4. EVALUATION RESULTS

4.1 RELEVANCE

The Project remains highly relevant in view of the following reasons:

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

4.2 EFFECTIVENESS

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

1) CTOP has successfully established "integrated service model". Model activities in 4 project sites fulfill the three criteria as follows.
   - Multi-Agency/Sector Involvement: authorities both in health and social welfare sectors were involved.
   - Promotion of equal partnership between related authorities and local general residents.
   - Wide variety of services and supports for the elderly with different needs (e.g. independent/dependent/bed-ridden elderly)
2) It should be highlighted that CTOP could maximize the outputs by enhancing inter-organizational network between MOPH and MSDHS through Weekly Meeting. CTOP outcome was also complemented by the maximum use of events, promotional items, video shooting and the provision of equipments. Such synergy effect led to increasing motivation and commitment of stakeholders toward CTOP. In addition, stakeholders were empowered and their capacity was strengthened through Japan training and community care training.
3) "Principles"/"Suggestions" and "Checklist" were developed based on model activities in four project sites so as to be utilized nationwide as guidelines for human resource development. It is expected that those materials are utilized effectively in capacity building for stakeholders in other areas who play leading roles in developing and operating community-based activities for supporting elder people.

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4) CTOP tools including "Elderly questionnaire", "Checklist" for self-evaluation, and TAI are supposed to give ideas to local stakeholders "how to do", and to be very effective in problem-finding.
   Together with these tools and "Universal lessons", it is expected that the model will be utilized nationwide in the near future.
5) The model, which includes model activities at 4 project sites and these "Universal lessons", was documented in Thai and has been already distributed to 65 out of 77 provinces at the occasion of the second National Conference. This is a positive indication toward disseminating the model nationwide.

4.3 EFFICIENCY

Overall, CTOP has been efficient as most inputs are adequate and utilized for the achievement of the Outputs. As explained in Chapter 3, all activities were conducted as planned and most indicators reached the targets.

1) Inputs by the Thai side
   In order to maximize the outcome of CTOP, The Thai side showed a strong commitment in terms of policy as well as allocation of budget, personnel, facility and equipment. It is noteworthy that the Thai side, especially at Tambon level, bears the costs for trainings, meetings and monitoring, which are essential for CTOP implementation in each project site. It needs to be noted that the strong commitment by central government is mainly for smooth initiation of community-based activities, and that it is local authorities which should play primary roles in continuing those activities.
2) Inputs by the Japanese side
   Inputs from the Japanese side were also appropriate in terms of personnel, equipment and operational cost. Even though the number of the long-term experts was minimum, they have remarkably contributed to the joint efforts of the 2 ministries. Qualification of short-term experts was also highly appreciated by the Thai side, which was endorsed by the result of the interviews and questionnaire surveys. Their expertise greatly contributed to capacity development and motivation of the Thai counterparts.
3) Cooperation with other scheme, partners/institutes
   - CTOP collaborated with the activities of Japan Overseas Cooperation Volunteer (JOCV) in Thailand, which place priority on vulnerable groups (elderly, disabled, etc.) in communities, in the forms of information sharing and participation in study missions.
   - CTOP collaborated with private companies in bringing their resources to model activities in project sites. For example, CTOP collaborated with a Japanese company in donating wheel chairs to the elderly in need in CTOP project sites.
   - CTOP made evaluation of the satisfaction for the hypertension project in Chiang Rai with the support from Chulalongkorn University.

4.4 IMPACT

There were several positive impacts observed as follows.

1) CTOP achievement had impact on the national policy. Successful progress of CTOP has made impact on planning the Eleventh National Health Development Plan (TFY2012-2016), where the community-based approach is emphasized.
2) Communities in CTOP project sites are empowered and revitalized through implementing CTOP activities in an integrated manner. As a result, other government agencies selected CTOP project sites as their project sites. (e.g. project on rehabilitation of people with disabilities in Nonthaburi). In addition, activities have been developed in 3 generation

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center project in Chiang Rai with integrated approach.

3) Local stakeholders including volunteers coordinated site visits in project sites and shared model activities with other Tambons.
4) For implementation of effective community-based integrated elderly services, stakeholders will need to understand condition and needs of the elderly in their communities, identify available resources, and utilize good knowledge or lessons learned from other communities. CTOP successfully offered effective tools such as "Elderly questionnaire" and TAI for understanding condition and needs of the elderly, good knowledge/lessons learned in the forms of 4 model activities, "Mission"/"Principles"/"Suggestions" and "Checklist". Together with these tools and knowledge, it is expected that the integrated model will be utilized at the community-level, nationwide in the near future.
5) CTOP activities are introduced inside/outside the country through media coverage and observation visits from other countries.

4.5 SUSTAINABILITY

1) Policy Aspect

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

2) Organizational Aspect

Organizational sustainability is high.

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

3) Financial Aspect

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

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

4) Technical Aspect

Technical sustainability is expected to be high.

- Since CTOP project sites are diverse in needs and resource for the elderly services and socio-cultural backgrounds, "Universal lessons" extracted from the sites can be applied to other areas.

  If tools, "Mission"/"Principle"/"Suggestion", guidelines, and manuals developed by CTOP are fully utilized, the model will be implemented in many other areas of the country. Moreover, Universal lessons of CTOP can be applied and extended to other target groups, even the context is different. Even for the same activity, the tools can be developed further depending on the context of the area.

5. CONCLUSION

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

6. RECOMMENDATIONS

In order to disseminate the model, it is important that all stakeholders fully understand the concepts of the model. It is recommended that the Project creates user-friendly diffusion materials (educational material with illustration, video, etc.) of the model that can be utilized by various stakeholders at different levels. Also, the outcomes of CTOP such as guidelines, manuals, tools, pictures, and documents regarding the model should be made available online through Thai government's website(s), especially on website of MOPH, MSDHS, and Department of Local Administration, MOI, before the termination of the Project.

Through CTOP, various effective mechanisms and tools were introduced to develop a community based integrated health care and social welfare services for the elderly, such as inter-organizational information sharing and coordination mechanism. Thai government is expected to maintain these mechanisms even after CTOP termination.
In responding to the issues of health and welfare for rapidly increasing elderly population, the model developed through CTOP will be useful. It is recommended that Thai government takes necessary actions toward the model's nationwide implementation. In disseminating the model in other areas, Thai government should see to it that the following points are noted by stakeholders in other areas who would make use of the model.

- As different stakeholders have different interests and commitments to the elderly services, it is necessary to spend enough time in the planning stage to ensure coordination, consultation, and participation of stakeholders.
- Especially in areas with limited resources, it is important to develop feasible plans, by taking into account their needs, situation and available resources.
- Elder people's condition, environment and needs are always changing. To address this issue, it is essential to conduct elderly survey regularly and update the information.
- Difference in the characteristics of the community is significant, especially between rural settings and urban settings.
- Cost-sharing by local people for activities would enhance the financial sustainability and their ownership toward the activities.

CTOP took effective process of embracing initiative of communities. Taking into consideration that TAO/Tessaban will be a core stakeholder in integrating community-based elderly care, it is highly desirable that the Thai government takes necessary measures to support TAO/Tessaban in terms of legislation, budget and human resource allocation, and most importantly, capacity development.

CTOP experience during the past four years reflects the direction of sharing responsibility, integration of public services from various sectors, promotion of local ownership as the key success factors. Therefore, the other areas in Thailand should be able to adapt these key success factors according to their local context of elder persons. Due to differences between urban and rural context, further model development can be explored for elderly in urban setting.

ANNEX 1 : Schedule of the Terminal Evaluation

Date		Schedule
7 August 2011	Sun	Ms. Sato arrives in Thailand
8 August 2011	Mon	Meeting with JICA Thailand Meeting with Thai Evaluation Members on method of evaluation
9 August 2011	Tue	Interview with key officers/stakeholders
10 August 2011	Wed	**Surat Thani** Observe MOS Activity and community activities Interview with key officers/stakeholders
2011 August 2011	Thu	**Khon Kaen** Interview with key officers/stakeholders Observe community activities
12 August 2011	Fri	Analyzing the observation and interview results
13 August 2011	Sat	Analyzing the observation and interview results
14 August 2011	Sun	Analyzing the observation and interview results
15 August 2011	Mon	Interview with key officers/stakeholders
16 August 2011	Tue	**Chiang Rai** Interview with key officers/stakeholders Observe community activities
17 August 2011	Wed	Interview with key officers/stakeholders
18 August 2011	Thu	Mr. Nakamura, Ms. Igarashi and Prof. Eguchi arrive in Thailand Internal meeting for drafting the evaluation report
19 August 2011	Fri	Internal meeting for drafting the evaluation report Joint evaluation meeting
20 August 2011	Sat	Drafting the evaluation report
21 August 2011	Sun	Drafting the evaluation report
22 August 2011	Mon	**Nonthaburi** Interview with key officers/stakeholders Observe activities in Rehabilitation Center and community activities Joint evaluation meeting
23 August 2011	Tue	Joint evaluation meeting Signing of Minutes of Meetings Report to Embassy of Japan
24 August 2011	Wed	Report to JICA Thailand Prof. Eguchi leaves for Japan
25 August 2011	Wed	Mr. Nakamura, Ms. Igarashi and Ms. Sato leaves for Japan

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
Overall Goal The Community Based Integrated Health Care and Social Welfare Services Model for Older Persons ("Model") is utilized nationwide.	(until October 2014) At least 15% tambons in each province utilize the Model.		
Project Purpose The Model is disseminated for the purpose of nationwide implementation.	By the end of the Project 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.	Records of the Meeting Statement of the proposal to NCE, MOPH, MSDHS, and MOI.	The importance of the Model is recognized by the organizations concerned with ageing issues at different levels.

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

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). 0-2. Select the members of the Steering Committee. 0-3. Draft the roles and responsibilities of the institutions and organizations 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. 1-1. Select target areas (one tambon in each province) in the four provinces. 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. 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	1. Experts a. Long-term experts: • Chief Advisor / Health Care and Social Welfare for Older Persons • Project Coordination / Monitoring b. Short-term experts: • Social Welfare • Health care for older persons • Life style-related Diseases • Statistics/Survey • Geriatrics • Others 2. Training in Japan 3. Training in Thailand 4. Equipment As necessary	1. Counterpart staff 2. Facilities and equipment • Project offices at MOPH and MSDHS • Meeting room 1. Other costs • 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	Pre-conditions Consensus on the implementation of the project is obtained from the parties concerned.

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 services in respective target areas. 2-9. Analyze the results of identification. 2-10. Discuss and design the draft Model for target areas. 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 older persons. 3-7. Conduct trial of the draft Model in the target areas. 3-8. Conduct monitoring and revision of the draft Model. 4-1. 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. 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.	**Joint Coordinating Committee (JCC)**: central level 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. **Steering Committee**: central level 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. **Provincial Committees**: provincial level (four provinces) 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. **Working Committees**: tambon level (one tambon each in the four provinces) 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. **Community Committees**: village level (villages composing the target tambons) 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.