

Terminal Evaluation

Latin America and the Caribbean

I. Outline of the Project

- Country: Brazil
- Project title: "Geriatrics"
- Issues/Sector: Public Health
- Cooperation scheme: TCTP - Third Country Training Program
- Division in charge: Regional Dept. III
South America Division
- Total cost: ¥ 27.49 Million
- Cost per participant: ¥ 0.49 Million
- Share of Japan's contribution: 66 %
(Note: These costs are referred to the period from JFY 2000 to JFY 2003 (4 courses)).
- Period of Cooperation (R/D): August 23rd , 2000
(Extension): JFY2000 to JFY2004
- Partner Country's Implementing Organization: Pontifical Catholic University of Rio Grande do Sul (PUCRS)
- Supporting Organization in Japan:
- Related Cooperation: Rio Grande do Sul PUC Geriatric Institute 1973-1978

1. Background of the Project

The technical cooperation for the Institute of Geriatrics and Gerontology at Pontifical Catholic University of Rio Grande (PUCRS) had implemented from 1973 to 1978 successfully. This project resulted in a high level centre to provide from basic to advanced education and research on biology of ageing and geriatric diseases.

To spread training and specialization opportunity to Latin American countries, the Third Country Training Program (TCTP) on "Geriatrics" was placed from 1993 to 1998. This initiative was followed with great demand regarding the lack of specialist on geriatrics in the targeted countries and the similarity on language, culture, and economical level. To attend this demand on August, 2000 was signed a Record of Discussion, to extend the course for five year, from 2000 to 2004.

2. Project Overview

The objective of the course was to transmit to Latin America and Portuguese Speaking African Countries' doctors' technical and theoretical updated information in geriatrics and preventive medicine adequate and applicable according to their specific necessities.

Course Targeted Countries: Angola, Argentina, Bolivia, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Mozambique, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela.

(1) Outputs of the Training Program

1) Output 1

Did the participants develop the expertise about geriatrics globally and systematically acquiring new medical techniques for treating the elderly patients?

2) Output 2

Did the participants cultivate the comprehensive knowledge for prevention on geriatric diseases?

3) Output 3

Did the participants study the characteristic geriatric diseases in Brazil and Latin American countries and understood the present and future trends concerning geriatrics and the ageing in Latin American and Portuguese speaking African countries?

(2) Inputs (regarding the period of 2000-2003)

Japanese side:

Short-term experts:	4 experts
Invitation Expenses:	¥ 18.14 Million
Total cost:	¥ 18.14 Million

Brazilian side:

Lecturer (Coordinators)	6 professors
Training expenses:	¥ 9.25 Million
Total cost:	¥ 9.25 Million

II. Evaluation team

Members of Evaluation Team

JICA Sao Paulo Office (Commissioned to Dr. Weyler Galvao Porto, MD, MSc, Researcher of Federal University of Sao Paulo - UNIFESP).

Period of Evaluation

November 1st 2003 ~ December 26th 2003.

Type of Evaluation:

Terminal.

III. Results of Evaluation

1 Achievement of the Training Program

Item	JFY 2000	JFY 2001	JFY2002	JFY2003
Number of Applicants	26	49	33	49
Number of Participants	14	14	14	14
Countries participated	10	12	11	13
Duration of the Course	1 month	1 month	1 month	1 month

2 Evaluation Results

(1) Analysis on the Achievement in terms of Outputs

As for the achievement in terms of outputs, the objectives of the course were considered achieved in the four years evaluated. Important to stress the fact that important communication channel was created through the Course for further strengthening of networking and co-operation among all parts involved.

The students surveyed have scored the course as the one that has fulfilled the objectives in 38.62% as good and 44.01% as excellent one (total course classification score = good + excellent 82.63%). Expectations were fulfilled in 35.47% goodly and 34.32% excellently (total expectation score = good + excellent 69.79%).

In the analytical analysis shows 8.68 (\pm 0.67). It means that the participants acquired new skills and knowledge in geriatrics in an excellent manner. The survey showed that the subject that attracted the students the most was the preventive geriatric medicine and the students have produced many preventive schemes in their native countries for the elderly in the primary health settings.

100% of the students said to be important to know special characteristics of the geriatric disease in the countries involved in the course in order to prevent and better allocation of resources. Also they showed great interest in visit the whole PUCRS-IGG geriatric complex. 100% of the participants said to have been created a network of information aiming up-dating technical data and political, social and economic support information changing.

(2) Relevance

Epidemiological and demographic revolution implies in decreasing levels of mortality and birth rates. Consequently elderly population increases and degenerative diseases predominate. Ageing population is a worldwide phenomenon. 8 from 11 largest elderly populations in the world are located in developing countries. A person aged between 65 and 75 years costs to any health system 3 times more than a younger population sample member. According to United Nations survey the Brazilian elderly

population does not concreted the demographic revolution. The still amazing prevalence of infectious diseases over an ageing population can jeopardize health acquisition. Latin American and African countries present similarities to Brazil in sanitation aspects. Geriatric skills can contribute preventing and treating and managing scarce resources an ageing continental area.

3. Factors promoting sustainability and impact of the Training Program

(1) Factors concerning to planning

Problems pointed out by ex-students and/or verified by PUCRS organization team itself were corrected in the next course, as consequence of the evaluation survey carried out by the organization team upon the completion of each course.

(2) Factors concerning the Implementation Process

Possibility to get together experts in geriatrics field and visiting longitudinal projects and other related facilities in PUCRS complex allowing a broad complete overview of geriatrics and preventive medicine.

Possibility of information exchange among these experts (from Brazil and Japan) and the participants of various different countries of Latin America and Africa.

Participants insulated in a neutral studying area away from daily difficulties.

4. Factors inhibiting sustainability and impact of the Training Program

(1) Factors concerning to Planning

Not observed.

(2) Factors concerning the Implementation Process

Was observed in the countries involved during 4 years staying back home:

lack of financial and material assistance;

lack of personnel assistance;

life-long recycling learning material.

5. Conclusion

The relevance of the theme is well defined and shows it face in the whole course. The course is well designed and reaches its objective. It offers to right attendants a suitable curriculum.

6. Recommendations

Recommendations for partner country side (Direction of future activities of project)

- a) Create a life-long learning recycling programme for former students,
- b) Support TCTP course on geriatric/gerontological for medical supporting personnel (nurses, psychologists, nutritionists, etc).

Recommendations for JICA (Necessity for follow-up co-operation)

- a) Keep financing the excellent course of geriatrics and preventive medicine in PUCRS
- b) Raise support for equipment and training personnel in the countries involved in the geriatrics training in Brazil.
- c) We strongly advise the reassignment of the actual agreement between the involved parts, herein cited Government of Japan and Government of Brazil/PUCRS. A new agreement is a paramount, considering the high efficiency and effectiveness observed in this evaluation. PUCRS and IGG have an outstanding level over-heading the best research regions in Brazil. It must be supported financially aiming to setup new science frontiers in the country.

7. Lessons Learned

Even with complaints related to lack of political support, equipment and trained personnel for geriatrics plans implementation, the learned lessons from the ex-participants must be repeated and analysed deeply for future changing information. Probably most important lesson to be learned will come from Africa, which has insufficient material and equipment, but an adverse epidemiological and demographic reality.

The JICA and TCTP, using PUCRS' lectures as a tool, must be replicate in other countries for specific local problems as soon as the involved countries have the condition to produce their own geriatrics.

8. Follow-up situation

Not observed.