

3. PROJECT PERFORMANCE

3.1 Inputs

3.1.1 Inputs by the Japanese side

The detailed list of Inputs by the Japanese side is shown in Annex 4 (List of Inputs and Products).

(1) Dispatch of experts

1) Long-term experts

A total of 3 long-term experts were assigned to the Project; two Chief Advisors and the Project Coordinator.

2) Short-term experts

A total of 20 short-term experts were dispatched.

(2) Counterpart training in Japan

A total of 52 counterparts participated in the counterpart trainings in Japan as of August 2011. Nine participants are planned to be dispatched to the fourth Japan training in September 2011.

(3) Provision of Equipment

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

(4) Operational expenditure

A total of 16,643,459 Baht was disbursed as operational expenditure as of August 2011. The expenditure includes general cost, travel cost, personnel cost, translation cost, honorarium and others.

3.1.2 Inputs by the Thai side

(1) Assignment of counterpart personnel

The details of the counterpart of the Project are shown in Annex 5.

(2) Provision of the project office and equipment

The Thai side provided the office spaces, meeting rooms, utilities, facilities, basic furniture and necessary equipment.

(3) Allocation of Budget by the Thai side

The Thai side shared the costs of project implementation including training, meeting and supervision.

3.2 Achievement of the Project

Achievements of the Project were summarized as follows.

3.2.1 Activities and Outputs

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.

The activities under Output 1 have been implemented based on the PDM. CTOP established a framework for planning CTOP activities through these activities. In this process, CTOP took great efforts to identify stakeholders in each area and to coordinate among them, which was the most time consuming process, but key to successful implementation of CTOP. Active

involvement of local stakeholders increased their ownership towards CTOP activities.

Weekly Meeting is also a good example of CTOP initiative, and it functions as a driving force for promoting CTOP. It provides officials from MOPH and MSDHS with an opportunity to meet together regularly to discuss on operational issues. Such a regular meeting is not held even among different departments in the same ministry under the current system in Thailand. In that sense, it could be said that CTOP played an essential role in providing a platform for the assembly of inter-organizational network.

Achievement of activities under Output 1

Activities		Achievements
1-1	Select target areas (one tambon in each province) in the four provinces.	One Tambon in each province was selected as project site for CTOP in December 2007.
1-2	Set up and prepare Working Committees in respective target areas.	<ul style="list-style-type: none"> ➤ Working Committees were set up. Core members from provincial offices under 2 ministries (MOPH and MSDHS), community hospital, TAO/Tessaban, health center, elderly club, community leaders and other relevant institutions get together as required and have a series of meetings under close cooperation. ➤ Weekly meeting functions as a driving force for promoting CTOP activities.
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.	Community plan for implementing CTOP in respective project sites was approved at the fifth Steering Committee, which was held in April 2009.

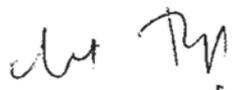
Achievement of Output 1

Indicator 1-1 Regular meetings of the Working Committees are conducted.
Achieved. As stated in activity 1-2 and 1-3, Working Committees are conducted regularly.
Indicator 1-2 Lists of roles and responsibilities of institutions and organizations participating in the Working Committees are developed.
Achieved. The roles and responsibilities of relevant organizations and people participating in CTOP were defined, which was presented in the fifth Steering Committee in April 2009.
Indicator 1-3 Action plans in each target area are approved by the Steering Committee.
Achieved. Community plan (action plan) for implementing CTOP in respective project sites was approved at the fifth Steering Committee, which was held in April 2009.

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

Under Output 2, the needs of elder persons were analyzed through elderly survey, and needs were confirmed through home visits to elderly people and elderly club activities as well.

CTOP assisted in developing "Elderly questionnaire", which is linked with Typology of the Aged with Illustration (TAI) introduced by a Japanese short-term expert, an evidence-based assessment tool for elder people. Its effectiveness was confirmed by interviewees of the

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Terminal Evaluation.

It is also noteworthy that CTOP identified capacity of local authority and local resources for providing health care and social welfare services for elder persons in project sites.

Achievement of activities under Output 2

Activities		Achievements
2-1	Prepare questionnaires/data collection sheets for identification of resources providing health care and social welfare services for older persons.	<ul style="list-style-type: none"> ➤ Elderly survey was conducted in July 2008 and in June 2010. ➤ In implementing the survey, questionnaire /data collection sheet were prepared for collecting data regarding health care and social welfare services for older persons with consultation from Japanese short-term experts. ➤ In the survey, needs and situation were indentified through "Elderly questionnaire", which was developed by CTOP. The questionnaire was formulated consisting of four types of questions; 1) general information, 2) socio-economic information, 3) daily activities and 4) health information. ➤ Daily activities of elder questionnaire are linked with TAI, which is evidence-based assessment tool for elder people.
2-2	Provide orientation and training to staff involved.	Orientation and training were provided to staff involved in each site on the methodology of the elderly survey in support of Japanese short-term experts.
2-3	Identify financial strength of local authorities.	Financial and technical strength of local authorizes was identified through research supported by Japanese experts during August-September 2008.
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.	Responsible institutions for collecting information were identified and decided in support of Japanese experts (responsible institutions differ in each site) during August-September 2008.
2-6	Identify resources and mechanisms for providing health care and social welfare services for older persons in respective target areas.	Resources and mechanisms for providing health care and social welfare services for older persons were identified, which was supported by Japanese experts during August-September 2008.
2-7	Identify community information sharing mechanism.	Community information sharing mechanism was identified, which was supported by Japanese short term experts during August-September 2008.
2-8	Identify older persons' needs for health care and social welfare services in respective target areas.	<ul style="list-style-type: none"> ➤ Needs of elderly people were identified through elderly survey conducted in July 2008 and June 2010. ➤ Further, needs were identified and confirmed as required through home visits to elderly people and elderly club activities.
2-9	Analyze the results of	➤ The first elderly survey was analyzed and its

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	identification.	<p>result was submitted to the 4th Steering Committee in December 2008.</p> <p>➤ The second elderly survey was analyzed and its result was reported to the 12th Steering Committee in January 2011.</p>
2-10	Discuss and design the draft Model for target areas.	CTOP assisted to develop draft model continuously based on community plan reflecting needs and situation of each site.

Achievement of Output 2

Indicator 2-1 Analysis results of each target area are submitted to the central government.	
Achieved.	
<p>➤ The first elderly survey was analyzed and its result was submitted to the 4th Steering Committee in December 2008.</p> <p>➤ The second elderly survey was analyzed and its result was reported to the 12th Steering Committee in January 2011.</p>	
Indicator 2-2 Integrated analysis of the results from each area is done at the central level.	
Achieved.	
Finalized results of the second elderly survey was reported and approved in the 7 th JCC in January 2011.	

Output 3: The draft Model is developed and tested.

Model activities in each project site were decided based on needs identified by elderly surveys, which were conducted with active involvement of community people. As Indicator 3-1 shows, the first draft model was acknowledged in the JCC in July 2010 and its progress of model activities is periodically reported and shared with stakeholders in JCC and Steering Committee.

The remarkable achievement in the process of achieving Output 3 is that design and operation of model activities in project sites were documented in the written form. For example, the design of each activity was documented as guidelines, and detailed information for operation was documented as manuals. Through documentation, CTOP unique approach can be easily shared with other areas, and this is the significant step for the dissemination of model activities.

CTOP, abbreviation of the Project name, and its logo also contributed to increasing awareness, motivation and solidarity among stakeholders by synergetic effect with promotional shirt/jumper and video making.

Achievement of activities under Output 3

	Activities	Achievements
3-1	Set up Community Committee and empower them to develop action plan for supporting older persons.	Community plan (action plan) was developed through community level discussion, and was approved in the fifth Steering Committee, which was held in April 2009.
3-2	Specify the contents of health care and social welfare services for older persons.	<p>➤ Community plan and draft guideline on its implementation in each project site, which was developed and presented in the seventh Steering Committee in April 2010, defined details of each activity.</p> <p>➤ Operational manual on each model activity was</p>
3-3	Develop and implement guidelines on the roles of and collaboration among	

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	the institutions and organizations concerned including mechanism and management.	developed in the ninth Steering Committee in September 2010. The manual contains information on collaboration, management, monitoring/evaluation, data collection/information transmission and so forth.
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 older persons.	<ul style="list-style-type: none"> ➤ The information on each model activity was disseminated to and shared with non-project sites through area workshops, community care training and national conference. ➤ It is also confirmed by the Terminal Evaluation Team that each project site exchanged experiences/successful practices of model activities with other areas through receiving study tours coming from nearby Tambons, which showed a keen interest in activities.
3-7	Conduct trial of the draft Model in the target areas.	<p>Model activities in each project site were decided based on the result of elderly survey.</p> <ul style="list-style-type: none"> ➤ In Yang Hom, Chian Rai, model activity focused on the behavior modification and dealt with the most prevalent chronic diseases of the elderly such as hypertension and diabetes. Elderly data base functions to find out the elderly who has a potential risk. The model takes participatory approach and every stakeholder including the elderly themselves participated in the entire process of its management with initiative of Tessaban, where continuous action and revision are required among participants. ➤ In Sa-Ard, Khon Kaen, typical example of CTOP is Eye Project conducted based on the result of elderly survey. This is a problem-finding program, where eye problem of the elderly can be identified through eye screening and they can receive necessary treatment before their eye condition get worse. The project has been initiated by the decision of community committee, which prioritized eye problem, and volunteers function as liaison persons among different service providers. ➤ In Bang Si Thong, Nonthaburi, rehabilitation center, which practically functions as

		<p>multi-purpose center owned by TAO, provides various services to the elderly with different needs and conditions. Volunteers work as main staff of the rehabilitation center with technical support from highly skilled professionals such as a doctor and a nurse. In its administrative committee, elderly club members play important roles, which is positive indication of local ownership.</p> <p>➤ In Banna, Surat Thani, "Mobile One Stop Service (MOS)" is implemented. MOS aims to improve access to services and provides various types of services for the elderly including health check-up, health consultation, advice on cash benefit, etc., at one time and one place. MOS unit, consisting of health and social welfare professions from related authorities and volunteers, is dispatched every month to the appointed village. MOS unit also make home visits to the elderly who cannot come to MOS. MOS is operated by Cyclical Management, where the preparatory meeting is held monthly, and evaluation meeting is held right after each MOS activity.</p>
3-8	Conduct monitoring and revision of the draft Model.	Cyclical management is practiced in all 4 project sites, where model activities are monitored and revised based on its result whenever necessary.

Achievement of Output 3

Indicator 3-1 The draft Model is approved by the JCC.

Achieved.

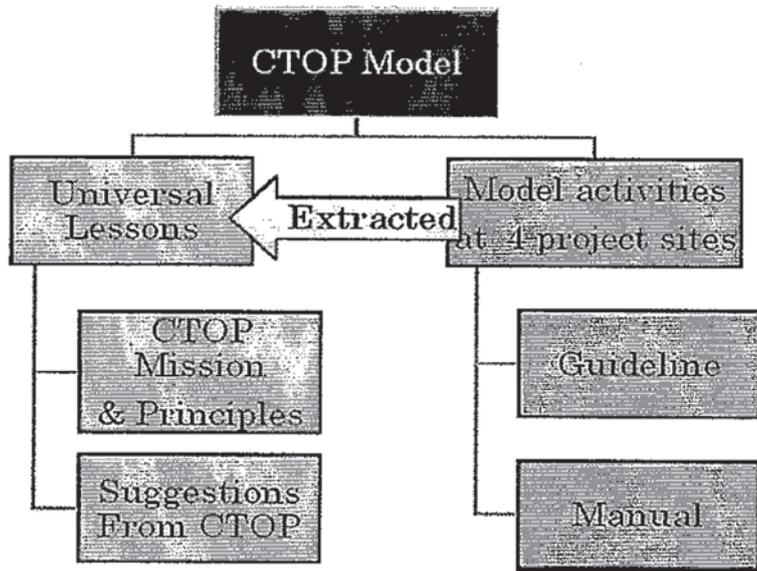
- The first draft model was acknowledged in the JCC in July 2010.
- Progress of model activities implemented in each project site are periodically reported and approved in JCC and Steering Committee.

Output 4: The finalized Model is approved by the JCC.

The finalized model was approved in the eighth JCC in June 2011. The model is a combination of model activities at 4 project sites and the "Universal lessons", which are extracted from those activities. The "Universal lessons" is composed of "Mission"/"Principles"/"Suggestions". Figure 1 shows the structure of CTOP model.

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

Fig.1 Structure of CTOP Model



Source: Project document

Achievement of activities under Output 4

Activities		Achievements
4-1	Evaluate the draft Model including the analysis of best practices, difficulties faced in respective target areas and the countermeasures.	Good practices for successful implementation of model activities in each site were analyzed and were compiled as "Universal lessons", which are composed of "Mission"/"Principles"/"Suggestions".
4-2	Conduct a meeting for finalizing the Model with the participation of external resource persons.	<ul style="list-style-type: none"> ➤ The finalized model was developed as a combination of model activities at 4 project sites and these "Universal lessons", and then approved at the eighth JCC in June 2011. ➤ The finalized model was presented in the second national conference, which was held in July 2011 with the participation of external resource persons.
4-3	Finalize the Model.	

Achievement of Output 4

Indicator 4-1 The finalized Model is approved by the JCC.
Achieved.
As stated in activity 4-3, the finalized model was approved in the eighth JCC in June 2011.

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

Through the activities under Output 5, a series of trainings were successfully conducted with positive evaluation results. It has been also achieved in the combination with the development of tools such as "Elderly questionnaire", "Checklist" and the provision of equipments.

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As explained in Indicator 5-1, the result of interviews and questionnaire survey at the time of the Terminal evaluation indicates that Japan Training contributed to enhancing the team spirits between participants from the same project sites and facilitating more positive involvement of participants towards their activities at project sites. The capacity of stakeholders was also strengthened through community care training, where participants themselves were involved in its planning, implementation and management.

Achievement of activities under Output 5

Activities		Achievements
5-1	Identify target groups for training. (local administrators, service providers, care coordinators, Community Committees, etc.)	<ul style="list-style-type: none"> ➤ As for Japan training, targets and needs were identified and documented, which were presented to JCC. Careful consideration was given to selecting members for training so as to include stakeholders not only at central level but also at provincial and Tambon levels (provincial officials, hospital staff., volunteers, community leaders, etc.,) ➤ CTOP supported community care training, which is planned and managed by community in each project site.
5-2	Assess the training needs of the above target groups.	
5-3	Develop guidelines for human resources development.	<ul style="list-style-type: none"> ➤ "How to Enhance Local Ownership at CTOP Project" was developed in 2008. ➤ "Principles"/"Suggestions" and "Checklist" were developed so as to be utilized as guidelines for human resource development.
5-4	Conduct training of the target groups.	<ul style="list-style-type: none"> ➤ At the time of the Terminal Evaluation, Japan training has been conducted 3 times in 2008, 2009 and 2010 and a total of 52 counterparts were trained as follows. <ul style="list-style-type: none"> - JFY 2008: 19 participants in "Core team training" - JFY 2009: 14 participants in "Professional care skill training" - JFY 2010: 19 participants in "Management training" *9 participants are planned to be dispatched to the fourth Japan training ("Elderly service model diffusion") in September 2011. ➤ Community care training has been conducted 16 times in 4 project sites and a total of 1920 participants were trained. ➤ Various workshops for particular subjects (e.g. statistics, methodology of elderly survey, data analysis, screening method for dementia, care management, TAI, comprehensive community care system (CCCS) in Japan) were conducted by short-term experts. ➤ Area workshop was conducted 8 times to share knowledge and experiences with participants invited from neighboring areas.

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Achievement of Output 5

Indicator 5-1 Trainees are satisfied with the contents of training.

Achieved.

- The course evaluation of Japan training and community care training indicated that most of the participants are satisfied with the contents of various trainings conducted under CTOP. It was also confirmed through the result of interviews and questionnaire survey conducted at the time of the Terminal Evaluation.
- In particular, Japan training functioned as a catalyst, which enabled participants to review services for the elderly in Thailand by learning the Japanese system and provided services.
- Positive effect of Japan training could be also seen in team building among participants. During the period of Japan Training, participants had training in working group consisting of central/local government officials and other stakeholders in each project site. Each group had to submit a joint report at the end of the day, and participant had to practice it every day. This continuous practice fostered team spirit by working as a group. Some of the interviewees answered that they became more active in working in close collaboration with different stakeholders after Japan training.

Indicator 5-2 Human Resources Development Guidelines developed.

Achieved.

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

3.2.2. Achievement of Project Purpose

Project Purpose: The Model is disseminated for the purpose of nationwide implementation.

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

The model, which is responsive to local needs due to active participation of community people, was presented to the second National Conference and was endorsed by representatives of MOPH, MSDHS, MOI and NHSO in the panel discussion.

It is also confirmed from interviewees, who participated in the National Conference, that the model is technically and financially feasible and could be disseminated to other areas.

"Mission"/"Principles"/"Suggestions" and a series of tools developed by CTOP were translated to Thai and distributed to the participants from 65 out of 77 provinces at the National Conference.

Indicator 1: The Meeting to present Model at the national level is held.

Indicator 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.

Mostly Achieved.

- The model was presented to the second National Conference in July 2011.
- The model is planned to be presented to the National Commission on the Elderly in October 2011.

3.2.3 Achievement of Overall Goal

Indicator: At least 15% tambons in each province utilize the Model

It is highly expected that the Overall Goal will be achieved, since the ownership of Thai Government is remarkably high.

However, it is difficult to measure exactly the prevalence of the model because actual activities may vary from community to community. CTOP's essence is the integrated and cyclical approach implemented under local ownership based on their local needs. It may be measured by the utilization of the tools such as "Elderly questionnaire", TAI, and "Checklist", which were developed in CTOP to facilitate such approach.

3.3 Implementation Process

3.3.1 Project Management and Monitoring

In general, the project activities have been implemented according to PDM. The progress of CTOP was shared among stakeholders by being presented at various meetings.

Joint Coordinating Committee (JCC) meetings have been held 8 times by the time of Terminal evaluation. Thai counterparts, the Japanese experts' team and representatives from JICA Thailand office made joint review of CTOP activities, and stakeholders in project sites exchanged relevant information at JCC. In addition, Steering Committee has been held 13 times.

Weekly Meeting has been conducted 127 times. This meeting was newly established with the CTOP initiative and functioned effectively to strengthen inter-organizational network, where MOPH and MSDHS participants communicate regularly, share experiences/challenges and seek solutions together.

It is noteworthy that records of all meetings are reported in CTOP website (<http://www.ctop-file.com>) immediately after each meeting, and are shared with stakeholders, which would lead to better implementation of CTOP.

3.3.2 Continuous efforts to stimulate CTOP activities

The successful implementation of CTOP owes to its continuous efforts to stimulate activities. For example, short-term experts were assigned at the right timing. Their expertise greatly contributed to smooth implementation of CTOP activities and the encouragement of the local stakeholders, which was also multiplied by various efforts such as holding area workshops, making promotional shirt/jumper and video shooting.

3.3.3 Promotion of local ownership

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

Local ownership was also ensured by empowerment of the local stakeholders. Capacity development through training led to their active involvement in promoting CTOP activities as


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resource persons. Several interviewees at the time of Terminal evaluation expressed that their local ownership was further strengthened by playing positive roles such as making a presentation on their own activities to visitors from other Tambons with keen interest in their CTOP activities.

3.3.4 Provision of opportunities for mutual learning

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

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