

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Thailand

Project title:

Project for Model Development of Comprehensive HIV/ AIDS Prevention and Care

Issue/Sector:

Health/ Medical Care

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

First Medical Cooperation Division, Medical Cooperation Department

Total cost:

Period of Cooperation 1 Feb 1998 -31 Jan 2003

Partner Country's Implementing Organization:

Ministry of Public Health, Phayao Provincial Public Health Office

Supporting Organization in Japan:

International Medical Center of Japan, Tokai University, and expertise from other universities and organizations (supporting committee in Japan)

Related Cooperation:

Project-type Technical Cooperation; "Project for Prevention and Control of AIDS"

1-1 Background of the Project

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

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

1-2 Project Overview

Japan provided cooperation in capacity development in the field of health care, the establishment of HIV prevention and a care system, and implementation of community activities, in order to develop the process model of HIV/ AIDS prevention and care in Phayao Province.

(1) Overall Goal

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

(2) Project Purpose

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

(3) Outputs

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

(4) Inputs

Japanese side:

Long-term Experts	9
Short-term Experts	30
Trainees received	17
Equipment	161 million yen
Local Cost	27.2 million baht (89 million yen)

Thai Side:

Counterparts	102
Land and Facilities	
Local Cost	1.53 million baht (5 million yen)
Training Cost	3.56 million baht (13 million yen)

2. Evaluation Team

Members of Evaluation Team

Team Leader/ General: Kiyoshi KUROKAWA, Director, The Institute of Medical Science, Tokai University
Community Health: Yasuo CHIBA, Director, Second Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan
Planning Evaluation: Yukako MATSUURA, First Medical Cooperation Division, Medical Cooperation Department, JICA
Evaluation Analysis: Masahiro OSEKO, Global Link Management Inc.

Period of Evaluation 29 Jul 2002 -10 Aug 2002 **Type of Evaluation:** Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

The relevance of the project was evaluated very high, judging from the four perspectives; the global trend, the national health policy of Thailand, the aid policy of international donor organizations and Japan, and needs of the beneficiaries. The project was aimed at strengthening the system to cope with the HIV/AIDS problems by multi-sectoral collaboration in provinces and districts, through capacity improvement of health sector personnel, technical improvement of health and medical services, and the promotion of community activities including people living with HIV/ AIDS (PHA). This was consistent with the global trend emphasizing the comprehensive care and support including PHA and the aid policies of donor countries including Japan. Furthermore, it was also in accordance with the health policy of the Thai government which pursues prevention and eradication of HIV/ AIDS through the multi-sectoral collaboration at various levels in the society. It also met the community needs including

PHA groups being relatively active in self-help activities or community activities with the support from NGOs and local health staff. On top of that, it was in line with the decentralization policy which formed the basis of health center reform promoted by the Thai government. Thus, the relevance of the project was evaluated as very high.

(2) Effectiveness

Certain outputs were recognized at each level: Coordination with junior-high schools and the military forces at the provincial level, improvement and expansion of information system and formation of care network in health sector at the district level, and promotion of AIDS-related activities involving multi-sectoral participation at the sub-district level (Tambon in Thai--the smallest administrative unit, between village and district in terms of the size of population). However, as for the project purpose, 'the process model of HIV/ AIDS prevention and care through LANA is developed in Phayao Province', the project has just completed the assessment stage and moved on to the planning and implementation stage in the cycle of 'assessment-plan-implementation-monitoring-evaluation', which was behind schedule. Meanwhile, there were some districts where district Care Network has conducted activities based on the outputs of the community assessment. The activities implemented through the project had been incorporated into the daily works of Phayao Provincial Public Health Office (PPPHO). In addition, the assessment stage, the most time-consuming and demanding stage of the whole project cycle has been completed, and the progress of the project is expected to accelerate.

Thus, the achievement and the effectiveness of the project was evaluated "fair"

(3) Efficiency

The capability of the Japanese experts in their expertise and that of the Thai counterparts were appropriate. As the technical ability of the counterparts reached a certain level, the supplied equipment was well utilized in general, and especially the laboratory equipment. The Thai side shared the running cost and the Japanese side supported expenses for activities to promote the activity efficiently, which was essential and appropriate. Particularly, the Thai side shared more of the expenses. In terms of the implementation cost of the community assessment training for fostering health care personnel, the expense supported by the Thai side exceeded that of the Japanese side, therefore it was observed that the Thai side was fairly independent. Collaboration with such outside organizations as Chiang Mai University, UNAIDS, WHO and NGO contributed not only to the promotion of efficient activities but also to the expansion of the project effect to the community. However, with regard to the counterpart training in Japan, it was evaluated that the achievement was made to the intermediate level, most likely due to the content of the training being too wide, and the goal had not been narrowed down adequately. Judging from the above, the efficiency was highly evaluated.

(4) Impact

In terms of the Overall Goal aiming at expanding the impact to other provinces, that is, "the process model of HIV/ AIDS prevention and care through LANA is introduced to other provinces", the model of the Health Manpower Development Program promoted by Phayao Province has been introduced to neighboring provinces and nursing schools, and signs of partial achievement have been observed. There were also unexpected positive impacts. At the workshops conducted in collaboration with the Chiang Mai University for the promotion of activities in other communities, people have started discussing not only HIV/AIDS, but also other diseases as well as the issue of poverty. Furthermore, some workshop participants (PHA, youths, health volunteers and NGOs) have started to take the initiative to conduct workshops voluntarily in other communities. Thus, considering all these factors, the impact was highly evaluated.

(5) Sustainability

The sustainability of the project was highly evaluated, considering the organizational/ institutional, financial and technical aspects. The Thai side had taken initiative in activities concerning health manpower development, and the community assessment training, which was its core activity. This has been installed as one of the routine activities of Phayao PPPHO. In addition, PPPHO is planning to allocate 1% of the health budget for the activity hereafter, thus the financial sustainability is secured. The care network was formed and started functioning among organizations such as district hospitals, sub-district health centers, NGOs and PHA groups. Therefore, there is no concern about the organizational/ institutional and technical sustainability. Financially, the USCDC (United States Center for Diseases Control and Prevention) plans to cooperate in the area of care from 2002 to encourage the activity to be expanded more widely. Regarding promotion of the Community Response activities, Chiang Mai University which has been engaged in the activities in collaboration with JICA, announced that they would continue the activities after the termination of JICA's cooperation, and PPPHO would take part in these activities. Taking every factor into consideration, the sustainability of the project was assessed to be high.

3-2 Factors that promoted realization of effects

(1) Factors Concerning the Planning

There was a conceptual difference between Japan and Thailand over the methodology of strategy against HIV/ AIDS. However, with the continuous efforts from the both sides to pursue the best way to achieve the project purpose by reviewing the project plans, three major outputs were brought about: "Health manpower development"; "health system improvement"; "community response".

(2) Factors concerning the Implementation Process

1) As soon as the cooperation was launched, "health manpower development" was prioritized over the other two outputs, i.e. "health system improvement" and "community response", as the latter two activities were interrupted or restricted. However, the Japanese experts played a core role in promoting or preparing for the activities in collaboration with other partners including Chiang Mai University, which resulted in opportunities to diffuse these two outputs over other provinces than Phayao. Moreover, in the latter half of the cooperation period, when health manpower was developed to some extent, PPPHO started to back up these activities gradually, which brought about the sense of consolidation among the project personnel. Because of this, tangible outputs in "health system improvement" and "community response" were observed in the latter half of the cooperation period.

2) In "promotion of Community Response", universities were involved as counterparts, therefore various different approaches became available, and moderate horizontal connections were established.

3-3 Factors that impeded realization of effects

(1) Factors Concerning the Planning

1) The "model" referred to in the "model development" the project purpose was aiming at, and the concepts of "LANA" and "Process Model" introduced later on were not clearly defined or concretized. Thus, it required time and efforts of the project personnel to organize and concretize the concepts, as well as to operate and manage the project.

2) At the time of one year after the beginning of the project, "health manpower development", which was added according to the strong request from the Thai side, did not focus on AIDS, but was dealing with health problems in general. Since "health manpower development" was much more prioritized than the other two, the actual contents of the project were transformed from "model development focusing on AIDS" to "nurturing general health care manpower including AIDS care". With regard to the relevance of this project change, it could be measured successful when evaluated in a long-term point of view, and an additional judgment from ex-post evaluation is required.

(2) Factors concerning the Implementation Process

1) PPPHO divided the contents of "health manpower development" into five steps, which were "assessment, planning, implementation, monitoring and evaluation", and put the highest priority on the first phase, the training on community assessment. For that reason, the steps after planning and implementation were postponed to the latter half of the project, and the training solely focused on the assessment as a result of the prioritization.

2) Due to the prioritization on the community assessment training, activities for other two outputs "establishment of preventive and care system" and "promotion of community response" were interrupted or restricted, which resulted in a delay in the achievement of all outputs.

3) PPPHO and the Japanese experts had conflicting opinions over the shift in the project contents from "model development focusing on AIDS" to "health manpower development in general including AIDS". It took a considerably large amount of time and efforts to coordinate the difference of opinions. In Thailand, the circumstance regarding AIDS is in the period of transfer from the emergent state of rapid infection rate to a phase where they seek sustainable resolution, and it was also the period for both the Japanese and Thai sides to seek ways to cope with that phase.

3-4 Conclusion

The issue of HIV/AIDS is a complicated social problem, and it is necessary to take measures to cope with this issue, giving consideration to such matters as regional characteristics and rapid progress of medical technology surrounding AIDS. For this reason, instead of developing a fixed model, the project aimed at the development of health manpower that can take the initiative to cope with the changing situations, as well as the formation of such communities. The project has sought a structure where such processes can be broadly shared with other communities.

Throughout the cooperation period, the project has conducted activities, aiming at a better quality of life for PHA and control over new infections. However, there was confusion due to the unclear definitions of some terms such as "the process model" stated in the project goal, namely "the process model for HIV/ AIDS prevention and care is developed" in "AIDS-resistant community (provinces, districts and sub-districts)", which was set as an indicator. Particularly in the first half of the project, PPPHO and the Japanese experts had a conceptual disagreement regarding the methodology to fight against AIDS, and it required a long period for discussions to overcome the differences.

As the coordination of conceptual differences and health manpower development were prioritized in the first half of the project, other activities such as the establishment of a medical system and the promotion of community response were behind schedule. However, since 2001, the sub-models of (1) Health Manpower Development, (2) Care Network and (3) Community Response, have been gradually developed as sub-components that will form the "process-model". In other words, the foundation for achieving concrete outcomes has been established. In addition, with regard to the sub-model of Health Manpower Development, the method of manpower development introduced in Phayao Province started to be applied in other provinces.

Moreover, according to the ten-year data of HIV prevalence of pregnant women in Phayao Province, the 10.6% infection rate, the highest in the Northern Thailand in 1994, remained stable around 5.0% between 1995-2000, and drastically declined to 2.3% in 2001. It is hard to clarify whether the project had directly contributed to the reduction; however the timing suggests the project has played a role in the decline of the infection rate. It is desired that the rate remain low for a long period in the future as a positive impact of the project.

Finally, throughout the cooperation period, the project has taken part in international conferences and symposiums and has reported on the project activities. Also, it has accepted a number of visits of health personnel and interested development personnel from Japan and other countries. Thus, the project has high publicity and at the same time, contributed greatly to providing opportunities of field visits for potential supporters or those who were to be in charge of AIDS cooperation in the future.

3-5 Recommendations

(1) It is desired that the experiences of the project be put in documentation and distributed in order to share it with other provinces and people involved in AIDS control. It is also desired that seminars be held as opportunities to present the experiences widely.

(2) The experience of the project which tackled the establishment of an effective system for providing care and prevention of AIDS, could be a model for AIDS control in the future. It is also hoped that the experience is broadly and continuously shared with people concerned with AIDS control. The Thai side also has an interest in sharing these experiences, and it is required that the formation of specific structure is addressed in the future.

(3) In order to share the experience of the project, ingenuity and endeavor for experience sharing is required through gaining awareness in neighboring countries in Asia and other countries/ regions which have AIDS problems.

3-6 Lessons Learned

(1) It was confirmed that, in the project, the improvement of the quality and quantity of care to which PHA including infected people without symptoms can access, resulted not only in the improvement of the quality of lifestyles of PHA but also in the prevention of new infections from PHA. In addition, PHA was taking a more positive role in the prevention against AIDS in the community. Therefore, instead of simply positioning PHA as a beneficiary of medical service, PHA should be placed as the main participant in the activities since they play a major part under the condition where they can be organized as a group.

(2) An active involvement of the government is important in order to cope with AIDS problems, since the situation is rapidly changing and greatly differs from region to region.

(3) To deal effectively with AIDS problems which is a complicated social problem, the Public Health Office is expected to collaborate with other sectors such as military and education as well as taking a cross-sectional approach.

(4) To utilize the Project Design Matrix (PDM) as a tool for project management, abstract and ambiguous description of terms should be avoided in the process of project planning and the modification of PDM, and the project purpose and indicators should be clearly defined.

(5) As for the cooperation in AIDS control, it is assumed that flexible modification of cooperation contents is required, owing to the rapid change caused by external conditions such as the expansion speed of infection and improvement of medical technology and medicines. Therefore, it is necessary to formulate a project, taking into consideration possible changes of cooperation period and contents in advance beginning with the formulation phase.

(6) Cooperation in AIDS control is a field in which Japan as well as other donor agencies does not have much experience. Therefore in cooperation, it is necessary to have the capacity of coordination and management to accurately understand and analyze public health issues and social problems underlying the targeted communities, and to put cooperation plan into action without the influence of the framework of the existing medical technical cooperation.

3-7 Follow-up Situation

Based on the outputs of the project, an individual expert (HIV/ AIDS planning and administration advisor) was dispatched to the ASEAN Institute for Health Development (AIHD) in Thailand for one year since June 2003, for the needs survey of the neighboring countries and effective project formulation, in preparation for a wide-area technical cooperation covering these countries (Cambodia, Myanmar, Laos and Vietnam).