

## Summary of Terminal Evaluation

1 . Outline of the Project	
Country: Kingdom of Thailand	Project title: Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Older Persons in the Kingdom of Thailand
Issue/Sector: Social Security	Cooperation scheme: Technical Cooperation Project
Division in charge: JICA Thailand office	Total Cost: Approximately 200 million yen
Period of Cooperation	(R/D) : September 28th, 2007 – November 8th, 2007 –
	November 7th, 2011 (4 years)
Partner country' s Implementing Organization:MOPH, MSDHS	
Supporting Organization in Japan: Ministry of Health, Labour and Welfare	
<p>1-1 Background of the Project</p> <p>Thailand will experience a fast growing ageing population in the near future. Recently, demographic shift from younger to older population has occurred. The growth rate of the elderly population in Thailand is higher than the whole population. In 2000 the number of elderly population (60 years old or over) is approximately 5.6 million and will reach 11.3 million by 2020. At the same time, the working age population is decreasing. Therefore, dependency ratio of elderly population will increase from 11.6 in 2000 to 26.1 in 2020. This group is prone to chronic illness and need some kinds of assistance in every-day-life.</p> <p>The Thai government has strongly highlighted quality of human and society. Regarding the elderly population, it emphasizes the principle of active and valued ageing. In addition, the Second National Plan for Older Persons (2002-2021) sets out five key strategies for elderly care : 1) preparation for quality ageing, 2) promoting well-being in older persons, 3) social security for older persons, 4) management systems and personnel development, and 5) conducting research for policy and program formulation, monitoring and evaluation of the second plan.</p> <p>Thailand has enacted the Act on Older Persons (2003) , this act will be used as a mandate for all agencies to work for the elderly in comprehensive approaches. In order to improve the effective cooperation among various key organizations and agencies, MOPH and MSDHS together with JICA have jointly started "The Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Models for Older Persons in the Kingdom of Thailand" (CTOP) since November 2007.</p> <p>In August 2011, the terminal evaluation team was dispatched to check the performance of the project and conduct evaluation based on the 5 evaluation criteria.</p> <p>1-2 Project Overview</p> <p>&lt; Overall Goal &gt;</p> <p>The Community Based Integrated Health Care and Social Welfare Services Model for Older Persons (“Model”) is utilized nationwide.</p> <p>&lt; Project Purpose &gt;</p> <p>The Model is disseminated for the purpose of nationwide implementation.</p>	

< Outputs >

- 1) A framework for the institutions and organizations concerned with health care and social welfare services for older persons to participate in the planning process is established in respective target areas.
- 2) Situation of the target areas concerning health care and social welfare services for older persons is analyzed.
- 3) The draft Model is developed and tested.
- 4) The Model is finalized.
- 5) The capacity of the human resources concerned with health care and social welfare services for older persons is strengthened.

< Inputs >

(1) Japanese side :

Long-term Expert : 3 in total

Short-term Expert : 20 in total

Trainees received in Japan : 52 persons

Equipment : The Project provided office equipments and items related to the Project activities.

Local cost : 16,643,459 Bahts

(2) Thai side :

Assignment of counterpart personnel

Office spaces, meeting rooms, utilities, facilities, basic furniture and necessary equipment.

Local cost included expenses for training, meeting and supervision

2. Evaluation Team

Members of Evaluation Team	Team Leader : Mr. Shintaro NAKAMURA, Senior Advisor (social security) , Japan International Cooperation Agency (JICA) Elderly Policy : Ms. Kumiko IGARASHI, Assistant Director, Office of International Cooperation, Minister' s Secretariat, Ministry of Health, Labour and Welfare Elderly Welfare : Prof. Takahiro EGUCHI, Professor, Tsukuba University Evaluation Planning : Ms. Ayumi YUASA, Representative, JICA Thailand Office Evaluation Analysis : Ms. Junko SATO, TAC International Inc., Japan	
Period of Evaluation	7th – 25th August, 2011	Type of Evaluation : Terminal evaluation

3. Results of Evaluation

3-1 Achievement

3-1-1 Achievement of the Project Purpose

“The Model is disseminated for the purpose of nationwide implementation.”

Project Purpose has been mostly achieved as shown in Indicator 1 and 2.

The model was presented to the second National Conference in July 2011 (Indicator 1) , it was endorsed by representatives of MOPH, MSDHS, MOI and NHSO in the panel discussion (Indicator 2) . The model is planned to be presented to the National Commission on the Elderly in October 2011.

3-1-2 Achievement of Outputs

- (1) Output 1 “A framework for the institutions and organizations concerned with health care and social welfare services

for older persons to participate in the planning process is established in respective target areas.”

Output 1 has been accomplished as all activities were conducted as planned and 3 indicators were all achieved. As Indicator 1 shows, Working Committees are conducted regularly. In addition, the roles and responsibilities of relevant organizations and people participating in CTOP were defined (Indicator 2) . Further, community plan (action plan) for implementing CTOP in respective project sites was approved at the fifth Steering Committee, which was held in April 2009 (Indicator 3) .

CTOP took great efforts to identify stakeholders in each area and to coordinate among them, which was the most time consuming process, but key to successful implementation of CTOP. Active involvement of local stakeholders increased their ownership towards CTOP activities.

- (2) Output 2 “Situation of the target areas concerning health care and social welfare services for older persons is analyzed.”

Output 2 has been also accomplished as all activities were conducted as planned and all indicators were all achieved

The result of the first and the second elderly survey was submitted to the 4th Steering Committee in December 2008, and the 12th Steering Committee in January 2011 respectively (Indicator 2-1) . Finalized results of the second elderly survey was reported and approved in the 7th JCC in January 2011 (Indicator 2-2) .

CTOP assisted in developing "Elderly questionnaire", which is linked with Typology of the Aged with Illustration (TAI) introduced by a Japanese short-term expert, an evidence-based assessment tool for elderly population.

- (3) Output 3 “The draft Model is developed and tested.”

Output 3 has been accomplished.

The first draft model was acknowledged in the JCC in July 2010 (Indicator 3-1) , and progress of model activities implemented in each project site are periodically reported and approved in JCC and Steering Committee.

The remarkable achievement in the process of achieving Output 3 is that design and operation of model activities in project sites were documented in the written form. Through documentation, CTOP’ s unique approach can be easily shared with other areas, and this is the significant step for the dissemination of model activities.

- (4) Output 4 “The finalized Model is approved by the JCC.”

The finalized model was approved in the eighth JCC in June 2011 (Indicator 4-1) , and Output 4 has been accomplished. The model is a combination of model activities at 4 project sites and the "Universal lessons", which are extracted from those activities.

CTOP developed "Checklist" for self-evaluation in response to a recommendation of mid-term review. The series of the checklist items are divided into five categories; 1) key players, 2) project designing process, 3) preferable project design, 4) operation (empowerment and encouragement of players) and 5) self-evaluation and improvement, and are useful to evaluate the entire process of model activities. It is expected that "Checklist" is utilized for disseminating the model in other areas.

- (5) Output 5 “The capacity of the human resources concerned with health care and social welfare services for older persons is strengthened.”

It is confirmed that Output 5 has been also achieved. Counterpart training in Japan contributed to enhancing the team spirits among participants from the same project sites and facilitating more positive involvement of participants towards their activities at project sites. The capacity of stakeholders was also strengthened through community care training, where participants themselves were involved in its planning, implementation and management.

The course evaluation of counterpart training in Japan and community care training indicates that most of the participants are satisfied with the contents of various trainings conducted under CTOP (Indicator 5-1) , which was also confirmed through the result of interviews and questionnaire survey conducted at the time of the Terminal Evaluation.

As for Indicator 5-2, "How to Enhance Local Ownership at CTOP Project" was developed in 2008, and "Principles"/"Suggestions" and "Checklist" were developed so as to be utilized as guidelines for human resource development.

### 3-1-3 Implementation Process

In general, the project activities have been implemented according to PDM. The progress of CTOP was shared among stakeholders through JCC, Steering Committee and Weekly meeting.

Major promoting factors that promoted realization of effects are 1) continuous efforts to stimulate CTOP activities, 2) promotion of local ownership and 3) provision of opportunities for mutual learning.

As for continuous efforts to stimulate CTOP activities, CTOP has successfully assigned short-term experts at the right timing. Their expertise greatly contributed to smooth implementation of CTOP activities and the encouragement of the local stakeholders, which was also multiplied by various efforts such as holding area workshops, making promotional items and video shooting.

The strategy of CTOP focused on encouraging local ownership. CTOP initiated various small-scale "plan-do-see" cycles through cyclical management. Small visible changes encouraged and motivated related government officials and community stakeholders to participate in the project activities with more enthusiasm.

CTOP has tried to secure as many learning opportunities among project sites as possible in response to a recommendation of mid-term review. For example, CTOP held a mutual study workshop on the following day of the 7th JCC for the purpose of sharing updated information on CTOP activities among 4 project sites. Conducting mutual site visits (e.g. Nonthaburi and Surat Thani) was also another good example for mutual learning. Through these opportunities, project sites stimulated each other and improved their activities.

### 3-2 Evaluation by Five Criteria

#### (1) Relevance

Relevance of the Project is still high at the time of terminal evaluation.

- 1) The Overall Goal of the Project is consistent with national policies such as the tenth National Economic and Social Development Plan (TFY2007-2011) , which put aging as a priority issue, the Second National Plan for Older Persons (2002-2021) , and the Act on Older Persons (2003) . Moreover, CTOP is expected to be in line with the Eleventh National Economic and Social Development Plan (TFY2012-2016) , in which aging issue will continue to be prioritized and the importance of community based approach will be addressed.
- 2) The overall goal and the project purpose are consistent with the Japanese government' s official development assistance policies and JICA's cooperation policy for Thailand. The aging issue is described as one of the priority areas in the above mentioned JICA's policy.
- 3) The selection of project sites was appropriate. One Tambon was selected from four provinces, which are diverse in needs and resource for the elderly services and socio-cultural backgrounds. It was appropriate to select Tambons in different settings for the purpose of extracting "Universal lessons" for dissemination of the model nationwide.
- 4) Since Japan has the highest elderly ratio in the world and Japan has a rich experiences in developing policies and strategies for coping with the aging society by emphasizing the importance of community-based care. This advantage of Japanese experiences in this field is definitely high.

## (2) Effectiveness

Effectiveness of the Project is very high as five Outputs have been successfully achieved, which contributed to the realization of Project Purpose.

- 1) CTOP has successfully established "integrated service model". Model activities in 4 project sites fulfill the three criteria as follows.
  - ① Multi-Agency/Sector Involvement : authorities both in health and social welfare sectors are involved.
  - ② Promotion of equal partnership between related authorities and local general residents.
  - ③ Wide variety of services and supports for the elderly population with different needs (e.g. independent/dependent/bed-ridden)
- 2) It should be highlighted that CTOP could maximize the outputs by enhancing inter-organizational network between MOPH and MSDHS through Weekly Meeting.
- 3) "Principles"/"Suggestions" and "Checklist" were developed based on model activities in four project sites so as to be utilized nationwide as guidelines for human resource development. It is expected that those materials are utilized effectively in capacity building for stakeholders in other areas who play leading roles in developing and operating community-based activities for supporting the elder population.
- 4) CTOP tools including "Elderly questionnaire", "Checklist" for self-evaluation, and TAI are supposed to give ideas to local stakeholders "how to do", and to be very effective in problem-finding. Together with these tools and "Universal lessons", it is expected that the model will be utilized nationwide in the near future.
- 5) The model, which includes model activities at 4 project sites and these "Universal lessons", was documented in Thai and has been already distributed to 65 out of 77 provinces at the occasion of the second National Conference. This is a positive indication toward disseminating the model nationwide.

## (3) Efficiency

Overall, CTOP has been efficient as most inputs are adequate and utilized for the achievement of the Outputs. All activities were conducted as planned and most indicators reached the targets.

### 1) Inputs by the Japanese side

Inputs from the Japanese side were also appropriate in terms of personnel, equipment and operational cost. Even though the number of the long-term experts was as minimum as 2, they have remarkably contributed to the realization of joint efforts and collaboration between the two ministries. Qualification of short-term experts was also highly appreciated by the Thai side. Their expertise greatly contributed to capacity development and motivation of the Thai counterparts.

### 2) Inputs by the Thai side

In order to maximize the outcome of CTOP, The Thai side showed a strong commitment in terms of policy as well as allocation of budget, personnel, facility and equipment. It is noteworthy that the Thai side, especially at Tambon level, bears the costs for trainings, meetings and monitoring, which are essential for CTOP implementation in each project site. Central government is strongly committed for initiating community-based activities. It needs to be noted that, once community-based activities are initiated, it is local authorities who should play primary roles in continuing those activities.

### 3) Cooperation with other partners

CTOP collaborated with the activities of Japan Overseas Cooperation Volunteer (JOCV) in Thailand and private companies. Moreover, CTOP made evaluation of the satisfaction for the hypertension project in Chiang Rai with the support from Chulalongkorn University.

#### (4) Impact

Several positive impacts have been observed.

- 1) CTOP achievement had impact on the national policy. Successful progress of CTOP has increased the acknowledgement of importance and effectiveness of community-based elderly care approach, which led to make impact on planning the Eleventh National Health Development Plan (TFY2012-2016) , where the community-based approach is emphasized.
- 2) Communities in CTOP project sites are empowered and revitalized through implementing CTOP activities in an integrated manner. As a result, other government agencies selected CTOP project sites as their project sites. (e.g. project on rehabilitation of people with disabilities in Nonthaburi) .
- 3) Local stakeholders including volunteers coordinated site visits in project sites and shared model activities with other Tambons.
- 4) CTOP successfully offered effective tools such as "Elderly questionnaire" and TAI for understanding condition and needs of the elderly, and "Mission"/"Principles"/"Suggestions" and "Checklist" which are good knowledge/lessons learned extracted from 4 model activities. Together with these tools and knowledge, it is expected that the integrated model will be utilized at the community-level, nationwide in the near future.
- 5) CTOP activities are introduced inside/outside the country through media coverage and observation visits from other countries.

#### (5) Sustainability

##### 1) Policy Aspect

Aging is the urgent issue in Thailand, which is articulated in the Eleventh National Economic and Social Development Plan TFY2012-2016, the Second National Plan for Older Persons and the Act on Older Persons 2003. The Eleventh National Economic and Social Development Plan also addresses the importance of community based approach. Therefore, the sustainability from policy aspect is certainly high.

##### 2) Organizational Aspect

Organizational sustainability is high.

- a) CTOP takes community-based approach, in which local authorities at Tambon level are the key players. Considering the policy of decentralization, it is expected that local authorities at Tambon level continue to play major roles for providing community-based elderly services.
- b) Tambon Health Promoting Hospital (THPH) , or Health Center and community hospital are expected to provide technical supports and services to local authorities by closely working for elderly care.

##### 3) Financial Aspect

In disseminating the model, financial sustainability is expected to some extent.

- a) CTOP activities coordinate with various organizations supporting elderly care in the community and make best use of existing resources at community, which enables them to be financially sustainable.
- b) NHSO established Community Health Fund to be utilized by communities, which encourage local self-reliance.
- c) The Decentralization Act 1999 sets a certain percentage of the central government' s revenue to be allocated to local authorities. This makes financial mechanism of local authorities more stable.

##### 4) Technical Aspect

Technical sustainability is expected to be high.

- a) Since CTOP project sites are diverse in needs and resource for the elderly services and socio-cultural backgrounds, "Universal lessons" extracted from the sites can be applied to other areas.
- b) If tools, "Mission" /" Principle" /" Suggestion" , guidelines and manuals developed by CTOP are fully utilized,

the model will be implemented in many other areas of the country. Moreover, “Universal lessons” of CTOP can be applied and extended to other target groups, even the context is different. Even for the same activity, the tools can be developed further depending on the context of the area.

### 3-3 Conclusion

The evaluation team concluded that the Project successfully achieve the Project purpose by the end of the Project. The Project has implemented all planned activities, and produced visible outcomes by the effective Project approach and efficient inputs. Further, the Project is highly evaluated from five criteria. The valuable impact made by CTOP should be maintained in order to improve community-based elderly service.

### 3-4 Recommendation

- (1) In order to disseminate the model, it is important that all stakeholders fully understand the concepts of the model. It is recommended that the Project creates user-friendly diffusion materials (educational material with illustration, video, etc.) of the model that can be utilized by various stakeholders at different levels.
- (2) Also, the outcomes of CTOP such as guidelines, manuals, tools, pictures, and documents regarding the model should be made available online through Thai government’ s website (s) , especially on website of MOPH, MSDHS, and Department of Local Administration of MOI.
- (3) Through CTOP, various effective mechanisms and tools were introduced to develop a community based integrated health care and social welfare services for the elderly, such as inter-organizational information sharing and coordination mechanism. Thai government is expected to maintain these mechanisms even after CTOP termination
- (4) In disseminating the model in other areas, Thai government should see to it that the following points are noted by stakeholders in other areas who would make use of the model.
  - 1) As different stakeholders have different interests and commitments to the elderly services, it is necessary to spend enough time in the planning stage to ensure coordination, consultation, and participation of stakeholders.
  - 2) Especially in areas with limited resources, it is important to develop feasible plans, by taking into account their needs, situation and available resources.
  - 3) Elder people’ s condition, environment and needs are always changing. To address this issue, it is essential to conduct elderly survey regularly and update the information.
  - 4) Difference in the characteristics of the community is significant, especially between rural settings and urban settings.
  - 5) Cost-sharing by local people for activities would enhance the financial sustainability and their ownership toward the activities.
- (5) Taking into consideration that TAO/Tessaban will be a core stakeholder in integrating community-based elderly care, it is highly desirable that the Thai government takes necessary measures to support TAO/Tessaban in terms of legislation, budget and human resource allocation.
- (6) Due to differences between urban and rural context, further model development can be explored for elderly population in urban setting.

### 3-5 Lessons Learned

- (1) Inclusive development being JICA’ s mission, it is important to shed lights on vulnerable groups existing even in the era of economic growth, and include them as target groups of technical cooperation projects.
- (2) Sharing Japanese experiences through counterpart training in Japan and series of Weekly Meeting contributed to increase counterpart’ s interest and understanding of aging issues. Since Japan has the highest elderly ratio in the

world and Japan has rich experiences in developing policies and strategies for coping with the aging society, aging issues will be a prospective issue for future cooperation between two governments. It should be noted that both sides could learn from each other, rather than one teaching another.

- (3) Southeast Asian countries share the similar issues as Thailand such as aging population, lack of collaboration among different ministries and between central and local levels, and lack of capacity of local organizations. JICA is planning to expand cooperation on social security issues in Southeast Asian countries. Experiences and lessons learned through CTOP could be utilized as good practices in expanding cooperation on social security issues in Southeast Asian countries.