: Fair
- C: Poor
- D: Unable to use

Handwritten signature

Handwritten mark

2. List of Interviewees

In Thailand

ASEAN Institute for Health Development (AIHD)

- Dr. Sirikul Isaranurug, Director, ASEAN Institute for Health Development (AIHD)
- Dr. Jiraporn Chompikul, Deputy Director, AIHD
- Dr. Jumroon Mikhanorn, Senior Advisor, Head of RCC, AIHD
- Mr. Somchai Viripromgool, Manager of RCC, AIHD
- Mrs. Doungsamorn Chinchotikasem, RCC staff, AIHD
- Mrs. Cha-ohn Viripromgool, RCC staff, AIHD

Ministry of Public Health (MOPH)

- Dr. Petchsri Sirinirund, Senior expert on preventive medicine, Department of Disease Control, Ministry of Public Health (MOPH)

Thai Red Cross AIDS Research Center

- Ms. Somsri Tantipaibulvut, Chief of Academic Services, Thai Red Cross AIDS Research Center

TICA

- Mrs. Charintip Josthasan, Program Officer, Countries Partnership Branch, Partnership Bureau, TICA
- Ms. Vitida Sivakua, Program Officer, Countries Partnership Branch, Partnership Bureau, TICA
- Ms. Malaiwan Lertkumsup, Program Officer, Countries Partnership Branch, Partnership Bureau, TICA

In Cambodia

National Center for Tuberculosis and Leprosy (CENAT)

- Dr. Mao Tang Eang, Director, CENAT
- Dr. Khum Kim Eam, Chief of Statistics, Planning & IEC Unit, CENAT

National Center for HIV/AIDS, Dermatology STD (NCHADS)

- Dr. Ly Penh Sun, Deputy Director, NCHADS
- Dr. Ngaun Bora, NCHADS

National Maternal and Child Health Center (NMCHC)

- Dr. Koum Kanal, Director, NMCHC

Kompong Cham Provincial Hospital

- Dr. Keo Vannak, Chief of Tuberculosis Service, Kompong Cham Provincial Hospital

In Lao PDR

The Hygiene and Prevention Department (HPD), Ministry of Health

- Dr. Sivisay Thammalangsy, Deputy Director

Center for HIV/AIDS/STI センター (CHAS)

- Dr. Phouthone Southailack, Deputy Director, CHAS
- Dr. Amphone Philaketh, Deputy of Planning and Coordination Unit, CHAS
- Dr. Chanhom Shinsavanh, Physician and Technical Officer, CHAS
- Dr. Souphanthong Manichanh, Technical Staff CHAS
- Dr. Vanvilay Sphabmixay, Technical Staff, CHAS
- Dr. Chanthasouk Bansaluth, Technical Staff, CHAS
- Ms. Southaphone Chittaphong, Technical Staff, CHAS

Setthathirat Hospital

- Dr. Khamla La Choumlivong, Physician, Chief of Infectious Disease
- Ms. Phengsy Aphayalath, Nurse of Infectious Department

Mahosot Hospital

- Dr. Phongmany Simmaly, Chief of Infectious Disease Ward
- Dr. Chirapha Darasavath, Staff of Infectious Disease
- Ms. Savady Mounmaly, Nurse

Center of Information and Education for Health, Ministry of Health

- Dr. Phouvanna Toy Simmalavong, Technical Staff

In Myanmar

National AIDS Program Office (NAP)

- Dr. Min Thwe, Deputy Director of AIDS/STD & Program Manager of NAP
- Dr. Nanda Kyaw, Medical Officer, HIV/AIDS Counseling Team (Central), NAP
- Dr. Aye Myat Lwin, Assistant Director, AIDS/STD Counseling team (Central), NAP

Township

- Dr. Win Ko Ooo, Team Leader, Tharketa Township
- Dr. Zaw Htoon Waing, Medical officer, Mingalar Taung Nyunt Township
- Dr. Khin Maung Yin, Team Leader, central AIDS/STD Prevention Control
- Dr. Theingi Aung, Team Leader, Mingalar Taung Nyunt Township

In Vietnam

Vietnam Administration of HIV/AIDS Control (VAAC)

- Dr. Duong Quoc Trong, Director General, VAAC

- Ms. Tran Van Anh, Deputy Chief of Department of Scientific Research and International Cooperation, VAAC
- Mr Vu Canh Duc, Health Officer, VAAC

Center for HIV/AIDS Control and Prevention, Hanoi

- Dr. Dang Thi Thang Hong, Center for HIV/AIDS Control and Prevention, Hanoi
- Ms. Lan thi Lan, Head of Planning Department, Center for HIV/AIDS Control and Prevention, Hanoi

3. Summary of Questionnaires Results for ex-TOT trainees

Number of respondents : 106 persons (response rate of 54%). However, only 91 respondents were used in final evaluation, some respondents were received after the evaluation, therefore, the result summarized here might be different from the result used in final evaluation.

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 TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Completely (more than 90%)	1	3	2	1	3	4	14	14.4%
2. Almost completely (70%-90%)	8	2	13	9	5	14	51	52.6%
3. More than half (50-70%)	4	8	3	8	0	7	30	30.9%
4. Less than half (30-50%)			1				1	1.0%
5. Little (less than 30%)		1					1	1.0%
6. No answer								0.0%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Too long		1					1	1%
2. Appropriate	11	9	11	12	7	23	73	75%
3. Too short	2	3	7	6	1	3	22	23%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Completely (met more than 90%)	3	1	4	0	3	8	19	19.6%
2. Almost completely (70%-90%)	4	5	7	12	4	12	44	45.4%
3. More than half (50-70%)	6	7	6	6		5	30	30.9%
4. Less than half (30-50%)			1				1	1.0%
5. Little (less than 30%)								0.0%
6. No answer								0.0%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Highly relevant	8	3	12		2	10	35	36.1%
2. Relevant	4	9	5	18	5	15	56	57.7%
3. Less Relevant	1	1	1		1	1	5	5.2%
4. Not relevant								0.0%

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

Cambodia

- Created networking by email, then share the new knowledge together
- Should be 3 weeks or more in order to understand the detail and avoid too fast presentation
- Increase X-Ray section duration
- Training for traditional healer; Technical meeting
- Follow up and evaluate after training refresher TOT
- Should have enough time to prepare the action plan
- Should have chance to see the patients in contact at consultations
- Train with the participant of another country's members (form country specific course participant)

Lao PDR

- should include Biology, population, environment and geography in the curriculum
- Should focus on teach and training the trainees to be efficient trainer in the future
- Trainers from the center and local should have more activities together

Myanmar

- Refresher courses on care & management for PLAH & ART in the future, according to the new trend (or) regimen are appeared day by day
- Refresher training with adequate time
- During field visits, the presentation need to be in English language, so that we can get more knowledge.
- To extend the duration of TOT course; needs theoretical training as well as practical-based
- Complete handouts manuals should be given so that we can study later on
- Practices and visit to field sites (more than 2) are important to improve the quality of the TOT course
- More exercise and games should be included
- Multiply course in the country
- Want to know stories of success in Thailand

Vietnam

- Select accord participants
- More group discussion
- Visit centers for HIV/AIDS Voluntary counseling and testing in other countries; visit HIV/AIDS patients; Supervise after education
- Experience in successful management ART program in Thailand should be focused more details, espeically how to link health sector with other sectors in coordinating program.

3. 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 TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	8	9	15	14	8	24	78	80%
2. No	5	4	2	4	1	2	18	18.6%

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

	Cambodia TB·HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Very useful (more than 90%)	5	3	4	2	5	10	29	29.9%
2. Useful (70%-90%)	5	7	10	10	4	12	48	49.5%
3. Moderate (50-70%)	1	2	2	5		3	13	13.4%
4. Less than half (30-50%)	2		2	1			5	5.2%
5. Little (less than 30%)								0.0%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	7	5	12	7	7	16	54	56%
2. No	6	7	6	11	1	9	40	41.2%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. My current position is not relevant to conduct training	4	3	1	4	1	1	14	14%
2. Insufficiency of my knowledge and skill	1	3	2			3	9	9.3%
3. Lack of training material	2	1	1	1		1	6	6.2%
4. Lack of cooperation/ coordination in the organization	2		2		1	1	6	6.2%
5. Heavy workload/lack of time	2	2		5		1	10	10.3%
6. Training is already planned (I will conduct the training in the near future)		1	1	3	1	2	8	8.2%
7. Others		1	1	1		2	5	5.2%

Detail of others :

- I am a clinician. If possible, I would like TOT TB and HIV coinfection.
- I just finished this course about 2 weeks
- Because PMTCT training is responsible by National Center

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 TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	10	11	16	15	9	24	85	88%
2. No	2	1	2	3		1	9	9.3%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Seminar/Workshop	6	3	7	6	2	19	43	44%
2. giving knowledge and information to boss and colleagues in daily work	7	8	8	12	7	11	53	54.6%
3. circulation of textbooks and information obtained from the course			3		3	2	8	8.2%
4. Through implementing projects	2	2	2	6		6	18	18.6%
5. Others	3	2		1		2	8	8.2%

Detail of others :

- Training
- IEC at community
- Meeting
- During monthly meeting with PLHA
- Counseling training for nurses counseling
- Discussion with out team and work
- Counselling training course; peer counseling training

Q 9. If yes, how many persons have you transferred to?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. 1~4		3	1	2		2	8	8%
2. 5~10	4	3	2		1	4	14	14.4%
3. 11~20		2	1	6	1		10	10.3%
4. 21~50	3	1	2	6	4		16	16.5%
5. 51~100	3	2	2	3	3		13	13.4%
6. More than 100	1	1	6			3	11	11.3%

Q 10. What type of support is necessary for you to carry on transferring and utilizing the knowledge and skill you acquired through the TOT course? You can choose 3 answers at a maximum

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. Training of more personnel	2	2	13	10	1	14	42	43%
2. Dispatch of Thai expert			2	2		4	8	8.2%
3. Provision of training material	1	4	14	10		9	38	39.2%
4. Provision of latest knowledge and skills	2	3	11	10	1	8	35	36.1%
5. Consultation for technical matters		2	6	2	1	3	14	14.4%
6. Others		1				3	4	4.1%

4. NETWORKING OF ORGANIZATION AND PERSONNEL

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. Yes	6	8	10	6	3	12	45	46%
2. No	7	4	8	11	6	12	48	49.5%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. AIHD/RCC staff	1	2	6	1	3	11	24	53%
2. Lecturers	1	1	3	1		5	11	24%
3. Japanese experts (in your country and in Thailand)	1		3	4		5	13	29%
4. focal point in your country	4						4	9%
5. Ex-TOT participants		2			2		4	9%
6. JICA Office	3	2			1		6	13%
7. Others	3	3				1	7	16%

* Percentage is count by available respondents (45persons)

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. Gain new knowledge and information	4	7	8	3	3	8	33	73%
2. Consultation for technical matters	4	3	1	2	1	3	14	31%
3. Maintain and strengthen personal ties	4	2	3	2		1	12	27%
4. Others		1					1	2%

* Percentage is count by available respondents (45persons)

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. I am busy with my work	1	2	8	3	3	9	26	54%
2. I don't have contact address of those persons described above	2		1	2	2	4	11	23%
3. I have difficulty in using email/internet	8	3	3	2	1	1	18	38%
4. I don't feel the necessity to keep contact							0	0%
5. Others						1	1	2%

* Percentage is count by available respondents (48persons)

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	10	8	15	9	4	16	62	64%
2. No	3	5	3	9	4	8	32	33.0%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Very satisfied (more than 90%)	5	4				1	10	16.1%
2. Mostly satisfied(70%-90%)	4	2	15	9	1	2	33	53.2%
3. Satisfied (50-70%)		1			3	13	17	27.4%
4. Not very satisfied (30-50%)	1		3	9		5	18	29.0%
5. Not satisfied (less than 30%)								0.0%

* Percentage is count by available respondents (62persons)

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	1	4	7	5	4	8	29	30%
2. No	12	9	10	12	5	13	61	62.9%

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

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Identification of the specific HIV/AIDS situation and needs for intervention			1	1	2	4	8	28%
2. Provision of information regarding local human and financial resources for RCC's database			4	1	1	1	7	24%
3. Support to RCC's training program as lecturers/ resource persons	1		2	1	1	1	6	21%
4. Dissemination of relevant information of the RCC, such as brochure and newsletter		1		3		7	11	38%
5. Coordination/ support for in-country activities conducted/ supported by the RCC Project			2	2		1	5	17%
6. Support for communication and consensus-building between the RCC and organizations I belong to				1			1	3%
7. Follow-up of trainees participating in RCC's training program			2			1	3	10%
8. Others			1	1			2	7%

* Percentage is count by available respondents (29 persons)

4. 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 TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. News and events regarding HIV/AIDS	12	10	13	14	6	18	73	75%
2. Information of projects for HIV/AIDS	3	6	12	7	7	14	49	50.5%
3. Articles and researches regarding HIV/AIDS	11	8	9	13	4	12	57	58.8%
4. List of experts and organization working for HIV/AIDS	6	1	4	1	3	4	19	19.6%
5. Report of the RCC activities	9	2	10	8	4	10	43	44.3%
6. Others					1		1	1.0%

Q 15. Have you read RCC newsletter?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	10	12	14	10	7	17	70	72%
2. No	3		4	8	2	7	24	24.7%

Q 15-a. If yes, how do you evaluate the contents of the newsletter?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Very good	4	3	6			6	19	27.1%
2. Good	5	8	8	7	5	7	40	57.1%
3. Fair				3	1	2	6	8.6%
4. Poor							0	0.0%
5. Very poor								0.0%

* Percentage is count by available respondents (70 persons)

Q 16. What information do you expect from the RCC newsletter and Website?

You can choose 3 answers at a maximum

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. HIV/AIDS situation in you country	9	8		7	3	4	31	45.6%
2. Trend of issues related with HIV/AIDS	10	4		14	5	3	36	52.9%
3. Trend of concerned organization, including donor agencies	1			5	1		7	10.3%
4. Introduction of good practice of HIV/AIDS related project	7	8		11	3	4	33	48.5%
5. Training information	2	6		5	5	3	21	30.9%
6. RCC Project information	4	4		4	4	3	19	27.9%
7. Others	1				1		2	2.9%

Q 17. Have you accessed to RCC website?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi- national	Total	%
1. Yes	5	3	no data	no data	6	3	17	18%
2. No	8	10	no data	no data	3	3	24	24.7%

Suggestions to improve the quality of newsletter and website:

- Information about HIV/AIDS control in thailand, Care and Treatment; Prevention of Mother to Child; epidemic...
- Update information about HIV/AIDS Epidemic at southeast Asia countries; HIV/AIDS/STI prevention

- and control; international supported project on HIV/AIDS
- Information and training materials on TB/HIV
- Information linked with other relevant websites free
- More focus on the technical treatment of HIV/AIDS and other experience of each countries
- Add more latest information about how to cure HIV/AIDS in Laboratory
- I would like to suggestion for information in many languages such as Lao language or Thai language

5. HIV/AIDS FROM GENDER PERSPECTIVE

Q 18. Have you face any inconvenience/problems in RCC's TOT courses, being a man / woman participants?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. Yes			1		1	2	4	4%
2. No	13	13	14	18	8	23	89	91.8%

Q 19. From the viewpoint of HIV/AIDS and gender equality, did the TOT courses provide information / techniques necessary for conduct gender-responsive training after returning to your country?

	Cambodia TB/HIV	Cambodia PMTCT	Lao PDR	Myanmar	Vietnam	Multi-national	Total	%
1. No information / techniques were provided	5	3	3	9	3	4	27	28%
2. Yes	8	8	14	6	6	18	60	61.9%

Q 20. From the viewpoint of gender equality and women's empowerment, are there any positive and / or negative impacts caused by the RCC Project as well as your related activities/works after your participation in the TOT courses?

Cambodia

- I think that women have the important role to improve and participate the development in all fields
- I think that has equality and women's empowerment > 80%
- Positive on PMTCT
- Change in communication related to gender
- In Cambodia men and women are the same right

Lao PDR

- TOT course will encourage gender equality, it also create a good attitude among trainers regarding gender in order to train all trainees
- It's good to coordinate to Lao Women Union to work in gender field.
- After I join the participation in the TOT course. It is positive to women especially for wife whom get the HIV from husband to protect we have transfered the knowledge to them
- There are some positive impacts caused by the RCC project because students are interested and asked question about this project.
- Women's empowerment is very good. RCC's activities are very good to develop society. They get more information and know how to protect their health from HIV/AIDS.
- It's a positive impact, because men and women can be joint with all activities.
- These are very good. All participants can exchange the knowledge
- We need to learn more about gender and right which apply to the Reproductive Health Center
- No impact cause by the RCC Project as well as get the knowledge for them about HIV/AIDS Preventive
- Good relation between a woman and man
- In the office or worker having equality in activities work (women have more decision making in work and have more opporutunity)
- Have more opporutunity and have fund for training for working women in factory would be effective.

Myanmar

- (+) impacts - the female can do the activities with equal chance to male; can participate to control & reduce the HIV/AIDS; can manage the ARV treatment for PLHA; no (-) impact
- Positive impact such as improved negotiation skills of women

Vietnam

- Good for activity in working
- Woman joined equally in all activities in the course

Q 21. Please describe your ideas on how to ensure that men and women will equally benefit from your HIV/AIDS concerned activities and works.

Cambodia

- Men and women can do the same work
- To motivate women to participate in the social affairs
- Focus on capable not minded on Gender (men or women)
- Both gender can share experience together
- Gender equality (man & women) should have equal activity for daily work
- Improve counseling skill and have to be friendly, sincerely with contact people
- We should work and train together
- Increase quality treatment without discrimination

Lao PDR

- Men and women will equally benefit from HIV/AIDS activities and works
- Couple counselling, provide information to country mass health service
- Not difference
- We can obtain AIDS knowledge gained from this training which will utilize in further health education promotion curriculum
- For my idea, I think the men have more infaction to woman and women infaction to their babies.
- My idea on how to ensure that men and women will equality benefit from HIV/AIDS. I think educated men can understand much better the issue on gender equality, but while men who lack of education in the remote areas still treat women as slave.
- 1) The expressing/showing of equal rights between women and men and providing knowledge about HIV is also on emethod and order to make them get some knowledge and understand about the reason why HIV can be transmitted. 2) Providing information is a method in making them know to prevent HIV transmission
- To ensure that men and women will equally benefit from other activities. I think we will have an evaluation after all activities
- All participants can share the idea each other
- HIV/AIDS is very important for women and men. They will understand about what HIV/AIDS is and how to protect themselves and family. For women they will know how to take care her husband with out HIV/AIDS and take herself and her children. And men are very important, becauseu men sometime transter this disease to women, they must understand and take care themself, they will know how HIV/AIDS can transfer to people and that how they can protect family without HIV/AIDS that it's very important for men and women should equally about this matter
- In my ideas men and women should be include in activities of HIV/AIDS
- I saw, they show them idea out about condom used during gender on HIV/AIDS activities, I think they can protect themself by using condom.
- By using couple counselling and partner(s) couple STI screening
- They can explain about HIV/AIDS transmission; How to protect these disease.
- There are unity opinion and behavioral
- I think from my HIV/AIDS concerned activities and work's is better than before

Myanmar

- Men and women will equally benefit from my HIV/AIDS concerned activities and work but women will more benefit in PMET Program
- They (Men & Women) have equal chance of HIV/AIDS concerned activities & work
- Advocacy and political commitment at every level. Need more training for women & girls
- To promote blood safety activities right down to village level; To promote VECT activities; To promote male involvement in PMCT program
- Couple should be urged to participate in HIV/AIDS activities
- The key is the empathy among person concerned whoever of any gender, whether care giver or care taker.

Vietnam

- Easy to contact, make the atmosphere well-ventilation, more friendly, make more confidence
- People in both sexes have same opportunities to take part in HIV relating activities
- To do this actions need: --at first, to promote the quality of information - education - communication for every bodies; training for health official, society and HIV/AIDS infected people: Method, skill; Open advisory room addition; interdepartmental coordinating; cinema/workshop with HIV/AIDS infected people
- I will combine examination and consultation, give informations, and help them when they have difficulties about man and woman rights
- Active involvement of men in HIV/AIDS control and prevention

Q 22. If a similar project to be planned for the future, what kind of modification / improvements do you think would be necessary from a perspective of gender equality and women's empowerment?

Cambodia

- It is necessary from a perspective of gender equality on woman's empower man.
- To provide the opportunity to be candidate selected; To distribute the responsibility in the health activity/works; To advocate their opinion/recommends in the social activity
- Ought to have occasion to change experience between our country
- RACHA will be training TB/HIV to teacher's college and
- No need to modify.
- Women must have right to make decision and participate in public work and politic and so on as the same as man
- Provide more information and skill on BCC, especially related to gender
- Education experience sea[can not read hand-writing] of in other countries
- Should have middle
- Must give the time to presentation and encourage them at the time work

Lao PDR

- Yes, it's necessary to be involved
- To improve knowledge and skill for women to has high position and can be solve and decide problem in working and family
should have more women
- Many men and women don't understand and they don't know what important about HIV/AIDS, they (husband and wife) need to be trained and give information on how to protect them self and others from HIV/AIDS.
- Continuation with Lao Women Union to operate and carry out planning
- Sociomobilization the mean to understanding about the gender equality and women's empowerment
- It's very necessary and usefully

Myanmar

- To encourage partner disclosure
- More women (passive partner) will be free from HIV/AIDS infection

Vietnam

- Limited HIV infection from mother to child
- Project should provide more position/job for woman
- To enhance the comprehensive community-based counseling, care and support activities for HIV/AIDS infected people, and increase the proportion of PLWHA to get access to counseling, care and support services
- To encourage infected people to disclose their status, create opportunity for sharing, exchange, community integration and reduction of stigma and discrimination
- To help poor PLWHA overcome economic difficulties, increase likelihood of community re-integration for PLWHA; To promote greater involvement of PLWHA in the fight against HIV/AIDS
- To promote greater involvement of PLWHA in the fight against HIV/AIDS
- Communication
- Priority for female health professionals particularly in provincial level of target countries of project