

付 属 資 料

1. 要請書
2. Minutes of Meetings (M/M)
3. PDM (日本語版)
4. PO (日本語版)
5. 収集資料リスト
6. 高齢化にかかる第2次国家計画 (2002～2021)

1. 要請書

APPLICATION FORM FOR JAPAN'S TECHNICAL COOPERATION

1. **Project Duration:** 5 years from 2006 to 2011
2. **Project Title:** Development of a Community Based Integrated Health Care and Social Welfare Services Model for the Elderly

3. **Implementing Agency:**

Ministry of Public Health

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Tiwanond Rd., Nonthaburi 11000

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Ministry of Social Development and Human Security

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4. **Background of the project**

Thailand will experience a fast growing ageing population in the short future. Recently, demographic shift from younger to older population has occurred. Trend in the growth rates and size of elderly population in Thailand are higher than the growth of the whole population. In 2000 the number of older people 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 people will increase from 11.6 in 2000 to 26.1 in

2020. Due to longer life expectancy in women, there will be twice or triple number of women than men in elderly people aged 75 and above. This group is prone to chronic illness and need some kinds of assistance in every-day-life.

In addition, a national survey in 1999 revealed that 73 percent of the sample has one kind of chronic improper condition, 25 percent having short and long term impairment, 19 percent having long term impairment, 7 percent being dependent in self-care, and 4 percent having cognitive impairment. It shows a significant problem in the future as ageing population rise rapidly.

The Thai government has strongly highlight quality of human and society. Regarding the older 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.

According to the Second National Plan, the focal authority for policy and guidelines development is the National Commission on the Elderly with the secretariat office is responsible by the Bureau of Empowerment for older Persons under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security.

Thailand has enacted the Older Persons Act 2003, this act will be used as a mandate for all agencies to work for the elderly in comprehensive approaches.

In Thailand, As a major concern of older people is about their health, the Ministry of Public Health will be the principal organization responsible for arranging services for them. Within the MOPH, there are three major departments providing technical support to local service providers. Bureau of Health Promotion in Department of Health provide training and health

education on health promoting activities for older people. Institute of Geriatric Medicine, Department of Medical Services, provide technical support on elderly care. Department of Mental Health also supports mental health service for older people. Social welfare services are under the responsibility of the Ministry of Social Development and Human Security. Bureau of Empower for older person is responsible for National policy and plan on older persons and work with Technical Bureau in order to provide social welfare services to the older persons at different level both central and provincial level. In addition, both public and private health providers, local authorities, local elderly societies, and other non-governmental organizations and groups are either key actors or partnerships in making services available to older people.

In order to improve the effective cooperation among various key organizations and agencies, the MOPH has attempted to initiate a model development of integrated health care system for older people. The project will further facilitate and strengthen local cooperation and develop a standard for local health services by launching a pilot study and learn from best practice as a showcase for further development so as to benefit and appropriate respond to the needs of local older people.

5. Outline of the Project

(1) Overall Goal

To create a model caring community and society for the elderly through enabling different local agencies at the community level to develop integrated community based health care and social welfare services resulting in sharing of resources and benefits and provision of holistic health and welfare services contributing to a better quality of life for the elderly.

(2) Project Purpose

- 1) The development of a community based integrated health care and social welfare services model for the elderly in selected 4 provinces.
- 2) The development, testing and validation of Guidelines and Procedures promoting and ensuring cooperation and collaboration between local agencies and the community in the management, budgeting, financing, and provision of technical support to manage such model services in selected provinces.

(3) Outcome

- 1) Central/local management and technical capacity of the central/local agencies and the community-based organizations to operate such model services will be developed and institutionalized.
- 2) All local and related authorized agencies will clearly demonstrate how their understanding of the latest evidence based care management concepts for the elderly has guided the development and implementation of an appropriate mix of integrated health care and social services for the elderly.
- 3) All local and related authorized agencies clearly demonstrate their understanding of the concept of an operational study and the development and use of procedures and guidelines to promote and ensure ongoing and sustained cooperation and collaboration among various agencies working for the welfare of the elderly.
- 4) Preventive services such as health promotion, preventive care, community social services and community participation will be actively promoted and made more popular in the model provinces.
- 5) Community/home based care and rehabilitation for the elderly will receive regular and sustained support from the local, provincial, national public health authorities and national social services authorities which then must be integrated activities at local levels.
- 6) The pilot model developed becomes a showcase of how enhanced and focused community, local and provincial management through improved systematic and sustained cooperation and collaboration can provide integrated and responsive health care and social services to assist the elderly live a healthy life style.

(4) Project Activities

1) Human resources development

- 1-1 A study programme in Japan will be implemented for the staff of the both Ministries and local authorities to introduce the Japanese experience and resulting system.
- 1-2 In-country training/workshops will be conducted in cooperation with long-term/short term experts and ex-participants in the study programme in Japan for the staff of the both Ministries and authorities.

2) Model development

2-1 Conduct rapid survey and hold a series of consultative meetings with related authorities for selection of sites for the model services.

2-2 Conduct a baseline survey to gather information at each site to assess the health and social welfare needs of the elderly, their capacity to access health and social welfare services, the infrastructure and management configuration that would including facilities, personnel, financing and budgeting, and other related local services.

2-3 Conduct a series of meetings and workshops for local agencies and related authorities to examine the menu of the proposed model for establishing and operating a community based integrated health and welfare service structure for the elderly

2-4 Adapt the lessons learned from the Japanese experiences during the study programme in Japan and in-country training along with long-term/short term experts to develop and establish socially, culturally and administratively relevant and sustainable model services.

2-5 Routinely monitor the implementation of these model services for the elderly at community level and conduct a mid-term and a final evaluation to assess achievement of the outcomes and analyze lessons learned and reasons for the success and effectiveness and relevance of these model services.

3) Establishment of Guideline and procedures for local management of integrated community based services

3-1 Study the evidence from research workshops and actual implementation of services to extract key processes, approaches and suitable elements to be included into community-based integrated health and welfare services for the elderly

3-2 Develop handbooks and guidelines for local cooperation and standards for local services for the elderly

3-3 Develop human resources development plans for future services

3-4 Distribute the guidelines and procedures and human resource development materials and methods to Thai local authorities

4) Research activities

4-1 Review and study current laws and regulations that would contribute to promoting more effective and efficient provincial cooperation between related agencies and authorities responsible for planning, providing and monitoring the effectiveness of the services for the elderly

4-2 Examine and analyze various government and health and welfare policies related to

the elderly for guiding the development of guidelines and procedures for inter-sectoral and inter-agency collaboration

4-3 Correct existing data such as physical & mental condition for aging population, needs of care, institutional and human capacity for service provision by formal sector and informal sector including family and community and statistics concerning aging population through MDS method and examine and analyze existing data, and then develop model expectation for future.

4-4 Hold regular meetings involving all relevant and related authorities to promote mutual understanding on the importance and necessity of local cooperation for providing integrated health care and social welfare services for the elderly

4-5 Develop recommendations based on the study and analysis of the current legislation, laws and regulations for provided better and integrated services for the elderly for future legislative amendments

4-6 Establish guideline/mechanism/procedures for regular monitoring and periodic evaluation

5) Coordinating Mechanism

5-1 Establish an executive committee, technical advisory committee and working groups among related authorities to discuss integrated services at central level and pilot provincial level.

5-2 Identify and train the key local agency that will be assigned the responsibility for implementing the project activities at the local community level.

6) Input from the Recipient Government

(Counterpart personnel (identify the name and position of the Project manager), support staff. Office space, running expenses, vehicles, equipment, etc.)

6.1 MOPH and MSDHS will provide Thai personnel as follows:

- 1) Project Director is Deputy Permanent Secretary (Dr. Narongsakdi Aungkasuwapala) MOPH
- 2) Project Co-Director is Deputy Permanent Secretary assigned by Permanent Secretary of MSDHS
- 3) Project Assistant Director is Dr. Sathaporn Wongjaraen, Health Inspector and Director of Health Insurance Bureau, MOPH

- 4) Project Manager is Dr. Suvaj Saisiriwattana, Director, Bureau of Policy and Strategy, Office of the Permanent Secretary, MOPH
- 5) Project Co-Manager is Director, Bureau of Empower for Older Persons Office of the Permanent Secretary, MSDHS

6) Project Coordinators

Mrs. Rossukon Kangvallert Director, Health Policy Group, Bureau of Policy and Strategy and Mrs. Suparnee Ratanchatchai, Chief of International Cooperation Affair on Health Insurance Office of the Permanent Secretary, MOPH

Mr. Opas Pimolvitayakit Director, Division of Measure and Mechanism Development and Mrs. Siriwan Aruntippaitoon, Division of Measure and Mechanism Development, Bureau of Power of Older Persons, MSDHS

- 7) Counterpart personnel are Director of Bureau of Health Promotion, Department of Health; Director, Institute of Geriatric Medicine, Department of Medical Services; Director, Mental Health Technical Development Bureau, Department of Mental Health; and staffs under these agencies.

6.2 MOPH and MSDHS will take necessary measures to ensure self-reliant operation for the Project during and after period of Japanese technical cooperation; through full and active involvement in the Project of all related authorities, interest groups and institutions.

6.3 MOPH and MSDHS will provide the following facilities on its own expense:

- 1) Administrative offices and rooms for Japanese experts and counterpart personnel.
- 2) Conference room

6.4 MOPH and MSDHS will bear expenses necessary for the implementation of the Project according to the necessity

7 Input from the Japanese Government

(Number and qualification of Japanese experts, training (in Japan and in-country) courses, seminars and workshops, equipment, etc.)

JICA will take, at its own expense, the following responsibilities under the technical cooperation:

- 1.1 JICA will dispatch Japanese long-term and short-term experts.
- 1.2 JICA will organize study visit to Japan in the field of local cooperation for staffs of MOPH, MSDHS and relevant local authorities.
- 1.3 Bearing expenses necessary for Thai academics (MOPH and MSDHS will assign Thai academics and JICA will bear expenses)

8 Implementation Schedule

Month July Year 2006 - Month June Year 2011

9 Implementing Agency

(Budget, staffing, etc.)

For implementing agency, the Ministry of Public Health (MOPH) and Ministry of Social Development and Human Security (MSDHS) will utilize its own budget and manpower in order that ultimate outcome of the project could be achieved.

10 Related Activities

(Activities in the sector by the recipient government, other donors and NGOs)

Currently, MOPH and MSDHS are working on coordinating mechanism. MOPH has set up a working team to study and explore proper forms, procedures and

activities of local cooperation and standard for public services and will invite team staff from MSHDS to be member in near future

11 Beneficiaries

(Population for which positive changes are intended directly and indirectly by implementing the project)

People, particularly, the elderly will receive holistic health care and social welfare services which Assisi the elderly live a health life style.

12 Security Conditions

Working closely with local people, central, provincial and local officials, security condition is highly affirmed.

13 Others

16 February 2006

TECHNICAL COOPERATION PROJECT (TCP)

SUMMARY FOR JAPANESE EXPERT

Type of Expert : [] Group [/] Individual Long-term [/] Individual Short-term
Field of Expert : Community Based Integrated Health Care, Social Welfare Services and Health Care Financing for Older People
Type of Duties : To give technical guidance on community integrated health care system, social welfare services and health care financing for older people (i.e) Advice, Planning, Research & Development, Technical Guidance, <i>Training/Education, Management</i>
Requesting Agency : Ministry of Public Health and Ministry of Social Development and Human Security, Thailand
2. Post Specification :
(a) Post Title : Development of a Community Based Integrated Health Care and Social Welfare Services Model for Elderly Requesting number of Personnel : 2 long-term expert, 4 short-term experts each year
(b) Duties (Job Description) : <i>Long term expert</i> <ol style="list-style-type: none">1. To coordinate with Thai central officials and academics2. To give legislative and policy advice3. To help in research activities and organize seminars/workshop4. To organize counterpart training To prepare handbooks/guidelines for local cooperation and local public services standards <i>Short term expert</i> <ol style="list-style-type: none">1. To coordinate with Thai local officials2. To give advice to local authorities on procedures for implementing local cooperation3. To help in research activities and organizing seminars/workshop4. To help prepare handbooks/guidelines for local cooperation and local public services standards

Area Specific for Expert on Policy Development

1. Domiciling community care service for the Elderly
2. Guideline of integrated health care for the Elderly
3. Mechanism of coordination

Conditions: MOPH, MSDHS and Provincial Public Health Office will provide the following facilities for experts:

1. Administrative offices and rooms for Japanese experts and counterpart personnel;
2. Conference room.

(i.e) Provision of Office Facilities, Official Car, etc.

Qualification and Experience Required :

Long-term expert

1. not over 60 years of age
2. Master Degree or its equivalent
3. More than 5 year experiences as a central government official or an academic in the field of integrated health care system and health care financing for older people
4. To have command of spoken and written English
5. To have sufficient knowledge and experiences related to establishment and management of health care system and health care financing for older people

Short-term expert

1. not over 60 years of age
2. Bachelor Degree or its equivalent
3. To have command of spoken and written English
4. To have sufficient knowledge and experiences related to health care system and health care financing for older people

TECHNICAL COOPERATION PROJECT (TCP)

SUMMARY FOR TRAINING

Type of Training	<input type="checkbox"/> In-country Training <input type="checkbox"/> Country-focused Training <input type="checkbox"/> Long-term Training (L/T) <input type="checkbox"/> Counterpart Training <input type="checkbox"/> Third Country Training
Course Title	Capacity Building for Thai health administrator, social welfare administrator, senior health and social welfare staff both at central and provincial level on community based integrated health care, social welfare services management and financing for the elderly
Specific Field	Health care management, social welfare services and health care financing for the elderly
Course Content	<p>To provide health and social welfare administrators, planner, health and social welfare staffs with Japanese experience on health care services, social welfare services, health insurance for the elderly; cooperation, management and health care financing:</p> <ul style="list-style-type: none"> - Government and prefecture policy - Activities and management of local cooperation organization on aging - Legislative procedure concerning establishment of local cooperation on health care and social welfare system management - Various forms of local cooperation organization regarding health care and welfare for the elderly - Health care financing model for the elderly - Etc.
Duration and Schedule	Approximately 10 – 15 days for each group Schedule is to be prepared by JICA
Number of Participants	10 – 15 health and social welfare administrators, health and social welfare staffs, local authority staff / group total 5 groups/year for 5 years

<p>Expected Output</p>	<ul style="list-style-type: none"> - Participants have common understanding of local cooperation and local public health care services for older persons - Central government's official support and initiate a clear cut policy of integrated health care and social welfare services system, local cooperation on health care and social welfare for the elderly as well as local public health care services and welfare - Role of local authorities on integrated health care and social welfare services system management for older persons - Model development on health care and social welfare management and health care financing for the elderly
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Only for C/F request	For <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years
	Number of participants:
	Target organization and the specific division:
	Post/status of target participants:
	Target Participants: <input type="checkbox"/> Government official in administration <input type="checkbox"/> Government official in management <input type="checkbox"/> Government Engineer <input type="checkbox"/> Government/Private engineer <input type="checkbox"/> Government/private clerical
Only for L/T	Name of participant: Mr./Ms. Date of birth: Post: Academic background: Religion: English ability: TOEFL/TOEIC/ Other () Request to join a group training course: Yes / No If yes, please specify the course: Japanese language training: Necessary / not necessary
Possibility for Cost-sharing: <input type="checkbox"/> No	
<input type="checkbox"/> Yes: <input type="checkbox"/> Round-trip air fare <input type="checkbox"/> Lodging <input type="checkbox"/> Living allowance <input type="checkbox"/> Outfit <input type="checkbox"/> Airport tax <input type="checkbox"/> Transport from/to Airport <input type="checkbox"/> Domestic transport <input type="checkbox"/> Expense for Training	

2. Minutes of Meetings (M/M)

ANNEX VII Draft Record of Discussions (R/D)

**RECORD OF DISCUSSIONS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY AND
THE MINISTRY OF PUBLIC HEALTH AND
THE MINISTRY OF SOCIAL DEVELOPMENT AND HUMAN SECURITY FOR
THE PROJECT ON THE DEVELOPMENT OF A COMMUNITY BASED
INTEGRATED HEALTH CARE AND SOCIAL WELFARE SERVICES MODEL FOR
OLDER PERSONS IN THE KINGDOM OF THAILAND**

In response to the request of the Government of the Kingdom of Thailand, the Government of Japan has decided to cooperate on the Japan-Thailand Technical Cooperation on the Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Older Persons in the Kingdom of Thailand in accordance with the Agreement on Technical Cooperation between the Government of Japan and the Government of the Kingdom of Thailand signed on November 5, 1981 (hereinafter referred to as "the Agreement") and the Embassy of Japan's Note No. 133/19 dated May 14, 2007 and the Ministry of Foreign Affairs Note No. 1502.2/4518 dated May 24, 2007.

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

JICA and the Thai authorities concerned had a series of discussions on the framework of the Project. As a result of discussions, JICA and the Thai authorities concerned agreed on the matters referred to in the document attached hereto.

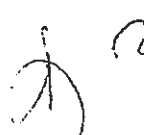
July ____ 2007

Bangkok, Kingdom of Thailand

Mr. Katsuji Onoda
Resident Representative,
Japan International
Cooperation Agency (JICA)
Thailand Office

Dr. Prat Boonyavongvirot
Permanent Secretary,
Ministry of Public Health

Mr. Wanlop Phloytabtim
Permanent Secretary,
Ministry of Social
Development and
Human Security

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ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE KINGDOM OF THAILAND

1. The Government of the Kingdom of Thailand will implement the Project in cooperation with JICA.
2. The Project will be implemented in accordance with the PDM which is given in Annex I. The tentative plan of operation is shown in Annex II.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA, as the executing agency for technical cooperation by the Government of Japan, will take, at its own expense, the following measures in accordance with the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex III. The provisions of Article IV of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

The equipment necessary for the effective implementation of the Project will be provided within the budget allocated for the Project. The provision of Article VIII of the Agreement will be applied to the Equipment.

3. TRAINING OF COUNTERPART PERSONNEL IN JAPAN

JICA will receive Thai counterpart personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE KINGDOM OF THAILAND

1. The Government of the Kingdom of Thailand will take necessary measures to ensure that self-reliant operation of the Project will be sustained during and after



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- the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of the Kingdom of Thailand will ensure that the technologies and knowledge acquired by the Thai nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Kingdom of Thailand.
 3. In accordance with the provisions of Article IV, V, VI of the Agreement, the Government of Thailand will grant in Thailand privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.
 4. The Government of the Kingdom of Thailand will take necessary measures to ensure that the knowledge and experience acquired by the Thai counterpart personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
 5. In accordance with the provisions of Article IV-(b) of the Agreement, the Government of Thailand will provide the services of Thai counterpart personnel and administrative personnel as listed in Annex IV.
 6. In accordance with the provisions of Article IV-(a) of the Agreement, the Government of Thailand will provide the facilities following its own expenses as listed in Annex V.
 7. In accordance with the laws and regulations in force in the Kingdom of Thailand, the Government of Thailand will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Ministry of Public Health (hereinafter referred to as "MOPH") and Ministry of Social Development and Human Security (hereinafter referred to as "MSDHS") will take overall responsibility for the Project.
2. Permanent Secretary of MOPH as the Project Director will bear overall responsibility for the administration and implementation of the Project.
3. Director General of Department of Health, MOPH as the Project Manager, will be responsible for the managerial and technical matters of the Project.
4. The Japanese experts will give necessary technical guidance and advice to the Thai counterpart personnel on technical matters pertaining to the implementation of the Project.
5. The Joint Coordinating Committee (hereinafter referred to as "JCC") will be established. Its functions and composition are described in Annex VI.
6. The overall structure of the project implementation is described in Annex VII.

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V. DURATION OF COOPERATION

The duration of technical cooperation for the Project under this attached document will be four (4) years from the arrival of the first Japanese expert in the Kingdom of Thailand.

VI. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Thai authorities concerned to examine the level of achievement at the middle and during the last six months of the Project.

VII. CLAIMS AGAINST JAPANESE EXPERTS

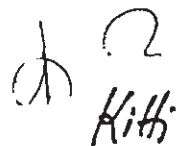
The Government of the Kingdom of Thailand undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Kingdom of Thailand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

VIII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Thai authorities concerned on major issues arising from, or in connection with, this attached document.

VIII. MEASURES TO PROMOTE UNDERSTANDING AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of the Kingdom of Thailand, the Government of Thailand will take appropriate measures to make the Project widely known to the people of the Kingdom of Thailand.


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ANNEX I	MASTER PLAN (PROJECT DESIGN MATRIX)
ANNEX II	TENTATIVE PLAN OF OPERATION (P/O)
ANNEX III	TENTATIVE TERMS OF REFERENCE OF JAPANESE EXPERTS
ANNEX IV	LIST OF THE THAI COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE
ANNEX VII	ORGANIZATIONAL STRUCTURE FOR THE IMPLEMENTATION OF THE PROJECT

 
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ANNEX I Master plan (Project Design Matrix (PDM))

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

Target Areas: Selected areas of four model provinces (one tambon each in Nonthaburi, Srat Thani, Khon Kaen, Chiang Rai)

Target Group:

- Direct beneficiaries - central and local government officers and service providers engaged in health care and social welfare services for the elderly in the target areas (approx. 300 persons)
- Indirect beneficiaries - older persons in the 4 model provinces (approx. 488,000 persons)

Project Duration: 4 years (from November 2007 to October 2011)

Narrative Summary	Indicators	Sources	Important Assumptions
<p><u>Overall Goal</u> The Community Based Integrated Health Care and Social Welfare Services Model for Older Persons ("Model") is utilized nationwide.</p>	<p><u>(until October 2014)</u> At least 15% tambons in each province utilize the Model.</p>		
<p><u>Project Purpose</u> The Model is disseminated for the purpose of nationwide implementation.</p>	<p><u>By the end of the Project</u> 1. The Meeting to present Model at the national level is held. 2. Model is proposed to the National Commission of Elderly, Ministry of Public Health, Ministry of Social Development and Human Security, and Ministry of Interior for the purpose of developing nationwide implementation plan.</p>	<p>Records of the Meeting Statement of the proposal to NCE, MOPH, MSDHS, and MOI.</p>	<p>The importance of the Model is recognized by the organizations concerned with ageing issues at different levels.</p>

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<p><u>Outputs</u></p> <p>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.</p>	<p>1-1. Regular meetings of the Working Committees are conducted.</p> <p>1-2. Lists of roles and responsibilities of institutions and organizations participating in the Working Committees are developed.</p> <p>1-3. Action plans in each target area are approved by the Steering Committee.</p>	<p>Member List/Meeting Record (Summary)</p> <p>Documents and records of the project/ Monitoring Report</p> <p>Action Plan</p>	<p>The Thai government's policy to place importance on ageing issues does not change.</p>
<p>2. Situation of the target areas concerning health care and social welfare services for older persons is analyzed.</p>	<p>2-1. Analysis results of each target area are submitted to the central government.</p> <p>2-2. Integrated analysis of the results from each area is done at the central level.</p>	<p>Documents and records of the project</p> <p>Documents and records of the project</p>	
<p>3. The draft Model is developed and tested.</p> <p>4. The Model is finalized.</p> <p>5. The capacity of the human resources concerned with health care and social welfare services for older persons is strengthened.</p>	<p>3-1. The draft Model is approved by the JCC.</p> <p>4-1. The finalized Model is approved by the JCC</p> <p>5-1. Trainees are satisfied with the contents of training.</p> <p>5-2. Human Resources Development Guidelines developed</p>	<p>JCC meeting record</p> <p>JCC meeting record</p> <p>Questionnaire for the trainees</p> <p>Documents and records of the project</p>	

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Activities	Inputs from the Japanese Side	Inputs from the Thai Side	Training participants will keep working with project.
<p>0-1. Select the members of the Joint Coordinating Committee (JCC).</p> <p>0-2. Select the members of the Steering Committee.</p> <p>0-3. Draft the roles and responsibilities of the institutions and organizations concerned.</p> <p>0-4. Decide the functions and composition of the Provincial Committees.</p> <p>0-5. Organize meetings among counterparts of both Ministries at central and provincial levels to understand the purpose of this project.</p>	<p>1. Experts</p> <p>a. Long-term experts:</p> <ul style="list-style-type: none"> • Chief Advisor / Health Care and Social Welfare for Older Persons • Project Coordination / Monitoring <p>b. Short-term experts:</p> <ul style="list-style-type: none"> • Social Welfare • Health care for older persons • Life style-related Diseases • Statistics/Survey • Geriatrics • Others <p>2. Training in Japan</p> <p>3. Training in Thailand</p> <p>4. Equipment As necessary</p>	<p>1. Counterpart staff</p> <p>2. Facilities and equipment</p> <ul style="list-style-type: none"> • Project offices at MOPH and MSDHS • Meeting room <p>3. Other costs</p> <ul style="list-style-type: none"> • Thai Personnel (Travel expenses, Accommodation and daily allowance) • Training in Thailand (participants Travel expenses, Accommodation and daily allowance) • Maintenance fee of the facility • Local Consultant (As necessary) • Office expenses 	<p>Pre-conditions Consensus on the implementation of the project is obtained from the parties concerned.</p>
<p>1-1. Select target areas (one tambon in each province) in the four provinces.</p> <p>1-2. Set up and prepare Working Committees in respective target areas.</p> <p>1-3. Define the roles and responsibilities of the institutions and organizations participating in Working Committees.</p> <p>1-4. Develop plans for the project implementation in respective target areas.</p>			
<p>2-1. Prepare questionnaires/data collection sheets for identification of resources providing health care and social welfare services for older persons.</p> <p>2-2. Provide orientation and training to staff involved.</p> <p>2-3. Identify financial strength of local authorities.</p> <p>2-4. Identify technical strength of local authorities.</p> <p>2-5. Identify the institutions and organizations</p>			

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<p>responsible for collecting the information on older persons and health care and social welfare services.</p>			<p>2-6. Identify resources and mechanisms for <i>providing health care and social welfare services</i> for older persons in respective target areas.</p> <p>2-7. Identify community information sharing mechanism.</p> <p>2-8. Identify older persons' needs for health care and social welfare services in respective target areas.</p> <p>2-9. Analyze the results of identification.</p> <p>2-10. Discuss and design the draft Model for target areas.</p>
			<p>3-1. Set up Community Committee and empower them to develop action plan for supporting older persons.</p> <p>3-2. Specify the contents of health care and social welfare services for older persons.</p> <p>3-3. Develop and implement guidelines on the roles of and collaboration among the institutions and organizations concerned including mechanism and management.</p> <p>3-4. Define the methods and procedures for providing health care and social welfare services for older persons, including how to link with different levels at district and provincial levels.</p> <p>3-5. Conduct the assessment of the health care and social welfare services by the community members.</p>

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<p>3-6. Disseminate the information on health care and social welfare services for older persons.</p> <p>3-7. Conduct trial of the draft Model in the target areas.</p> <p>3-8. Conduct monitoring and revision of the draft Model.</p> <p>4-1. Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.</p> <p>4-2. Conduct a meeting for finalizing the Model with the participation of external resource persons.</p> <p>4-3. Finalize the Model.</p> <p>5-1. Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)</p> <p>5-2. Assess the training needs of the above target groups.</p> <p>5-3. Develop guidelines for human resources development.</p> <p>5-4. Conduct training of the target groups.</p>	<p>Joint Coordinating Committee (JCC): central level</p> <p>To meet at least twice a year to review the progress of the Project and discuss major issues that may arise during the implementation of the Project. Members: MOPH, MSDHS, NESDB, TICA, four target provinces, JICA.</p> <p>Steering Committee: central level</p> <p>To meet every three months to monitor the progress of the Project to give advice to the Working Committees. Expected members: MOPH, MSDHS, four target provinces, JICA.</p> <p>Provincial Committees: provincial level (four provinces)</p> <p>To be established in each of the four target provinces in order to ensure the linkage among organizations concerned with health care and social welfare services for older persons at different levels including the district and the provincial levels.</p> <p>Working Committees: tambon level (one tambon each in the four provinces)</p> <p>To be established in each of the four target tambons with the participation of representatives from such stakeholders as local government authorities, service providers and elderly groups in order to analyze the situation of respective target areas and to develop the draft Model.</p> <p>Community Committees: village level (villages composing the target tambons)</p> <p>To be established in each of the villages which compose the target tambons in order to ensure the participation of wide stakeholders at the village level in health care and social welfare services for older persons.</p>
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ANNEX II

PLAN OF OPERATION (P/O)

Year →	2007												2008												2009				2010				2011																								
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4																			
0.Preparation of the project(Thai side)																																																									
0-1 Selection the members of Joint Coordinating committee																																																									
0-2 Select the members of the Steering Committee																																																									
0-3 Draft the roles and responsibilities of institutions and organization concerned																																																									
0-4 Decide the functions and composition of the Provincial Committees																																																									
0-5 Organize meetings among counterparts of both Ministries at central and provincial levels to understand the purpose of this project																																																									
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.																																																									
1-1 Select target areas in the four provinces.																																																									
1-2 Set up and prepare Working Committees in																																																									

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Year →	2007												2008												2009						2010						2011					
	↓						↑						↓						↑						↓						↑											
	Activities						Month →																																			
1-3	Define the roles and responsibilities of the institutions and organizations participating in Working Committees.																																									
1-4	Develop plans for the project implementation in respective target areas.																																									
2. Situation of the target areas concerning healthcare and social welfare services for older persons is analyzed.																																										
2-1	Prepare questionnaires/data collection sheets for identification of resources for providing health care and social welfare services for older persons.																																									
2-2	Provide orientation and training to staff involved																																									
2-3	Identify financial strength of local authorities.																																									
2-4	Identify technical strength of local authorities.																																									
2-5	Identify the institutions and organizations responsible for collecting the information on older persons and health care and social welfare services.																																									
2-6	Identify resources and mechanism for providing health care and social welfare																																									

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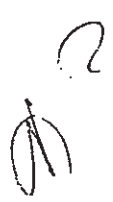
Year →	2007												2008												2009				2010				2011															
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4										
	Activities ↓ Month → services for older persons in respective target areas.																																															
2-7	Identify community information sharing mechanism.																																															
2-8	Identify older persons' needs for health care and social welfare services in respective target areas.																																															
2-9	Analyze the results of identification																																															
2-10	Discuss and design the draft Model for target areas.																																															
3. The draft Model is developed and tested.																																																
3-1	Set up Community Committee and empower them to develop action plan for supporting older persons																																															
3-2	Specify the contents of health care and social welfare services for older persons																																															
3-3	Develop and implement guidelines on the roles of and collaboration among the institutions and organizations concerned including mechanism and management.																																															
3-4	Define the methods and procedures for providing health care and social welfare																																															

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Year →	Activities ↓	Month →	2008												2009				2010				2011								
			11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4			
	services for older persons, including how to link with different levels at district and provincial levels																														
3-5	Conduct the assessment of the health care and social welfare services by the community members.																														
3-6	Disseminate the information on health care and social welfare services for older persons.																														
3-7	Conduct trial of the draft Model in the target areas.																														
3-8	Conduct monitoring and revision of the draft Model																														
4. The Model is finalized.																															
4-1	Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.)																														
4-2	Conduct a meeting for finalizing the Model for older persons with the participation of external resource persons.																														
4-3	Finalize the Model.																														
5. The capacity of the human resources concerned																															

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Year →	2008												2009				2010				2011		
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4		
	Activities ↓ Month → with health care and social welfare services for older persons is strengthened.																						
5-1	Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)																						
5-2	Assess the training needs of the above target groups																						
5-3	Develop guidelines for human resources development																						
5-4	Conduct trainings of the target groups.																						

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ANNEX III TENTATIVE TERMS OF REFERENCE OF JAPANESE EXPERTS

1. List of Japanese Experts

Japanese experts who will fulfill the following specialties will be dispatched.

○ Long-Term Experts:

(1) Chief Advisor / Health Care and Social Welfare for Older Persons (4 years)

a) Qualifications

- 1) Age: 35-59 years old**
- 2) Academic degree: Bachelor degree or above**
- 3) Experience: At least 10 years of working experience in health care and social welfare field or equivalent skills**
- 4) Others: Good health and be able to work in rural area, good English command**

b) Job description

- 1) Give technical advice on health care and social welfare for older persons**
- 2) Give advice on the overall implementation of Project**
- 3) Support the Thai side in carry out Project activities**
- 4) Coordinate Japanese resources for training in Japan and dispatch of short term experts**

(2) Project Coordination / Monitoring (4 years)

a) Qualifications

- 1) Age: 35-49 years old**
- 2) Academic degree: Bachelor degree or above**
- 3) Experience: 10 years of coordination or equivalent experience**
- 4) Others: Good health and be able to work in rural area, good Thai and English command**

b) Job description

- 1) To give necessary guidance and advice to counterpart personnel or administrative matters concerning the management and implementation of the Project**
- 2) To take necessary measures to assure the smooth implementation of the Project in consultation with counterpart personnel and JICA**
- 3) To give necessary assistance to JICA experts and counterpart personnel for preparation of the work plan of the technology transfer activities**
- 4) To give necessary guidance and advice to counterpart personnel for preparation of the evaluation and monitoring document of the Project.**

- 5) To make an effort for smooth coordination with relevant offices and JICA for successful implementation
- 6) To act as an accountant/property custodian/ procurement officer for the inputs of JICA

2-(1) Short-Term Expert: Social Welfare

a) Qualifications

- 1) Age: More than 35 and up to 64 years
- 2) Academic degree: At least bachelor's degree or equivalent in relevant field
- 3) Experience:
 - Having experience in working in the field of social welfare or relevant experience
- 4) Others: Good health and be able to work in rural area, practical level of English speaking

b) Job description

- 1) To provide technical support on social welfare both central and community level.
- 2) To support and assist to facilitate in carrying out the project activities and process.
- 3) To share experience in working with service providers, etc.

2-(2) Short-Term Expert: Health care for Older Persons

a) Qualifications

- 1) Age: More than 35 and up to 64 years
- 2) Academic degree: At least bachelor's degree or equivalent in relevant field
- 3) Experience:
 - Having experience in working in the field of elderly care or relevant experience
- 4) Others: Good health and be able to work in rural area, practical level of English speaking

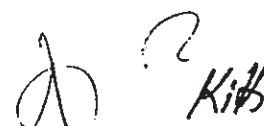
b) Job description

- 1) To provide technical support on health care for older persons both central and community level.
- 2) To support and assist to facilitate in carrying out the project activities and process.
- 3) To share experience in working with service providers, etc.

2-(3) Short-Term Experts: Life Style-Related Diseases

a) Qualifications

- 1) Age: More than 35 and up to 64 years
- 2) Academic degree: At least bachelor's degree or equivalent in relevant field
- 3) Experience:
 - Having experience in working in the field of life style-related diseases or relevant experience

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4) Others: Good health and be able to work in rural area, practical level of English

b) Job description

- 1) To provide technical advice on how to prevent risk from life-style-related diseases both central and community level..**
- 2) To support and assist to facilitate in carrying out the project activities and process.**
- 3) To share experience in working with service providers, etc.**

2-(4) Short-Term Experts: Geriatrics

a) Qualifications

- 1) Age: More than 35 and up to 64 years**
- 2) Academic degree: At least bachelor's degree or equivalent in relevant field**
- 3) Experience: 10 years experiences of medical doctor in the field of geriatrics**
- 4) Others: Good health and be able to work in rural area , practical level of English speaking**

b) Job description

- 1) To provide technical advice on geriatrics both central and community level.**
- 2) To support and assist to facilitate in carrying out the project activities and process.**
- 3) To share experience in working with service providers, etc.**

2-(5) Short-Term Experts: Statistics/Survey

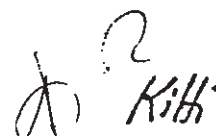
a) Qualifications

- 1) Age: More than 35 and up to 64 years**
- 2) Academic degree: At least bachelor's degree or equivalent in relevant field**
- 3) Experience:**
 - Having experience in working in the field of statistics or relevant experience**
- 4) Others: Good health and be able to work in rural area, practical level of English**

b) Job description

- 1) To provide technical support on community analysis and how to conduct survey for older persons both central and community level.**
- 2) To support and assist to facilitate in carrying out the project activities and process.**

Short-term experts that are not specified in the R/D will be determined and informed through discussions between both sides whenever the necessity arises

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ANNEX IV LIST OF THE THAI COUNTERPART AND ADMINISTRATIVE PERSONNEL

**1. Project Director: Dr. Prat Boonyawongvirot
Permanent Secretary, MOPH**

**2. Project Manager: Dr. Narongsakdi Aungkassupala
Director General, Department of Health, MOPH**

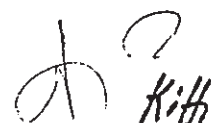
**Project Co-Manager: Mr. Kiti Samanthai
Director General, office of Welfare promotion,
Protection and Empowerment of Vulnerable Group,
MSDHS**

3. Counterpart:

- 1. Director of Health Promotion, Department of Health, MOPH**
- 2. Director of Geriatrics, Department of Medical Services, MOPH**
- 3. Director of Bureau of Health Services System Development, Department of Medical Services Support, MOPH**
- 4. Director of Mental Health Development, Department of Mental Health, MOPH**
- 5. Director, Bureau of Policy and Strategy, MOPH**
- 6. Director, Bureau of Policy and Strategy, Office of Permanent Secretary, MSDHS**
- 7. Director of Bureau of Empowerment for Older Persons, MSDHS**
- 8. Director of Bureau of Social Welfare Service, MSDHS**
- 9. Provincial Chief Medical Officers, MOPH and Provincial Social Development and Welfare, MSDHS from 4 pilot provinces (Khon kaen, Nonthaburi, Chiang Rai and Surat Thani)**

5. Administrative officers:

- 1. Ms. Rossukon Kangvallert, Director of Health Policy Group, Bureau of Policy Strategy, MOPH**
- 2. Mr. Opas Pimolvitayakit, Director, Division of Measure and Mechanism Development, MSDHS**
- 3. Ms. Siriwan Aruntippaitoon, Bureau of Empowerment for Older Persons,**



MSDHS

- 4. Ms. Unchalee Katianuug, Health Policy Group, Bureau of Policy Strategy, MOPH**
- 5. Ms. Suparanee Rattanachatchai, Office of Health Insurance, Office of the Permanent Secretary, MOPH**

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ANNEX V LIST OF BUILDINGS AND FACILITIES

- 1. Buildings and Facilities necessary for the implementation of the Project**
- 2. Office space and necessary facilities in the buildings of the Project for JICA experts and meetings**
- 3. Office space and necessary facilities for the Japanese experts and related staff members**
- 4. Other facilities mutually agreed upon as necessary**

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ANNEX VI JOINT COORDINATING COMMITTEE

1. FUNCTION

The Joint Coordinating Committee (JCC), composed of members listed in 2. below, will meet at least twice a year and whenever the necessity arises in order:

- (1) to adapt the Work Plan(s) of the Project activities under the framework of the Record of Discussions,
- (2) to review the overall progress of the project as well as achievement of the Annual Work Plan of the Project, and
- (3) to review and exchange opinions on major issues that arise during the implementation of the Project.

2. COMMITTEE COMPOSITION

(1) Thai side

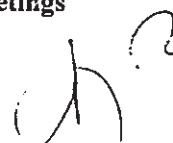
- a. Permanent Secretary, MOPH (Project Director), Chairperson
- b. Director General, Department of Health, MOPH(Project Manager), Vice Chair
- c. Director General, Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, MSDHS, Vice Chair
- d. Representative from Office of the National Economic and Social Development Board
- e. Representative from Thailand International Development Cooperation Agency, Ministry of Foreign Affairs
- f. Director General, Department of Medical Services, MOPH
- g. Director General, Department of Mental Health, MOPH
- h. Director General, Department of Medical Services Support, MOPH
- i. Director General, Department of Social Development and Welfare, MSDHS
- j. Representative from 4 pilot provinces (Khon kaen, Nonthaburi, Chiang Rai and Surat Thani)
- k. Director, Bureau of Policy and Strategy, MOPH
- l. Director, Bureau of policy and Strategy, Office of permanent Secretary, MSDHS

(2) Japanese side:

- a. Chief Advisor/ Health Care and Social Welfare for Older Persons
- b. Project Coordination/ Monitoring
- c. Other Japanese experts and personnel concerned dispatched by JICA, if necessary
- d. Resident Representative of the JICA Thailand Office

Notes:

- 1) Officials of the Embassy of Japan may attend Joint Coordinating Committee meetings

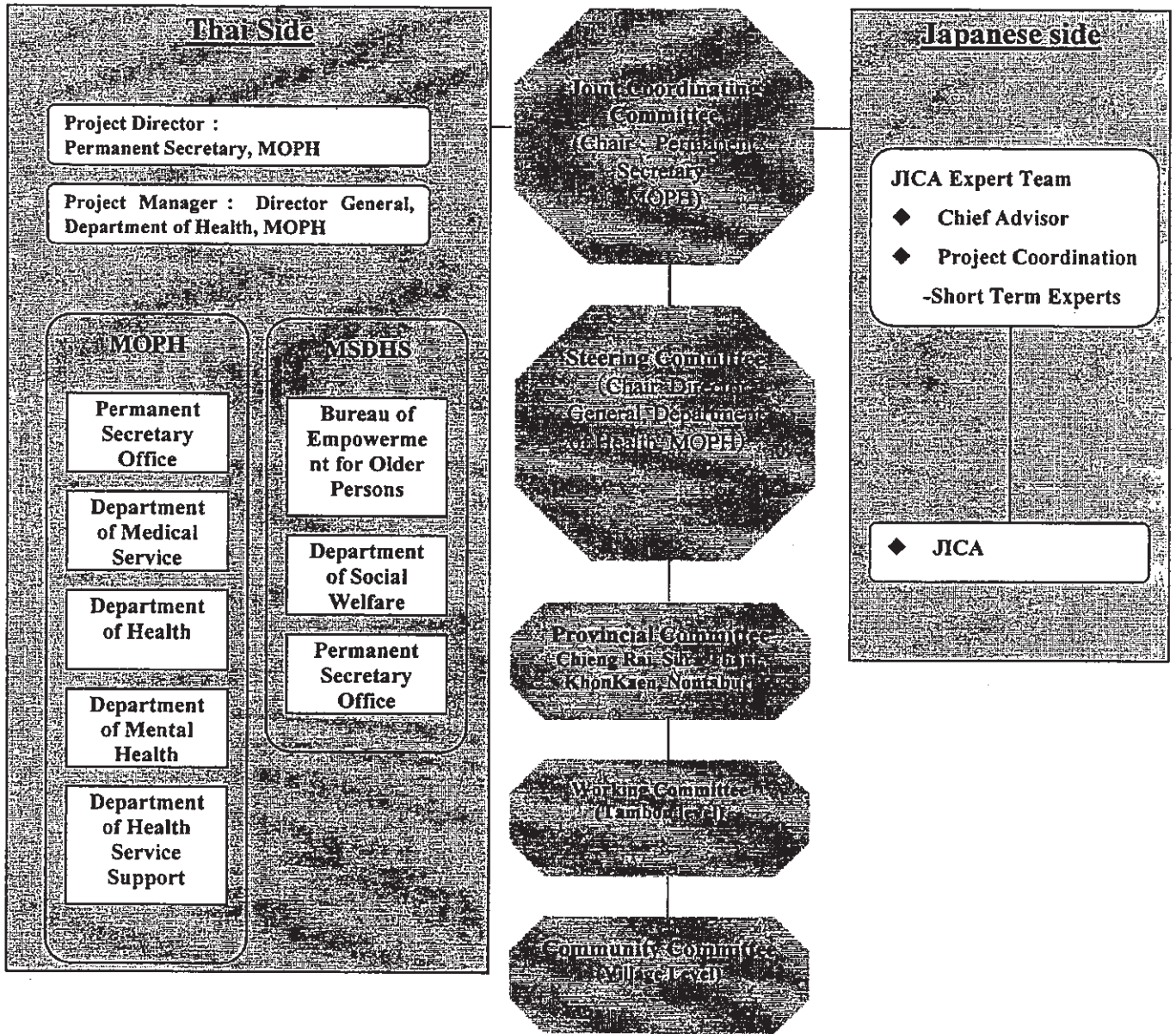
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as observers.

- 2) **Persons who are nominated by the Chairperson may attend Joint Coordinating Committee meetings, such as representatives of National Commission on the Elderly, Ministry of Interior, and National Economic and Social Development Board.**

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ANNEX VII : ORGANIZATIONAL STRUCTURE FOR THE IMPLEMENTATION OF THE PROJECT



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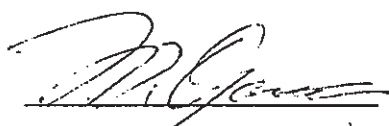
**MINUTES OF MEETING BETWEEN
THE JAPANESE PREPARATORY STUDY TEAM AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF THAILAND ON
THE PROJECT ON THE DEVELOPMENT OF
A COMMUNITY BASED INTEGRATED
HEALTH CARE AND SOCIAL WELFARE SERVICES MODEL
FOR OLDER PERSONS**

The Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Preparatory Study Team (hereinafter referred to as "the Team"), headed by Mr. Masazumi OGAWA, to the Kingdom of Thailand from June 18th to June 21st, 2007, for the purpose of working out the framework of the Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Older Persons in the Kingdom of Thailand (hereinafter referred to as "the Project").

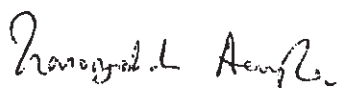
During the study, the Team exchanged views and had a series of discussions with the authorities concerned of the Kingdom of Thailand.

As a result of the discussions, the both sides agreed on the matters referred to in the document attached hereto.

June 28th 2007,
Bangkok, Kingdom of Thailand



Mr. Masazumi Ogawa
Team Leader
Preparatory Study Team
Japan International
Cooperation Agency
Japan



Dr. Narongsakdi
Aungkasupala
Director-General
Department of Health
Ministry of Public Health



Mr. Kitti Samanthai
Director-General
Office of Welfare Promotion,
Protection and Empowerment of
Vulnerable Groups
Ministry of Social Development
and Human Security



ATTACHED DOCUMENT

I. FRAMEWORK OF THE PROJECT

As a result of the discussions, both sides agreed on the framework of the Project as shown in Annex I.

II. TITLE OF THE PROJECT

Both sides agreed that the title of the Project is the Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Older Persons.

III. STRUCTURE OF IMPLEMENTATION OF THE PROJECT

The Ministry of Public Health (hereinafter referred to as "MOPH"), and the Ministry of Social Development and Human Security (hereinafter referred to as "MSDHS") will bear responsibility for the administration and implementation of the Project.

For the effective and successful implementation of the Project, a Joint Coordinating Committee (hereinafter referred to as "JCC") will be established. Its functions and compositions are described in Annex II.

Both MOPH and MSDHS will provide office spaces for the Japanese experts.

IV. MEASURES TO BE TAKEN BY THE JAPANESE SIDE

1. Dispatch of Japanese experts

JICA will provide the services of Japanese experts. A tentative list of the experts is shown in Annex III.

2. Training in Japan

JICA will receive the Thai personnel concerned with the project for technical training in Japan, when mutually agreed upon as necessary.

3. Equipment

4. Other necessary cost

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V. MEASURES TO BE TAKEN BY THE THAI SIDE

1. Assignment of counterpart and administrative personnel

A tentative list of Thai counterpart and administrative personnel is shown in Annex IV.

2. Other necessary cost

The Government of the Kingdom of Thailand will take necessary measures to meet the running expenses necessary for the implementation of the Project, including such expenses as salary, per diem and travel expenses for Thai personnel (including those engaged in the implementation of the Project activities in the target areas).

VI. Project Design Matrix (PDM) and Plan of Operation (PO)

Both sides agreed on the PDM and PO attached in Annex V and Annex VI.

VII. Schedule before the commencement of the Project

When the Project is found to be viable, R/D will be signed to finalize the content of the technical cooperation, and the Project will be officially commenced after its signing. R/D is expected to be signed between Thai authority and the Resident Representative of JICA Thailand Office in July 2007, and the long-term experts are tentatively scheduled to be dispatched in November 2007. The draft R/D is attached in Annex VII.

Annex I	Framework of the Project
Annex II	JCC
Annex III	Tentative list of Japanese experts
Annex IV	Tentative list of Thai counterpart personnel
Annex V	Project Design Matrix (PDM)
Annex VI	Plan of Operation (PO)
Annex VII	Draft Record of Discussions (R/D)

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ANNEX I Framework of the Project

1. Background of the project

Thailand will experience a fast growing ageing population in the short future. Recently, demographic shift from younger to older population has occurred. Trend in the growth rates and size of elderly population in Thailand are higher than the growth of the whole population. In 2000 the number of older people 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 people will increase from 11.6 in 2000 to 26.1 in 2020. Due to longer life expectancy in women, there will be twice or triple number of women than men in elderly people aged 75 and above. This group is prone to chronic illness and need some kinds of assistance in every-day-life.

In addition, a national survey in 1999 revealed that 73 percent of the sample has one kind of chronic improper condition, 25 percent having short and long term impairment, 19 percent having long term impairment, 7 percent being dependent in self-care, and 4 percent having cognitive impairment. It shows a significant problem in the future as ageing population rise rapidly.

The Thai government has strongly highlight quality of human and society. Regarding the older 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.

According to the Second National Plan, the focal authority for policy and guidelines development is the National Commission on the Elderly with the secretariat office is responsible by the Bureau of Empowerment for older Persons under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security.

Thailand has enacted the Older Persons Act 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

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agencies, the MOPH has attempted to initiate a model development of integrated health care system for older people. The project will further facilitate and strengthen local cooperation and develop a standard for local health services by launching a pilot study and learn from best practice as a showcase for further development so as to benefit and appropriate respond to the needs of local older people.

2. Outline of the Project

(1) Overall Goal

The Community Based Integrated Health Care and Social Welfare Services Model for Older Persons (hereinafter referred to as "Model") is utilized nationwide.

(2) Project Purpose

The Model is disseminated for the purpose of nationwide implementation.

(3) Outputs of the Project

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-2: Situation of the target areas concerning health care and social welfare services for older persons is analyzed.

Output-3: The draft Model is developed and tested.

Output-4: The Model is finalized.

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

3. Project activities

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.

1-1. Select target areas (one tambon in each province) in the four provinces.

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- 1-2. Set up and prepare Working Committees in respective target areas.
- 1-3. Define the roles and responsibilities of the institutions and organizations participating in Working Committees.
- 1-4. Develop plans for the project implementation in respective target areas.

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

- 2-1. Prepare questionnaires/data collection sheets for identification of resources providing health care and social welfare services for older persons.
- 2-2. Provide orientation and training to staff involved.
- 2-3. Identify financial strength of local authorities.
- 2-4. Identify technical strength of local authorities.
- 2-5. Identify the institutions and organizations responsible for collecting the information on older persons and health care and social welfare services.
- 2-6. Identify resources and mechanisms for providing health care and social welfare services for older persons in respective target areas.
- 2-7. Identify community information sharing mechanism.
- 2-8. Identify older persons' needs for health care and social welfare in respective target areas.
- 2-9. Analyze the results of identification.
- 2-10. Discuss and design the draft Model for target areas.

Output-3: The draft Model is developed and tested.

- 3-1. Set up Community Committee and empower them to develop action plan for supporting older persons
- 3-2. Specify the contents of health care and social welfare services for older persons
- 3-3. Develop and implement guidelines on the roles of and collaboration among the institutions and organizations concerned including mechanism and management.
- 3-4. Define the methods and procedures for providing health care and social welfare services for older persons, including how to link with different levels at district and provincial levels
- 3-5. Conduct the assessment of the health care and social welfare services by the community members.
- 3-6. Disseminate the information on health care and social welfare services for

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older persons.

3-7. Conduct trial of the draft Model in the target areas.

3-8. Conduct monitoring and revision of the draft Model

Output-4: The Model is finalized.

4-1. Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.

4-2. Conduct a meeting for finalizing the Model with the participation of external resource persons.

4-3. Finalize the model.

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

5-1. Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)

5-2. Assess the training needs of the above target groups.

5-3. Develop guidelines for human resources development.


5-4. Conduct training of the target groups.

4. Project Duration

Four (4) years

5. Target Groups

The direct beneficiaries of the Project are central and local government officers and service providers engaged in health care and social welfare services for older persons in the target areas. The indirect beneficiaries are older persons in the 4 model provinces.

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ANNEX II JCC

1. FUNCTION

JCC will meet at least twice a year and whenever the necessity arises in order:

- 1) to adapt the Work Plan(s) of the Project activities under the framework of the Record of Discussions,
- 2) to review the overall progress of the project as well as achievement of the Annual Work Plan of the Project, and
- 3) to review and exchange opinions on major issues that arise during the implementation of the Project.

2. COMMITTEE COMPOSITION

(1) Thai side

- a. Permanent Secretary, MOPH (Project Director), Chairperson
- b. Director General, Department of Health, MOPH(Project Manager), Vice Chair
- c. Director General, Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, MSDHS, Vice Chair
- d. Representative from Office of the National Economic and Social Development Board
- e. Representative from Thailand International Development Cooperation Agency, Ministry of Foreign Affairs
- f. Director General, Department of Medical Services, MOPH
- g. Director General, Department of Mental Health, MOPH
- h. Director General, Department of Medical Services Support, MOPH
- i. Director General, Department of Social Development and Welfare, MSDHS
- j. Representative from 4 pilot provinces (Khon kaen, Nonthaburi, Chiang Rai and Surat Thani)
- k. Director, Bureau of Policy and Strategy, MOPH
- l. Director, Bureau of policy and Strategy, Office of permanent Secretary, MSDHS



(2) Japanese side:

- a. Chief Advisor/ Health Care and Social Welfare for Older Persons
- b. Project Coordination/ Monitoring
- c. Other Japanese experts and personnel concerned dispatched by JICA, if necessary
- d. Resident Representative of the JICA Thailand Office

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Notes:

- 1) Officials of the Embassy of Japan may attend Joint Coordinating Committee meetings as observers.
- 2) Persons who are nominated by the Chairperson may attend Joint Coordinating Committee meetings, such as representatives of the National Commission on the Elderly, the Ministry of Interior, and the National Economic and Social Development Board.

 
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ANNEX III Tentative list of Japanese experts

1. List of Japanese Experts

Japanese experts who will fulfill the following specialties will be dispatched.

[Long-term experts]

1. Chief Advisor/Health Care and Social Welfare for Older Persons (4years)

a) Qualifications

- 1) Age: 35-59 years old
- 2) Academic degree: Bachelor degree or above
- 3) Experience: At least 10 years of working experience in health care and social welfare field or equivalent skills
- 4) Others: Good health and be able to work in rural area, good English command

b) Job description

- 1) Give technical advice on health care and social welfare for older persons
- 2) Give advice on the overall implementation of Project
- 3) Support the Thai side in carrying out Project activities
- 4) Coordinate Japanese resources for training in Japan and dispatch of short term experts

2. Project Coordination/Monitoring (4 years)

a) Qualifications

- 1) Age: 35-49 years old
- 2) Academic degree: Bachelor degree or above
- 3) Experience: 10 years of coordination or equivalent experience
- 4) Others: Good health and be able to work in rural area, good Thai and English command

B) Job description

- 1) To give necessary guidance and advice to counterpart personnel or administrative matters concerning the management and implementation of the Project

 
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- 2) To take necessary measures to assure the smooth implementation of the Project in consultation with counterpart personnel and JICA
- 3) To give necessary assistance to JICA experts and counterpart personnel for preparation of the work plan of the technology transfer activities
- 4) To give necessary guidance and advice to counterpart personnel for preparation of the evaluation and monitoring document of the Project.
- 5) To make an effort for smooth coordination with relevant offices and JICA for successful implementation
- 6) To act as an accountant/property custodian/ procurement officer for the inputs of JICA

[Short-term experts]

Specific technical areas and job descriptions of short-term experts will be determined thorough discussions by the Thai side and the Japanese side.


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ANNEX IV Tentative list of Thai counterpart personnel

1. Project Director: Dr. Prat Boonyawongvirot
Permanent Secretary, MOPH

2. Project Manager: Dr. Narongsakdi Aungkassupala
Director General, Department of Health, MOPH

- Project Co-Manager: Mr. Kiti Samanthai
Director General, office of Welfare promotion,
Protection and Empowerment of Vulnerable Group,
MSDHS

3. Counterpart:

1. Director of Health Promotion, Department of Health, MOPH
2. Director of Geriatrics, Department of Medical Services, MOPH
3. Director of Bureau of Health Services System Development,
Department of Medical Services Support, MOPH
4. Director of Mental Health Development, Department of Mental
Health, MOPH
5. Director, Bureau of Policy and Strategy, MOPH
6. Director, Bureau of Policy and Strategy, Office of Permanent
Secretary, MSDHS
7. Director of Bureau of Empowerment for Older Persons, MSDHS
8. Director of Bureau of Social Welfare Service, MSDHS
9. Provincial Chief Medical Officers, MOPH and Provincial Social
Development and Welfare, MSDHS from 4 pilot provinces (Khon
kaen, Nonthaburi, Chiang Rai and Surat Thani)

4. Administrative officers:

1. Ms. Rossukon Kangvallert, Director of Health Policy Group, Bureau
of Policy Strategy, MOPH
2. Mr. Opas Pimolvitayakit, Director, Division of Measure and
Mechanism Development, MSDHS
3. Ms. Siriwan Aruntippaitoon, Bureau of Empowerment for Older
Persons, MSDHS

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4. Ms. Unchalee Katianuug, Health Policy Group, Bureau of Policy Strategy, MOPH
5. Ms. Suparane Rattanachatchai, Office of Health Insurance, Office of the Permanent Secretary, MOPH

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ANNEX V Project Design Matrix (PDM)

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

Target Areas: Selected areas of four model provinces (one tambon each in Nonthaburi, Srat Thani, Khon Kaen, Chiang Rai)

Target Group:

- Direct beneficiaries - central and local government officers and service providers engaged in health care and social welfare services for the elderly in the target areas (approx. 300 persons)
- Indirect beneficiaries - older persons in the 4 model provinces (approx. 488,000 persons)

Project Duration: 4 years (from November 2007 to October 2011)

Narrative Summary	Indicators	Sources	Important Assumptions
<p><u>Overall Goal</u> The Community Based Integrated Health Care and Social Welfare Services Model for Older Persons ("Model") is utilized nationwide.</p>	<p><u>(until October 2014)</u> At least 15% tambons in each province utilize the Model.</p>		
<p><u>Project Purpose</u> The Model is disseminated for the purpose of nationwide implementation.</p>	<p><u>By the end of the Project</u> 1. The Meeting to present Model at the national level is held. 2. Model is proposed to the National Commission of Elderly, Ministry of Public Health, Ministry of Social Development and Human Security, and Ministry of Interior for the purpose of developing nationwide implementation plan.</p>	<p>Records of the Meeting Statement of the proposal to NCE, MOPH, MSDHS, and MOI.</p>	<p>The importance of the Model is recognized by the organizations concerned with ageing issues at different levels.</p>

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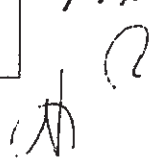
<p><u>Outputs</u></p> <p>1. A framework for the institutions and organizations concerned with health care and social welfare services for older persons to participate in the planning process is established in respective target areas.</p>	<p>1-1. Regular meetings of the Working Committees are conducted.</p> <p>1-2. Lists of roles and responsibilities of institutions and organizations participating in the Working Committees are developed.</p> <p>1-3. Action plans in each target area are approved by the Steering Committee.</p>	<p>Member List/Meeting Record (Summary)</p> <p>Documents and records of the project/ Monitoring Report</p> <p>Action Plan</p>	<p>The Thai government's policy to place importance on ageing issues does not change.</p>
<p>2. Situation of the target areas concerning health care and social welfare services for older persons is analyzed.</p>	<p>2-1. Analysis results of each target area are submitted to the central government.</p> <p>2-2. Integrated analysis of the results from each area is done at the central level.</p>	<p>Documents and records of the project</p> <p>Documents and records of the project</p>	
<p>3. The draft Model is developed and tested.</p>	<p>3-1. The draft Model is approved by the JCC.</p>	<p>JCC meeting record</p>	
<p>4. The Model is finalized.</p>	<p>4-1. The finalized Model is approved by the JCC</p>	<p>JCC meeting record</p>	
<p>5. The capacity of the human resources concerned with health care and social welfare services for older persons is strengthened.</p>	<p>5-1. Trainees are satisfied with the contents of training.</p> <p>5-2. Human Resources Development Guidelines developed</p>	<p>Questionnaire for the trainees</p> <p>Documents and records of the project</p>	

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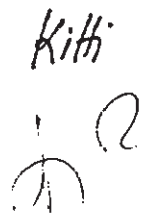
Activities	Inputs from the Japanese Side	Inputs from the Thai Side	Training participants will keep working with project.
0-1. Select the members of the Joint Coordinating Committee (JCC).	1. Experts a. Long-term experts: • Chief Advisor / Health Care and Social Welfare for Older Persons • Project Coordination / Monitoring	1. Counterpart staff	Training participants will keep working with project.
0-2. Select the members of the Steering Committee.	• Health care for older persons	2. Facilities and equipment	Pre-conditions
0-3. Draft the roles and responsibilities of the institutions and organizations concerned.	• Life style-related Diseases • Statistics/Survey • Geriatrics • Others	• Project offices at MOPH and MSDHS • Meeting room	Consensus on the implementation of the project is obtained from the parties concerned.
0-4. Decide the functions and composition of the Provincial Committees.	b. Short-term experts: • Social Welfare	1. Other costs	
0-5. Organize meetings among counterparts of both Ministries at central and provincial levels to understand the purpose of this project.	• Health care for older persons • Life style-related Diseases • Statistics/Survey • Geriatrics • Others	• Thai Personnel (Travel expenses, Accommodation and daily allowance) • Training in Thailand (participants Travel expenses, Accommodation and daily allowance)	
1-1. Select target areas (one tambon in each province) in the four provinces.	2. Training in Japan	• Maintenance fee of the facility • Local Consultant (As necessary) • Office expenses	
1-2. Set up and prepare Working Committees in respective target areas.	3. Training in Thailand		
1-3. Define the roles and responsibilities of the institutions and organizations participating in Working Committees.	4. Equipment As necessary		
1-4. Develop plans for the project implementation in respective target areas.			
2-1. Prepare questionnaires/data collection sheets for identification of resources providing health care and social welfare services for older persons.			
2-2. Provide orientation and training to staff involved.			
2-3. Identify financial strength of local authorities.			
2-4. Identify technical strength of local authorities.			
2-5. Identify the institutions and organizations			

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<p>responsible for collecting the information on older persons and health care and social welfare services.</p>			<p>2-6. Identify resources and mechanisms for <i>providing health care and social welfare services</i> for older persons in respective target areas.</p> <p>2-7. Identify community information sharing mechanism.</p> <p>2-8. Identify older persons' needs for health care and social welfare services in respective target areas.</p> <p>2-9. Analyze the results of identification.</p> <p>2-10. Discuss and design the draft Model for target areas.</p>
			<p>3-1. Set up Community Committee and empower them to develop action plan for supporting older persons.</p> <p>3-2. Specify the contents of health care and social welfare services for older persons.</p> <p>3-3. Develop and implement guidelines on the roles of and collaboration among the institutions and organizations concerned including mechanism and management.</p> <p>3-4. Define the methods and procedures for providing health care and social welfare services for older persons, including how to link with different levels at district and provincial levels.</p> <p>3-5. Conduct the assessment of the health care and social welfare services by the community members.</p>

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<p>3-6. Disseminate the information on health care and social welfare services for older persons.</p> <p>3-7. Conduct trial of the draft Model in the target areas.</p> <p>3-8. Conduct monitoring and revision of the draft Model.</p> <p>4-1. Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.</p> <p>4-2. Conduct a meeting for finalizing the Model with the participation of external resource persons.</p> <p>4-3. Finalize the Model.</p> <p>5-1. Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)</p> <p>5-2. Assess the training needs of the above target groups.</p> <p>5-3. Develop guidelines for human resources development.</p> <p>5-4. Conduct training of the target groups.</p>	<p>Joint Coordinating Committee (JCC): central level</p> <p>To meet at least twice a year to review the progress of the Project and discuss major issues that may arise during the implementation of the Project. Members: MOPH, MSDHS, NESDB, TICA, four target provinces, JICA.</p> <p>Steering Committee: central level</p> <p>To meet every three months to monitor the progress of the Project to give advice to the Working Committees. Expected members: MOPH, MSDHS, four target provinces, JICA.</p> <p>Provincial Committees: provincial level (four provinces)</p> <p>To be established in each of the four target provinces in order to ensure the linkage among organizations concerned with health care and social welfare services for older persons at different levels including the district and the provincial levels.</p> <p>Working Committees: tambon level (one tambon each in the four provinces)</p> <p>To be established in each of the four target tambons with the participation of representatives from such stakeholders as local government authorities, service providers and elderly groups in order to analyze the situation of respective target areas and to develop the draft Model.</p> <p>Community Committees: village level (villages composing the target tambons)</p> <p>To be established in each of the villages which compose the target tambons in order to ensure the participation of wide stakeholders at the village level in health care and social welfare services for older persons.</p>
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ANNEX VI

PLAN OF OPERATION (P/O)

Year →	2007												2008												2009				2010				2011				
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4
	11																																				
	Month →																																				
	Activities ↓																																				
	0.Preparation of the project(Thai side)																																				
0-1	Selection the members of Joint Coordinating committee																																				
0-2	Select the members of the Steering Committee																																				
0-3	Draft the roles and responsibilities of institutions and organization concerned																																				
0-4	Decide the functions and composition of the Provincial Committees																																				
0-5	Organize meetings among counterparts of both Ministries at central and provincial levels to understand the purpose of this project																																				
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.																																				
1-1	Select target areas in the four provinces.																																				
1-2	Set up and prepare Working Committees in respective target areas.																																				

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Year →	Activities ↓	Month →	2008												2009				2010				2011		
			11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4		
1-3	Define the roles and responsibilities of the institutions and organizations participating in Working Committees.		■																						
1-4		Develop plans for the project implementation in respective target areas.	■																						
2. Situation of the target areas concerning healthcare and social welfare services for older persons is analyzed.																									
2-1	Prepare questionnaires/data collection sheets for identification of resources for providing health care and social welfare services for older persons.		■																						
2-2		Provide orientation and training to staff involved					■																		
2-3	Identify financial strength of local authorities.						■																		
2-4		Identify technical strength of local authorities.						■																	
2-5	Identify the institutions and organizations responsible for collecting the information on older persons and health care and social welfare services.																								
2-6		Identify resources and mechanism for providing health care and social welfare services for older persons in respective target																							

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Year →	2007												2008												2009				2010				2011															
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4										
	Activities ↓ Month →																																															
	areas.																																															
2-7	Identify community information sharing mechanism.																																															
2-8	Identify older persons' needs for health care and social welfare services in respective target areas.																																															
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3-3	Develop and implement guidelines on the roles of and collaboration among the institutions and organizations concerned including mechanism and management.																																															
3-4	Define the methods and procedures for providing health care and social welfare services for older persons, including how to																																															

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Year →	Activities ↓	Month →	2008												2009				2010				2011																
			1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4														
	link with different levels at district and provincial levels																																						
3-5	Conduct the assessment of the health care and social welfare services by the community members.																																						
3-6	Disseminate the information on health care and social welfare services for older persons.																																						
3-7	Conduct trial of the draft Model in the target areas.																																						
3-8	Conduct monitoring and revision of the draft Model																																						
4. The Model is finalized.																																							
4-1	Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.)																																						
4-2	Conduct a meeting for finalizing the Model for older persons with the participation of external resource persons.																																						
4-3	Finalize the Model.																																						
5. The capacity of the human resources concerned with health care and social welfare services for																																							

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Year →	2007		2008												2009				2010				2011					
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4	1/4	2/4	3/4	4/4		
older persons is strengthened.																												
5-1 Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)							█																					
5-2 Assess the training needs of the above target groups							█																					
5-3 Develop guidelines for human resources development.							█																					
5-4 Conduct trainings of the target groups.									█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

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3. PDM (日本語版)

プロジェクトデザインマトリックス (PDM)
 プロジェクト名：タイ国コミュニティにおける高齢者向け保健医療・福祉サービスの高齢者向け保健医療・福祉サービス形成プロジェクト
 ターゲットグループ：
 【直接裨益者】高齢者行政に従事する中央レベルおよびモデル試行対象4県の行政官及びモデル試行対象4県における高齢者向け保健医療・福祉サービス従事者（約300名）
 【間接受益者】モデル試行対象4県の高齢者（約488,000名）（注：タイにおける高齢者の定義は60歳以上）
 ターゲット地域：モデル県（コンケン、チェンライ、ノンタブリ、スラタニ）のそれぞれより一箇所ずつ選定されるタンポン
 プロジェクト期間：4年間（2007年11月から2011年10月）

プロジェクト要約	評価指標	入手手段	外部条件
<p>上位目標</p> <p>「コミュニティにおける高齢者向け保健医療・福祉サービスの統合型モデル（以下、モデルとする）」が全国で活用される。</p>	<p>2014年10月までに 全国各県の15%以上のタンポンでモデルが活用される。</p>		
<p>プロジェクト目標</p> <p>モデルが全国での活用に向けて発信される。</p>	<p>プロジェクト終了時まで 1. モデルが国家レベルの会合で発表される。 2. 国家高齢化対策委員会、保健省、社会開発・人間の安全保障省、内務省に対し、モデルの全国普及に向けた提案がなされる。</p>	<p>1. 会議議事録 2. 国家高齢化対策委員会、保健省、社会開発・人間の安全保障省、内務省への提案書</p>	<p>全国各レベルの関係行政機関でモデルの重要性が認識される。</p>
<p>成果</p> <p>1. 対象地域において高齢者に対する保健医療・福祉サービスに関係する機関が計画策定に参加する枠組みが構築される。</p>	<p>1-1. Working Committeeの会合が定期的に行われ 1-2. Working Committeeに参加する機関の役割と責任が明記されたリストが作成される。 1-3. 各対象地域の活動計画がSteering Committeeで承認される。</p>	<p>1-1. Working Committeeメンバーのリスト、議事録 1-2. プロジェクトにおいて作成される文書、記録、モニタリングレポート 1-3. 活動計画書、Steering Committeeの議事録</p>	<p>高齢化政策を重視するタイ政府の政策に大きな変更が生じない。</p>

<p>2. 対象地域における高齢者向け保健医療・福祉サービスの状況が分析される。</p> <p>3. モデル案が策定され、試行される。</p> <p>4. 最終的なモデルが策定される。</p> <p>5. 高齢者向け保健医療・福祉サービスに従事する人材の能力が強化される。</p>	<p>2-1. 対象地域における分析結果が中央政府に提出される。</p> <p>2-2. 各対象地域より提出された分析結果が中央レベルにおいて包括的に分析される。</p> <p>3-1. モデル案がJCCによって承認される。</p> <p>4-1. 最終モデルがJCCによって承認される。</p> <p>5-1. トレーニング受講者がトレーニングの内容に満足する。</p> <p>5-2. 人材育成ガイドラインが作成される。</p>	<p>2-1. プロジェクトにおいて作成される文書、記録</p> <p>2-2. プロジェクトにおいて作成される文書、記録</p> <p>3-1. JCC 議事録</p> <p>4-1. JCC 議事録</p> <p>5-1. トレーニング受講者に対する質問票</p> <p>5-2. プロジェクトにおいて作成される文書、記録</p>	<p>活動</p> <p>0-1. JCC メンバーを選定する。</p> <p>0-2. Steering Committee のメンバーを選定する。</p> <p>0-3. 関係機関の責任と役割案を作成する。</p> <p>0-4. Provincial Committee の機能と構成を決定する。</p> <p>0-5. 中央と県レベルの行政官に対し、本プロジェクトに関する理解を深めるための説明を行う。 (上記活動はタイ側がプロジェクト開始に先立ち実施する。)</p> <p>1-1. 4 県においてモデル案試行の対象地域とするタンボーン (以下、対象地域とする) をそれぞれ一つずつ選定する。</p> <p>1-2. 各対象地域において Working Committee を設立する。</p> <p>1-3. Working Committee に参加する関係機関の役割と責任を明確にする。</p> <p>1-4. 各対象地域においてプロジェクト実施のための計画を策定する。</p>	<p>インプット (日本側)</p> <p>1. 専門家</p> <p>a. 長期専門家: チーアトバイザー/高齢者保健医療・福祉 1名 業務調整員/モニタリング 1名</p> <p>b. 短期専門家: ・ 社会福祉 ・ 保健医療 ・ 生活習慣病対策 ・ 統計・調査 ・ 老人病学</p> <p>2. 研修員受け入れ</p> <p>b. 現地国内研修開催費用 (会場費、通訳、講師等)</p> <p>3. 機材供与 専門家の活動に必要な機材</p>	<p>トレーニングを受講した人材が継続的にプロジェクトにかかわる。</p>	<p>前提条件 関係者の同意が得られる。</p>
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- 2-1. 高齢者向け保健医療・福祉サービスに関する情報を収集するための質問表/情報収集シートを作成する。
- 2-2. 関係するスタッフに対しオリエンテーションとトレーニングを行なう。
- 2-3. 地方自治体の財政的能力を調査する。
- 2-4. 地方自治体の技術的能力を調査する。
- 2-5. 高齢者および保健医療・福祉サービスに関する情報収集の責任を負うべき機関を決定する。
- 2-6. 各対象地域において高齢者に対する保健医療・福祉サービスを提供するリソースとメカニズムを明確にする。
- 2-7. コミュニティにおける情報共有メカニズムを明確にする。
- 2-8. 各対象地域において保健医療・福祉サービスに関する高齢者のニーズを確認する。
- 2-9. 調査結果を分析する。
- 2-10. モデル案の枠組みを設計する。

- 3-1. Community Committee を設置し、高齢者支援の活動計画を策定する。
- 3-2. 高齢者に対する保健医療・福祉サービスの内容を具体化する。
- 3-3. 関係機関の役割および連携方法、メカニズム、マネジメントに関するガイドラインを策定し、実施する。
- 3-4. 高齢者向け保健医療・福祉サービスを提供するための方法と手順（県と郡レベルの連携を含む）を明確にする。
- 3-5. コミュニティのメンバーによる保健医療・福祉サービスの評価を実施する。
- 3-6. 高齢者向け保健医療・福祉サービスに関する情報を普及させる。
- 3-7. モデル案を対象地域において試行する。

<p>3-8. 試行の状況に関するモニタリングを行い、モデル案を改訂する。</p> <p>4-1. モデル案を評価する。(対象地域における成功例、困難や対応策の分析を含む。)</p> <p>4-2. モデルを完成するための会合を外部有識者の参加を得て開催する。</p> <p>4-3. モデルを完成する。</p> <p>5-1. トレーニングの対象となるグループを確定する(地方行政官、サービス提供者、ケア・コーディネーター、Community Committeeのメンバー等)。</p> <p>5-2. 上記グループのトレーニングのニーズを把握する。</p> <p>5-3. 人材育成ガイドラインを策定する。</p> <p>5-4. 上記グループに対するトレーニングを実施する。</p>		
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各種委員会の概要：

[Joint Coordinating Committee (JCC)] 中央レベル

プロジェクトの活動計画を承認し、進捗や成果を確認するとともに、プロジェクトの実施に関する重要な事項について協議するべく会合を年2回以上開催することとする。参加者：保健省、社会開発・人間の安全保障省、国家経済社会開発評議会、タイ国際開発庁、4県の代表、JICA。

[Steering Committee] 中央レベル

プロジェクトの進捗をモニターし、Working Committee に対する助言を行うべく3ヶ月ごとに開催する。タイ側からは、保健省、社会開発・人間の安全保障省の関係部局、対象4県の代表から構成される見込みであるが、具体的な構成員はプロジェクト開始までにタイ側で検討する。

[Provincial Committees] 県レベル

対象4県のそれぞれにおいて設置される県レベルの委員会。役割や会合頻度、構成については、プロジェクト開始までにタイ側で検討する予定。本プロジェクトのモデル試行はタンボンのレベルで行われるが、県や郡レベルの関係機関との連携が重要になることから、各県ごとに委員会を設置し、県の機関の協力を得る体制を整備することとなった。

[Working Committees] タンボン・レベル

モデル試行の対象となるタンボン(プロジェクト開始後に選定予定)において設置される委員会で、行政やサービスの提供に携わる機関および高齢者クラブの代表等が参加することが想定される。具体的な役割や会合頻度、構成については、プロジェクト開始後早い時期に決定する。Working Committee が中心となり、それぞれの対象タンボンにおける状況の分析やモデル案の内容の検討を行う予定。

[Community Committees] 村レベル

モデル試行の対象タンボンを構成する各村においても別途委員会を設置し、広くステークホルダーを巻き込んで活動を実施したいとの提案がタイ側よりなされた。詳細はプロジェクト開始後に決定する。

5. 収集資料リスト

1. 保健省 要請案件に関するプレゼンテーション：The Project for Development of a Community Based Integrated Health Care and Social Welfare Services Model for the Elderly
2. Institute for Population and Social Research, Mahidol University (2006)
“Mahidol University Population Projection for Thailand, 2005-2025”

**The Second National Plan for
Older Persons
(2002-2021)**

THAILAND

**Drafting Committee of the Second National Plan for Older Persons
National Commission on the Elderly**

2001

Core Concepts of the Second National Plan for Older Persons

- Security of its old age population means security for the society.
- Primary responsibility in the preparation for the quality of life in old age should rest with the individual as a member of society. However, creating an enabling environment will be a determining factor in encouraging society to assist its members in preparing for old age.
- The “family” should be the next unit held responsible for preparing a person, as a member of society, to live well in retirement years. The next players to be accountable in terms of creating the quality of life in old age are the “community” and “local administrations”. In the final analysis, the **Government** will also have to bear the responsibility of designing appropriate social schemes for older citizens.
- The different stages in each human life will be used to the best of one’s capability and potential if one has a long-term planning, therefore, each stage, represents an important component of the essential preparation for old age.
- Preparing for old-age security is the primary responsibility of the individual. Each individual must take prime responsibility in securing for himself or herself old-age security and in so doing, each is entitled to support from his/her family and community. The government, as the policy maker who oversees and supervises social schemes for its elder citizens, has the role of endorsing and implementing the preparation process leading to old age. For those underprivileged who fail to secure old age security in their later lives, the Government, as the last resort, should take into account the following aspects and develop policies/measures to secure the general well being of its citizens in old age:
 - Income security
 - Security in health and health care
 - House and environment
 - Security of care during periods of dependence (family, community and public cares and services)
 - Rights and safety
 - Information and knowledge
- Older persons are valued for their contribution to society and they possess an invaluable pool of knowledge and experience. They should be encouraged to remain active in to society. Societies which progress are societies that honour their ancestors and mentors who have contributed to the affluence of that society. Older persons should be viewed as previous contributors and not as a dependent group.
- Older persons should be encouraged to live with their families and remain in their communities with a reasonable quality of life.

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Strategic Plan
of the Second National Plan for Older Persons

Section 1: Strategies in the preparation for quality ageing

Measure 1 Income security for old age

- 1.1 Extend across-the-board income security for old age.
- 1.2 Encourage savings at early age.
- 1.3 Introduce tax incentive measures to promote savings for old age.

Measure 2 Integrating life-long education for all

- 2.1 Encourage desirable childhood good health behaviors into school curriculum.
- 2.2 Provide, on a life span and continuous basis, formal and informal education to prepare the public for ageing.
- 2.3 Promote public awareness on the importance of ageing with life quality.
- 2.4 Offer pre-retirement scheme as incentives for the transition into old age.

Measure 3 Public education initiatives to promote the dignity of live in old age.

- 3.1 Utilize education as a mechanism to engage and assist people in society to embrace responsibility in taking care of their families, especially older persons in the community.
- 3.2 Offer formal and informal educational programs on older persons and life in old-age.
- 3.3 Promote understanding of the multi-generational society and strengthen solidarity between generations through education, religion, culture and sports activities.

- 3.4 Raise social awareness of the contribution of older persons to society for the purpose of promoting harmony in the multi generational society.

Section 2: Strategies for promoting well-being in older persons

Measure 1 Health promotion, disease prevention and self-care for older persons.

- 1.1 Provide appropriate training programs for diversified groups of older persons according to their needs.
- 1.2 Make counselling services for older persons available in government and community health centers.
- 1.3 Continually and systematically disseminate useful information to older persons to improve their lives.

Measure 2 Supporting and strengthen co-operation amongst organizations and networks supporting older persons.

- 2.1 Promote linkages between NGOs and Government networks to form senior citizen networks.
- 2.2 Support the activities of organizations working with ageing and older persons.

Measure 3 Promoting income security and employment for older persons

- 3.1 Promoting employment for older persons.
- 3.2 Provide job training and job opportunities.
- 3.3 Promote income generating projects in the community for older persons.

Measure 4 Raising awareness of older persons as mentors of society capitalizing on their past contributions.

- 4.1 Honour older persons who have made outstanding contributions to society and the nation.
- 4.2 Encourage and promote the participation of older persons in social activities.

Measure 5 Employing various means of communication to disseminate information about the activities of older persons for the purpose of disseminating to the public. Access to a wide range of information must be provided for older persons.

- 5.1 Encourage the mass media to broadcast programs/information for older persons.
- 5.2 Support program production based on older persons.
- 5.3 Ensure availability of and accessibility to information for older persons.

Measure 6 Providing accommodation and suitable living environment for older persons.

- 6.1 Set up standards of accommodation and living environment for older persons.
- 6.2 Arrange for both the government and the private sector to play a part in providing and coordinating accommodation for older persons.
- 6.3 Providing incentives to acquire low interest loans for older persons to buy or renovate their accommodation/houses.

Section 3: Strategies of social security for older persons

Measure 1 Income security.

- 1.1 Provide welfare support for poor and incapacitated older persons.
- 1.2 Promote establishment of a community fund which can be used to support older persons in the community.

Measure 2 Health security.

- 2.1 Improve the quality of health care systems and health security for older persons.

Measure 3 Family, caregivers and protection of the rights of older persons.

- 3.1 Provide tax deductible incentives for caregivers who look after their disabled and dependent parents or elderly relatives .
- 3.2 Pass laws on older persons' rights to protect older persons who might be exposed to abusive, unfair treatment or negligence.
- 3.3 Encourage and promote the multi-generational family in society so that older persons may live with other members of the family throughout their lives.

Measure 4 Service systems and support networks for older persons

- 4.1 Improve public service systems to facilitate older persons' mobility
 - 4.1.1 Reduce the fares for mass transit systems.
 - 4.1.2 Improve the mass transit systems to accommodate older persons' needs.
 - 4.1.3 Improve public facilities such as roads, walkways, buildings and toilets to accommodate the needs of older persons including older persons with disability.
 - 4.1.4 Provide appropriate facilities for older persons in public areas such as roads, walkways, buildings and toilets.
 - 4.1.5 Set up standards for facilities in parks and places where older persons can exercise and relax.

- 4.1.6 Provide parks and places where older persons can exercise and relax.
- 4.2 Develop health and social services in the community, focusing on home visits. The services should include:
 - 4.2.1 multipurpose senior citizen centers
 - 4.2.2 day care centers
 - 4.2.3 home visits
 - 4.2.4 home care
 - 4.2.5 home health care
 - 4.2.6 mobile services units, particularly, for remote areas
 - 4.2.7 surveillance systems in the community
 - 4.2.8 volunteer systems
 - 4.2.9 education and training for caregivers and volunteers
- 4.3 Encourage local authorities and religious institutions/ community religious centers to contribute and to participate in the welfare and services for older persons by:
 - 4.3.1 Making available funds for improving older persons' quality of life.
 - 4.3.2 Supporting the community in providing services and welfare for older persons.
 - 4.3.3 Supporting older persons in counseling services.
- 4.4 Encourage the private sector in providing standardized health care and social services for older persons.
- 4.5 Provide alternative medical care for older persons such as traditional Thai medical care.
- 4.6 Set up geriatric clinics, geriatric wards and long-stay care facilities to meet the needs of older persons.

Section 4: Strategies on management systems and personal development at the national level

Measure 1 Management systems at the national level.

- 1.1 Encourage the National Commission on the Elderly to act as the coordinator among the various organizations, both at national and international level.
- 1.2 The National Commission on the Elderly will undertake to revise and update the Second National Plan for Older Persons as needed
- 1.3 Set up and develop ageing administrative network at local level.

Measure 2 Personnel education and training.

- 2.1 Support and promote education and training in health care and for social workers in elderly care including professionals, volunteers and caregivers.
- 2.2 Evaluate the demand for producing and improving health care and social workers professionals and staff and arrange for further education/training programs of these personnels according to the current demand in health care services of the country.

Section 5: Strategies on conducting research for policy and program development support, monitoring and evaluation of the Second National Plan for Older Persons

Measure 1 Conducting research for the purpose of data collecting as a basis for analysis review and development of policy and program pertaining to older persons.

Measure 2 Conducting research focusing on policy and program development, services improvement and other knowledge which is useful for the improvement of older persons' quality of life.

Measure 3 Developing mechanisms for continuous monitoring and evaluation of the Second National Plan for Older Persons.

Measure 4 Developing ageing data processing and information system.

Indicators of the Plan

- Every measure should have well defined indexes and time-bound population targets (determined at 5, 10, 15 and 20 years)
- For monitoring the plan, 3 comprehensive indexes have been selected.

<u>Overall Indexes</u>	<u>Targets</u>
1. Active Life Expectancy (ALE)	Constant increase
2. Active Life Expectancy / Life Expectancy (ALE/LE)	Constant proportion
3. Population Ageing Quality Index (PAQ Index)*	Constant increase

- * The Population Ageing Quality Index (PAQ Index) is composed of 12 selected measured indexes.

Population Ageing Quality Index (PAQ Index)

- The proportion of the population aged 30-59 who have income security for old age.
- +
- The proportion of the population aged 30-59 who have prepared themselves for old age (in terms of income, health, housing, etc).
- +
- The proportion of the population aged 7-59 with a positive attitude towards older persons.
- +
- The proportion of older persons who have proper health behavior.
- +
- The proportion of older persons who are members of senior-citizen clubs and have joined these activities during the past 3 months.
- +
- The proportion of older persons who are satisfied with their financial status.
- +
- The proportion of older persons participating in community activities during the past year.
- +
- 1 - The proportion of older persons who are poor and need support but receive insufficient welfare, as opposed to those who are poor and need total support.
- +
- The proportion of older persons who have used the benefits of health security/insurance for their final illness.
- +
- The proportion of older persons living with their families.
- +
- The proportion of villages in which community services for older persons have been established.
- +
- The proportion of local authorities which allocate budgets and/or activities for older persons.

Strategic Plans and Indicator Indexes

Section 1: Strategies in the preparation for quality ageing.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
1	<i>Income security for old age.</i>					
1.1	Extend across-the-board income security for old age.	<ol style="list-style-type: none"> The proportion of population aged 30-59 who have income security for old age The ratio of average income substitution after retirement among those who have security 	30 %	50%	80%	100%
1.2	Encourage savings at early age.	<ol style="list-style-type: none"> Savings per income per head Total National Saving per GDP The number of persons and all of the savings of provident fund 	0.3	0.4	0.5	0.6
			↔	↔	↔	↔
1.3	Introduce tax incentives measures to promote savings for old age.	<ol style="list-style-type: none"> Time frame for operation 		Constantly increase		
				Within 10 years		

Section 1: Strategies in the preparation for quality ageing.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
2	<i>Integrating life-long education for all.</i>	<p>1. Time frame for adding the courses in primary and secondary school curricula</p> <p>2. The proportion of the population aged 30-59 who know and realize about life-course, the ageing process and the preparation for old age</p> <p>3. The proportion of the population aged 30-59 who have prepared themselves (in terms of income, health, housing, etc.)</p>	Within 5 years	50 %	70 %	100 %
2.1	Encourage desirable childhood good health behaviors in childhood into school curriculum.		30 %	50 %	70 %	100 %
2.2	Provide, on a life span and continuous basis, formal and informal education to prepare the public for ageing.					
2.3	Promote public awareness on the importance of ageing with life quality.		50 %	70 %	90 %	100 %
2.4	Offer pre-retirement scheme as incentives for the transition into old age.					

Section 1: Strategies in the preparation for quality ageing.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
3	<i>Public education initiatives to promote the dignity of life in old age.</i>	1. The proportion of the population aged 7-59 with a positive attitude towards older persons				
3.1	Utilize education as a mechanism to engage and assist people in society to embrace responsibility in taking care of their families, especially older persons in the community.					
3.2	Offer formal and informal educational programs on older persons and life in old-age.					
3.3	Promote understanding of the multi-generational society and strengthen solidarity between generations through education, religion, culture and sports activities.					
3.4	Raise social awareness of the contribution of older persons to society for the purpose of promoting harmony in the multigenerational society.					

Section 2 : Strategies for promoting well-being older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
1	<i>Health promotion, disease prevention and self-care for older persons.</i>	1. The proportion of older persons who have appropriate health behavior	20 %	30 %	40 %	50 %
1.1	Provide appropriate training programs for diversified groups of older persons according to their needs.					
1.2	Make counselling services for older persons available in government and community health centers.					
1.3	Continually and systematically disseminate useful information to older persons to improve their lives.					
2	<i>Supporting and strengthen co-operation amongst organizations and networks supporting older persons.</i>	1. The proportion of senior citizen clubs which have organized activities during the past 3 months 2. The proportion of older persons who are members of senior-citizen clubs and have joined their activities during the past 3 months	30 %	50 %	70 %	90 %
2.1	Promote linkages between NGOs and Government networks to form senior citizens networks.		20 %	30 %	40 %	50 %
2.2	Support the activities of organizations working with ageing and older persons.					

Section 2 : Strategies for promoting well-being older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
3	<i>Promoting income security and employment for older persons.</i>	1. The proportion of older persons who want to be employed or have a job but have not got, as opposed to those who are employed (unemployment rate among older persons) 2. The proportion of villages with increased income which some or all of its member are older persons 3. The proportion of older persons who are satisfied with their financial status	↓	Not lower than 90 % of unemployment rate among aged 40-59	↑	
3.1	Promoting employment for older persons.		50 %	60 %	70 %	80 %
3.2	Provide job training and job opportunities.		↓	Not lower than 60 %	↑	
3.3	Promote income generating projects in the community for older persons.		50 %	60 %	70 %	80 %
4	<i>Raising awareness of older persons as mentors of society capitalizing on their past contributions.</i>	1. The proportion of older persons participating in community activities during the past year	50 %	60 %	70 %	80 %
4.1	Honour older persons who have made outstanding contributions to society and the nation.					
4.2	Encourage and promote the participation of older persons in social activities.					

Section 2 : Strategies for promoting well-being older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
5	<i>Employing various means of communication to disseminate information about the activities of older persons for the purpose of disseminating to the public. Access to a wide range of information must be provided for older persons</i>	1. The proportion of older persons receiving information through media during the past month	25 %	50 %	70 %	80 %
5.1	Encourage the mass media to broadcast programs/information for older persons.					
5.2	Support program production based on older persons.					
5.3	Ensure availability of and accessibility to information for older persons.					
6	<i>Providing accommodation and suitable living environment for older persons.</i>					
6.1	Set up standards of accommodation and living environment for older persons.		Within 5 years			
6.2	Arrange for both the government and the private sector to play a part in providing and accommodation for older persons.					Constantly increase proportion →
6.3	Providing incentives to acquire low interests loans for older persons to buy or renovate their accommodation/ houses.					

Section 3: Strategies of social security for older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
1	Income security.					
1.1	Provide welfare support for poor and incapacitated older persons.	1. The proportion of older persons who are poor and need support but receive insufficient welfare, vis-a-vis those who are poor and need support	30 %	20 %	10 %	0 %
1.2	Promote establishment of a community funds which can be used to support older persons in the community.	2. The coverage of income security for old age among the older persons 3. The proportion of villages which have community funds for the purpose of supporting older persons	10 %	20 %	30 %	50 %
2	Health security.					
2.1	Improve the quality of health care systems and health security for older persons.	1. The proportion of older persons who used the benefits of health security/insurance for their last illness	Not lesser than 80 %	Not lesser than 85 %	Not lesser than 90 %	Not lesser than 95 %

Section 3: Strategies of social security for older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2020)
3	<i>Family, caregivers and protection of the rights of older persons</i>					
3.1	Provide tax deductible incentives for caregivers who look after their disabled and dependent parents or elderly relatives.	1. Time frame for operation		Within 10 years		
3.2	Pass laws on older persons' right to protect older persons who might be exposed to abusive, unfair treatment or negligence.	1. Time frame for issuing laws and guidelines	Within 5 years			
3.3	Encourage and promote the multi-generational family in society so that older persons may live with other members of the family throughout their lives.	1. The proportion of older persons living with their families	←	Not lesser than 90 %		—
3.3.1	Raising awareness on the contribution of older persons to society.					
3.3.2	Propagate the value of supporting and living with older persons as extended family.					
3.3.3	Educate members of the family on how to effectively promote the well being and arrange for caring of their older member(s) of the family.	1. The proportion of caregivers of immobile older persons knowing how to take care properly	Not lesser than 20 %	Not lesser than 40 %	Not lesser than 60 %	Not lesser than 80 %

Section 3: Strategies of social security for older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
4	<i>Services systems and support networks for older persons</i>					
4.1	Improve public services systems to facilitate older persons' mobility.					
4.1.1	Reduce the fares for mass transit systems.	1. Time frame for operation	Within 5 years			
4.1.2	Improve the mass transit systems to accommodate older persons' needs.	1. Time frame for operation	Within 5 years			
4.1.3	Improve public facilities such as roads, walkways, buildings and toilets to accommodate the needs of older persons' including older persons with disability.	1. Time frame for operation	Within 5 years			
4.1.4	Provide appropriate facilities for older persons in public areas such as roads, walkways, buildings and toilets.	1. The proportion of the existing facilities such as walkways, stairways and toilets in the following places - Government / private hospitals - Provincial / BKK City Halls - Amphoe / district offices - Department stores / shopping centers - Parks - Bus terminals / airports / railway stations	100 % 50 % 50 % 50 % 50 % 100%	100 % 100 % 100 % 100 % 100 %		

Section 3: Strategies of social security for older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
4.1.5	Set up standards for facilities in parks and places where older persons can exercise and relax.	1. Time frame for operation				
4.1.6	Provide parks and places where older persons can exercise and relax.	1. The number of parks / sports centers per 100,000 people in urban areas nationwide	Within 5 years			
4.2	Develop health and social services in the community, focusing on home visits. The services should include	1. The proportion of villages in which community services for older persons have been established.	25 %	50 %	75 %	100 %
4.2.1	multipurpose senior citizen centers	2. The proportion of Tambons in which community services for older persons have been established.	50 %	100 %		
4.2.2	day care centers					
4.2.3	home visit					
4.2.4	home care					
4.2.5	home health care					
4.2.6	mobile services units, particularly, for remote areas	3. The proportion of older persons being unable to move around in a room and receive community services within 6 months, vis-à-vis the total number of older persons being unable to move	20 %	40 %	60 %	80 %
4.2.7	surveillance systems in the community					
4.2.8	volunteer systems					
4.2.9	education and training for caregivers and volunteers					

Section 3: Strategies of social security for older persons.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
4.3	Encourage local authorities and religious institutions/community religious centers to contribute and to participate in the welfare and services for older persons by:	1. The proportion of local authorities which provide budget and/or activities for older persons 2. The proportion of religious institutions which provide budget and/or program for older persons	50 %	100 %		
4.3.1	Making available funds for improving older persons' quality of life.		50 %	100 %		
4.3.2	Supporting the community in providing services and welfare for older persons.					
4.3.3	Supporting older persons in counseling services.					
4.4	Encourage the private sector in providing standardized health care and social services for older persons.	1. Set supporting measures 2. Set services standards 3. Time frame for issuing rules to control the standards of services premises	Within 5 years			
4.5	Provide alternative medical care for older persons such as traditional Thai medical care.	1. Time frame for operation	Within 5 years			

Section 3: Strategies of social security for older persons

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
4.6	Set up geriatric clinics, geriatric wards and long-stay care facilities to meet the needs of older persons.	<ol style="list-style-type: none"> 1. The proportion of geriatric clinics in government hospitals with over 60 beds. 2. The proportion of geriatric wards in government hospitals with over 240 beds 	100 %	20 %	50 %	100 %

Section 4: Strategies on management systems and personnel development at the national level.

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
I	Management system at the national level					
1.1	Encourage the National Commission on the Elderly to act as the coordinator among the various organizations, both at national and international level.	The Committee set up units to supervise and implement national plan to coordinate inter-ministerial agencies' effort to implement the government's policies and plans. These units are supported by adequate operational fund and professional staff bore by government budget.	Within 2 years			
1.2	The National Commission on the Elderly will undertake to revise and update the Second National Plan for Older Persons as needed.	1. Revision of the second national development plan for older persons	↔	Within every 5 years		↔
1.3	Set up develop ageing administrative network at local level	1. Number of organizational networking		Within 10 years		
2	Personnel education and training					
2.1	Support and promote education and training in health care and for social workers in elderly care including professionals, volunteers and caregivers.	1. The number of educated/ trained health and social personnel each year	↔	Constantly increase		↔
2.2	Evaluate the demand for producing and improving health care and social workers professionals and staff and arrange for further education/training programs of these personnels according to the current demand in health care services of the country.	1. Follow up and map out a plan to educate/train health and social worker personnels for older persons	↔	Within 5 years and continuing		↔

Section 5: Strategies on conducting research for policy and program development support, monitoring and evaluation of the Second National Plan for Older Persons

Item	Measures	Indicator indexes	Goals			
			5 years (2006)	10 years (2011)	15 years (2016)	20 years (2021)
1	<i>Conducting research for the purpose of data collecting as a basis for analysis review and development of policy and program pertaining to older persons.</i>	1. The number of and /or portion of the budget for research concerning older persons and related issues	←	←	←	←
2	<i>Conducting research focusing on policy and program development, services improvement and other knowledge which is useful for the improvement of older persons' quality of life.</i>					Constantly increase →
3	<i>Developing mechanisms for continuous monitoring and evaluation of the Second National Plan for Older Persons.</i>	1. Specify standards of evaluation to follow up the implementation /operations according to the Second National Plan for Older Persons 2. Monitor the implementing agencies responsible for task as specified in the Second National Plan for Older Persons	←	←	←	←
4	<i>Developing ageing data processing and information system.</i>	1. Annual Information Report 2. Set up data base and information technology for retrieving information 3. Set up information linking system	←	←	←	←

**Drafting Committee of the Second National Plan for Older Persons
National Commission on the Elderly**

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3. Associate Professor Sasipat Yodpet	Member
4. Associate Professor Mathana Phananimamai	Member
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6. Mrs. Ubon Limsakul	Member
7. Mrs. Vandee Bhokakul	Member