Project Completion Report
For
The Project for
Community-based Integrated Care
for the Elderly

May 2025

Japan International Cooperation Agency (JICA)

HM
JR
25-047

Project Completion Report

I. Basic Information of the Project

1. Country: Mexico

2. Title of the Project:

Project for Community-based Integrated Care for the Elderly

3. Duration of the Project (Planned and Actual):

Planned: May 2021 – October 2024

Actual: May 2021 – March 2025

4. Background (from Record of Discussions(R/D)):

Mexico is estimated to be an aged society by 2040, with the proportion of older adults reaching 19.5% and the population of elderly people in need of care to be about 3 million, of which 70% are in mild care and 30% in severe care. However, of those in need of care, only 40% are receiving care, while the remaining 60% are not. Since most nursing homes are privately operated and many elderly people and their families cannot afford the cost of moving into a facility, the occupancy rate of the approximately 1,200 nursing homes in the country is about 1% of those who need care, and most care is provided at home by family members.

Mexico has a policy to integrate healthcare and society in order to establish a long-term care system. However, due to urbanization caused by the influx of population from rural areas, and changes in household situations (such as an increase in the number of households with only the elderly, or the elderly living alone), the family's ability to care for the elderly is declining, and given the declining birthrate, the number of caregivers is also decreasing. Under these circumstances, public organizations such as the Ministry of Health and the Social Insurance Agency, as well as private companies, are providing nursing care services and support, but there are no activities with home care in mind, and services of assured quality are not being provided.

In response to the above situation, an application for Technical Cooperation was submitted to the Government of Japan to standardize and expand nursing care services by strengthening the capabilities of caregivers, to support elderly people at risk of requiring nursing care through preventive activities so that they can maintain and improve their physical functions necessary for daily living, and to provide a system to support these activities in the community.

5. Overall Goal and Project Purpose (from Record of Discussions(R/D))

Overall Goal: Quality community-based integrated care services for older adults are provided in Mexico

Project Purpose: Quality community-based integrated care services for older adults are provided in target areas

6. Implementing Agency

The National Institute of Geriatrics (INGER), the National Institute for Older Adults (INAPAM), the National System for Integral Family Development (SNDIF), the Government of Mexico City, the Government of the State of Jalisco and the Government of the Municipality of Guadalajara

II. Results of the Project

1. Results of the Project

1-1 Input by the Japanese side (Planned and Actual)

(1) Total amount of Project fund: 47,546,195 yen

(2) Expert dispatch:

① JICA Senior Advisor Mr. Shintaro Nakamura (short term)

→ Guadalajara: November 24 and 25, 2022

→ Mexico City: November 22 and 23, 2022

Achievements: The operating models of the participating institutions and the existing human resources were identified.

② Professor Motoyuki Yuasa and Professor Myo Nyein Aung of Juntendo University (short term)

→ Guadalajara: February 27 - 28, 2023

→ Mexico City: February 24 - 25, 2023 and March 01, 2023

Achievements: The functions of the participating institutions were clarified and areas for strengthening through training in Japan was identified.

③ JICA Senior Advisor Mr. Shintaro Nakamura (short term) and Professor Myo Nyein Aung of Juntendo University (short term)

→ Guadalajara: June 6 and 7, 2024

→ Mexico City: June 4 - 5 and June 8-12, 2024

Achievements: The progress of each project site was reviewed and the necessary actions to take in the remaining period of the project was identified.

④ Professor Motoyuki Yuasa of Juntendo University (short term)

→ Guadalajara: March 3 - 5, 2025
→ Mexico City: March 5 - 7, 2025
Achievements: A follow-up to the second training in Japan was conducted at each project site, and a way forward after the end of the project was suggested to the participating institutions.

(3) Receipt of Training Participants:
First training: May 28, 2023 – June 3, 2023
Number of participants: 11 participants
Second training: February 16, 2025 – February 21, 2025
Number of participants: 10 participants

1-2 Input by the Mexico side (Planned and Actual)

The Mexican agencies involved in the project provided the human resources and necessary budget according to their organizational mandates, for the planning and implementation of all activities to realize the Action Plan.

1-3 Activities (Planned and Actual)

Activities for Output 1

Activities 1-1 and 2-1 To build a technical team for each target area.

1) Potential members of Technical Teams 1 and 2 were identified and contacted. A meeting was held in February 2022 with each organization, whereby the project was presented.
2) In Guadalajara, a technical team was formed with members from the following institutions: System for the Integral Development of the Family of the State of Jalisco (DIF Jalisco), System for the Integral Development of the Family of the Municipality of Guadalajara (DIF Guadalajara), through the Department of Integral Development for the Elderly (DIPAM), the Secretariat of Health Jalisco and the OPD Health Services Jalisco.
3) In Mexico City, a technical team was formed with members from the following institutions: Mexico City Health Services, National Institute for the Elderly (INAPAM), Institute for Dignified Aging (INED)
4) The integration of the technical teams was later than initially planned, as a consequence of the delay in the start of the project due to the COVID 19 pandemic.

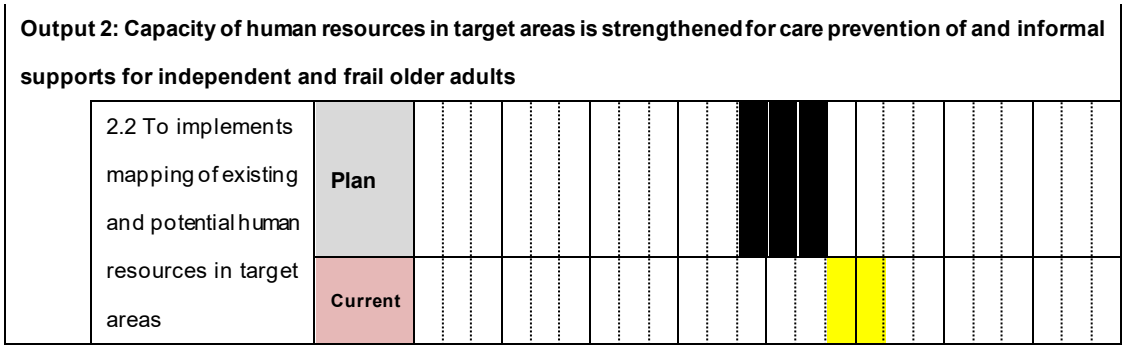
Activities	Plan	2021	2022

	Current	Ⅰ	Ⅱ	Ⅲ	Ⅳ	Ⅰ	Ⅱ	Ⅲ	Ⅳ
Output 1: Capacity of human resources in target areas is strengthened for care dependent older adults									
1.1 To build a technical team for each target area	Plan								
	Current								
Output 2: Capacity of human resources in target areas is strengthened for care prevention of and informal supports for independent and frail older adults									
2.1 To build a technical team for each target area	Plan								
	Current								

Activities 1-2 and 2-2 To implement mapping of existing and potential human resources in the target areas.

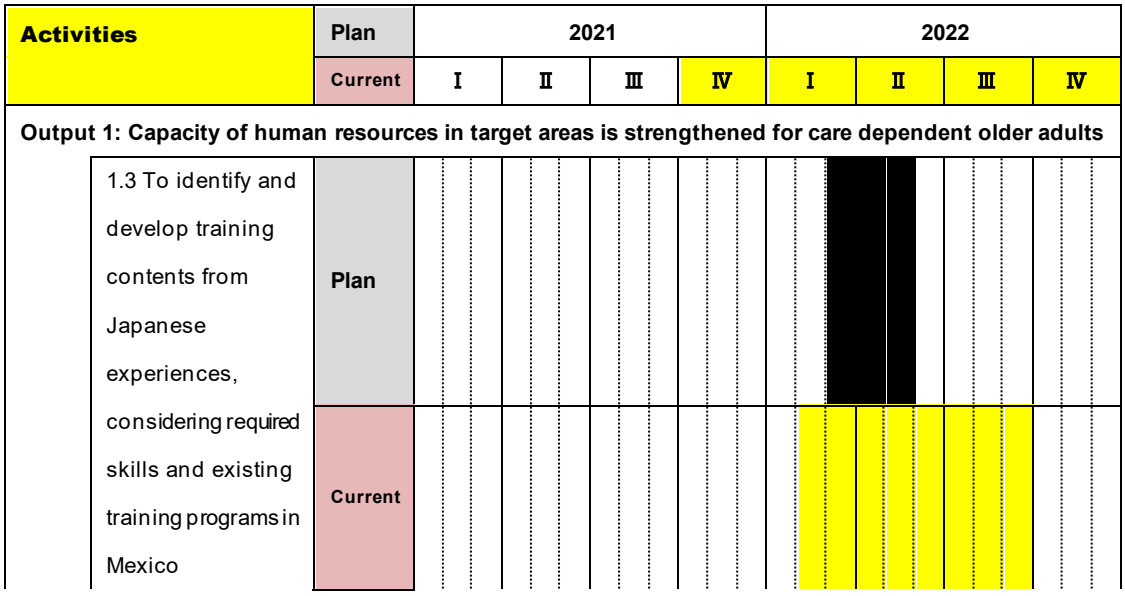
1) A working meeting was held during March and April 2022, to identify the existing and potential human resources that offer services to the elderly population.
2) Three virtual meetings were held in Mexico City and two face-to-face meetings were held in Guadalajara. As a result, the existence and profiles of human resources in the participating institutions were identified, a gerontological approach was recognized, the absence of inter-institutional work for the care of the elderly was identified, and other necessary infrastructure for the implementation was recognized.
3) The mapping was conducted later than initially planned, as a consequence of the delay in the start of the project due to the COVID 19 pandemic and because it was carried out once the technical teams were formed.

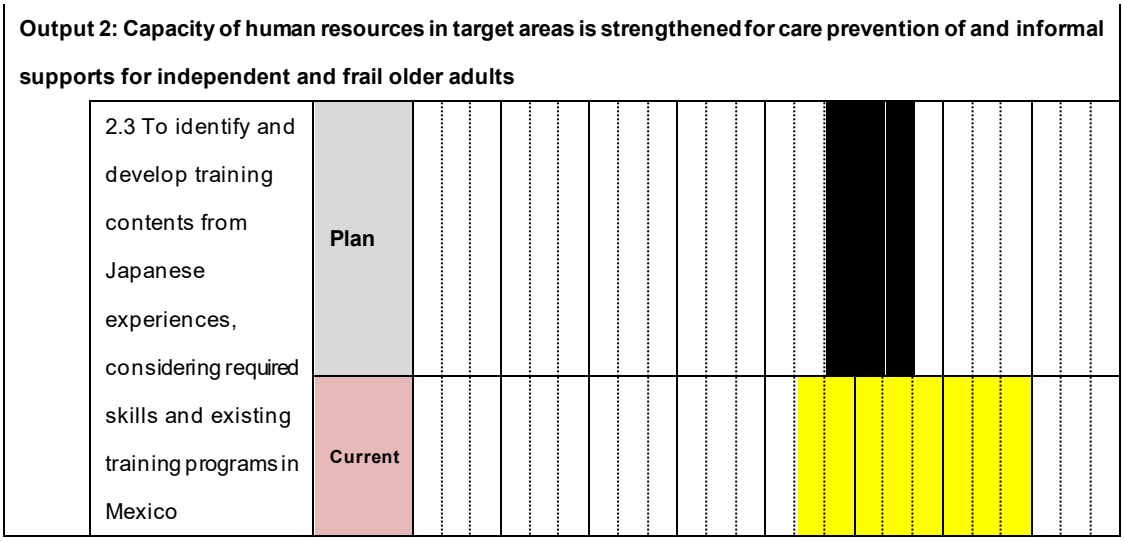
Activities	Plan	2021				2022			
	Current	Ⅰ	Ⅱ	Ⅲ	Ⅳ	Ⅰ	Ⅱ	Ⅲ	Ⅳ
Output 1: Capacity of human resources in target areas is strengthened for care dependent older adults									
1.2 To implement mapping of existing and potential human resources in target areas	Plan								
	Current								



Activities 1-3 and 2-3 To identify and develop training contents from Japanese experiences, considering required skills required and existing training programs in Mexico

1) Meetings with each of the technical teams were held in Guadalajara and Mexico City between February and September 2022.
2) Descriptive charts and action plans were generated based on the mapping of existing human resources in the participating institutions, the analysis of the needs of the target population, and the Japanese experiences learned from the first training in Japan. Based on this, training contents such as training for care management, training on caregiver burden assessment, training for caregiver support, and training for relief care were identified:
3) The development of the training contents took longer than initially estimated, due to the time available for the technical teams to analyze the needs of the target population and the shared experiences of the Japanese counterpart.





Activities 1-4 and 2-4 Technical Teams acquire skills through the trainings

The technical teams in both Guadalajara and Mexico City received training from both the Japanese and Mexican counterparts as below:

- Webinar: "Community Diagnosis to Promote Comprehensive Community Care for the Elderly"
  Date: May 16-17, 2022.
- First training course in Japan "Community-based Integrated Care for Older Adults"
  Date: May 28, 2023 - June 3, 2023.
- Virtual meeting: "INGER's educational experience"
  Date: August 4, 2023.
- Second training course in Japan. Stay in Japan: February 15-22, 2025

Activities 1-5 and 2-5 Technical Teams develop action plans, including training course in target areas, on such themes as care management, ADL/IADL support, informal caregiver support and networking of human resources

From August to December 2023 the technical teams of Mexico City and Guadalajara focused efforts on improving their initial proposals for training courses. They worked on the development of an Operational Manual approved between the two cities, a manual that details the objectives of the course, its general characteristics, the description of the topics to be reviewed in each session and the evaluation strategy. For its preparation, the suggestions made by INGER, the experience in Japan, and the suggestions of Japanese experts

were taken into account.

Activities 1-6 and 2-6 To implement the action plans, including training course

From January to May of 2024, the proposed training courses and workshops were implemented in Mexico City and Guadalajara. In Mexico City, two proposed training courses have been taught and completed, and in Guadalajara, four training courses have been completed.

Activities 1-7 and 2-7 To monitor the implementation and share the feedback for further improvement

Technical teams at both project sites monitored the implementation of the training and conducted an analysis on the results, which was reflected to further improve the trainings.

Activity 3-1 To make a document and visualized materials to summarize the activities in outputs 1 and 2 as model activities

As a result of the process of planning and implementing the training sessions, the technical teams of both cities worked on the preparation of documents such as: Operational manuals. Educational materials for each training session, and fact sheets.

Activity 3-2 To organize a national or an international seminar to share the model activities with other areas

On October 8, 2024 the Project participated in the 5th Annual Meeting on Aging and Health: Controversies and Challenges" and the "8th Annual Meeting of Users of the National Study on Aging and Health in Mexico (ENASEM)", and shared the progress and results of the trainings.

In addition, on March 13, 2025, a seminar was held to present the final results of the project with the participation of various institutions and organizations involved in health care, social welfare, education and other international organizations.

2. Achievements of the Project

2-1 Outputs and indicators

(Target values and actual values achieved at completion)

Output 1. Capacity of human resources in target areas is strengthened for

care dependent older adults

Target value 1: More than 80% of the action plans developed during the training in Japan are implemented.

Actual value achieved: 100% of the established plans were implemented, including aspects of inter-institutional coordination, professionalization of health and social welfare personnel in terms of gerontological care, inclusion and participation of older adults on self-care, access to training on family care, and initiation in the construction of formal and informal social support networks.

Target value 2: The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions.

Actual value achieved: The developed workshops were fully implemented in both cities of the project; during the first quarter of 2024. In Guadalajara, 2 scheduled training workshops were held, namely the “training workshop for informal caregivers of elderly dependents” and the “training workshop for health personnel, civil society and community leaders to improve care for dependent elderly people and their caregivers”. Furthermore, one course was held in Mexico City, namely, the course “towards the professionalization of care”.

Target value 3: More than 80% of trainees completed registered training courses in Mexico.

Actual value achieved: 97% of trainees completed the registered training courses in Mexico.

Output 2. Capacity of human resources in target areas is strengthened for care prevention and informal supports for independent and frail older adults

Target value 1: More than 80% of the action plans developed in the training in Japan are implemented.

Actual value achieved: Of the five action plans developed, four action plans were executed, amounting to 80% of the established plans to be implemented; including aspects of inter-institutional coordination, professionalization of health and social welfare personnel in terms of gerontological care, inclusion and participation of older adults on self-care, access to training on family care, and initiation in the construction of formal and informal social support networks.

Target value 2: The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions.
Actual value achieved: The developed workshops were fully implemented in both cities of the project; during the first quarter of 2024. In Guadalajara, 3 scheduled training workshops were held, namely the “I take care of myself too!” empowerment workshop for healthy aging, the “Promoting healthy living among seniors” workshop for health education promoters, and the “continuous training for the elderly” distance training. Furthermore, one course was held in Mexico City, namely, the course for “Non-pharmacological therapeutic interventions in the elderly for health personnel in primary care.

Target value 3: More than 80% of trainees completed registered training courses in Mexico.
Actual value achieved: 94% of trainees completed the registered training courses in Mexico.

Output 3. Knowledge and good practice, gained through the project activity, are shared

Target value 1: At least two visualized materials are developed.
Actual value achieved: Six operational manuals (4 in Guadalajara and 2 in Mexico City) were created. Each manual is accompanied by a guideline to support the training participants, totaling 12 materials. The operational manual aims to guide the promotion, application, and sharing of the tools for initial and subsequent evaluation, as well as the analysis of the results obtained from the workshop.

Target value 2: At least one national or international seminar is held for sharing good practices from each site.
Actual value achieved: The project participated in the 5th Annual meeting on aging and health, as well as the 8th Annual meeting of users of the National Study on Aging and Health in Mexico (ENASEM), and shared the progresses of each project site. An international seminar on care for the elderly was also held on 13th March, 2025, to share the results and achievements of the project to different stakeholders.

Target value 3: The developed project documentation is submitted to the city/state

government authorities.
Actual value achieved: A report on the achievements and results of the project has been reviewed and submitted to relevant city/state government authorities. The project report will also be available online.

2-2 Project Purpose

(Target values and actual values achieved at completion)

Project purpose: Quality community-based integrated care services for older adults are provided in target areas

Target value: In each training course at both project sites, more than 80% of participants improved their knowledge, skills, attitudes, and/or behaviors as a result of the training.
Actual value achieved: An evaluation report was made for each training course which found that 90% of the participants improved their knowledge, skills and attitudes as a result of the training. Furthermore, family caregivers reported a reduction in their caregiving burden after participating in the training.
The results also showed an increase in the caregiver's confidence and connection to society, by strengthening their support network, and there was a positive change in the stereotypical image of older people within the health and social welfare professionals.

3. History of PDM Modification

The major modifications agreed at the 3rd JCC held on September 12th, 2024 are the following points.

1-1 Project period

Before	Amended Version
October 2021 to October 2024	October 2021 to March 2025
Reason: Due to the presidential elections held in June 2024, a change in government and related personnel was expected. As a result, given that the second training in Japan was originally scheduled for August, it was concluded that it would be desirable to select the participants after the change of government, and therefore delay the timing of the second training in Japan.	

1-2 Overall goal

Original Version	Amended Version
Objectively Verifiable Indicators:	The manuals and materials developed

More than X% of older adults are satisfied with the community based integrated care services nationwide	by the project will be used in other states.
Means of verification: Project report	Survey report of the federal institutions
Reason: Since it is difficult to quantify the number of older adults benefiting from certain care services at the national level, it was decided to verify the use of manuals and educational materials developed in the Project in other states in the country.	

1-3 Project purpose

Original Version	Amended Version
Objectively Verifiable Indicators: More than X% of older adults are satisfied with the community based integrated care services based on the action plans in target areas.	In each training course at both project sites, more than 80% of participants improved their knowledge, skills, attitudes, and/or behaviors as a result of the training.
Means of verification: Project report	Project Report Evaluation report for each training -Reduced burden on family caregivers -Increased confidence of family caregivers and sense of connection and support from the society -Better self-care and healthier lifestyles for older adults who participated in the training. -Decreased negative stereotypes about aging among professionals
Reason: The action plans (training courses) developed during the project are not only focused on older adults but also on caregivers and health professionals, therefore, it was decided to use indicators that measure improvement in knowledge, attitudes, and behaviors of training course participants.	

1-4 Output 1

Original Version	Amended Version
Objectively Verifiable Indicators:	1. More than 80% of the action plans

1. More than 80% of the action plans developed in the training are implemented. 2. The training courses developed are officially implemented by the related institutions and authorized by the city/state government authorities.	developed in the training in Japan are implemented. 2. The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions. 3. More than 80% of trainees completed registered training courses in Mexico.
Means of verification: Project report	Project Report Evaluation report for each training
Reason: Regarding the indicator 2, the process of authorization and execution of each training course at its respective Project site was further specified. The indicator 3 was added to measure the performance of training courses.	

1-5 Output 2

Original Version	Amended Version
Objectively Verifiable Indicators: 1. More than 80% of the action plans developed in the training are implemented. 2. The training courses developed are officially implemented by the related institutions and authorized by the city/state government authorities.	1. More than 80% of the action plans developed in the training in Japan are implemented. 2. The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions. 3. More than 80% of trainees completed registered training courses in Mexico.
Means of verification: Project report	Project Report Evaluation report for each training
Reason: Regarding the indicator 2, the process of authorization and execution of each training course at its respective Project site was further specified. The indicator 3 was added to measure the performance of training courses.	

1-6 Output 3

Original Version	Amended Version
Objectively Verifiable Indicators:	1. At least two visualized materials

1. At least two visualized materials are developed. 2. At least one national or international seminar is held for sharing model activities.	are developed. 2. At least one national or international seminar is held for sharing good practices from each site. 3. The developed project documentation is submitted to the city/state government authorities.
Reason: The indicator 3 was added to verify that a report on the project's achievements and results is submitted to local authorities.	

III. Results of Joint Review

1. Results of Review based on DAC Evaluation Criteria

1) Relevance: High

The project has a high relevance for being in accordance with the development policy of Mexico, which identifies aging as a priority area in both the old and new administration. It ensures the health care of the elderly by implementing social program including home care to the most vulnerable groups (older adults, people with disabilities) and constantly updating information on their current conditions or needs. The consistency with development needs was also significant, as the need for systematic care for the elderly is high in Mexico. The Project provided an introduction to care methods that focuses on the person itself and his or her needs, not only in terms of his or her disease, but also to provide non-pharmacological treatments. The relevance of this project is in line with national policy and is therefore assessed as “High”.

2) Coherence: High

In the “Basic Design for Peace and Health” formulated by the Government of Japan in September 2015, cooperation through the utilization of Japan's experience, technology, and knowledge as a super-aging society was set as a policy goal. Furthermore, in July 2014, a “Memorandum of Understanding on Cooperation in the Field of Medical and Health Care between the Ministry of Health, Labor and Welfare of Japan and the Ministry of Health of the United Mexican States” was signed, which

included three items regarding aging-related measures: improvement of medical and health services, including access and quality; public health insurance system; and technological development of rehabilitation and comprehensive care models. This project is in line with Japan's policy, as well as the “JICA Global Health Initiative”, which works towards “promoting infectious disease prevention” and to “expand access to essential health services and health security systems to support countries on their pathway toward UHC”. In addition, since this project was implemented with the goal of contributing to the development of a sustainable community-based long-term care model, this project will also contribute to Goal 3 of the SDGs, “Ensure healthy lives and promote well-being for all ages”. The coherence of this project is in accordance with the policy of the Government of Japan and is therefore assessed as “High”.

3) Effectiveness: High

The project goal of providing “quality community-based integrated care services for older adults in target areas” was achieved based on the inputs and activities carried out by the project. The implementation of trainings in target areas are the results of outputs 1 and 2, however even after the planned training has been implemented, the Mexican counterpart agencies have conducted its own training multiple times and thus led to achieving more than originally planned.

4) Efficiency: Moderate

The inputs by the Japanese side including the project funds were within the original plan. Taking the project period into consideration, the total amount of funding for this project was small for a normal Technical Cooperation project due to the inputs and efforts from the Mexican side.

However, the project period which was originally planned to be 3 years, was agreed to be extended in the 3rd JCC held on 12th September, 2024, to 3.5 years, as the internal structure of the Mexican counterparts were expected to change after the inauguration of the new administration, and it was deemed desirable to conduct the second round of training in Japan at a later stage in order to include new members of the counterpart.

5) Impact: High

The overall goal of providing “quality community-based integrated care services for older adults in Mexico” is expected to be achieved. Mexico City is considering implementing the training in other areas of the city, as well as in Guadalajara City, where the state of Jalisco is planning to disseminate it to the 150 municipalities within the state. In addition, the SNDIF is considering dissemination through their networks with DIF agencies at the state and municipal levels in the country. Furthermore, INGER, National Center for Preventive and Disease Control (CENAPRECE), and INAPAM are also expected to use the project products (course materials and teaching materials), as well as new participating agencies such as Health Services of the Mexican Institute of Social Security for Welfare (OPD IMSS-Bienestar).

6) Sustainability: High

The sustainability of the project is expected to be high, based on the following reasons:

- The policies and plans to promote aging-related measures have been consistent with social needs and strengthened not only in the project sites but also in the federal government, which expects to further expand the project in the future. As it is expected that the project will be continued and developed, and there are no financial concerns within the implementing agencies, the policy and institutional sustainability is high.
- The sustainability of the organization and structure of the implementing agencies is expected to be high, although there are some concerns regarding the ongoing reorganization and personnel changes under the new administration, especially at the federal level and in Mexico City. However, the members who have been working inter-institutionally in this project have developed a strong network and are willing to work together in the future. In addition, the skills of the implementing agencies are high. Not only have they applied the lessons learnt from the training in Japan and input from JICA experts, they have also showed high knowledge and technical capabilities to integrate and apply these lessons to the existing systems of each organization. As such, the cooperation among implementing agencies is expected to have a high sustainability.

2. Key Factors Affecting Implementation and Outcomes

1) Pandemic of COVID-19
2) The Mexican presidential elections of June, 2024 and the subsequent change in authorities at all levels of the government

3. Evaluation on the results of the Project Risk Management

1) Pandemic of COVID-19

   Due to the pandemic of COVID-19, the start of the project, as well as subsequent activities such as the formation of technical teams and mapping of potential human resources was delayed. However, despite the initial delay, the willingness and efforts of the Mexican implementation agencies allowed the project to catch up and stay on track.

2) The Mexican presidential elections and change in government authorities.

   Due to the Mexican presidential elections held in June 2024, a change in government authorities at all levels was expected. As a result, given that the second training in Japan was originally scheduled for August, it was concluded that it would be desirable to select the participants after the change of government, and therefore delay the timing of the second training in Japan, furthermore, extending the project termination date from October 2024, to March 2025.

4. Lessons learnt

Coordination between different institutions allowed for the project to adapt to changing circumstances. However, in order to continue collaboration and to enhance the services that are provided for the elderly, close linkages between the members working together is essential for efficient and effective implementation. The implementing agencies shall conduct feedback sessions in order to continue optimizing coordination.

IV. For the Achievement of Overall Goals after the Project Completion

1. Prospects to achieve Overall Goal

The overall goal of providing “quality community-based integrated care services for elderly people in Mexico” is expected to be achieved, as Mexico City is considering the implementation of the training in other areas of the city, as well as for Guadalajara City, where the state of Jalisco is planning to disseminate the training to the other 150 municipalities within the state. In

addition, the Federal DIF is considering dissemination through DIF agencies in the country, and INGER, CENAPRECE, and INAPAM are also planning to use the system, as well as new participating agencies such as OPD IMSS-Bienestar. There are no foreseeable risks, as each of the organizations show a willingness to further expand the project activities and there are also no financial concerns within each organization.

2. Plan of Operation and Implementation Structure of the Mexican side to achieve Overall Goal

This will be in line with the Plan of Operation of "Project for Community-based Integrated Care for the Elderly"

3. Recommendations for the Mexican side

1) The organizational structure of the Project should be maintained as an inter-institutional linkage mechanism that allows each institution participating in the Project to incorporate its post-project activities within its existing institutional plans and programs. Specifically, the post-project activities should be inserted within the municipal and state development plans for the attention and care of the elderly and in the case of the City of Guadalajara, the post-project activities should be placed within the 2026 and 2027 plan, serving as the basis for the inter-institutional linkage mechanism developed in Guadalajara, Jalisco during the execution of the Project.
2) The operational manuals and educational materials developed through the Project should continue to be used among the institutions participating in the Project, with continuous updates and improvements. The National DIF System should plan to promote the use of the manuals and educational materials developed by the Project to other states (state DIFs and municipal DIFs). In addition, by maintaining an inter-institutional linkage mechanism, ongoing training of health and social welfare personnel can be facilitated. The Secretariat of Health of Jalisco and the DIFs of Jalisco and Guadalajara shall jointly approve the operational manuals and educational materials created through the pilot activities in Guadalajara, and these products should be disseminated to the 125 municipalities of the state of Jalisco.

4. **Monitoring Plan from the end of the Project to Ex-post Evaluation**
   Follow-up will be provided through biannual reports issued by each participating institution. Furthermore, joint monitoring by JICA and the Mexican implementing agencies should be planned and conducted regularly in accordance with the implementation of action plans.

ANNEX 1: Results of the Project
ANNEX 2: List of Products
ANNEX 3: PDM (All versions of PDM)
ANNEX 4: R/D, M/M, Minutes of JCC (copy) (*)
ANNEX 5: Monitoring Sheet (copy) (*)
(Remarks: Annex 4 and 5 are for internal reference only)

Separate Volume: Copy of Products Produced by the Project

ANNEX 1: Results of the Project

List of Dispatched Expert

Mr. Shintaro Nakamura, Senior Advisor on Social Security, JICA
Dr. Motoyuki Yuasa, Professor, Juntendo University
Dr. Myo Nyein Aung, Associated Professor, Juntendo University

List of Counterparts

JCC Members (Representatives and C/Ps)
(Former)
-Dr. Ruy López Ridaura, General Director of the National Center for Disease Control and Prevention Programs (CENAPRECE), Ministry of Health
(Former)
-Dr. Ricardo Cortés Alcalá, General Director of the National Center for Disease Control and Prevention Programs (CENAPRECE), Ministry of Health
(Actual)
-Dr. Rafael Ricardo Valdez Vázquez, General Director of the National Center for Disease Control and Prevention Programs (CENAPRECE, Ministry of Health
(Former)
-Dr. Luis Miguel Gutierrez Robledo, General Director of the National Institute of Geriatrics (INGER)
(Actual)
-Dr. María del Carmen García Peña, General Director of the National Institute of Geriatrics (INGER)
-Dr. Raúl Hernán Medina Campos, Research Director, INGER
-Dr. Eduardo Sosa Tinoco, Director of Education and Outreach, INGER
-Mtro. Edgar Jaime Blano Campero, Deputy Director of Academic Training, INGER
-Lic. Jorge Alberto Valencia Sandoval, Head of the Office of the Directorate General, INAPAM
-Ana Luisa Gamble Sánchez Gavito, Director of Gerontology, the National Institute of Older Persons, INAPAM
(Former)
-Lic. Ruben Ernesto Martínez Rodríguez, General Director of Social Integration, National System for the Integral Development of the Family (SNDIF)
-Dr. Javier Alberto Cabrera Aguirre, Director of Gerontological and Recreational Centres, SNDIF
(Actual)
-Mtra. Gloria Tokunaga Castañeda, General Director of Social Integration, National System for the Integral Development of the Family (SNDIF)
-Lic. Juan Francisco Fuentes Rivas, Director of Gerontological and Recreational Centres
(Former)

-Mtro. Raúl Álvarez Villaseñor, General Director of Project Operations in Mexico, Mexican Agency for International Development Cooperation (AMEXCID), Ministry of Foreign Affairs (SRE)
(Former)
-Dr. José Alfredo Galvan Corona, General Director of Project Operations in Mexico, Mexican Agency for International Development Cooperation (AMEXCID), Ministry of Foreign Affairs (SRE)
(Actual)
-Lic. Carlos Montoya Acosta, General Director of Project Operations in Mexico, Mexican Agency for International Development Cooperation (AMEXCID), Ministry of Foreign Affairs (SRE)

Technical Team Members (Mexico City)
-Mtra. Santa Adriana Ambriz, INAPAM
-Angélica Cortes Mejía, INAPAM
-Dra. Cristina Cervantes, Secretariat of Health, Mexico City Government
-Dr. Alejandro Pérez Moreno, Institute for Ageing with Dignity (INED)
-Dra. Lizbeth Avila, INED

Authorities of local institutions in Mexico City
- Dra. Nadine Gasman Zylbermann, Secretary of Health, Mexico City Government
- Dra. Araceli Damián González, Secretary of Welfare and Social Equality (SIBIEN)
- Dra. Lorena Guadalupe Rivera Serna, Coodinator of Geriatrics, INED

Former C/Ps in Project Site (Mexico City)
- Lic. Beatriz García Cruz, Executive Director of INED
- Dr. Javier Alberto Cabrera, Director of Area, SNDIF

Technical Team Members (Guadalajara, State of Jalisco)
-Dr. David Paz Cabrales Balderas, Secretariat of Health, Jalisco (SSJ)
-Cristina Guadalupe Rangel González, OPD Medical Services, Jalisco (OPD SSJ)
-Imelda Razo Paredes, Gerontologist, OPD SSJ
-Katia Berenice Pérez Valdez, Gerontologist, OPD SSJ
-Mtra. Leticia Romero Lima, Director of Elderly Care, DIF Jalisco
-Livia Teresa Flores Garnelo, Head of Department, DIF Jalisco
-Luz Goretti Barajas, DIF Jalisco
-Laura Sofía Aceves, DIF Jalisco

Authorities and C/Ps of local institutions in Guadalajara, State of Jalisco
- Dr. Héctor Raúl Pérez Gómez, SSJ
- Ms. Maye Villa de Lemus, President, DIF Jalisco
- Mtra. Diana Berenice Vargas Salomón, General Director, DIF Jalisco
- Mtro. Eduardo Solorio Alcalá, General Coordinator of Integration, DIF Jalisco

- Mtro. Irving Darío Castillo Cisneros, Director of Institutional Planning, DIF Jalisco
- Mtra. Leticia Romero Lima, Director of Elderly Care, DIF Jalisco
- Ms. Ana Gabriela Barragán Barragán, President, DIF Guadalajara
- Mtra. Verónica Gutiérrez Hernández, General Director, DIF Guadalajara

Former C/Ps in Project site (Guadalajara, State of Jalisco)
-Dra. Ana Gabriela Mena Rodríguez, General Director of Public Health, Secretariat of Health of the State of Jalisco
-Dr. Edgar Saul Tejeda Chávez, Secretariat of Health, Jalisco
-L Ger. Antonio Lomeli, Gerontologist, OPD Medical Services, Jalisco
-Lic. Angélica Contreras Robles, Director of Elderly Care, DIF Jalisco
-Tania Jasmin García García, DIF Jalisco
-Mtra. Beatriz Hernández de la Cruz, DIF Jalisco

List of Trainings

First training in Japan: May 28, 2023 - June 3, 2023
Number of participants: 11 participants

Participants in the 1st C/Ps training in Japan
1. Dra. Maria Esther Lozano (CENAPRECE)
2. Dr. Raúl Hernan Medina Campos (INGER)
3. Mtra Santa Adriana Ambriz (INAPAM)
4. Dra. Cristina Cervantes (SSA)
5. Dr. Alejandro Pérez Moreno (INED CDMX)
6. Dra. Lizbeth Avila (INED CDMX)
7. Dra. Ana Gabriela Mena (SSJ)
8. Mtra. Elisa Esmeralda González Navarro (OPD SSJ
9. Mtra. Diana Berenice Vargas Salomón (DIF GDL)
10. Mtro Eduardo Solorio Alcalá (DIF GDL)
11. Mtra. Beatriz Hernández de la Cruz (DIF JALISCO**)**

Second training in Japan: February 16, 2025 - February 21, 2025
Number of participants: 10 participants

Participants of the 2nd C/Ps training in Japan
1. Dra. María Liliana Vega Pérez (CENAPRECE)
2. Mtro. Edgar Jaime Blano Campero (INGER)
3. Lic. Maricela Rangel Guerrero (INAPAM)
4. Dra. Norma Nydia Ramírez Pérez (SSA CDMX)
5. Dra. Nicole Finkelstein Mizrahi (SSA CDMX)
6. Lic. Lidia Rodriguez Chávez (SEBIEN, CDMX)

7. Dr. Roberto Carlos Rivera Avila (SSJ)
8. Dr. David Paz Cabrales Balderas (OPD SSJ)
9. Mtra. Rosa Elena González Velasco (DIF GDL)
10. Mtro. Irving Castillo Cisneros (DIF JALISCO)

JICA Virtual Seminar ‘Community Diagnosis to Promote Integrated Community Care for Older Persons’ 16 and 17 May 2022

Online session with the team of the SNDIF Gerontological Centres and Recreational Camps Directorate: 13 July 2023

Online session with the team of the INGER's Directorate of Education and Outreach: 4 August 2023

Annex 2 – List of Products

No.	Category	Product
1-1	Document Material (Guadalajara, Jalisco)	List of institutions
1-2	Document Material (Guadalajara, Jalisco)	Operating Manual for the continuous training for the elderly
1-3	Document Material (Guadalajara, Jalisco)	Operational Manual for care-giving and self-care
1-4	Document Material (Guadalajara, Jalisco)	Didactic Material for care-giving and self-care
1-5	Document Material (Guadalajara, Jalisco)	Operational Manual for getting to know about the elderly
1-6	Document Material (Guadalajara, Jalisco)	Second operational Manual for getting to know about the elderly
1-7	Document Material (Guadalajara, Jalisco)	Operational Manual for promoting healthy living
1-8	Document Material (Guadalajara, Jalisco)	Didactic Material for promoting healthy living
1-9	Document Material (Guadalajara, Jalisco)	Operational Manual for “I can also take care of myself”
1-10	Document Material (Guadalajara, Jalisco)	Didactic Material for “I can also take care of myself”
2-1	Document Material (Mexico City)	Course schedule towards the professionalization of care
2-2	Document Material (Mexico City)	Calendar for the “Non-pharmacological therapeutic interventions in the elderly” course, for primary care health personnel
2-3	Document Material (Mexico City)	Course descriptive chart towards the professionalization of care
2-4	Document Material (Mexico City)	Course description for the “Non-pharmacological therapeutic interventions in the elderly” course
2-5	Document Material (Mexico City)	Operational Manual for Caregivers Course 2nd Round
2-6	Document Material (Mexico City)	Operational Manual for Health Servants Course 2nd Round
2-7	Document Material (Mexico City)	Call for applications towards the professionalization of caregiving course

Annex 2 – List of Products

2-8	Document Material (Mexico City)	Call for applications for the Non-pharmacological therapeutic interventions in the elderly course
3-1	Visual Material (Guadalajara, Jalisco)	Workshop for the care-giving and self-care course
3-2	Visual Material (Guadalajara, Jalisco)	Agenda
3-3	Visual Material (Guadalajara, Jalisco)	Workshops held in Guadalajara from January to June, 2024.
4-1	Visual Material (Mexico City)	Workshops held in Mexico City
5-1	Final Results Report	Final Results Report

Annex 2

Project Design Matrix

Project Title: The Project for Community-based Integrated Care for the Elderly
Implementing Agency: INGER, INAPAM, SNDIF, Mexico City and Jalisco
Target Group: Elderly group in the community
Period of Project: 3 years (May, 2021～May, 2024)
Project Site: Mexico city and Jalisco (Guadalajara)

Version 0.0
Dated May 31, 2021

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality community-based integrated care services for older adults are provided in Mexico	More than **X%** of older adults are satisfied with the community-based integrated care services nationwide	Project report	Aging Policy in Mexico will not to be changed drastically.		
Project Purpose					
Quality community-based integrated care services for older adults are provided in target areas	More than **X%** of older adults are satisfied with the community-based integrated care services based on the action plans in target areas	Project report	All stakefolders will be involved to the Project.		
Results					
1 Capacity of human resources in target areas is strengthened for care dependent older adults	1. More than 80% of the action plans developed in the trainig are implemented 2. The training courses developed are officially implemented by the related institutions and autorized by the City/State government autorities	Project report			
2 Capacity of human resources in target areas is strengthened for care prevention of and informal supports for independent and frail older adults	1. More than 80% of the action plans developed in the trainig are implemented 2. The training courses developed are officially implemented by the related institutions and autorized by the City/State government autorities	Project report			
3 Knowledge and good practice, gained through the project activity, are shared	1. At least two visualized materials are developed 2. At least one national or international seminar is held for sharing model activities	Project report			

Activities		Inputs		Important Assumption
		The Japanese Side	**The Mexican Side**	
1-1	To build a technical team for each target area	1. Dispatch of short-term experts from Japan 2. Trainings in Japan and online training	1. Assignment of counterpart personnels for the Project 2. Online Training (including courses, organized by INGER) 3. Travel allowances including per-diem, accommodation and transportation costs of Mexican counterpart for action plan activities conducted in Mexico(e.g. trainings, meetings, monitoring, visits)	
1-2	To implement mapping of existing and potential human resources in target areas			
1-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
1-4	TTs acquire skills though the trainings*			
1-5	TTs develop action plans, including training course in target areas, on such themes as case management, ADL/IADL support, informal caregiver support and networking of human resources			
1-6	To implement the action plans, including training course			
1-7	To monitor the implementation and share the feedback for further improvement			
2-1	To build a technical team for each target area			
2-2	To implements mapping of existing and potential human resources in target areas			
2-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
2-4	TTs acquire skills though the trainings*			**Pre-Conditions**
2-5	TTs develop action plans, including training course in the target community, on such themes as social resource development for informal supports, care prevention activities and networking of human resources			Stakefolders in Mexico are interested in community-based integrated care for the elderly, and willing to introduce and disseminate it in Mexico. Implementation structure is established and project activities will be conducted in each project site by the related institutions.
2-6	To implement the action plans, including training course			
2-7	To monitor the implementation and share the feedback for further improvement			
3-1	To make a document and visualized materials to summarize the activities in outputs 1 and 2 as model activities			**<Issues and countermesures>**
3-2	To organize a national or an international seminar to share the model activities with other areas			Implementation structure is established in each project site, and it is supervised and controlled by the related institutions (Establishment of JCC, Operating Committee and Techical Teams)

*trainings in Japan and online trainings (including courses, organized by INGER)

Anexo 2

Matriz de Diseño de Proyecto

Título del Proyecto: Proyecto del Cuidado Integral Comunitario para las Personas Mayores en México

Versión 0.0

Organismos ejecutores: INGER, INAPAM, SNDIF, Gobierno de la Ciudad de México y Gobiernos del Estado de Jalisco y de Guadalajara

Fechado 31 de mayo, 2021

Grupo objeto: población de personas mayores en la comunidad

Periodo del Proyecto: 3 años (mayo del 2021 a mayo del 2024)

Zonas del Proyecto: Ciudad de México y Estado de Jalisco (Guadalajara)

Resumen descriptivo	Indicadores de verificación objetivos	Medios de verificación	Supuestos importantes	Logros	Observación
Objetivo Superior					
Se brindan servicios de cuidado integral de calidad basados en la comunidad para personas mayores en México.	Más de X% de personas mayores a nivel nacional están satisfechas con servicios de cuidado integral comunitario.	Informes del Proyecto	Las políticas de envejecimiento en México no cambiarán drásticamente.		
Objetivo del Proyecto					
Se brindan servicios de cuidado integral comunitario de calidad para personas mayores en las áreas objetivo.	Más del X% de personas mayores están satisfechas con servicios de cuidado integral comunitario de acuerdo con planes de acción en las áreas objetivo.	Informes del Proyecto	Todas las partes interesadas se involucrarán en el Proyecto.		
Resultados					
1 Se fortalece la capacidad de los recursos humanos para las personas mayores dependientes de cuidados en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación están implementados. 2. Los programas de capacitación desarrollados son implementados oficialmente por las instituciones relacionadas y autorizados por los gobiernos tanto estatales como municipales.	Informes del Proyecto			
2 Se fortalece la capacidad de los recursos humanos para la prevención de cuidados y apoyos informales para las personas mayores independientes y frágiles, en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación están implementados. 2. Los programas de capacitación desarrollados son implementados oficialmente por las instituciones relacionadas y autorizados por los gobiernos tanto estatales como municipales.	Informes del Proyecto			
3 Se comparten los conocimientos y las buenas prácticas adquiridos a través de las actividades del Proyecto.	1. Por lo menos dos materiales visualizados son desarollados. 2. Por lo menos un seminario a nivel nacional o internacional se realiza para compartir actividades modelo.	Informes del Proyecto			
Actividades	**Insumo (Input)**		**Supuestos importantes**		
	Lado japonés	**Lado mexicano**			
1-1 Formar un equipo técnico para cada área objetivo.	1. Envío de expertos de corto plazo de Japón.	1. Asignación del personal contraparte			

1-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.	2. Capacitaciones en Japón y en línea.	para el Proyecto. 2. Capacitación en línea (incluyen cursos organizados por INGER). 3. Gastos de viajes que incluyen viáticos, hospedaje y transporte del personal mexicano contraparte para cumplir con las actividades del plan de acción dirigidas en México (p.ej. capacitaciones, juntas, monitoreo, visitas).			
1-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
1-4	Los TTs adquieren habilidades a través de las capacitaciones*.					
1-5	Los TTs desarrollan planes de acción en las áreas objetivo, incluyendo cursos de capacitación; por ejemplo, sobre la gestión de casos, el apoyo a las actividades y las instrumentales de la vida cotidiana (ADL/ IADL), apoyo al cuidador informal y la red de recursos humanos.					
1-6	Implementar los planes de acción incluyendo cursos de capacitación.					
1-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
2-1	Formar un equipo técnico para cada área objetivo.					
2-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.					
2-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
2-4	Los TTs adquieren habilidades a través de las capacitaciones.*			**Condiciones previas**		
2-5	Los TTs desarrollan planes de acción en las áreas del Proyecto, incluyendo cursos de capacitación; por ejemplo, sobre el desarrollo de recursos sociales para apoyo informal, actividades de prevención de cuidados y redes de recursos humanos.			Las partes involucradas en México están interesadas en el cuidado integral comunitario para las personas mayores y dispuestas a introducirlo así como divulgarlo en México. La estructura de implementación está establecida y las actividades del Proyecto serán dirigidas en cada zona del Proyecto por las instituciones relacionadas.		
2-6	Implementar los planes de acción incluyendo cursos de capacitación.					
2-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
3-1	Elaborar materiales documentales y visualizados para resumir las actividades en los Resultados 1 y 2 como actividades modelo.			**<Problemas y contramedidas>** La estructura de implementación debe ser establecida en cada una de las zonas del Proyecto, y la misma debe ser supervisada y controlada por las instituciones relacionadas. (Establecimiento del JCC, Comités de Operación y Equipos Técnicos.)		
3-2	Organizar un seminario nacional o intenacional para compartir las actividades modelo con otras áreas.					

*Capacitación en Japón y en línea (incluyendo cursos organizados por INGER)

Project Design Matrix

Project Title: The Project for Community-based Integrated Care for the Elderly
Implementing Agency: INGER, INAPAM, SNDIF, Mexico City and Jalisco
Target Group: Elderly group in the community
Period of Project: 3 years (October, 2021～October, 2024）
Project Site: Mexico city and Jalisco (Guadalajara)

Version 1
Dated November 28, 2023

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality community-based integrated care services for older adults are provided in Mexico	More than **X%** of older adults are satisfied with the community-based integrated care services nationwide	Project report	Aging Policy in Mexico will not to be changed drastically.		
Project Purpose					
Quality community-based integrated care services for older adults are provided in target areas	More than **X%** of older adults are satisfied with the community-based integrated care services based on the action plans in target areas	Project report	All stakefolders will be involved to the Project.		
Results					
1 Capacity of human resources in target areas is strengthened for care dependent older adults	1. More than 80% of the action plans developed in the trainig are implemented 2. The training courses developed are officially implemented by the related institutions and autorized by the City/State government autorities	Project report			
2 Capacity of human resources in target areas is strengthened for care prevention of and informal supports for independent and frail older adults	1. More than 80% of the action plans developed in the trainig are implemented 2. The training courses developed are officially implemented by the related institutions and autorized by the City/State government autorities	Project report			
3 Knowledge and good practice, gained through the project activity, are shared	1. At least two visualized materials are developed 2. At least one national or international seminar is held for sharing model activities	Project report			

Activities		Inputs		Important Assumption
		The Japanese Side	**The Mexican Side**	
1-1	To build a technical team for each target area	1. Dispatch of short-term experts from Japan 2. Trainings in Japan and online training	1. Assignment of counterpart personnels for the Project 2. Online Training (including courses, organized by INGER) 3. Travel allowances including per-diem, accommodation and transportation costs of Mexican counterpart for action plan activities conducted in Mexico(e.g. trainings, meetings, monitoring, visits)	
1-2	To implement mapping of existing and potential human resources in target areas			
1-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
1-4	TTs acquire skills though the trainings*			
1-5	TTs develop action plans, including training course in target areas, on such themes as case management, ADL/IADL support, informal caregiver support and networking of human resources			
1-6	To implement the action plans, including training course			
1-7	To monitor the implementation and share the feedback for further improvement			
2-1	To build a technical team for each target area			
2-2	To implements mapping of existing and potential human resources in target areas			
2-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
2-4	TTs acquire skills though the trainings*			**Pre-Conditions**
2-5	TTs develop action plans, including training course in the target community, on such themes as social resource development for informal supports, care prevention activities and networking of human resources			Stakefolders in Mexico are interested in community-based integrated care for the elderly, and willing to introduce and disseminate it in Mexico. Implementation structure is established and project activities will be conducted in each project site by the related institutions.
2-6	To implement the action plans, including training course			
2-7	To monitor the implementation and share the feedback for further improvement			
3-1	To make a document and visualized materials to summarize the activities in outputs 1 and 2 as model activities			**<Issues and countermesures>**
3-2	To organize a national or an international seminar to share the model activities with other areas			Implementation structure is established in each project site, and it is supervised and controlled by the related institutions (Establishment of JCC, Operating Committee and Techical Teams)

*trainings in Japan and online trainings (including courses, organized by INGER)

Matriz de Diseño de Proyecto

Título del Proyecto: Proyecto del Cuidado Integral Comunitario para las Personas Mayores en México

Versión 1

Organismos ejecutores: INGER, INAPAM, SNDIF, Gobierno de la Ciudad de México y Gobiernos del Estado de Jalisco y de Guadalajara

Fechado 28 de noviembre, 2023

Grupo objeto: población de personas mayores en la comunidad

Periodo del Proyecto: 3 años (octubre del 2021 a octubre del 2024)

Zonas del Proyecto: Ciudad de México y Estado de Jalisco (Guadalajara)

Resumen descriptivo	Indicadores de verificación objetivos	Medios de verificación	Supuestos importantes	Logros	Observación
Objetivo Superior					
Se brindan servicios de cuidado integral de calidad basados en la comunidad para personas mayores en México.	Más de X% de personas mayores a nivel nacional están satisfechas con servicios de cuidado integral comunitario.	Informes del Proyecto	Las políticas de envejecimiento en México no cambiarán drásticamente.		
Objetivo del Proyecto					
Se brindan servicios de cuidado integral comunitario de calidad para personas mayores en las áreas objetivo.	Más del X% de personas mayores están satisfechas con servicios de cuidado integral comunitario de acuerdo con planes de acción en las áreas objetivo.	Informes del Proyecto	Todas las partes interesadas se involucrarán en el Proyecto.		
Resultados					
1 Se fortalece la capacidad de los recursos humanos para las personas mayores dependientes de cuidados en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación están implementados. 2. Los programas de capacitación desarrollados son implementados oficialmente por las instituciones relacionadas y autorizados por los gobiernos tanto estatales como municipales.	Informes del Proyecto			
2 Se fortalece la capacidad de los recursos humanos para la prevención de cuidados y apoyos informales para las personas mayores independientes y frágiles, en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación están implementados. 2. Los programas de capacitación desarrollados son implementados oficialmente por las instituciones relacionadas y autorizados por los gobiernos tanto estatales como municipales.	Informes del Proyecto			
3 Se comparten los conocimientos y las buenas prácticas adquiridos a través de las actividades del Proyecto.	1. Por lo menos dos materiales visualizados son desarollados. 2. Por lo menos un seminario a nivel nacional o internacional se realiza para compartir actividades modelo.	Informes del Proyecto			
Actividades	**Insumo (Input)**		**Supuestos importantes**		
	Lado japonés	**Lado mexicano**			
1-1 Formar un equipo técnico para cada área objetivo.	1. Envío de expertos de corto plazo de Japón.	1. Asignación del personal contraparte			

1-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.	2. Capacitaciones en Japón y en línea.	para el Proyecto. 2. Capacitación en línea (incluyen cursos organizados por INGER). 3. Gastos de viajes que incluyen viáticos, hospedaje y transporte del personal mexicano contraparte para cumplir con las actividades del plan de acción dirigidas en México (p.ej. capacitaciones, juntas, monitoreo, visitas).			
1-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
1-4	Los TTs adquieren habilidades a través de las capacitaciones*.					
1-5	Los TTs desarrollan planes de acción en las áreas objetivo, incluyendo cursos de capacitación; por ejemplo, sobre la gestión de casos, el apoyo a las actividades y las instrumentales de la vida cotidiana (ADL/ IADL), apoyo al cuidador informal y la red de recursos humanos.					
1-6	Implementar los planes de acción incluyendo cursos de capacitación.					
1-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
2-1	Formar un equipo técnico para cada área objetivo.					
2-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.					
2-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
2-4	Los TTs adquieren habilidades a través de las capacitaciones.*			**Condiciones previas**		
2-5	Los TTs desarrollan planes de acción en las áreas del Proyecto, incluyendo cursos de capacitación; por ejemplo, sobre el desarrollo de recursos sociales para apoyo informal, actividades de prevención de cuidados y redes de recursos humanos.			Las partes involucradas en México están interesadas en el cuidado integral comunitario para las personas mayores y dispuestas a introducirlo así como divulgarlo en México. La estructura de implementación está establecida y las actividades del Proyecto serán dirigidas en cada zona del Proyecto por las instituciones relacionadas.		
2-6	Implementar los planes de acción incluyendo cursos de capacitación.					
2-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
3-1	Elaborar materiales documentales y visualizados para resumir las actividades en los Resultados 1 y 2 como actividades modelo.			**<Problemas y contramedidas>** La estructura de implementación debe ser establecida en cada una de las zonas del Proyecto, y la misma debe ser supervisada y controlada por las instituciones relacionadas. (Establecimiento del JCC, Comités de Operación y Equipos Técnicos.)		
3-2	Organizar un seminario nacional o intenacional para compartir las actividades modelo con otras áreas.					

*Capacitación en Japón y en línea (incluyendo cursos organizados por INGER)

Project Design Matrix

Project Title: The Project for Community-based Integrated Care for the Elderly
Implementing Agency: INGER, INAPAM, SNDIF, Mexico City and Jalisco
Target Group: Elderly group in the community
Period of Project: 3 years (October, 2021～March, 2025)
Project Site: Mexico city and Jalisco (Guadalajara)

Version 2
Dated October 23, 2024

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality community-based integrated care services for older adults are provided in Mexico	The manuals and materials developed by the project will be used in other states.	Survey report of the federal institutions	Aging Policy in Mexico will not to be changed drastically.		
Project Purpose					
Quality community-based integrated care services for older adults are provided in target areas	In each training course at both project sites, more than 80% of participants improved their knowledge, skills, attitudes, and/or behaviors as a result of the training.	Project report Evaluation report for each training -Reduced burden on family caregivers -Increased confidence of family caregivers and sense of connection and support from the society -Better self-care and healthier lifestyles for older adults who participated in the training. -Decreased negative stereotypes about aging among professionals	All stakefolders will be involved to the Project.		
Results					
1 Capacity of human resources in target areas is strengthened for care dependent older adults	1. More than 80% of the action plans developed in the trainig in Japan are implemented 2. The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions 3. More than 80% of trainees completed registered training courses in Mexico.	Project report Evaluation report for each training			
2 Capacity of human resources in target areas is strengthened for care prevention of and informal supports for independent and frail older adults	1. More than 80% of the action plans developed in the trainig in Japan are implemented 2. The training courses developed in Guadalajara and Mexico City are officially implemented by the related institutions 3. More than 80% of trainees completed registered training courses in Mexico.	Project report Evaluation report for each training			
3 Knowledge and good practice, gained through the project activity, are shared	1. At least two visualized materials are developed 2. At least one national or international seminar is held for sharing good practices from each site. 3. The developed project documentation is submitted to the city/state government authorities.	Project report			

Activities		Inputs		Important Assumption
		The Japanese Side	The Mexican Side	
1-1	To build a technical team for each target area	1. Dispatch of short-term experts from Japan 2. Trainings in Japan and online training	1. Assignment of counterpart personnels for the Project 2. Online Training (including courses, organized by INGER) 3. Travel allowances including per-diem, accommodation and transportation costs of Mexican counterpart for action plan activities conducted in Mexico(e.g. trainings, meetings, monitoring, visits)	
1-2	To implement mapping of existing and potential human resources in target areas			
1-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
1-4	TTs acquire skills though the trainings*			
1-5	TTs develop action plans, including training course in target areas, on such themes as case management, ADL/IADL support, informal caregiver support and networking of human resources			
1-6	To implement the action plans, including training course			
1-7	To monitor the implementation and share the feedback for further improvement			
2-1	To build a technical team for each target area			
2-2	To implements mapping of existing and potential human resources in target areas			
2-3	To identify and develop training contents from Japanese experiences, considering required skills and existing training programs in Mexico			
2-4	TTs acquire skills though the trainings*			
2-5	TTs develop action plans, including training course in the target community, on such themes as social resource development for informal supports, care prevention activities and networking of human resources			
2-6	To implement the action plans, including training course			
2-7	To monitor the implementation and share the feedback for further improvement			
3-1	To make a document and visualized materials to summarize the activities in outputs 1 and 2 as model activities			
3-2	To organize a national or an international seminar to share the model activities with other areas			

*trainings in Japan and online trainings (including courses, organized by INGER)

Pre-Conditions

Stakeholders in Mexico are interested in community-based integrated care for the elderly, and willing to introduce and disseminate it in Mexico.
Implementation structure is established and project activities will be conducted in each project site by the related institutions.

<Issues and countermesures>

Implementation structure is established in each project site, and it is supervised and controlled by the related institutions (Establishment of JCC, Operating Committee and Techical Teams)

Matriz de Diseño de Proyecto

Título del Proyecto: Proyecto del Cuidado Integral Comunitario para las Personas Mayores en México
Organismos ejecutores: INGER, INAPAM, SNDIF, Gobierno de la Ciudad de México y Gobiernos del Estado de Jalisco y de Gudalajara
Grupo objeto: población de personas mayores en la comunidad
Periodo del Proyecto: 3 años (octubre del 2021 a marzo del 2025)
Zonas del Proyecto: Ciudad de México y Estado de Jalisco (Guadalajara)

Versión 2
Fechado 23 de octubre, 2024

Resumen descriptivo	Indicadores de verificación objetivos	Medios de verificación	Supuestos importantes	Logros	Observación
Objetivo Superior					
Se brindan servicios de cuidadoa integral de calidad basados en la comunidad para personas mayores en México.	Los manuales y materiales elaborados por el proyecto se utilizarán en otros estados.	Informe del estudio de las instituciones del gobierno federal	Las políticas de envejecimiento en México no cambiarán drásticamente.		
Objetivo del Proyecto					
Se brindan servicios de cuidado integral comunitario de calidad para personas mayores en las áreas objetivo.	En cada curso de capacitación en ambos lugares del proyecto, más del 80% de los participantes mejoraron sus conocimientos, habilidades, actitudes y/o comportamientos como resultado de la capacitación	Informes del Proyecto Informe de evaluación de cada curso de capacitación -Reducción de la carga de los cuidadores familiares -Mayor confianza de los cuidadores familiares y sensación de conexión y apoyo por parte de la sociedad -Mejor autocuidado y estilos de vida más saludables para los adultos mayores que participaron en un curso de capacitación -Disminución de los estereotipos negativos sobre el	Todas las partes interesadas se involucrarán en el Proyecto.		
Resultados					
1 Se fortalece la capacidad de los recursos humanos para las personaos mayores dependientes de cuidados en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación en Japón están implementados. 2. Los cursos/talleres de capacitación desarrollados en Guadalajara y Ciudad de México son implementados oficialmente por las instituciones relacionadas. 3. Más del 80% de los participantes completaron los cursos de capacitación registrados en México.	Informes del Proyecto Informe de evaluación de cada curso de capacitación			
2 Se fortalece la capacidad de los recursos humanos para la prevención de cuidados y apoyos informales para personas mayores independientes y frágiles, en las áreas objetivo.	1. Más de 80% de los planes de acción desarrollados durante la capacitación en Japón están implementados. 2. Los cursos/talleres de capacitación desarrollados en Guadalajara y Ciudad de México son implementados oficialmente por las instituciones relacionadas. 3. Más del 80% de los participantes completaron los cursos de capacitación registrados en México.	Informes del Proyecto Informe de evaluación de cada curso de capacitación			
3 Se comparten los conocimientos y las buenas prácticas adquiridos a través de las actividades del Proyecto.	1. Por lo menos dos materiales visualizados son desarollados. 2. Por lo menos un seminario a nivel nacional o internacional se realiza para compartir las buenas prácticas de cada sitio. 3.La documentación del proyecto se presenta a las autoridades municipales o estatales.	Informes del Proyecto			
Actividades	**Insumo (Input)**		**Supuestos importantes**		
	Lado japonés	**Lado mexicano**			
1-1 Construir un equipo técnico para cada área objetivo.	1. Despachar expertos de corto plazo de Japón.	1. Asignación del personal contraparte para el			

1-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.	2. Capacitaciones en Japón y en línea.	Proyecto. 2. Capacitación en línea (incluyen cursos organizados por INGER). 3. Gastos de viajes que incluyen viáticos, hospedaje y transporte del personal mexicano contraparte para cumplir con las actividades del plan de acción dirigidas en México (p.ej. capacitaciones, juntas, monitoreo, visitas).			
1-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
1-4	Los TTs adquieren habilidades a través de las capacitaciones*.					
1-5	Los TTs desarrollan planes de acción en las áreas objetivo, incluyendo cursos de capacitación; por ejemplo, sobre la gestión de casos, el apoyo a las actividades de la vida cotidiana ADL/IADL, apoyo al cuidador informal y la red de recursos humanos.					
1-6	Implementar los planes de acción incluyendo cursos de capacitación.					
1-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
2-1	Construir un equipo técnico para cada área objetivo.					
2-2	Implementar el mapeo de los recursos humanos existentes y potenciales en las áreas objetivo.					
2-3	Identificar y desarrollar contenidos de capacitación a partir de experiencias japonesas, considerando las habilidades requeridas y programas de capacitación existentes en México.					
2-4	Los TTs adquieren habilidades a través de las capacitaciones.*					
2-5	Los TTs desarrollan planes de acción en las áreas del Proyecto, incluyendo cursos de capacitación; por ejemplo, sobre el desarrollo de recursos sociales para apoyo informal, actividades de prevención de cuidados y redes de recursos humanos.					
2-6	Implementar los planes de acción incluyendo cursos de capacitación.					
2-7	Monitorear la implementación y compartir la retroalimentación para un mayor mejoramiento.					
3-1	Elaborar materiales documentales y visualizados para resumir las actividades en los Resultados 1 y 2 como actividades modelo.					
3-2	Organizar un seminario nacional o intenacional para compartir las actividades modelo con otras áreas.					

*Capacitación en Japón y en línea (incluyendo cursos organizados por INGER)

Condiciones previas

Las partes involucradas en México están interesadas en el cuidado integral comunitario para las personas mayores y dispuestas a introducirlo así como divulgarlo en México.
La estructura de implementación está establecida y las actividades del Proyecto serán dirigidas en cada zona del Proyecto por las instituciones relacionadas.

<Problemas y contramedidas>

La estructura de implementación debe ser establecida en cada una de las zonas del Proyecto, y la misma debe ser supervisada y controlad por las instituciones relacionadas. (Establecimiento del JCC, Comités de Operación y Equipos Técnicos.)